

The Humanism Symposium: A Model for Humanism in Medical Education

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ABSTRACT

Louis Lasagna, an American physician, stated in his revision of the Hippocratic Oath in 1964: "I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug." Today, the Liaison Committee on Medical Education specifically urges medical schools to teach standards of competence beyond basic science and clinical clerkships, including instruction in human values for patient care. A student-driven effort to bring both humanism and the humanities into the medical curriculum offers camaraderie, depth, and flexibility, but requires institutional buy-in and a plan for sustainability.

Two medical students at the University of Maryland School of Medicine recently developed a new course in humanism in medicine, aimed at filling a perceived gap in humanism teaching in its medical school curriculum. It strives to honor both the humanities and humanism in the practice of medicine. Though the founders have graduated, the course is still being offered to medical students who are motivated to explore the meaning of humanism in medicine as they forge their personal and professional identities. It is furthermore intended to highlight the individuality of medical students, who all too often are taught humanism in lecture format, without the opportunity for discussion. In short, the course aims to make a space in the curriculum to honor and nurture compassion and humanism among medical students.

Discussions with educators in psychiatry have guided much of this course's development. Several faculty psychiatrists are directly involved with leading sessions on substance abuse, clinical ethics, and approaches to challenging patient interactions. We look forward to presenting descriptive results of these sessions. One of the broader goals of this project is to undertake qualitative and quantitative evaluation of the teaching of humanism in a medical setting. However, it is notoriously difficult to track measures of competency in the realms of humanism and professionalism. Perhaps more urgently, then, this poster presents an opportunity to convene with other educators in psychiatry. We hope to formulate strategies for gathering evidence for the teaching of humanism, with the goal of gathering broader support for such projects going forward.

BACKGROUND

- Loss of empathy in physician learners is a widely discussed phenomenon that is difficult to quantify and challenges traditional curricular demands. Key aspects, as discussed in current academic literature, include:
- Physician empathy has direct impact on patient care.
 - Longitudinal studies of medical students have demonstrated decline of empathy occurring progressively throughout medical training, and some have specifically noted decline of empathy in the transition from the preclinical to clinical years.¹
 - Disparate models have been made to develop curricula that address professionalism, humanism, and empathy at many levels of medical training.² One of the broadly applied and studied of these is the Healer’s Art course.³
 - There is no standardized approach to addressing and assessing the erosion of empathy and integrity over the course of medical training.

A leading theory to explain loss of empathy in medical training focuses on the influence of the “hidden curriculum,” a concept that has been explored in the context of professionalism and defined by Hafferty as “a set of influences that function at the level of organizational structure and culture,”⁴ separate from formal and informal curricula. One example of the hidden curriculum in practice was recently illustrated in the *Annals of Internal Medicine*, in which students enrolled in a medical humanities course are encouraged to reflect on “unforgiveable” behavior witnessed in the course of their training.⁵

- This area of inquiry is further complicated by overlapping and contradictory understandings of empathy, professionalism, and humanism.⁶ In creating the Humanism Symposium, we understood these terms as follows:
- Humanism* represents the personal and ethical values that contribute to empathic and professionally appropriate action.
 - The *humanities* reflect cultural and artistic expressions that allow insight into or access to the human experience.

