

Literature and the Arts in Medical Education

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Feature Editor

Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

The Doctor: A Seminal Video for Cinemeducation

Matthew Alexander, PhD

Let me begin with an admission. I have never watched the hit television show "Survivor." However, if I were stranded on a desert island with a group of residents and/or medical students interested in learning about behavioral medicine, and if this island were equipped with electricity, a VCR, and a VCR monitor, the one video I would want with me for teaching purposes is *The Doctor*. This movie, released in 1991 and starring William Hurt and Christine Lahti, has widespread applications for teaching behavioral medicine.

This article will delineate the different applications of this movie on video along with specific teaching suggestions that readers can immediately apply to their educational programs. But why exactly would I want a video with me on this desert island for teaching purposes?

Cinemeducation refers to the use of movies on video, particularly clips from such videos, for educating residents and medical students in the psychosocial aspects of medicine. Recent articles in the medical literature have provided support for the idea that the use of such videos provides innovative and effective ways of teaching.¹⁻³ Movies on video have been found to be of specific use in teaching family systems theory, developmental concepts, legal issues in medicine, psychiatric diagnoses, cross-cultural issues, and the doctor-patient relationship.¹⁻⁸

The viewing of clips from movies on video helps generate meaningful group discussion, role-play, emotional responsivity, and self-reflection. Their use is applicable to noontime conferences, small-group seminars, and workshop settings.

The Doctor tells the powerful story of Dr Jack McKee, who after receiving a diagnosis and subsequent treatment for laryngeal cancer, has a profound change of heart. The film shows his transition from

a biomedically oriented surgeon who alienates both patients (with his cynical sense of humor) and his family (with his absence and emotional distance) to a much more compassionate and sensitive physician, father, and husband.

Over the past 10 years of using this movie in our family practice residency program, I have found *The Doctor* to provide useful vignettes for teaching residents and medical students alike in the following topic areas: 1) interviewing skills, 2) delivering bad news, 3) the psychosocial impact of terminal illness, 4) balancing work and home: the medical marriage, 5) cross-cultural issues in medicine, 6) hospital bureaucracy and patient satisfaction, 7) legal issues in medicine, 8) gender and medicine, and 9) effective residency education.

In the remainder of this article, I touch on the first four of these topic areas, summarizing (from my perspective) the clip used and then suggesting sample discussion questions and role-plays useful for teaching purposes. Where applicable, I also

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reference articles and/or texts at the beginning of each topic that might be relevant to the discussion. Counter indicators and discussion questions to all nine topic areas are available to interested readers from the author.

All film clips are identified with the “real time” in which they occur in the video. Educators interested in using my recommended clips should set their VCR counters to zero at the outset of the video and fast forward to the real time beginning of the clip to be utilized. Beginning and ending times of each video clip are supplied by the author under each subheading. Because of this film’s copyright protection, I encourage educators to seek legal advice about whether or not a license is required to use this film in a teaching context.

(1) Interviewing Skills⁹

Vignette A (16:51–18:48)

In one of the early scenes in this movie, we watch Dr McKee make attending rounds with a group of surgery residents. The patient interviewed has survived a suicide attempt, having jumped out of a window in an effort to end his life. As the team enters the room, they encounter a nurse and medical chaplain in the process of interviewing this patient. Prompted by verbal and nonverbal cues from Dr McKee, the pastor and nurse quickly make their exit, a clear indication of hospital hierarchy in practice. In the subsequent interview, the patient appears uncomfortable being the center of attention of such a large group, particularly given his obvious emotional vulnerability. As the residents struggle to impress Dr McKee with their medical expertise rather than their caring, it is clear that hospital rounds can be a less than ideal format to conduct sensitive patient interviews.

In this scene, Dr McKee uses humor in an inappropriate manner, making light of the patient’s suicide attempt by suggesting that if he

wants some real punishment that he should try golf.

Discussion Questions

1) What is your experience of the hospital hierarchy?

2) What are some ways that teaching rounds can be done to be sensitive to patients’ needs for privacy and respect?

3) When is humor appropriate in the medical setting? When is it inappropriate?

2) Giving Bad News¹⁰

Vignette B (35:45–37:45)

In this scene, Dr Abbott informs Dr McKee and his wife that his tumor is malignant. Dr Abbott seems ill at ease, authoritarian, and busy. Neither Dr McKee nor his wife seem satisfied with the encounter as their real anxiety and concern are never dealt with.

This vignette illustrates issues related to delivering bad news in the inpatient setting.

Discussion Questions

1) What were Dr McKee and his wife’s reactions to receiving the news of a malignant growth from Dr Abbott?

2) What are the challenges and benefits to delivering bad news in an inpatient setting?

3) What are some things that Dr Abbott might have done differently to have more successfully delivered this bad news to Dr McKee and his wife?

Role Play

After viewing the video clip, one learner should play the part of Dr Abbott, one of Dr McKee, and one of Dr McKee’s wife. Using the same scenario portrayed in the movie, the role-play should attempt to show the positive ways Dr Abbott might have (1) built rapport, (2) conducted a patient-centered interview, and (3) delivered bad news. The other learners should be asked to observe the role-play and provide feedback on such processes as non-

verbal behavior, open-ended questioning, active listening, and attention to clues and cues, as well as related content areas such as clarity of information provided and time efficiency.

3) The Psychosocial Impact of Terminal Illness

Vignette C (23:52–28:16)

In this scene, Dr McKee has just returned home early after receiving the diagnosis of a growth in his throat. His son, when told his father would like to talk with him, picks up the phone in the next room, believing that his Dad is still at work. Rather than having an open dialogue with his wife and son about his new diagnosis, Dr McKee “isolates,” going into the game room, drinking alcohol, and playing pinball. When his wife attempts to draw him out about his medical prognosis, he gets angry at her and, in effect, pushes her away. Later, in bed, he finally tells her the truth about his growth.

Discussion Questions

1) What defense mechanisms are employed by Dr McKee in dealing with his diagnosis?

2) What long-term impact might Dr McKee’s denial, anger, and isolation have on his family?

3) How can you be of assistance to patients and their families in facilitating open discussions about serious illness?

4) Balancing Work and Home: the Medical Marriage¹¹

Vignette D (14:02–16:50)

In this clip, Dr McKee and his wife are returning by car from a party. Against the wishes of his wife, Dr McKee returns a page from a patient while they are driving home. During this phone conversation, the doctor starts coughing up blood, thus alarming his wife.

Discussion Questions

1) What stereotypes does this clip reflect about the medical marriage?

2) What are some common challenges faced by physicians in balancing their work and home lives?

3) What strategies can physicians employ to protect personal time?

In this article, I have summarized teaching applications of clips from *The Doctor* in four different content areas. While I have found this approach of great didactic use with residents and medical students, I have not, as yet, conducted outcome research to test the hypothesis that teaching points approached from this technique are more readily understood and easily maintained than by other approaches. I encourage

future research in this area, as well as collaboration with readers interested in cinemeducation.

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