

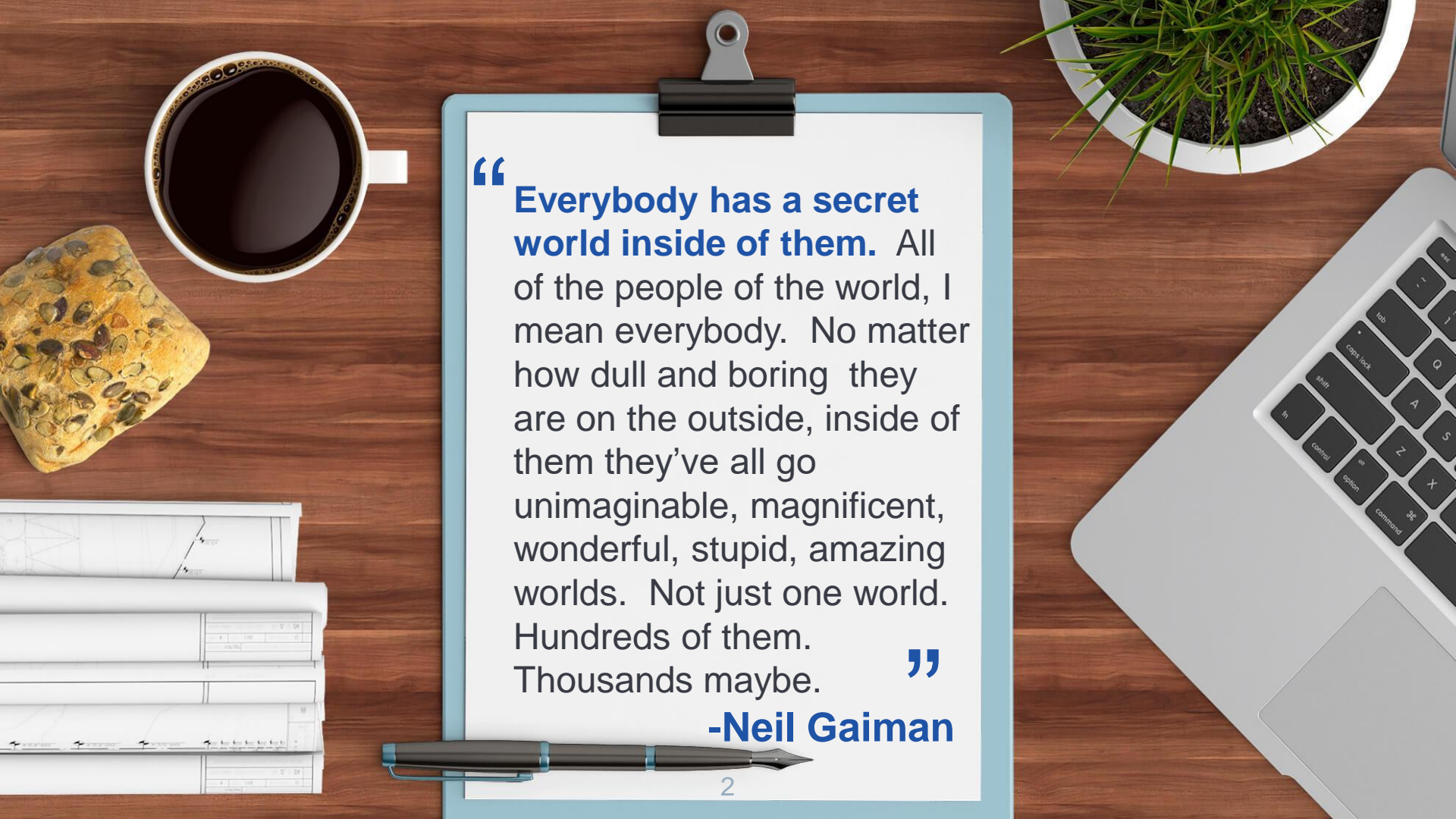


DONALD AND BARBARA  
ZUCKER SCHOOL *of* MEDICINE  
AT HOFSTRA/NORTHWELL

# Designing and Implementing a Health Humanities Longitudinal MS4 Elective

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“ **Everybody has a secret world inside of them.** All of the people of the world, I mean everybody. No matter how dull and boring they are on the outside, inside of them they’ve all got unimaginable, magnificent, wonderful, stupid, amazing worlds. Not just one world. Hundreds of them. Thousands maybe. ”