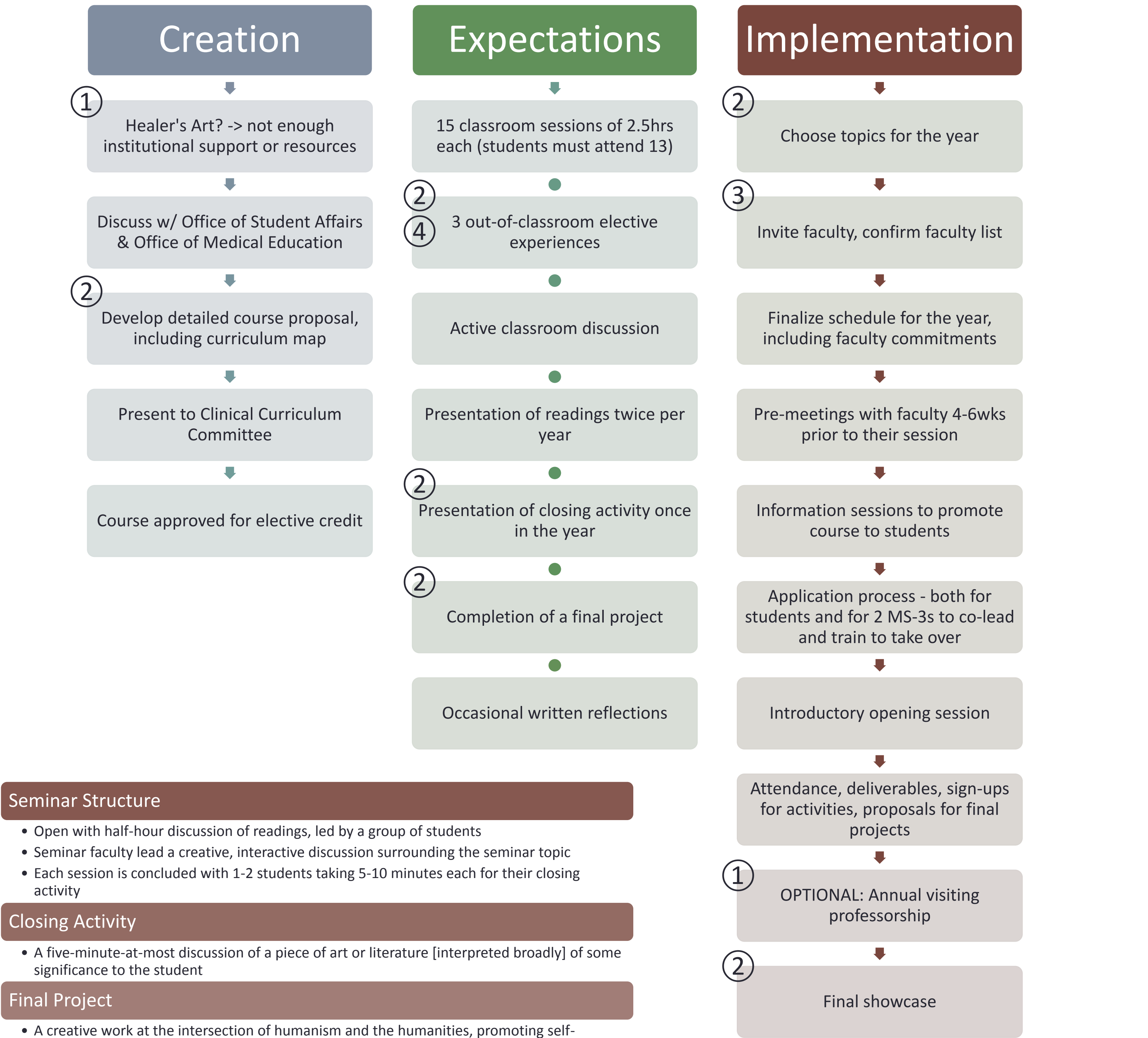
Humanism, as explored through the humanities, was central to the course curriculum.

OBJECTIVES

This intervention sought to address decline of empathy in medical students at the University of Maryland School of Medicine via development and implementation of a course in medical humanism and the humanities. We sought to address the hidden curriculum of medical education and prepare students to protect empathic tendencies, and thus build resilience against further decline. Particular objectives included:

- To formalize an institutional commitment to humanism
- To introduce a novel curricular component that emphasizes both creative and critical thinking and de-emphasizes large group lecture
- To provide an early mentorship and modeling of humanistic behavior to preclinical students
- To provide context and meaning to fleeting preclinical patient exposure

METHODS



Seminar Structure

- Open with half-hour discussion of readings, led by a group of students
- Seminar faculty lead a creative, interactive discussion surrounding the seminar topic
- Each session is concluded with 1-2 students taking 5-10 minutes each for their closing activity

Closing Activity

- A five-minute-at-most discussion of a piece of art or literature [interpreted broadly] of some significance to the student

Final Project

- A creative work at the intersection of humanism and the humanities, promoting self-expression. Examples include:
 - Children's book for siblings of kids with bipolar disorder
 - Your spirit animal
 - Architectural renderings of a patient- and family-centered healing space
 - Sculptures depicting human anatomy

Out-of-classroom Electives (examples)

- Docent-led art museum tour
- Community psychiatrist-led tour of downtown Baltimore
- Shock Trauma Center Memorial Sunday
- Mindfulness sessions

