

Humanism -> Humanistic Practice Subcommittee

Executive Summary of the Report to Curriculum Redesign Committee, June 2018

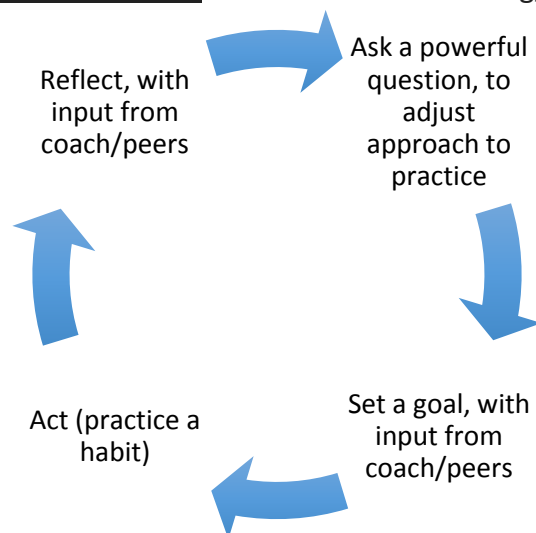
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Charge: The Humanism Subcommittee—revised to Humanistic Practice Subcommittee--will explore, evaluate, and recommend optimal mechanisms for cultivating maximally humanistic graduates, faculty and staff of the CU SOM community.

Definition: The committee thoroughly analyzed and discussed the most appropriate word or phrase to capture our charge. Humanistic practices are and include:

- The continuous and consistent cultivation of virtuous and lifelong habits that inform the practice of clinical medicine and scientific research but extend beyond them to professionalism, wellbeing, leadership, advocacy, diversity, commitment, and curiosity.
- The creation of a culture expressed through attitudes and behaviors that support all elements of appropriate and effective identify formation for physicians-in-training.
- The commitment to being *and* doing that is integrated through all aspects of medical education and the daily experience of physicians-in-training as well as all members of the healing professions. In essence, *this is the work* of our profession, not a side helping of "touchy feely Tuesdays" or "another Wednesday morning lecture."
- The transcendent human pursuit distinct from a particular field, methodology, or historical point of view: humanistic practice is and must be an overarching aim and good, in and of itself, in addition to and aside from content in the sciences, arts, humanities, and ethics.
 - Because of this belief, we changed the committee from "Humanism"—which conflates our definition with a particular historical/cultural/philosophical movement—to Humanistic Practice.

Working Model of Humanistic Practice: "We are all still learning, through practice"



Foundational Values: Curiosity, Humility, Empathy, Compassion, Vulnerability, Courage, Commitment.

Recommendations:

Essential—

1. Humanistic practice should not be confined to a particular curricular thread or educational methodology; rather, humanistic practice should be woven into every component of the curriculum.
2. Healthcare ethics is an especially powerful and relevant vehicle for exploring many components of humanistic practice and should receive dedicated curricular time in every year of education with particular emphasis on case-based discussion.
3. Communication skills training is a second, essential vehicle for enhancing humanistic practice with particular emphasis on narrative competency.
4. Regular reflection—written and explored one-on-one and small group discussion—is a third, essential habit for the cultivation of humanistic habits and provides a mechanism for assessment.
 - Formal instruction and on-going coaching on reflective writing and reflective practice are necessary for both students and faculty facilitators.
 - Reflection should focus on actual experiences when possible rather than simulations or fictionalized reality.
5. A small cadre of dedicated faculty teachers/coaches who both model humanistic practice in all aspects of their work and life and are outstanding facilitators in areas of identify formation, communication skills, and conscious/unconscious bias should receive dedicated funding, time, and intensive training to serve as formal guides for all students, longitudinally, throughout medical education.
6. Existing structures for individual and small group learning should be used to cultivate humanistic practice rather than carving out a new thread.

Suggested—

1. When possible, humanistic practice should be cultivated in an inter-professional setting/model.
2. Careful and formal assessment of the barriers to and facilitators of humanistic practice should be part of the implementation-planning phase of curriculum redesign for each element of the existing and proposed new curricula.
3. Formal integration of humanistic practice in curricula focused on leadership and systems of care (including advocacy) to emphasize how humanistic practice extends beyond the individual to teams, communities, delivery systems, and cultures.

Outcomes/Assessment:

1. Portfolio consisting of iterative:
 - Self-assessments of humanistic practice.
 - Articulation of personal/professional goals related to forming virtuous habits.
 - Reflective writing on transformative experiences related to humanistic practice and on continual pursuit and adjustment of personal/professional goals.
 - Outside feedback from teachers, team members, and peers.
2. Jefferson Empathy score (annual)
3. Wellbeing measurement (annual) – burnout, resilience, and thriving scales

