Renewal Webinar Series
Integrating the Arts into Medical Education

with Sandra Bertman, PhD, FT
Mount Ida College
and Richard Pretorius, MD, MPH
University at Buffalo Family Medicine, Inc.

*Presented by the Society for the Arts in Healthcare*

The Society’s Webinar Series is made possible through the support of the National Endowment for the Arts, which supports the Society’s Consulting Service. The Consulting Service provides affordable assistance to organizations wishing to establish or advance the arts in healthcare settings.
Integrating the Arts into Medical Education

Richard Pretorius MD, MPH, Univ at Buffalo
Jun 24, 2009, 1:00 - 2:00 PM ET
Webinar
Sponsored by Society for the Arts in Healthcare
INTEGRATING INTO OTHER MATERIALS

Using pen & paper, identify the artists in the left banner.
There are 11 artists.
The same banner will appear for 2 successive slides.
Whoever names the greatest # of artists wins!
PARTICIPANTS IN WEBINAR

Includes:

• Artists
• Arts Program Administrator in a Hospital
• Education Dean
• Faculty
• Masters of Fine Arts
• Therapeutic Art Specialist
EXAMPLES OF PROGRAMMING DONE BY ONE OF US (RP)

• 1 hour large group lecture
• 2 hour small group activity at art museum
• homework
• clinical skills testing
• elective
TEAM APPROACH

COLLABORATORS

• Artists
• Health professionals
• Educators

ALLIES

• Students
• Students
• Students
TYPES OF ACTIVITIES

1. Healing for the patient (an “end”)
2. Healing for the doctor (an “end”)
3. Clinical skill development (a “means”)
   – Communication skills
   – Interpersonal skills
   – Patient assessment
   – Diagnostic reasoning
   – Ethics
   – Humanism
   – Defining values and priorities
3. Clinical skill development (continued)

- Learning different perspectives (pt, physician, artist)
- Use of inductive reasoning
- Balance between general and specific
- Crisis management (birth, death, trauma, loss, grief)
- Holistic care (rather than fragmented)
- Treating physical, mental, emotional and spiritual problems (not just biomedical)
LCME Accreditation Standards

- On the web at www.lcme.org
- 30 pages in length

Words that do not appear in educational objectives:

- Art, artistic
- Mind, mental
- Emotions, emotional
- Spirit, spiritual, soul
- Creative, creativity
- Balance, renew, refresh, restore
- Healing, healer
- Continuity, comprehensive
IS-13. The program of medical education leading to the M.D. degree must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

IS-14. Medical schools should make available sufficient opportunities for medical students to participate in research and other scholarly activities of the faculty, and encourage and support student participation.
• IS-14-A. Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation.

• "Service-learning" is defined as a structured learning experience that combines community service with preparation and reflection. [Definition from Seifer SD. "Service-learning: Community-campus partnerships for health professions education." Academic Medicine, 73(3):273-277 (1998).]
"Sufficient opportunities" means that students who wish to participate in a service learning activity should have the opportunity to do so. To encourage student participation, medical schools could do such things as developing opportunities in conjunction with relevant communities or partnerships, providing information about available opportunities, offering elective credit for participation, or holding public presentations or public forums.
• ED-1-A. The objectives of the educational program must be stated in outcome-based terms
• ED-3. The objectives of the educational program must be made known
• ED-5. The medical faculty must design a curriculum that provides a general professional education
• ED-5-A The educational program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.
• ED-6. The curriculum must . . . allow students to acquire skills of critical judgment . . . and develop students' ability to use principles and skills wisely in solving problems of health and disease.

• ED-10. The curriculum must include behavioral and socioeconomic subjects

• ED-13. Clinical instruction must cover all organ systems

• ED-17-A. The curriculum must introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care.
The curriculum must include elective courses to supplement required courses.

There must be specific instruction in communication skills.

The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health.

Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others.
• ED-23. A medical school must teach medical ethics and human values
• ED-26. The medical school faculty must establish a system . . . that employs a variety of measures of knowledge, skills, behaviors, and attitudes.
• ED-28. There must be evaluation of problem solving, clinical reasoning, and communication skills.
TYPES OF CURRICULUM

2002 survey—65% response rate from 128 allopathic US medical schools

School involvement with the arts:
  – 21% required courses
  – 34% elective courses
  – 42% extracurricular activities

Art forms in required arts-related courses (n=26)
  – 26 (100%) literature
  – 18 (69%) visual arts
  – 8 (31%) performing arts
  – 4 (15%) music

(Rodenhauser, 2004)
TYPES OF CURRICULUM

Required
Selective
Elective
Noon lecture
Evening or weekend workshop
STRATEGIES

Align with goals of the medical school.

Not in addition to but . . . as a part of

Make someone else’s life easier—pick up part of the workload
EVALUATION OF PROGRAM

Use outcome measures

– Best: improved patient outcomes
– Intermediate markers: students improve in knowledge, skills, behavior and attitudes

Use standardized institutional evaluations

– Allows comparison
  • Yours should be the best program
– Talk to IT folks
CAVEATS

- Avoid personal agendas—not about you
- Art is not a religion—at least not in universities
- Appreciate values of students & educators
- Do not promote art
- Do not promote health
- Do promote art in health education
GETTING WHAT YOU WANT

USE PRINCIPLED NEGOTIATIONS

1. Separating People and Issues
2. Focus on Interests
3. Generate Options
4. Use Objective Criteria

CONTACT INFORMATION

Sandra L. Bertman, PhD, FT
sbertman@comcast.net
http://www.sandrabertman.com
Distinguished Professor of Thanatology and Arts
National Center for Death Education
Mount Ida College
159 Ward Street Studio 617 965-1257 (voice)
Newton, MA 02459 617 332-7273 (fax)

Richard Pretorius, MD, MPH
Associate Professor
University at Buffalo
Department of Family Medicine
462 Grider Street, Buffalo, NY 14215
pretor@buffalo.edu
716-898-3565 voice