

# THE MEDICAL ARTS PROGRAM

At the University of Michigan Medical School



El Anatsui  
Sacred Moon  
2007

Aluminum and copper wire  
Photo courtesy: Jack Shainman Gallery

## 2012-2013 Annual Report

The Medical Arts Program is an initiative of the University of Michigan Medical School



The Medical Arts Program would like to thank the following valued campus partners:



The Medical Arts Program is made possible in part by a grant from the Doris Duke Charitable Foundation and the Association of Performing Arts Presenters Creative Campus Innovations Grant Program, funded by the Doris Duke Charitable Foundation

## Executive Summary

---

The Medical Arts Program uses experiences with and analysis of the visual, theatrical, musical, and literary arts to enhance the clinical skills of medical students and house officers (learners), skills that include empathy, awareness of social context, and comfort with the ambiguity and uncertainty that are a pervasive element of clinical care.

The arts can offer insight into the nexus between society and medicine with an intensity and fidelity that may be unavailable through other means. The Medical Arts Program has four specific aims: (1) To develop a curriculum that enhances learners' ability to provide high-quality, humanistic clinical care through experiences and analysis of the musical, dramatic, and visual arts; (2) To evaluate the curriculum's success in improving clinical care; (3) To achieve sustainability of the curriculum by means of continued external funding; and (4) To disseminate the results of this program.

During the 2012-2013 academic year, 97 unique learners participated in 8 arts events. Those events included the artistic experiences of visiting an exhibit, attending a performance, or reading a literary selection. Learners also participated in intensive small group discussions about the art and its relevance to healthcare. The discussants included medical faculty, performing artists, writers, composers, and content experts such as museum curators, literary scholars, or musicologists. The Program engaged closely with other programs such as the University Musical Society, the University of Michigan Museum of Art, the University of Michigan School of Music, Theater, and Dance, and the University of Michigan Master of Fine Arts Program. We assessed each program event using both qualitative and quantitative metrics. In brief, learners found that the discussions enhanced their appreciation of the art and noted the close connections between the events they attended and the medical world.

While the formal, comparative analysis is as yet incomplete, the responses of participating learners indicate that experiences have surpassed expectations and that learners have been challenged to expand their perspectives on patient care.

Our goals for the 2012-2013 academic year include an expansion of our established curriculum to include a greater representation of international arts as well as continuing our mixed-methods evaluation of our data. We are currently compiling the data from this year and will continue to share our results and our program with the community. We are exploring opportunities for external support.

# Contents

---

|   |    |
|---|----|
| Executive Summary                       | 2  |
| The Medical Arts Experience             | 4  |
| The Program                             | 4  |
| Leadership                              | 5  |
| The Events                              | 6  |
| The Medical Arts Program by the Numbers | 8  |
| Participants                            | 8  |
| Evaluation Activities                   | 9  |
| Selected Learner Responses              | 10 |
| Where Are We Going?                     | 18 |
| 2013-2014                               |    |
| Communication                           | 18 |
| Website                                 |    |
| Contact Information                     |    |

# The Medical Arts Experience

---

## The Program

Although medical schools may do well at providing their students with the scientific knowledge necessary to deliver technically proficient care, far too many physicians do not do a particularly good job at delivering humanistic patient care. Patients often feel that their caregivers often do a poor job of communicating with them or understanding the larger impact of their disease.<sup>1</sup> A powerful way for medical trainees to understand better the humanistic elements of healthcare is to consider works of art. Many artists address issues central to healthcare, such as human joy and suffering, pestilence and prosperity, devotion and despair, and impending death. Some artists have also grappled with the sorts of profound questions that so often come to the fore when people are ill, such as the nature of human relationships and the purpose of life. Others have powerfully reflected on their own sickness, disability, aging, and impending death. In short, the arts can offer insight into the nexus between society and medicine with an intensity and fidelity that may be unavailable through other means.

The arts may also be helpful in moving from understanding to action. The Institute of Medicine defines patient-centered healthcare as “care that is respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions.”<sup>2</sup> To accomplish this goal, medical students and residents need to learn how to listen to their patients - a task that requires more than simply understanding their words. Physicians must be attuned to the subtleties of body language and must understand that different people see and experience the world in different ways. One way that learners can gain this understanding is through increased exposure to the arts.

