

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.

Communicating With Terminal Patients: Lessons From "Wit" and Students

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In 2002, faculty members of the Department of Family Medicine at the American University of Beirut initiated and later incorporated communication skills teaching workshops within the medical school curriculum.¹ During these workshops, students expressed their need to learn about breaking bad news and adequate communication in special situations such as terminal patients. The importance of incorporating core educational objectives related to the care of dying patients within the training of medical students and health care professionals was stressed.^{2,3} Ways of teaching medical students how to break bad news were either didactic

or in the form of a 6-point protocol that includes videos, small-group discussions, role-play, and simulated patient interviews.^{3,4} We are reporting our experience in teaching medical students how to break bad news and communicate with terminal patients, using clips from the movie "Wit."

Methods

Between June 2003 and April 2005, all fourth-year medical students, in groups of four to seven, attended a 2-hour session on dealing with patients with advanced cancer. The session's objectives were to (1) determine the need to break bad news, (2) describe the setting for breaking bad news, (3) identify the reaction(s) of patients when told they have a terminal condition, (4) define hope, (5) introduce the principles of palliative care, and (6) list ways of empowering a dying patient. The intervention was facilitated by one family physician.

The session starts by brainstorming the principles of palliative care. A 20-minute interactive PowerPoint presentation then follows. It highlights the concepts of adequately breaking bad news and lists the different possible reactions exhibited by patients when told they have a serious disease. Truth telling is later discussed, taking into consideration the Lebanese societal norms and traditions.

Real-life encounters with dying patients are presented to illustrate the various reactions the patients and their families have in such situations. These cases are discussed within the framework of the diverse spiritual beliefs present in Lebanon. Sensitivity to the patient's cultural and religious background is stressed and highlighted.

For example, the case of a Moslem woman with advanced ovarian cancer, who refused treatment and asked for time to transfer her possessions to her daughter, is discussed. If this is not done, according

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to Islamic rules (which do not allow writing a will), after her death her son will be inheriting two thirds of what she owns. Also, the story of an owner of a reputable school, who developed advanced colon cancer, is presented. The treating physician gave the patient a “rosy” picture about the prognosis. The patient, who was a Christian, died without writing a will (which is allowed in Christianity), resulting in financial hardship to the family. These cases show how communications about diagnosis and prognosis intersect with patients’ and families’ desires and needs.

Sixty-four minutes of clips from the movie “Wit” are then shown. Clips that cover the objectives set and their counter time are shown in Table 1. After each clip, the facilitator asks the group to provide comments. At the end of the session, students completed an anonymous evaluation form consisting of two parts. The first part is a three-item (3=agree, 2=no opinion, 1=disagree) Likert questionnaire related to the relevancy of the subject, adequacy of the information presented, the usefulness of movie clips in teaching, benefit from the session, and its effect on future performance. The second part includes open- and closed-ended questions where students state their opinion regarding the perceived barriers for telling someone he or she has a terminal illness, likes and dislikes of the sessions, and their suggestions for improvement.

Results

A total of 142 medical students attended the sessions, of which 125 (88.0%) completed and returned the evaluation form. The mean age of the students was 24 (standard deviation [SD]=1). Females constituted 29%. Only 10 students had already been faced with a situation where they had to tell a patient about having a serious disease. Of the 45 (36%) students who observed a senior physician breaking bad news,

Table 1

Concepts/Issues Depicted in “Wit” and Their Time Counter

<ul style="list-style-type: none"> • Bad example of how to break bad news (absence of opening statement, too much information in one interview) • Physician-centered approach • Failure to pick nonverbal language • Lack of empathy • Hope • Use of medical jargon • Rushed patient to sign consent form 	0:00:00–0:04:06
<ul style="list-style-type: none"> • Coping with death 	0:06:00–0:09:45
<ul style="list-style-type: none"> • Absence of eye contact • Biomedical approach • Lack of humanistic approach 	0:28:20–0:33:45
<ul style="list-style-type: none"> • Poor communication among health professionals • Consequences of aggressive management 	0:36:50–0:42:15
<ul style="list-style-type: none"> • Failure to communicate 	0:49:40–0:54:00
<ul style="list-style-type: none"> • Empowering the patient • Empathy • Care versus cure • Paternalistic approach 	0:57:45–1:11:46
<ul style="list-style-type: none"> • Physician’s refusal to accept death 	1:26:00–1:30:30

13 (29%) described the experience as negative.

There was unanimous agreement (one missing evaluation) that the movie clips adequately illustrated the teaching points (Table 2). Ninety-seven (77.6%) reconfirmed this by mentioning, in the open-ended section, that the movie was what they liked most about the session; only two found it to be too long and sarcastic. There were suggestions by nine students to show the whole movie, and four requested that all medical housestaff see this motion picture. Six asked for more clips depicting real situations in Arabic. Specific comments about the movie in the small-group discussions focused on whether it was appropriate for a nurse to discuss end-of-life issues and the need for more psychological insight into the physician’s emotional state. A typical positive statement was that viewing the film was “very informative in a new way.” One male student thought that one of the weaknesses of the movie

was that it had too “many emotional reflections,” while some female students cried at one point.

Discussion

As expected, the majority of medical students (64%) may complete their undergraduate studies without observing a senior physician breaking bad news. This is less than the 56% figure reported by third-year medical students in Canada.³

“Wit” was chosen since it depicts a major difference and several similarities between the Western and Lebanese cultures. Telling a patient about a terminal disease is unusual in Lebanon. This approach is reinforced by physicians who usually deal with the family, who in turn makes decisions for the patient. However, the paternalistic and biomedical approaches, as well as dealing with death as an enemy, seem to be universal to both cultures.

“Wit” (as a theater performance) was used successfully to teach

Table 2

Students' Evaluation of the Communication Skills Session

	<i>Agree</i>	<i>Mean</i>	<i>Mode</i>	<i>SD</i>
The subject is relevant.	123 (98.0%)	2.98	3	.20
PowerPoint presentation was informative.	93 (79.5%)	2.79	3	.43
Movie clips reinforce teaching points.	124 (98.4%)	3	3	.10
The level of interaction was good.	114 (92.7%)	2.9	3	.30
I benefitted from this session.	116 (92.8%)	2.9	3	.37
Now I can better handle a terminal patient.	89 (73.0%)	2.7	3	.53

SD—standard deviation

medical students about empathy and compassion.⁵ Short of having a set curriculum for teaching communication skills and end-of-life care, we found the movie "Wit" a useful tool to demonstrate to medical students several concepts about providing adequate care for a terminally ill patient. This approach was found to be innovative and was positively evaluated. In addition, students may feel more relaxed criticizing a "stranger" in a movie than pointing out deficiencies in the performance of a senior faculty member.

Although the importance of being culturally sensitive when dealing with death was highlighted,⁶ the points that the movie "Wit" raises are universal: students reacted emotionally, were empathic and compassionate toward the patient, and were critical of the doctors' detached, unfeeling attitudes.

To what extent this intervention affected the behavior and attitude of medical students was not assessed. This is currently being studied. Nevertheless, the positive student feedback has encouraged the staff to continue to develop this

intervention and include it within the medical school curriculum.

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Preliminary findings of this paper were presented at the American Academy of Family Physicians 2004 Annual Scientific Assembly in Orlando, Fla.

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