

## Can the arts enhance GP training?

Corresponding author: Dr Emer Forde

Address: GP Centre, Bournemouth University, Royal London House (R507), Christchurch Road, Bournemouth, BH13LT

Email: [eforde@bournemouth.ac.uk](mailto:eforde@bournemouth.ac.uk)

Telephone: 01202 963019

Co-authors

Dr Samantha Scallan

GP Education Unit, Southampton University Hospital NHS Trust

Dr Susie Jackson

GP Centre, Bournemouth University

Dr Will Bowditch

GP Centre, Bournemouth University

Professor Clare Wedderburn

GP Centre, Bournemouth University

Word count: 2721

Keywords: GP training, arts, humanities, medical education

## Acknowledgements.

Our thanks to Dr Andrea Clay, Dr Nkoli Anyabolu, Rutherford, Dr Catherine Robinson Lamont and Mrs Emma Scattergood for their time and expertise in delivering the programme of education.

## **Abstract**

The value of arts based medical education is becoming increasingly well established in undergraduate curricula. However, little is known about its value, and acceptability, to qualified doctors undertaking postgraduate training. In this work we examined GP trainees' views on whether arts based education was useful for their professional development and, if so, what they perceived its value to be. All first and second year GP trainees on the Dorset Vocational Training Scheme attended a one day course which showcased how the arts (film, poetry, painting, photography, theatre) could enhance their professional development as doctors. GP trainees rated the day as interesting, enjoyable and thought provoking. The majority felt that the arts could contribute to making them more competent and humane doctors'. Following this, we ran a mandatory six months arts based course for six GP trainees, and evaluated their feedback through qualitative analysis of a focus group discussion. Overall, GP trainees found the course enjoyable and valuable to their learning. It not only gave them a deeper appreciation of the patient's perspective, but also encouraged them to think about their own health and wellbeing.

## **Introduction**

Humanities based teaching is becoming increasingly well-established within undergraduate medical education (1-6). A wide array of approaches have been reported including creative writing (7), photography (8, 9), film (10), comics (11), paintings (12), theatre (13) and museums (14, 15). Research suggests that arts based teaching can develop essential professional skills for doctors including empathy (11, 16), patient centred care (10), resilience (17), professional identity (16, 19) and reflective practice (8, 9, 12). It can enhance doctors' communication (20), prevent burnout and compassion fatigue (21). The arts do not only have a role in developing professional skills but they can also be used to enhance education programmes designed to improve doctors' clinical skills (14, 22) and knowledge of anatomy (23, 24). The 2017 All Party Parliamentary Group on Arts, Health and Wellbeing report 'Creative Health' summarises the very significant, and largely untapped, benefits of art to the health of patients and clinicians (25). They committed to "challenge Health Education England, the Academy of Royal Medical Colleges, the General Medical Council and others responsible for the training and continuing professional development of health and care professionals to recognise the need to introduce into curricula a stronger arts and humanities dimension". Despite this, and the potential for the arts to enhance medical education, there is a paucity of research on its value, and acceptability, to qualified doctors undertaking postgraduate, speciality based training. Its value has been debated and arts based education is sometimes seen as a voluntary add on for the interested student. The main aim of our work was to determine if doctors undertaking postgraduate GP training would find the arts an acceptable and useful means to enhance their professional development. We initially developed a day of arts based education for all first and second year GP trainees on the Dorset Vocational Training Scheme. Given their positive feedback, a 6 month programme was then developed to explore further how doctors' professional values and skills might be enhanced by arts based education.

## **Method: Pilot day of arts based medical education**

All first and second year GP trainees on the Dorset Vocational Training Scheme (VTS) attended a one day event designed to showcase how various art forms could potentially

enhance their education and professional development. In the morning session, GP trainees watched 'Notes on Blindness' (26), an Emmy winning 12 minute film that documents the thoughts and experiences of writer and theologian John Hull as he went blind. In small groups they discussed their ability to truly empathise with people who had physical disabilities, before and after the film. GP trainees also attended an exhibition showcasing how reflective capacity can be developed through photography (8); listened to a GP trainer explain how poetry had helped her process a significant event (27), and the healing power of painting for a GP trainee (28).