Annual Visiting Professorship

- 2014: Dr. Danielle Ofri

Month/Date	Topic	Objectives	Pre-Reading	Discussion	Didactic	Deliverables
Nov 6	Session #1: Introduction: Why do we care?	I. Students should get to know each other, because they will be made vulnerable to each other over the course of the year II. Discuss what makes a good physician A. Put aside medical acumen – every other moment of medical school is dedicated to accomplishing this important A. Why it's okay, and <i>important</i> , to have and acknowledge an emotional connection with your patients (human contact, tears) B. How this impacts your practice C. Emphasize this will be a recurring theme over the year, woven into multiple different sessions III. Address why humanism in medicine is important A. Why it's okay, and <i>important</i> , to have and acknowledge an emotional connection with your patients (human contact, tears) B. How this impacts your practice C. Emphasize this will be a recurring theme over the year, woven into multiple different sessions IV. Have students reflect on where they are in their journey and where they hope to be by the end	• Kleinman, A. Caregiving as Moral Experience – http://www.thelancet.com/journal/als/article/PIIS0140-6736(12)61670-4/fulltext • "Holding the Hand" http://jama.jamanetwork.com/article.aspx?articleid=186515#qundefined	I. Ice-breakers A. What is your favorite place in the world B. The most influential person in your life C. Your spirit animal D. If you weren't in medical school right now, what would you be doing II. What students think makes a good physician III. Demographics: undergraduate major, significant hobbies, etc (to be submitted on an index card) → email them re: technical discussion on a topic of their interest, prep for next week (see didactic column of Session #2)	I. Work off objectives as speakers see fit (have 2-3 speakers, ideally from multiple departments) II. Other food for thought: A. Personal stories B. What do you feel is missing from your own practice/from what you've observed	Time capsule activity – write a letter to yourself in the next half hour. Food for thought. -Why did you choose to go into medicine? -Aspirations for the future -What you're most afraid of -Your driving motivation We will hold this letter for you in a sealed envelope, and give it to you on Match Day

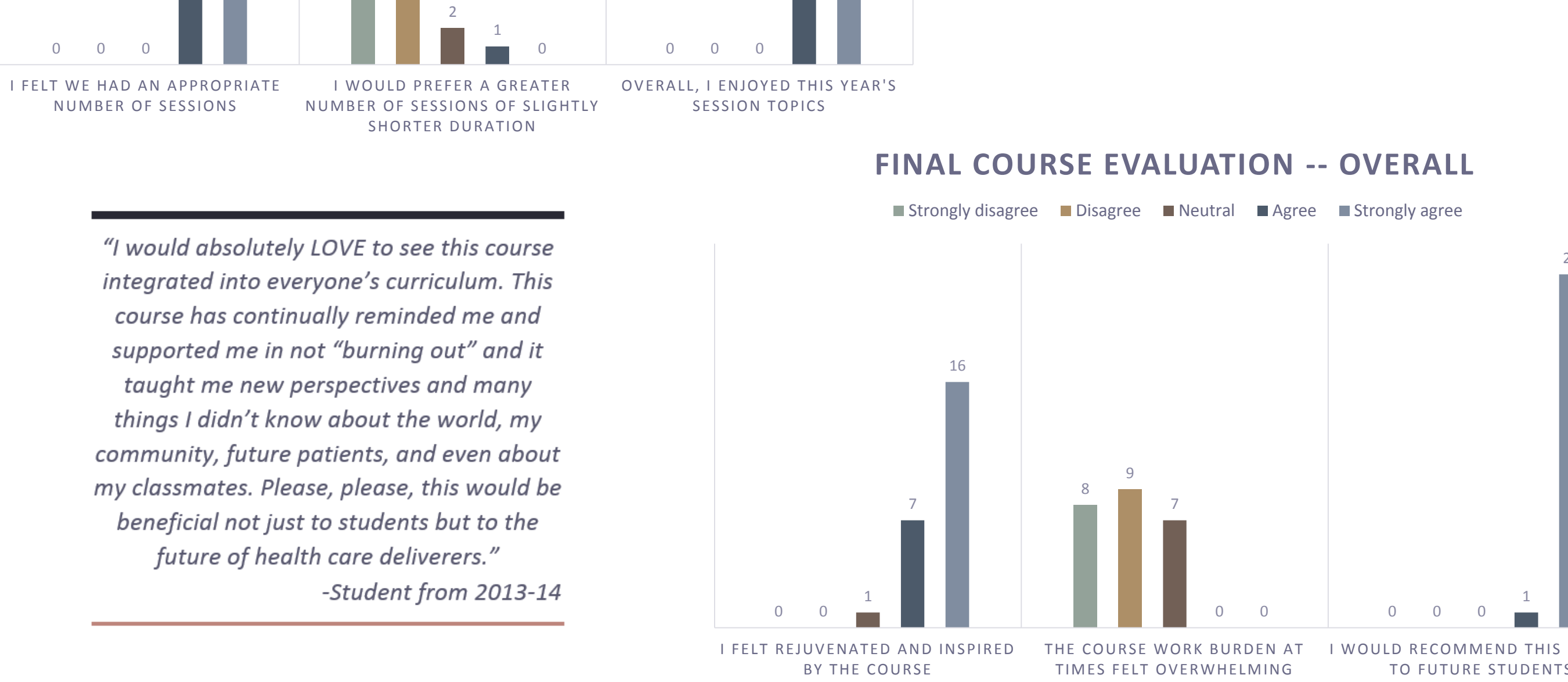
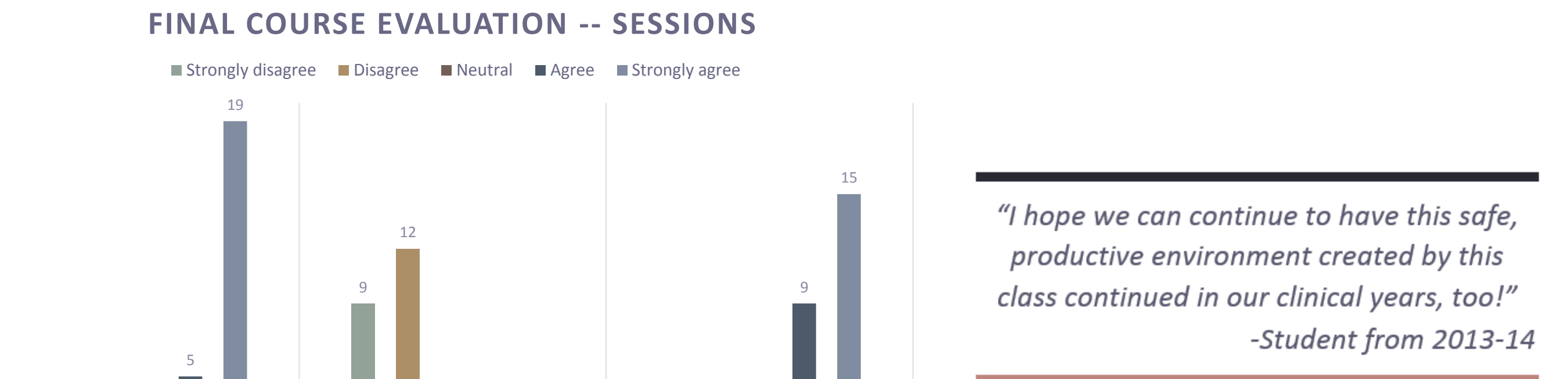


