The Pathos Project:
A Study into the Development of a Humanities Curriculum in Medical School

Albert Yen[1], Alexandra Rzepka[1], Shaun Daidone MD[3], Antonio Salud II MD, MA[2], Nancy Havas MD[1]
[1]Department of Family Medicine, Medical College of Wisconsin, Milwaukee, WI 53226, USA
[2]Department of Medicine, Columbia St. Mary's Hospital, Milwaukee, WI 53211
[3]Department of Psychiatry, University of Colorado, Aurora, CO 80045

Introduction

Medical curricula has traditionally been focused on developing their student's fundamental understanding of how the human body works. An exhaustive overview of the anatomy, physiology, pathology, and pharmacology comprise the first 2 years of a traditional medical education, with the second 2 years generally consisting of student immersion into the clinical setting. This has proven to be very effective in developing technically sound, and knowledgeable physicians. However, very few medical curricula devote time and effort into the development of their student's edification on the more humanistic facets intrinsic to the practice of medicine. The courses that do exist do not have much support in educational literature to support their efficacy.[1]

Founded by medical students and physicians in 2005, the Pathos Project stems from a deep concern over this depersonalization of medical care. Compassion, empathy, and attention to the suffering patient are too often left as glaring holes during clinical interactions. While not the sole cause of this failure, deficiencies in medical training undoubtedly contribute. The viewpoint of the Pathos Project is that the development of clinical competence goes beyond merely the technical, and extends into developing the doctor-patient relationship as a whole. The ability for a physician to respond to the complex contextual interpersonal dynamics of this relationship with compassion, empathy, and a firm grounding in the patient's suffering is of vital importance in how that patient will respond to the more empirical therapies that are emphasized in the medical curricula.[2,3] The Pathos Project seeks to explore this intellectual theory behind humanistic medicine and to develop, within medical students, the dispositions necessary for the practice of person-centered healthcare.

Methods

The course is primarily conducted through participant led discussion groups consisting of 10 first and second year students, 2 second and third year co-facilitators, and 2 attending physician facilitators. At each sessions, there is a guest instructor. Guest instructors are comprised of patients, their families, physicians, hospital chaplains and ethicists, hospital leadership or any other person involved in patient wellbeing. They are expected to bring a profound, real-world perspective to these discussions.

Student participants apply for the project by completing a free-response questionnaire consisting of open ended prompts on suffering, spirituality, the patient-physician relationship, and challenges physicians face in treating patients. The co-facilitators select students to participate by evaluating their responses for sufficient effort and open-mindedness regarding the topics at each session's core.

Students in the course complete five discussion sessions during the academic year. Prior to each session, the students read assigned articles and make note of three critical discussion points the article raises. This provides a foundation for the students to build upon in each session. At the beginning of each session, these articles and discussion questions are presented to the group for further discussion. Since the Pathos Project is an experiential course, these discussions are largely student driven. Although facilitators direct the discussions, the students freely offer answers to the facilitators creating a conversational atmosphere. Rather than a question and answer session with the facilitators, the discussions involve students analyzing and debating issues with each other, and instead of hearing a lecture on humanistic medicine, the students arrive at any conclusions drawn from the course on their own. The students also try to

make connections between the topics discussed from the readings with their overall personal experience as a student in the medical training process. Therefore, connecting personal experiences with the discussion topics during the course is strongly encouraged as it contributes to the overall exploration of ideas by the group. The connections drawn upon in the discussion were visualized for the group via the construction of a concept map. Students would place the main topic in the center of the map, and from their discussion, link additional subtopics as connections became evident. An example of the concept maps can be seen in Figure 1.