The afternoon session involved watching the play 'An Evening with Dementia' (29,30) and participating in a discussion about dementia with the actor and director.

Prior to the educational event, GP trainees were asked to read the media article 'Art and literature could make doctors more competent and humane' (31). Competency as a doctor is often conceptualised in terms of medical knowledge, clinical protocols and examination skills and we were interested in their response to this claim. A questionnaire was sent electronically to 80 GP trainees before and after the event. Participants were asked whether they strongly agreed, agreed, not sure, disagreed or strongly disagreed with the following two statements: 'Studying the arts (e.g. painting,, literature, music poetry) could make doctors more competent' and 'Studying the arts (e.g. painting,, literature, music poetry) could make doctors more humane'. In the post event questionnaire, participants were also asked to rate their response to the following 3 questions on a 9 point Likert scale: Overall how interesting/thought provoking/enjoyable did you find the day on 'Enhancing GP Education through the Arts?'. Free text response was invited on the following questions: What did you enjoy most and find interesting/useful today? What was less useful and perhaps should not be included if we were to run a similar event in the future?

### **Results and conclusions**

35 GP trainees responded to the pre and post event questionnaires, and gave consent for their feedback to be used for research purposes. GP trainees were significantly more likely to agree with the statement that 'Studying the Arts (e.g. painting, literature, music, poetry) could make doctors more *competent*' after the event (20/35 (57%) compared to before (11/34 (32%), Chi-square test,  $p = 0.04$ . Overall, more GP trainees agreed with the

statement that 'Studying the Arts (e.g. painting, literature, music, poetry) could make doctors more *humane*', and there was no significant difference before (71%) or after (77%) the event. GP trainees rated the arts based education as interesting (mean rating 7/9), thought provoking (mean rating 7/9) and enjoyable (mean rating 7/9). Qualitative feedback suggested that GP trainees saw art as valuable in understanding patients' stories, developing lateral thinking, clarity of thought, and their own resilience as health professionals.

*"I think it helps think about patients narratives and what their illness means to them, and thus to provide more appropriate advice and treatment"*

*"It is a really useful way of addressing our own emotions and thoughts which will make us better doctors to our patients"*

*"I think anything that encourages doctors to engage with their emotions can make them more humane. The arts often deal with exploring and describing human suffering in various forms (love, loss, death etc.) from a personal perspective - and it is always worthwhile remembering that our patients are more than a sum of blood tests, scans and vital signs"*

GP trainees who were unsure of the value of arts seemed to have an open mind and only a few saw little value.

*"I think it would definitely help to reduce stress in doctors but I'm unsure whether it would make doctors more competent"*

*"I'm already humane. I don't find the subjects interesting"*

Overall, the GP trainees reported that they found the play and film most enjoyable and useful, although all forms of art were mentioned by at least one trainee. The main suggestion for improving the day was more time for discussion.

GP trainees' positive feedback and insightful comments suggested to us that these postgraduate doctors were open to the idea of enhancing their professional development through the arts. In view of this, we reviewed our GP training curriculum and developed a

six months course for ST12 trainees who were in GP rotations. The key aims of the arts based course were to:

- Reinforce the importance of human stories, the patient's voice, and their experience of illness.
- Enhance reflective practice through creative means.
- Provide an opportunity for trainees to consider how hobbies outside work, including art, can improve resilience, reduce stress and hence maintain professional performance.

## **Method**

6 ST12 GP trainees, in GP rotations, attended a course of 6 workshops in photography, creative writing, literature, and multimedia arts. Each workshop was led by an artist with facilitation from a GP Programme Director.

In the first workshop, GP trainees discussed an online photographic exhibition MASKulinity: Masks of Men (32) and were encouraged to share cases where *'being a man'* had been an integral part of the consultation, either for the patient or for the doctor, as well as the wider cultural and societal issues that can impact on men's health.