Finally, we care for our patients in a complex world. Art, too, is inherently complex. Just as trying to understand a work of art can teach the learner to appreciate the inherent ambiguity in the work, exploring artistic experiences can also teach us that there is often more than one solution to a medical problem. Or, often, there is no clear solution. Tolerance for ambiguity serves an essential function in patient care. Physicians in training must learn to navigate this uncertainty.

1. Lown, BA et al. An agenda for improving compassionate care: a survey shows about half of patients say such care is missing. *Health Affairs* 30: 1772-8, 2011.
2. Institute of Medicine. (2001). *Crossing the Quality Chasm*. Washington: National Academies Press, 2001.

## Leadership

Joel Howell, MD, PhD

Director, the Medical Arts Program

Victor Vaughan Professor of the History of Medicine, University of Michigan

Professor, Departments of Internal Medicine, History, and Health Management and Policy, University of Michigan

Associate Chair, Department of History, University of Michigan

Sanjay Saint, MD, MPH

Co-Director, the Medical Arts Program

George Dock Professor of Internal Medicine, University of Michigan

Associate Chief of Medicine, Ann Arbor VA Medical Center

Director, VA/UM Patient Safety Enhancement Program

James C. Stanley, MD

Senior Associate Director, the Medical Arts Program

Marion and David Handleman Research Professor of Vascular Surgery, University of Michigan

Professor, Department of Surgery, University of Michigan

Co-Director, Cardiovascular Center, University of Michigan

For more information about program leadership, please see: <http://themedicalarts.med.umich.edu>

## The Events

During the 2012-2013 academic year 97 learners participated in 8 arts events. We define the arts broadly, to include visual art, musical and theatrical performances, and literature. In addition to experiencing the art, whether by visiting an exhibit, attending a performance, or reading a literary selection, learners participated in intensive small group discussions about the art and its relevance to healthcare. Performing artists joined the group of learners as part of a panel or as an individual discussant. Whenever possible, those artists also joined physicians on ward rounds or in the outpatient clinic, thus enhancing their ability to draw connections between art and medicine. Sometimes writers (often themselves physicians) joined the group to discuss their works; other times we invite content experts to help with the discussion. In addition to artistic performers and creators we also involved content experts, such as museum curators who led focused discussions of works on display, or musicologists, who helped learners understand the context and meanings of a performance.

Table 1: Medical Arts Events 2012-2013

| Event   | Date               | Venue                                       | Speaker  |
|---|--------------------|---|--|
| <p>Reading and discussion of the essay "Grand Rounds" by Chris Adrian, the lead article in a special issue of the British literary magazine <i>Granta</i></p> <p><a href="http://www.granta.com/Archive/Granta-120-Medicine">http://www.granta.com/Archive/Granta-120-Medicine</a></p>  | September 28, 2012 | Vinology Restaurant                         | Chris Adrian, Author and pediatric oncologist  |
| <p>Guided Tour of New Exhibits at the University of Michigan Museum of Art</p> <p>African Art and the Shape of Time</p> <p><a href="http://www.umma.umich.edu/view/exhibitions/2012-africanart.php">http://www.umma.umich.edu/view/exhibitions/2012-africanart.php</a></p> <p>Benjamin West: General Wolfe and the Art of Empire</p> <p><a href="http://www.umma.umich.edu/view/exhibitions/2012-west.php">http://www.umma.umich.edu/view/exhibitions/2012-west.php</a></p> | October 24, 2012   | University of Michigan Museum of Art (UMMA) | Andrew Gurstelle, Anthropologist and a co-curator of the show and Carole McNamara, Senior Curator of Western Art at UMMA |
| <p>Discussion of Articles in the Medicine Issue of <i>Granta</i></p> <p><a href="http://www.granta.com/Archive/Granta-120-Medicine">http://www.granta.com/Archive/Granta-120-Medicine</a></p>   | November 8, 2012   | The Blue Nile Restaurant                    | Kodi Scheer and Brad Wetherall, MFA Program Lecturers  |
| <p>Gabriel Kahane and yMusic</p> <p>Kahane:<br/><a href="https://www.youtube.com/watch?v=Ce0hzXb_GWI">https://www.youtube.com/watch?v=Ce0hzXb_GWI</a><br/><a href="https://www.youtube.com/watch?v=9CibfyfjKLk">https://www.youtube.com/watch?v=9CibfyfjKLk</a></p> <p>yMusic:<br/><a href="https://www.youtube.com/watch?v=a9YxVg3s0wA">https://www.youtube.com/watch?v=a9YxVg3s0wA</a></p>  | January 18, 2013   | Arthur Miller Theatre                       | Gabriel Kahane, singer-songwriter, pianist, and composer, and members of the yMusic ensemble                             |

