

## **Introduction**

Medicine is becoming overwhelming for learners and practitioners,<sup>1</sup> with shorter visit times, higher patient volumes and vast amounts of information to assimilate. Students and providers alike are thus at risk for burnout, erosion of empathy, and loss of meaning to their work. Medical providers are seeking ways to avoid burnout and rediscover meaning,<sup>2</sup> using strategies to create balance within a busy medical life. Including some aspect of humanities in one's learning and practice is a path to creating that balance by encouraging reflection.<sup>3</sup> Such integration of writing, art, and other traditional non-medical disciplines has been used to restore focus and recapture the humanism that physicians had when they entered the field.<sup>4</sup> Specifically, narrative medicine and story telling within medicine allow practitioners to be moved by their patients' stories, absorbing details that previously might have been overlooked.<sup>5</sup> In this way the study of humanities, and its application in Narrative Medicine, offers the busy practitioner a chance to pause, reflect and celebrate their work and the relationships they have with patients.

Many medical schools and residencies have introduced humanities into the curriculum with formal and informal interventions.<sup>6,7,8</sup> Such curricula correlate with ACGME (Accreditation Council for Graduate Medical Education) requirements for professionalism and personal responsibility.<sup>9</sup> At the University of Massachusetts Family Medicine Residency, we have undertaken a humanities program with our residents over the past three years in a variety of settings. While this curriculum is still in evolution, we describe here its basic components and some of our early findings.

## **The Curriculum**

Our residency is a three year residency with 12 residents in each year located at three different outpatient sites. The residents have a one week general orientation in late June and a "Foundations" or more in-depth orientation rotation for the month of July to assist with the transition to internship. Over the entire three years of residency, the curriculum also includes protected "core learning" and Balint time on Tuesday afternoons. (The Balint group consists of physicians who meet regularly to discuss clinical and teaching cases with facilitation in order to better understand and utilize the clinician-patient or faculty-learner relationship in a therapeutic and professional way.)<sup>10</sup> We use an electronic portfolio system for recording all of their evaluations.

The faculty involved in the humanities curriculum are three family doctors and one behavioral health professional who have a liberal arts education, have taught humanities elsewhere and/or have some background in writing and personal reflection. None of the faculty involved in this program have formal training in teaching humanities.

## **The Residency Program**

### **Foundations.**

We introduce the concepts of Humanities in Medicine and Narrative Writing during a two hour interactive session in this first “Foundations” rotation. The authors meet with all 12 residents, 1 nurse practitioner resident and 2 behavioral health fellows. We have chosen not to assign any pre-readings, given how busy the rest of this rotation is for the learners. After a brief introduction describing the benefits of these tools, we explore what experiences our residents have had to date with humanities. Next, we read and discuss specific short pieces of writing with them. For example, this past year we used two poems: Raymond Carver’s “What the Doctor Said”<sup>11</sup> and Emily Ferrara’s “Bad News in the ER”<sup>12</sup>. We pose questions such as: “How do these poems make you feel?” “What is the same/different about the doctors’ approaches?” “Did the doctors do a good or bad job breaking the news? Why?” The residents learn that there are many different ways to approach something like breaking bad news. Furthermore, they see the unique power of literature acting as a catalyst for their reflection and learning about this common and difficult topic.

The session continues with a brief reflective writing exercise (10 to 20 minutes), which offers an opportunity to share their work aloud as they feel comfortable. As a writing prompt, we ask them to view two images and choose one to write about; they can write about whatever they choose. One image is a painting of an androgynous woman deep in thought with a note in her hand and the other is a photo of a team rounding on a patient in the hospital. Both images are viewed on the Georgetown website.<sup>13</sup> Responses have included brief prose pieces or poems about imagery, someone they know, experiences they have been in, etc. With this part of the session, the residents learn through a variety of different perspectives how to respect each other’s opinions and ideas. These residents who have just met each other as interns also learn a lot about their new colleagues just from these writing exercises. Impressively, all of the learners contribute to the discussion and are proactive about sharing their thoughts and writings. Finally, the exercise using visual art showcases this aspect of humanities and its unique power in making a point about a health care issue.

We conclude the session with two strategies to promote further exploration in the humanities for the residents: first, a list of resources in the medical literature for reading medical humanities and writing reflective pieces (see Appendix A); second, a journal for the residents to use throughout their residency for narrative and reflective writing as appropriate. We also encourage the residents to write in real time when something happens that they feel should be captured by writing, poetry, and/or artwork. The journal entries can be done in the journal we give them or in their electronic portfolio, either through scanning a loose piece of paper or direct entry.