Prior to the second workshop, GP trainees were asked to take a photograph that depicted an aspect of 'Being a GP' and submit their photograph for group discussion along with a caption. Photographs were displayed during the session (see Figure 1) and served as a catalyst for discussion on a wide range of issues related to GP training including resilience, seeking help and the doctor-patient relationship.

insert figure 1 here

Prior to the third workshop, each trainee was given a book to read from the Wellcome Book Prize of the Year nominations. Some were written by doctors and others were patients' stories and lived experience of illness. GP trainees were asked to share their learning from each book and then to participate in two creative writing workshops designed to develop their skills in understanding other people's perspectives.

In the final two workshops, GP trainees interacted with art and poetry created by patients, created a piece of textile art based on a recent consultation, and used clay to explore illness and disability (see Figure 2).

insert figure 2 here

### **Focus group analysis**

Five GP trainees consented to participate in a focus group following the last workshop. One trainee was absent on this day. The narrative was analysed by one independent researcher (SS) who had not been involved in the design or delivery of the course and was not known by the GP trainees. We felt this offered participants the best opportunity to provide honest feedback, analysed by a researcher who could be neutral about interpreting their comments on the course. By way of shorthand the different elements of the course are referred to as follows: Masks of Men (MM), Being a GP (BAGP), creative writing (CW), multimedia workshops x 2 (MM1, MM2 [clay] ) and discussion of literature in book club (BC). The analysis followed the stages outlined by Wellington (2001) (33). The recording was listened to several times, then, using the aims of the evaluation as a framework to identify themes, quotes relating to themes /areas arising were collated, highlighting commonalties and differences. The final stage was to write a narrative to draw together the themes and give an overview of the data.

### **Key findings**

Overall there was a view amongst the focus group participants that the sessions had been worthwhile and valuable to their learning. Throughout the discussion, the single common theme concerned seeing and hearing the patient's perspective, but in a different way that was outside the usual consultation boundaries. The participants didn't identify a particular session as being most impactful, rather collectively they [the sessions] opened up a range of ways of understanding patient experience, through the patients' own interpretations of their illness. Seeing symptoms and diagnoses from the patient's side was recognised as being helpful and the arts based education gave a depth of emotion to patients' feelings and consequently another dimension to understanding the patient's journey.



*“As doctor with 10 minutes or 20 minutes you don’t get time to ask ... what does it feel like to be deaf? What’s it like having MS? You’re there to solve a problem in that moment.”*

*“It made me realise - and it sounds a bit of a cliché - ... the same illness can be completely different for different patients. I think it’s easy to forget that.”*

*“I think I’ve changed in the sense that I talk about goals with patients but not like you want to see disease remission or your pain score go down, it’s like do you want to carry on playing your musical instrument or be able to get out into the garden or something?”*

GP trainees are required to write regular reflections of their learning in an eportfolio, and all participants reported writing entries based on the course. One participant reported adapting their approach to writing:

*“I think I’ve written from different people’s viewpoints; perhaps more in depth”*

Importantly, the sessions also prompted participants to think about their own well-being:

*“we did a session on creative writing ... it was really useful but on that particular day it was really hot and sunny outside, it was lovely, and I just noticed how sedentary you are as a GP when I got a bit frustrated that I was sitting inside ... I ended up writing a reflective entry in my portfolio about that frustration ... it prompted me to think about ways in which I’m going to walk a bit more day to day, and how I can get some exercise or get outside so in a roundabout kind of way it has made me think about things in a different way.”*

The opportunity to be creative was also enjoyable and something a little different in training. However, the participants highlighted that they valued some sort of implicit or explicit ‘tie-back’ to clinical practice or training to locate relevance.

