

Humanism in medical education: What do GHHS members have to say?

A report for the Arnold P. Gold Foundation

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## Introduction

Each year, medical school admission committees face the challenge of selecting a new class of students who will develop into capable and caring doctors. While much of the emphasis in admissions is on academic ability, medical schools are also eager to choose students for their potential to practice medicine in a humanist manner. However, it is very difficult to select applicants who exhibit both scientific expertise and a humanist orientation to the practice of medicine. The objective of this study is to assess how humanistic attributes are developed. To do this, we have turned to medical students who are exemplars of humanism – members of the Gold Humanism Honor Society (GHHS). The GHHS is a program established by the Arnold P. Gold Foundation to recognize medical students with exemplary clinical and interpersonal skills. This study explores how GHHS members understand and define humanism in medicine, as well as how they believe they developed their humanistic outlook. The findings may help admission committees develop guidelines regarding how they should think about humanism and what they might look for in identifying humanistic potential in applicants. In addition, these qualitative data have been used to develop a survey that can be distributed to a broader population of medical students in order to address the generalizability of our findings.

## Background

Few can argue that humanism plays an important role in medicine. A physician's ability to connect with patients can lead to better communication, fewer incidents of malpractice and more patient compliance (Gold & Gold, 2006). Stronger relationships with patients may also help prevent burnout and contribute to career satisfaction (Bardes, 2006). Humanism is a professional virtue that allows physicians to be healers, capable of forming trusting, nurturing relationships with their patients (Swick, 2007).

In addition, changing trends in health care necessitate accepting more medical students who intend on practicing in people-oriented specialties. Recent legislation expands health-care coverage to millions of Americans who are currently uninsured. One study estimates that the United States will need 159,000 additional physicians by 2025. The demand is especially great for primary care physicians in underserved areas (Krupa, 2010). To fill this need, medical colleges need to admit students who demonstrate a potential to mature into humanistic physicians.

However, assessing humanism during the medical school admissions process can be very difficult. First and foremost, medical schools still rely primarily on MCAT scores and grades to screen and assess applicants (Albanese et al., 2003). The problem with these tools is that their correlation with performance in medical school declines as the student moves into clinical based assessments (Siu & Reiter, 2009). In other words, these metric-based components of an application do not predict whether a student will become an effective or humanistic practitioner.

Another complicating factor is that there are varying concepts of what humanism means in medicine. Most commonly associated with professionalism, humanism is often portrayed as those values and attitudes integral to the ethical practice of medicine, including compassion, respect and empathy for all patients, regardless of cultural or ethnic background (Swick, 2007; Gold & Gold, 2006). Without a humanistic belief system, Cohen (2007) argues, no physician can be a true professional. "In the absence of humanistic grounding, professionalism lacks authenticity; it is a thin veneer resting on a fragile and undependable frame" (p. 1029). Here, humanism is framed within the context of the medical profession itself; it is a value and belief system entwined with the codes and ethics that govern the health care system.

However, not everyone agrees with this view. In contrast, humanism has also been portrayed as something that is distinct from professional identity. Goldberg (2008) critiques the assumption that humanism and professionalism are inextricably linked, arguing that they represent two different value systems with distinct goals and agendas. Humanism is a universal value system, a philosophy that arises from personal experience and is concerned primarily with the welfare of society as a whole. Professionalism, on the other hand, is a socially constructed phenomenon with its own rules dictating which behaviors are acceptable and necessary for the profession (Goldberg, 2008). Humanism, Goldberg contends, transcends professionalism. Medical students, therefore, often experience tension as they are socialized into the profession, and may find themselves shedding their lay value system for that which is sanctioned by the profession (Goldberg, 2008). Goldberg argues that it would be better to educate future physicians to adapt their professional identity to their personal value system, instead of the other way around.

These conflicting views of the relationship between humanism and professionalism only add to the challenges that medical schools face in selecting students. Admission offices struggle to define the personal characteristics which best predict a humanistic orientation to medicine. Regardless of how humanism is defined, medical schools need students who are not only academically adept, but capable of building trusting, respectful relationships with patients. Unfortunately, it has proven very difficult to measure personal qualities such as communication skills, empathy, and motivation in a way that is consistent and reliable. The most common instrument in use is the personal interview, which has been consistently shown to be unreliable and a poor indicator of future performance (Stansfield & Kreiter, 2007; Kreiter et al, 2004). An emerging assessment tool is an admissions-based OSCE known as the Multiple Mini Interview (MMI). Studies on the small population of medical students who have gone through the MMI suggest that it is reliable and predictive of future performance (Eva et al, 2004; Reiter et al, 2007). However, few medical colleges have adapted this tool for their own use.

Given these challenges, we hope to inform the medical school admissions process by examining the personal experiences and attributes that have most influenced GHHS members to be humanistic in their practice of medicine. To do this, we have undertaken a mixed-methods study that includes findings from interviews and surveys. This paper highlights the findings of the qualitative component.

