

Using Humanities to Facilitate Discussion and Perspective Taking Around Themes of Diversity, Equity, and Inclusion



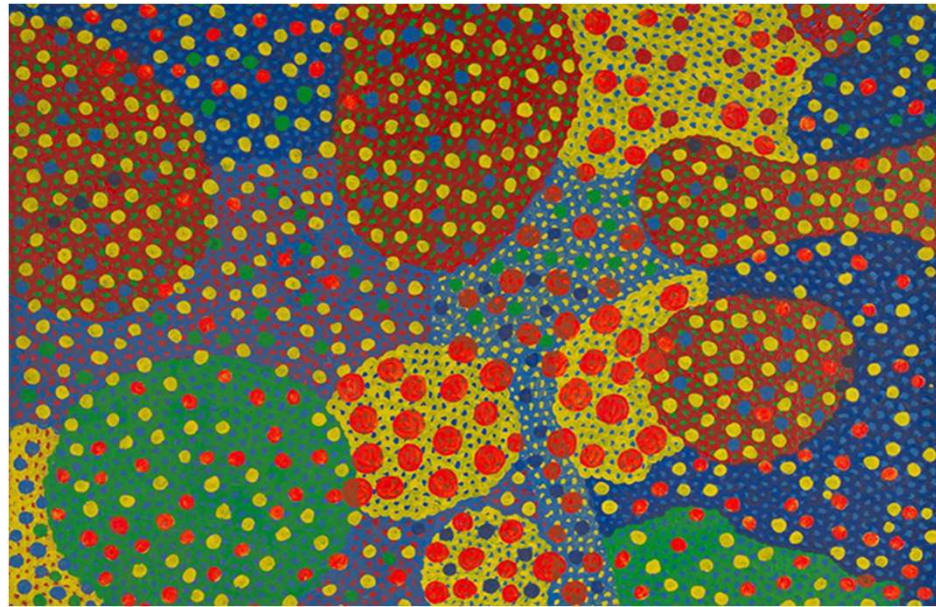
Jeremiah Dickerson, MD
Child & Adolescent Psychiatry
Assistant Professor of Psychiatry



Empathy is the only human superpower—it can shrink distance, cut through social and power hierarchies, transcend differences, and provoke political and social change.

-- Elizabeth Thomas





Minneapolis Institute of Art
Untitled, 1967
Kusama, Yayoi



<https://new.artsmia.org/activity-self-care-through-art/>

FLEMING

Museum-based practices

- Address burnout, moral injury, & depression

Connection to art

- Encourages us to slow down, notice what matters to ourselves and others
- Challenges assumptions

Sharing stories

- Help us feel less isolated
- Enhance joy, well-being, gratitude, health



Fam Med. 2020;52(10):736-40.



Carrie Mae Weems: The Kitchen Table Series, 1990

Thanks to Alice Boone



1. Recognize the importance of using art (and the 'art of seeing') to enhance observation skills.
2. Appreciate how one piece of art can invite reflection and collaborative meaning-making that can be used to understand another's perspective (essentially fostering cognitive skills that are the basis of empathy).
3. Increase awareness of subjectivity and one's own biases and perceptions, and how these can impact an emotional response to a piece of art.
4. Appreciate how meaning-making as a group also entails sitting with ambiguity and uncertainty--even disagreement--in that not all elements of a work of art can be fully explained or settled.



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COMMENTARY

Check for updates

Coloring Outside Lives Matter in

Eraka Bath, MD, and Wanjik

TABLE 2 Recommendations to Color Outside the Lines

1. Apply a JEDI lens
2. Increase research funding of disparities sciences
3. Strengths-based, trauma-informed, and resilience-focused prevention programming that prioritizes community and family engagement
4. Increase psychoeducation and mental health training capacity of pediatricians and educators; school-based models and integrated care models for prevention, screening, and assessment using a JEDI lens
5. Digital platforms and social media to expand reach and access to care

Note: JEDI = justice, equity, diversity, and inclusion.

Suicide rate

by 114% for Black youths

lack children; decreased in White children

in Black youths by 60%

in Black adolescent boys

in Black adolescent boys



Journal of the American Academy of Child & Adolescent Psychiatry Volume 60 / Number 1 / January 2021



Logic - 1-800-273-8255 ft. Alessia Cara, Khalid (2017)



<https://www.youtube.com/watch?v=Kb24RrHlbFk>

Let's watch a music video

- How could this be used educationally?
- Organize your thinking around the six learning competencies

Medical Knowledge	Interpersonal & Communication Skills
Patient Care	Professionalism
Practice-Based Learning & Improvement	Systems-Based Practice

Logic's Grammys performance tripled calls to national suicide prevention line

By Lindsay Benson, CNN
Published 7:01 PM EST, Sat February 3, 2018



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Objectives

1. Define the construct of empathy, recognize its importance in medicine, and discuss how it might be cultivated in learners.
2. Explain how the humanities can foster perspective-taking, connectedness, empathy, and compassion.
3. Describe specific ways in which the humanities and contemplative practices can effectively be used in medical education.

Outline



Introduction to Empathy, Connectedness



Empathy in Medical Training



Compassion & Burnout



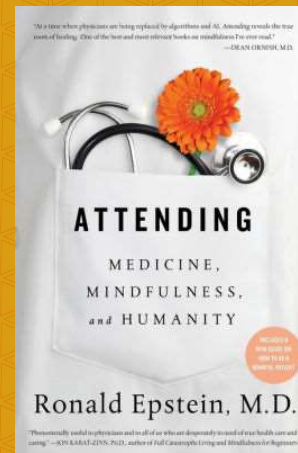
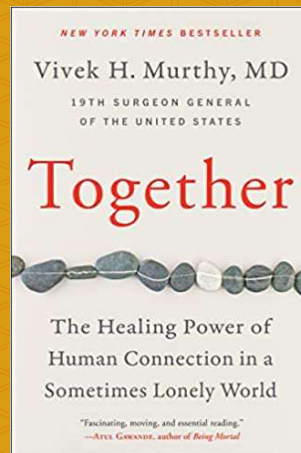
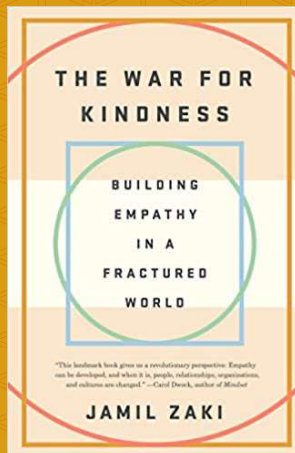
Narrative Medicine & Contemplative Practice in Education



Arts & Humanities



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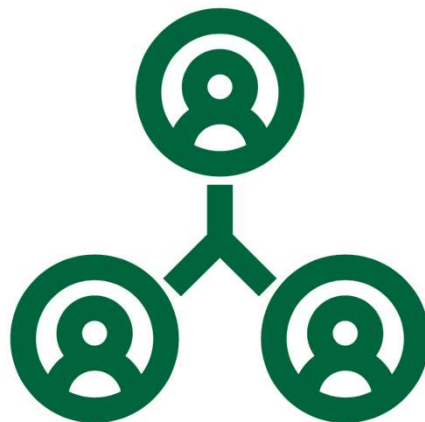


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The medical humanities involve the study and/or practice of various humanistic endeavors and arts in relation to healthcare

A working definition of the arts and humanities in medical education: Content or pedagogy derived from arts and humanities and integrated into the teaching and learning of medical students, trainees, and practicing physicians. The approaches and experiences with this education are often interprofessional, interdisciplinary, and co-designed to teach and sustain diverse competencies for better health outcomes for patients, communities, and populations.

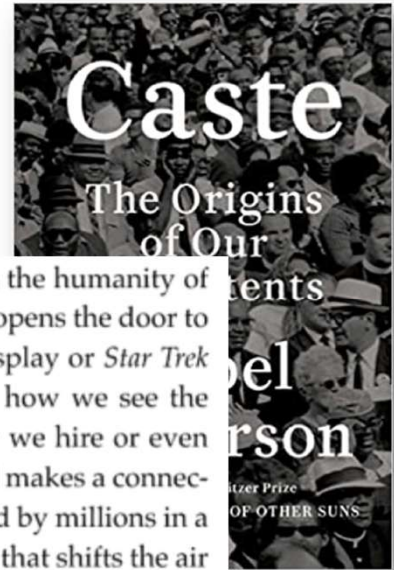
What can help foster community and cultivate social connectedness?



Radical empathy, on the other hand, means putting in the work to educate oneself and to listen with a humble heart to understand another's experience from their perspective, not as we imagine we would feel. Radical empathy is not about you and what you think you would do in a situation you have never been in and perhaps never will. It is the kindred connection from a place of deep knowing that opens your spirit to the pain of another as they perceive it

Empathy is not to tell a person with a pain are not in pain. An in a position to tell of caste what is off bottom. The price sees another person the dominant caste

If each of us could truly see and connect with the humanity of the person in front of us, search for that key that opens the door to whatever we may have in common, whether cosplay or *Star Trek* or the loss of a parent, it could begin to affect how we see the world and others in it, perhaps change the way we hire or even vote. Each time a person reaches across caste and makes a connection, it helps to break the back of caste. Multiplied by millions in a given day, it becomes the flap of a butterfly wing that shifts the air and builds to a hurricane across an ocean.



history, and his own writing. He discussed authors he's admired and learned from, the process of finding his own voice as a writer, and the role that storytelling can play as a tool of radical empathy to remind people of what they have in common — the shared dreams, frustrations and losses of daily life that exist beneath the political divisions.

Selling Author, ing and Radical

to the White House and had emoir. That didn't make id Land," any less of a grind.