**-Neil Gaiman**



# Introduction - Overall Goal of the Experience

- **The goal of this elective is to help students develop their capacities for continuous reflection and improvement by creating a community of practice.**
- **Students will honor patients' stories by seeking to understand their perspectives about the impact of illness on their lives.**
- **They will practice effective communication skills by building and sharing coherent narratives.**
- **By working to locate themselves within their own stories and those of others, students will learn to more effectively process their clinical experiences and practice reflections as a skill for meaning-making and self-understanding throughout their careers.**



## Background: Lens of Health Humanities

- Significant **challenges** facing medical education
  - decrease in student empathy
  - increase in burnout throughout medical school
- Students need skills to support resilience & maintain their ability to **connect** with patients and other health professionals, while also taking care of themselves.





## Background: Lens of Health Humanities

The **Health Humanities (HH)** addresses these challenges by focusing on the ways we absorb, interpret, and respond to stories in literature and other forms of art, offering a model focused on physicians' relationships with their patients, colleagues, society, and themselves.





## Background: Lens of Health Humanities

- Various approaches and steps are being taken to (re) incorporate HH into medical education curricula.
- Even though a degree of consensus exists that HH needs to be (re)introduced into medical education, the question still arises as to **how?**





# Course Objectives



Synthesize clinical experiences into coherent narratives by creating written reflections



Cultivate compassion, empathy & respect for diverse social & cultural perspectives while sharing patient stories



Collaborate and communicate effectively as part of a supportive peer group



Practice written reflection as a sustainable method to promote personal & professional development & to prevent burnout





# Logistics

Title: Narrative Perspective and Reflective Writing: An Elective in Health Humanities for MS4 Students

IV. Course Evaluation



I. Seek school approval

II. Recruit Diverse Faculty

III. Course Content, consider all HH



## **\*28 Scheduled Sessions** **(20 are required from June-March)**

**2 hours face to face interaction  
at a central or remote location with a  
trained faculty facilitator**

**Prepare humanities selections  
& aligned prompts**

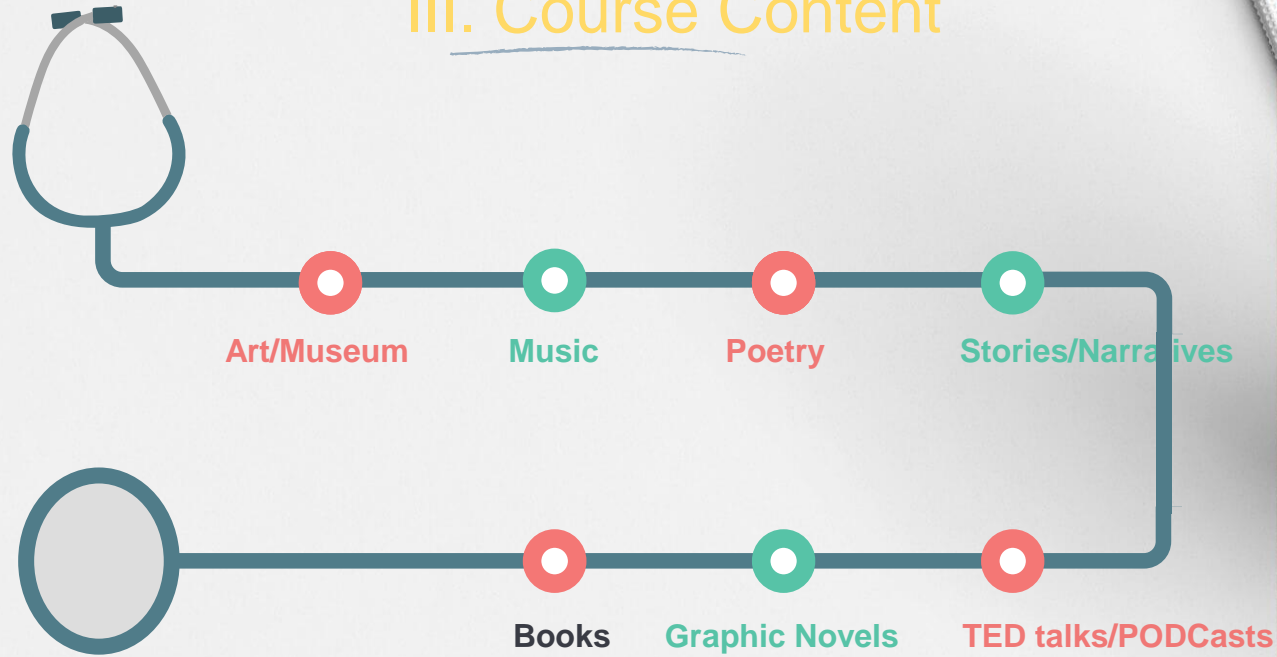
**Write & share narratives  
in sessions (students & faculty)**