## **Methodology**

This study employs qualitative research methods using structured interviews of GHHS members at three medical schools: The University of Arizona, Rush University and George Washington University. It addresses the following questions:

- How does a sample of GHHS members describe humanism in medicine?
- How do these students describe the process by which they developed a humanistic orientation towards the practice of medicine?
- What are the implications for selecting medical students for their humanistic potential?

A total of 28 GHHS members were interviewed, accounting for around 50% of all students inducted into GHHS in 2009 at the three schools. In addition, three administrators were interviewed to develop a better understanding of the local GHHS chapters at these institutions. All interviews lasted from a half hour to just over one hour. Most took place face-to-face, though a few were done over the telephone. All interviews were transcribed verbatim for analysis. We also interviewed the GHHS advisor at GWU as well as the dean and GHHS advisor at Rush in order to develop a better understanding of the local GHHS

chapters at these schools. Table 1 shows the breakdown of the sample by institution. The interview protocol is available in Appendix A.

*Table 1: Description of Sample*

<b>Institution</b>	<b>Students (Response Rate)</b>	<b>Administrators</b>
The University of Arizona	6 (35%)	n/a
George Washington University	11 (41%)	1
Rush University	11 (84%)	2

In order to explore the experiences of these students, we took a grounded approach to transcript analysis. Grounded theory is a method of qualitative analysis that is designed to develop theories and concepts from in-depth textual analysis of data involving individual experiences, social phenomena and processes (Corbin & Strauss, 1998). In grounded theory, all conclusions are drawn directly from interview transcripts.

From this grounded approach, data analysis followed a two-step process. First, the researchers used open coding to review the transcripts and identify textual keywords, concepts and recurring topics. Next, an axial coding procedure examined the initial codes to uncover any relationships between these concepts and topics. This process led to a construction of major themes within the interview transcripts.

In order to maximize trustworthiness and integrity of analysis, open coding was conducted independently by three members of the research team – two graduate assistants and a postdoctoral fellow. These open codes were triangulated in the axial coding stage. A review of literature was then conducted to see if the findings were supported by existing research and scholarship.

## **Findings**

Analyses of the transcripts identified a number of common themes in how GHHS members describe humanism, their development of a humanistic orientation towards the practice of medicine and how that is challenged, and how they believe admission committees should seek other humanistic students.

### *Describing humanism*

We found that students described humanism in one of two ways: 1) as key aspect of professionalism; 2) as a universal concept that transcends the practice of medicine.

Most students perceived humanism to be a key aspect of professionalism. Although these students were motivated by an altruistic desire to help others, they did not separate humanism from other aspects of the medical profession. For them, humanism is a key part of being a highly professional and proficient physician similar to keeping current with the scientific literature, adhering to medical ethics, and maintaining a professional appearance and demeanor. These students described humanistic practices such as taking the time to listen to patients, developing relationships with patients, working to understand where patients are coming from, showing respect for patients, and indicating that they understand what patients are feeling, as both the “right” things to do and as techniques for rendering the best possible care for all patients.

For example, one student discussed humanism in terms of work ethic and personal sacrifice.

So, for me, I see it as always putting yourself behind the person that you're with. So the patient comes first, no matter what. If it means spending extra time past normal office hours to stay, if it means going out of your way for somebody, if it means sacrificing something for yourself, I think that's what it is. First and foremost, you're taking care of the patient.

Here, the participant equated the care of patients to hard work and effort, qualities highly valued by the medical profession. This was echoed by a number of other students. In addition, many students, such as the one below, described humanism in medicine as treating the patient as a person, and not just a diagnosis.

The humanitarian physician takes that extra special time to make sure that the well being of the patient extends beyond the physical aspect. It's not just, I'm going to prescribe you some medication and send you on your way so I can go see the rest of my patients and be done for the day so I can go home. It's the idea that I want to be your advocate in every aspect. I want to be your support... I want to make you not just feel better physically but emotionally, psychologically. I want to help you. It's someone who values the patient. Again, I think humanism goes along with a physician who has a patient-centered philosophy and practices medicine based on that philosophy.

Another GHHS student indicated that understanding the daily challenges patients face is an important part of providing humanistic treatment.

And then working in the student-run clinic, I think actually being able to interact and see all these complex social circumstances and what these people are going through trying to stay healthy. And some of them really want to, like they really try so hard, and you're trying to figure out what's going on, and when you talk to them and really get to know them, all of these other emotional and spiritual and things come up and you're like, well, obviously, you're stressed, you lost your job, your mom just died, your brother's a cocaine addict and you're about to lose your home, clearly you're going through a lot right now. And I think that unless you're exposed to that and you see it, it's really hard to be able to connect with it.

Here, the student is demonstrating the belief that all patients deserve respectful, compassionate care, regardless of their background or personal circumstances. This is a common view of humanism in medicine (Cohen, 2007; Gold and Gold, 2006; Swick, 2007).