"You don't have to be glued to the news broadcasts to sometimes feel as if we're just locked in this Tower of Babel and can't even hear the voices of the people next to us," he says. "But if literature and art are good at "reminding us of our own folly and our own presumptions and of our own selfishness and shortsightedness," he adds, "what books and art and stories can also do is remind you of the joys and hope and beauty that we share."



way Atoll in 2016. Literature is more explain to each other who we are and where Times

Empathy: Experience Sharing

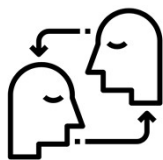
- Umbrella term that describes multiple ways people respond to one another...sharing, thinking about, and caring about others' feelings
- A cardinal feature of empathy is that it usually helps connect people to others.

Empathy fuels connection



Empathy

Sharing, Thinking About, & Caring About Others' Feelings
Promotion of Pro-Social, Helping Behavior, Shared Goals



Cognitive Empathy

Perception of another's emotion
Understanding of another's emotions and perspective



Affective Empathy

Feeling the same emotion as another
Empathic concern 😊
Personal distress ☹️

Compassion



Compassion

Cognitive Empathy &
Affective Empathy
Empathic Concern
Motivation to act to
alleviate suffering



Self Compassion

Self Kindness (versus judgment)
Common humanity (versus
isolation)
Mindfulness (versus over-
identification)



Benefits of Empathy



Diagnostic accuracy
Patient enablement



Better health outcomes
Obesity, diabetes, hypertension, asthma
Osteoarthritis pain, immune changes

Rewarding positive feedback
Lower risk of malpractice suits
Higher rates of compliance
Reduction in burnout
Efficiency in communication

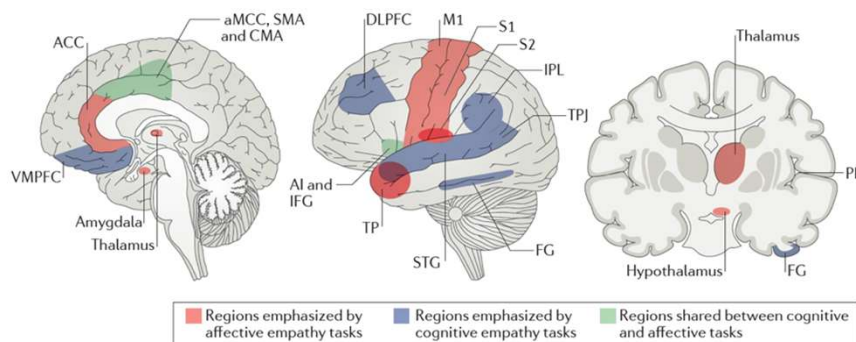


The American Journal of Medicine (2020); 133:561-566

The Science



Empathy 'happens' when we activate neuronal networks



de Waal, F., Preston, S. Mammalian empathy: behavioural manifestations and neural basis. *Nat Rev Neurosci* 18, 498–509 (2017).

We Experience More Empathy For Our In-Group

- Individuals tend to have the most empathy for others who look or act like them, for others who have suffered in a similar way, or for those who share a common goal.
- We're wired to recognize and respond to differences, and socially or culturally-based perceptions can trigger subconscious fears that threaten emotional homeostasis

SCIENCE
You 2.0: The Empathy Gym

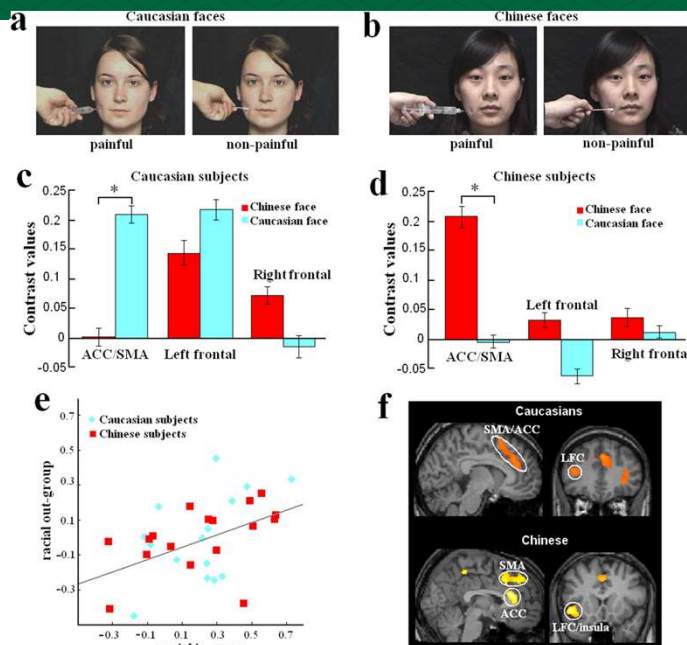
July 29, 2019 - 3:00 PM ET

SHANKAR VEDANTAM PARTH SHAH TARA BOYLE
JENNIFER SCHMIDT

53-Minute Listen PLAYLIST



alltimes/Getty Images/PhotoDisc

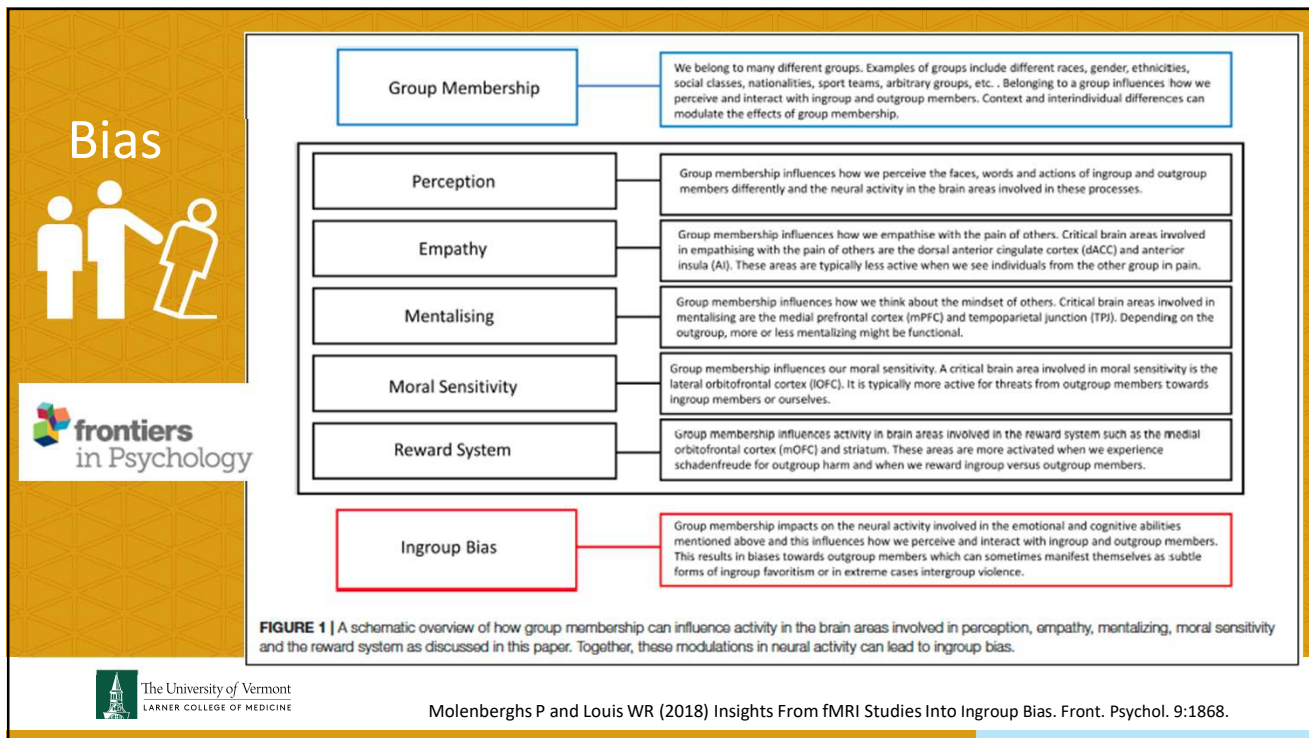


Increased activations in the ACC and the frontal/insula cortex shown in whole-brain statistical parametric mapping analyses when participants perceived racial in-group faces.

When people encounter outsiders in pain, they report less empathy, feel less anxious, and imitate the person's facial expressions less than when the victim is an insider.



The Journal of Neuroscience, July 1, 2009 • 29(26):8525– 8529



Altruistic Soccer Fans

- Altruistic motivation, directed toward the ultimate goal of increasing the welfare of a person in need, is evoked by empathy, also known as the empathy-altruism hypothesis
- Shocks to the hand and observed ingroups and outgroups
- AI activation stronger for in-group members, reflecting a bias in empathy responses

Neuron
Article

Neural Responses to Ingroup and Outgroup Members' Suffering Predict Individual Differences in Costly Helping

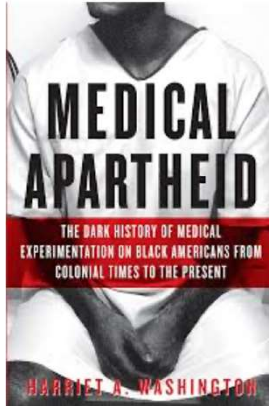
Grit Hein,^{1*} Giorgia Silani,¹ Kerstin Preuschoff,¹ C. Daniel Batson,² and Tania Singer^{1,3}



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Neuron 68, 149–160

Ignoring Others' Emotions Makes it Easier to Oppress



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Washington describes how 19th and 20th century doctors whole-heartedly believed that Negroes did not feel nor fear pain like Whites do. For example, Dr. Charles White, an English physician, stated: “[Blacks] bear surgical operations much better than White people and what would be the cause of insupportable pain for white men, a Negro would almost disregard... [I have] amputated the legs of many Negroes, who have held the upper part of the limb themselves” (Washington 2006, 58). Additionally, Dr. J. Marion Sims, the father of gynecology whose methods are integral to current gynecological practices, also believed, “Negressess will bear cutting with nearly, if not quite, as much impunity as dogs and rabbits” in order to justify his cutting of a Black woman’s vagina without anesthesia.

