

THE MEDICAL ARTS PROGRAM

at the University of Michigan Medical School

2013-2014 Annual Report



Students touring the Heidelberg Project

Detroit, MI

29 March 2014

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



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



Executive Summary

The Medical Arts Program uses 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 is designed to enhance medical students' and house officers' ability to provide high-quality patient care through experiences with and analysis of the arts. To that end, the Medical Arts Program has four specific aims: (1) To develop a curriculum that enhances learners' ability to provide humanistic clinical care through experiences and analysis of the musical, dramatic, and visual arts; (2) To evaluate the curriculum's success; (3) To achieve sustainability of the curriculum by means of continued external funding; and (4) To disseminate the results of this program.

During the 2013-2014 academic year, 103 unique learners participated in 8 arts events. Along with experiencing the art, whether by 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 also included performing artists, writers, composers, and content experts such as museum curators, literary scholars, or musicologists. The Program engaged closely with other University of Michigan (UM) programs such as the University Musical Society, the UM Museum of Art, and the UM School of Music, Theater, and Dance, as well as the Museum of Contemporary Art Detroit. 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.

Previous years of the Program made substantial progress in fulfilling aims 1 and 3. This academic year we focused greater attention to aims 2 and 4. We implemented the previously developed mixed-methods approach to evaluate more formally the impact of the Medical Arts Program on the learner. While the formal, comparative analysis is as yet incomplete, the responses of participating learners indicate that experiences have surpassed expectations and that the learners have been challenged to expand their perspectives on patient care.

In 2014-2015, the Medical Arts Program will continue to pursue the central goal of using the arts to enable medical students and house officers to become better physicians. We will involve learners in a wide range of events, including a diverse representation of international arts, as we continue to gather data on the Program's impact on learners and prepare manuscripts based on these findings. We continue to explore opportunities for external support and look forward to another productive year.

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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 too often feel that their caregivers do a poor job of communicating with them or understanding the larger impact of their disease.¹

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, and aging. 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.”² 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. Artistic experiences teach us that there is often more than one solution to a problem. Or, often, there is no clear solution, and 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

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Director, the Medical Arts Program

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Professor, Department of Surgery, University of Michigan

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

Activities in 13/14

During the 2013-2014 academic year 103 learners participated in 8 arts events. Those events included a wide range of artistic experiences. 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 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 in the museum, or musicologists, who helped learners understand a performance.

Table 1: Medical Arts Events 2013-2014

Event	Date	Venue	Speaker
My Other Voice (theater)	August 23, 2013	Arthur Miller Theater	Alex Kip, author and actor
Book discussion of "Still Alice" by Lisa Genova	October 17, 2013	Melange Restaurant	Dr. Preeti Malani, geriatrician
Classical Indian music performance by Dr. Chakraborty	October 29, 2014	University of Michigan Museum of Art	Dr. Rajeeb Chakraborty, musician
Tempera Painting Workshop (art)	November 10, 2013	Rudolph Steiner High School	Sudee Taormina, Elizaveta Efimova, Elena Efimova, and Margot Amrine, art instructors
La Traviata (theater)	November 24, 2013	Detroit Opera House	Members of the Michigan Opera Theatre Orchestra
Bullet Catch (theater)	January 10, 2014	Arthur Miller Theatre	Rob Drummond, author and actor
The Other Camera (art) and The Suit (theater)	February 19, 2014	The Institute for Humanities Gallery and the Power Center	Amanda Krugliak and Jennifer Wenzel, curators
Museum of Contemporary Art, Detroit, and Detroit Street Art (art)	March 29, 2014	Museum of Contemporary Art Detroit; Heidelberg Project, street art	Leto Rankine, street art specialist

The Medical Arts Program: by the Numbers

The Program assessed learning through a variety of means. Learners evaluated each session using 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 an interest in participating in the Program.

Participants

A total of 103 learners participated in the 2013-2014 Medical Arts Program. Most of the learners were medical students (see Figure 1). Many learners attended multiple events, for a total of 202 experiences (see Figure 2). Because we were 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. While several attendees came to these events having had previous experience as artists, many at a high level, others came with limited exposure to the arts.

