



# Newsletter

*CAME is a grass-roots organization FOR medical educators BY medical educators*

## Editor's Corner

“Welcome to the signature issue of the CAME Newsletter, our CCME 2010 Edition! Within these pages you will read about many innovative and highly successful programs and activities from across the country within the broad classification of Arts, Humanities, and Social Sciences in Medicine. They should inspire and motivate us all to emulate the wonderful accomplishments of other schools and develop unique approaches for our own settings. **Enjoy!**”

*Marcel D'Eon, Associate Editor, CAME Newsletter*

The task of an Editor-in-Chief is a simple one when surrounded by a dedicated team of Associate Editors and our ever watchful, Executive Coordinator, Stéphanie Mutschler. The information that reaches each of you through the CAME webpage, MEDCATS and MEDCAPS, our monthly Bulletins, and the quarterly Newsletter has been carefully developed under the watchful eye of these Associate Editors – Tim Willett, Karen Leslie, Jerry Maniate, and Marcel D'Eon (respectively).

This 2010 CCME Special Edition of the Newsletter is made special not only because of the wonderful content but even more so because it affords us an opportunity to acknowledge Dr. Marcel D'Eon, from the University of Saskatchewan. With this edition, Marcel steps down as Associate Editor of the Newsletter after 11 years of exemplary effort. Many of you also know Marcel from the many years he has devoted to CAME in other areas including serving on the Executive.

Here are some things you may not know about Marcel. He is a former classroom teacher with a PhD in teaching development. He uses cooperative learning extensively for the many workshops he leads and in a course for first year medical students on professional issues in medicine. He publishes on topics such as interprofessional learning and his research interests are in the relevance of scientific knowledge to professional practice.

Marcel lives in Saskatoon with his wife, one son, and their cat. Two sons and a daughter live on their own, also in Saskatoon. Marcel is an active community volunteer. He trains as a competitive sprinter and most recently won a silver medal at the Sydney World Master's Games!

With all of this activity, Marcel has always found the time and inspiration to plan, discover (sometimes, hunt down) and review the wonderful copy and images for every edition of our CAME Newsletters.

By the way, Marcel uses his bicycle to travel to work every day – even through the dead of Saskatoon winters. He is also intelligent enough to have chosen the University of Hawaii for the site of his sabbatical work in January of 2011.

**Marcel, on behalf of CAME, thank you.**

*Mark Torchia, Editor-in-Chief*



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## Arts, Humanities, and Social Sciences in Medicine (AHSSM): ANNOUNCING OUR NEW E-LISTSERVE

by Pamela Brett-MacLean, PhD, and  
Marcel D'Eon, EdD

As co-founding chairs of the CAME-sponsored AHSSM EIG we applaud the conference theme “integrating science and humanism” for the 2010 CCME. We consider this a benchmark as well as a boon for medical education initiatives and projects concerned with humanism and professionalism in medicine. We view the incorporation of the arts and humanities, as well as inclusion of social sciences perspectives in medical education as a means of supporting these goals. In relation to this, we are pleased to announce that we have **established a new AHSSM-CAME e-listserve!**

The AHSSM-CAME e-listserve has been established to foster discussion, resource sharing, networking and community building among Canadian medical educators interested in intersections between the arts, humanities and social sciences and medical education. Launched in March 2010, we currently have just over 40 members, including both faculty and administrative staff who contributing to medical education at various levels across Canada. We welcome more members! We anticipate that postings over time will include notices about:

- relevant upcoming events (including conferences),
- calls for abstracts and papers, and reviewers,
- research funding opportunities,
- relevant job postings,
- research articles, and resources of interest.

In addition, we look forward to pertinent questions being posed (and helpful responses posted), as well as discussion of important concepts and issues of concern. Any

thoughts, ideas, suggestions or other reactions members may have with respect to advancing the medical humanities, behavioural medicine, narrative reflective practice, CanMeds roles, etc, as these may be informed by the arts, or humanities and social science perspectives would be welcomed. Having a good sense of the larger community interested in this area, we of course anticipate friendly, respectful communication.

To subscribe to the list, simply email [pbrett-maclean@med.ualberta.ca](mailto:pbrett-maclean@med.ualberta.ca) (please feel free to encourage your colleagues to subscribe as well!).

Over the next few months, with input from AHSSM EIG members, we plan on having a website in place that will help to profile individuals and initiatives in this area to raise awareness of the role of the arts, humanities and social sciences in relation to medical education, and also stimulate activity, including collaborative activities within, and potentially across medical schools as well. Our hope is that this website will provide a means of providing a dynamic way of providing an up-to-date view of arts, humanities, and social sciences curricula and other educational opportunities offered in Canadian medical schools building on the 2007 systematic review by Monica Kidd & Jim Connor.