Is There Evidence that Empathy Declines in Medical Students?



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Empathy

The Devil is in the Third Year: A Longitudinal Study of Erosion of Empathy in Medical School

Mohammadreza Hojat, PhD, Michael J. Vergare, MD, Kaye Maxwell, George Brainard, PhD, Steven K. Herrine, MD, Gerald A. Isenberg, MD, Jon Veloski, MS, and Joseph S. Gonnella, MD

Conclusions

It is concluded that a significant decline in empathy occurs during the third year of medical school. It is ironic that the erosion of empathy occurs during a time when the curriculum is shifting toward patient-care activities; this is when empathy is most essential. Implications for retaining and enhancing empathy are discussed.

Acad Med. 2009; 84:1182–1191.

Conclusions: Self-reported empathy for patients, a possibly critical factor in high-quality patient-centered care, wanes as students advance in clinical training, particularly among those entering technology-oriented specialties. In the era of new health care policy and primary care shortages, our research may have implications for the medical education system and admission policy.

2012; 34: 305–311



Characterizing changes in student empathy throughout medical school

DANIEL C. R. CHEN¹, DANIEL S. KIRSHENBAUM¹, JUN YAN², ELAINE KIRSHENBAUM³ & ROBERT H. ASELTINE⁴

¹Boston University School of Medicine, USA, ²University of Connecticut, USA, ³Massachusetts Medical Society, USA, ⁴University of Connecticut Health Center, USA



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Reconsidering the Data

Empathy

Reports of the Decline of Empathy During Medical Education Are Greatly Exaggerated: A Reexamination of the Research

Jerry A. Colliver, PhD, Melinda J. Conlee, Steven J. Verhulst, PhD, and J. Kevin Dorsey, MD, PhD

Conclusions

Reexamination revealed that the evidence does not warrant the strong, disturbing conclusion that empathy declines during medical education. Results show a very weak decline in mean ratings, and even the weak decline is questionable because of the low and varying response rates. Moreover, the empathy instruments are self-reports, and it isn't clear what they measure—or whether what they measure is indicative of patients' perceptions and the effectiveness of patient care.

Acad Med. 2010; 85:588–593.



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Empathy: A Component of Kindness



Kindness is...

Purposeful, voluntary action undertaken with sensitivity to the needs or desires of another person and actively directed toward fostering their well-being or flourishing.¹



How kindness affects patients



When a physician is a good communicator, patients are **MORE THAN TWICE AS LIKELY** to listen to their doctor.²



Patients who experience compassionate care are more likely to divulge important information to their clinicians **MAKING DIAGNOSIS MORE ACCURATE**.²



When surgical patients are encouraged by their anesthesiologists during the immediate postoperative period, they **HEAL FASTER AND ARE DISCHARGED FROM THE HOSPITAL SOONER** because they require 50% less narcotics.³



The more compassionate care patients received, the **LOWER THEIR DIASTOLIC BLOOD PRESSURE** became during periods of stress.⁴



A person who experienced empathy in a medical consultation had a **16% REDUCTION IN OVERALL COLD SEVERITY**.⁵



When patients receive compassionate care at the emergency room, they are **LESS LIKELY TO RETURN TO THE EMERGENCY ROOM** for the same medical issue.⁶

The statistical significance of kindness-oriented care on improved health outcomes is **LARGER THAN THE EFFECT OF ASPIRIN ON REDUCING A HEART ATTACK, OR SMOKING CESSATION ON MALE MORTALITY**.⁷

How kindness affects caregivers and health care organizations

A kinder work environment benefits caregivers as well, who are likely to feel:⁶

- + more engaged
- + less exhausted
- + have more satisfied patients

By keeping kindness at the core of their health care practice, caregivers:⁸

- + have increased resilience to stress
- + inspire more meaningful work
- + are more immune to burnout

Organizations with a culture of compassion and kindness have:⁶

- + reduced employee exhaustion and absenteeism
- + increased psychological engagement in work
- + greater employee well-being and commitment
- + higher levels of positive emotion for caregivers

Kelley, J. M., Kraft-Todd, G., Schapria, L., Kossowsky, J., & Riess, H. (2014). The influence of the patient-clinician relationship on healthcare outcomes: A systematic review and meta-analysis of randomized controlled trials. PLOS One, 9:4, 1-7.



OUR LARNER COLLEGE OF MEDICINE COMMUNITY UPHOLDS THE HIGHEST STANDARDS OF PROFESSIONALISM AS WE FOLLOW OUR PASSION FOR LIFELONG LEARNING AND IMPROVEMENT. WE DEMONSTRATE PROFESSIONALISM THROUGH INTEGRITY, ACCOUNTABILITY, COMPASSION, ALTRUISM, AND SOCIAL RESPONSIBILITY. WE HONOR THE TRUST OUR SOCIETY HAS PLACED IN US AS STEWARDS OF THE ART AND SCIENCE OF MEDICINE, RELYING ON CULTURAL HUMILITY, KINDNESS, AND RESPECT TO GUIDE OUR DAILY INTERACTIONS. WE EXPECT ALL MEMBERS OF OUR COMMUNITY TO EMBRACE THESE PRINCIPLES OF PROFESSIONALISM AS WE STRIVE TO CONDUCT AND SUPPORT PATIENT CARE, RESEARCH, AND EDUCATION THAT ARE SECOND TO NONE.



Decline in Empathy?

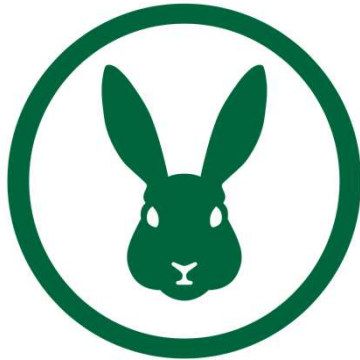
Bias

Disconnection

Out-Group Interactions



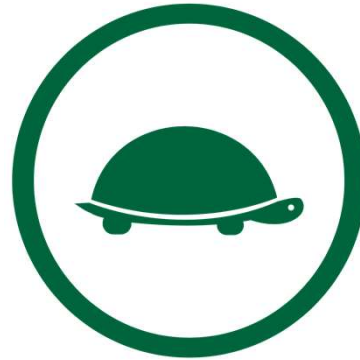
Fast Medicine



What's wrong, how can I fix it?



Slow Medicine



What's in the way of healing?
Framing healthcare as a personal relationship



<https://katebowler.com/podcasts/victoria-sweet-medicine-with-a-soul/>

Can we really teach empathy?

J R Coll Physicians Edinb. 2016 Jun;46(2):107-112

D Jeffrey



- Interested in cognitive empathy: mentalizing, theory of mind, thinking about others
- Foster 'other-oriented' and outward looking point of view
 - Versus 'inward-oriented' ("how would I feel in this situation?") which can lead to burn-out and abandoning patients to escape suffering
 - Taught by what?
- **Curiosity is important:** need time for reflection to increase **self-awareness** and to develop clinical curiosity

Helps to address discrimination and othering via fostering perspective-taking



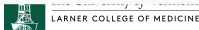
Annals of Internal Medicine®

Academia and Clinic | 15 May 1992

What Is Empathy and Can It Be Taught?

Howard Spiro, MD

Conversations about experiences, discussions of patients and their human stories, more leisure and unstructured contemplation of the humanities help physicians to cherish empathy and to retain their passion. Physicians need rhetoric as much as knowledge, and they need stories as much as journals if they are to be more empathetic than computers.



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“Research in the neurobiology of empathy has changed the perception of empathy from a soft skill to a neurobiologically based competency”

Can the Medical Humanities Make Trainees More Compassionate? A Neurobehavioral Perspective

Daniel Shalev¹ • Ruth McCann¹

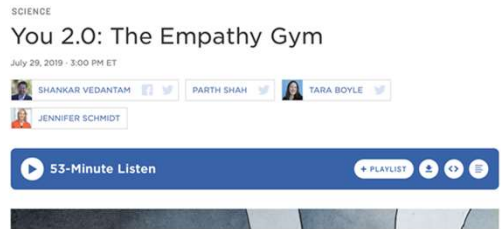
Understanding empathy as teachable, coupled with appreciation of the benefits of empathy to medical practice, suggests that fostering empathy ought to be a priority within medical training. Research related to education, human development, and neuroscience is indeed demonstrating that engagement with the humanities may increase empathy and related aspects of social cognition, such as mentalization (the ability to understand mental states) [15, 16, 29–31].



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Journal of Patient Experience 2017, Vol. 4(2) 74-77
Academic Psychiatry (2020) 44:606–610

How Can We Increase Empathy?



JAMIL ZAKI: By putting ourselves into the story of people who on the surface appear different from us, we can recognize our common humanity with them. And that can trigger empathy in a really natural way.

A Cultivation of Empathic Curiosity, in a purposeful, *radical* manner



Halpern J. *From Detached Concern to Empathy: Humanizing Medical Practice*. New York: Oxford University Press; 2001.


Let's Take a Deeper Dive



Open access Original research

BMJ Open Assessing the effect of empathy-enhancing interventions in health education and training: a systematic review of randomised controlled trials

Rachel Winter ¹, Eyad Issa, ¹ Nia Roberts, ² Robert I Norman, ¹ Jeremy Howick ³



Communication-Based Training Perspective-Taking Training Psychotherapy Focus Empathy Skill Training Arts & Humanities

Mindfulness Gaming

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BMJ Open 2020;10:e036471


MIND

How Reading Fiction Increases Empathy and Encourages Understanding

There might some truth to the beloved quote, "A reader lives a thousand lives before he dies." Researchers say reading fiction can show us different viewpoints — and shape how we relate to each other.

