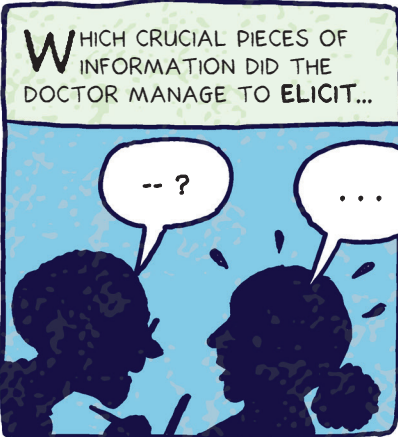
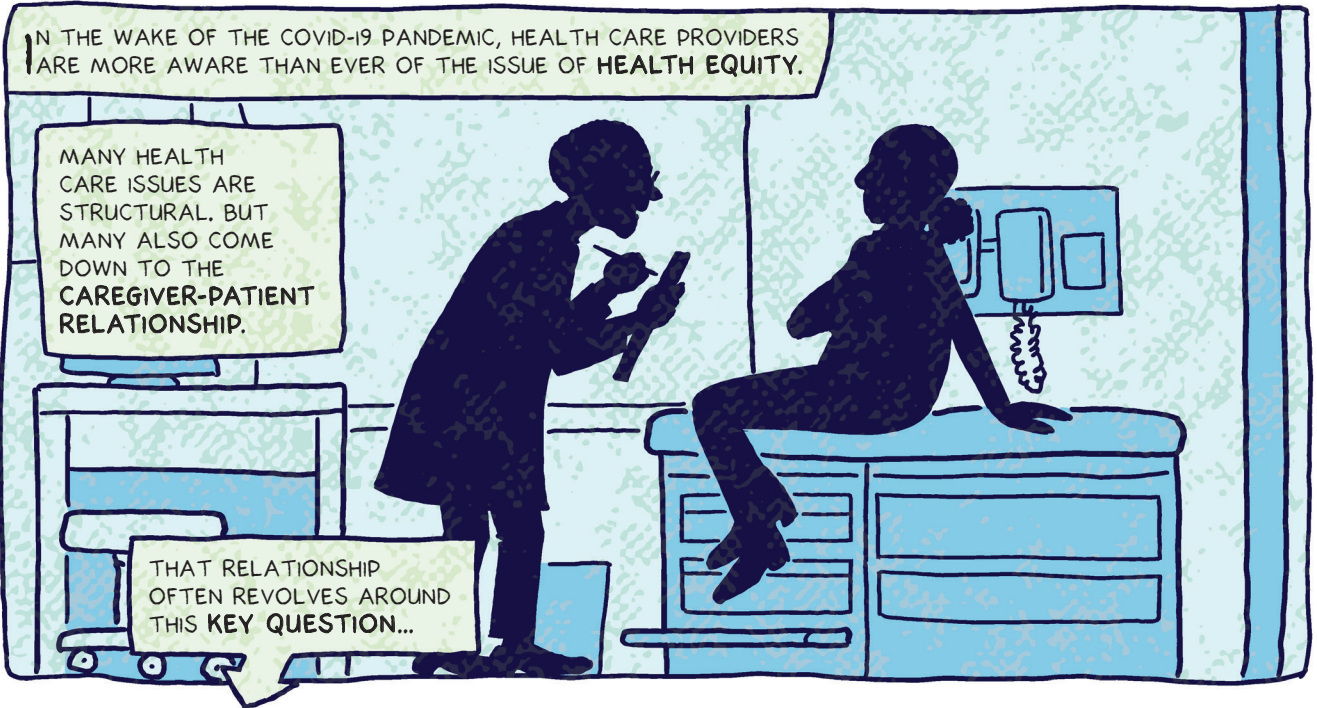


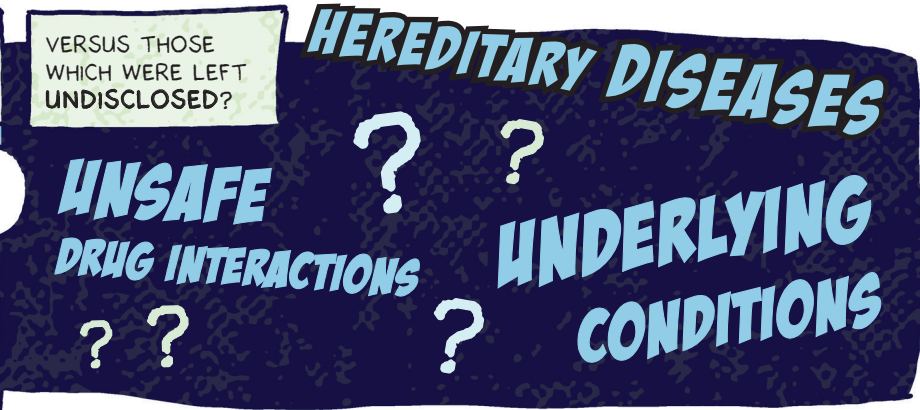
EMPATHY 101

How Medical Schools are Using IMPROV THEATER, VIRTUAL REALITY, and COMICS to Help Physicians Understand Their Patients