|  |                          |   |   |
|--|--------------------------|---|---|
| <p>Painting Class at the Rudolf Steiner School</p> <p><a href="http://www.steinerschool.org/">http://www.steinerschool.org/</a></p>  | <p>January 27, 2013</p>  | <p>Rudolf Steiner School of Ann Arbor</p>                         | <p>Sudee Taormina, Elizaveta Efimova, Elena Efimova, and Margot Amrine, art instructors</p>   |
| <p>Peter Sparling and "Translation" by the University of Michigan Department of Dance</p> <p><a href="http://www.petersparling.com">http://www.petersparling.com</a></p> <p><a href="http://www.music.umich.edu/performances_events/productions/2012-2013/translation.htm">http://www.music.umich.edu/performances_events/productions/2012-2013/translation.htm</a></p>  | <p>February 10, 2013</p> | <p>Michigan League (presentation), Power Center (performance)</p> | <p>Peter Sparling, Choreographer and Thurnau Professor of Dance, University of Michigan</p>   |
| <p>Guided Tour of special exhibits at the University of Michigan Museum of Art</p> <p>El Anatsui<br/><a href="http://www.umma.umich.edu/view/exhibitions/2013-elanatsui.php">http://www.umma.umich.edu/view/exhibitions/2013-elanatsui.php</a></p> <p>Buddhist Art<br/><a href="http://www.umma.umich.edu/view/exhibitions/2013-thangkas.php">http://www.umma.umich.edu/view/exhibitions/2013-thangkas.php</a></p> | <p>April 30, 2013</p>    | <p>University of Michigan Museum of Art (UMMA)</p>                | <p>Rebecca Bloom and Allison Martino, UM Art History PhD students</p>   |
| <p>Discussion of the book <i>Immortal Bird</i></p> <p><a href="http://www.amazon.com/Immortal-Bird-A-Family-Memoir/dp/1451618077">http://www.amazon.com/Immortal-Bird-A-Family-Memoir/dp/1451618077</a></p>  | <p>May 23, 2013</p>      | <p>Grange Restaurant</p>  | <p>Jenna Hirsch-Romano, assistant professor of Cardiac Surgery, UMMS and Associate Director, Cardiovascular Intensive Care Units, UM Health System.</p> |



Medical Arts Learners participating in a discussion with Physician and Author Chris Adrian



# The Medical Arts Program: by the Numbers

## Participants

There were 97 unique learners who participated in the 2012-2013 Medical Arts Program. Most of the learners were medical students (see Figure 1). Many learners were interested in multiple events, for a total of 202 experiences (see Figure 2). Because we were often unable to accommodate all of the people who wanted to attend, we tried to accommodate as many people as possible, ensuring that each individual was able to participate in at least one event throughout the year.

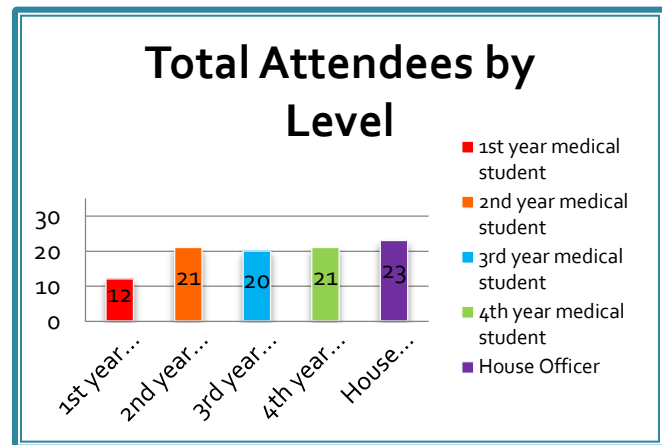


Figure 1 Total Attendees by Medical Training Level

While several attendees came to these events having had previous experience as an artist, many at a high level, others came with limited exposure to the arts.