### **Home Visit Reflective Writing.**

Currently, we assign only two formal reflective writing exercises during residency. The first occurs during the Community Health month in the first year. Each resident is expected to write a reflective narrative about their home visit. The assignment asks:

1. What did you learn about your patient and his/her family and community/environment that you could not learn in the office?
2. How will you now care differently for your patient?
3. Define one “success” you had during this experience.

The emphasis here is for the residents to notice the community and the environment and to reflect upon what they see. We do not have a formal curriculum on reflective writing. We have purposely chosen not to influence their “raw” observations and reporting.

During their second year, we assign another writing assignment pertaining to home visits. The instructions are very similar; however, now the focus is on the relationship between learner and patient/family. Many of these home visit musings have been published on our Reflective Writing List Serve. (See below.)

The following is an excerpt from one of our residents in her second year:

Yesterday I visited Mrs. G once again; the moment I walked into the home I was greeted with a hug. Mrs. G has been doing much better and had no new complaints. As I was leaving, her daughter said to me, “I am so glad you remember us.” Mrs. G lives 15 min from my home and visiting her takes no effort but it gives me purpose. I am ashamed about how frustrated I was when I first spoke to them and have learned not to make assumptions even when a patient seems unreasonable. Mrs. G does not have all the luxuries in life, but she has a family who is willing to care for her, and by that she has taught me how the best things in life cannot be bought. Most importantly I am grateful for this profession that God has blessed me with to care for others.<sup>14</sup>

### **Humanities Didactics.**

Each health center has noon conferences once a week to address different medical topics. Speakers include residents, faculty, specialists, medical students, etc. Four times a year, one of our faculty with an interest in this field presents a Humanities in Medicine theme. Topics have included exploring death and dying through film, communication with poetry, photography about the health center, and podcasts of first hand accounts about foster care transitions. All staff, including administrators and nurses, are invited to these sessions. At one health center, two of our faculty with an interest in humanities have tried doing reflective writing as part of the end-of-the-day “chart rounds” when, typically, the residents and faculty preceptor review the day’s cases together. This has been well received by all and is a successful way to find time for humanities in a busy schedule.

### **The Department**

#### **Reflective Writing List Serve.**

During the residents' first month in our program, they become members of our department's Reflective Writing List Serve. Developed by one of the authors (HS) four years ago, the Thursday Morning Memo came out of a discussion within our department's faculty Balint group as we were thinking about a way to honor a recently deceased colleague who had been a long term clinician-teacher. The group wanted a supplement to the department's Monday Morning Memo, an electronic listing that lauds the academic accomplishments of department members and is distributed to faculty, current residents, residency graduates, and Family Medicine Interest Group students. However, the faculty Balint group felt that they needed an equivalent forum for our "clinical" accomplishments to share and celebrate as part of the power of frontline family medicine, the kind our colleague had modeled for so many years in his decades in a small town practice in our region. Since our Balint group meets on Thursday mornings, we entitled this new forum the Thursday Morning Memo.<sup>15</sup> This separate listserve has a moderator to be sure that all writing and comments are HIPPA compliant.

This weekly forum now includes writings from residents, fellows, medical students (who are added to the list-serve when they do their family medicine clerkship), faculty, community doctors, some nursing and administrative staff, alumni and special guests. We encourage residents to contribute to the Thursday Morning Memo throughout their time with us. They have written about many topics, including success with helping a family through a fetal demise, getting to know a patient better through hearing the stories of their scars, and feeling good about attending a normal birth. Residents have written stories, poems and 55-word essays (stories that contain exactly 55 words not including the title<sup>16</sup>).

This is an example of one resident's reflection:

I just wrote this 55 word reflection while on night float on the family medicine inpatient service today. One of our patients had died earlier that morning from an upper GI bleed, and it had taken an emotional toll on all the team members who were involved. I wanted to write a word of encouragement to my team members, but also something that expressed a moment of clarity of how fragile our lives really are and that sometimes even with our best efforts, we can't always win.

