

Episode: *Ethics Teaching and Learning: How Art Helps Health Professions Students Learn Communication Skills*

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TIM HOFF: Welcome to the new *Ethics Teaching and Learning* podcast series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. In this series, we'll talk with educators about teaching ethically complex content to health professions students. We'll discuss strategies for navigating tension between challenging students and trainees and supporting them as they navigate ethical ambiguity and uncertainty. And we'll specifically focus on relationships forged among patients, clinicians, and organizations when we work, teach, learn, and assess learning together.

This month's issue of the Journal, *Arts-Based Research in Health Care*, explores how the kindred disciplines of Bioethics and Humanities have led to research methods based on visual, musical, and poetic forms of creative expression. This kind of research interrogates overmedicalization, resists hyperfocus on measurability when the cost is neglect of narratives and experiences and recognizes tendencies that too often privilege outcomes over processes. What we find is that medicine has much to learn from and contribute to the arts, and that the arts have much to learn from and contribute to medicine.

To help explain how joint programs between medical and artistic institutions can benefit students, Dr Evguenia Popova joins us on this episode of the podcast. Dr Popova is an Assistant Professor in the Department of Occupational Therapy in the College of Health Sciences at Rush University in Chicago, Illinois. She's with me to talk about joint programs between Rush and The Art Institute of Chicago, and specifically how communication skills can be taught to health professions students and trainees using art.

One quick note before we start: Links to The Art Institute of Chicago Web pages for the two artworks that Dr Popova will mention later in the interview, *Still Life With Dead Game, Fruits, and Vegetables in a Market* by Frans Snyders and *Slumber Party* by Eric Fischl are in our show notes and on our site, [JournalofEthics.org](http://JournalofEthics.org). Enjoy the interview.

Dr Popova, thank you so much for being on the show with me today.

DR EVGUENIA POPOVA: Thank you so much for having me. I am so excited to talk to you about this topic today. [music fades]

HOFF: So, most of our listeners likely already know why communication skills are important in patient-clinician relationships, but they might not be familiar with how communication skills are taught, or specifically how art can be used to teach them. So, how do you work with Art Institute of Chicago educators to help health professions students cultivate good communication skills?

POPOVA: Well, what I love about this work is that art-based training programs and educational opportunities really bring a sense of creativity and novelty into the classroom.

And I very much appreciate how The Art Institute of Chicago educators bring their knowledge and experiences within The Art Institute to really teach concepts by using artistic skills and processes and experiences as educational tools. I find that they very much challenge my students to embrace that non-linear thinking, which is incredibly hard to teach in a classroom, and more importantly, bring in artwork that helps people pause and reflect on their own assumptions and how they understand others, how they communicate with others, how they understand themselves even sometimes.

HOFF: Mmhmm.

POPOVA: And that is such a critical element of communication. If we don't know ourselves, it becomes really challenging for us to be able to understand and communicate with others. And in research, this approach has been shown to be effective in using art as media to challenge students to reflect on their observational skills, teach them the art of objective and subjective observation, teach them tolerance for ambiguity, teach them tolerance for empathy. And that's where I've been really leaning in into this collaboration to go into that area of ambiguity and helping my students be more comfortable with sitting in the gray area when interacting and communicating with others and proceeding with empathy as they learn more about other people's experiences.

HOFF: And do you find that your students are pretty open to learning more about this type of communication and they just don't know how to do it, or do you sort of need to convince them why this is important in the first place?

POPOVA: That is such a great question. Honestly, I find that when we first teach the concept of communication and active listening and active observation and objective versus subjective description of another person's experiences, I find that a lot of students look at me as an instructor and think to themselves, "Well, yeah, like, I get this." [chuckles]

HOFF: Mmhmm.

POPOVA: "You know, it's a very basic Merriam-Webster definition."

HOFF: [laughs]

POPOVA: "I know how to do this. It looks easy." And it's usually not until clinical practice that they realize that maybe it will be easy some of the time, but there's also going to be instances where you're not going to see eye to eye with another person, or you're going to miss your own underlying biases and assumptions. And in the past, this type of workshop has been students will describe it as being very eye opening, but also unexpected.