A smaller number of participants identified humanism as a universal concept that transcends the professional practice of medicine and guided all aspects of their personal, community, and professional life. For these students, humanism was more of a "way of being" in which they saw themselves as community members with responsibilities to all others around them. These GHHS members believe humanism is not specifically linked to professionalism but is defined as a personal ethos similar to the golden rule. When these students discussed humanism in relation to medicine, they expanded their

discussion to describe how humanism guided their interactions not just with patients but also with colleagues, nurses, professors and attending physicians, and community members.

Q: What does humanism in medicine mean to you?

A: Humanism in medicine. Being compassionate, being... to the best of your ability, being selfless, being respectful of your patients and the people around you. That shows that you can be respectful for your patients, but you know you figure they indirectly pay your pay check, but you have to be respectful to other people too who help in the care of the patient, you know nurses and housekeeping and whoever else that is involved because that translates into care in other ways. So being respectful overall.

This student also believed that the philosophy behind humanism extended beyond her interactions with patients.

You know it can be classmates, it can be someone you see in the hallway who just needs assistance to get from point A to point B. So it is pretty much something you have to embody and embrace in your entire world and your whole life, not just in one facet of it being a doctor or being a physician and working with patients.

Here, the definition of humanism is expanded to include one's behavior towards everyone, and in every relationship. Another student expressed this feeling when asked what humanism in medicine meant to her.

I really don't know what humanism means to me. For me, it's to be a good person. [...] Because if you're not a good person outside of the hospital, I think it's very difficult to be a good person inside the hospital.

For this small group of students, their humanistic approach towards others did not change simply because they worked in a hospital.

I think it is no different than my philosophy for going through days, and I learned it probably best when I was out camping with my dad. When we would leave a campsite, he would always say, "You have to leave it better than you found it." And I think that in dealing with patients, my philosophy is the same. I need to leave them better than I found them and what that is, you know, I have had to examine that very carefully, as I got into clinical years, as to what that means for me. But someone who is dying and sweating and sitting in their room with a wet pillow behind them. Maybe giving them a different pillow, you know, I am not going to save their life but I have left them better than I found them and so that is sort of guided me through this and not only with my medical dealings but also my dealings with my peers as well. Trying to leave the situation better than I found it.

This concept of universal humanism is also supported in the literature (Goldberg, 2008). From this point of view, humanism cannot be encapsulated in professionalism, which represents professional norms and standards that can change. Rather, humanism is universal and permanent and is “the accordance of deep respect to humans individually, and to humanity collectively, and concern for their general welfare and flourishing” (p. 716).

*Developing a humanistic orientation towards the practice of medicine*

The students in our sample appear to have developed their values related to humanism prior to coming to medical school. Those who described humanism as professionalism tended to describe their development in one of two ways. Many attributed their humanism to their upbringing, and the examples set by their parents. Usually, these parents were either physicians themselves or worked in another social service field. These students were influenced by their parents’ professionalism and dedication to their patients.

For this GHHS member, her choice to enter medicine was influenced not by her parents’ advice, but rather their professional behavior.

So both of my parents are actually doctors. They did not want me to go to med school. They told me I was an idiot and that they worked hard so that I wouldn’t have to and that if I had a good business degree that I should use it. But I think part of it was watching them and seeing what kind of relationship—my mom’s a pediatrician. Her patients adore her. Like they see her in the mall and like they’re running and grabbing her legs, you know what I mean?

Seeing the close relationship her parents shared with their patients influenced this student, as she realized she wanted to pursue a career that would allow her to do the same. This idea of parents as professional role models is also exemplified in the following passage, in which a student summarizes his idea of a “good doctor” as something his father modeled for him while growing up.

When I meet a good physician, the things that I think set them apart from other physicians are that the patients really respond to them positively, not just because they are intelligent, but because their bedside manner is really outstanding. Like I said, it kind of reminds me of my dad, he is a very gentle, compassionate, loving person and that is the sort of physician I strive to be.

However, family members who were not in the medical profession also instilled humanistic values in GHHS members. This student says her grandmother taught her about love and patience.

My grandmother is absolutely the most caring woman in the whole world. And ah, you know she just hugs everyone and she’s like everyone’s grandmother. And she, she led by love if that makes any sense like she just, love was her thing and that’s what she did. I never heard her talk bad about anybody even those she could of. She was just very patient and she taught me the value of that as I grew up with her.

The literature supports the importance of role models in fostering a humanistic orientation to medicine. Arnold Gold (2006) attributed his humanism to the mentors who taught him altruistic values in addition

to science. Others have called for role models to play an important role in creating a “culture of caring” in medical institutions (Cohen, 2007). It is clear that most GHHS members grew up with exemplary role models who allowed them to develop a caring approach early in life. However, it is important that the presence of positive role models does not end as one begins their medical training.

While many students discussed the importance of role models in their early development, others cited personal experience with medicine in their lives as something that influenced their approach to humanism. For example, this student’s desire to help others came from a family member’s significant illness that left a lasting impact.

