THAT RELATIONSHIP OFTEN REVOLVES AROUND THIS KEY QUESTION...

IN THE WAKE OF THE COVID-19 PANDEMIC, HEALTH CARE PROVIDERS ARE MORE AWARE THAN EVER OF THE ISSUE OF HEALTH EQUITY.

MANY HEALTH CARE ISSUES ARE STRUCTURAL, BUT MANY ALSO COME DOWN TO THE CAREGIVER-PATIENT RELATIONSHIP.

IN OTHER WORDS, DOES THE PATIENT TRUST THE DOCTOR ENOUGH TO SHARE THE WHOLE STORY?

THE ANSWER TO THAT QUESTION IS OFTEN AT THE ROOT OF THE PATIENT’S HEALTH.

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In late 2019, Dr. Chin wrote a perspective piece about this issue for *JAMA Internal Medicine*...

The U.S. has tremendous health inequities.

This term "equity" means everyone having a fair opportunity to have the best potential health. [But] we have a health care system set up in such a way that prevents many people from realizing that.

Dr. Marshall H. Chin studies health equity issues at UChicago Medicine.

When you look at health outcomes for many different kinds of conditions,... [there are] massive inequities where disadvantaged populations do worse.

"[But] many of the issues... occur on a very individual level, between a clinician and a patient."

Too often, patients... perceive that clinicians have not listened to them or understood their values, views, and preferences.

Yada, yada, yada.
IN 2001, DR. MOHAMMADREZA HOJAT OF JEFFERSON UNIVERSITY DEVELOPED THE JEFFERSON SCALE OF PHYSICIAN EMPATHY.™

AS HE EXPLAINED IN A 2019 INTERVIEW WITH THE PHILADELPHIA INQUIRER...

IN THE CONTEXT OF PATIENT CARE, WE DEFINE EMPATHY AS A PERSONALITY ATTRIBUTE THAT INVOLVES THREE CONCEPTS...

"ONE INVOLVES UNDERSTANDING OF A PATIENT'S EXPERIENCES, CONCERNS, AND SUFFERING."

"SECOND IS THE ABILITY TO COMMUNICATE THIS UNDERSTANDING."

"AND THIRD, THE INTENTION TO HELP."

THE JEFFERSON SCALE IS NOW WIDELY USED IN VARIOUS ACADEMIC AND PRACTICAL CONTEXTS, INCLUDING MEDICAL RESEARCH.
"Patients from racial/ethnic, sexual, and gender minorities receive particularly poor communication, engendering mistrust."

"Good listening is especially important for patients who are marginalized."

\[
\text{Lorem ipsum dolor sit amet,}\quad \text{consectetur adipiscing elit,}\quad \text{sed do eiusmod tempor incididunt ut labore et dolore magna aliqua, etc.}
\]

Unfortunately, research shows that empathy toward patients actually declines as students go through med school.

And research shows that students who gravitate toward tech-oriented specialties like radiology, pathology, and anesthesiology tend to score lower on the empathy scale.

So how can we strengthen the bonds of empathy and trust between clinicians and patients?

Studies also find that med students with higher levels of school debt tend to be significantly more empathetic with their patients.
AS IN THE WIDER WORLD, MANY STUDENTS DON'T FEEL COMFORTABLE TALKING ABOUT THESE ISSUES.

IN 2020, DR. CHIN INTRODUCED A SERIES OF WORKSHOPS DESIGNED TO HELP STUDENTS HONE SKILLS LIKE EMPATHY, ACTIVE LISTENING, AND OBSERVATION.

THE GOALS OF THE WORKSHOPS ARE FOR STUDENTS TO DEVELOP KEY EMPATHY SKILLS:

- LISTENING
- BUILDING RELATIONSHIPS
- RECOGNIZING HOW THE PATIENT PERCEIVES YOU

HEALTH EQUITY HAS BEEN A CORE COURSE AT UCHICAGO MEDICINE FOR MORE THAN A DECADE.

THE COURSE ADDRESSES SYSTEMIC RACISM, SOCIAL PRIVILEGE -- AND ACKNOWLEDGING AND CONFRONTING BIAS.