*“It can get very stale to do every educational event about a clinical topic and a guideline which I would argue you can often look up ... it’s already available on the Internet anyway so it’s nice to do something a bit different and a bit more philosophical, a bit more creative.”*

Finally the participants were asked if they would add or change anything. Several suggestions were made:

*"I do think one of the sessions could be in a garden or a National Trust place, so we could walk around, or not necessarily just walk, you could sit and have some of the activities - do creative writing in a beautiful setting for example but I know that's easier said than done because of the English weather."*

*"We saw a lot of painting, and pictures other people painted but we didn't do a lot of drawing ourselves."*

*"There was no music. I think that can be quite a big way of expressing yourself but that's just a personal point, I really like music. I'd love a session on music therapy or how people interpret their illness through what songs they've listened to."*

*"If I could change something ... I wonder if having sessions maybe spotted throughout three years rather than like a six month course would ... plant seeds in your head about how you think about things and how you react - all this needs to be kind of continual."*

## **Conclusion**

We suggest that the arts are an underutilised resource in postgraduate medical education and can be an effective tool for enhancing professional development for all doctors by helping to nurture a patient centred approach, reflective capacity and self awareness. The All Party Parliamentary Report 2017 on Creative Health (20) challenges those responsible for the training of doctors to place a stronger emphasis on the benefits of arts and humanities in health and medical training. We have started to meet this challenge on our GP Vocational Training Scheme, and the doctors involved reported the arts to be a refreshing and enjoyable means to engage with reflective practice and also to enhance their own wellbeing. Unsolicited, two GP trainees wrote poems which they shared with the group, and one signed up to an evening drawing class.

In terms of learning for us as medical educators, we noted that the GP trainees valued the 'tie back' to their clinical work. Each workshop was led by an artist with experience in medical education, and discussions co-facilitated with a GP involved in medical education. The GP was often able to provide links to clinical cases and current professional issues in primary care, and we suggest this combination is important for enabling doctors to fully engage with arts based teaching. We also noted the trainees' comments that they would like more sessions interspersed throughout their 3 year training. As educators, our reflections were that, perhaps by having a separate arts based module, we had inadvertently positioned this as an 'add on' to the main clinical teaching days. We are currently reviewing our curriculum in order to enhance teaching of clinical topics with arts based education within the same session. For example, by showing Notes on Blindness to give a patient's perspective on visual disability during a teaching session on ophthalmology. We have also piloted teaching within a green space location (as suggested by one trainee) and our local museum. As we develop this work, we find an increasing number of resources within our GP training community and our local environment - and we encourage other medical educators to look for opportunities to enrich their teaching with this approach.

A key aim of this paper was to evaluate whether arts based education would be acceptable to qualified doctors undertaking specialist GP training, and to gauge their opinion on its value. We wanted to present their voice through quotes in this paper and we give the last word to one of our GP trainees:

*"The arts are an exploration of the human condition and catalogue of human experience.*

*To seek to understand is the first step in seeking to help".*

## References

1. Wald H, McFarland J, Markovina I. Medical humanities in medical education and practice. *Medical Teacher* 2019; 41(5): 492-496
2. Peterkin A. Curating the medical humanities curriculum: Twelve tips. *Medical Humanities* 2016; 42:147-148.
3. Perry M, Maffulli N, Wilson S, Morrissey D. The effectiveness of arts based interventions in medical education: A literature review. *Medical Education*. 2011; 45: 141-148
4. Haidet P, Jarecke J, Adams, N et al. A guiding framework to maximise the power of the arts in medical education: a systematic review and metasynthesis. *Medical Education*. 2016; 50(3): 320-331.
5. Lake J, Jackson L, & Hardman C. A fresh perspective on medical education: the lens of the arts. *Medical Education*. 2015; 49(8): 759-772.
6. Ousager J, Johannessen H. Humanities in undergraduate medical education: a literature review. *Academic Medicine* 2010;85:988–98.
7. Cowen V, Kaufman D, Schoenharr L. A review of creative and expressive writing as a pedagogical tool in medical education . *Medical Education* 2016: 50(3): 311-319.
8. Rutherford, Forde E, Butcher A, Wedderburn C. Using photography to enhance GP trainees' reflective practice and professional development. *Medical Humanities* 2018; 44(3): 158-164.
- 9 Wald H, Norman D, Walker J. Reflection through the arts: Focus on photography to foster reflection in a health care context. *Reflective Practice*, 2010: 11(4), 545-563.
10. Ogsteon-Tuck S, Baume K, Clarke C, Heng S. Understanding the patient experience through the power of film: A mixed method qualitative research study. *Nurse Education Today* 2016;46:69-74.