BY Josh Neufeld

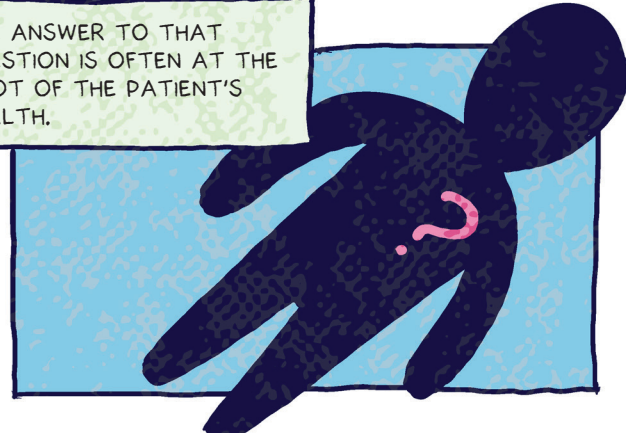


WHICH CRUCIAL PIECES OF INFORMATION DID THE DOCTOR MANAGE TO ELICIT... VERSUS THOSE WHICH WERE LEFT UNDISCLOSED?



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.

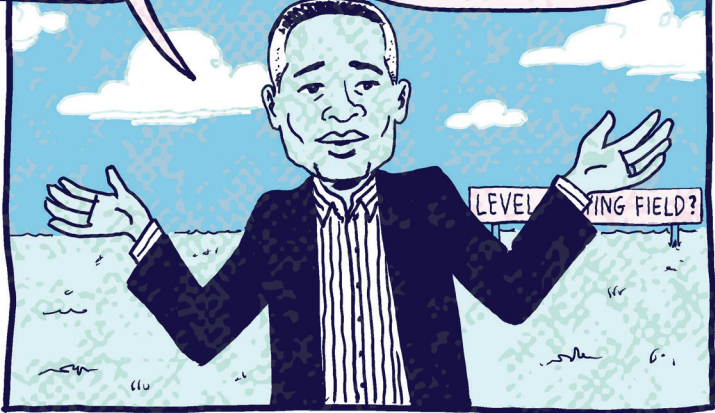




THE U.S. HAS **TREMENDOUS** HEALTH INEQUITIES.

THIS TERM **"EQUITY"** MEANS EVERYONE HAVING A FAIR OPPORTUNITY TO HAVE THE BEST POTENTIAL HEALTH.

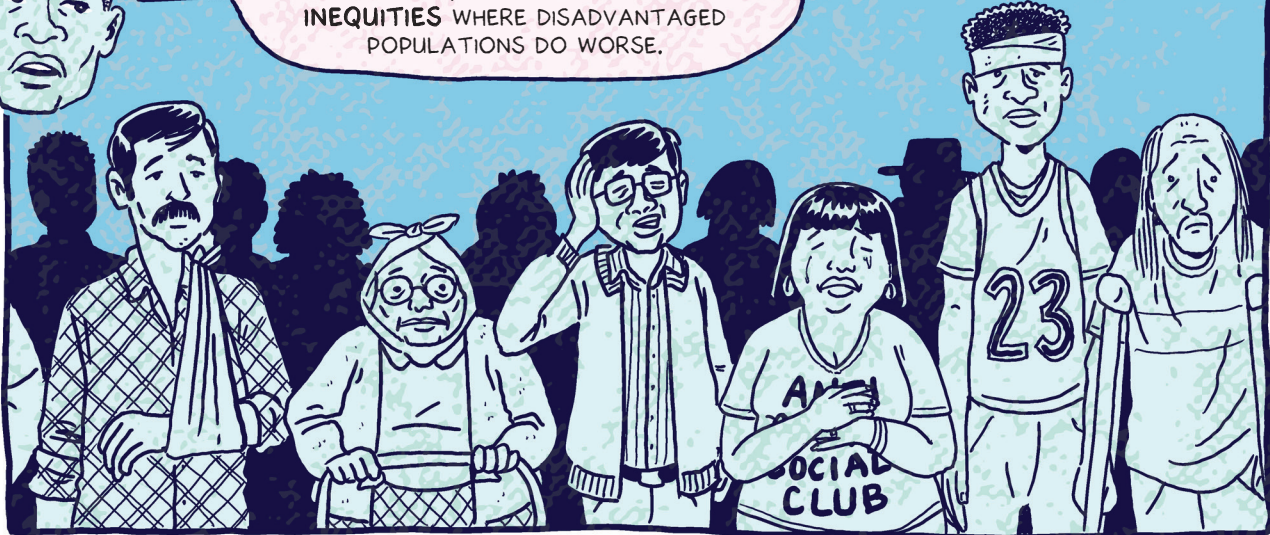
[BUT] WE HAVE A HEALTH CARE SYSTEM SET UP IN SUCH A WAY THAT **PREVENTS** MANY PEOPLE FROM REALIZING THAT.



DR. MARSHALL H. CHIN STUDIES HEALTH EQUITY ISSUES AT **UCHICAGO MEDICINE**.