The upcoming CCME meeting represents an extraordinary opportunity for the AHSSM EIG! Building on the conference theme “integrating science and humanism,” we can look forward to planning activities that will help to foster a national discussion on humanism and the humanities in Canadian medical education. ❖

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### References

Kidd, M., & Connor, J. (2008). Striving to do good things: Teaching humanities in Canadian medical schools. *Journal of Medical Humanities*, 29, 45-54.

The White Coat, Warm HeART Art Exhibit:  
**ANOTHER PERSPECTIVE  
ON MEDICAL EDUCATION**

*The arts inform as well as stimulate, they challenge as well as satisfy.  
Their location is not limited to galleries, concert halls and theatres.  
Their home can be found wherever humans chose to have attentive and vital  
intercourse with life itself. This is, perhaps, the largest lesson that the arts in  
education can teach, the lesson that life itself can be led as a work of art.  
In so doing the maker himself or herself is remade. The remaking,  
this re-creation is at the heart of the process of education.*

*(Eisner, 1998, p. 56)*

**by Carol-Ann Courneya, PhD and  
Pamela Brett-MacLean, PhD**

In conjunction with the theme of the 2010 CCME meeting “White Coat, Warm Heart” we have organized an art exhibit that celebrates the artistic visions and talent of all of those who make up our medical and health science education community across Canada. We hope you will stop by and visit the exhibit!

In response to a call for submissions of artwork inspired by medical training or practice we received over 60 artworks representing faculty, students and residents from across Canada. The submissions were juried, and of those that could be transported to St. John’s, 15 were selected for display at the meeting. Images of the remaining submissions will scroll in a continuous loop on a computer in the exhibit room. The visual images included in the exhibit (paintings, photographs and sculpture), along with accompanying artist

statements provide new perspectives on the art of medicine, and art of medical education. This exhibit invites us to slow down and bear witness to the creative visions of our colleagues. It calls us somehow to be more fully present in the midst of teaching and learning and caring – in the process of becoming, or supporting others in becoming physicians. It also invites us to consider the deep current of creativity and artistic visions that contribute to the field of medical education.

The exhibit will be held in the Fortune Bay Room in the Delta Hotel, which happens to be conveniently located directly opposite from the Exhibit Hall. The exhibit will remain in place for the duration of the conference, allowing participants an opportunity to drop in at various times throughout the meeting. We encourage you to leave written comments that reflect your response to the artworks included in the exhibit. We look forward to your feedback!

We would like to express our deep appreciation to all of those who submitted their work to be included in this inaugural exhibit. Our thanks for the support of the CCME 2010 conference organizing committee (in particular Susan Maskill, Conference Secretariat and Chriss Holloway, Conference Manager) in helping us to launch this first annual exhibit. In addition, we would like to recognize the commitment and abiding enthusiasm for the arts in medicine shared by our fellow exhibit organizing committee members, Patricia Grattan, Ruth Martin, and Barbara Sibbald. ❖

#### References

Eisner, E. W. (1998). *The kind of schools we need: Personal essays*.  
Portsmouth, NH : Heinemann.

# LEARNING ABOUT THE ART OF MEDICINE AT THE UNIVERSITY OF ALBERTA:

## Some examples, including our new “Artists on the Wards” shadowing elective

by Pamela Brett-MacLean, PhD

In the Faculty of Medicine & Dentistry at the University of Alberta different approaches to learning through the arts, and also learning about the “art of medicine” through arts-based and other approaches have been introduced. We are currently implementing a dedicated reflective practice track across all four years of the undergraduate curriculum to support student reflection (Brett-MacLean, et al., under review; Cave et al., 2009; Cave & Clandinin, 2007; Clandinin & Cave, 2008). Using a script developed by Dr. Verna Yiu (Vice-Dean, Faculty Affairs), we have used Forum Theatre as an interactive approach to explore professionalism issues with first year medical and dental students. Dr. Sarah Forgie uses the Dave Brubeck Quartet’s *Take Five* in her first year Infection, Immunology, and Inflammation block to discuss the death of Harry Houdini and illustrate how *B. fragilis* creates gastrointestinal abscesses with the help of other bacteria (Forgie, 2007). She also has students create skits on international health topics as part of the block. Dr. Laurie Mereu has introduced an opportunity for students to work individually or in small groups to create and present an “Endocrine Detective” story, poem song or skit” as part of her block review. Prizes are awarded for different categories (an essay by Christina Beach, Med 2011, listed below provides an example). As part of a summer project funded by the Office of Education in 2009, Sarah Fung (Med 2011) researched available online medical humanities content and identified web resources to complement the existing pre-clinical undergraduate curriculum. These resources were posted as links on Homer, the e-Learning platform developed for medical students at the UofA. The aim of this initiative has been to foster students’ awareness and knowledge of the medical humanities, and promote humanism in medicine (this initiative will be presented during a facilitated poster session on Monday, May 3<sup>rd</sup> from 10:30-12:00 pm).