Following the discussions, students speak about their ideas with patients, physicians, hospital chaplains, and other members of the healthcare system to gain deeper insight into the implications of non-physician roles, and the effect that they have on patient care. The five sessions of the course are arranged so that each session builds upon the previous one. The following progression will help to expand and deepen discussion throughout the course, and avoid the repetition of ideas:

1. Concepts of suffering and personhood
2. Spirituality and its potential to benefit the practice of medicine
3. Needs and expectations of patient compared to the duty and challenges from the physician's perspective
4. Formation process of the physician and possibility of "teaching compassion"
5. The institution of medicine & self-evolution – "The Medical Carnivalesque"

At the completion of the course, students are required to answer the same free-response questionnaire used as the application. This allows for fidelity in comparison of the students pre-

and post-course responses, thus allowing facilitators to infer the impact the project has had on the students. These responses are analyzed via qualitative analysis software as well as personally by the course facilitators. Cluster word diagrams are generated from this software based on the frequency and significance of word usage in student responses.

Results

Themes have emerged upon investigator review of the surveys, which were subsequently processed with qualitative software to confirm investigators' findings. The data demonstrates that while students' viewpoints fundamentally did not change, the depth and conviction of their thought process and perspectives had deepened. Both surveys consisted of students responding to all questions in an empathic manner, consistent with their intentions of providing excellent patient care, which is characteristic of most students entering the medical field. Differences arose between the surveys with respect to the complexity and intensity of their responses. Pre-course responses demonstrated abstract concepts of "physicians" helping "people", whereas post-course reactions discussed more concrete patterns of thought utilizing specific actions such as "listening" as well as targeting the focus of interventions on a patient's perceived "loss."

This was further evidenced by the construction of the cluster word diagrams. These diagrams demonstrated a higher propensity to utilize the aforementioned action words in post-course survey. An example of pre- and post-course diagrams can be seen in Figures 2 and 3, respectively.

Discussion

These results show that by the end of the Pathos Project course students have developed a more substantial understanding of what it means to be a humanistic-focused physician treating patients. The responses of the post-course surveys show an increasing focus on specific humanistic themes and attention to detail. This demonstrates the students' growing perspective on the critical issues emphasized by the Pathos Project.

Pre-session articles allow students to develop their own ideas on the topic of the session, while providing a uniform platform for which students to build off of during group discussions. The small group discussions allow for the students to further develop these thoughts by challenging each other's assertions and refining their ideas. Facilitators provide an added layer of contention, forcing the students to move away from their generalized concepts about physician's responsibilities and fostering their perspectives for a more nuanced approach to patient care. This is immediately evident based on the construction of their concept maps. These maps helped provide tangible links between the disparate ideas generated by the students, which serves to reinforce each student's own interconnections and approaches to the specific topic.

The guest instructors offer a tangible means of looking at healthcare from a non-physician frame of reference. They provide a valuable perspective on the different facets of health care not elucidated via traditional medical curriculum. This further reinforces the student's development of a more humanistic patient-physician relationship. Overall, the students seem to have gained a better understanding of the role of empathy in patient care and have begun to develop their own unique ways of integrating personalized practices into their patient care. This is evidenced by post-course student responses that clustered on specific actions used to aid patient care, as seen in the cluster word diagrams.

Though this is a small interventional group, the data suggest that this course will enhance the student's ability to interact with their patients in a more humanistic manner as they continue through their medical careers. The true efficacy of this project cannot be fully appreciated until the participating students enter into clinical practice and utilized the mindset gained through the Pathos Project. Future goals for the Pathos Project include additional iterations of the course, longitudinal follow-up with project alumni, and revision of pre- and post-course evaluation techniques.

Student Contribution

The third-year student co-facilitators (Albert and Alex) played an important and identical role in all aspects of carrying out the Pathos Project including:

- Writing and editing the application questionnaire
- Recruiting and selecting the participating students
- Obtaining proper IRB approval including completing paper work and communicating with the necessary staff at the Medical College of Wisconsin and Columbia St. Mary's Hospital to ensure the Pathos Project ran smoothly
- Coordinating scheduling between students and facilitators to ensure optimum attendance at each session
- Serving as the primary contact for participating students and as a liaison between participating students and attending physician facilitators
- Recruiting some of the guest instructors, and coordinating with attending physicians their schedule to allow for guest instructors to participate
- Developing and revising the curriculum for each session with appropriate support from attending physicians
- Co-facilitating each session along with the attending physicians
- Analyzing the responses to pre- and post-course questionnaires
- Co-authoring all written dissemination of the Pathos Project results
- Presented the Pathos Project at a national research forum (Albert)
- Orally disseminating results to peers in a podium presentation at the Pathways Scholarship Forum

References

[1] Ousager, Jakob, et al. "Humanities in Undergraduate Medical Education: A Literature Review." *Academic Medicine*. 85.6 (2010): 988-998. Print.