*"Letting go"*

*Our profession tries to eliminate its own existence.  
We strive to eradicate disease, heal sickness, manage illness.  
When our efforts fail, we often look at ourselves as responsible  
when in actuality, we are in a losing battle against mortality.  
We can at best delay it, but there is a time when we must let go.<sup>17</sup>*

**The Medical School**

We introduce the residents to the “Meet the Author” series sponsored by the medical school’s Humanities in Medicine sub-committee. These monthly presentations are promoted to the residents and the department in general. Visiting authors have included:

Tracy Kidder (*Mountains Beyond Mountains*)  
Rita Charon (*Narrative Medicine*)  
Lori Alvord (*Scalpel and the Silver Bear*)  
Perri Klass (*A Not Entirely Benign Procedure*)  
Rafael Campo (*The Healing Art*)

We also publicize through our departmental listserve the hospital’s annual winter series entitled, “Literature and Medicine: Humanities at the Heart of Health Care.” Facilitated by a professional leader through the Massachusetts Foundation for the Humanities, this series has monthly group discussions of planned pre-assigned readings. Although this has been difficult for residents to attend because of their busy schedules, some faculty have participated. (See Table 1 for a sample curriculum.)

The medical school holds a writing and poetry contest each year for medical students and residents (The Gerald F. Berlin Creative Writing Contest). Our residents have entered and, on occasion, have won this contest. The following is a senior resident’s recent winning poem:

*Embodiment*

*Grieving for a baby  
is a whole-body experience,  
    like fever,  
    like drowning.  
The ache of sorrow charges  
in a frenzy of motion.*

*Eyes leak fluid clear and hot,  
like seawater in sunshine.*

*Throat closes on sobs,  
tight as a mousetrap.*

*Chest burns with breath unspent,  
churning against the throat  
like river dammed in rain season.*

*Breasts leak milk, warm and smooth like chocolate, white as clouds,  
swell up with treat unspent,*

*wasted,  
untasted,  
unnourishing.*

*Belly cramps on emptiness,  
bleeds life into uncaring cloth,  
weeping for life carried,  
loved,  
cherished,  
missing.*

*Legs buckle, weakened suddenly by the too-light weight  
of a body deprived of purpose.*

*Heart shakes, shivers, shrivels,  
like moth in fire,  
like paper in candleflame,  
like birchbark in frost,  
stretches to meet what the body craves -  
one soul lost, beyond reach, beyond sorrow,  
above the rainbow of hopes,  
one soul present, frozen in pain, molten in anguish, reaching out  
to share grief as trees joined by root share rain.<sup>18</sup>*

## **Beyond the Residency**

We encourage our residents to enter various annual family medicine writing contests. The Family Medicine Education Consortium (FMEC), which sponsors the FMEC Northeast Region Conference every fall, has three such contests: first, the Creative Writing Award – stories, poems, essays; second, the “This We Believe” contest – essays about what inspired one’s choice of family medicine; and third, the Visual Arts Award – photographs, paintings, sculpture, drawings, film and video, etc. One of our residents won the Creative Writing Award and another, the “This We Believe” Award.

## **Evaluation**

Our formal evaluation of this curriculum is evolving. Currently, our quantitative evaluation includes an anonymous survey of the interns regarding the Foundations’ training we do with them. The survey question is part of a larger survey of the rotation that asks them to agree or disagree with the following statement: “The following workshops provided useful information and are important to include in next year’s Foundations.” In 2010 and 2011, when

asked about the Humanities in Medicine introduction, 23 of 24 residents responded that they “agreed” or “strongly agreed” with this statement.

In a separate, recent department survey, when asked the role that the Thursday Morning Memo plays in the effectiveness of exchanging information within the department, over 60% chose 7 or above on a 1-10 Likert scale (with 1 being the lowest level of effectiveness and 10 being the highest).

Our qualitative evaluation of faculty and residents included a brief survey of those who wrote pieces for the Thursday Morning Memo:

1. How did writing a reflection for the Thursday Morning Memo help you process the event with your patient?
2. Was writing the memo a rewarding experience? If yes - describe how it was rewarding.
3. Did the writing of the memo lead you to want to write more reflective pieces or cause you to submit your piece or any other reflective piece for publication?
4. Any other thoughts on the Memo?

The following are excerpts of the responses:

By putting the events into writing, it made them more memorable. Also it helped me to draw connections.

It was rewarding to reveal a piece of my heart, and to get the positive feedback that I did from my colleagues

The event was long ago, but I still think on it. The Memo was a nice way to celebrate the trust that my patient continues to show in me even after a bad outcome.

[Writing] helps me feel less isolated. It personifies the community I belong to and makes concrete how this community supports and enriches me.

Readers/listers of the Memo were asked: “What purpose does the Thursday Morning Memo serve for you?” The following are excerpts of their responses:

It's been rejuvenating to read others' pieces. It places in written word how enjoyable and fulfilling our work really is.