IT'S ONE THING TO SAY, "BE OPEN, BE CULTURALLY SENSITIVE," ETC. BUT IT'S DIFFERENT TO PUT THESE IDEAS INTO ACTION.

THE COURSE ADDRESSES SYSTEMIC RACISM, SOCIAL PRIVILEGE -- AND ACKNOWLEDGING AND CONFRONTING BIAS.

THERE MAY BE ABOUT TEN PERCENT WHO ARE RESISTANT FOR ONE REASON OR ANOTHER....

THEY MAY BE COMING FROM A BACKGROUND WHERE THEY JUST MAY NOT HAVE HAD A LOT OF EXPOSURE TO THIS.

SO IT'S IMPORTANT TO CREATE...

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One of the core exercises is improvisational theater. Improv starts with a suggestion from the audience -- the other students.

Clinicians need to be nimble in their communication, listening and adapting on the fly.

Other workshops focus on principles of standup comedy and an aesthetic method called "Theater of the Oppressed."

"In Theater of the Oppressed, ... audience members ... replace actors in mid-performance to improvise how they would help the characters experiencing oppression to improve their situations, such as a power imbalance."

As Dr. Chin writes... respectful, collaborative engagement is critical with patients and among partners in health teams.

Listening is key to the whole clinician-patient interaction.

*Written with Nicola M. Orlov, Brian C. Callender, James A. Dolan, Doriane C. Miller, Monica E. Peek, Jennifer M. Rusecki, and Monica B. Vela.
MED SCHOOLS HAVE ALSO BEGUN TURNING TO IMMERSIVE VIRTUAL REALITY AS AN EMPATHY-ENHANCING TOOL.

In 2019, The Zucker School of Medicine and Northwell Health created a V.R. module in which faculty and staff assumed the avatar of Michael Sterling, a fictional black male, at three different points in his life.

At each stage, Michael was subjected to various types of racist encounters.

Participants “reported... that the session enhanced their own empathy for racial minorities.”

“A majority of the more than 100 participants promised that their approach to communication would change.

V.R. has also been used in training students in pediatric dentistry...

(AND IN CARING FOR OLDER PATIENTS AND AGE-RELATED DISEASES.)

(The results were assessed using the Jefferson Scale.)

*“Cultivating Empathy Through Virtual Reality: Advancing Conversations About Racism, Inequity, and Climate in Medicine,” Academic Medicine, Dec. 2020
ANOTHER GROWING TECHNIQUE FOR FOSTERING EMPATHY IS THE FIELD OF GRAPHIC MEDICINE.

IN RECENT YEARS, GRAPHIC MEDICINE HAS EXPLODED IN POPULARITY WITH ANNUAL CONFERENCES, MANY BOOKS AND ARTICLES, AND AN ANNUAL "BEST OF" FEATURE IN JAMA.

LIKE ITS COUSIN "NARRATIVE MEDICINE," THE PREMISE OF GRAPHIC MEDICINE IS THAT TELLING MEDICAL STORIES IN COMICS FORM HELPS PROMOTE EDUCATION AND HEALING.


I GOT NO STRENGTH, DOCTOR.

FROM OUR CANCER YEAR, BY PEKAR, BRABNER, AND STACK (1993).

AFTER ALL, COMICS ENGENDER A STRONG SENSE OF EMPATHY FOR THE "CHARACTERS" IN THE STORIES.

THE STORIES HAVE A CERTAIN IMMEDIACY.

AS WILLIAMS NOTES, THE FORM CAN BE THERAPEUTIC FOR BOTH PATIENTS AND DOCTORS/CAREGIVERS.

A book called The Graphic Medicine Manifesto provides a good introduction to the field.

Medical students are now routinely encouraged to examine the complex emotions elicited by their first immersion in the world of illness.

Doing so aloud or in prose works for some, but not for all, and it turns out that sketching a set of comic panels can be a powerful alternative.

A 2016 article in the Journal of American Radiology explored using graphic medicine as a teaching tool for invoking empathy from both the physician and the patient during a clinical encounter.

It featured a comic with dual narratives -- one from the P.O.V. of the medical staff and one from that of the patient -- during a common radiologic procedure.

