

# 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.<sup>1</sup>
- Disparate models have been made to develop curricula that address professionalism, humanism, and empathy at many levels of medical training.<sup>2</sup> One of the broadly applied and studied of these is the Healer's Art course.<sup>3</sup>
- 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,"<sup>4</sup> 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 "unforgivable" behavior witnessed in the course of their training.<sup>5</sup>

This area of inquiry is further complicated by overlapping and contradictory understandings of empathy, professionalism, and humanism.<sup>6</sup> 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.

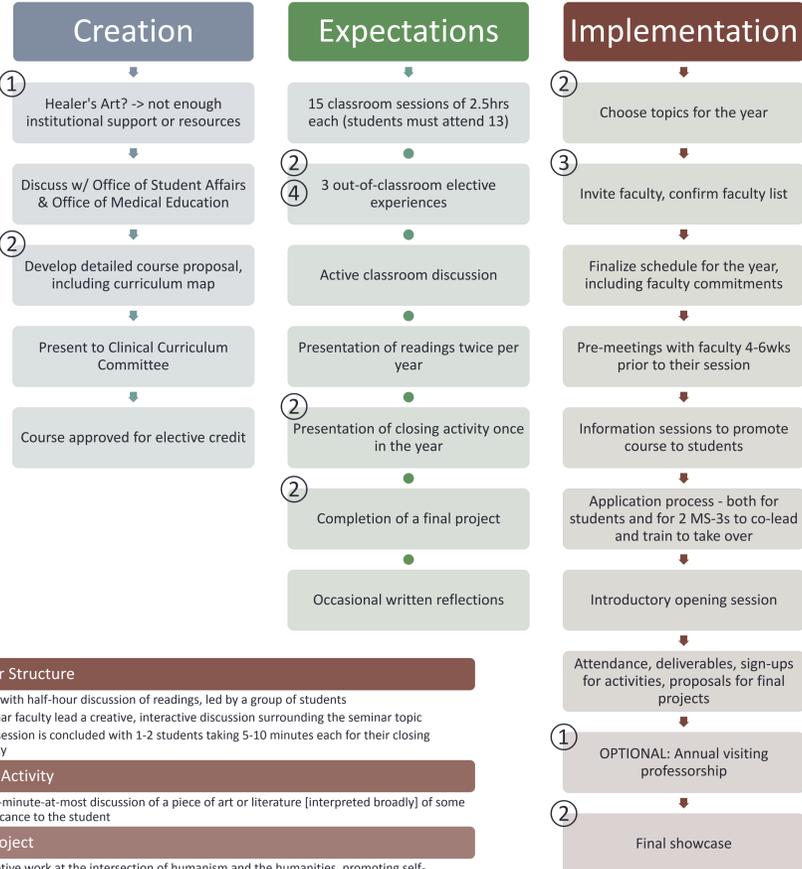
Humanism, as explored through the humanities, was central to the course curriculum.

## 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

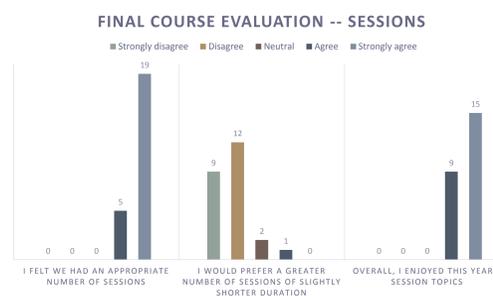
- 2014: Dr. Danielle Ofri

## RESULTS

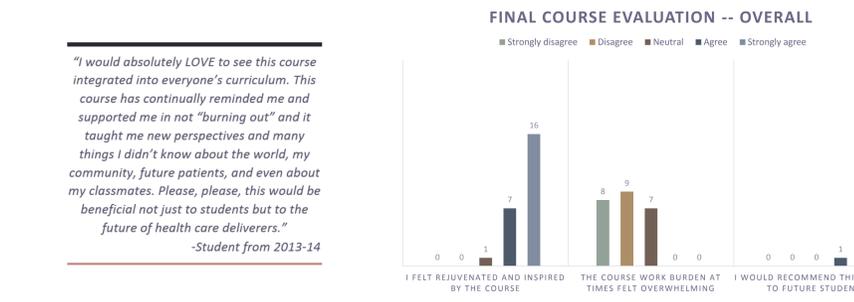
COURSE DATA (2013-14)	
No. students applied	31
No. students enrolled	25
<b>Gender</b>	
Male	4
Female	21
<b>Year</b>	
MS-I	12
MS-II	13
No. faculty members and speakers that participated	44
No. seminars	16

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	
Neurology	
Obstetrics & Gynecology	
Pediatrics	
Pharmacology	
Psychiatry	
Religious Leaders	
Social Work	
Surgery	



*"I hope we can continue to have this safe, productive environment created by this class continued in our clinical years, too!"*  
 -Student from 2013-14



*"I would absolutely LOVE to see this course integrated into everyone's curriculum. This course has continually reminded me and supported me in not "burning out" and it taught me new perspectives and many things I didn't know about the world, my community, future patients, and even about my classmates. Please, please, this would be beneficial not just to students but to the future of health care deliverers."*  
 -Student from 2013-14



## 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



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