Learning objectives

1. To learn how visual and performing arts as components of the humanities can be applied to help maximise patient care and well-being.
2. To identify the elements of arts that can be useful for medical professionals' own well-being, and to explore attitudes among medical students and junior doctors to arts-based learning.
3. To explore how medical students and doctors can learn from artists who take their medical illness as the inspiration for their performance/work.

Introduction

Although I've always regarded myself as having a strong interest in the arts, I remember the very first time coming across *Performing Medicine* in my first year; I could not quite work out what it was and how it would benefit me in my training to become a doctor by applying the elements of the visual and performing arts e.g. music and theatre, hence my poor overall engagement with the course. Having said that, one thing I have always found lacking from my training on the ward is the latitude for doctors to be creative in their clinical practice and also the use of creativity to help patients recover on the ward. As I was nearing the end of my 5-year study and having spent a lot more time on the wards familiarising myself with FY1 jobs, the creative void I have always felt before when I was training in the hospital had grown ever bigger. I was unsure if it was just the nerves of becoming a junior doctor very soon or if it was this tiny little creative person in me telling me that something was missing after all these years of training to become a doctor. So I decided to consult a few people from the medical school and with their help, I learnt that it was actually the case of both. It gave me a huge sense of relief to learn that I was not the only person that felt there was something missing in my training. Then *Performing Medicine* for the fifth years came along and surprisingly I found myself enjoying every second of it. Around the same time I also came across an article written by Jane Macnaughton (professor of medical humanities at Durham University) for British Medical Journal (BMJ) for Students on its website that had raised a few eyebrows (including mine) in which she was quoted as saying "The arts in medical education have been a "failure"" and "Culture change cannot be achieved via medical students". This was actually written to address the wave of arts being applied in medicineas a response to the Francis Report outlining that doctors these days lack compassion.I was first outraged by the article but later on realised there is some truth in it and perhaps the article was written in that particular way to provoke critical thinking amongst the readers. Driven by this mixture of feelings and thoughts I had experienced in my final year, I became curious to find out how the reflective and critical practice embedded in the training of the humanities (in this case the visual and performing arts) can help doctors and medical students cope with stress and also how these subjects can be applied to enhance patients' well-being on the ward; hence my 2-week elective attachment at *Clod Ensemble*- the theatre company that delivers*Performing Medicine*. This report is about the various activities and people I have engaged myself with whilst being on the placement and what I have learnt from them.

Rachel Louis- Vital Arts Barts

Vital Arts aims to create a better hospital environment for patients and also to enhance services provided by NHS through the medium of arts. In my meeting with their Participative Manager Rachel Louis, she agrees that doctors and medical students should be more in touch with their artistic intuition in delivering care to patients. Her team of dancers at The Royal London Hospital has been running weekly sessions with paediatric inpatients for nearly 4 years now. Taking the in-ward physiotherapists' handover on board, they modulate imaginative dance into a form of physiotherapy that suits the children's individual needs. I had the opportunity to be part of this exciting group and I

found that the children really enjoyed the sessions. An example that stood out was the case of a 6 year-old boy who was admitted with stroke causing left-sided weakness due to sickle cell disease. Therefore, the main objective of the session was to make sure that he moves his left arm and leg as much as he could. We each had a different coloured scarf in our hands and we imaginedit was a big ball of cotton wool, which we tried to squeeze it into our palms as tight as possible. The physiotherapist's feedback was that his grip strength seemed to be a lot better compared to how it was during his normal physiotherapy session. Another example was using magic tricks to improve dexterity of children with cerebral palsy causing hemiplegia. Instilling the elements of magic tricks in their daily physiotherapy has significantly improved their dexterity hence quality of life. The power of arts and imagination in rehabilitation, according to Rachel, lies in the fact that they frame the exercise routine in physiotherapy in such a way that the patients, especially children, don't feel pressurized to take part in. Nonetheless, Rachel admits that such work on the ward still lacks acknowledgement and contribution from the medical professionals. Due to its success with the paediatric patients, Rachel and her team are now collaborating with physiotherapists at Newham Hospital to set up a similar programme on adult patients.

Carly Annable-Coop- Dance United

'Isolation', 'anxiety', 'stigma', and 'lonely' were some of the words used by a group of young dancers at Dance United in a video to describe their feelings before coming into the company. This is because they are no ordinary dancers. They came from different places and backgrounds but one thing they have in common is that they are all clients of mental health services in South London; and this is what has brought them together at Dance United. Eighteen young people between the age of 18 and 35 each in their early stages of diagnosis and treatment of various mental health conditions including schizophrenia and bipolar disorder were recruited by four South London early intervention teams to be trained as professional contemporary dancers at Dance United. This four-week full-time training was a pilot project run by Dance United in partnership with Institute of Psychiatry at King's College and South London and Maudsley NHS Trust in order to assess the effectiveness of a dance-led intervention programme in mental health setting. This is following an observation by senior members of King's College's Institute of Psychiatry of the significant positive transformation a group of teenage offenders in Leeds went through as a result of committing themselves to a similar intervention done by Dance United in collaboration with the Prison Officials over there.