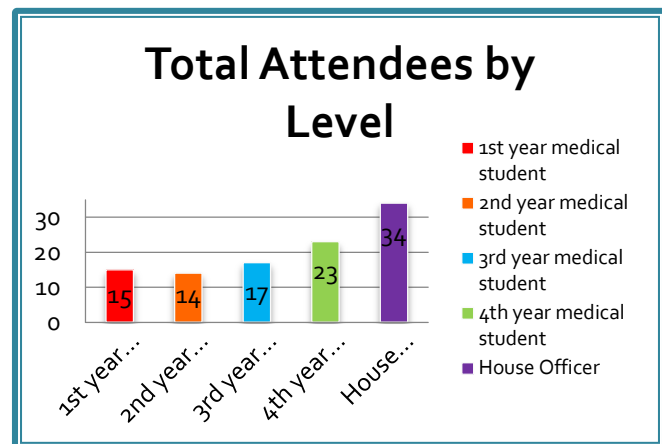


Figure 1 Total Attendees by Medical Training Level

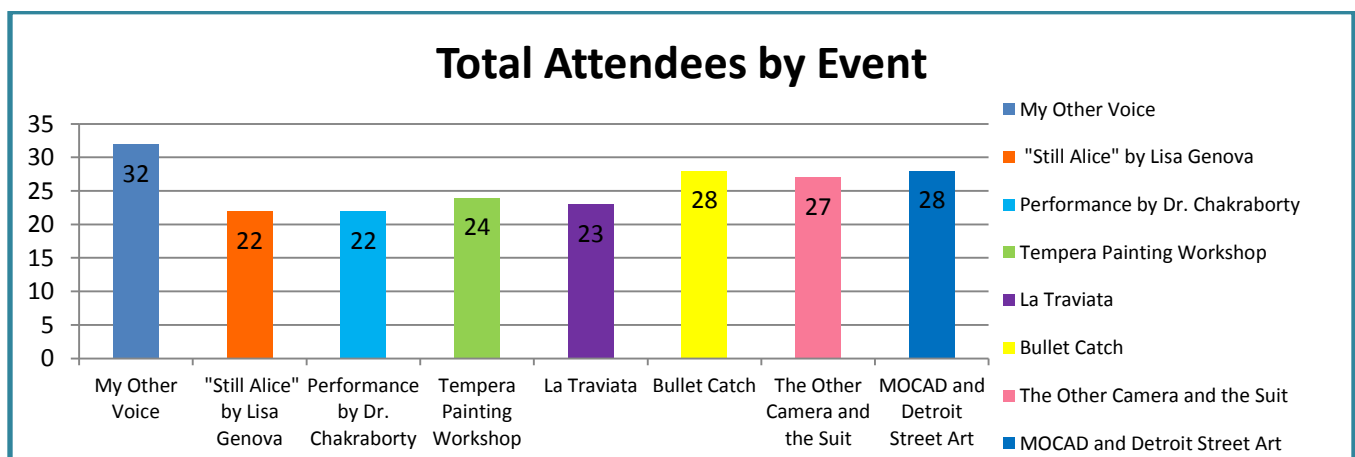


Figure 2 Total Attendees by Event

Evaluation Activities

Surveys: Surveys were distributed to learners following each event.

Open-ended questions asked of learners included:

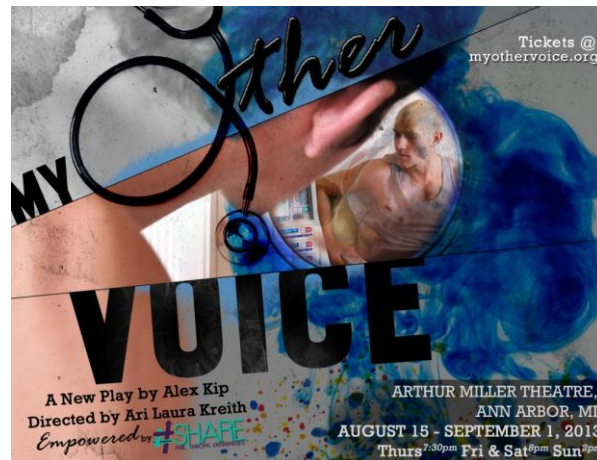
- What part of the event did you enjoy the most or find the most valuable?
- What connections did you perceive between your experiences at the event and your work as a physician (or your medical school experiences)?
- (For museum visits) Did the event make you plan to come back and spend more time at 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 Program event; and
- What types of content they were interested in (dance, music, theater, book discussions, visual arts, or other)

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 illustrated 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. On the next page we offer some selected quotations from learners' qualitative responses from each of the events.

My Other Voice



- I appreciated the opportunity to hear from fellow medical students and residents in addition to other audience members from diverse backgrounds during the post-play discussion. It was powerful to see how the play influenced people in different ways based on their own relationship with the healthcare system.
- It was such a poignant expression of the patient experience during a very difficult encounter with the healthcare system. This play powerfully demonstrated how medical diagnoses occur within a very personal context for each patient, and reminded us how critical the personal and interpersonal aspects of disease are, as opposed to the medical details.
- The actress seated at our table shared with us her own personal struggle with health and healthcare, and she beautifully articulated the role that the "My Other Voice" plot and cast had played in her own journey. Having the chance to connect with the actors in a personal way before the play even started made the performance even more rewarding, and more moving.