Other examples of the arts and humanities exist in various ways in our undergraduate curriculum, including student clubs and project initiatives. This past year, Alim Nagji (Med 2012) received a Canadian Medical Association Leadership Innovation Award to develop a 6-session

theatre-based workshop series designed to help first year medical students understand the patients’ story (an educational workshop based on this experience is scheduled to take place as part of the CCME on Sunday, May 2<sup>nd</sup> from 2:00-3:30 pm). An educational tour of the Art Gallery of Alberta for medical students was recently supported by Dr. Kent Stobart, Associate Dean, Undergraduate Medical Education and organized with the help of Jonathan Hamill (Med 2013) and Naheed Rajabali (Med 2012). Electives options related to the medical humanities provide yet another way that students are able to explore integral aspects of humanism and caring in medicine. We have introduced columns in the *University of Alberta Health Sciences Journal* to highlight some of the work of medical students and faculty members in these areas (see for example, Breton, in press, and Nunan, in press). In the remainder of this article, I outline one of our newest pre-clinical, 12-hour electives – the “Artists on the Wards” Shadowing Experience for first and second year medical students.

Many medical students have a background in, or interest in the arts. We wanted to provide interested students with an opportunity to learn about intersections between the arts and medicine, including ways in which the arts can enhance the hospital experience, relieve stress and promote healing. Building on previous successful collaborations, the AHHM program and Friends of the University Hospitals’ introduced this elective just this past year. The Friends’ is recognized as having developed one of the leading arts and health programs in Canada (Deschner, 2005). The Friends’ “Artists on the Wards” program provides patients with an opportunity to engage on an individual basis with supportive and caring professional artists who encourage and facilitate patients’ self-expression through the process of reading and discussing books, enjoying and making music, and working to translate their anxiety, pain, hopes and dreams into art, writing and poetry. Stories and anecdotes shared by patients, family members and staff suggest many beneficial impacts of this program in helping to ease the distress and boredom that patients can experience during their hospital stay.

Although we emphasize that no art training or previous experience in the arts is necessary, we ask students to complete an intake form to summarize any relevant experience they may have. As part of the elective, the students meet with the electives supervisor (in 2010, the present author) to discuss their interest in taking the elective, as well as any concerns or questions they have. After receiving an orientation to the “Artists on the Wards” program, the students shadow one or more artists (including visual and literary artists, and musicians) over the course of several days or weeks, and help to create meaningful arts-based experiences for patients at the bedside. During this time, the students work on developing a portfolio of creative works and writing entries based on their experience. They are also asked to develop a short bibliography of a specific arts and health-based area of interest (eg., physician writers, music and medicine). Finally, students are

required to present on their experience as part of a reflective group discussion. Based on a narrative assessment of the student’s effort a pass/ fail grade is assigned at the end of the elective.

To date, three students have participated in the elective (all have a background in the arts). Alyssa Cruz (Med 2013), incoming president of the Medical Students’ Association at the University of Alberta, shared the following about her shadowing experience:

*I thought this shadowing experience would be of value to me as creativity, art, and the power of the written word have all played important parts in my decision to become a physician. I had an interest in drawing and literature prior to medical school, but quickly found that the rigorous curriculum didn't leave much room for me to enjoy the*

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### Acknowledgements

My thanks are extended to Dr. Joan Robinson, Electives Coordinator, Undergraduate Medical Education for her support for our new shadowing elective. Many thanks as well to the many faculty, residents and students who have contributed, and continue to contribute, their energy, ideas, and support to the Arts & Humanities in Health & Medicine Program.

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### References

Breton, J. (In press). Birth marks: An artistic exploration into the medical, personal, societal, and historical dimensions of postpartum depression (PPD) through a collection of sketches, collages, and journaling. *University of Alberta Health Sciences Journal*. Available from: <http://www.uahsj.ualberta.ca/about.htm>

Beach, C. (In press). Wikipedia Brown solves the case: An endocrine mini-mystery with advance apologies to Donald J. Sobol. *University of Alberta Health Sciences Journal*. Available from: <http://www.uahsj.ualberta.ca/about.htm>

Brett-MacLean, P.J., Cave, M-T., Yiu, V., Kelner, D., & Ross, D. (Under review). *Use of film as a means of introducing narrative reflective practice in medicine and dentistry: A beginning story presented in three parts.*

Cave, M.T., & Clandinin, D.J. (2007). Learning to live with being a physician. *Reflective Practice*, 8, 75-91.

Cave, M.T., Clandinin, D.J., Yiu, V., Thomson, A., Cave, A.J., Levy, M., & Brett-MacLean, P. (2009). “So it all began with a cup of tea...”: A story describing the introduction of reflection on narratives into a medical undergraduate curriculum. Unpublished manuscript.

Clandinin, D.J., & Cave, M.T. (2008). Creating pedagogical spaces for developing doctor professional identity. *Medical Education*, 42, 765-770.