I had a great aunt die at a fairly young age, around 60, from an aneurysm and that hit me pretty hard I think because my mother was so close to her, but I remember being -- thinking to myself, well, maybe if she had seen a doctor or, you know, what could have happened, and that kind of started me thinking I want to help people and I want to be that person.

Other students mentioned that they had negative experiences with medical practitioners, and it inspired them to behave differently towards their patients.

My mom has had rheumatoid arthritis for a number of years and she has had some bad experiences with certain specialists and that kind of showed me your attitude towards patients really makes a difference and ... I have seen different mentors interact with patients and some of them are more sensitive and some of them aren't but it just seems like it improves everybody's outcomes when you are more sensitive to the patient's needs.

The students who had a universal definition of humanism tended to describe it as being developed holistically through different life experiences. These students tended to come from more humble social backgrounds, though this assertion cannot be verified in a qualitative study.

Q: Which people have been most influential in helping to create or shape your values?

A: Family of course because those are the people you are exposed to primarily at a young age. Honestly, just your interactions with everyone, you gain something from everyone. So friends, even office clerks. You just never know because they set examples for you on how to act and how not to act so I think just the environment in general. It has been helpful in how I have been able to look at how to define and shape my values system.

Unlike many other students, this participant describes her value system as continually changing. This is also true of another student who described humanism in a universal way.

I think ... your value system is something that is perpetually being changed by the experiences that you’re having. For me, from an early age, it was just seeing my parents and how much that they’ve struggled ... I think that’s always been important, to work hard. Education has



always been, I think, a great value ... there's nothing better than providing someone with a new knowledge. Experiences just, you know, with my friends and my teachers, and with my own faith, I've learned that you shouldn't take anything for granted. You should question things that you don't understand, because that'll help you get a better understanding of why you believe something.

This student believes that her values are continually developing based on past and present experiences. These experiences are not necessarily connected with the medical field, although they could be. Instead, her humanism is presented as being part of her lay identity, rather than her professional identity.

Given that students develop their humanism in different ways, they were also asked what they believe was the strongest predictor of their success when applying to medical school. While students identified their service and volunteer activities as associated with their humanism, none identified MCAT scores as having anything to do with their ability to treat patients humanistically.

I think there's a lot more to an applicant than their standardized test score. [...] Regarding the humanistic qualities of an applicant, I think you need to look at have they been involved in their community, are they involved in caring at a hospital, things like that.

However, students also pointed out that it was not enough to simply have medically related volunteer experience on a resume. Admission committees should also ask what the applicant learned from those experiences.

I would ask an applicant, what clinical experiences that person has had and what those experiences meant to them, what did it make them think about? I would sort of strive to find out about how those experiences shaped them and how they were shaped and what sort of things they would want to think about or what sort of things they would want to end up practicing in their own careers. [...] I think clinical experiences are super important and the applicant's ability to articulate how they have been changed by their clinical experiences would be important. I think things like MCAT are less important.

Several other students echoed this sentiment. Many GHHS members pointed out humanism could be measured by volunteer work that was done not solely for a medical school application, but because the person truly believes in a cause.

You know, you have to do this mandatory amount of volunteer work... that, to me, wasn't really that important to me. Like it was just like a checkbox I had to do. It was more so my additional volunteer work. So I used to volunteer at a crisis nursery where kids that didn't have like a home and I would just literally play with kids for like a block of time, or just hold babies.

This student believed that persistent and continued dedication to a career in medicine was a better predictor of success than test scores and grades.

If I was on that committee, the candidate with the stellar grades and the perfect MCAT and the four years of research, that wouldn't be who I'm looking for. I think those are now a dime a dozen. Anyone can memorize and do well on a test ... I'm looking for the guy like me that struggled a little bit but was committed to becoming a physician, kept applying, did things in and around medicine that are hopefully going to be good clinicians. And I think that's where we need to go, is to get away from just having people being doctors and have them be good clinicians. Because that's what you're going to be doing. It's a people-based profession. And not all people are "people people," if that makes any sense.

Other GHHS members noted that they had struggled with the MCAT and were relieved when they were able to show their humanistic side through a personal statement or interview.

I definitely didn't get in for my grades and my MCAT scores. Those were not ideal, not optimal. I think it was my personal statements and I've always excelled in interviews. I've always said, you know, if I can just get in the door and I can just show them me and I can just talk to them for five minutes, you know, I'll show them that I can -- I'm going to be a good physician, and I'm a good person. And I think that's what did it.

The students' beliefs that metrics like the MCAT and GPA have little to do with humanism are supported by studies, which have found that these measures are not predictive of clinical outcomes (McGaghie, 2008). Instead, this over reliance on scores in the admissions process may contribute to a culture in which humanism is challenged or not valued. Many students we interviewed reported experiencing this tension in their medical training.