HOFF: Mmhmm. Sure.

POPOVA: In terms of your question of how do students respond to it, I think they get a little bit thrown off initially. And honestly, as an educator, I love that part. I love throwing off my students a little bit because I find that when you're able to disorient someone from where they are in that moment, they are much more receptive to challenging some of the more ingrained assumptions that they might have about their everyday experiences. So, when students reflect on this experience, they do say like, "Ugh, it was a little bit uncomfortable. It was very eye opening." But they also talk about how much they get out of the experience and being able to actually observe and talk to other people about what they're seeing in the art that's presented to them, to be able to talk to their peers about

something that's ambiguous or maybe a little bit threatening, right? Because you don't really know if you're interpreting the art piece the way it's quote-unquote "supposed to be" interpreted, which is so common in clinical practice. And they say that they feel stronger as collaborators as well, not only being able to understand other people's experiences, but better understand our ability to make meaning together with other people, that shared narrative that we as health care professionals develop as we work with our clients.

HOFF: Mmhmm.

POPOVA: And I really, I really love that part, I think, the most.

HOFF: So, tell me a little bit about how this began, how you as a Rush OT faculty member, got interested in working with The Art Institute and what some of the fruits of your collaborations with all of their very gifted arts educators have been.

POPOVA: Honestly, I feel like I just got really lucky [laughs] in having an opportunity to have this collaboration. Art-based education has been something that I've been researching and exploring on my own before I joined Rush. And then I realized that we have this beautiful partnership with The Art Institute of Chicago, and I got to meet some of their instructors.

To take a step back, in occupational therapy what we do is we use everyday life occupations or activities to work with people across all walks of life and all different ages and ability levels. We can support people through promotion of physical health, mental health, and wellness. And art, art making, creativity becomes one of the core occupations that a lot of people engage in, right? Either through writing or drawing, photography. So, as occupational therapists, we use art in our everyday therapy. But then thinking about it from an education perspective and starting to do some research in art-based education, I'm like, I wonder if I can take what we usually use as a therapeutic media and bring it into a classroom to teach folks both about themselves, but also some of the core clinical skills.

And before this relationship even began for my doctorate, I really explored how do we, as occupational therapists, use our communication and our ability to empathize and collaborate and really use our interpersonal reasonings? So, not just what we know about clinical practice and evidence-based guidelines and how to provide treatment to another person, but how we know how to communicate with other people? And when you read this literature in occupational therapy, some people will describe it as "elusive."

HOFF: Hmm.

POPOVA: That you can't really teach it.

HOFF: Mmhmm.

POPOVA: It's this abstract, ambiguous thing that cannot be presented in a classroom. And because of that, a lot of people end up presenting it as more in a lecture-based format, which—spoiler alert—[laughing] in the research, just does not work.

BOTH: [laugh]

POPOVA: So, when I started looking at these more interactive, experiential elements of presenting these quote-unquote "elusive" concepts of intentionality, flexibility, self-

awareness, collaboration, right, like that emotional intelligence, and when I saw that hey, in art-based curricula, they're helping people learn these skills, I was very excited to collaborate and bring elements of this into the classroom and see a) would our students like it, right?

HOFF: Uh-huh.

POPOVA: Because sometimes students simply don't like an approach.

HOFF: Sure.

POPOVA: And b) what would come about of it if they did like it? Yeah.

HOFF: Right, right. So, you say that the research kind of bears out that straight lecturing isn't necessarily the best format to get this type of content across.

POPOVA: Yes.

HOFF: How do we know that? And by that, I mean, what sort of assessments do we have to assess the effectiveness of whether or not health professions students are picking up these communication skills and this flexibility and this perception?

POPOVA: Yeah.

HOFF: What are the ways that you test that?

POPOVA: Yeah, there's a bunch of different approaches. Although, quite honestly, I feel like at least in my area of education, we're still not quite there yet of having very robust research design.

HOFF: Mmhmm.

