

## Long-Term Art Workshops and a Reflective Account on Them

### Uzun Süreli Sanat Atölyeleri Üzerine Düşünümsel Bir Açılım

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#### Abstract

Many fourth year medical students who start attending the clinic after the theoretical years face unexpected and compelling situations. The context of medical education shifting from basic sciences to clinic and requirements like handling many new skills like apt communication and emotional resilience drive medical students to look for areas where they can sooth themselves emotionally, relax and think clearly while forming a professional identity. To address this situation, the long-term art workshops project was held in 2021 for year 4 and 5 students, interns and resident doctors at Marmara University. Reflective/narrative sessions held in parallel with painting and story writing workshops, all run by experienced specialists, lasted for an academic year. According to participants' reflective accounts, they highly benefited from the art workshops project in terms of self-awareness, empathy, communication and understating for everyone in the clinic. In this text a painting and a clinical story from one of the participants of the project have been handled along with her reflective accoun.

**Keywords:** Medicine and arts; narrative medicine; reflection; medical humanities

#### Özet

Teorik yılların ardından klinik eğitime başlayan birçok dördüncü sınıf tıp öğrencisi beklenmedik ve zorlayıcı durumlarla karşı karşıya kalmaktadır. Tıp eğitiminin temel bilimlerden kliniğe geçmesi, iletişim ve duygusal dayanıklılık gibi birçok yeni becerinin ele alınması gibi gereksinimler, tıp öğrencilerini profesyonel kimlik oluştururken duygusal olarak kendilerini rahatlatabilecekleri ve net düşünebilecekleri alanlar aramaya itmektedir. Bu bağlamda çözüm üretmek amacıyla 2021 yılında Marmara Üniversitesinde 4. ve 5. sınıf öğrencileri, intörnlere ve asistan doktorlara yönelik uzun süreli sanat atölyeleri projesi gerçekleştirilmiştir. Resim ve hikaye yazma atölyelerine paralel olarak gerçekleştirilen düşünüm/anlatı oturumları deneyimli uzmanlar tarafından bir akademik yıl boyunca sürdürülmüştür. Katılımcıların düşünüm oturumlarındaki ifadelerine göre sanat atölyeleri projesinden kişisel farkındalık, empati, iletişim ve anlayış açısından oldukça faydalanmışlardır. Bu yazıda proje katılımcılarından birinin klinik ortama dair bir hikayesi ve resmi, onun düşünüm verileriyle birlikte ele alınmıştır.

**Anahtar Kelimeler:** Tıp ve sanat; anlatsal tıp; düşünüm; tıpta insan bilimleri

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## INTRODUCTION

A jovial and always cheerful person during art workshops, Nursevinç, as many other fourth year medical students who freshly attend the clinic, is overwhelmed by the tense and chaotic environment there. Unsurprisingly, the practical years, right after the first three theoretical ones, are usually traumatizing for most medical students (1). Growing patient numbers, the problems of the health system and tightening economic conditions they find themselves immersed in add to students' expected dread of the clinic experience. It leaves med students looking for solutions and coping mechanisms to remain mentally healthy while practicing their profession (2).

## THE PROJECT

The long-term art workshops project was initiated in 2021, aiming at understanding and helping candidate physicians as well as to facilitate a more balanced professional path for clinical period med students. As anticipated, the subsequent reflective/narrative sessions along with painting and story writing workshops, all run by experienced specialists and lasting for an academic year, proved effective and fruitful (3,4). All the participants confronted personal feelings that, for the most part, they were either unaware of or had neglected to analytically reflect upon. In these group reflection sessions, the candidates opened up to each other and exchanged experiences by collectively weaving their own worlds of meaning together through human encounters. As one of several art-loving students having volunteered to participate to this project, Nursevinç expressed that she regained her inner peace with her creative and reflective engagement with art.

## FOCUSING ON A PARTICIPANT'S REFLECTIVE ACCOUNT

Excited to start her clinical education with the "title of trainee doctor" as she writes in her story, Nursevinç started "enjoying herself for the first time" in her medical education because she felt "useful" despite having a "tense mood" about the polyclinic hours. Her story *Touching the Patient* clarifies the roots of this contradiction. Visualizing herself in the shoes of the resident doctors she was shadowing troubled her about her own future, especially since the residents had to multitask for long hours and this proved to be both physically and mentally exhausting. The macro problems of the actual health system were seriously weighing on her at a more micro day to day level which would make Nursevinç feel like screaming as her "patience runs out." This aspect of the clinic would make her most anxious about her future since she's regularly witnessed several tumults every day.

*Touching the Patient* goes on to describe a specialist doctor's professional behaviour which brings calm to an environment otherwise prone to chaos. This happens at a very unexpected moment and changes the ambience in the examination room so fast that the awe it causes is felt by everyone involved. Observing how the young patient and his father responded to the soothing words of the professor and complied with him is "like a miracle" to the narrator. Watching such an exemplary doctor's ability to pull through this chaos, Nursevinç feels relieved and sees that it is still possible to achieve this multi-layered task of becoming "a physician who is listened to and who touches people."

## THE PAINTING NAMED "CONFUSION" -THUS EVOKING CONFUSION IN EVERY WAY

While depicting a stressful and challenging moment in Emergency Room, Nursevinç's painting *Confusion* reveals, as expressed in her own words, the abundant chaos in that professional and narrative space which causes an inner confusion and a kind of loss of sense of place and time for her, hence the title of the piece. The dirty yellow colour of the inside walls recalls the gloomy atmosphere dominating the small room.