Cox, S.M., Lafrenière, D., Brett-MacLean, P., Collie, K., Cooley, N., Dunbrack, J., & Frager, G. (In press). Tipping the iceberg? The state of the arts in health in Canada. *Arts & Health*.

Deschner, J.W. (2005) *Arts in healthcare programs and practitioners: Sampling the spectrum in US and Canada*, White paper 1. Center Colloquium Group, New York. Available from: [http://www.thecreativecenter.org/Resources/PDF/Colloquium\\_White\\_Paper.pdf](http://www.thecreativecenter.org/Resources/PDF/Colloquium_White_Paper.pdf)

Forgie, S. (2007). The enteric jazz band lecture: Enhancing active learning. *Medical Education*, 41, 505-509.

Nunan, D. (In press). Fault lines: Scars as text in Michael Ondaatje’s *The English Patient* and *Anil’s Ghost*. *University of Alberta Health Sciences Journal*. Available from: <http://www.uahsj.ualberta.ca/about.htm>

Staricoff, R.L. (2004). *Arts in health: A review of the medical literature*. London: Arts Council England. Available from: <http://public.nasaa-arts.org/nasaa-news/B-Health-MedLitReview.pdf>

Staricoff, R.L. (2006). Arts in health: The value of evaluation. *The Journal of the Royal Society for the Promotion of Health*, 126, 116-120.

# USING REFLECTIVE WRITING WITH STUDENTS: TEN TIPS

by Allan Peterkin, University of Toronto

Medical educators are increasingly asking students to use writing as a tool for enhancing self-awareness and reflective capacity. Critical incident reports, portfolio entries, “parallel charts” and journaling have all been used with success in faculties across North America and are one example of incorporating the humanities into curricula.<sup>(1)</sup>

Generally a writing prompt is provided and students either write onsite (for 5-20 minutes) or take the prompt home and bring their writings for small group discussion and feedback to the next meeting. We have been using writing prompts based on CanMEDS roles in a new writing elective for clerks at the University of Toronto. The following guidelines derived from that experience may be helpful for educators wishing to use reflective writing in a small group teaching context.

- 1) Establish ground rules for the group. Emphasize confidentiality. Some of these stories may be self-revelatory or based on encounters with patients and colleagues. “What’s told in the group stays in the group”. Define boundaries. This not a psychotherapy group. If a student reads a piece they should be in control of what they wish to reveal at all times. When making comments, group members should concentrate on the text provided or read. They may ask questions about the story, but it’s always up to the volunteering reader whether they answer or reveal more.
- 2) Create a safe space for learning and exploration. Tips for giving feedback on writing should be provided. Reading each week should be voluntary. Strengths of the piece should always be discussed first – what was moving, powerful, and resonant. Students may make helpful suggestions on the piece, but the goal is to be constructive and supportive. Even if readers disagree with the sentiment or viewpoint of the piece, their goal is to work with the text itself rather than challenge the author personally.
- 3) Suggest that students write about real-life, personal incidents – something specific that actually happened. Invite them to write the story as if they were telling a friend and not to worry about grammar, spelling, or syntax in their first draft. Encourage them to structure the story with a beginning, middle and end and to include how they felt about the incident (not just the facts).
- 4) Provide short, simple writing prompts that capture the imagination, rather than eliciting intellectualized content or formal essays like, “Write about a goodbye.” Remind students that prompts are merely a suggested launching pad and that they are free to write about whatever they like.
- 5) When a student reads a piece to the group, ask them to read the story as written from start to finish (no apologies, explanation, or preamble). Ask them to remain silent during the feedback from the other students so they can take it all in. Then invite them to rejoin the discussion. They may be surprised by some of the interpretations of their piece, and answering questions or commenting right after reading could eclipse that process from unfolding.
- 6) Ask questions to deepen reflection: “Why did you write this piece and/or choose that incident?” “Did anything surprise you in writing it?” “Would you do anything differently?” “What do you like about your piece?” “What did you struggle with?” “How does it relate to other things you’ve written?” “Do any learning points emerge for you?”
- 7) Even though students may not read to the group every week, encourage them to write every week even if it just for themselves. We suggest taking up to 45 minutes for writing a piece, so that the task doesn’t feel onerous or overly time consuming. Students can take longer if they like.
- 8) When students write about patients, remind them that clinical stories are always co-constructed and do not belong to the physician writer alone. They can be shared in a respectful manner for learning and reflection (as in case presentations) but permission should be obtained from the patient if the piece is to be published (including, of course, posted on a blog).

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# Cancer, Comics, and CanMEDS

by J.T.H. Connor, Faculty of Medicine, Memorial University of Newfoundland

With the release of the pre-World War II era films such as *Dark Victory* starring Bette Davis to the 1970 box office hit *Love Story*, cancer has become part of the celluloid world. But as medical historian Susan Lederer has concluded, cancer was often portrayed in this medium as a phantom lurking in the back story to the main narrative or presented inaccurately with the emphasis on dramatic effect not biomedical accuracy. Nevertheless, as Lederer notes this “powerful medium” contributed to popular “perceptions of what kind of disease it was, how it could be treated, how it required more research, and the kinds of outcomes one could expect from cancer.” But in the end these films dealt with cancer *victims*.