I like reading inspiring stories. Helps recharge my clinical batteries.

It inspires me and reminds me why I went into family medicine.

## **Next Steps**

Using funds from our medical school library and donations from our faculty, we have recently created a “lending library” within one of our health center’s libraries. We started the collection based on a list that one of our faculty had created for “suggested reading” for our residents that would help them to understand their patients better. Examples include Gawande’s *Complications*, Groopman’s *How Doctors Think*, Verghese’s *Cutting for Stone*, and Jhumpa Lahiri’s *The Namesake*.

This year we are introducing, at a minimum, quarterly protected time for reflective writing to take place on Tuesday afternoons when the residents do not have clinical obligations. We are still evaluating how to best implement and assess the effectiveness of this new curriculum.

The medical school has become interested in the writing that our learners do within the Thursday Morning Memo. They have approached some of the residents to post their Thursday Morning Memo writings (with all patient identifiers clearly removed) on the medical school website in a series entitled, “Medicine from the Heart.”<sup>19</sup>

HS has also met with other departments at UMASS, including obstetrics, pediatrics and internal medicine, to help initiate a reflective writing forum similar to the Memo for their residents and departments.

Further steps include identifying those residents who are particularly interested in medical humanities and supporting their passion. For example, we could offer protected time to attend the medical school’s Literature and Medicine: Humanities at the Heart of Health Care program, and we could offer time and funds for residents to attend humanities conferences. We could offer writing mentors and assist these residents with publishing their writing. From this effort, we might find time and expertise to help all residents learn new ways to deepen their narrative writing skills.

Finally, we are exploring grants to expand our evaluations in order to improve and strengthen legitimacy of the curriculum. This could include surveying residents both early and late in their training around humanism, professionalism, self care and patient-centeredness. This could also include chart reviews and even simulated patient encounter assessing humane care.

## **Conclusions**

The humanities have many roles to play in the day-to-day practice and learning for health care providers at all levels. Our curriculum is one attempt to put this valuable tool on the radar of our residents for use during their training and beyond. Future efforts should include expanding our evaluation and securing time for interested residents to have more designated time for humanities.

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## Appendix A – A list of potential media for medical humanities reading and writing \*

*Academic Medicine*: “Medicine and the Arts” and “Teaching and Learning Moments” sections -- <http://journals.lww.com/academicmedicine/pages/default.aspx>

*American Family Physician*: “Close-ups”(patient narratives) -- [www.aafp.org/online/en/home/publications/journals/afp.html](http://www.aafp.org/online/en/home/publications/journals/afp.html)

*Annals of Family Medicine*: “Reflections” - [www.annfammed.org](http://www.annfammed.org)

*Annals of Internal Medicine*: "On Being a Doctor/Patient" “Ad Libitum”(poems) “Ideas and Opinions” section -- [www.annals.org](http://www.annals.org)

*Archives of Family Medicine* -- <http://archfami.ama-assn.org/>

*Ars Medica: A Journal of Medicine, the Arts, and Humanities* -- [www.ars-medica.ca/](http://www.ars-medica.ca/)

*Bellevue Literary Review* -- [www.blreview.org/](http://www.blreview.org/)

*Blood and Thunder*, University of Oregon Health Sciences Center: Prose, Visual Arts, and Poetry -- <http://www.ouhsc.edu/bloodandthunder/>

*British Medical Journal*: “Personal Views” -- [www.bmj.com](http://www.bmj.com)

*Dermanities*: with a broadly defined dermatology slant -- [www.dermanities.com](http://www.dermanities.com)

*Families, Systems and Health*: “Poetry” “Photography” “55 Word essays” “Book Reviews”-- [www.apa.org/pubs/journals/fsh/index.aspx](http://www.apa.org/pubs/journals/fsh/index.aspx)

*Family Medicine*: “Narrative Essays” and “Book and Media Reviews” section -- [www.stfm.org/publications/familymedicine/index.cfm](http://www.stfm.org/publications/familymedicine/index.cfm)

*Global Pulse*: narratives, commentary, poetry, essays, fiction, and photography highlighting global health issues -- <http://www.globalpulsejournal.com>

*Healing Ministry*: commentaries and human interest stories on the power of faith and prayer to spiritually guide and comfort those in need -- [www.pnpco.com/pn04000.html](http://www.pnpco.com/pn04000.html)

*Health Affairs*: “Narrative Matters” section -- [www.healthaffairs.org](http://www.healthaffairs.org)