By Megan Schmidt | August 28, 2020 3:30 PM

- Literary fiction is essentially an exploration of the human experience
- Reading fiction enables people to understand others better.
- Exposure to fiction: positively related to measures of social ability
- Self-reported tendency to become engaged in a story predicted self-reported empathy



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Reading Literary Fiction Improves Theory of Mind

David Comer Kidd* and Emanuele Castano*

Understanding others' mental states is a crucial skill that enables the complex social relationships that characterize human societies. Yet little research has investigated what fosters this skill, which is known as Theory of Mind (ToM), in adults. We present five experiments showing that reading literary fiction led to better performance on tests of affective ToM (experiments 1 to 5) and cognitive ToM (experiments 4 and 5) compared with reading nonfiction (experiments 1), popular fiction (experiments 2 to 5), or nothing at all (experiments 2 and 5). Specifically, these results show that reading literary fiction temporarily enhances ToM. More broadly, they suggest that ToM may be influenced by engagement with works of art.



“Literary fiction...uniquely engages the psychological processes needed to gain access to characters' subjective experiences.”

Thought to help physicians in developing empathy and understanding for the patient experience, approaching ethical decision-making, and attaining capacity for reflection and self-awareness (JAACAP)

Science 18 Oct 2013: Vol. 342, Issue 6156, pp. 377-380

The greatest magic of Harry Potter: Reducing prejudice

Loris Vezzali¹, Sofia Stathi², Dino Giovannini¹, Dora Capozza³, Elena Trifiletti⁴

¹University of Modena and Reggio Emilia

²University of Greenwich

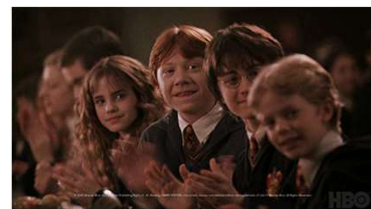
³University of Padova

⁴University of Verona

Differences of habit and language are nothing at all if our aims are identical and our hearts are open.

Albus Dumbledore

- Improved attitudes towards members of stigmatized groups
- More empathy towards LGBTQ community
- Discussed role of perspective-taking as the process allowing the improvement of out-group attitudes



Journal of Applied Social Psychology 2015, 45, pp. 105-121

Title and Author	Themes	Title and Author	Themes
<i>The Bluest Eye</i> Toni Morrison	poverty; child abuse—sexual; discrimination—racism; loss; psychosis	<i>Middlesex</i> Jeffrey Eugenides	historical context; gender dysphoria
<i>The Curious Incident of the Dog in the Night-Time</i> Mark Haddon	child development; marital discord; parenting; special needs issues; autism	<i>Oliver Twist</i> Charles Dickens	poverty; discrimination—classism; historical context; loss; orphan/bereavement
<i>Ender's Game</i> Orson Scott Card	isolation; latency development; military dynamic; loss of childhood; conduct disorder	<i>Ordinary People</i> Judith Guest	bereavement/grief; depression; suicide, self-mutilation
<i>The Fault In Our Stars</i> John Green	adolescent love; medical issues—cancer; parenting (model); bereavement/grief	<i>The Outsiders</i> S.E. Hinton	bereavement/grief; bullying
<i>The Giver</i> Lois Lowry	peer group/identity formation; loss	<i>The Pact</i> Jodi Picoult	
<i>The Goldfinch</i> Donna Tartt	foster care; loss; peer group/identity formation; substance abuse	<i>Reconstruct</i> Kimberly	
<i>The Great Santini</i> Pat Conroy	adolescent development; physical abuse; military dynamic		system bipolar disorder
<i>Harry Potter and the Sorcerer's Stone</i> J.K. Rowling	neglect; bullying; peer group/identity formation; latency development; orphan/bereavement	<i>The Silver Linings Playbook</i> Matthew Quick	
<i>The Hunger Games</i> Suzanne Collins	adolescent development; classism; loss	<i>Twilight</i> Stephenie Meyer	parenting; adolescent love; cultural influence
<i>I Know This Much Is True</i> Wally Lamb	posttraumatic stress disorder, schizophrenia, suicide	<i>"The Water of Life,"</i> Grimm's Fairy Stories	bullying
<i>The Kite Runner</i> Khaled Hosseini	child abuse—sexual; cultural influence; discrimination—classism and racism; loss; suicide	Wilhelm and Jacob Grimm	
<i>Matilda</i> Roald Dahl	child development; child abuse—neglected; parenting	<i>White Oleander</i> Janet Fitch	child abuse—neglect; adolescent development; foster care; loss; substance abuse; s

The more that you read, the more things you will know.
The more that you learn, the more places you'll go.
—Dr. Seuss, *I Can Read With My Eyes Shut!*

JOURNAL OF THE AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
VOLUME 54 NUMBER 9 SEPTEMBER 2015

Note: Family dynamics and resilience themes were found

TABLE 2 Eleven Questions to Frame Critical Examination of Children's and Young Adult Literature

1. From whose perspective is this book written?
2. Like a clinical interview, how might your formulation of the protagonist's "case" be different if there were a different narrator or if the story were not told by an omniscient narrator?
3. For whom is this book written?
4. To whom might you recommend this book?
5. How might a child's age/maturity affect how he experiences this story?
6. What are some universal developmental themes that emerge?
7. What culture-bound phenomena does the book contain?
8. What does this book reveal about the author's subjectivity?
9. Did the author "get" the developmental age/perspective of the child or teen right or do the protagonists seem excessively regressed, advanced, or developmentally uneven?
10. Which developmental theorist/experimental psychologist's work do you find best helps you understand this book?
11. How has your perspective on this book changed through your clinical work and your child and adolescent psychiatry training?



Innovation Report

Comics and Medicine: Peering Into the Process of Professional Identity Formation

Michael J. Green, MD, MS

Abstract

Problem
Medical students experience transformative personal and professional changes during medical school. The medical education community has much to learn about how students perceive these changes, which can be dramatic and profound.

Approach
Over the past six years (2009–2014), the author has taught a course on medical graphic narratives (or comics) to fourth-year medical students. Comics synergistically combine words and images to tell stories and provide an effective vehicle for helping students

reflect on and give voice to varied experiences. In this course, students critically read and discuss medically themed comics and create their own original comic depicting a formative experience from medical school.

Outcomes
To date, 58 students have taken the course, and each has produced an original comic. The author conducted a thematic analysis of their comics and identified the following themes: (1) how I found my niche, (2) the medical student as patient, (3) reflections on a transformative experience, (4) connecting with a patient, and (5) the triumphs and challenges

of becoming a doctor. Prepost course assessments indicate that students believe creating a comic can significantly improve a variety of doctoring skills and attitudes, including empathy, communication, clinical reasoning, writing, attention to nonverbal cues, and awareness of physician bias. Students' comics reveal the impact of formative events on their professional identity formation.

Next Steps
Medical educators should explore additional ways to effectively integrate comics into medical school curricula and develop robust tools for evaluating their short- and long-term impact.

JAACAP Connect

- How can graphic works be used in education?
- What skills might they foster?
- How do they fit with the concept of 'Narrative Medicine'?

Academic Medicine, Vol. 90, No. 6 / June 2015

Graphic Novels as a Narrative Adjunct in Understanding Psychiatric Illness

Giuseppe D'Amelio, BS, and Anne Glowinski, MD, MPE

After medical school looking forward to living with and helping others. However, students, the lived experiences of patients

extract clinical evidence from the patient narrative while also establishing rapport through empathy and respect. A small qualitative study of fourth-year medical students

Spring/Summer 2018



Fig 1. Cancer. View in a personal story of breast cancer.

The University of Vermont
BMJ | 13 MARCH 2010 | VOLUME 340
MEDICINE

Graphic medicine: use of comics in medical education and patient care

Graphic stories, or adult-themed comics, are a popular new cultural trend. **Michael J Green** and **Kimberly R Myers** argue that they are also a valuable tool for medicine

https://www.youtube.com/watch?v=Gpi0pwEdSSM&feature=emb_logo

Medical Science Educator (2018) 28:609–617
<https://doi.org/10.1007/s40670-018-0590-x>

ORIGINAL RESEARCH



Graphic Stories as Cultivators of Empathy in Medical Clerkship Education

Rebecca Wang¹ · Robyn L. Houlden² · Catherine H. Yu³

Published online: 25 September 2018
 © International Association of Medical Science Educators 2018

Tsao and Yu *BMC Medical Education* (2016) 16:204
 DOI 10.1186/s12909-016-0724-z

BMC Medical Education

“the comics may serve as a reminder and reflection tool for the importance of empathy by increasing knowledge on the patient perspective, attitudes toward empathy and observational skills.” This focus on empathy is seen in studies both about creating comics (telling students’ stories) and in reading comics (both patient and practitioner experiences).”

RESEARCH ARTICLE

Open Access

“There’s no billing code for empathy” - Animated comics remind medical students of empathy: a qualitative study

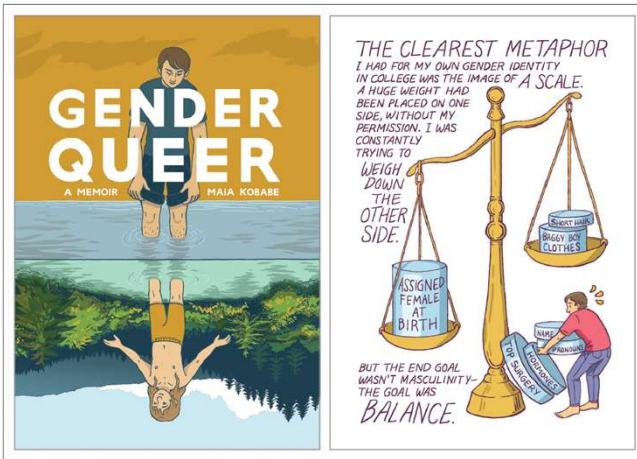
Pamela Tsao¹ and Catherine H. Yu^{2*}



THE ARTS AND MEDICINE

Graphic Medicine—The Best of 2019

Michael J. Green, MD, MS; Lisa H. Plotkin, LCSW; Matthew N. Noe, MSLS



JAMA. 2019;322(24):2368-2370
 JAMA. Published online November 30, 2020

Figure 1. Creativity in Captivity



Published with permission from Gemma Correll.