Another popular culture genre that has recently addressed cancer is comic books and their more reflective and complex cousin, the graphic novel. Initially understood as “alternative” or “underground” reading material and simultaneously dismissed as juvenile, from the 1960s on this genre has attracted serious attention by scholars. As the genre of comic books and graphic novels traditionally dealt with issues of victimization, empowerment, justice, injustice, and retribution, it is not surprising that it has become a recognized medium through which to address “tough” social and moral issues of continuing concern. Health matters and acute and chronic disease are themes that now figure prominently as suitable subjects for these illustrated printed works. HIV,

mental illness, and neurological disorders have been tackled, but it is cancer in general and breast cancer in particular that predominate.

The authors of these works on cancer (along with those on other diseases) are typically the same people who suffered/survived the disease that they are writing about. Or, they may be close family members/partner of persons suffering from the disease. The hybrid of dialogue/text/panel sequences that make up these books is usually a first-person account or the author/artist/creator is so close to the primary character that he or she is intimately aware of the progression and events surrounding the narrative that unfolds. Given this perspective, these works whether autobiographical or biographical, can be read as the latest iteration of the long-standing literary cum medical tradition of pathography or illness narratives which date back to the 19<sup>th</sup> century.

A distinguishing and contemporary feature of how cancer is dealt with in recent comics and graphic novels is that sufferers are no longer portrayed as *victims*, nor is their disease merely a “back story.” In the 2009 four-part fantasy *Divas* series by Marvel comics for example, super heroine Angelica “Firestar” Jones develops breast cancer, but we find that “no force in the world can dampen” her spirit (nor those of her three “diva” gal-pals). Although apprehensive about the possibility of a mastectomy, “Firestar” willingly undergoes chemotherapy and radiation treatment which are interestingly illustrated; side effects such as hair loss (also dramatized) are of little consequence to her. She exclaims: “I’m not going to be a victim.... I’m going to BEAT this thing. And on

the other side of this, I want a record of HOW I beat it. To help other women.” Beat it she does, however admittedly her cure not only requires modern medical technology but also a raunchy sex tryst between a satanic messenger and one of her “BFFS.” At series end, the group muses over a new name for itself which will likely will turn out to be “super vixens”—no victims here.

“Firestar’s” narrative along with its vixen reference gestures to Marisa Acocella Marchetto’s 2006 account of breast cancer entitled *Cancer Vixen: A True Story*. Here a “shoe-crazy, lipstick-obsessed, wine-swilling, pasta-slurping, fashion-fanatic, single-forever, about-to-get-married big-city girl cartoonist with a fabulous life finds...a lump in her breast.” Deploying her formidable skills as professional cartoonist for such magazines as *Glamour* and *The New Yorker*, Marchetto relates her many personal fears, anger, frustrations, and clinical and psychological experiences in her own journey from disease diagnosed to cancer controlled. With her wit, humour, and satirical style, she never loses sight of her goal to kick cancer’s butt and to do so in “killer 5-inch heels.” This story is where invasive adenocarcinoma collides with *Sex in the City*. Many people can learn from works such as *Cancer Vixen*, including Memorial University of Newfoundland medical students. Recently, I requested that all of the students in the incoming Class of 2013 read this graphic novel, which we then discussed in one of my Medical Humanities and Professionalism sessions. My formal essay assignment

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## Medical Humanities:

# THERE FOR THE GRACE OF OUR DEANS GO WE

by **Jeff Nisker MD PhD, Schulich School of Medicine & Dentistry, The University of Western Ontario**

New programs in medical curricula require the support of our deans while at the same time posing a “hazard” for them (Daugherty 1998). Decanal support is especially essential for out-of-box initiatives such as Medical Humanities, particularly in comfortably in-the-box curricula (Nisker 2004). However, Medical Humanities is also especially hazardous for our deans because of the risky content and hard to measure output. The culture of medical school is largely shaped by the dean, and in turn shapes the experiences of the faculty, including “tolerance of ambiguity”, and the “ability to be flexible and open to persuasion” (Daugherty 1998). Further, the dean is in many ways a spiritual leader (Evans 1998), and spiritual leadership is often required to forward Medical Humanities Programs amidst the competition for curricular hours with less spiritual courses. I contend that for deans to promote Medical Humanities, they must not only possess standard dean leadership skills, including visioning and maximizing values (Rich, Magrane, & Kirch 2008) and a strong commitment to the success of others (Daugherty 1998; Rich et al 2008) (particularly important in Medical Humanities as a few faculty members are generally involved), but also possess courage, passion, and imagination.