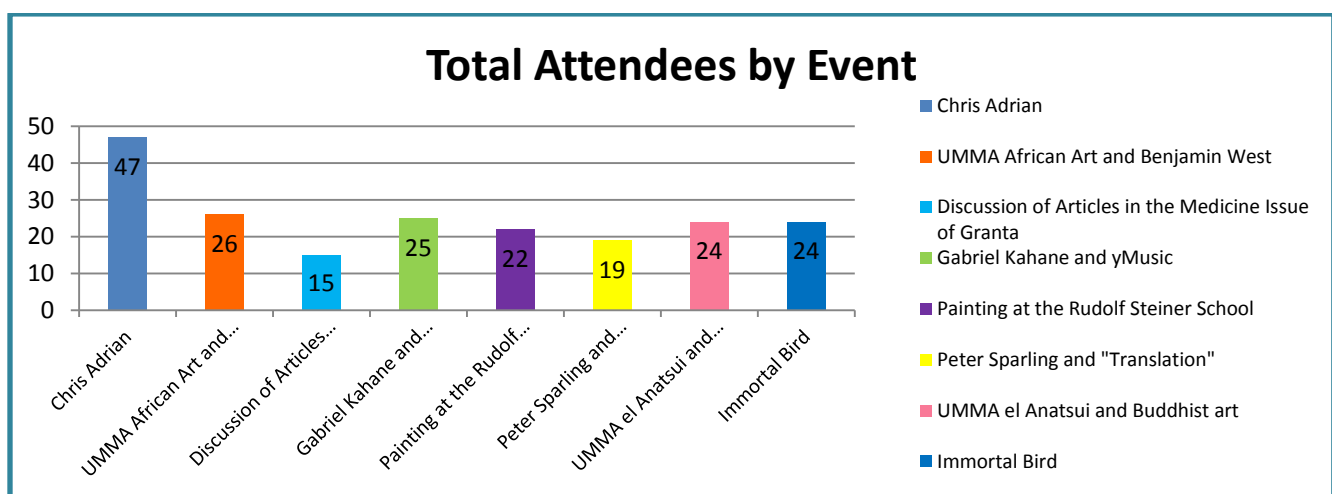


Figure 2 Total Attendees by Event

## Evaluation Activities

The Program assessed learning through a variety of means. Learners evaluated each session by a standardized survey given after each event. All participating learners were evaluated at the beginning (T1) and the end (T2) of the academic year using a mixed-methods approach including both qualitative assessment (response to visual, literary, and musical prompts) and validated quantitative scales (such as those for empathy, stress, and tolerance of ambiguity). Also evaluated at T1 and T2 were a comparison group of learners identified at the beginning of the year who did not express interest in participating in the Medical Arts Program.

**Surveys: Surveys were distributed to learners following each event.**

Open-ended questions asked of learners included:

- What part of the event did you enjoy the most or find the most valuable?
- What connections did you perceive between your experiences at the event and your work as a physician (or your medical school experiences)?
- (For museum visits) Did the event make you plan to come back and spend more time at the museum (or another museum)?

Multiple-choice and Likert scale questions inquired about various topics including:

- Whether dinner and discussion with the artists enabled learners to have a deeper appreciation and understanding of the event;
- Whether learners perceived relationships between the artists' performances or careers and their own work in medicine;
- To what extent learners thought the experience made them better physicians;
- What program formats learners were interested in;
- Whether they wanted to participate in another Medical Arts event; and
- What types of content they were interested in (dance, music, theater, book discussions, visual arts, or other)

## In the words of Learners

The open-ended responses were especially informative. Not only did learners indicate what aspects of an event were most salient for participants, but, more importantly, how the events changed their perception of themselves, the world around them, and the process of delivering quality healthcare. Responses from the events illustrate a variety of themes explored by learners throughout the year. Many of the participants described how the events contributed to improving their medical education, and ultimately their ability to be better physicians. Some of the most important themes included improving communication, both with patients and each other, an improved sense of self identity, as well as increased skills of observation. Below we offer some selected quotations from learners' responses from each of the events.

### From the Reading and discussion of the essay "Grand Rounds" by Chris Adrian



Physician and Author Chris Adrian reads from "Grand Rounds," his short story published in the British Literary Magazine *Granta*

- There are many instances when we as physicians-in-training (and as physicians) must participate in story-taking and/or story-making, whether it is taking a patient history or presenting a patient to an attending. The reading and discussion sessions had relatable content in both situations.
- This was an incredible story of the inner life of one physician intersecting with his outer medical world -- his colleagues, his patients. It was a nice reminder that all medical providers have their own mental and physical health issues that they are coping with at the same time that they are trying to take care of others, and how sometimes this is really a juggling act, and these can get intermingled, like when the protagonist is crying and doesn't know whether it's for his dead patient or his dead relationship.
- It was inspiring and reminded me that it's ok to take time to pursue other passions; that their benefit does not exclude becoming a more whole physician.