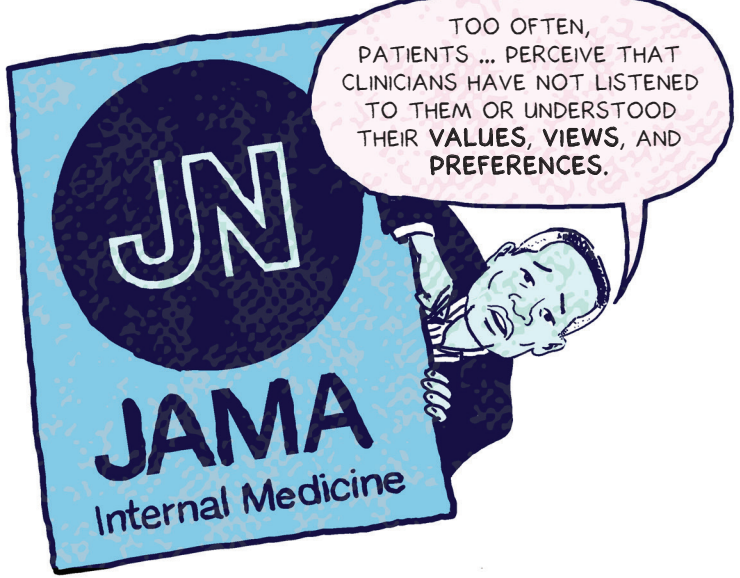
WHEN YOU LOOK AT HEALTH OUTCOMES FOR MANY DIFFERENT KINDS OF CONDITIONS,... [THERE ARE] **MASSIVE INEQUITIES** WHERE DISADVANTAGED POPULATIONS DO WORSE.

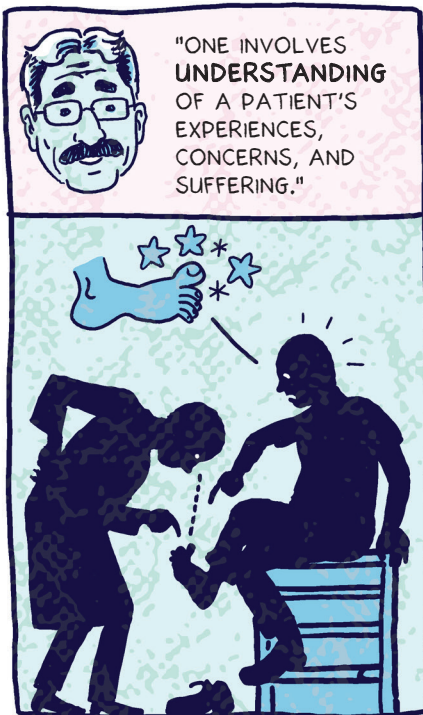
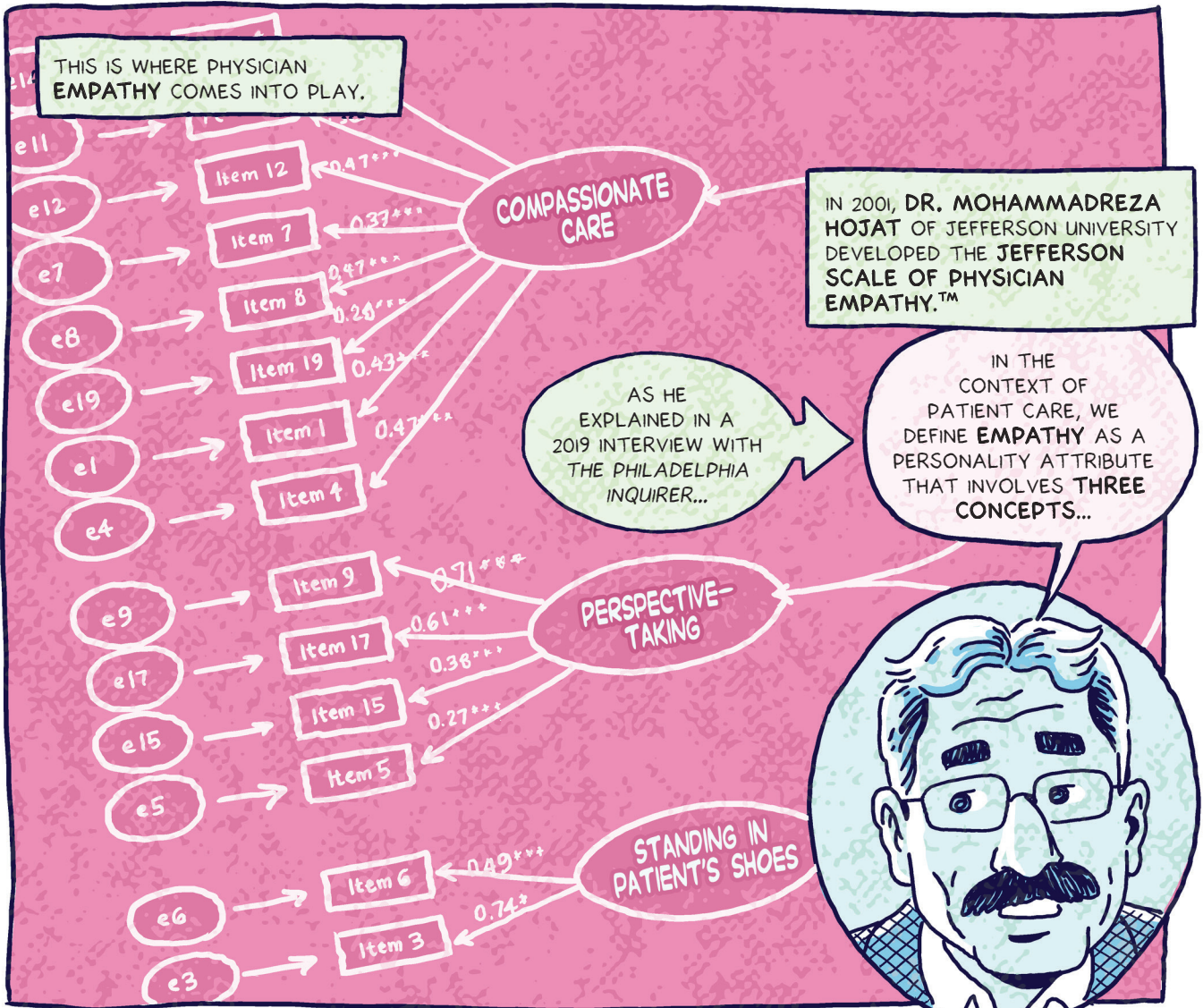