Book discussion on “Still Alice” by Lisa Genova

- Through discussion we were able to add much depth and richness to each other's perceptions about the book and the characters, the author's choices, and so forth. I loved our table and the perspicacious comments made by my tablemates. Getting to discuss this book with this group of people was the highlight of my month!
- It made me think about the function of discussion in a clinical setting and its power to alter opinions, and the necessity to talk about the incredibly crazy, paradigm- altering events that can sometimes transpire in a hospital.



- I believe that this book and the ensuing discussion helped me to understand that my opinions and beliefs could be radically different from a patient's or a family member's. It will also lead me to not assume that just because a patient has dementia that they cannot understand events that are occurring around them.
- I have a better understanding of the patient's perspective. People talk a lot about how hard this is for the families, but I enjoyed thinking more about how dehumanizing and embarrassing it can be for the patient at times.
- I think the best thing this book does is remind us what the experience of cognitive decline can be like for patients- whether it's Alzheimer's or not - how scary it is to them and how they may need psychological and emotional support to provide them with a scaffold on which to build as they move forward with planning for the illness.

Classical Indian music performance by Dr. Chakraborty

- The performance was fascinating because I had never heard any Indian classical music before, and it was wonderful to be exposed to such a different type of music. The discussion was equally as valuable because I was able to hear about the music from Dr. Chakraborty's point of view and I was also able to learn about techniques that I under-appreciated during the actual performance.
- It reminds me that there is more to the art of being a doctor than good medicine. The same emotional responses that we get when we hear such performances can be used to help the mental health of patients.
- A tablemate made the astute observation that Indian classical music is akin to the art of medicine in that it is comprised of improvisation based on a backbone of structure.
- I think it reinforced that it is so valuable to be open-minded and to embrace new experiences and exposure to different cultures which is certainly applicable to clinical medicine and the importance of being curious and the process of lifelong learning.
- In medicine, I think it'd be wise for us all to reflect more often on the extent to which our own upbringing influences how we see and advise patients.
- [The music was valuable for] sparking my interest in pursuing further opportunities to improve my cross-cultural awareness.



Tempera Painting Workshop

- The painting workshop was very refreshing and therapeutic, and was such a nice opportunity to engage with our creativity when our training otherwise doesn't often encourage that.
- I realized as I was "practicing" with my painting that the process might not be so different from how we are taught to provide good patient care. It starts by receiving step by step instruction and foundation, as well as by seeing someone perform the necessary steps. You then tackle those steps one by one and eventually practice enough to where they become internalized as a single motion. Very fun for me to see this happen in my painting yesterday, and looking forward to experiencing more of this type of learning in future events.
- The experience of creating art was relaxing and rejuvenating. It was the perfect outlet for stresses and other emotions that I had let buildup over the course of the week. Unlike other de-stress activities, however, painting also made me focus on the details which together express a certain mood. The activity made me think a lot about intent of expression and interpretation of expression.
- Each patient has a story, the same as each piece of art does. Our art had many facets and many figures- even though it originated from the same source- patients also express different aspects of their physiology in different ways.
- The "big picture" is often more important than the minor details. It amazed me that - even with the same instruction - each person created such a different looking piece of work. This parallels individual experience with medicine and the uniqueness of the patient-physician relationship.



La Traviata

- I was incredibly moved by this tragic story of love, loss, and sacrifice. I probably would never had the opportunity to see such a beautiful show if I were not involved in the Medical Arts program.
- It helped to get our peers thoughts on the show we all watched, as well as understand the thoughts of the members of the orchestra on medicine and the nature of our role.
- It was great to talk to musicians about a life so entirely different from ours. A life based on the arts, and their lifelong relationship to music. I was able to ask things as mundane as why some of the musicians continued to play during intermission while others left (and was told that for some it's about keeping their instruments at the right temperature, for others its staying "in the zone", and for others, they must use the bathroom at every intermission out of anxiety about having to go during the show) to something as profound as what aspects of music have remained fresh for them over a long career. It was so interesting to get a glimpse into the life of an artist, so different from ours and yet with certain similarities.
- At the beginning, I spent a lot of time trying to read the supertitles, but I soon realized that I could understand more of the story by watching the interactions of the opera singers and listening to the emotion that comes through with each aria. The part of the show that caused me to have the strongest emotional reaction was when Violetta gained a burst of energy just before her death. Although I knew that Violetta was going to die, part of me still held onto the hope that she would live and get the happy ending she deserved. . . . That final moment touched me in a deep way, and I couldn't hold back my tears.



