

example quotes. All residents reported that the cued retrospective debriefing augmented by eye-tracking was useful for their learning. This novel approach encouraged residents to reflect on their performance, leading them to critique responses to specific situational cues and to identify new insights into their performance. Many residents reported that these insights were missed during the initial traditional debrief and only came to light by virtue of the eye-tracking video review.

Though primarily used in the research realm because of financial constraints, the cost of eye-tracking technology is quickly decreasing. This will allow medical educators to harness the benefits of this technology in simulation debriefing where it has the potential to enrich the process of learning.

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A Daily Dose of Humanities

Setting and Problem

Incorporating humanities into medical education can promote physical examination skills, humanistic attributes, and professional conduct. Medical humanities programs are typically offered as separate/elective coursework outside of existing curricular elements and are more common in undergraduate than graduate medical education programs. Our group recently demonstrated that such humanities coursework results in preserved empathy among medical students. This residency-based pilot study sought to determine the feasibility of including the humanities in an existing framework within the context of clinical training rather than through additional coursework.

Intervention

On the inpatient general medicine service at a tertiary care teaching hospital in Spokane, Washington, daily attending rounds begin with a brief discussion of a piece of art. The medicine team consists of a senior internal medicine resident, 2 junior residents, and 1 to 2 medical students. Before patient care issues are discussed, 1 team member shares a piece of art, which is a springboard for group discussion and personal reflection. On the first day of the rotation, the attending physician models the activity for the group. The art modality is determined by the attending physician and his or her particular interest, which is typically 1 of 3 forms: popular music, art/photography, or literature. Once the art form is presented, team members share their thoughts about what they hear or see in the piece and how it relates to medicine or to them personally, with an attending physician facilitating the discussion. The person who brings in the art is the last person to speak. The exercise takes 5 to 10 minutes. Residents are exposed to several attending physicians during the course of their training, thus ensuring a broad exposure to art forms and different facilitated discussion styles.

Outcomes to Date

The use of humanities at the beginning of inpatient rounds has been enthusiastically accepted and

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TABLE

Participant Perceptions^a

Question	Response (Y/N)	P Value
Do you remember any specific humanities-based discussions on rounds?	20 Yes 0 No	.0004
Was this a good use of time on rounds?	18 Yes 2 No	.013
Did this activity add value to rounds?	19 Yes 1 No	.003
Did this activity impede clinical rounds?	2 Yes 18 No	.013
Has any humanities session directly changed or impacted the way you viewed, treated, or spoken about a specific case or patient?	14 Yes 6 No	.33
Do you believe that the lessons of humanities studies can be addressed with popular, rather than classical, humanities studies?	18 Yes 2 No	.013

^a Respondent demographics: N = 20; 11 men, 9 women; 8 first-year, 8 second-year, 2 third-year, 2 medical students.

embraced by residents over the past year. Midway through implementation, a random sample of residents received an anonymous survey regarding this activity; results are shown in the TABLE. Comments from the participating residents have been positive and include the following:

“What I think this did for our rounds every day was remind us of why we went into medicine and re-centered us on that optimism.”

“Helps people take a step back from clinical medicine, think of big picture, remember why they chose to enter the field of medicine.”

“Many of the songs that we listened to helped illuminate the challenges of addiction and poverty. I try to keep this in mind, particularly when I meet patients whose behavior is challenging.”

Different art forms can introduce important themes relating to medicine, professionalism, and patient care. Introducing the humanities into an already existing structure—specifically inpatient rounds—has proved to be not only feasible but also very popular among our residents and students. This exercise facilitated reflection on the reasons participants went into medicine, its current practice, and is a way to explore a variety of themes, including patient’s suffering, loneliness, autonomy, and mortality; the importance of getting to know patients as complex individuals; substance abuse and mental illness; and our roles as physicians. This activity has additional benefits of being fun and fostering camaraderie as each team member shares personal views and stories.

Integrating daily doses of humanities into inpatient rounds is an effective way to discuss difficult topics, to reinforce physical examination findings, and to promote professionalism and empathy. We believe discussing the meaningful roles physicians play also promotes resilience among participants. This intervention can be implemented at other institutions and can be integrated into other specialties.

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