RESULTS

COURSE DATA (2013-14)		
No. students applied	31	
No. students enrolled	25	
Gender		
Male	4	
Female	21	
Year		
MS-I	12	
MS-II	13	
No. faculty members and speakers that participated	44	
No. seminars	16	

SEMINARS
Introduction
Oaths in medicine
Communication: Cultural differences
Communication: Gender differences
Compassion
Difficult conversations: Dying/terminally ill patients
Difficult conversations: The antagonistic patient
Religion and spirituality: Open discussion
Religion and spirituality: Panel of religious leaders
End-of-life care
The interdisciplinary team in patient care
Physicians' struggles with mental health
Medical ethics
Living in the team room
Humor in medicine
Final symposium

DISCIPLINES
Emergency Medicine
Family Medicine
Integrative Medicine
Internal Medicine
• Hospice & palliative care
• Infectious Disease
• Intensive / critical care
Neurology
Obstetrics & Gynecology
Pediatrics
Pharmacology
Psychiatry
• Child & adolescent
Religious Leaders
• Pastoral work
• Chaplain
• Rabbi
Social Work
Surgery
• Trauma
• Cardiac



DISCUSSION

- Successes of our model
 - Builds support of humanism-centered learning in an organic manner
 - Adaptability to the strengths of the host institution
 - Responsiveness to the needs of a particular time and place
 - Broad institutional support contributes to sustainability
- Limitations of our model
 - As an elective course, the explicit benefactors are self-selected
 - Replicability across institutions may be limited
 - Institutional buy-in requires interest at many levels (students, faculty, administration)
 - Sustainability may depend in part on broad support
 - Difficult to assess impact
- What can psychiatry contribute to the evolution of this model
 - Language to explain medical students' experience and progression
 - Tools for increasing resiliency and modifying behavior
 - Bringing therapeutic techniques to training around humanism and empathy