THE ARTS AND MEDICINE

Graphic Medicine—The Best of 2020

Michael J. Green, MD, MS; Shelley Wall, AOCAD, MS-cBMC, PHD, CMI

'GI Joe' comic tackles the psychological burden of coming home from war

J.D. Simkins

1 day ago

f t e + 729



A recent GI Joe comic centers on the difficulties of returning home from combat. (IDW Publishing)

A reboot of the classic "GI Joe" comic series by IDW Publishing has released a stand-alone issue that, for the first time, centers on the intricate struggles encountered by those with post-traumatic stress disorder.



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I HEARD YOU WERE HAVING SOME TROUBLE COMING HOME.

WHY CAN'T I GET PAST THIS, CONNIE? IT'S NOT LIKE I TOOK A BULLET, OR LOST MY LEG. WHY CAN'T I JUST... MOVE ON?

I HAD TO WORK THROUGH IT TOO, SHANA. IN MY OWN WAY, EVERYONE'S BRAIN DEALS WITH THESE THINGS DIFFERENTLY, BUT IT'S JUST THAT: A DIFFERENCE, NOT A WEAKNESS.

WELL, IT FEELS LIKE A WEAKNESS, AND I'M NOT USED TO FEELING WEAK.

I WAS A SOLDIER, YOU KNOW? THAT'S ALL I'VE EVER BEEN.

NO, I MEAN IT. WOULD THAT HAVE BEEN SO TERRIBLE? THEY TOAST ME AT THE NCO CLUB. SOMEONE PINS MY PICTURE TO THE WALL, AND THEN... THAT'S IT.

AND IF I CAN'T BE THAT... THEN A PART OF ME WISHES I'D NEVER MADE IT BACK.

SHANA...

THAT'S THE END OF THE STORY FOR SHANA O'HARA.

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JULY 24

ROGER! I'M GONNA TRY IT, OKAY? I'M GONNA TRY IT!

BUT IT'S WARM AND IT LOOKS GOOD, AND IF I DON'T LIKE IT, THERE'S A WHOLE CASE FOR YOU OUT IN MY CAR!

WHAT?

WHAT IS IT, KENNETH?

ROGER'S WIFE... FOUND HIM LAST NIGHT, WHEN SHE AND THE KIDS CAME HOME FROM VISITING HER MOTHER.

WHAT? HE WAS... HE WAS DOING SO WELL, HE'D HAD A BREAKTHROUGH, HE'D HAD...

BUT SOMETIMES FOUR.

IT'S A LONG PROCESS, SHANA. THREE STEPS FORWARD, THEN SOMETIMES ONE STEP BACK.

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CRISIS INTERVENTION AND SUPPORT NETWORK

<https://www.veteranscrisisline.net>
 The Veterans Crisis Line is a free, confidential resource staffed by qualified responders that are specially trained and experienced in helping Veterans of all ages and circumstances.

<https://www.vets4warriors.com>
 Vets4Warriors is a national 24/7-peer support network for veteran and military communities 100% staffed by trained veterans and members of the military community, their families or caregivers.

<https://www.objectivezero.org>
 The Objective Zero mobile app connects service members, veterans and provides access to health and wellness tools, training, and

MENTAL HEALTH RESOURCES

<https://www.vetcenter.va.gov>
 Vet Centers are community-based counseling centers that provide social and psychological services to eligible service members, veterans, and their families.

<https://giveanhour.org>
 Give an Hour is a national network of volunteers capable of responding to both acute and chronic conditions that arise within the military affiliated population

<https://www.cohenveteransnetwork.org>
 A national network of outpatient mental health clinics where veterans and their families are eligible for personalized, evidence-based mental health care along with access to comprehensive case management support.

<https://getheadstrong.org>
 Headstrong provides confidential, cost-free, outpatient mental health care treatment for military veterans and their families through a nationwide network of licensed mental health providers.

<https://www.ptsd.va.gov>
 The National Center for PTSD is a research and educational center of excellence on PTSD and traumatic stress.



Reflective Practice

Acad Med. 2016 March ; 91(3): 345–350. doi:10.1097/ACM.0000000000000827.

Close Reading and Creative Writing in Clinical Education: Teaching Attention, Representation, and Affiliation

Rita Charon, MD, PhD [professor, Department of Medicine, and executive director],
 Program in Narrative Medicine, College of Physicians and Surgeons of Columbia University, New York, New York

Nellie Hermann, MFA [creative director], and
 Program in Narrative Medicine, College of Physicians and Surgeons of Columbia University, and adjunct faculty, Master of Science in Narrative Medicine Program, Columbia University School of Continuing Education, New York, New York

Michael J. Devlin, MD [professor, Department of Psychiatry, and co-director]
 Foundations of Clinical Medicine, College of Physicians and Surgeons of Columbia University, New York, New York



Appendix 1

The College of Physicians and Surgeons of Columbia University Reading Guide for Refl

The goal of this work, ultimately, is for learners to achieve a state of attentive and empathic affiliation with a patient, born of their efforts to represent what they perceive, to seek the necessary perspectives beyond their own, to register that which is mysterious or unclear, to wonder about the mysterious, to ask questions about the unclear, to generate hypotheses about the patient's situation, and to test those hypotheses in the growing affiliation with the patient. Once learners can rely on their capacity to represent and then to consider what they perceive, they have at their disposal a most powerful and dependable tool to gain entry to the realities of patients and to offer themselves as partners in care.

end? Does the story bring you somewhere in its course?



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Compassion Fatigue: How can we be present with - but not consumed by - patients' emotional needs?

Can we really train people to be kind, to befriend, to care, to be inclusive?

- Compassion practice has been part of meditation traditions for over twenty-five hundred years
- Metta: translates as 'friendship' and 'kindness' - a sincere wish for the welfare and genuine happiness of others.
- Loving Kindness: cultivating unconditional, inclusive love with wisdom, without boundaries

It is a contemplative premise that compassion and knowledge complement each other, As Victor Weisskopf at MIT said, "Knowledge without compassion is inhuman; compassion without knowledge is ineffective."



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Barbezat, D. P., & Bush, M. (2013). Contemplative practices in higher education : Powerful methods to transform teaching and learning

Emotion
2008, Vol. 8, No. 5, 720–724

Copyright 2008 by the American Psychological Association
1528-3542/08/\$12.00 DOI: 10.1037/a0013237

Loving-Kindness Meditation Increases Social Connectedness

Cendri A. Hutcherson, Emma M. Seppala, and James J. Gross
Stanford University

Regulation of the Neural Circuitry of Emotion by Compassion Meditation: Effects of Meditative Expertise

Antoine Lutz^{1*}, Julie Brefczynski-Lewis², Tom Johnstone³, Richard J. Davidson^{1*}

¹ University of Wisconsin, Madison, Wisconsin, United States of America, ² West Virginia University, Morgantown, West Virginia, United States of America, ³ University of Reading, Reading, United Kingdom
PLoS One. 2008 Mar 26;3(3):e1897.

doi:10.1093/scan/nsv008

SCAN (2015) 10, 1291–1301

Compassion-based emotion regulation up-regulates experienced positive affect and associated neural networks

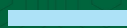
Haakon G. Engen and Tania Singer
Department of Social Neuroscience, Max-Planck-Institute of Human Cognitive and Brain Sciences, Leipzig, Germany



Arts & Humanities



Contemplative Practice



Humanities & Contemplative Practice

- Medical humanities: using literature, narrative, poetry, theater, and visual arts in programming
- Offer practical tools for self-reflection and communication with patients, along with increased sense of empathy



- Enhancing concrete social knowledge, particularly about people from different backgrounds
- **Render experiences of others more accessible, helping people enhance their sense of likeness to a wider range of fellow humans**
- **Connecting Us with Others - others are worthy of being valued, being empathized with**

Health Equity

How can we achieve health equity and population health without the holistic knowledge of human interactions that come from the arts and humanities?

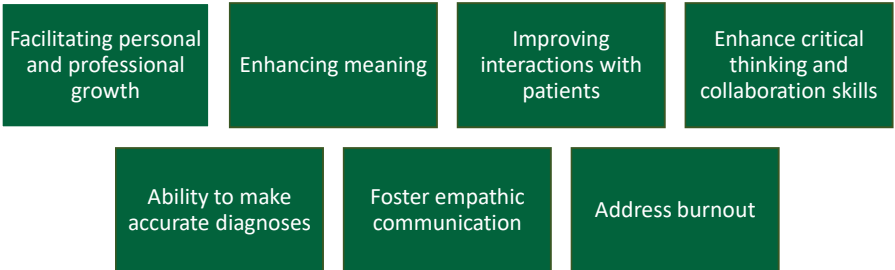
Unity
Community Milieu
Curiosity
Taking Another's Perspective

All things that help promote kindness



Do Humanities Make Better Physicians?

Increasingly, the role of the arts and humanities in promoting growth among learners has been recognized by the AAMC; the National Academies of Science, Engineering, and Medicine, and the WHO.



- Arts and humanities interventions can address many 21st-century health care challenges.
- Foster teamwork and collaboration, support learner well-being and promote resilience, and adapt to and drive change.

**FR
AH
ME** The Fundamental Role of the Arts and Humanities in Medical Education



Perspective-taking focuses on making visible, through interaction and dialogue, the sometimes contradictory perspectives of people involved in clinical encounters, especially patients, and on enriching learners' own perspectives and attitudes in the process.