In my short interview with Carly, the company's Development and Training Manager, she admits that training a group of inexperienced young people in such a short amount of time was demanding but hugely rewarding and worthwhile in the end. She also stresses that the aim of the project was never to address each participant's mental health condition in particular but really to help them deal with important aspects of their lives that seemed to be affected as a result of their mental health illness. These include interpersonal relationships, physical fitness, and motivation level. This principle, according to Carly, is what makes Dance United unique in a sense that it sees the potential in all participants regardless of their medical condition. More importantly, it gives the participants some time-out from the clinical aspects of their illnesses such as taking medications and regular clinics appointments which could be quite overwhelming at times. Carly and her team used the Warwick-Edinburgh Mental Well-being Scale; a 14-question 70-point questionnaire to assess the effectiveness of the intervention.

Participants were also trained at the highest artistic standards using the professionals' teaching methodology in order to ensure the quality of the final piece that was to be presented in front of a public audience. Although Dance United did not deal directly with the participants' medical condition, members from the early intervention teams were always around to provide support

outside the studio. ‘Sense of completion’, ‘commitment’, ‘teamwork’, and ‘confidence’ were the words spoken by the dancers upon finishing the four-week project at Dance United. These were very different and positive compared to the words mentioned above in describing how they felt before the project took place. I actually watched the film of their final performance myself and I was literally blown away by how confident and professional they all looked as they moved on the stage. Also, in the film, members of the early intervention teams commented that each of them has improved greatly in terms of their motivation level and self-esteem. One participant in particular was saying how she has started walking with her head up when she walks down the street when before she used to walk with it down. In my opinion the final performance itself tells the story and is an evidence of the programme working. At the moment, Carly is working closely with Psychiatrist Dr. Matthew Taylor from King’s College to conduct a randomised controlled trial of the pilot project commencing in 2015 in order to make the programme commissionable in the future. Although there is a lot of skepticism about how the arts can intervene in medical practice, the results are actually very practical. I myself had the opportunity to meet some of the participants and join them in their dance routine and I could confidently say that such intervention is not just about exploring one’s artistic side but very real outcomes can take place related to working in a team and in my opinion these skills are also relevant for doctors in terms of functioning as a unit to manage the patients on the ward.

‘Performing Medicine’ with 3rd year students and a rendezvous with Foundation Year 1 doctors

I had a great opportunity to experience *Performing Medicine* with a group of 3rd year students as part of their academic timetable. The first session *How to enhance performance inOSCE* received very positive feedback from the students. I was quite fascinated to learn how many of the skills acquired by these performers in their training are actually very relevant to medical students to help them perform better in exams and on the wards. The session not only made me aware of my body language but also taught me how to make the best of it.Another student reflected that everyone at this stage is quite sufficient in terms of his or her medical knowledge but it is how you deliver this knowledge in front of patients and examiners that will make you stand out. And I couldn’t agree more with that. Also as a final year medical student soon to be a junior doctor, I found that these skills are not only useful for making excellent marks in OSCE exams but can be taken forward as well for the foundation programme and beyond. In the second session *Sharing ward experience* I proposed some teaching on how to approach difficult patients on the ward such as confused elderly patient or patients with learning disabilities. What I noticed is that although doctors and ward staff are generally kind towards these challenging patients sometimes I felt like these patients’ voices are not being heard enough. An example is that one time whilst I was walking past the patients’ beds I got called by an elderly patient to come to his bed, as he needed to say something to me. I could not comprehend very well what he was saying and I knew from ward round that this patient is a bit confused at the moment. Then a nurse who walked past me just said to me “Oh, he is a bit confused. Don't bother”. I felt slightly uneasy at that point asI wanted to stay there and try to help him but I did not know how too. I addition,I found the nurse’s comment condescending and discouraging.

The meeting I had with members of Clod Ensemble’s *Performing Medicine* team and three FY1 doctors from two London hospitals was to gain an insight into the junior doctors’ Foundation Programme prior to the company’s pilot project of *Performing Medicine* with foundation year doctors across London NHS Trusts. Listening to them talking about their own experiences going through the transition between medical school and a working doctor was enlightening as I am about to embark on a similar journey myself in a couple of months time. The whole conversation has made me realised that after all these years of training at medical school, a lot of junior doctors still find themselves struggling tonavigate the whole dynamic of working on the ward. It raised a lot of

questions for me as to why this could be the case. Is it the short period of shadowing for final year students? Is it the lack of senior doctors' assistance and supervision on them? Or could it be the lack of a formalised 'buddy system' in the hospital that will allow junior doctors and final year medical students support each other better?Although these questions are not meant to be interrogative, I do believe that a programme such as *Performing Medicine* can address some of these issues for example by running a formalised 'buddy system' as mentioned above using the artist's teaching method to create a better sense of comradeship, hence a more effective teamwork amongst junior doctors and final year medical students. I have also learnt from these junior doctors that there are still huge gaps to be filled in terms of teaching medical students, final years in particular, the soft skills that foundation doctors are more likely to find useful. Some of these include quick decision-making, managing colleagues' and patients' expectations, and speaking to patients' relatives. One particular comment that really struck me coming from one of the doctors is that she said working as a junior doctor feels somewhat dehumanising to her own body as she sometimes didn't realise that a doctor's body works just the same as a patient's body in terms of its basic physiological functions therefore it doesn't make sense to her how for example doctors including herself become 'obsessed' with patients' daily urine output to make sure patients are well-hydrated when they themselves did not look after their own bodies by drinking enough fluids due to being very busy on the ward looking after the patients. Perhaps a formalised teaching for the foundation doctors at the hospital using the methods in *Performing Medicine* could address these issues and help doctors look after themselves as good as how they look after the patients.