"[BUT] MANY OF THE ISSUES... OCCUR ON A VERY INDIVIDUAL LEVEL, BETWEEN A CLINICIAN AND A PATIENT."



IN LATE 2019, DR. CHIN WROTE A **PERSPECTIVE** PIECE ABOUT THIS ISSUE FOR **JAMA INTERNAL MEDICINE**...





THE JEFFERSON SCALE IS NOW WIDELY USED IN VARIOUS ACADEMIC AND PRACTICAL CONTEXTS, INCLUDING MEDICAL RESEARCH.

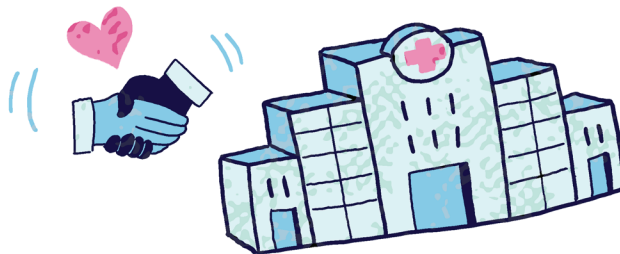
"PATIENTS FROM RACIAL/ETHNIC, SEXUAL, AND GENDER MINORITIES RECEIVE PARTICULARLY **POOR COMMUNICATION**, ENGENDERING MISTRUST."

医生
我的背
很痛

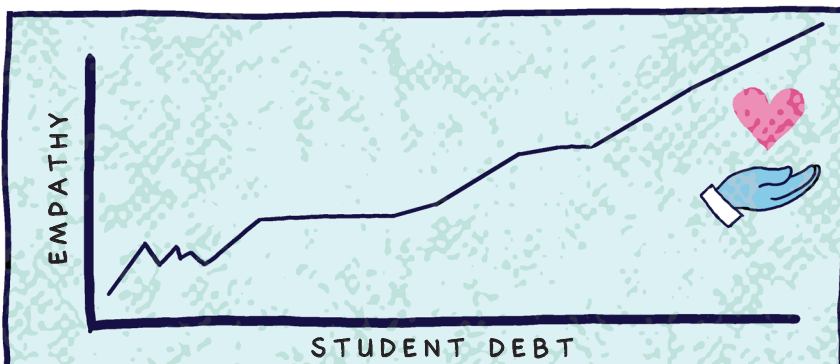
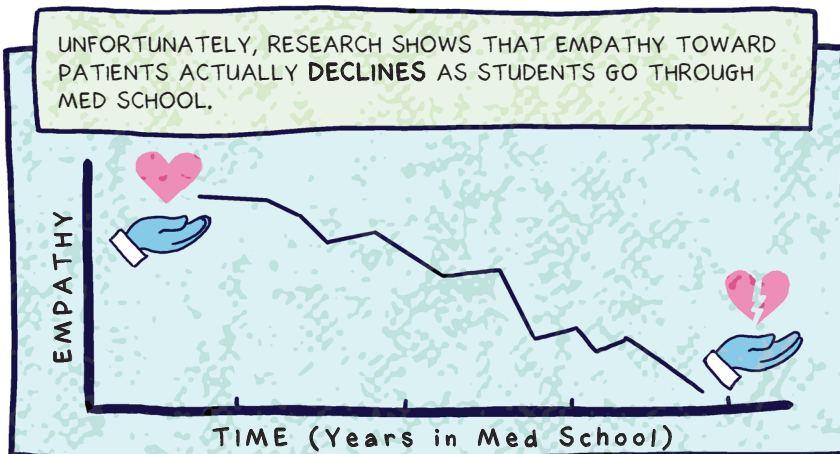
LOREM IPSUM DOLOR SIT AMET, CONSECTETUR ADIPISCING ELIT, SED DO EIUSMOD TEMPOR INCIDIDUNT UT LABORE ET DOLORE MAGNA ALIQUA, ETC.