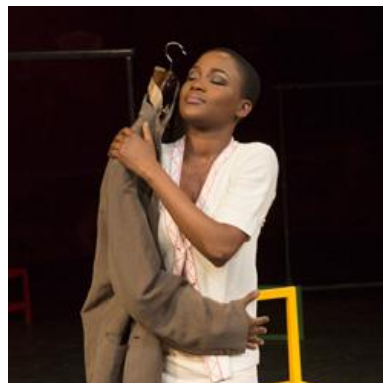
Bullet Catch



- As usual, the post-event discussion with the artist was incredibly valuable. It was actually striking listening to him describe his on-stage experience because the language sounded so similar to how interacting with patients is discussed in the preclinical years.
- So many parallels in the way we connect with and form relationships with our patients, the trust that forms between the patient and the doctor, the journey we take with our patients, the phenomenon of wanting to preserve the "magic" or explain everything we experience in daily life.
- It was a great reminder of how important it is to try to connect to your patients. The writer/actor spoke about all the different ways he used to try to connect... and we spoke of sometimes need to "act" like you connect. But it reminded me to even bother acting. Most of the time I do connect with my patients, and try to. But sometimes, when I'm in a hurry, I may neither make the time to connect or even act like I'm trying to. I get right down to business "So what brings you in today?" The discussion helped remind me that it's always worth taking a minute or two initially to try to make a connection.
- We are scripted but also unscripted in a similar fashion. I think we also grapple with the bigger question of why things happen all the time and whether it is in our hands or whether it is up to something larger than ourselves.
- I was touched by the line in the show about being connected to people and how if you aren't, nothing really matters. I think the reason that a lot of folks become physicians is definitely for the people aspect of the job: we want to emote with our patients, to help our patients, to relate to our patients. I think it's important to be as genuine as possible with this or else, to me, as he said, it doesn't really matter as much.

The Other Camera and the Suit

- A really terrific play that I was able to appreciate much more having had the introduction, also a great chance to share it with medical students/professionals at all levels of their training.
- I great enjoyed the audience/actor Q&A after "The Suit," and I was overwhelmingly glad that I stayed for this after the performance. I found it helpful to hear more about the parallels between characters and part of the country/government. The insight into the symbolism of the storyline was much more nuanced and exciting to me after thinking through some of these issues.
- "The Other Camera" set me up to view "The Suit" as a glimpse into the life of people, who despite their constraints and persecution during apartheid were living life well with all of its joys, its challenges, and its disappointments. "The Suit" gave voices to the street and studio photography displayed in "The Other Camera" exhibit.
- I thought it was interesting to see how South Africans portrayed their own people. Through what is highlighted, either in story form or in theater, the picture given can have a different "slant" and can emphasize very different parts of the conflicts and resolutions.
- The Other Camera helped provide a richer background for The Suit - it was a reminder of the oppression faced by minorities in the era of apartheid, and a reminder that vibrant cultures exist outside of the mainstream in every society.
- I learned about the themes of forgiveness and oppression. I think the suit represented the constant reminder to the South Africans of the wrongdoings of apartheid and how oppressive it was, but at the same time how they triumphed by sharing their skills and beauty (Matilda singing).



MOCAD and Detroit Street Art

- Leto's discussion on art accessibility & availability put an interesting spin on the graffiti we saw. I hadn't considered how even smaller pieces (not those on the scale of Heidelberg or the Bead Museum) can build community identity - and consequently, the issues with outsiders intruding on community spaces.
- Art helps open your eyes to how the world is perceived in different ways by different people and different cultures. The process of viewing the world throughout another perspective . . . [can] . . . reveal one's own biases. In addition, it may provide an indirect window into a patient's worldview and thereby enhance the therapeutic relationship.
- It made me appreciate the ever changing boundary of art. I never considered that graffiti could be classified into different areas of work, but the tour of Detroit graffiti made me appreciate its diversity.
- I found Byar's construction of an identity to be a surprising piece of performance art, on top of his more explicitly designated works. Seeing the various bits of his facade identity made me think more about the various masks we construct (or would like to show) for ourselves.
- It made me view "graffiti" in a more positive and hopeful way. The thought of public art healing a community (as Tyree said) was profound. Also, getting to hear him talk was an amazing unexpected treat.



Where Are We Going?

Program goals: 2013-2014

In 2014-2015 the Medical Arts Program will continue to pursue the central goal of using the arts to enable medical students and house officers to become better physicians. We will involve learners in a wide range of events, including a diverse representation of international arts, as we continue to gather data on the Program's impact on learners and prepare manuscripts based on these findings. We continue to explore opportunities for external support and look forward to another productive year.

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.

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