\*Ask to see syllabus





### III. Course Content

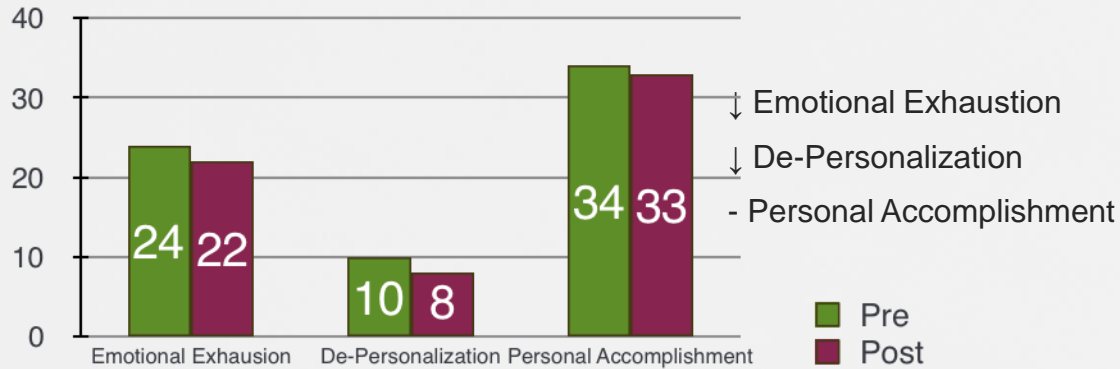


# Course Evaluations

1. MBI Burnout & Connor Davidson Resilience Scale Pre & Post
2. Faculty Survey Evaluation
3. Student Course Evaluations



Maslach Burnout Inventory Scale (N=25 , 2 cohorts)  
Medical Humanities Pre and Post MBI 2017-2019

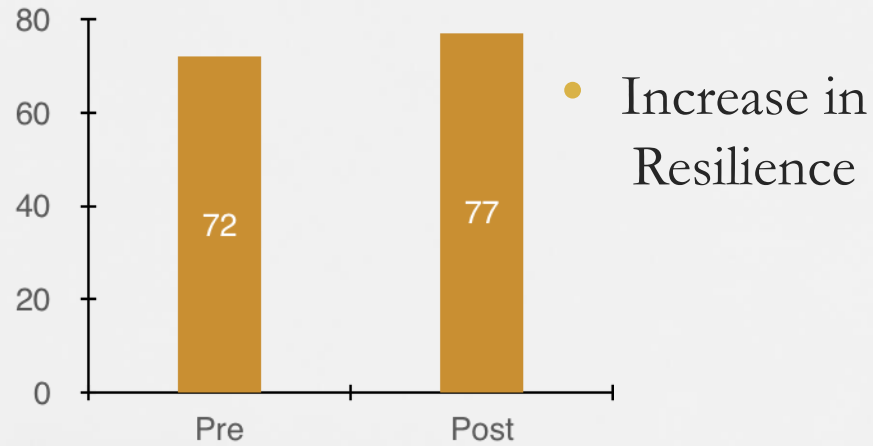


Emotional Exhaustion Subscale	
	Frequency
High	27 or over
Moderate	17-26
Low	0-16