Dean Carol Herbert, a stalwart supporter of the Medical Ethics and Humanities Program at the Schulich

School of Medicine & Dentistry, is imminently completing her second term and moving on to new challenges. I would like to take this opportunity to reflect on what can be accomplished in Medical Humanities with decanal support of including courage to incur risk through course content that challenges medical students to feel rather than just memorize (Nisker 1997; Nisker 2004).

Medical Humanities at the Schulich School of Medicine & Dentistry is completely integrated with Health Ethics in a four year narrative-based program (Nisker 2004) based on the premise that medical education should enrich the capacity for students to see with their hearts as well as their minds (Nisker 1997; Nisker 2004) and not dissolve their compassion in “miles of medical ink” (Nisker 1997) and “consuming call schedules” (Nisker 2004). Each exploration begins with a play, poem, or readers’ theatre of a short story to surface issues of health ethics, health policy, compassion and professionalism. In fourth year, Medical Humanities is a selective rather than core curriculum, but “Ethics Through Film” re-exploring the ethical issues surfaced in the first three years is selected by the majority of students. There are also many extracurricular activities, including our medical school choir, several “Rock” bands, a story-writing elective, and at times at times drawing and painting groups.

Our students’ activities in Medical Humanities during Dean Carol Herbert’s tenure as dean were perhaps best highlighted at the Social

Science and Humanities (Learneds) Congress at The University of Western Ontario in 2005. Beginning with an opening address by Dean Herbert, our medical school became a performance space each night of the Congress with our medical students performing artistic explorations of themes of ethics and professionalism: from the opening night of musical compositions, through an evening of performance poetry, to an original full length play written and directed by a 3<sup>rd</sup> year medical student Josh Landy, to a night of original short story readings, to presentations of research papers in Medical Ethics and Humanities. Each night the medical school was also turned into an art gallery displaying our student’s visual arts explorations.

Evaluation in the first and second year is based on one project that can utilize artistic, conceptual, qualitative and quantitative methodologies to explore an ethical issue. The explorations this year have included an original song that began with qualitative analysis of writings on “Giving Bad News”, the subsequent creation of found poetry which was used as a basis for the lyrics, and then the writing of the music and eventual performance of the song. Another group of students created “The Copebook: Sketches, Scraps and Scatterings of Undergraduate Medical Students Coping with Stress”, which collected (with UWO Research Ethics Board approval) anonymous stories, poems, and other artistic renderings on a protected website and in physical form to be shared among Schulich students.

Also this year, students used their drawing and painting skills to explore several ethical issues, and used films to explore “Ethical Issues in Schizophrenia: Hollywood hit-maker or damaging delusion?”. This is the third year our Medical Student Research Ethics Board received responsibility from our university’s REB to review all projects prior to interviews being conducted or to surveys circulated that may ultimately result in the artistic representation of their research.

Dissemination of the work of our Medical Ethics and Humanities Unit under Dean Carol Herbert’s leadership has occurred widely, including the publication of many of our students’ Medical Ethics and Humanities projects in peer review journals and presentations at national meetings. There have also been 12 plays created, eight of which have been performed nationally (one in five countries), as well as multiple short stories, paintings and drawings, as well as three books, including *In Our Hands*

co-edited with Linda Clarke of Halifax which contains stories and poems written by medical students from across Canada (Clarke and Nisker 2007).

So thank you Dean Herbert for promoting the odd-shaped peg of Medical Humanities and not forcing it into a multiple-choice shaped hole, for accepting the “hazards” of a risky subject area, for generously offering insight from your heart as well as your mind, and most of all for your vision which is indeed spiritual. ❖

## References

- Clarke, L. & Nisker, J. 2007. *In Our Hands: On Becoming a Doctor* Halifax, Pottersfield Press.
- Daugherty, R.M., Jr. 1998. Leading among leaders: the dean in today’s medical school. *Academic Medicine*, 73, (6) 649-653 available from: PM:9653402
- Evans, C. 1998. The dean as spiritual leader. *Academic Medicine*, 73, (6) 645-648 available from: PM:9653401
- Nisker, J.A. 1997. The yellow brick road of medical education. *CMAJ*, 156, (5) 689-691 available from: PM:9068580
- Nisker, J. A. 2004, “Narrative ethics in health care,” In *Toward a moral horizon*, J. Storch, P. Rodney, & R. Starzomski, eds., Pearson Education Leadership and Practice.
- Rich, E.C., Magrane, D., & Kirch, D.G. 2008. Qualities of the medical school dean: insights from the literature. *Academic Medicine*, 83, (5) 483-487 available from: PM:18448903

## Learning about the art of medicine (cont’d)

*creative facets of myself anymore. Also, I feel that nurturing “that something extra” might be helpful in how I interact with patients – being human before being a professional. For me, witnessing the kind of relief a poem brought to a patient that seemed inconsolable and unreachable was priceless. Connecting with a patient over poetry or stories shifted my focus and the patient’s focus from them as a sick patient, to them simply as a person. I think that’s often forgotten in the hospital – nurses forget, doctors forget, even patient’s themselves seem to forget that patients are people first, and that requires a connection beyond a clinical history, diagnosis, and discussing treatments. Shadowing an artist from the “Artist on the Wards” program opened my eyes to a more healing way of interacting with patients – addressing their emotions.*

Based on this and other early positive feedback, the AHHM program and Friends’ will collaborate on offering this elective to first and second year students again next year.