#### *Challenges to humanism in medical education*

The professional culture of medical education can take its toll on students' empathy, even among those who entered medical school with altruistic intentions. Research has shown that empathy among students declines in medical school, particularly during the third year of clinical training when students begin to shadow interns and residents (Hojat et al., 2009). Students in our sample note that while there are some strong role models, and humanism is occasionally emphasized in the curriculum (primarily by offering many opportunities to participate in service), most often they describe professional tension when other medical students or attending physicians do not display humanism. In other words, humanism is largely challenged, not nourished in medical school.

Some people just want to get someone in and out. They don't understand why someone would cry when you tell them that they had a clot in their lungs, and they're like, she's 22; she'll be fine, but she doesn't know that and she didn't -- you know, so definitely there were differences between my beliefs and some of the attendings I worked with.

One student described an incident where she felt torn between her humanism and the expectations and norms of her profession.

There was a respiratory alert on the floor. It was my patient and she had a mucus plug. So she, she couldn't breathe and so when a respiratory alert is called everybody, all the doctors, interns, residents, med students come to the room. I heard it was her, I raced down to the room and everybody is just standing around looking at her and her eyes are wide and she is gasping for air and she's just looking for any, you know, any semblance of somebody to like, she's just scared, she's scared. And, she looked over at me and for a second I was like. Well, of course my first thought was to go to her you know hold her hand and I hesitated and it's because all the interns and attendings, and the residents, and the med school students were just standing back and I was like 'Alright can I do this or not?' And I was like forget it and I just went to her side and I held her hand and she looked straight at me and I, you know we talked through it and she just kept her eyes focused on me and she was able to get through it by just calming down. And um, and I don't know if it was the right thing to do, um but I, but I knew that I couldn't, if I didn't do it I would've regretted it.

While this participant said she was later praised for her actions, it is clear from this example that many medical students learn to mirror the behavior of the residents and attendings, and it is not easy to act on one's own instinct if it goes against the grain. In fact, several students mentioned that the hierarchy of authority in clinical settings makes it difficult or impossible to speak up when they believe a superior has acted inappropriately.

I feel like that's something that I just keep my mouth shut and just promise to myself like don't forget, don't forget this, Rebecca, because like when you become a doctor, remember this moment and just like try to change it when you are officially a doctor. Because in the student -- when you're a student, you really have not -- you don't have much say. You can't.

It is not always the patients who are on the receiving end of inappropriate treatment. GHHS members found it problematic when physicians mistreat their own colleagues.

I think there is a lot of attitude that if you are really bright and you are really capable that you don't necessarily have to be very decent to people, whether it is the people above you or the people below you. I mean, I think for the most part, 95% or more of physicians or physicians-in-training are very good to their patients but they are awful to each other or are awful to the nurses. I have always thought it was important that you got to be decent to everybody that you are around. [...] I think everyone knows those stories about getting, feeling just the smallest you have ever felt when you are with a surgeon that is having a bad day and even if you are doing the best you can or make a mistake that is honest and things like that that is a way, there are some people

out there that really take advantage of that and make you feel very small and incapable or other ways of kind of, I guess knocking down people that are below them, whether it is the attending to the resident from the resident down to the intern you know on down to the medical student. And it is just not appropriate, I don't think, and also it limits when people do things that are out of line then that reprimand doesn't mean as much. I think that is something that is lacking in the field.

Another student pointed out that this tension not only influences the quality of education they may get in clinical settings, it can also have an indirect effect on patient care.

A. I think just times, you know, on rotations where there are long hours and times when you have an attending who just scares the team like as well as the residents. You definitely -- it's easier to lose focus on what's going on with the patient because there's different things kind of affecting how you are feeling about your role. And that can negatively impact the patient.

Q. What do you mean the attending scares the team?

A. Say an attending, his manner of teaching, if it's very confrontational, if they use scare tactics. I just think of one attending that I had where the residents, they were fearful of taking care -- they were fearful of any answer that they gave when doing rounds. So I think we lost focus on what was going on with patients, which then the residents, how they were feeling negatively impacted medical students, because they were then not allowed to get involved in the care of the patients, because the residents were just fearful of things not being done how the attending wanted it.

Q. I see. And so that could change the way you approach patients?

A. Yeah, I mean, I think that's being honest. I hope it wouldn't -- no, I hope I -- you know, I always try to still remain focused on what's best for the patient. I don't want them to be affected by the -- by other tasks going on with the team. Like that really shouldn't be affecting the patient, but I think it probably does when it comes down to it.

In their study of declining empathy among medical students, Hojat et al. (2009) suggest that modeled behavior by superior physicians, combined with the pressures of school and hospital guidelines contribute to students' changing views on the physician-patient relationship. As students become more socialized into the medical profession, they may learn that humanistic behavior is not valued. Our research supports these findings, although the students in our sample also discussed their determination to model only those professionals who behave in accordance with their own values.

*Institutional comparisons*

Our data analysis also involved a comparison of student responses across institutional contexts. The three medical schools selected for this study differ by institutional type, region and level of selectivity. While students responded very similarly across these schools, a few disparities were also present. In particular, the results suggest that humanism is integrated into medical education differently at each institution. In addition, we also observed differences in the role that GHHS plays in the culture of each medical school.