11. Tsao P, Yu C. There's no billing code for empathy - animated comics remind medical students of empathy. *BMC Medical Education* 2016;16:204.
12. Karkabi K, Wald H, Castel O. The use of abstract paintings and narratives to foster reflective practice in medical educators: A multinational faculty development workshop. *Medical Humanities* 2014;40(1):44-48.
13. Shapiro J. & Hunt L. All the world's a stage: The use of theatrical performance in medical education. *Medical Education* 2003;10:922-927.
14. Elder N, Tobias B, Lucero-Criswell A et al. The art of observation: impact of a family medicine and art museum partnership on student education. *Family Medicine* 2006, 38(6): 393-398.
15. Thresher K, Boreham L, Scallan S. Exploring art with foundation doctors: reflecting on clinical experience. *Education for Primary Care* 2013; 24(3): 212-215.
16. Barber S & Moreno-Leguizamon, C. Can narrative based medicine education contribute to the delivery of compassionate care? A review of the literature. *Medical Humanities* 2017.
17. Orr, A, Moghbeli N, Swain A et al. The Fostering Resilience through Art in Medical Education (FRAME) workshop. *Advances in Medical Education and Practice* 2019; 27(10): 361-369.
18. Colvin J, French J, Siperstein A et al. Addressing Professionalism, Social, and Communication Competencies in Surgical Residency Via Integrated Humanities Workshops: A Pilot Curriculum. *Surgical Education*, 2018: 75(3): 589-593.
19. Green M, Myers K, Watson K et al. Creativity in Medical education: The value of having medical students make stuff. *Journal of Medical Humanities* 2016: 37(4): 475-483.
21. Mangione S, Chakraborti C, Staltari G, et al. Medical Students' Exposure to the Humanities Correlates with Positive Personal Qualities and Reduced Burnout: A Multi-Institutional U.S. Survey. *Journal General Internal Medicine* 2018; 33: 628-634
20. Padfield D. 'Representing' the pain of others. *Health* 2011: 15(3): 241-257.
22. Bardes C, Gillers D & Herman A. Learning to look: Developing clinical skills at an art museum. *Medical Education* 2001: 35(12): 1157-1161.
23. Grogan K & Ferguson L. Cutting Deep: The transformative power of art in the anatomy lab. *Journal of Medical Humanities* 2018: 39(4) 417-430.
24. Finn G. Current perspectives on the role of body painting in medical education. *Advances in Medical Education and Practice* 2018: 25(9): 701-106.
25. Creative health: The Arts for Health and Wellbeing. All Party Parliamentary group on Arts, Health and Wellbeing report 2017.

Available from: [https://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative\\_Health\\_Inquiry\\_Report\\_2017\\_-\\_Second\\_Edition.pdf](https://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf)

26 Notes on Blindness: Available from  
[https://www.nytimes.com/interactive/2014/01/16/opinion/16OpDoc-NotesOnBlindness.html?\\_r=2](https://www.nytimes.com/interactive/2014/01/16/opinion/16OpDoc-NotesOnBlindness.html?_r=2)

27. Clay A. Pear shaped: Responding to adversity. Education for Primary Care. 2017; 1: 56-58.

28. Anyabolu, N. Available from: <http://nkolikaanyabolu.com>.

29 An Evening with Dementia:

<http://www.aneveningwithdementia.co.uk/Aneveningwithdementia/Welcome.html>

30. Vickers H. An Evening with Dementia. British Medical Journal 2011; 342d1169.

31 <https://www.theguardian.com/society/2013/nov/19/studying-arts-literature-doctors-humane-competent-mid-staffs>

32 MASKulinity: masks of men

<http://www.theshadowofthephotographer.co.uk/photographic-projects/masks-of-men.html>

33. Wellington, J., 2001. Educational research: Contemporary issues and practical approaches. London: Continuum Books

Figure captions

Figure 1: Being a GP

*insert photograph*

As a GP, sometimes you have to make decisions alone, which can feel isolating and scary.

But, if you look around, you might find yourself closer to help than you think...

Figure 2: Using clay to discuss the patients experience of illness - Melted Face