"GOOD LISTENING IS ESPECIALLY IMPORTANT FOR PATIENTS WHO ARE **MARGINALIZED**."

SO HOW CAN WE **STRENGTHEN** THE BONDS OF EMPATHY AND TRUST BETWEEN CLINICIANS AND PATIENTS?



MEDICAL SCHOOL SEEMS LIKE A GOOD PLACE TO START!



STUDIES ALSO FIND THAT MED STUDENTS WITH HIGHER LEVELS OF SCHOOL **DEBT** TEND TO BE SIGNIFICANTLY **MORE EMPATHETIC** WITH THEIR PATIENTS.

AND RESEARCH SHOWS THAT STUDENTS WHO GRAVITATE TOWARD TECH-ORIENTED SPECIALTIES LIKE **RADIOLOGY, PATHOLOGY, AND ANESTHESIOLOGY** TEND TO SCORE **LOWER** ON THE EMPATHY SCALE.

WHAT -- IS -- YOUR -- MAJOR -- MALFUNCTION?

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.

AS IN THE WIDER WORLD, MANY STUDENTS DON'T FEEL COMFORTABLE TALKING ABOUT THESE ISSUES.

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



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



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...

...A SAFE, COURAGEOUS SPACE FOR EVERYONE.



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

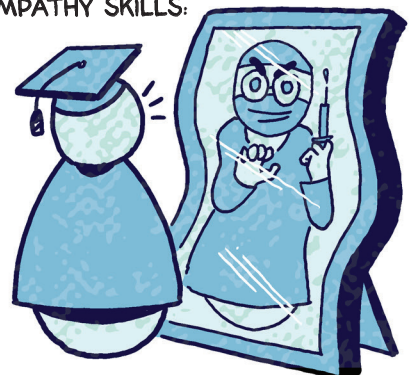
LISTENING



BUILDING RELATIONSHIPS



RECOGNIZING HOW THE PATIENT PERCEIVES YOU.



ONE OF THE CORE EXERCISES IS **IMPROVISATIONAL THEATER**.

CLINICIANS NEED TO BE **NIMBLE** IN THEIR COMMUNICATION, LISTENING AND ADAPTING ON THE FLY.



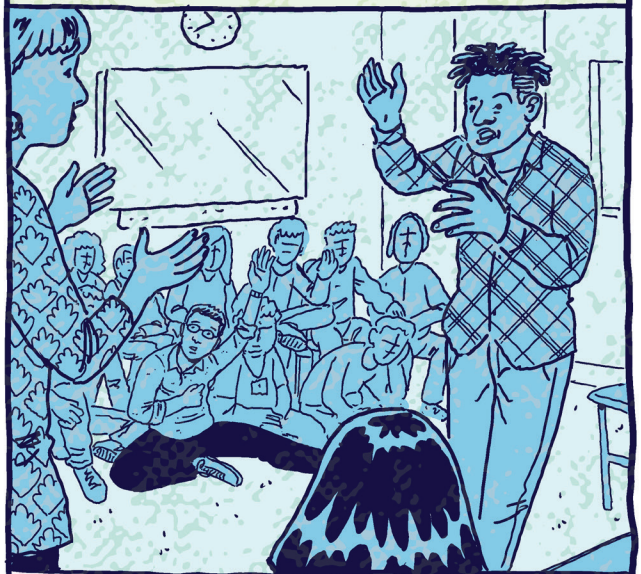
IMPROV POWERFULLY TEACHES THESE PRINCIPLES THROUGH FUN, ACTIVE, EXPERIENTIAL LEARNING AND **IMMEDIATE**, UNFILTERED AUDIENCE FEEDBACK.



"IMPROV STARTS WITH A SUGGESTION FROM THE AUDIENCE -- THE OTHER STUDENTS."



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.



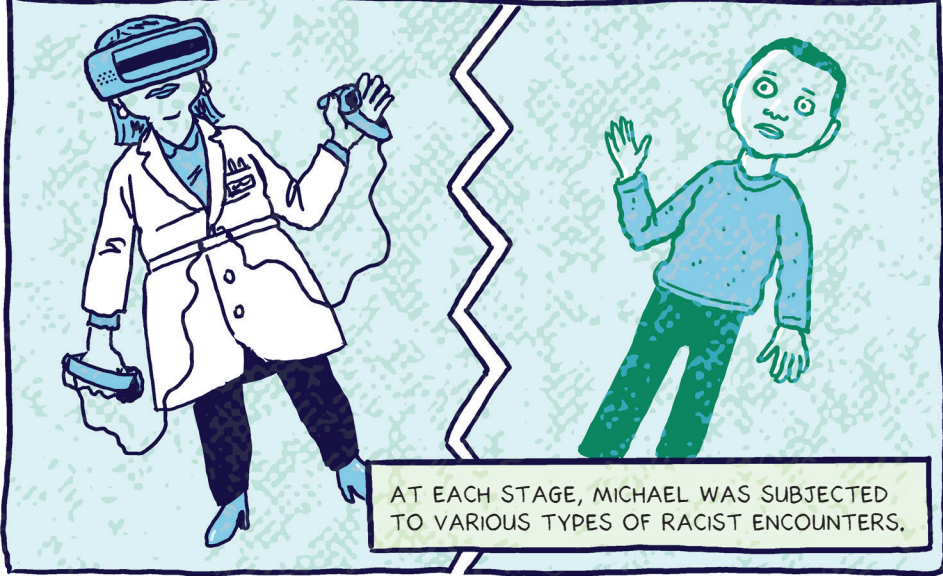
ACADEMIC MEDICINE Dec. 2022
"Improv and Standup Comedy, Graphic Medicine, and Theatre of the Oppressed to Teach Advancing Health Equity"