Arts in healthcare and healthcare education has a long yet relatively underrecognized, history (Staricoff, 2004, 2006). Recent national scans suggest growing arts and health activity across the world, including in Canada (Cox et al., in press). Despite a growing literature that provides evidence of the role the arts can play in enhancing the healing process, this is an aspect of healthcare that is often not covered in undergraduate teaching. Our new “Artists on the Wards” shadowing elective provides an opportunity for pre-clinical students to learn about arts-based approaches to integrating science and humanism. Through this elective our medical students are beginning learn about the value and role of the arts in healthcare. By gaining experience and confidence in connecting with patients expressively through the arts, they are also learning to connect more emotionally with patients in relation to their humanity, relating to patients *as people* experiencing serious illness. ❖

# MED I ART AUCTION, UNIVERSITY OF SASKATCHEWAN

by Erin Kot, University of Saskatchewan

Our Lifecycles and Humanities course is a mandatory, vital, and very popular part of the first year medical school curriculum at the University of Saskatchewan. Taught by a practicing family physician from Saskatoon, this course gives students the opportunity to learn and appreciate the art of medicine and reflect on patient centred care. Weekly guest speakers present to the class on a variety of topics ranging from alternative medicine, motivational interviewing, spirituality and its role in the medical profession, poverty and health, and how to take care of yourself throughout medical school and into your career as a physician. Participation is facilitated through the use of large group discussions, in class assignments, and group presentations.

As part of this course students plan, organize, host, and create art for the “Med I Art Auction.” This year again it turned out to be a huge success. A total of \$9600.00 was raised to be put towards a local charity, the Children’s Hospital Foundation of Saskatchewan, chosen by the students

Each of the 84 students in the class was required to complete a piece of art that related to the theme of ‘nature’ chosen by the students early on in the school year. The show featured artistic creations of all kinds. There were canvas paintings, hand-made greeting cards, photography, decoupage antique tables, sculptures, and one of a kind hand decorated mirrors all of which showcased

the heretofore hidden artistic talents that can be found within a medical school class! There were even a few students who chose to demonstrate their musical talents by performing at times throughout the event.

A core committee of students was formed early in the year and from there, advertising, silent auction, set-up and take down committees of student volunteers were established. Invitations went out to faculty members, other students in the college, medical preceptors, and family members and friends. Silent auction items were collected and students began to make that first move on their projects! Students were also required to contribute food in the form of an appetizer or a dessert that could be set out for all that attended the event to enjoy. Very good!

The grand total of nearly ten thousand dollars came mainly from the bidding wars that took place on the art pieces as well as some from the proceeds of the silent auction and other donations at the door. One piece of art was purchased and then donated to adorn the wall of an office in the Deanery!

The students and faculty members at the University of Saskatchewan in the College of Medicine express nothing but pride and satisfaction when it comes to this event. Organized and put on by students alone, the event is a huge success and a way to students to give back to community that they know does so much for them. ❖



## Concerning the Heart: Arts and Medicine and the Bridge Between

by Carol-Ann Courneya, University of British Columbia, and Sandra Semchuk, Emily Carr University of Art and Design

This project was initiated by Carol-Ann Courneya of UBC and responded to by Sandra Semchuk, a photography instructor, who created the course for their collaborative teaching at ECUAD. Together we created a figurative and literal space where Art students from Emily Carr and Medical/Dental students from UBC could collaborate around the theme “The Heart”. In the course description it read: *“a collaborative course where students will have the opportunity to create a new body of work that investigates the heart: physically, socially and/or personally. ...it is an opportunity for ECUAD and UBC students to bring together anatomy/physiology of the heart with contemporary ideas of love, sexuality and romance. ...students can choose to exchange, share modes of inquiry and to exhibit work created.”*

There was a desire to include First Nations perspectives as a perceptual and cultural framing of this cross-institutional collaboration. An exhibition of photographic artworks created by ECUAD photography and UBC medical and dental students was to be created in the UBC First Nations House of Learning. In

essence all the works together created a collaboration

We offered a 3<sup>rd</sup> and 4<sup>th</sup> year Photography Studio course at ECUAD with an enrollment of 18 students. We met once a week and from the onset the ECUAD students were encouraged to begin to create photographic works that conceptualized the cardiovascular system including the specificities of their own inquiries on medicine, identity, family, love and sexuality. In class sessions included facilitated discussions on a variety of topics such as “The Heart: a first nations worldview,” “A Photographic collaboration with my mother during her last month of life,” and “Disability, love and sexuality.