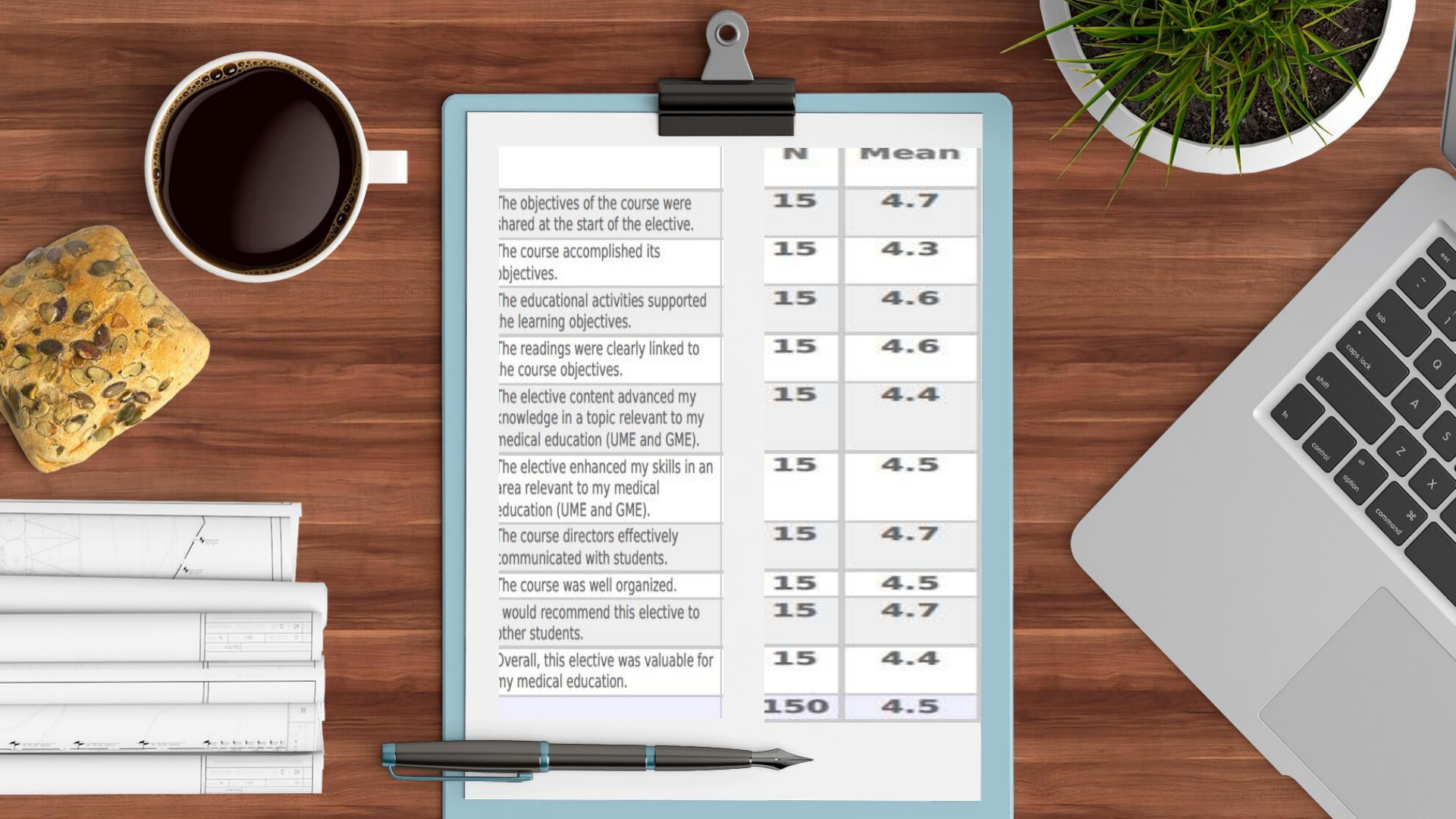
De-personalization Subscale	
	Frequency
High	13 or over
Moderate	7-12
Low	0-6

Personal Accomplishment Subscale	
	Frequency
High	0-31
Moderate	32-38
Low	39 or over

Connor Davidson Resilience Scale (N=25, 2 cohorts)  
Medical Humanities Pre and Post MBI 2017-2019







	N	Mean
The objectives of the course were shared at the start of the elective.	15	4.7
The course accomplished its objectives.	15	4.3
The educational activities supported the learning objectives.	15	4.6
The readings were clearly linked to the course objectives.	15	4.6
The elective content advanced my knowledge in a topic relevant to my medical education (UME and GME).	15	4.4
The elective enhanced my skills in an area relevant to my medical education (UME and GME).	15	4.5
The course directors effectively communicated with students.	15	4.7
The course was well organized.	15	4.5
I would recommend this elective to other students.	15	4.7
Overall, this elective was valuable for my medical education.	15	4.4
	150	4.5