*Written with NICOLA M. ORLOV, BRIAN C. CALLENDER, JAMES A. DOLAN, DORIANE C. MILLER, MONICA E. PEEK, JENNIFER M. RUSIECKI, 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."^{*}

^{*}"CULTIVATING EMPATHY THROUGH VIRTUAL REALITY: ADVANCING CONVERSATIONS ABOUT RACISM, INEQUITY, AND CLIMATE IN MEDICINE," ACADEMIC MEDICINE, DEC. 2020



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**...

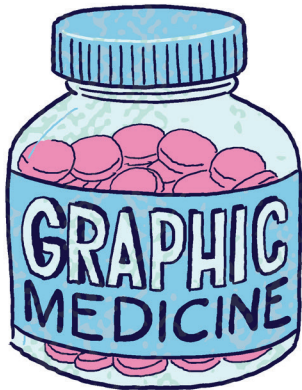


(THE RESULTS WERE ASSESSED USING THE **JEFFERSON SCALE**.)

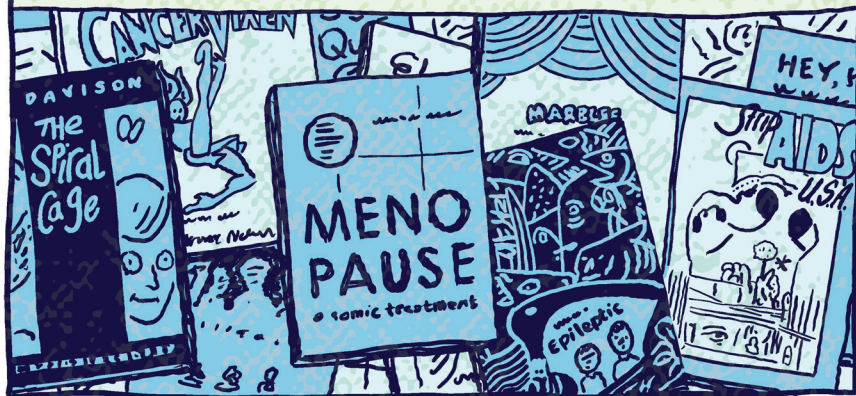
AND IN CARING FOR **OLDER** PATIENTS AND AGE-RELATED DISEASES.



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.



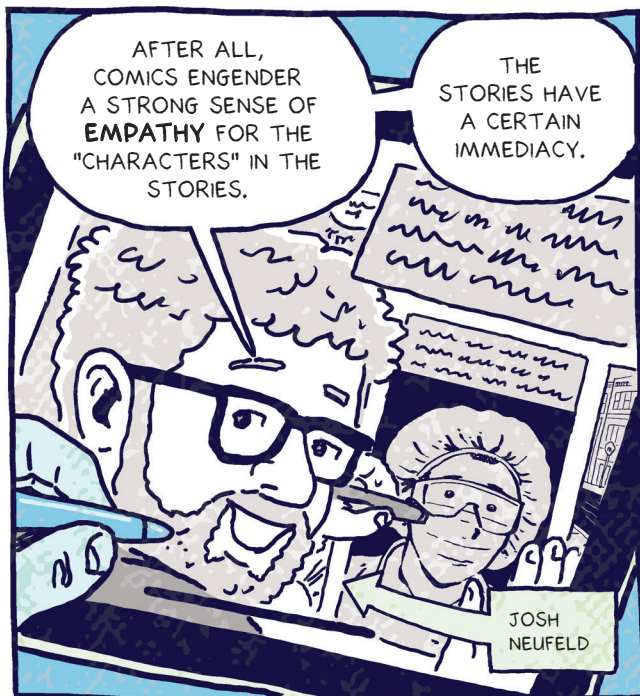
LIKE ITS COUSIN "NARRATIVE MEDICINE," THE PREMISE OF GRAPHIC MEDICINE IS THAT TELLING MEDICAL STORIES IN COMICS FORM HELPS PROMOTE **EDUCATION AND HEALING**.



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

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

THE STORIES HAVE A CERTAIN IMMEDIACY.



IAN WILLIAMS, A BRITISH M.D. AND CARTOONIST, COINED THE TERM "GRAPHIC MEDICINE" IN 2007.



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



FROM *THE BAD DOCTOR: THE TROUBLED LIFE AND TIMES OF DR. IWAN JAMES* BY IAN WILLIAMS (2015).