[2] Shapiro, Johanna, et al. " Training the clinical eye and mind: using the arts to develop medical students' observational and pattern recognition skills." *Medical Education*. 40.3 (2006): 263-268. Print.

[3] Shapiro, Johanna, et al. " Medical Humanities and Their Discontents: Definitions, Critiques, and Implications." *Academic Medicine*. 84.2 (2009): 192-198. Print.

Figures

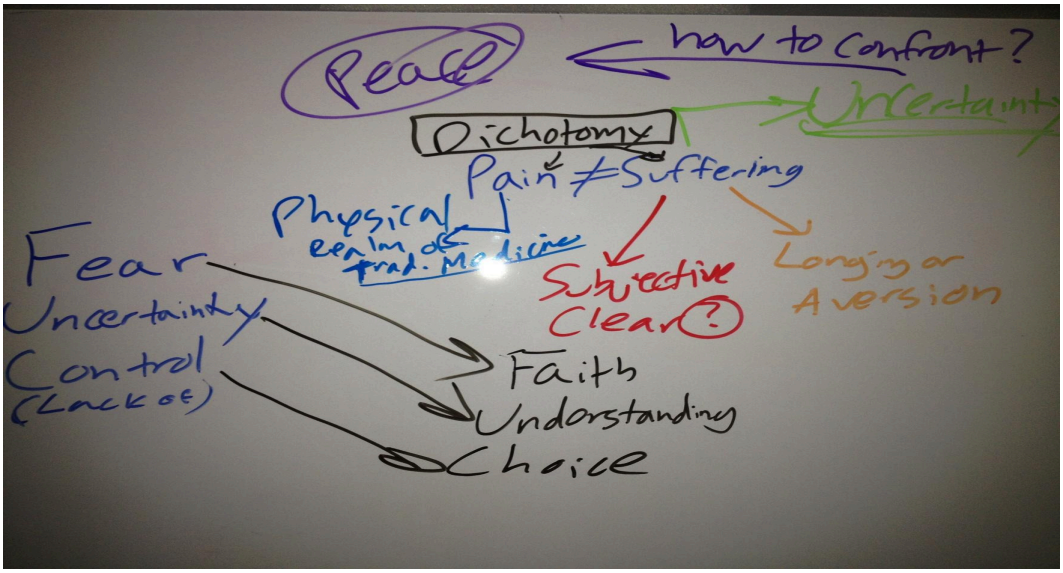

Figure 1 - Concept Map – Students developed these concept maps during their discussion of various topics during each session

