

Literature and the Arts in Medical Education

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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.

Hospice Arts: An Elective in Medical Humanism

Catherine M. Weber, PhD; Katherine Blossom Mascagna

“You matter because you are you, and you matter to the end of your life.”¹ *Dame Cicely Saunders, founder of the modern hospice movement.*

In training to be a physician, one of the most crucial yet often most neglected skills is the ability to connect with a patient as a human being, first and foremost. The ability to meet the patient where he or she is, and to work with him or her there, is neither easy nor necessarily intuitive. Research has documented that when a patient is diagnosed with a terminal illness and the patient has a poor prognosis, physicians and other members of the health care team typically withdraw from all but the most

basic interactions with the patient.² To help combat this situation, we have created an elective course for second-year medical students to provide the opportunity to work with patients who are terminally ill, not in a clinical venue but in a humanistic vein. The patient and the student interact through an art form, to connect to one another as humans sharing in an expressive and perhaps unspoken manner. It is hoped that from this experience of connecting with patients in this manner that students gain an appreciation for this important and profound phase of life, the preparation for death, and will bring the lessons of these experiences to their later clinical encounters with all patients.

Elective Goals and Objectives

Through arts-oriented interaction with patients in hospice, students gain an appreciation of the many end-of-life issues those patients and their families face and

how the arts may provide a therapeutic outlet for them.

As a result of this course, the students are able to (1) participate in any of a variety of arts activities (for example, reading poetry or other literature, performing music, drawing or painting, dance, or creating crafts) for and/or with hospice patients to provide an outlet for expression of creativity, emotion, and connection with others, (2) reflect on their interactions with patients and their families in writing and in group discussions, and (3) appreciate the importance of working with patients at the end of life to help them articulate what is important to them, to connect with those they love, and to provide them with multiple venues for accomplishing this.

Elective Content

Interested second-year medical students meet with the course director prior to being accepted into the course so that they can discuss

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This article was written while Dr Weber was with the Department of Family Medicine, University of Connecticut. Ms Mascagna is with the Connecticut Hospice, Branford, Conn.

their desire to work with hospice patients and their artistic interests. (All students at the University of Connecticut School of Medicine are required to complete a minimum of 12 elective credits before the start of their third year.)

The elective is designed for students who have an interest in both hospice care and the arts. The course includes an introduction and orientation to hospice and the role of sharing the arts (ie, music, poetry, dance, crafts, etc) with hospice patients. Students do not have to be accomplished artistic performers to participate in this elective, but many of the students interested in the elective do have an artistic background. Each session held at the medical school includes time for questions and answers about hospice care and the typical stages of preparing for the end of life. Each session in a patient's home environment includes interaction with the patient and possibly family or friends of the patient who are present. The students either perform (music, dance, poetry, etc) for the patient or interactively work with the patient on an art or craft project (collage, photographs, finding and listening to music together to compile a CD, watching films and discussing them, etc).

So far, 16 students have participated in the elective in the 3 years it has been offered..

Teaching and Learning Activities

The course involves four distinct activities: (1) Students initially meet individually with a faculty member (Dr Weber) to discuss their preparation for working with hospice patients as well as any concerns or questions they have. Then the students meet as a group with Dr Weber once they have started working with patients to share and process their experiences, (2) Students participate in an orientation to hospice, which is required of all hospice volunteers, (3) Students

work with patients and their families in an arts-related activity on the day and time of their choosing in coordination with the hospice staff. As part of this component, students also complete a chart note for each patient encounter, keep a journal of their experiences, participate in group discussions, and keep faculty and hospice staff informed of any concerns or questions they may have about their work with the patients, and (4) At the end of the course, the class members make a presentation open to the community on the work they have done over the course, including sharing one artistic piece (song, poem, painting, etc) that was shared with or created with a patient.

Examples of Student Reflections

My second patient was an 80-year-old woman with severe Alzheimer's disease. She did not speak, but she smiled and danced. I played Frank Sinatra CDs for her and would sing along with the music. She would tap her feet or dance with me. Although we never had a conversation, I felt strongly connected to this woman. I know she didn't understand much of what I said to her, but that seemed not to matter so much. We made do. I often had to grab her hand and lead her. I often needed to show her what I meant rather than explain, and most often I had to give up talking at all and just be with her. She taught me that sometimes that is all that is needed—to just be—not even listen as I did with my first patient, but just be.

Today was a good day. This morning I went back to Branford to sing for the Good Friday service at Connecticut Hospice. I think that this is one of the most meaningful things I have ever done for Easter. The patients and their families were so wonderful, and they seemed to truly appreciate the effort that Katherine and

I had put into the musical selections. After the service, one of the patients asked for me to sing at her bedside. I was happy to do so, and when I finished, I noticed a tear rolling down her cheek. She took my hand and told me how much it meant to her to hear my voice and know that I was singing just for her. I have been singing all my life, but I have never known what it feels like to have my music really mean something to someone.

Evaluation

Students are evaluated on the following: (1) a weekly journal submission, (2) class participation, (3) participation in the end-of-course presentation to the community, and (4) by the hospice staff on their participation in orientation and their interactions with patients, families, and staff during their hospice experiences.

Students complete a narrative evaluation of the course at the end of the academic year. All comments about the course have been very positive:

This was possibly the most meaningful learning experience of my medical education thus far.

I learned more about patient care from my hospice experience than from any other activity this year. Incorporating the arts made it that much more special and meaningful.

I am so glad I took this elective—I learned so much about the patient within the context of their family as the end of life approaches.

Epilogue

Several students have now identified incorporating end-of-life care as a career goal. One student took a year-long leave of absence from medical school to work in hospice and has now returned to complete

third year, and two students have decided to return to volunteer work during some less structured times in the third and fourth year. One student presented with the authors at a regional Family Medicine conference about her experience in the elective.

While of course the students who choose to take this elective are a self-selected group with some

level of interest in end-of-life care prior to taking the course, all have confirmed that the elective's focus on relationships and non-medical interactions was unique in providing them with a new perspective in what it means to *live* at the end-of-life; that each patient does it differently; and that it is an honor to witness someone's last days.

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REFERENCES

1. St Christopher's Hospice Web site. www.stchristophers.org.uk.
2. Sulmasy DP, Rahn M. I was sick and you came to visit me: time spent at the bedsides of seriously ill patients with poor prognoses. *Am J Med* 2001;111(5):385-9.