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.



The New York Times
BOOK REVIEW

ABIGAIL ZUGER, M.D. (JUNE 29, 2015)

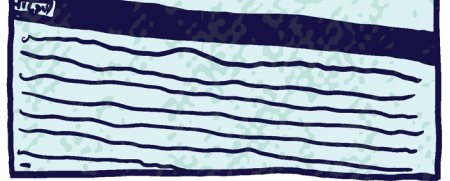


A 2016 ARTICLE IN THE JOURNAL OF AMERICAN RADIOLOGY EXPLORED USING GRAPHIC MEDICINE AS A TEACHING TOOL FOR INVOKING EMPATHY FROM BOTH THE PHYSICIAN AND THE PATIENT DURING A CLINICAL ENCOUNTER.

ORIGINAL ARTICLE

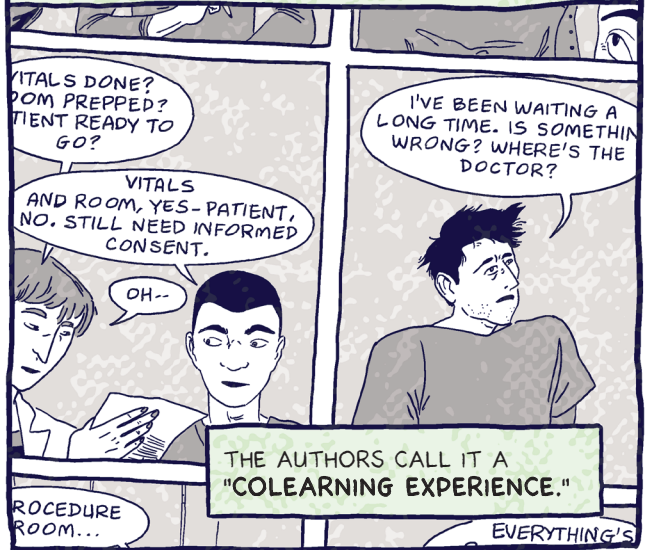
Difficult Doctors, Difficult Patient Building Empathy

Patricia F. Anderson, MD, Elise Wescom, LPA, and C. C. Coker, MD



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."



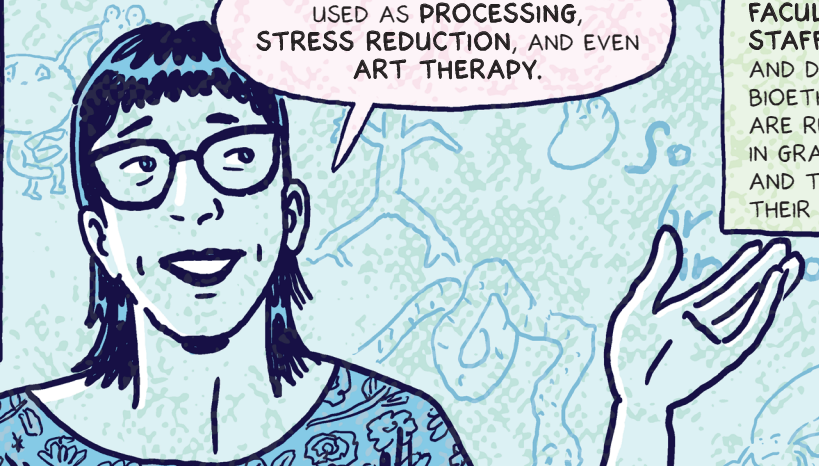
WRITER: PATRICIA F. ANDERSON, ARTIST: ELISE WESCOM

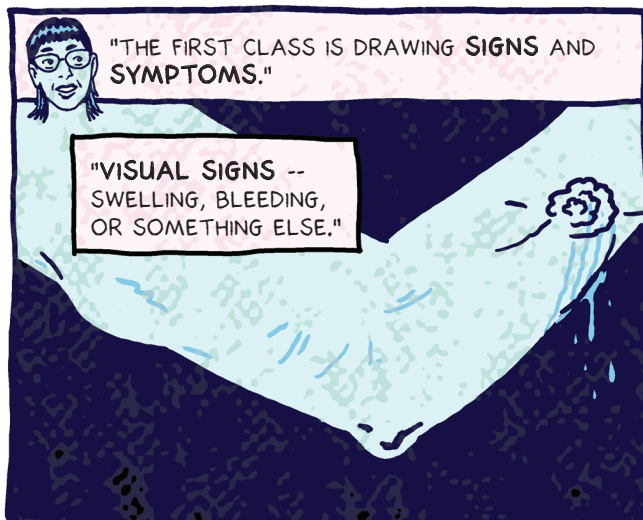
THE AUTHORS CALL IT A "COLEARNING EXPERIENCE."

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.

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 FIRST CLASS IS DRAWING **SIGNS** AND **SYMPTOMS**."

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

"**SYMPTOMS ARE SUBJECTIVE**

-- PAIN, DIZZINESS, COGNITIVE ISSUES, OR ANXIETY, OR A MIGRAINE."