The purpose was to “portray microencounters that have the potential for conflict and represent opportunities for effective communication.”

The authors call it a “colearning experience.”

The New York Times Book Review
Abigail Zuger, M.D. (June 29, 2015)

Graphic medicine can be used as processing, stress reduction, and even art therapy.

Participants -- students, faculty, and staff -- read and discuss how bioethical issues are represented in graphic medicine, and they draw their own comics.

The N.Y.U. Grossman School of Medicine features a six-week graphic medicine seminar, taught by artist-in-residence Kriota Willberg, a published cartoonist with a clinical background in massage therapy.

Writer: Patricia F. Anderson. Artist: Elise Wescom

Abigail Zuger, M.D. (June 29, 2015)
"SYMPTOMS ARE SUBJECTIVE -- PAIN, DIZZINESS, COGNITIVE ISSUES, OR ANXIETY, OR A MIGRAINE."

"THINGS THAT THE PATIENT HAS TO REPORT THAT THE DOCTOR HAS NO WAY OF MEASURING."

"THE FIRST CLASS IS DRAWING SIGNS AND SYMPTOMS."

"VISUAL SIGNS -- SWELLING, BLEEDING, OR SOMETHING ELSE."

"STUDENTS CREATE "ORGAN MASCOTS.""

"IN MEDICAL SITUATIONS THERE AREN'T THAT MANY PEOPLE WITH AN ACTIVE SENSE OF HUMOR. BUT I USE HUMOR AS A COPING MECHANISM -- AND OTHER PEOPLE DO TOO."

"OTHER ASSIGNMENTS INCLUDE DRAWING AUTOBIOGRAPHICAL STRIPS."

"AS THE WORKSHOP PROGRESSES, THE STUDENTS START TO REVEAL MORE PERSONAL STORIES. THESE AUTOBIOGRAPHICAL COMICS START TO BECOME MORE AND MORE REVELATORY."

"HER WORKSHOP WELCOMES DISCUSSIONS OF EQUITY."

"I'VE RECEIVED COMICS FROM STUDENTS OF COLOR WHO HAVE EXPERIENCED DIFFERENT RACIAL ENCOUNTERS AS PATIENTS THAT CAN BE VERY REVEALING."

"ONE OF WILLBERG’S MAIN GOALS IS TO HAVE HER STUDENTS...

...MAKE COMICS THAT HELP PEOPLE REALIZE THAT THEIR HEALTH CARE PROVIDERS ARE REAL PEOPLE."

"WILLBERG HAS TAUGHT SIMILAR WORKSHOPS IN A VARIETY OF DIFFERENT MED SCHOOLS ALL OVER THE WORLD."
A number of med schools have integrated graphic medicine courses into their curricula.

One example is Dr. Michael J. Green’s course at Penn State Health Milton S. Hershey Medical Center.

What comics can teach us about the culture of medicine and (mis)treatment of medical students.

...to make comics and illustrations that explain difficult-to-understand medical concepts to his patients...

...as well as to tell truths about the stresses of life as a doctor.

Dr. Green discussed his graphics medicine course in a 2015 Academic Medicine article...

Course assessments indicate that students believe creating a comic can significantly improve a variety of doctoring skills and attitudes...

...including empathy, communication, attention to nonverbal cues, and awareness of physician bias.

In a similar vein, Dr. Michael Natter, an endocrinologist at N.Y.U. Langone, uses his art background...

Teaching empathy is a tough challenge.

But there are hopeful signs.

This class opened up a whole new way to express myself.

Student comments:

I think it helped me understand the patient experience better than any readings ever have.
Dr. Chin of UChicago Medicine is a proponent of graphic medicine as well, it gets back to his ethos that...

Listening is key to the whole clinician-patient interaction.

The graphic medicine exercise that Dr. Chin uses goes like this...

Do a self-portrait, and then start building it out.

Put in some objects that are important to you.

Put yourself in... an environment that's important to you.

It helps people realize that, yeah, they're individuals, but then they're part of this wider web of relationships, and places, and context.

And this is something that's pushed in patient care.

It's not just a patient as an individual but they're embedded within a certain neighborhood, socioeconomic context, and geography.

End.