While medical schools purport to teach their students humanistic values, there is a lot of variation in how this is done. During the interviews, participants were asked how humanism was discussed or taught at their medical school. At all three institutions, students mentioned classes or lectures during the first two years of their education. However, students at GWU appeared to be much more aware of how humanism, whether it was called that or not, was incorporated into their curriculum. In addition, they knew exactly which class communicated the values and practices of humanism.

Q: How and to what extent has humanism been discussed at [GWU]?

A: Quite extensively I would say. I think our Practice of Medicine course in our first and second year really strives to teach medical students how to sort of work on that patient-centered care and sort of practice like active listening.

In addition, GWU students were more likely to believe that humanism played a central role in their education.

Q: How and to what extent has humanism been discussed here at GW?

A: I think that is a core part of our curriculum. You know I don't think that they explain it as humanism, I think that is probably a new term that has picked up in the last year or two. I know it is historically probably not new but I don't remember hearing that word a lot but I think from first year in our Practice of Medicine course they um try to, we talk about cultural competency issues, we discuss relating to your patient and things like that so every year we talk about those types of issues.

In contrast, GHHS members at Rush and the UA discussed humanism as being more peripheral in the curriculum, and less of a priority for students and faculty. This GHHS member at Rush described how these courses were often viewed by students:

Q: To what extent and how has humanism been discussed in your education here?

A: There are, I mean, a series of courses, I think. And that being said, the different behavioral science type courses and the reason why I'm kind of vague about it is because I don't remember specifically because I think even though you may try to stress a course, it turns out when you're thinking about, okay, when I'm going on, I need to do well in courses for my test you think about pathology and you think about pharmacology and things. You're not thinking about like I need to understand the different ideas of what humanism means and what does it mean to be a physician and interact with patients. There's a lot of coursework but I sometimes think that no matter how hard you try with the coursework it can be quite lacking and what you'll find is that many fellow classmates will find it and be like, "That's the blow off class. That's a class that I'll skip. That's the class where I'll maybe fall asleep during." And it's also, too, and it's reflected in the way that they're graded. When you're taking something like

pharmacology or pathology, you have -- there's an honors grade, there's a high pass, there's a pass or so on and so forth.

However, if you're talking about this more behavioral, more humanistic type of courses where they try to stress that, it's pass-fail. So many of the people do the minimum and not do the full understanding of what -- I think it's kind of undercutting it right from the beginning because you're not stressing it. You're saying it's, like this is really important, but you can just show up and kind of coast your way through it.

However, many students at Rush and UA believed that humanistic values and practices were valued at their medical school. While they may not have believed it was emphasized enough in the formal curriculum, they did believe humanism was something that was modeled by specific individuals. This Rush student discussed an appreciation for faculty mentors and role models that exemplified humanistic behavior:

I think the faculty is very good about encouraging us to, you know, share their patient-centered philosophy while, at the same time, making sure that, you know, that we're gaining the right amount of knowledge and the right information. Yeah, I don't think that that has been a problem. I think they have been good role models and good advocates of the kind of values that I've been talking about.

At the UA, this GHHS member also found positive role models.

Q: During your third and fourth year, did any of the attendings ever explicitly mention humanism?

A: Yes. But I was lucky to work with people like Dr. T\_\_\_ and even in (inaudible) rotations I got lucky. I worked with some people out in New York and one of these physicians was the type of doc who, 3:00 in the morning, would go around the emergency department turning off alarms for people so that they could get some sleep.

These results suggest a wide variation in the way in which humanistic values and practices are incorporated into the curriculum at medical schools. In addition, many students may learn these practices via informal curriculum; the result of efforts made by specific faculty members. This seemed especially true at Rush and UA.

However, curriculum is just one way a medical school addresses humanism. This study allows for another comparison: the prominence of the GHHS at each institution, which appeared to be different at each of the three sites. This was evidenced by the ways in which students talked about their acceptance into GHHS, and their knowledge of the society. At Rush, GHHS appeared to be widely known and respected by the inductees.

I think the nice thing about the group you are targeting, the Gold Humanism people, and the nice thing about Rush, they kind of very early on present the fourth year medical students who are given that award to the first year medical students so it is shown to us early on that it is a priority and it is something that is recognized. And then I am not sure there is any formal training in it and maybe there should be but I think there is a lot of positive reinforcement by physicians who, when they see, when they see medical students or residents doing a good job I think there is a lot of positive reinforcement.

On the other hand, the society did not appear to be as prominent at GWU. The following exchange highlights one GWU inductee's confusion about the obligations of GHHS members.

Q. What does membership in the honor society imply for you in your remaining months as a student and as you enter your internship and residency?