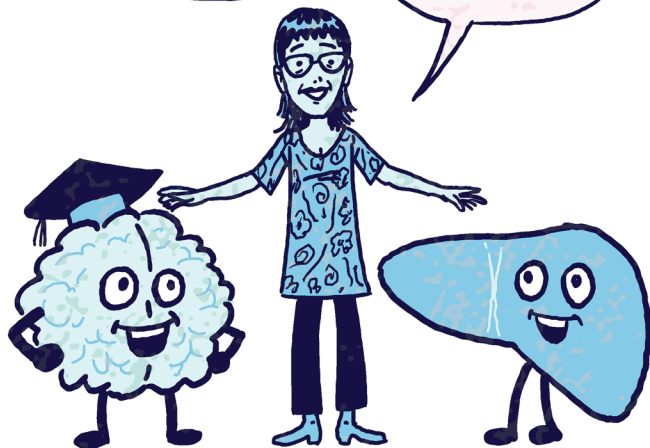


"THINGS THAT THE PATIENT HAS TO **REPORT** THAT THE DOCTOR HAS NO WAY OF MEASURING."

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...

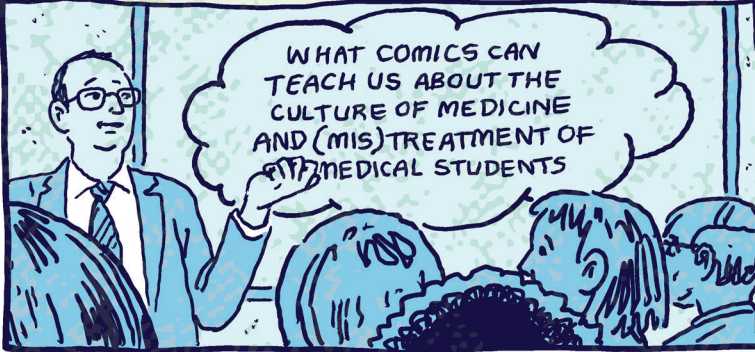
...MAKE COMICS THAT HELP PEOPLE REALIZE THAT **THEIR HEALTH CARE PROVIDERS ARE REAL PEOPLE**.



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.

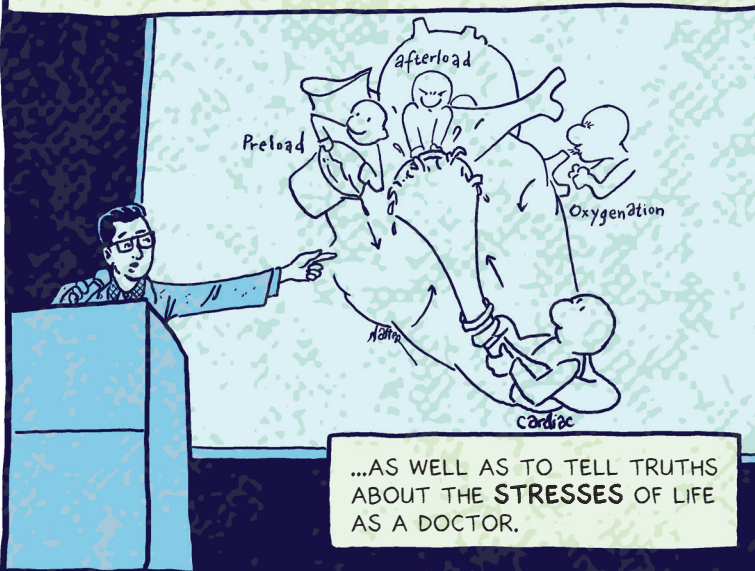
ONE EXAMPLE IS DR. MICHAEL J. GREEN'S COURSE AT PENN STATE HEALTH MILTON S. HERSHEY MEDICAL CENTER.



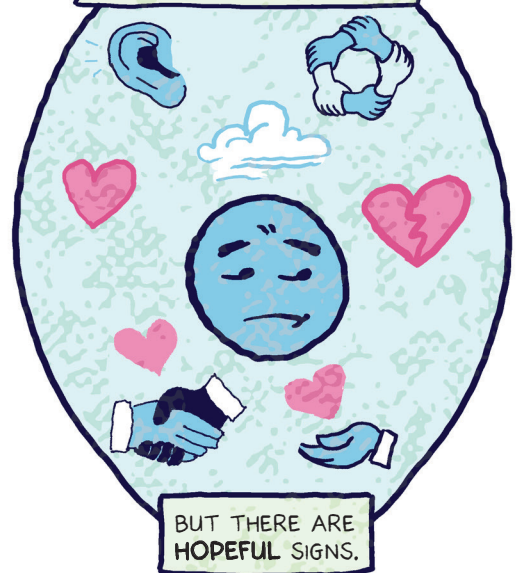
IN A SIMILAR VEIN, DR. MICHAEL NATTER, AN ENDOCRINOLOGIST AT N.Y.U. LANGONE, USES HIS ART BACKGROUND...



...TO MAKE COMICS AND ILLUSTRATIONS THAT EXPLAIN DIFFICULT-TO-UNDERSTAND MEDICAL CONCEPTS TO HIS PATIENTS...



TEACHING EMPATHY IS A TOUGH CHALLENGE.



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.

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