Personal insight focuses on fostering awareness of and reflection about inward processes and struggles, which contribute to professional identity formation, emotional growth, personal wellness, and resilience.

Social advocacy focuses on social issues and incites the learner to question, critique, and transform norms as well as potential inequities and injustices in health care and society more broadly. Examples include using arts and humanities to reveal and respond to issues such as a lack of access to health care, the social determinants of health, and equity, diversity, and inclusion.



Beyond “Dr. Feel-Good”: A Role for the Humanities in Medical Education

Kumagai, Arno K. MD [Author Information](#) 

Academic Medicine: December 2017 - Volume 92 - Issue 12 - p 1659-1660

doi: 10.1097/ACM.0000000000001957

a painter. Instead, I suggest that, among many reasons, there are several unique and essential ways in which the arts and humanities can contribute to the formation of physicians who practice with excellence, compassion, and justice. These reasons include creating difficulties and disruption; introducing a pause; encouraging engagement with complexity and ambiguity; providing different lenses through which to see the education and practice of medicine in new and generative ways; and fostering a deep and abiding engagement with the multiple, the unique, and the unknowable. I will discuss each of these in more detail in the following paragraphs.



Disruption



Pause



History &
Ideology



Celebrating
the Unique

Commentary

Commentary: **Our Heads Touch: Telling and Listening to Stories of Self**

Rita Charon, MD, PhD

Abstract

This commentary reflects on the first decade of the Teaching and Learning Moments (TLM) feature of *Academic Medicine*. The author places the feature within the context of a growing movement within health care to improve reflective practice through the practice of reflective writing and reading. As an example of the opportunity these reflective activities afford, the author

depicts a s and facult schools le: illness, an find that t and write lived expe: understand has been : these stud

In his meditation on the life of a rural general practitioner, art critic and novelist John Berger¹ writes of similar situations among colleagues: “It is as though the speakers bend over the subject to examine it in precise detail, until, bending over it, their heads touch.” Our heads touch as we consider these moments that open up in the day to reveal something to us about the lives we lead.



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What was once considered a civilizing veneer for the gentleman physician — reading literature, studying humanities, writing in literary ways about practice — is now being recognized as central to medical training for empathy and reflection.³ Capacities that medicine now sometimes lacks — attunement to patients’ individuality, sensitivity to emotional or cultural dimensions of care, ethical commitment to patients despite fragmentation and subspecialization, acknowledgment and then prevention of error — may be provided through a rigorous development of narrative skills. Perhaps strengthening the narrative competence of doctors might help them to achieve such elusive goals as humanism and professionalism by providing them with graduated skills in adopting patients’ points of view, imagining what they endure, deducing what they need, and reflecting on what the physicians themselves undergo in caring for patients.⁴

PERSPECTIVE

Narrative and Medicine

Rita Charon, M.D., Ph.D.

- Recognizing, absorbing, interpreting, and honoring the stories of self and others’
- Narrative forms of art (literature, drama) helps us to untether & liberate our thinking

Academic Medicine 89(2):335.
N Engl J Med 2004 Feb 26;350(9):862

He looks so sad, so forlorn. He chews a lip as he studies his sneakers. His hands clasp together and then awkwardly separate like uncomfortable acquaintances. His foot drums to a beat internal and irregular. His forehead sweats. The pen in his hand has been chewed and gnawed. Little tooth rivulets carpet its plastic veneer.

I have seen this clinical presentation a thousand times.

The helplessness has surfaced. He can no longer suppress it. He is a steam whistle and the anxiety at facing cancer's horrible ambiguity has finally rumbled to the surface, erupting with volcanic emotional chaos. He expected better news.

We are staring at chest films that tell a sobering story. A tumor sits in the middle of the chest. An eight-centimeter mass. East to west it is smaller than it was the last time a scan was taken. North to south it appears longer. We both know that nodular sclerosing Hodgkin tumors can leave behind scar tissue. No one can tell if the tumor on this film is alive with cancerous intent or if what we see is a ghostly image of a beast now dead. The oracle of science, on this dry, cold winter day, is silent.

He paces slowly around the large windowed office, lost in thought, unable to find the words to describe his frustration with the unknown. It is painful to watch. These monthly scans have been challenging for him—they've provided so little evidence of progress to encourage the continued fight. Where will the energy come from for more aggressive chemotherapy? More nausea and fatigue? More restless nights?

He is young. He has had little experience with events not in his control. He was brought up on simple just-world ethics. Phrases like "what goes around comes around" pepper his speech and he is always telling me to go see the latest movie portraying a hero surmounting all odds. In his world, good people pull themselves out of poverty and despair and bad ones inevitably pay back in blood for every ridiculing utterance, every nip of ego they've displayed. He cannot reconcile his goodness with today's misfortunes.

I remain silent. He needs to learn to live with the ambiguity. To live, despite the ambiguity. He must come to these understandings on his own. I cannot show him the way. Nor will I offer false hope to make us feel better in this fleeting moment.

Medicine and the Silent Oracle:
An Exercise in Uncertainty
Journal for Learning through the
Arts, 2(1)



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JAMA. 1998; 279(7):500-500

Illness Is More Than Just Disease

- Studying the 'story of the patient' and employing the stories in understanding and improving how patients make sense of their illness
- Novels, films, patients - reflections of societal views
- How do genres help in exploring how patients give sense to symptoms and how they manage illness?
- **Common Sense Model used to structure the representation of diseases**
 - Symptoms, Illness Perceptions, Coping & Self-Management, Outcome



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Kaptein et al. Philosophy, Ethics, and Humanities in Medicine (2020) 15:2

Table 1 Writings (authors), films , and paintings (reviewer) representing six categories of cardiovascular diseases

Diagnostic category	Writings	Films	Paintings
Myocardial infarction	<i>Everyman</i> (Roth) [24] <i>Own death</i> (Nádas) [25] <i>Ooh baby baby</i> (Jones) [26]	<i>Dr. Zhivago</i> [31] <i>The Godfather</i> [32] <i>Something's gotta give</i> [33]	<i>Ket</i> (de Haas) [34]
Aneurysm	<i>A study in scarlet</i> (Doyle) [35]	-	<i>Gidlund</i> (Bergqvist) [36]
Hypertension	<i>Everything that rises must converge</i> (O'Connor) [37]	<i>Something's gotta give</i> [33]	-
Stroke	<i>Clock without hands</i> (McCullers) [38] <i>The loss</i> (Lenz) [39] <i>La Toccata</i> (Pirandello) [40]	<i>Amour</i> [45] <i>Flawless</i> [46]	-
Heart transplantation	<i>Mend the heart</i> (de Kerangal) [47] <i>Intruder</i> (Nancy) [48]	<i>John Q</i> [49]	<i>Calne</i> [50]
Marfan	<i>A tale of the ragged mountains</i> (Poe) [51]	<i>Mo</i> [52]	<i>Schad</i> (Strauss) [53]
Congestive heart failure	<i>Dr. Martino</i> (Faulkner) [54]	-	<i>Boccaccio (Galassi)</i> [55]



Self-portrait (1932) Dick Ket



“Clinical Encounters are Similar to the Interactions of Talented Actors”

- Perceiving cues from patient and composing verbal and non-verbal responses tailor made to what they are hearing and observing
- Teaching observational skills is critical in theater education
- Deep acting (using skills subconsciously - observing cues, listening to others, responding appropriately)



Using Theater to Teach Clinical Empathy: A Pilot Study

Alan W. Dow, MD, MSHA¹, David Leong², Aaron Anderson, PhD², and Richard P. Wenzel, MD, MSc¹, VCU Theater-Medicine Team*

- Four 90-minute classroom and workshop sessions
 - Active listening
 - Listening for subtext
 - Listening for values & strengths
 - Making links to one’s own experiences
 - Acknowledging feelings
 - Role of eye contact, breathing, body posturing
- Improvements

Ann Intern Med. 2016;165:591-592

[J Gen Intern Med.](#) 2007 Aug; 22(8): 1114–1118.

JAMA. 2005;293:1100–06.

Innovation Report

Acad Med. 2020;95:1210–1214.

Interprofessional Improv: Using Theater to Teach Health Professions Students


Amy B. Zelenski, PhD, Norma Saldivar, MFA, Linda S. Park, PhD, Vonn
Abstract

Problem

Health professionals need to learn how to relate to one another to ensure high-quality patient care and to create collaborative and supportive teams in the clinical environment. One method for addressing both of these goals is teaching empathy during professional training to foster connection and commonality across differences. The authors describe a pilot improvisational theater (improv) course and present the preliminary outcomes showing its impact on interprofessional empathy.

The rules of improv include accepting the perspective of the other people in the scene without interjecting your own evaluation of their perspective (i.e., whether you agree with them). The “yes, and” principle is the core principle of all improvisation. The ability to be open and accepting of all “players” is essential to collaboration. Improv requires players to react in the moment without focusing on personal goals and to defer to the collective goals of the group. To do this, improvisers must hone their observation and listening skills through practice using games.⁵

- Completed 2 validated empathy questionnaires (Interpersonal Reactivity Index [IRI], Consultative and Relational Empathy [CARE] measure
- Improvements noted



SEARCH

STUDENTS & RESIDENTS

NEWS & INSIGHTS

DATA & REPORTS

ADVOCACY & POLICY

PROFESSIONAL DEVELOPMENT

SERVICES

WHO WE ARE

WHAT WE DO


PATIENT CARE

No joke: The serious role of improv in medicine


SARAH MAHONEY, SPECIAL TO AAMCNEWS
JANUARY 13, 2020

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Want to be a better doctor? Try talking into a banana, muttering gibberish, and tossing balls at colleagues. Medical improv transforms goofy theater games into serious skills like empathy, teamwork, and super-quick thinking.