Brian Lobel. Actor, writer, and educator.

"Humanities make humble doctors"

The scientific and clinical nature of medical training may have hindered doctors' ability to take a more compassionate approach to patients and their issues. Some doctors even come across as being arrogant as they tend to ignore patients' ideas of their own illnesses and instead treat the symptoms, not the patient. I could recall a real-life example where a man that I know was diagnosed with prostate cancer and later on had his prostate surgically removed. He subsequently developed erectile dysfunction (ED) as a result of the surgery so when he next saw the surgeon he told the surgeon the ED has significantly affected his sexual life. The surgeon ignored his concern and instead said to him that he should be grateful that the cancer is now gone and stop worrying about the ED. He was left feeling very frustrated and angry at the same time with the surgeon's attitude towards his current medical problem. This particular example tells me that as experience to illness varies among individuals, doctors need to tailor their care specific to each patient. I have also learnt from Brian in my interview with him that there are actually two ways of looking at disability in general. One is through the medical point of view and another is through social. Much of patients' disability these days has been focused on the medical side i.e. treating the disease itself but less has actually been focused on the social aspects of the illness. It is not at all the case of downgrading the importance of medical knowledge by any means but it is about making patients' care holistic by addressing the problem from social point of view. We also discussed the culture of generalisation that exists across the board in medicine. For example, a 35 year old Bangladeshi man who recently visited his family back home presented with cough, shortness of breath, weight loss, and night sweats. A good doctor will definitely include tuberculosis as one of his/her differential diagnoses but a great doctor will not only explore the possibility of tuberculosis; they will also explore other issues that might be going on for the patient e.g. social or psychological and then ascertain whether his symptoms could have been explained by other alternative diagnoses. Brian himself was diagnosed with testicular cancer at the age of 21 and his experience with the medical world was what inspired his solo performance 'BALL and Other Funny Stories About Cancer'. Having had the opportunity to

speak to him in person was truly inspiring and eye opening. Our conversation about his inspiration behind his 'BALL' performance hastaught me the importance of listening to patients what they think their illnesses mean to them instead of putting only my own ideas into decisions that will affect them later on in their lives.

Peggy Shaw: RUFF

RUFF is a solo performance by actor, writer, and producer Peggy Shaw based on her own experience after having had a stroke in January 2011. Going to the show with a reasonable amount of knowledge of 'what a stroke is' (in medical terms that is), I really was not expecting what I saw on that stage. The one-hour sketch was Peggy's own ideas, concerns, and expectations that she encountered during her recovery from the stroke and the realisation that much of her memories are now lost through the 'black holes' created by the stroke itself. What I found very fascinating and enlightening to me as a medical student watching the show was the fact that she beautifully linked the medical disability she had i.e. the stroke to her own being as an individual which obviously concerns a lot more facets of her life including her sexuality, family, friends, and the society that surrounds her. What was really evident in the show was her newfound fascination of film technology such as the use of green screen which according to her has not only helped her recover from her stroke but also enabled her to share her thoughts with the audience in a more vivid way. Similar to Brian Lobel's performance in BALL in a sense that both of these shows are actually illness narratives of the actors' experience with their medical condition, I personally think it is a great teaching platform for medical students and doctors to see an illness through the lens of the patients themselves. Again, this will enable health practitioners to put the patients' views of their illnesses first before theirs.

Conclusion

In a lot of ways, this placement has been a journey of self-discovery borne out of my own curiosity and, at times, frustration with 'the system'. I certainly hope what I have learnt from the placement can be applied in my practice as a foundation year 1 doctor soon. As far as my passion in bringing arts and humanities into medicine is concerned, I would definitely love to keep up with the latest news and developments around efforts going towards it. After the steering group meeting with the foundation year 1 doctors, I felt it would be necessary to discuss with my future FY1 colleagues the possibility of including communication or coping mechanism workshops in the formal teaching hours that will form part of our foundation programme in Liverpool. I have also looked into some of the exciting projects done over there including Breathe: an arts and health collaboration project between Liverpool Primary Care Trust and Merseyside Dance Initiative and Sense of Sound, showing how singing and dancing could have significant life-changing impacts on asthma patients. Although I am aware of how busy being a junior doctor can be, I want to make some time for this area that I am interested in. I would also like to thank everyone at Clod Ensemble for their hospitality and kindness especially Sophie and Suzy for being patient throughout the process. I hope this report will inspire more medical students to be part of this amazing movement of using arts and humanities skills in the medical profession for the benefit of their own and their patients' care and well-being.