but i can’t imagine it fundamentally changing, becoming a fairer, kinder place.
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

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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
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

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.
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**

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https://www.youtube.com/watch?v=Kb24RtHlBFk

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**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.

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**Suicide rate**

- 11% for Black youths
- Lack of children decreased in White children
- In Black youths by 60%
- 4 in Black adolescent boys
- 5 in Black adolescent girls
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
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. 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.

“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.”
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

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)

https://www.youtube.com/watch?v=9_1R1R4xbM&list=PLxrt32PYU4HGkXeEy98HocAnfI49wl2DY&index=11
**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

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.

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

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

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

Grit Hein,1,2 Giorgia Siani,1 Kerstin Pruschoff1 C. Daniel Batson2 and Tania Singer1,2

Neuron 68, 149–160
Ignoring Others’ Emotions Makes it Easier to Oppress

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?
**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.

**Characterizing changes in student empathy throughout medical school**

DANIEL C. R. CHEN, DANIEL S. KRISHENBAUM, JUN YAN, ELAINE KRISHENBAUM, & ROBERT H. ASELTIME

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**

**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.

Empathy: A Component of Kindness


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.

How kindness affects caregivers and health care organizations

- A kinder work environment benefits caregivers as well, who are likely to feel:
  - more engaged
  - less exhausted
  - have more satisfied patients

- By keeping kindness at the core of their health care practice, caregivers:
  - have increased resilience to stress
  - inspire more meaningful work
  - are more immune to burnout

- Organizations with a culture of compassion and kindness have:
  - reduced employee exhaustion and absenteeism
  - increased psychological engagement in work
  - greater employee well-being and commitment
  - higher levels of positive emotion for caregivers
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

Can we really teach empathy?


• 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
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.

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

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].
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

Let’s Take a Deeper Dive
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 Schmitz  |  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
“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)

- 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
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!

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

**Graphic Novels as a Narrative Adjunct in Understanding Psychiatric Illness**

Giovanni D’Amato, BS, and Anne Givens-Mill, MD, MPH

Spring/Summer 2018

[Video Link](https://www.youtube.com/watch?v=GpilpwEd5SM&feature=emb_logo)
"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).”

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

Pamela Tiao1 and Catherine H. Yu2

JAMA. 2019;322(24):2368-2370
Published online November 30, 2020
‘GI Joe’ comic tackles the psychological burden of coming home from war

J.D. Binkley

1 day ago

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.
Reflexive Practice


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? Do the story bring you somewhere in its course?
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.”

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 Lutz¹, Julie Brefczynski-Lewis⁷, Tom Johnstone³, Richard J. Davidson¹
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

doi:10.1371/journal.pone.0031897

Compassion-based emotion regulation up-regulates experienced positive affect and associated neural networks
Hakon G. Engen and Tania Singer
Department of Social Neurosciences, Max Planck-Institute of Human Cognitive and Brain Sciences, Leipzig, Germany
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

David Skorton, MD; President and CEO of AAMC
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.

**Facilitating personal and professional growth**
- Enhancing meaning
- Improving interactions with patients
- Enhance critical thinking and collaboration skills
- Ability to make accurate diagnoses
- Foster empathic communication
- Address burnout

**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.
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.
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 small faculty school for illness, art, and writing. It is the lived experience that has been studied in these studies.

In his meditation on the life of a rural general practitioner, art critic and novelist John Berger 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.

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. 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.

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

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

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

*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, MSHA,1 David Leongf,2 Aaron Anderson, PhD,2 and Richard P. Werzel, MD, MSc,1 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

JAMA. 2005;293:1100–06.

Interprofessional Improv: Using Theater to Teach Health Professions Students
Amy B. Zelenski, PhD, Norma Saldivar, MFA, Linda S. Park, PhD, Vonn


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.

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

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.
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.
Medical Humanities Coursework Is Associated with Greater Measured Empathy in Medical Students

Jeremy Graham, DD, MA,1 Lauren M. Benson, MD,1 Judy Swanson, MD,2 Darryl Potyk, MD,2 Kenn Daratha, PhD,6 Ken Roberts, PhD2

1Evans A. Smith College of Medicine, Washington State University, Spokane; 2Providence Internal Medicine Residency Spokane, Wash;
3University of Washington School of Medicine; 4College 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.
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 or 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
More than visual literacy: art and the enhancement of tolerance for ambiguity and empathy

- 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 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”

https://medhum.digitalscholar.rochester.edu

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

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. 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.0000000000038562
<table>
<thead>
<tr>
<th><strong>Podcast:</strong></th>
<th>S-Town</th>
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<tbody>
<tr>
<td><strong>Title:</strong></td>
<td>- -</td>
</tr>
<tr>
<td><strong>Link/Episode no.:</strong></td>
<td><a href="https://stownpodcast.org/">https://stownpodcast.org/</a> (total of 12 episodes)</td>
</tr>
<tr>
<td><strong>Date:</strong></td>
<td>3/2017</td>
</tr>
<tr>
<td><strong>Time commitment:</strong></td>
<td>45-55 min per episode</td>
</tr>
<tr>
<td><strong>Topics:</strong></td>
<td>Living with mental illness; toxicology</td>
</tr>
<tr>
<td><strong>Synopsis:</strong></td>
<td>“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.</td>
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</tbody>
</table>

Courtesy: T. Fanning, MD

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**Why S-Town invites empathy not voyeurism**

- Fundamentally a film about childhood and relational trauma?
- Provides a rich discussion regarding Arthur’s early life
- 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_3vI5BE
https://www.youtube.com/watch?v=OG6HZMMDEYA
<table>
<thead>
<tr>
<th>Art Form or Subject</th>
<th>Possible Extensions to Teaching and Learning in Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature</td>
<td>A group of health professionals reads and discusses fiction and nonfiction literature that informs clinical practice, teaching, and learning.</td>
</tr>
<tr>
<td>Narrative medicine</td>
<td>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.</td>
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<tr>
<td>Theater and drama</td>
<td>Students practice active improvisation techniques that demonstrate listening without interruption and judgment.</td>
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<tr>
<td>Film and television</td>
<td>Students and patients view a film about patients’ experiences with health and discuss inequities in care, bias, and stigma.</td>
</tr>
<tr>
<td>Music</td>
<td>Faculty take lessons by music teachers about effective coaching, observation, lifelong learning, feedback techniques, mindfulness, and more.</td>
</tr>
<tr>
<td>History</td>
<td>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.</td>
</tr>
<tr>
<td>Religion and spirituality</td>
<td>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.</td>
</tr>
</tbody>
</table>
### 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 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 fahme@aamc.org with a description of the activity and suggested resources.

Explore by competency:
- Medical Knowledge
- Interpersonal and Communication Skills
- Patient Care and Interprofessional 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 fahme@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

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?