

CREATIVITY IN MEDICAL SCHOOL – A LOOK AT THE ROLE OF CREATIVE WRITING IN MEDICAL EDUCATION

Sam Payne

Mentored by Tess Jones

Disclosures

- none



Thomas Eakins, *The Agnew Clinic* (1889)



Problem

- Medical education is rooted in observing those who practice above/around us, in creating our "physician's gaze"
- How do we support medical students as they confront the messiness and ambiguity of illness?

Aims

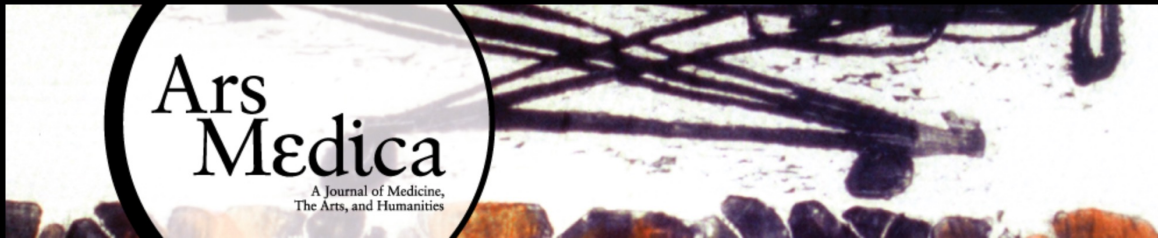
- Elucidate the role of creative writing in medical education
- Dedicate time and space for my own creative practices

Hypothesis

- Creative writing practices, both medical and non, in medical school combats medical student burnout and forms more compassionate, flexible approaches to the ambiguity of illness

Methodology

- Lit review of articles exploring creativity in medical education
- Personal publication of creative writing in a peer reviewed journal of narrative medicine



Literature Review

Commentary: **Ambiguity and Uncertainty: Neglected Elements of Medical Education Curricula?**

Vera P. Luther, MD, and Sonia J. Crandall, PhD, MS

Humanities in Undergraduate Medical Education: A Literature Review

Jakob Ousager, PhD, and Helle Johannessen, PhD

Doctors as Makers

Jay M. Baruch, MD

Narrative Medicine A Model for Empathy, Reflection, Profession, and Trust

Rita Charon, MD, PhD

The Other Side of Silence: Levinas, Medicine, and Literature

Craig Irvine

Literature and Medicine, Volume 24, Number 1, Spring 2005, pp. 8-18 (Article)

Published by Johns Hopkins University Press
DOI: <https://doi.org/10.1353/lm.2005.0027>

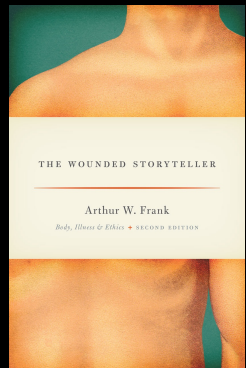
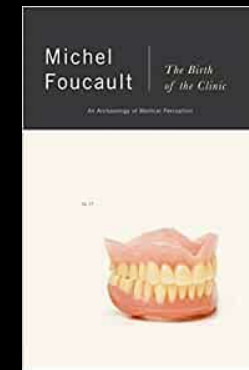


Leslie Jamison

— The Empathy Exams —

The art of medicine Narrative humility

Sayantani DasGupta
Division of General Pediatrics and Program in Narrative Medicine,
Columbia University, New York, NY 10032, USA
sd2030@columbia.edu



Creative Writing as a Medical Instrument

Jay M. Baruch

“Health care providers need to think like creative writers and the skills and sensitivities necessary to story construction deserve vital space in medical education.” – Jay Baruch

Creative Writing as a Medical Instrument

Jay M. Baruch

- Skills of creative writing
 - Non-linear process
 - Focus on characterization to construct/identify conflict
 - Interwoven narrators
 - Patent narratives = rough first drafts
 - “Build” a history don’t take it

MSA Project

 a journal of narrative medicine

FIELD NOTES | SPRING 2020

Gratitude

By Samuel Payne

For a while now, I have wanted to write an essay exploring my response to gratitude. My first thought was about writing, moments after I shook the hand of a teary-eyed Hispanic man, let's call him Daniel, whose brain injury brought him to us wheelchair-bound, months before the birth of his third child. Writing would give me a proper response. But writing about gratitude as a medical student has become a cliché—that “medicine is a calling” moment. This isn't about my own gratitude; it's about my patient's and how I have no clue where it fits in my role as a clinician.

Entering medical school, I had trouble thinking compassion was something we could teach. But I now I believe we learn compassion exactly the same way as anatomy—hands thrust in some gooey sludge of an experience, each messy moment a means of gaining new understanding and new opportunity to ask others for support. That's probably why the response to Daniel's story is so difficult—seeing a patient as inspirational prevents us from adequately caring for them. Daniel does not need me to use his story for motivation. He needs me to support his depression, even if all I have is the proverbial onion to offer.

Conclusions/Reflections

- An education in the advanced science can only get us so far
- How we confront the ambiguity and romanticization of illness requires an education and reflection of its own

Limitations

- Time is a commodity in medical school
- What faculty teach this? Compensation?
- Standardized competencies?
- Physician story telling events vs dedicated literary pedagogy

Future Direction

- Resident IM clinical elective
- Health and Society aspect of curriculum
- Continue writing



Alice Neel, *TB in Harlem* (1940)

Questions??

Acknowledgements

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