A. I think it's just kind of there as a challenge to make me continue the way that I started, you know, throughout residency, throughout practice, continuing to give the extra mile even when I'm wiped out and, you know, overworked. This will hopefully help keep as a reminder that this is who you are and people believed in you, that you can continue to be that way, so.

Q. So do you -- so you make a commitment, my understanding is, when you enter the society, to sort of be a leader in humanistic practice. How do you intend to fulfill that commitment?

A. I wasn't aware of the commitment but --

Q. This is what they tell us anyway.

A. I guess all I know is that I was elected to it but I haven't heard much else.

Q. Have you gone -- oh, you haven't done the induction?

A. No.

Q. Oh, right.

A. Okay. Is there an induction?

Q. I thought so.

A. That'd be good to know. But, no, I don't know about it.

At the UA, this GHHS inductee had a similar response:

Q: What is membership imply for you as looking forward into your career as a resident and then after residency?

A: You know, I am not really sure what this society does. I think it is pretty new so I guess, you know, as opportunities arise to do things, I will probably be happy to jump in. I think Dr. T\_\_\_\_\_ from pediatrics is pretty involved so if he has got something cooking I would maybe help him out if I had time.

These findings suggest that knowledge about the mission of GHHS, and the society's prominence within the medical school culture, may vary widely among institutions. This was also apparent when participants were asked why they were nominated by their peers. While the inductees knew they were being honored for humanism, most of them were unsure about the specific reasons beyond that. Here, a GWU student seemed unsure when asked why he was selected to be a GHHS member.

I don't know. I probably haven't done my homework on GHHS. But I think I am a friendly person. I think I get along with people and I think I have had good international experience and I do what I can to work with my fellow med students.

Similar responses were common among students at GWU and UA, who were more likely to cite their leadership, volunteering experience and friendly relationships with classmates as reasons why they were nominated. Rush students discussed these reasons too, but they also commonly believed it was their relationships with patients that earned them the nomination. This Rush inductee attributed her selection to her bedside manner:

I think just I have a very outgoing nature, and I think that when a patient -- any patient, I, you know, try to treat them like they were my own family member. [...] I think it's that patient -- it's that person who like takes a moment to sit down with the patient, to really listen. Even if it's a minute, if it's five minutes; whatever your time allows. You can really help a patient just by listening to their complaints. You know, maybe they didn't like something, and maybe, for them, just expressing that emotion to you is all that they need. And I hope that I make that effort with every patient, and I hope that, you know, maybe my classmates saw that in me.

The wide range of responses to this question may be an indication of how information about GHHS is communicated. In large part, the GHHS advisor and members at individual institutions educate one another on the meaning and purpose of the organization. As a result, the information students receive will be different from campus to campus. In addition, the prominence of the GHHS at each member school may depend on the time and dedication of the administrators and students involved.

#### *Implications for selecting humanistic medical students*

A few preliminary recommendations for how to select students with humanistic potential can be drawn from this study. First, this study joins scores of others calling for lowering the emphasis given to the MCAT in admission and placing greater value on experiences and attributes that demonstrate altruistic motivations. While we recognize the value of the MCAT as one of many predictors of potential success among medical school applicants, this study also highlights its limitations. Medical schools seeking students with humanistic potential should look beyond MCAT scores when making admission decisions. While many of the participants noted they did not score well on the MCAT exam, they also pointed out that they had at least cleared the minimum "threshold" it takes to be granted an interview. If the threshold is set too high, it may exclude many humanistically oriented applicants who would otherwise succeed academically in medical school. Research shows that an MCAT score of 24 is a good minimum threshold for medical schools, as it maximizes the chances of academic success while minimizing the exclusion of capable applicants (Albanese et al., 2005).

Students' experiences in volunteer, charity, and service activities, and the meaning they make of these experiences, appear to be useful indicators of humanism. Many participants indicated that these activities were both illustrative of their humanism, and instrumental in developing humanism as a core value. However, many also noted that that most students who apply to medical school know that it is important to have these activities on their resumes but may not be "serious" about them. Participants recommend that admission committees focus on intensity and extensity of service experiences; duration and depth of involvement are better indicators than simply the number of experiences listed.



Students reported that the personal interview is the best opportunity to assess the potential for humanism but that a bad interviewer or insincere interview may limit the ability of interviews to detect these attributes. We recommend that admissions committees work towards developing a method to evaluate students' humanism reliably. An approach like the MMI may be useful in this regard.

We also caution against overly focusing on predicting humanism through professional experiences because this may mask humanism among students who have not had extensive exposure to medical and other similar professions. This is not to suggest that professional experiences and examples cannot help foster humanism – indeed they can – but that admission committees should also seek to understand applicants' worldviews and experiences, perhaps as they were demonstrated through role models. This is especially important for low-income and first-generation applicants who may have had limited professional and volunteer opportunities. Many of the GHHS members we interviewed had extensive volunteer experiences throughout the world, and it is important to remember that these experiences are not usually available to applicants from disadvantaged backgrounds.