No matter how goofy medical improv exercises sometimes seem, the effects are serious. The art form turns participants into sharper listeners, better collaborators, and more empathic people — and it helps them think on their feet, says medical improv pioneer Katie Watson, JD, an associate professor at Northwestern University Feinberg School of Medicine. “The same paradox drives physicians and improvisers,” she says. “They need to prepare for unpredictability.”



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Ajay Paul Singh, a second-year student at the University of Wisconsin School of Medicine and Public Health, felt a little nervous enrolling in a medical improv elective. But he says one exercise alone made the sweaty palms worthwhile.

Medical Students' Exposure to the Humanities Correlates with Positive Personal Qualities and Reduced Burnout: A Multi-Institutional U.S. Survey

Salvatore Mangione, MD¹, Chayan Chakraborti, MD, FACP², Giuseppe Staltari, MD³, Rebecca Harrison, MD FACP⁴, Allan R. Tunkel, MD PhD⁵, Kevin T. Liou, MD⁶, Elizabeth Cerceo, MD⁷, Megan Voeller, MA⁸, Wendy L. Bedwell, PhD⁹, Keaton Fletcher, BS¹⁰, and Marc J. Kahn, MD, MBA, FACP¹¹

- Students who devoted more time to the humanities during medical school had significantly higher levels of positive physician attributes like empathy, tolerance of ambiguity, wisdom and emotional intelligence while at the same time reporting lower levels of adverse traits like burnout.
- Those who reported more interactions with the humanities also scored higher in openness, visual-spatial skills and the ability to read their own and others' emotions.

BRIEF OBSERVATION

Harvey B. Simon, MD, Section Editor

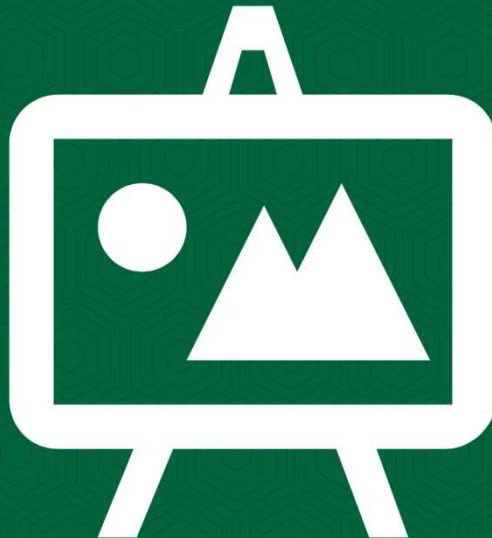
THE AMERICAN
JOURNAL of
MEDICINE®**Medical Humanities Coursework Is Associated with Greater Measured Empathy in Medical Students**Jeremy Graham, DO, MA,^a Lauren M. Benson, MD,^b Judy Swanson, MD,^b Darryl Potyk, MD,^c Kenn Daratha, PhD,^d Ken Roberts, PhD^e^aElson S. Floyd College of Medicine, Washington State University, Spokane; ^bProvidence Internal Medicine Residency Spokane, Wash; ^cUniversity of Washington School of Medicine; ^dCollege of Nursing, Washington State University Spokane.

RESULTS: Medical humanities coursework correlated with superior empathy outcomes among the medical students. Of students not enrolled in humanities courses, 71% declined or failed to increase in JSE-S score over the academic year. Of those who took humanities coursework, 46% declined or failed to increase in JSE-S scores. The difference was statistically significant ($P = .03$). The medical humanities curriculum correlated with favorable empathy outcomes as measured by the JSE-S.

CONCLUSIONS: Elective medical humanities coursework correlated with improved empathy score outcomes in a group of US medical students. This may reflect a direct effect of the humanities coursework. Alternately, students' elective choice to take medical humanities coursework may be a marker for students with a propensity to favorable empathy outcomes.




The American Journal of Medicine (2016) 129, 1334-1




Arts & Health Activities


Observational Skills




Critical Thinking




Teamwork




Multiple Perspectives






Empathy &
Analytical Skills

Restoration &
Connection





Requires no previous knowledge or advance prep. Images are accessible and themes are universal and compelling

Visual Thinking Strategies: A Structured Teaching Method

- A specific approach to teaching - originally focused on meaning-making
- A facilitation method and professional development program that fosters collaborative, inclusive, community-building dialogue.
- Communal viewing of art to increase sensitivity, team building, and collaboration amongst trainees

1. What is going on in this picture?
2. What do you see that makes you say that?
3. What more can you find?

We believe thoughtfully facilitated discussions of art make education more engaging, inclusive, and equitable.

<https://vtshome.org>

RESEARCH ARTICLE

Open Access



More than visual literacy: art and the enhancement of tolerance for ambiguity and empathy

Miriam Ethel Bentwich* and Peter Gilbey

- Contributes to visual literacy, visual diagnostic skills, but also ability for self-reflection, communication skills (patients, colleagues), and increased sense of empathy
- Exposure to different interpretations of same art image
 - Tolerance of ambiguity is important, yet students tend to think of knowledge as absolutely certain, namely in offering clear-cut answers or only temporarily uncertain.
 - Ambiguity leads to stress
- Empathic understanding is correlated to tolerance of ambiguity
- **VTS: an educational vehicle for enhancement of students' tolerance of ambiguity and accepting multiple interpretations**



Bentwich and Gilbey BMC Medical Education (2017) 17:200



Untitled (Ophelia); 2000/01. Gregory Crewdson

Portraiture

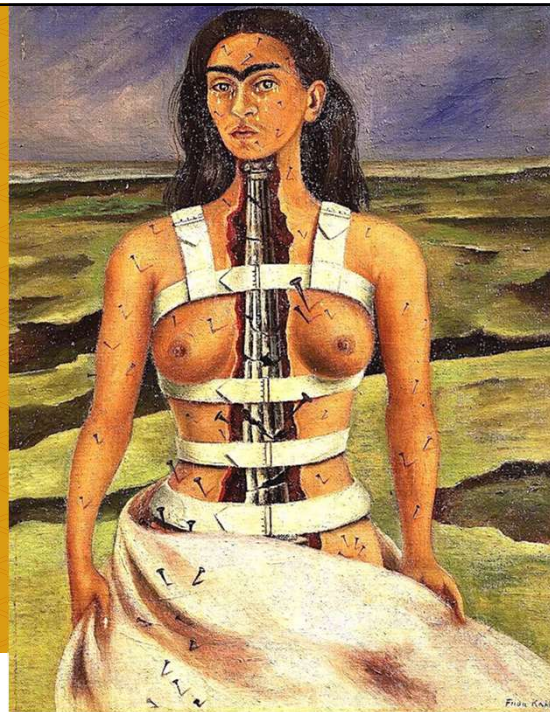


Portraiture can motivate key teaching and learning goals in health professions education by facilitating learners' explorations of their own and others' biases, limitations, and approaches to gathering information from and about a source (e.g., a subject or a patient).

- "Pictures not only restore feeling, but also the capacity to feel,"
- Transforming "what was previously a private experience of the patient to being a shared comprehension of illness by the group."



Body Soc. 2002;8(3):1-23



<https://beam.jh.edu>



1944, The Broken Column by Frida Kahlo

5 Questions: “Slowing the viewer down”

- Develop observation skills
- Describe observations
- Reinforce clinical reasoning process
- Reflect upon insights and limitations of one’s own observations and effects of observing with others in a team

<https://www.youtube.com/watch?v=9iTU-lxUngc>

“We can’t be bias free, but we can be bias aware”



QUESTIONS	ART MUSEUM SETTING	HEALTHCARE SETTING
WHAT DO YOU SEE?	Collect information by looking.	Collect information by history and physical (H & P).
DOES THIS REMIND YOU OF ANYTHING?	Add info from similar artworks, artists, experience. Acknowledge cognitive/affective resonances.	Add info from similar cases. Acknowledge cognitive/affective resonances. Premature closure causes difficulties.
WHAT’S THE STORY? WHAT IS YOUR EVIDENCE?	Interpret information to generate hypotheses. Identify visual elements to support hypotheses. Identify what may not be present.	Interpret information to generate hypotheses (Differential Diagnosis). Identify evidence from H & P, labs to support hypotheses. Identify what may not be present.
WHAT INFO WOULD CONFIRM YOUR HYPOTHESES?	Ask questions to test hypotheses. Restate uncertainties.	Generate a plan to rule in or out diagnoses.
WHAT DID YOU OBSERVE ABOUT YOURSELF?	Critically appraise your interaction with the artwork and others. Consider your interpretation and notice the effect of your insights and assumptions.	Critically appraise your interactions with patient and others. Consider your diagnosis and notice the effect of your insights and assumptions.

<https://medhum.digitalscholar.rochester.edu>

RX/MUSEUM ART & REFLECTION IN MEDICINE



Jeff Schonberg, photograph from *Righteous Dopefiend*, 2009.