*Hektoen International* -- <http://www.hektoeninternational.org>

*Hospital Drive* -- [www.hospitaldrive.med.virginia.edu](http://www.hospitaldrive.med.virginia.edu)

*JAMA*: “A Piece of My Mind” “Poetry and Medicine” “Commentary” -- [www.jama.ama-assn.org](http://www.jama.ama-assn.org)

*Journal of the American Board of Family Practice*: “Reflections on Family Medicine” essays, creative prose, or poetry, “Ethics Features” - [www.jabfm.org](http://www.jabfm.org)

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*The American Academy of Hospice and Palliative Care Quarterly*: Commentary and essays--  
<http://www.aahpm.org/publications/default/index.html>

*Journal for Learning Through the Arts* -- [http://escholarship.org/uc/clta\\_lta](http://escholarship.org/uc/clta_lta)

*Journal of Medical Humanities* --

[www.springer.com/new+%26+forthcoming+titles+%28default%29/journal/10912](http://www.springer.com/new+%26+forthcoming+titles+%28default%29/journal/10912)

*Lancet* “Ethics” “Medicine and Art” “Literature and Medicine” -- [www.thelancet.com](http://www.thelancet.com)

*Literature and Medicine* (Johns Hopkins) --

[http://muse.jhu.edu/journals/literature\\_and\\_medicine/](http://muse.jhu.edu/journals/literature_and_medicine/)

*Los Angeles Times* weekly health section: "In Practice" -- [www.latimes.com/features/health/la-he-practice-sg,0,1151107.storygallery](http://www.latimes.com/features/health/la-he-practice-sg,0,1151107.storygallery)

*Medical Encounter*, a publication of the American Academy on Communication in Healthcare: “essays” “Book reviews” “narratives” -- [www.aachonline.org](http://www.aachonline.org)

*Medical Humanities Online* -- <http://mh.bmj.com>

*New England Journal of Medicine (NEJM)*: “Perspectives” “Photographs”--

<http://content.nejm.org/>

*Patient Education and Counseling*: "Reflective Practice" section --

[www.elsevier.com/wps/find/journaldescription.cws\\_home/505955/description#description](http://www.elsevier.com/wps/find/journaldescription.cws_home/505955/description#description)

*The Pharos*: Essays on history, literature, art, ethics, and profiles of prominent persons; poetry, photography, personal essays - [http://www.alphaomegaalpha.org/the\\_pharos.html](http://www.alphaomegaalpha.org/the_pharos.html)

*Pulse--voices from the heart of medicine*: stories, poems -- [www.pulsemagazine.org](http://www.pulsemagazine.org)

*The Sun*: a magazine of personal experience, essays, poems, stories -- [www.thesunmagazine.org](http://www.thesunmagazine.org)

*Yale Journal for Humanities in Medicine*: essays, poetry, reviews -- <http://yjhm.yale.edu>

\* List originated from Gross P, Reilly JM from the STFM Annual Conference in Vancouver April 2010 and their list borrowed from Jonathan Han MD.

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**Table 1. University of Massachusetts Medical School Literature and Medicine:**

**Humanities at the Heart of Health Care 2011 Curriculum**

**Session 1 (January 19, snow date January 26): *Through the Patient's Eyes***

Marjorie Williams, "Hit by Lightning" (essay)

Chris Adrian, "A Child's Book of Sickness and Death" (story)

Randall Jarrell, "The X-ray Waiting Room in the Hospital" (poem)

**Session 2 (February 16, snow date February 23): *Conflicts in the Workplace***

Anton Chekhov, "An Awkward Business" (story)

Herman Melville, "Bartleby" (story)

**Session 3 (March 16, snow date March 23): *Different Ways of Seeing***

Mark Haddon, *The Curious Incident of the Dog in the Night-time* (novel)

Adam Haslett, "Notes to My Biographer" (story)

**Session 4 (April 20): *In the Grip of Addiction***

Eugene O'Neill, *Long Day's Journey into Night* (play)

Robert Stone, "Helping" (story)

**Session 5 (May 18): *All-too-human Healers***

William Carlos Williams, "The Use of Force" (story)

Constance Studer, "Mercy" (story)

Danielle Ofri, "Torment" (essay)

**Session 6 (June 15): *Family Members: Caregivers and Witnesses***

Ann Harleman, "Thoreau's Laundry" (story)

Anne Brashler, "He Read to Her" (story)

Donald Hall, "The Ship Pounding" (poem)

Judy Schaefer, "Who Owns the Libretto?" (poem)