POPOVA: So, I definitely lean into my rehabilitation colleagues in nursing and medicine. The two most common approaches that I notice tend to be either observational assessments of how people communicate with one another: whether or not they're using appropriate non-verbal and verbal communication, whether they're using summary statements to narrate back what they're hearing with their client, whether they're physically oriented and present toward the person.

HOFF: Mmhmm.

POPOVA: So, those are some of the observational tools that folks will use sometimes.

HOFF: Mm.

POPOVA: Another common area that will be used is self-report assessments, especially self-report assessments related to empathy: How are we able to empathize with people around us? There are some assessments that have been coming out in terms of communication and different types of communication that you can use, for example, whether you're instructing and telling people what to do, whether you're helping them set goals or problem solve, that sort of thing.

HOFF: Mmhmm.

POPOVA: So, self-report tools are definitely big. One of the assessments that we've been looking into and integrating into our research, in addition to some of the self-reports related to empathy and mindfulness, is looking at psychological flexibility. And the assessment that I've started using is called Acceptance and Action Questionnaire, and what that assessment looks at is how are people able to interact with the world? How are they able to perceive what's going on around them? Do they take more of a reactive or non-reactive stance when they're experiencing something that is maybe disorienting or stressful?

HOFF: Mmhmm. So, people who are familiar with how medicine is represented in painting, for example, might think of works like *The Doctor* by Sir Luke Fildes or *The Anatomy Lesson of Dr Nicholas Tulp* by Rembrandt. But these are not actually the kinds of art that you use to engage students in skill development. So, can you give our listeners some examples of artworks that you use with students that you think might surprise people? And how do the art objects that you use differ from these sort of traditional images of medicine and healing?

POPOVA: Yes. The past two years of this collaboration, the workshop has often been opened up with a piece called *Still Life With Dead Game, Fruits, and Vegetables in a Market*.

HOFF: Mmhmm.

POPOVA: And it's a beautiful piece by Frans Snyders, I want to say. And the piece is quite striking because it showcases what looks like an open-air market and a vendor, and it presents a mix of fruit and dead game, as well as animals that are alive and are interacting with objects in the piece. And I feel like in thinking about medical education, that piece would definitely surprise me and did surprise me and surprised my students, actually.

BOTH: [chuckle]

POPOVA: Because I think the first thought is, wait. What does health care have to do with a vendor at an open-air market?

HOFF: Mmhmm, mmhmm.

POPOVA: But what that piece challenges people to realize is to start critically think about where does their eye go when they're looking at a piece? Are they a big picture person or they're a small detail person? Do they glance at it and then move on, or do they really stick to a single detail, and they have a hard time moving away from it?

HOFF: Mmhmm.

POPOVA: What do they miss, right? That's another key point. What assumptions do they have behind it? In this piece, there is what looks like a person who is kneeling down and reaching into the pocket of the vendor, right? So, you can talk to the students, "Well, what's your assumption behind this person that you're seeing? Are you assuming that they're taking something out of a pocket? Or maybe they're a friendly family member who's giving something," right?

BOTH: [laugh]

POPOVA: “Maybe putting something back. What’s your assumption about that?” And I find that we often don’t think of this image as something that’s relevant to health care education, yet it is so prominent in terms of the key elements in our health care. When we’re interacting with clients, what do we assume about their environment? Are we taking the time to fully understand the full picture and the context of what’s going on?

HOFF: Mmhmm.

POPOVA: Are we losing track of some details, right? And that creates a really rich discussion that is also, I find, is non-threatening to our students because we’re taking it outside of that complexity of the medical setting. It allows us to really critically reflect without feeling threatened in terms of providing high quality of care when we’re talking about a real-life case.

One of the other pieces that we use to help our students reflect on the concepts of objective and subjective observation—which is a core element of any type of active listening or communication skills of health care—is a piece titled *Slumber Party* by Eric Fischl. And it’s a beautiful art piece that showcases two individuals in a room. The artist uses a lot of shadows, which makes it appear that the piece is happening either at the start or maybe at the end of the night. And what you see in the piece is that there’s two individuals that look younger, maybe in their 20s or early adolescence. There is one person leaning on the floor. They look like a White male. There’s another person standing that looks like they could be a Black female. And they both appear to be either dressing or undressing, somewhere in that process. And when we showcase this piece to our students, we ask them to do two things. One, we ask them to write a one-minute reflection paper on what they see in this image.

