



THE UNIVERSITY OF ARIZONA

College of Medicine

Phoenix

Health Humanities Certificate of Distinction

Jennifer Hartmark-Hill, MD

Program for Narrative Medicine and Health Humanities Director

University of Arizona College of Medicine - Phoenix

Mission

Our mission is to educate and empower students and healthcare providers to value and employ humanistic approaches to patient care as informed by the disciplines of bioethics, medical humanism, narrative medicine, the arts and health humanities. We promote leadership, education, networking and advocacy to inspire and develop a cross-disciplinary and interprofessional community of scholars, educators and learners.

Vision

To educate future physicians in competencies of compassionate and holistic care through narrative, arts, bioethics and creative healing activities.

Goals

1. To contribute to the college of medicine's core values of innovation in education, patient care, community outreach, research and servant leadership through development of humanistic competencies.
2. To develop a comfortable, authentic and genuine bedside presence with patients.
3. To understand and engage in a covenant relationship with patients by being accountable and being present when present.
4. To sharpen medical students' skills in observation, description, reflection and communication to improve clinical care and relationships between physicians, patients, families and healthcare teams.
5. To explore and critically evaluate the range of human emotion and diversities in perception of the world as conveyed visually and figuratively.
6. To develop narrative competence through the ability to invite, reflect, and act on patient values and stories.
7. To prepare medical students to practice wellness, self-care, reflection and resilience in preparation for future practice.

Background

"Eventually there comes a time when science cannot stave off death or suffering, and the strict practitioner of medical science has nothing more to offer. But the practitioner of the art of healing always has something to offer in the form of attention, compassion, empathy and even wisdom." -- James Kirkpatrick, MD¹

The medical humanities, also known more broadly as “healthcare humanities,” can be defined as interdisciplinary methods with content from one or more of the humanities disciplines (including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology, and history) used “to investigate illness, pain, disability, suffering, healing, therapeutic relationships, and other aspects of medicine and health care practice.” They “employ these methods, concepts, and content in teaching health professions students how to better understand and critically reflect on their professions with the intention of becoming more self-aware and humane practitioners.”² In this way, they have significant moral, ethical and self-reflective function.

In traditional medical curricula, students learn the science, technology and business of treatment and cure. In medical humanism, we focus on the “who” of the person, in terms of empathy and communication, to inform approach to the “what” (the disability or disease).³

In the health humanities, students use the rich and evocative resources of narration and art to expand on their medical education to include the values and experiences of patients, families, and communities as well as the environmental stresses and social determinants that impact health and wellness. Furthermore, the humanities inform perspective-taking, empathy and can contribute to joy and meaning in the practice of medicine.^{4,5}

The Collaborative for Healing and Renewal in Medicine (CHARM), in partnership with the Arnold P. Gold Foundation, convened a workgroup that developed and published a Charter on Physician Well-Being that includes four guiding principles and eight key commitments. One of the guiding principles important to this COD is that effective patient care promotes and requires physician well-being. Specifically, “authentic, humanistic interactions with patients and colleagues enhances physician well-being, and physicians who are well, may, in turn, provide better patient care and practice high-quality medicine.”⁶ A recent study conducted across 5 U.S. universities, confirmed that medical students with greater exposure to the humanities tend to have significantly better empathy and emotional intelligence and are less likely to develop symptoms of burnout.⁹ This is in line with the “quadruple aim,” which adds clinician well-being to healthcare system goals of quality care, improved patient experience and lower costs.⁸

In terms of patient outcomes, the humanities have been shown to increase powers of observation, communication skills and other patient care important competencies.⁹ These competencies are key to preventing errors. Behind heart disease and cancer, medical error has been found to be the third leading cause of death in the US.⁹ Diagnostic errors affect at least 1 in 20 US adults.¹⁰ Human error is inevitable, but many of these misdiagnoses are not necessarily due to lack of medical knowledge. Likely related to cognitive errors, narrow frames of reference, ignoring conflicting information or not having all of the information needed to make an informed decision. The humanities inspire creativity to help to train the mind to work more openly, promote innovation, and divergent out-of-the-box thinking, to look beyond the disease or syndrome at the whole human experience. Indeed, this growing body of evidence has prompted thought leaders in medical education and influencing organizations alike to call for greater integration of humanities.⁹

The AAMC leads innovation and supports the advancement of teaching and learning across the medical education continuum to develop a diverse 21st-century physician workforce. According to the AAMC Curriculum Inventory and Reports, the majority of medical schools surveyed have a program in Medical Humanities. Courses are required at some schools and elective at others. While there has been growth in humanities curricula, there has not been a deep, sustained, foundational, across-the-board incorporation

into all medical schools. Despite the presence of medical humanities programs in medical schools, studies show empathy and ethical behavior nevertheless decline during medical training. Courses tend to be offered in years 1 and 2, versus a four-year curriculum. This Certificate of Distinction, in contrast, provides exposure to and application of learning across all four years. Actively engaging with the humanities to enhance medical students' understanding of the doctor-physician relationship and their ability to express themselves in non-technical language is a core of the HHCOD. Humanities, such as those that draw on patient stories in performance arts and the written word, are tools to serve as catalysts for discussions about challenges and difficulties physicians face. In a moment of crisis, a physician needs to be able to navigate uncertainty, wrestle with ambiguity and nuance. Training in the humanities helps with this professional identity formation. This HHCOD will train future doctors to be present and aware, traits that continue to be challenging given the complexities of navigating health systems, emerging illnesses and expanding use of technology in medicine.