The patient, wounded on his abdomen and still covered in blood, lies in pain while other patients and relatives are causing a commotion outside. Someone is waving the paper in their hand while others are lining up causing a clamorous commotion. Nursevinç explains that in the scene she actually witnessed, as an overly empathetic person sharing the pain of the wounded patient, the loud noise of ER was irritating her, making it almost impossible to remain in the area, which is very much in line with her mood in her story. The uneasiness of this experience led her to realise that she may not be cut out for a future specialist role that would chronically immerse her in such a chaotic professional environment. In the Confusion the only person who has a face is the unconscious and immobile patient. All other people are active yet cannot be observed as “persons” in the painting. Ironically the picture of the shushing nurse stands at the bedhead of the very quiet protagonist of the painting, not being able to shush the ones actually causing the loud noises outside of the room.

As with all the other participants of the art workshops project, Nursevinç’s reflection on her first days in the clinic proved to be difficult to bear. In her reflection, she states that, despite the odds and challenges, the professors who make a difference in patient communication “in an understanding way and empathizing” are the ones that impress her the most. As an aspiring doctor, it gives her an enormous amount of hope to see first hand that effective communication between physician and their patients is possible.

## CONCLUSION

The optimistic positive outlook and aspirations medical students have toward their future profession are being dampened and placed under assault with the fast changing conditions and challenges surrounding them. The situation has been further exasperated by the problems highlighted in health systems around the world following the pressures experienced universally by the recent global pandemic. From a subjective point of view, it may be argued that for the past decade the majority of med students shifted from being idealistic and hopeful-about-future to becoming more anxious-about-future doctor candidates. This overwhelming and chaotic climate that medical students jump into is highly susceptible to erode their fresh excitement about their professional aspirations. Reflecting on their experiences with the help of producing art and understanding better the cause of their own challenges can help medical students tread a path and help decide on their progression. Such art activities let med students get in close touch with their patients, health professionals, each other and especially with themselves, through their reflective and analytical narratives and to help them form their professional identities. Nursevinç, like all other participants of the art workshops program, admitted that she greatly benefited from being actively involved in art for a relatively long period of time and that she would continue seeking to use her appreciation of art to help to complement and to facilitate her professional journey as an effective medical practitioner.

### **Clinical Story by Nursevinç Gezer: Touching The Patient**

It was my first year at the clinic. I was very excited to start at the hospital with the title of trainee doctor. Due to the pandemic, unlike previous years, we had started to hold face-to-face lessons and come to practices. In general surgery training we had a heavy work load and did stuff at the same time. We felt useful and enjoyed ourselves.

Although I enjoyed the small tasks I did in the ward or operating room, I never liked the outpatient clinic environment. The fact that the resident had to focus on more than one thing at the same time made me worry about my future, as I would also become a resident one day. The days I stayed at the outpatient clinic, even doing half-day observation, were tiring me both physically and spiritually.

The following day, I would find myself lying in bed staring at the ceiling not going to class nor leaving the house. This was the only way I could rest.

I thought a lot about what made me so tired at the outpatient clinic. Lack of orderly functioning, patients causing tension in front of the door, "When will my turn come, how more will I wait?" The first things that came to my mind were being asked questions that we don't have the answers to, improper requests for health reports, people edging in, people coming without an appointment, people causing trouble when the priority patient group entered before them, trying to check the door and behind rather than focusing on the patient during the examination... "Enough!" I wanted to scream but I couldn't. I was feeling as if I was swollen.

It was very difficult for a person to do so many things at a time and one's patience was naturally running out. When all the patients were nervous and the doctor couldn't control themselves, it was very easy for things to get rowdy. This had already become the outpatient routine.

It was polyclinic day again...

While we were performing an abdominal examination on a patient, the door opened. Two people, whom I assumed were father and son, entered. As soon as the door opened, they rushed in, ignoring our calls saying there was a patient in. We were saying, "There is a patient, get out," but neither of them seemed to hear or understand us.

The father was under his son's arm, and his son was writhing. We were all shocked when he said to us, "Sir, move away and let me curl up here." This is not an emergency, it's a polyclinic, we were saying, "there is a patient in the bed, you cannot lie down, go away", but in vain. "His stomach hurts, let him lie down here."

It seemed very strange to me that there were language and comprehension problems although both parties were Turkish citizens. Thoughts such as "those who come may be mentally ill, what could happen to us if we do not comply with their wishes"; the exclamations of "Oh, is it getting rowdy again?", "What is this, every day, every day" passed through my mind in an instant.

Then our professor came to the polyclinic. Whether it was because we were not able to see our professors in polyclinics very often, this visit felt very good to us. Moreover, he came on what just happened and just when it was starting to escalate...

When he entered, we all took a deep breath, including the resident doctor. As soon as the professor entered the room, it was as if he brought with him a sense of peace, trust and certainty.

The father and son still continued to make some sentences that did not answer the questions we asked.

Our professor patiently and repeatedly told them in an extremely calm, soft, low tone that they should not be here, that it was best for them to be in the ER, that he understood the pain, but that he could not solve it if he lied down like this. He was touching the father's shoulder while saying these.

The father and son, who had just looked at us as like two strangers and could not understand us, suddenly began to understand. They calmed down and walked out of the corridor in the direction the professor had described.

It was like a miracle to witness the transformation the two men went through in those two minutes, us who were in a panic calming down and the patients in the corridor lining up. All our friends were very impressed.

I don't even remember what lesson I learned about medicine that day. But I learned the biggest professional lesson.

This lesson was more valuable and instructive than any theoretical knowledge: to strive to be a physician who is listened to and who touches people. "To be able to touch people" without hiding behind routines, cliché thoughts, the first emotions and the thoughts that come to our mind in the heat of the event...





Figure 1. Painting by Nursevinç Gezer:  
Confusion

## KAYNAKLAR

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