## Student Adjectives

- ✓ *Enlightening, stimulating, provocative*
- ✓ *Reflective, Interesting*
- ✓ *Fun, reflective, relaxing, flexible*
- ✓ *Thoughtful, therapeutic*
- ✓ *Transformative*
- ✓ *Thought provoking, Eye-opening*
- ✓ *Healthy, Self-care,*
- ✓ *Mental maintenance, Refreshing*
- ✓ *Great course to do during your fourth year.*
- ✓ *Helpful*
- ✓ *Empowering, cathartic, illuminating*
- ✓ *Refreshing!*



# Student Wordle



## Faculty Survey Adjectives

Did this course meet faculty expectations?  
100% "YES"



Appreciate



Enlightening



Inspiring



Revitalizing



Rewarding



Stimulating



Thought Provoking



Uplifting



# Faculty WORDLE



# Conclusions

1. Longitudinal electives are successful in final year IF FLEXIBLE with all logistics
2. Faculty form a special interest group (SIG) focused on HH
3. Faculty with this interest will volunteer time & effort to join
4. Health Humanities (HH) can frame learning specific to health, illness & professional identity formation.



# Challenges/Limitations

1. Not able to predict # of students per session even with formal sign-up
2. Tracking attendance & student accountability
3. Student request to attend in non-face to face using phone or webinar technology
4. Faculty discomfort with technology and requesting face to face sessions only
5. Adapting content for each HH session to remote access
6. Need a focused faculty champion & SOM support

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## The Way It Is

There's a thread you follow. It goes among  
things that change.  
But it doesn't change.  
People wonder about what you are  
pursuing.  
You have to explain about the thread.  
But it is hard for others to see.  
While you hold it you can't get lost.  
Tragedies happen; people get hurt or die;  
and you suffer and get old.  
Nothing you do can stop time's unfolding.  
You don't ever let go of the thread.

**William Stafford**



***Prompt: Describe your  
thread.***





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## Take away message of hope...

**A Health Humanities Elective in final year of medical school will impact GME and CPD based on students' positive experience & outcomes**

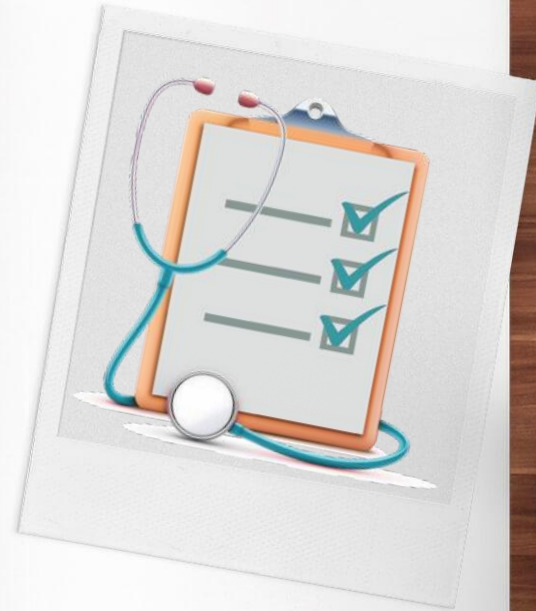
Thank you to all my faculty, learners and SOM leadership, [afornari@northwell.edu](mailto:afornari@northwell.edu)

## Maslach Burnout Inventory

- Recognized as the leading measure of burnout, the Maslach Burnout Inventory™ (MBI) is validated by the extensive research that has been conducted in the more than 35 years since its initial publication
- **MBI-Human Services Survey for Medical Personnel - MBI-HSS (MP):** The MBI-HSS (MP) is derived from the Human Services Survey specifically for Medical Personnel.

**The MBI-HSS (MP) addresses three scales:**

- **Emotional Exhaustion** measures feelings of being emotionally overextended and exhausted by one's work.
- **Depersonalization** measures an unfeeling and impersonal response toward patients.
- **Personal Accomplishment** measures feelings of competence and successful achievement in one's work





## Connor Davidson Resilience Scale

- The **CD-RISC 2** is based on items 1 and 8 (score range from 0-8), and was developed as a measure of "bounce-back" and adaptability by the original authors (Vaishnavi et al, 2007).
- In a general population survey of US adults, mean CD-RISC 2 score was 6.91, while lower scores were observed in psychiatric groups with depression (5.12), GAD (4.96) and PTSD (4.70) (Vaishnavi et al, 2007) and in survivors of the Southeast Asian Tsunami of 2004 (4.67) (Irmansyah et al, 2010).