Admission & Eligibility

All students accepted to the UA COM-P with an interest in adding a focus on the humanities to their medical education are eligible to apply.

1. Applicants must apply for the HHCOD by the second Friday in August (11:59 pm, PDT, August 9th, 2024), during the first academic year at the COMP.
2. Students must select a project relevant to bioethics and/or health humanities. This may become the Scholarly Project Course project, or an alternate project, pending approval by the director(s).
3. All students who complete applications by the stated deadlines (and meet eligibility requirements*) will be accepted into the COD. Students wishing to gain admittance after this deadline must be approved by the director(s), and decision-making will take into account a variety of factors, such as an applicant's ability to complete all requirements in the time remaining, and other eligibility requirements.
4. *To be (and continue to remain) eligible, students must have passing grades in all blocks and courses, must pass Step 1 on first attempt, and may not receive more than two Level 1 ratings in behavioral competencies. Failure to adhere to the student code of conduct will also render student's ineligible for this COD.

Requirements for COD Completion

• Educational Sessions:

- Multiple arts and narrative medicine seminars are presented across a two-year cycle. Students will attend a minimum of 15 seminars over the course of 4 years.
- Reflective Journal entries - 10 per year over 4 years, based on learning experiences, as written and/or visual arts, to be maintained in a portfolio. This portfolio would include a brief description of the experience, an analysis of ethical principles, and how it impacted the student's development as a physician (a reflection on their emerging professional identity). Students must complete at least one 4-week Humanities or Ethics elective from an approved list during their fourth year. Students will submit general topics of reflection to the director(s) but sharing the full reflective writing contents of such are at the discretion (and comfort level) of each student.
- Students must complete an activity (pending course director approval) in a health humanities, bioethics and/or history of medicine area, and use the information gained to direct a community outreach experience*

- ***Community Outreach & Engagement:**
 - Students will participate in narrative/arts-based community outreach programs, such as narrative story projects with local collaborators (e.g., Dignity Cancer Center, the Phoenix VA) and other hosted writing workshops, of at least 10 hours over the course of four years.
 - Students must lead three community engagement activities, as approved by the COD director(s), (e.g., with the Phoenix Art Museum program, Narrative & Diversity Book Club, Film & Medicine screenings, Grey Matter Poetry program) tied to humanities, in the 4th year.

- **Patient Care:**
 - Complete and write or illustrate a reflection on at least one “Narrative Medicine” patient interview experience per year.
 - Develop at least one patient perspective writing or art piece to submit for publication over four years.

- **Research:**
 - Scholarly Project: Completion of an approved project with a research question regarding an arts/humanities/narrative and/or bioethics topic for the Scholarly Project Course

 - OR

 - Alternative project: Students may consider completion of a systematic review, a quality improvement project, writing a grant application and providing oversight for fund utilization, serving on the organizations board of directors or other project, as approved by the COD Co-Directors

References

- Kirpatrick J, Groninger H. Putting It All Together: The Art and Science of Medicine. *AMA Journal of Ethics*. 2006. Vol 8, Number 7: 452-458.
- Shapiro J, Coulehan J, Wear D, Montello M. Medical humanities and their discontents: definitions, critiques, and implications. *Academic Medicine*. 2009 Feb 1;84(2):192-8.
- Beyda D. *Covenant Medicine: being present when present*. S.l.: Covenant Press; 2015.
- Kidd DC, Castano E. Reading literary fiction improves theory of mind. *Science*. 2013 Oct 18;342(6156):377-80.
- Charon R. Narrative medicine: a model for empathy, reflection, profession, and trust. *Jama*. 2001 Oct 17;286(15):1897-902.
- Thomas L, Ripp J, West C. Charter on physician well-being. *Jama*. 2018 Apr 17;319(15):1541-2.
- Mangione S, et al. Medical Students' Exposure to the Humanities Correlates with Positive Personal Qualities and Reduced Burnout: A Multi-Institutional U.S. Survey. *J Gen Internal Med*. 2018, 33, (5), pp 628–634.
- Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *The Annals of Family Medicine*. 2014 Nov 1;12(6):573-6.
- Makary MA. Medial error- the third leading cause of death in the US. *BMJ* 2016; 353:i2139.
- Singh H, Meyer AN, Thomas EJ. The frequency of diagnostic errors in outpatient care: estimations from three large observational studies involving US adult populations. *BMJ Qual Saf*. 2014;23(9):727-31.