Finally, it is clear from these data that selecting students with humanistic potential is not enough if the nature of undergraduate and graduate medical education does not nurture its development. The students in our sample widely disagreed with their treatment at the hands of certain physicians, and felt frustrated that they could not speak up when they felt patients were not receiving appropriate care. Medical schools should consider speaking out against a culture of intimidation as they work with hospitals and clinics to provide training to their students.

### **Next steps**

Our original grant proposal indicated our intent to administer a survey to all GHHS members at the three institutions in our sample. However, based upon the findings from the analyses of our interview data, we believe more important data will come from a survey of both GHHS members and non-members at a larger sample of U.S. medical schools that have GHHS chapters. These data will allow us not only to generalize our qualitative findings, but also to learn more about GHHS members on a wider scale. We also believe it is important to survey students who are not GHHS members, so that we can establish a comparison group for this study. The draft of the survey is available in Appendix B.

Our research team used the qualitative findings to inform the development of survey questions designed to probe students about personal characteristics and experiences that might be associated with humanism. The survey includes constructs which measure medical students' personal beliefs, professional values, and empathy. In addition, it asks the students detailed questions about their experiences in medical education, as well as their personal background.

The findings of this proposed study would benefit the Arnold P. Gold Foundation in that it would result in a more thorough investigation of GHHS members, their backgrounds and their varying approaches to humanistic practices. On a larger scale, we may be able to identify more generalizable indicators of humanism. These findings can help admission committees select students who have the ability or potential of providing humanistic care to their patients. In addition, it will also inform the medical education community as it strives to include humanism as an integral component in medical training and to nurture it as students are socialized into the profession.

**Appendices**

- A. Interview protocol
- B. Draft of survey

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## Appendix A: Interview protocol

*Begin interview by thanking participant for his/her time and briefly explain the scope and goals of the project. Next review the informed consent form and, if consent is granted, complete and sign the form. Start audio-recorder and gathering demographic information.*

### Demographics:

Name:

Medical school enrolled:

Year in medical school:

Anticipated specialty:

Undergraduate institution / major:

Pre-med school work (including duration of this work):

### Interview Questions:

- 1) Why did you decide to become a physician?
  - a. What experiences were most important in influencing your decision?
    - i. Why were these experiences influential?
  - b. Who were most important people in influencing your decision to become a physician?
    - i. Why were these people influential?
- 2) What does being a physician mean to you?
  - a. How do you understand pursue a medical profession in relation to your personal goals and achievements?
  - b. How do you understand perusing a medical profession in relation to your community or social goals and aspirations?
- 3) How would you describe your values system?
  - a. Thinking back, what have been the most important lessons that you have learned that inform your values?
    - i. Why were these lessons important?
  - b. Which of your experiences have been important in forming your values system?
    - i. Why have these experiences been important?
  - c. What people have been most influential in informing your values system?
    - i. Why have these people been important?
- 4) What is your philosophy on the practice of medicine?
  - a. What are your underlying beliefs about the practice of medicine?
  - b. How do you think you have come about these beliefs?
  - c. How have you acted on this philosophy in medical school?
  - d. How has your experience as a medical student challenged these beliefs?
  - e. How has your experience as a medical student shaped these beliefs?

- f. To what extent has your philosophy changed or developed during medical school?
    - i. What aspects of medical school most influenced this change?
  - g. How do you anticipate that your philosophy about medicine will influence your career?
- 5) What does humanism in medicine mean to you?
- a. How do you believe you have developed this understanding?
  - b. How important is humanism in medical practice?
    - i. Why is it important?
  - c. How have you practiced humanism as a medical student?
  - d. How do you intend to practice humanism in your career?
  - e. How and to what extent has humanism been discussed at your medical school?
- 6) Why do you think you were selected to be a member of the GHHS?
- a. How would you describe your interaction with your peers?
  - b. What aspects of your interaction with your peers do you think were most important to your selection to the society?
  - c. What are some examples of times when you have demonstrated leadership in humanism among your peers?
- 7) What does it mean to you to be a GHHS member?
- a. What does GHHS membership imply for your role as medical student and resident?
  - b. As a member of the GHHS you have made a commitment to humanism in your further practice as a physician. How do you intend to honor that commitment?
  - c. To what extent has your GHHS membership and increased exposure to humanism in medicine influenced your plans for future specialization and practice?
    - i. What aspects GHHS membership have been the most important in influencing you?
- 8) Thinking back to when you applied to medical school, what aspects of your application, including your grades, MCAT scores, experiences, essays, and interviews, best assessed your humanistic potential and your academic performance?
- a. Do you feel that these aspects of your application were valued highly by medical admissions committees?
  - b. Did you choose to apply to medical schools because of their humanistic missions' or philosophies'?
  - c. Did the mission or philosophy of this medical school influence you decision to enroll here?
  - d. If you were involved in selecting medical students, what things would you look for on an application to identify candidates who are likely to have a commitment towards humanism?
- 9) What about your background and experiences or approach to humanistic medicine which I have not asked you about should I know?