## UMMA African Art and Benjamin West

- The exhibit about General Wolfe was both fascinating and enlightening. It certainly enhanced my powers of observation to piece together the backstory and historical context to better understand these works of art.
- The theme of digging beyond the picture to understand the cultural and historical contexts behind each artist was a very valuable part of this exhibit.



Benjamin West  
American, 1738-1820  
The Death of General Wolfe  
1776  
Oil on canvas  
William L. Clements Library, University of Michigan



Mask (mwana pwo)  
Chokwe peoples  
Probably late 19th century  
Wood, tukula powder, clay, string,  
metal, fur, snakeskin, cloth  
University of Michigan Museum of  
Art, Gift of Candis and Helmut Stern  
2005/1.201  
Photograph by Randal Stegmeyer

- By having a guide explain some themes and framing ideas, I felt like I could see a lot more of who had made and experienced the works of art and I found I was able to apply some of the concepts I had learned about Western art to the pieces I was seeing. I felt that this experience helped me connect across cultures.
- It's always important to be aware of cultural cues, facial expressions, details, especially in medicine. Basically this event is like mini-training, but with the fun twist of being in the UMMA after hours and learning about art.

## Discussion of Articles in the Medicine Issue of *Granta*

- I thought it was extremely valuable to have the two MFA's present – they contributed a different viewpoint from the rest of us who have spent the past few years learning to think in the same ways.
- I particularly enjoyed the discussion on whether it mattered that the author of “My Heart” really had a heart attack. It reminds me of how sometimes on whether we think a patient's symptoms have a physiological cause. The symptoms are real to them, and that is enough to warrant attention. The way that the stories are left up to interpretation also reminds me of how a collection of symptoms lead to different differentials in different people.
- As a cancer survivor, “Blueberries” reminded me of my pursuits to maintain my own health through preventative measures--eating healthfully, putting on sunscreen, etc. It also reminds me of the work that must be done as doctors to forge a partnership with public health officials to keep our population healthy before we get sick.



Illustration by Matthew Green  
From **Semzedin Mehmedinović's** *My Heart*



Illustration by Oat Montien  
From **Ike Anya's** *People don't get depressed in Nigeria*

## Gabriel Kahane and yMusic

- Very valuable to see the combination of modern classical music and rock music - how one genre can inform and add to the other. A reminder of the importance of interdisciplinary work, which is especially important to us in carrying out effective patient care.



Medical Arts Learners participating in a discussion with Gabriel Kahane

- I think it was interesting hearing the discussion on performance. One of the musicians discussed how a classical conservatory training teaches you to work for months on a piece to bring it closer to the perfect ideal, but that an actual performing/touring/real world schedule will never permit that attention to detail. They talked about the cognitive dissonance in a way that seems would strongly apply to physicians. Obviously, we want to practice the best possible medicine on each and every patient, but some patients require such time and effort that we would be neglecting every other patient for the one. That struggle between the ideal and the reality is definitely a linking theme between the performing world and the medical world.
- One of the reoccurring thoughts I had during the conversation was the importance of continually working to find new inspiration in one's work and trying to draw that inspiration from areas outside of your focus.



## Painting at the Rudolf Steiner School



- Being able to sit down and do something creative was so, so, so wonderful! I loved getting into a different mindset than what medicine and medical school usually require and reward. It was very peaceful accessing another part of me.
- It was meditative and helped me think about the different skills that are used in creating art, and how useful it would be to use them in medicine.
- Being terrible at painting was anxiety-generating in a way that studying for a test is not. It was a good reminder of how it feels to be utterly unfamiliar with something.
- It was difficult at times to let go of the concept of perfection.
- I felt pretty uncomfortable at the beginning of the painting exercise, which is how I imagine that most patients feel when first coming into the hospital. I want to hang on to that feeling.



