

## Literature and the Arts in Medical Education

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Feature Editor

*Editor's Note:* In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

### Innovations in Teaching: Turning Point

Jo Marie Reilly, MD; Jeffrey M. Ring, PhD

The American Academy of Family Physicians<sup>1</sup> and The American Medical Association (AMA)<sup>2</sup> strongly recommend including an end-of-life curriculum in medical education training. This training should include skills and knowledge about end-of-life and palliative care, as well as self-awareness about death. In an effort to create a palliative care curriculum that is comprehensive, patient focused, and compassionate, we have developed multiple teaching tools. These teaching tools include self-reflection exercises, AMA Education for Physicians in End-of-Life Care (EPEC)<sup>3</sup> videos, role-playing, poetry, music, and an exploration of cross-cultural death experiences to generate discussion and an in-depth look at the personal and professional issues surrounding death and grieving.

The creative and multimedia approach to teach this challenging topic reinforces death's pervasiveness and universality in our society and addresses the common discomfort our learners experience in facing end-of-life issues with patients. Further, we strive to break down personal and professional stereotypes that many individuals hold when discussing death. Finally, these teaching methods have the flexibility to be used in an intern orientation day or in several seminars or workshops on end-of-life care.

One tool that is particularly effective in teaching advance directives and palliative care is using a self-reflective writing exercise. We have found this to be both contemplative and interactive, since the residents later share their writing with their colleagues in a small-group discussion.

The interns are asked to silently read the short essay "The Turning Point."<sup>4</sup> This clinical encounter from *Family Medicine's* "Lessons From Our Learners" summarizes a pivotal professional milestone in a

resident's experience with death. Specifically, Dr Corrington shares his call night journeying with Mr Smith, an elderly man with terminal tongue cancer, and his family. Dr Corrington recounts his struggle personally and professionally with a patient's approaching death and the challenges he now faces discussing code status with Mr Smith's adult children. He writes about his frustration with Mr Smith's radiation oncologist, who appears disinterested and dispassionate about his dying patient. Discussing the case with his attending physician, Dr Corrington finds the courage to be compassionate, honest, and proactive with Mr Smith's family. The physician begins to deepen his awareness of his role in facilitating the peace that the patient and his children receive from his care and support.

After reading this story, the residents were asked to choose a character in the story (ie, Dr Corrington, Mr Smith, Mr Smith's children, the family practice attending, the radiation oncologist attending) and write a short reflection on that particular

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character's thoughts, feelings, and challenges during Mr Smith's death journey. The residents were then encouraged to share the character they chose and to read what they wrote. The entire exercise took approximately 20 minutes and allowed the interns and faculty to discuss several important clinical and professional issues in end-of-life care (Table 1).

We found the residents to be very interested in this compelling story, particularly as it reflected their own professional development with death and dying. The writing piece provided them an opportunity to empathetically reflect on another's role in this scenario. It enabled the residents to move closer to a multidimensional understanding of end-of-life care. They were able to reflect more deeply on the cognitive, emotional, and spiritual interplay that effec-

tive and compassionate palliative care demands. The ensuing discussions were rich and stimulated much self-awareness and compassion. Topics discussed included advance directives, family grief and denial, hospice, and physician self-care (Table 2).

In summary, we have found that using a story and self-reflective writing piece are unique and powerful tools to use in teaching end-of-life care. This teaching method is creative, user-friendly, and engaging. For the residents, it is an alternative (and quite unexpected) vehicle for exploring sensitive and intimate aspects of patient care with a transparency and authenticity not accessible in discussions of standard, nonliterary, end-of-life texts. Ultimately, "The Turning Point" exercise adds to the comprehensive and sensitive manner in which palliative care can be taught to our resi-

Table 2

### Sample Intern Comments About the "Turning Point" Writing Exercise

- "Helpful to role-play/write about a very difficult topic."
- "Role-playing was very helpful to make you see other people's perspectives."
- "Educational and entertaining."
- "Good handout to read."
- "It was good to review my own beliefs about death."
- "Helpful discussion on a difficult topic to face."
- "I think I'll know now how to talk with family members better."

dents. It challenges and supports residents as they develop their professional voices and teaches them to approach death compassionately, respectfully, and with a strong awareness of their own limitations.

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Table 1

### Clinical and Professional Issues in Discussing End-of-life Care

- Discussion of advance directives with family members
- Personal identification of residents with family members
- Discussion of hospice with family members
- Emotional burden for physician and family treating a terminally ill patient
- Importance of physician self care
- Lack of communication/reluctance of some physicians to discuss end-of-life care
- Professional development of physicians in dealing with death
- Breaking bad news: good communication with families
- Use of palliative care in terminally ill patients
- Symptom management in terminally ill patients
- Understanding and acknowledging limitations in medical care and physician humanity

### REFERENCES

1. American Academy of Family Physicians. Core educational guidelines for family practice residents in end-of-life care. Leawood, Kan: American Academy of Family Physicians, 1998.
2. Association of American Medical Colleges. Palliative and end-of-life care: a course requirement. *AAMC Reporter* 1999;9(3)Dec.
3. American Medical Association. Education for physicians on end-of-life care: trainer's guide. Chicago: American Medical Association, 1999.
4. Corrington K. The turning point. *Fam Med* 2002;34(4):245-6.