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*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](mailto:jfshapir@uci.edu).

## Demystifying the Discipline of Medical Humanities at the Resident Level

**Caroline Scutt Burchill, MMH**

Despite the groundswell of interest in integrating the arts and humanities in medicine as a way to stimulate a humanistic orientation, there is a disconnect between theory and practice. To effectively continue the momentum behind this movement, educators need to establish a clearer definition of what is meant by “medical humanities.” They also need more effective approaches enabling them to implement humanities-focused instruction in a relevant manner while demonstrating immediate benefits to physicians.

The objectives of my thesis work were to identify the reasons for the divergence between theory and practice and to offer recommendations that might recast medical humanities education from a discipline that is “nice to have in theory” to one that is viewed as pivotal to improve physician-patient communication and patient care. These objectives were met through a series of interviews with a dozen residents and four medical educators representing one internal medicine and three family medicine residency programs at four teaching institutions, observations of patient-physician interactions, and a review of relevant literature. The institutions that were involved in this research were selected because of existing arts and humanities education within the residency curriculum. The arts and humanities in this context specifically encompass, but

are not limited to, the disciplines of literature, fine art, narrative, film, and creative writing.

A strong argument for a structured department of medical humanities, as presented in an article by the physician-poet Rafael Campo,<sup>1</sup> is that it provides an expert counterbalance to approaching humanities instruction as an afterthought, in which educators who are well meaning but untrained are left to develop courses that do not clearly connect the relevance of a humanities-based subject to the world of the medical student or resident—a point underscored by all of the residents with whom I spoke.

For example, one work of art often used in medical humanities programs is Andrew Wyeth’s “Christina’s World.” The painting depicts a young girl lying in a field looking at a house. But what is she

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doing? Why is she lying there? Revealing that the girl is lying on the grass because she cannot walk certainly adds a new dimension to the discussion. This new context also provides an opportunity to explore the theme of seeing beyond the obvious as well as to open a discussion about assumptions and how they impact our point of view, influence patient communication, and even affect differential diagnosis.

To assume a medical student or resident will be able to see the painting as a portal into the world of medicine without expert discussion is misguided. The same holds true no matter what the object of focus—a short story, film, or poem. Residents should be able to identify with humanities/arts subject matter in a way related to their work and not be under the impression they are expected to enter into a literary discussion or aesthetic dissection.

There is certainly room in the discipline of medical humanities for understanding an artist's work and even the inspiration for the work, especially when the work offers insight into clinical practice and a deeper understanding into human nature in general. That said, it appears to be in the best interest of residents to maintain a clear line of relevance between artistic subject and the study of medicine to reinforce the direct value of infusing traditional residency training with humanities lectures and programs. Once that value is understood, residents will find their way to the more covert and lasting connections.

Further, as Campo points out, there are few feedback mechanisms, whether qualitative or quantitative, utilized to gather data on the efficacy of medical humanities curricula. Standard feedback mechanisms would contribute to the improvement of existing medical humanities programs as well as provide evidence that there is a legitimate role for humanities-focused courses in residency programs.

Although all of the programs observed in my study did utilize humanities instruction to varying degrees and with equally varying degrees of success, the view of medical humanities as a stand-alone discipline engaging an interdisciplinary faculty working in concert with physician educators appeared to be a consistently successful model. This model supports the necessity of an independent department of medical humanities but one in which physician educators are involved to offer a curriculum that remains relevant to the audience. This collaboration will further ensure the influence of the humanities-focused instruction on the entire residency program, from careful attention to language and narrative in the development of case reports to the structure of the medical grand rounds. This approach also requires that hospital-based faculty and staff physicians take the role of humanities in resident education seriously.

All the residents who I interviewed and observed in a clinical setting benefited on many levels—from making informed clinical diagnoses to improved patient communications—as a result of the humanities-focused instruction offered to them in their residencies. Admittedly, many of these physicians initially did not see the relevance of humanities instruction to improving their clinical skills and interactions, which supports the need for more data demonstrating the effectiveness of these types of courses. Those physicians further along in training did validate the usefulness of medical humanities programs, which also suggests that to be successful, a curriculum should span all 3 years of residency and that participation should be mandatory.

From the educator's perspective, all those interviewed agreed it is important that the administration of a medical humanities curricu-

lum should not be unreasonably time-consuming for little reward. There was disagreement among the faculty interviewed, however, as to how much time within an overall residency curriculum should be devoted to humanities-focused instruction.

The culmination of research, interviews, and observation resulted in the identification of a variety of teaching methods and tools that may assist residencies in improving an existing program or launching a medical humanities curriculum.

- Identify and/or create humanities-based seminars/conferences that have a direct correlation to residents' universe, especially to reach first-year residents who are in search of specific examples and strong connections.

- Encourage other staff physicians to attend, or lead, a selection of these courses in the hope that these teachings will be absorbed organically into the clinical culture.

- Where deemed appropriate or applicable, utilize art and literary works produced by other physicians to establish credibility.

- Do not allow humanities sessions to be completely unstructured in an attempt to allow for more "creative thought." Physicians are drawn to medicine in part because it is a structured, logically developed field of study. Providing a list of questions or a discussion guide will help keep the discussion on topic and better ensure that participants walk away with some concrete tools to use in their daily practice.

- Implement a feedback mechanism using both quantitative and qualitative dimensions. This not only allows residents to contribute to the evolution of the program but reinforces the necessity for the program through positive feedback beyond word of mouth.

- Encourage exchange of ideas with other educators in the growing field of medical humanities. Create

links to medical humanities Web sites, message boards, and e-mail lists.

Medical humanities may be evolving, but the findings of my research support a need for the discipline. Moreover, using art, literature, or film in a specifically designed, focused curriculum re-

inforces the incorporation of humanities education as a beneficial and necessary teaching tool in a residency environment.

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