## Peter Sparling and "Translation"



- I really enjoyed the pre-concert lecture that talked about the different parts of the show. It gave me something to look for during the performance and made me become more engaged.
- I enjoyed seeing the contrast between the different styles of the different choreographers... for example, the intellectual style of the first piece vs the emotionality of the second, the pageantry of the third, the poignancy of the fourth...
- Dance is a medium through which we can convey our emotions about life - uncertainty, joy, sorrow, curiosity, struggle, passion, gratitude, etc. Many of these same emotions are elicited in the clinic and are perhaps expressed in different ways.
- It also helps demonstrate the subtleties of non-verbal communication and variety of ways that people can express themselves, very important in patient-physician communication.



## UMMA el Anatsui and Buddhist art

- Art is definitely an area that pushes me out of my comfort zone. It's very easy in the first two years of medical school (and arguably during undergrad premed courses) to succumb to the conventionality of the process. We're constantly being given information to learn, and then we learn it. Art asks us to be creative with our thoughts, our interpretations, and our understanding. Reaching beyond the memorization of information, as was required by our visit to UMMA, gave me a vital creative outlet that I do not encounter frequently in the medical school curriculum.
- I particularly enjoyed the ruminations on Buddhist interpretations of suffering and the end of suffering, enlightenment. This is quite different from what we are taught in lecture but provides an important perspective on the art of healing.



Vairochana  
Poo Monastery, Spiti  
13th century  
pigments on cloth  
Museum of Anthropology Koelz  
Collection, 1746



El Anatsui, Akua's Surviving Children, 1996,  
wood and metal, dimensions variable, Photo  
courtesy October Gallery

- One of the things that we discussed was how every field or group has its distinct lexicon. As non-art people, many of us were unable to fully understand or appreciate some of the subtler nuances in the exhibits. Although some of my fellow participants felt a similarity to encountering a case for the first time, I found myself relating to the patient's perspective. Most of our patients will be unfamiliar with the lexicon of medicine (literally and figuratively), and our jobs will be to communicate effectively and bring understanding.
- It opens my mind and helps me understand other aspects of the world that other people, most notably my patients, may consider important to them. It makes me more culturally aware and sensitive. Discussing art, in particular with the art tour guides, informs me of other peoples' opinions and interpretations of the same piece I'm forming opinions about, and thus makes me more open minded. Also, it gives me a respite from thinking only about medicine, and reminds me that there is so much other richness in the world.

## Jenna Hirsch- Romano and the discussion of *Immortal Bird*



- I found [the book] frustrating, demeaning, and appalling - I didn't like most of the characters, and I felt displeased with the story that was told. Others responded in a more productive way, which helped me sort out my own emotions.
- My tablemates had largely the same initial impression of "Immortal Bird" as I did, but I think we all pushed each other to move beyond our initial anger and try to discuss the merits of the book.
- Having Dr. Jennifer [Hirsch-Romano] to discuss the book was extremely valuable and offered rare insight that I would not be able to come up with on my own accord. It was a more nuanced view of how pediatric cardiothoracic surgeons see the disease and its progression.
- I was encouraged by my tablemates to be more constructive with my criticisms, which I think allowed me to gain more insight into the lessons that we can learn as future physicians.
- It was very interesting to hear the perspectives of residents and faculty members. I was particularly struck by the comment from a faculty member that "Doron is doing what we want every parent to do" in advocating for his son as best he can, and that we should hope for such fervent love and devotion from our patients' parents.

# Where Are We Going?

---

## Program goals: 2013-2014

Our principal goal for the 2013-2014 program year is to incorporate more non-western artistic expression to broaden the cultural competency of our learners and to increase awareness of and comfort with the sorts of diverse perspectives held by many of our patients (as well as our colleagues). We will expand our events to include new artistic mediums (opera) as well as increasing exposure to other venues (Detroit). We will continue measuring outcomes for learners using the tools we previously developed and focus on dispersing the knowledge we have gained.

## Communication

---

### Website

Along with information about the Medical Arts Program leadership, funders, and purpose; our website at <http://themedicalarts.med.umich.edu> also features descriptions of all Medical Arts events; slideshows of photos taken at each event; and links to the artists and performers featured at each event.

## Contact Information

Joel Howell, MD, PhD  
Director, the Medical Arts Program  
University of Michigan  
NCRC 2800 Plymouth Road  
Building 16, Room 430W  
Ann Arbor MI 48109-2800  
[jhowell@med.umich.edu](mailto:jhowell@med.umich.edu)