HOFF: Mmhmm.

POPOVA: So, in one minute, describe, what do you see in this picture? Then after they’re done, we ask them to do the exercise again, but we preface it with using objective terminology. So, we ask them to write an objective statement about what they see in the picture. And one thing that is very striking in that assignment, and something that we point out to our students, is that they tend to move away from describing any type of emotion or characteristic that the image evokes in them.

HOFF: Mm.

POPOVA: And the more interesting piece is that more often than not, students will pull out any reference to gender or race or ethnicity that they might see in a picture.

HOFF: Mmhmm.

POPOVA: And that is quite striking and an interesting thing to bring up with students in a conversation, because then we can have a rich discussion of what does that mean about our writing when we’re writing clinical documentation? Are we doing an injustice to our clients if we’re describing their life situation while pulling out the nuances of the emotion that their context might be evoking in them? What does it mean about ourselves if in our writing, we’re pulling out any mention of race?

HOFF: Mmhmm.

POPOVA: And how does that impact our interactions with our clients, especially if we're not aware of that?

HOFF: Right.

POPOVA: Right? What does that mean? So, that has been a really powerful piece to use with our students as well, especially as we delve into the nuances of bias and assumptions as it lends itself to our clinical reasoning as health care professionals.

HOFF: Right. So, to wrap up, what about the future of Health Humanities and integrating art into health professions education excites you? This is a relatively new field, which is not to say that there haven't been people doing this already. But what sort of projects do you want to do next with your students in collaboration with The Art Institute of Chicago or through other methods of integrating Health Humanities into health professions education curricula?

POPOVA: I think there's not a single thing about this area of practice that does not excite me, quite honestly.

HOFF: [chuckles]

POPOVA: I am just so excited to see how the research is going to continue and transform through the years. One thing that I've started to dabbling into in this work and that I'm very passionate about is I would love to see how this content and this type of curriculum can not only help health care professionals be better health care providers, more equitable care providers, more empathic health care providers, but I'm also really interested to see if there is an impact of this work on actually improving the professional quality of life and mental health and resilience in the providers themselves.

HOFF: Mm.

POPOVA: I find that more often than not, health care providers are huge empaths. And high empathy paired with high stress often results in emotional fatigue and burnout, and I wonder if this type of curricula can help people just be gentler on themselves, be able to practice more self-care, more self-compassion, and more empathy for themselves as well as their clients. I really believe that this type of work reminds us of common humanity and common values and just how tiny we are when it comes to us just being people in this universe, right?

BOTH: [chuckle]

POPOVA: And I do believe that there is something in this work that can help health care providers feel better and be better in their profession and help sustain the passion that health care providers bring with them into the profession at the start of their career. So, I hope to continue this work in the coming year. We've been doing this workshop over Zoom the past two years, and I'm excited to see what this looks like and what the results of our research look like when we replicate the study at The Art Institute itself. I think that's going to make a difference. [music slowly returns] But I'm also very interested to see if this work can help providers just generally feel better and be more self-compassionate and practice more psychological flexibility and mindfulness in their day-to-day self-care.

HOFF: Dr Popova, thank you so much for your time in being on the podcast today, and thanks for your continued work in teaching this important content to students.

POPOVA: Thank you so much for having me. This was just an absolutely wonderful experience, and I appreciate the time to reflect and share this work with you.

HOFF: That's all for our first episode of *Ethics Teaching and Learning*, a new podcast series from the *American Medical Association Journal of Ethics*. Thanks to Dr Popova for joining us. Music was by the Blue Dot Sessions. Head to our site, [JournalofEthics.org](http://JournalofEthics.org), to read our latest issue on arts-based research in health care for free, and don't forget to check out those links to The Art Institute Chicago Web pages for the artwork that Dr Popova mentioned in the interview. You can also find us on [Twitter](#) and [Facebook @JournalofEthics](#), and we'll be back soon with next month's issue on inequity and iatrogenic harm. Talk to you then.