

MEDICINE

Making model doctors

Brown University medical students get a dose of humanities to help them grasp the ambiguity that real-life care will present

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By **FELICE J. FREYER** JOURNAL MEDICAL WRITER

A
nude
model
stood
on a
table,





surrounded by students who applied clay to wire frames, sculpting her form. In a classroom below, students listened to Radiohead and Ravel and sketched cartoons. Next door, another group performed improvisational acting, and up on the third floor, heads bent over works of narrative prose.

An art school in session? Actually, no. This was medical school. The model was posing in an anatomy laboratory, with the cadavers relocated to the adjoining room.

The Friday afternoon workshop, titled “Humanities as Medical Instruments,” is mandatory for first-year medical students at Brown University’s Alpert Medical School. It seeks to bring students beyond the medical textbooks to

grapple with the ambiguity that real-life medical care will present.

Doctors have long argued that “bioscience alone is simply insufficient for the careers you’re heading for,” said literature Prof. Arnold Weinstein, in a keynote speech that kicked off the event.

“The medical humanities deal with the experiential side of medicine, including things like pain, fear, death and dying. And it embraces head-on how complicated and hard to understand and harder to fix those issues are,” Weinstein said.

The workshop was the brainchild of Dr. Jay M. Baruch, a writer, emergency-room physician and professor, who has long worked to incorporate the humanities into the medical curriculum. This year, first-year students also attended a session at the Rhode Island School of Design, where they honed their critical thinking skills by studying art objects.

“I want to get them to be open to other ways of thinking, an artist’s way of thinking,” says Baruch, who has published a book of short stories.

And stories, Baruch says, are central to his work in the emergency room.

“I go to work every day, and what I do is I listen to stories. I am a professional story-listener,” he says. “I don’t look at patients from the perspective of what do they have, what medical problem, but from the perspective of, what brings

you
here
right
now?

“A
lot of
times
they’re



constructing a story ... What we have to do is listen, and
edit, and listen to the gaps, what doesn't connect ... what

you feel is not being spoken, which might be the real reason why they're there.”

Such gaps were among the subjects of discussion Friday in Kevin Liou's class, “Graphic Medicine, Music, Comics.” Liou is a second-year medical student who helped develop Friday's program, as well as teaching one of the workshops.

“The work of reading comics is, how do you make meaning out of seemingly disjointed fragments, how do you piece together clues to create a larger story,” Liou said. “That's a lot of what medicine is about. It's never clear-cut. It's never linear — it's pieced together. It's defined by all these gaps in knowledge.

“In the classroom, everything seems so well-organized,” Liou continued. “We have these flow charts, diagram, lists. But when you go out into the clinical setting, the real world, in the hospitals, things are messy, they're uncertain, they're ambiguous. ... What do you do when you're confronted with these gaps in knowledge? Comics can kind of help. Because it's the same thinking process, in a way.”

In the “Clinical Performance and Improvisation” workshop, Brown theater Prof. Lowry Marshall told the students: “Acting is about self-presentation.” As doctors, she said, “You're selling yourself to every patient you encounter.”

One improvisation the students practiced involved speaking in jibberish, understanding gesture and tone beyond words.

At the end of the session, the students paired off and sat

cross-legged on the floor. Marshall instructed them to focus on each other's eyes. Then she told them to place hands on each other's knees. "See how that changes everything?" she said.

Marshall led the students through imagining their partner in each stage of life from infancy through death. "When you connect," she said, "you're not encountering just the person they are today but the person they were and the person they will become."

Afterward, students said they appreciated the opportunity to learn in this way. "I think it taught us a lot about how to connect with each other and our patients," said Honora Burnett, of Colorado.

"I'm thankful that we're part of a medical school that supports this kind of work," said Katie Brooks, of San Francisco. "The doctor-patient communication is something that's really been left out of medical education, and this is an interesting approach to it."

But Olivier Van Houtte, of Walpole, Mass., said it would be a mistake to draw too direct a connection between the humanities and medical practice. The humanities teach about the way people live their lives, and medicine is part of that, he said.

"It opens the mind in new ways. It's about being able to find ways to talk to people, to put together a story ... to understand what somebody is trying to communicate to you." ffreyer@providencejournal.com

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