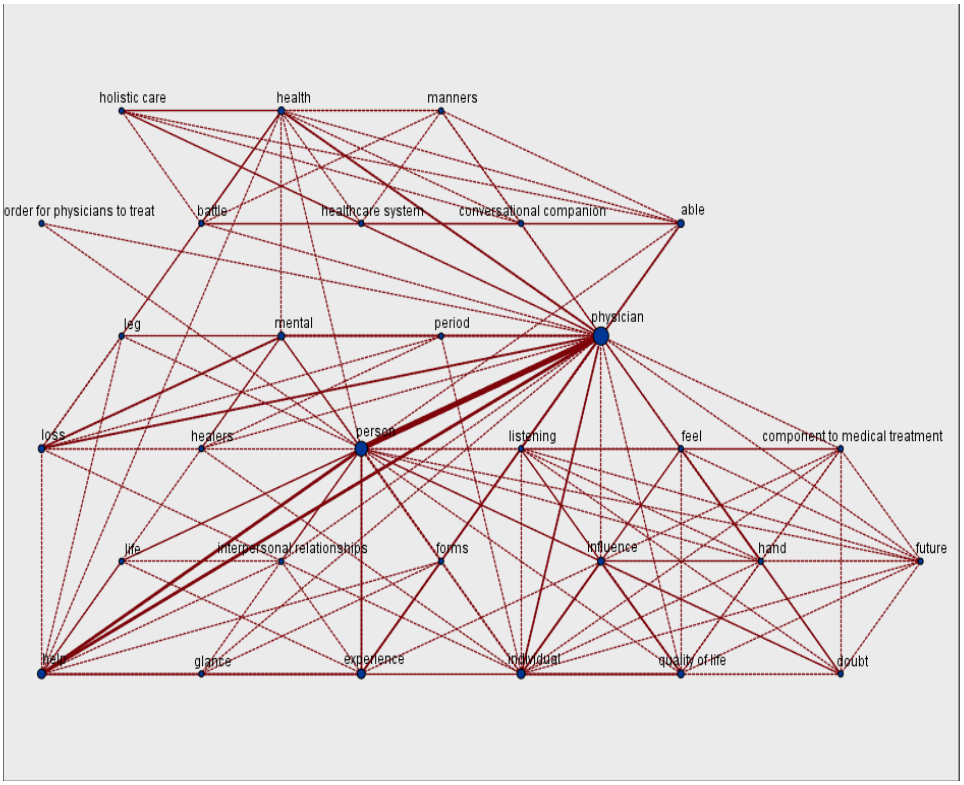

Figure 2 - Pre-course Responses – Students responded in abstract concepts such as “helping people”

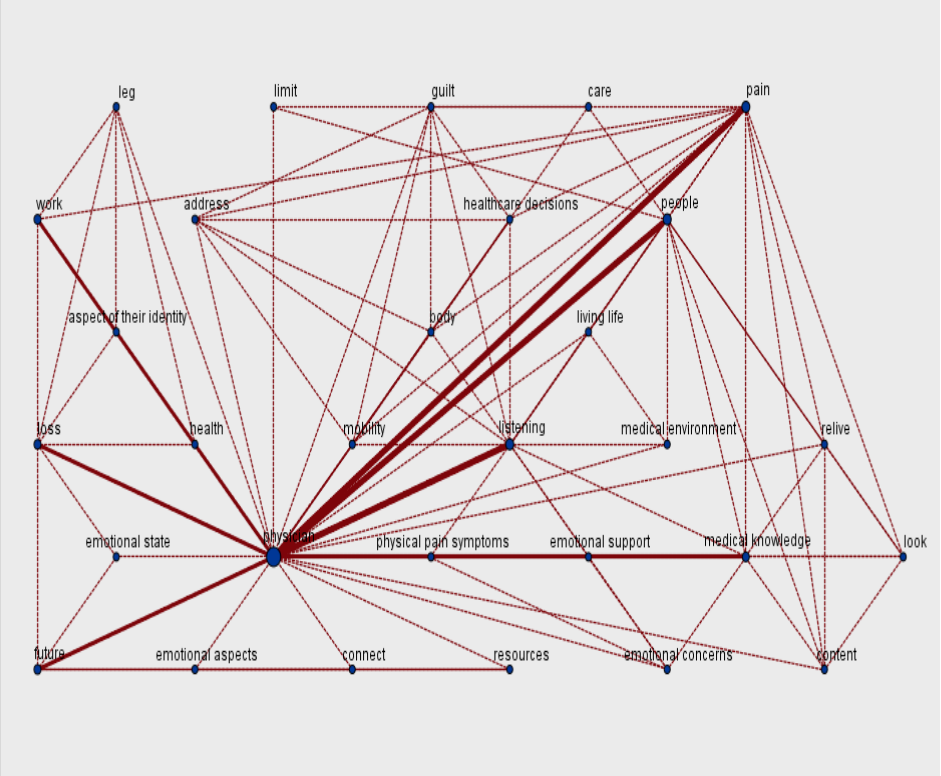

Figure 3 - Post-course Responses – Students responded in more direct and resolute terms involving specifics such as “listening” and perceiving patient’s “loss”