Fostering clinician well-being and a *humanistic* practice of medicine through *visual art* and *reflective pedagogy*



<https://rxmuseum.org/reflections/righteous-dopefiend>

Professionalism and humanism

In every VTS session, participants practice empathy. While respectfully considering the perspectives of others, VTS participants must be fully present, intellectually curious, and emotionally engaged. By viewing art with other people in this way, participants learn to respond empathically to the emotional state or feelings that are emanating not only from the figures represented in the art, but also in the words expressed by others.¹¹ These stimuli may trigger emotional responses and/or raise awareness of implicit biases, which require courage to recognize and accept. For example, a participant may describe an elderly figure in a painting as

Author: Chisolm Margaret S. MD; Kelly-Hedrick Margot MBE; Wright Scott M. MD
Title: How Visual Arts-Based Education Can Promote Clinical Excellence
DOI: 10.1097/ACM.0000000000003862



- Perspective taking to cultivate inclusion and understanding
- First Person narratives - shifting the narrative

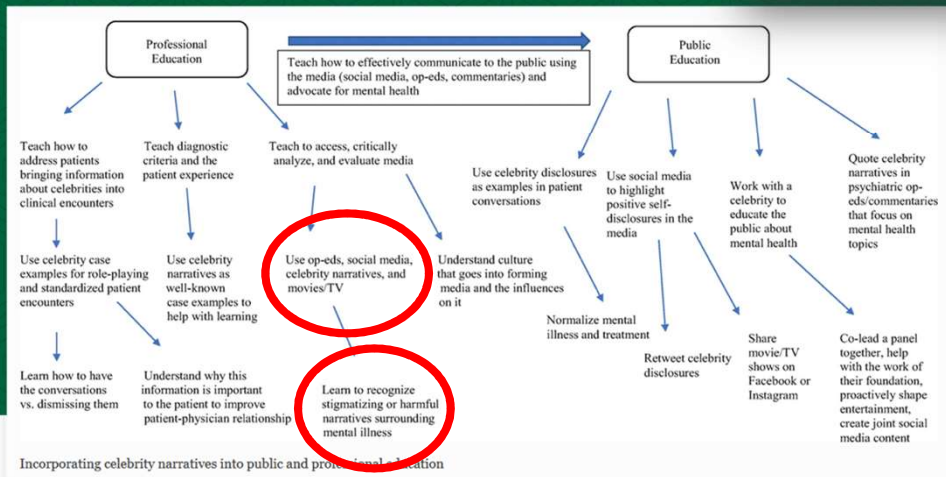
Academic Psychiatry 2020; 4(2): 211
<https://doi.org/10.1007/s40596-020-01200-5>

MEDIA COLUMN

"I Feel Like I Know Them": the Positive Effect of Celebrity Self-disclosure of Mental Illness

Amanda J. Calhoun¹ · Jessica A. Gold²

Received: 29 November 2019 / Accepted: 4 February 2020 / Published online: 25 February 2020
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Stigma & Mental Health


This Is Us' Totally Captured The Hard Truth Of Panic Attacks

WELLNESS

'This Is Us' Totally Captured The Hard Truth Of Panic Attacks

Well done.


By Lindsay Holmes
02/17/2019 04:39pm EST



https://www.huffpost.com/entry/this-is-us-panic-attack_n_58a74471e4b07602ad54617e

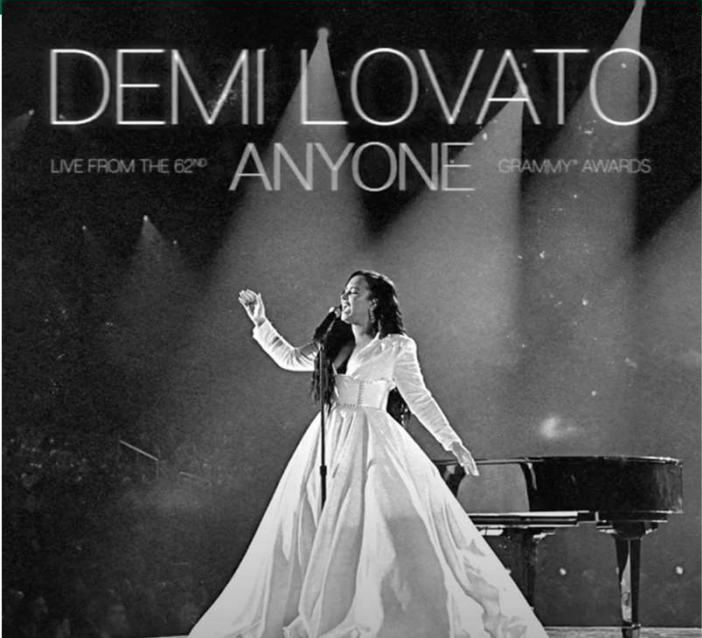
<https://www.youtube.com/watch?v=NX7Qeu37Q4w>

<https://www.youtube.com/watch?v=3dCfpDfni64>




DEMI LOVATO

LIVE FROM THE 62ND ANYONE GRAMMY AWARDS



<https://www.youtube.com/watch?v=o8UKIT-uqFA>





Podcast: S-Town
Title: --
Link/Episode no.: <https://stownpodcast.org/> (total of 12 episodes)
Date: 3/2017
Time commitment: 45-55 min per episode
Topics: Living with mental illness; toxicology
Synopsis:

“John despises his Alabama town and decides to do something about it. He asks a reporter to investigate the son of a wealthy family who’s allegedly been bragging that he got away with murder. But then someone else ends up dead, sparking a nasty feud, a hunt for hidden treasure, and an unearthing of the mysteries of one man’s life.” This is a longer podcast series about an eccentric man living in rural Alabama.



Courtesy: T. Fanning, MD



<https://theconversation.com/why-s-town-invites-empathy-not-voyeurism-76510>

MOVIES

How accurate is 'Joker's portrayal of mental illness? The answer is complicated

Bryan Alexander USA TODAY

Published 5:53 p.m. ET Oct. 23, 2019 | Updated 12:12 p.m. ET Oct. 27, 2019



- Fundamentally a film about childhood and relational trauma?
- Provides a rich discussion regarding Arthur's early life

Relationship with mother → promoting capacity for mentalization and regulation of emotions

- Relationship with mental health care system

- Development, disorganized attachment, brain trauma, psychological trauma, epigenetics
- Focus on the importance of caring for children's brains as a priority in reduction interpersonal violence



<https://www.youtube.com/watch?v=zAGVQLHvwOY>















https://www.youtube.com/watch?v=uic_3vII5BE

<https://www.youtube.com/watch?v=OG6HZMMDEYA>



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Art Form or Subject	Possible Extensions to Teaching and Learning in Medicine
 Literature	A group of health professionals reads and discusses fiction and nonfiction literature that informs clinical practice, teaching, and learning.
 Narrative medicine	Students participate in facilitated, small-group sessions of “close reading,” learning how to thoughtfully and critically analyze a text and translate learnings to close listening with patients.
 Theater and drama	Students practice active improvisation techniques that demonstrate listening without interruption and judgment.
 Film and television	Students and patients view a film about patients’ experiences with health and discuss inequities in care, bias, and stigma.
 Music	Faculty take lessons by music teachers about effective coaching, observation, lifelong learning, feedback techniques, mindfulness, and more.
 History	Interprofessional learners read and discuss seminal works about the historical context of race and the effects of institutional and structural racism on social determinants of health.
 Religion and spirituality	Residents engage in “reflection rounds,” a small-group activity in which learners consider the influence of patients’ spiritual or religious beliefs on their illness experience.

 Dance and movement	Students engage in dance and movement exercises to express emotion, reduce stress, and connect with patients.
 Reflective writing	Students write reflective statements to learn from a critical incident or construct written tributes to anatomical donors and share them with the donors' family members.
 Creative writing and poetry	Students and residents write, share, and discuss 55-word creative stories about impactful experiences.
 Visual arts and thinking strategies	Interprofessional health care clinicians and learners view a work of visual art and engage in a facilitated discussion about the work, making connections to their own clinical practice.
 Comics and graphic novels	Students create and share their own stories about formative experiences in creative comic form.



Getting Started Guide Part 1: Select Activities for Integrating the Arts and Humanities into Medical Education

Aligning with the Accreditation Council for Graduate Medical Education's [six general competencies](#), the activities included below were selected for the Getting Started Guide because they can be conducted at low cost with any group of learners, regardless of developmental stage or specialty. For a more in-depth look at the beginning steps for developing and integrating arts and humanities curricula, read [The Fundamental Role of the Arts and Humanities in Medical Education](#). Find tips about how to start planning activities for learners in the [Getting Started Guide Part 2: Nuts and Bolts of Integrating Arts and Humanities into Medical Education](#).



Should you have additional examples to submit for consideration, please email frahme@aamc.org with a description of the activity and suggested resources.

Explore by competency:

- [Medical Knowledge](#)
- [Interpersonal and Communication Skills](#)
- [Patient Care and Procedural Skills](#)
- [Professionalism](#)
- [Practice-based Learning and Improvement](#)
- [Systems-based Practice](#)

Getting Started Guide Part 2: Nuts and Bolts of Integrating Arts and Humanities into Medical Education

The many activities listed in Part 1 provide guidance on ways to teach using the arts and humanities. In Part 2 we have put together a list of things to consider as you start planning activities for your learners.

Below are some tips on how to create partnerships with cultural institutions, how to choose arts and humanities material, and how you can join conversations about arts and humanities in medical education. For a more in-depth look at the beginning steps for developing and integrating arts and humanities curricula, read [The Fundamental Role of the Arts and Humanities in Medical Education](#). Learn about specific activities for learners in the [Getting Started Guide Part 1: Select Activities for Integrating the Arts and Humanities into Medical Education](#).



Should you have additional examples to submit for consideration, please email frahme@aamc.org with a description of the activity and suggested resources.

Explore the guide:

1. [Explore partnerships](#)
2. [Select material thoughtfully](#)
3. [Discuss, discover, and disseminate](#)

<https://www.aamc.org/what-we-do/mission-areas/medical-education/getting-started-activities>





Neuroscience literature: Empathy is a teachable competency with identifiable neural signature



Engagement with medical humanities & contemplative practice pedagogies have been shown to be associated with increased empathy and other benefits for both physicians and patients.



In particular, humanistic work depicting and exploring experiences of others can be used to train our brains to recognize and share in others' experiences. Research supports the use of humanistic work in medical training. It helps us to slow down, pause, and reflect.



Experience sharing: Build connectedness, enhance our sense of community, increase our ability to tolerate ambiguity, foster inclusion, and embrace diversity. How do we best design curricula to enhance empathy and compassion in our learners?



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