Timetable conflicts prevented the UBC medical dental students from attending the in class sessions along with the ECUAD students, therefore an online computer portal was used to facilitate introductions of ECUAD and UBC students and to provide a forum for all students to create a dialogue that would lead to collaborations

Collaborating on art requires meeting people physically so while the online site was useful in giving students a place to post their individual profiles, it was necessary for us to arrange a gathering of all the students at the UBC First Nations House of



Learning (the site of the end of term Art Exhibit). The EUCAD students were asked to bring their initial individual photographic projects to the gathering. Over dinner students began to get to know each other. After dinner the UBC and EUCAD students spent time around the photographs brought by the ECUAD students and began conversations about potential collaborations. From that point students began to create dialogues on the online site and to arrange to meet to plan their projects. ECUAD students were given the task of producing the final photographic banners for the exhibit.

Student and instructor collaborators finalized their photographs (30 in total) and had them printed as collaborative sequences (from 1 to 5 images) or individual images, giclee prints on banner material 27' x 41". In addition, one student showed a video work with the heart beat speaking through heart shaped lips. That simple but powerful sound permeated the Great Hall in the First Nations House of Learning. Banners were mounted on individual stands arranged in a circle with the art facing into the center of the circle and parchment paper mounted on the backs of the stands facing the outside of the circle. The artist's statements were written on the parchment paper and guests were invited to walk around each piece and write their own comments on

(Continued on page 12)

### Acknowledgements:

The authors would like to thank the Musqueam people for letting us hold our gathering and exhibit on their traditional land and for the use of the House of Learning. In particular we thank James Andrew who made us feel so welcome. We acknowledge all the student collaborators for their insightful visual dialogues and collaborations.

## Ten Tips (cont'd)

- 9) Teachers supervising groups should be ready to intervene if a student reveals distressing content (i.e. issues related to abuse, self-harm, or professional boundary violations). A private discussion at the end of the teaching session should be offered and resources for help provided.
- 10) After the class is finished, encourage your students to continue writing throughout their careers as an ongoing form of personal reflection. Tell them to keep track of all their “firsts” in medical training – their first delivery, the first death of a patient, their first mistake, their first attempt at a new procedure. Remind them to keep their pieces together so that nothing is lost.

Reflective writing honours both the subjective and objective facets of experience and learning and allows us to document our evolution as human beings and as healers over time. ❖

### References

Charon, Rita “Narrative Medicine :Honoring The Stories of Illness” Oxford University Press , Oxford 2006

## Cancer, Comics, and CanMEDS (cont'd)

for these first-year medical students asked them to analyze this graphic novel as a patient narrative and to relate this first-person account to those physician roles identified by the Royal College CanMEDS project. Although most students could see the importance of all roles to facilitate a patient’s transition from cancer victim to cancer vixen, an overwhelming majority believed that this process was greatly aided when physicians concentrated on that of Communicator. This was an important lesson for these physicians-to-be to learn, and I am hopeful that it will be one remembered.

Yet, with its dialogue balloons, panel format, flashbacks, color and black and white styling, and so on, the book has a movie format “feel” rather than that of a traditional printed text. As such, there are scenes created in which characters enter and leave, come and go, make cameo appearances, or are never seen again—all of which can be used as metaphor of medical life with its “on the fly” zeitgeist as staff, patients, and colleagues flit in and out of each others’ and patient’s lives. By grasping this metaphoric allusion, students hopefully become more understanding of and empathic with patients who exhibit anxiety or even hostility as they get buffeted around the “medical system.” ❖

## Concerning the Heart (cont'd)

the parchment. Two other contributors collaborated on a performance work looking at intimacy through the act of suturing. Over 200 people attended the two-hour event.

### What we learned

- It was apparent right from the start that there was a strong appetite (by both EC and UBC students) to cross disciplines and open themselves to new perspectives. In response to a pre-course questionnaire students commented:
  - o *“It’s always great to learn from/with somebody from a completely different field and unite to work around something we know from such different perspectives.”*
  - o *“The end goal as a med student would be to learn more about artistic medium and project creation, and for the art student to learn about the science which drives the cardiovascular machinery that allows them to chase their passions.”*
- Collaborating on art requires meeting people face-to-face. While the online site allowed for some initial dialog, the meaningful collaborations required meeting in person and getting to know one another.
- Our experience of fewer Dental and Medicine students than ECUAD students was based on structural inequities. While the Emily Carr students were enrolled in this course for credit, the UBC Med/Dent students participation was extracurricular, on top of a their very full curriculum. In future we would endeavor to have their participation be part of the medical/dental curriculum.
- We broke down some of the biases and prejudices that exist between our disciplines and created a sense of delight and respect for each others’ discipline-specific cultures.
- Sharing learning methodologies shakes up our own conventions and opens us to new possibilities in pedagogy. We were profoundly challenged and forced out of our comfort zones. ❖