

## COMMENTARY

## Ethics and curricular competencies during a three-hour poetry workshop for health professionals

UPREET DHALIWAL, SATENDRA SINGH

**Abstract**

*Poetry is a powerful tool to promote communication, develop insight and empathy, examine ethical issues, and challenge assumptions. We have been using poetry in health professions education for many years and wished to capture its impact on healthcare learners and professionals, with a focus on competencies essential to healthcare providers. A three-hour poetry workshop was conducted during the National Conference for Health Professions Educators, 2022, for volunteers from the health professions. Poems were curated beforehand to highlight ethics concepts, and social and structural healthcare barriers. Participant responses suggested that they connected with the struggles depicted, noticed ethical issues, and experienced empathy. Online feedback from participants after the workshop revealed that the poems motivated self-reflection, gave voice to feelings, and helped understand patient perspectives. Our findings suggest that integrating poetry into the curriculum can improve educational competencies, enhance understanding of illness, and facilitate creativity, reflective learning, and discussions on self-care and burnout.*

**Keywords:** poetry, communication, competency-based education, empathy, ethics.

**Introduction**

Poetry reading has been found to foster engagement with one's own feelings and thoughts as well as with the feelings and thoughts of others [1]. Its use in medical education allows learners to bridge the gap between the theoretical teaching of

empathy and learning by actually experiencing it. Poetry can cultivate students' critical thinking on socially relevant aspects of healthcare, challenge their assumptions, help them recognise ethical issues, and appreciate that there could be multiple perspectives [2,3]. It may also prevent provider cynicism, detachment, and burnout [1]. We are medical educators and proponents of the health humanities and have been using poetry in the classroom and during conference workshops. While we have received encouraging feedback from classroom learners [4], we were curious to explore how workshop participants viewed the modality. This article describes our experience with a three-hour poetry workshop for volunteers from the health professions. The data collected during the workshop, and later, from the feedback, was analysed to determine how poetry intersects with the ABCDE attributes (attitude, advocacy, behaviour, communication, diversity, ethics and empathy) of healthcare providers [5]; and also, how it could contribute to achieving curricular competencies [6,7].

**The workshop**

Fifteen participants [learners and teachers from the medical and nursing professions] volunteered for the poetry workshop at the National Conference on Health Professions Education (NCHPE) hosted at the Himalayan Institute of Medical Sciences (HIMS), Dehradun in October-November 2022.

The resource material comprised of poems curated by the authors beforehand to showcase ethics concepts like autonomy, care-giving, cultural barriers, decisional capacity, dementia, disability, discrimination, paternalism, patient perspectives, structural barriers, surrogate decision making, and triage; and poems brought to the workshop by participants.

Participant experiences were captured *during* the workshop as reactions to the poems (in writing, without identifying themselves) in terms of feelings and thoughts. *After* the workshop, they were requested to complete an anonymous, online feedback form as soon as they could within the following week so that feedback remained relevant and recent. The items in the feedback questionnaire are displayed in column 1, Table 1. Feedback sought to explore if the poems were successful in drawing attention to the ABCDE attributes; helpful in identifying struggle, and expressing feelings and emotions; and likely to add value to the curriculum.

Authors: **Upreet Dhaliwal** (corresponding author — upreethdaliwal@gmail.com, <https://orcid.org/0000-0002-3064-6609>), Former Director-Professor of Ophthalmology, and Founding member of the Health Humanities Group, University College of Medical Sciences, Delhi 110095, INDIA; **Satendra Singh** (ssingh@ucms.ac.in, <https://orcid.org/0000-0002-4857-659X>), Director-Professor of Physiology, and Founding member of the Health Humanities Group, University College of Medical Sciences, Delhi 110095, INDIA

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**Table 1:** Results of the online feedback provided by the participants soon after the workshop (response rate 8/15; 53.3%)

Item	Number (%) who said yes	The explanation/elaboration some participants gave (in their own words)
Some of the poems motivated me to examine my own attitudes and behavior towards others	8 (100%)	<p>Attitude towards mental health;</p> <p>Poetry tries to soothe up and calm down;</p> <p>The first poem about a patient wanting to open up to a health care professional, reminded me to read a patient well throughout my course of managing them;</p> <p>Seeing things through different perspective;</p> <p>Especially the disability issues raised, or the way we treat patients.</p>
Some of the poems helped me identify ethical and non-ethical behavior	8 (100%)	<p>Triage whom to prioritize for care;</p> <p>The poem about microphthalmia did actually make me think about the ethical dilemmas which we face and it reinforced that what happens between a doctor and a patient is confidential and should not be shared unless it brings harm to others;</p> <p>The poems which talked about paternalistic behavior.</p>
Some of the poems gave me fresh insights into perspectives different from my own	8 (100%)	<p>I liked the poem "Normal" but felt that invisible disabilities had been missed out;</p> <p>The breast cancer poem</p>
Some of the poems helped me empathize – I was able to acknowledge and understand what the other person was going through	8 (100%)	<p>Yes, the poem about her father was moving and made me think about my own aging parents. I can feel her helplessness and her struggle;</p> <p>The poem on dementia</p>
Some of the poems helped me to identify conflict and struggle	8 (100%)	<p>The poem on normal/abnormal, and suno na [in Hindi], I could relate with them as my own disability has brought me countless struggles which I tend to hide before [the] able-bodied for they find it difficult to understand why, on some days, I'm simply gone.</p>
I find that poetry is able to communicate feelings and evoke emotions better than the same issue described in text form	8 (100%)	<p>Original response in Hindi; English translation by the authors: Poetry alerts us to the things which we ignore considering them to be everyday problems. Poems force us to look at those small things from a different perspective. I may ignore the sun shining on the water or the canker sores growing due to diabetes, but the poem brings me back to the same place and says look at what you were leaving behind.</p> <p>They allow you to think rather than listen to a preachy lecture.</p>
Poetry can add new dimensions to a healthcare provider's understanding of life and illness	8 (100%)	<p>That's the beauty of poetry, to focus on that one small thing a patient might face during his/her course of treatment, like the prick for arterial sample. The pain is like no other and bores deep into your bones and you want to scratch the insides raw. That focus on one pain, can reflect and open doors to empathize with other experiences a patient has had.</p>
I think that poetry can add value and should be included in health professionals' education	7 (87.5%)	<p>No, in our MBBS course there's already too much pressure on students to do their 19 subjects. Adding poetry as a subject in curriculum will make it a burden rather than something to enjoy/learn from;</p> <p>Yes, by evoking emotions and by being able to convey feelings more effectively.</p>
I think that poetry can add value to the personal lives of health professionals	8 (100%)	<p>Health professionals over time make themselves numb with the pain, heartbreaks they experience in their professional lives. This tends to spill over into their personal lives as well. Poetry is an effective means to rekindle those emotions and make themselves love this world again.</p>

Item	Number (%) who responded to the items	The responses (in their own words)
The enabling factors for me to use poetry as a tool for learning include	3 (37.5%)	Empathy; My emotions, the beauty in the world; I enjoy writing poetry. Understand the nuances.
The barriers for me to use poetry as a tool for learning include	3 (37.5%)	Not understood by everyone; None; I prefer English. I don't think students prefer English poems. My collection of poems in Hindi is small and needs to be improved.
My feelings and emotions while participating in the poetry workshop are	4 (50%)	Warm. Light. Cloudy; Tears seeping from each pore; Transported. Joyous; Felt emotional and connected

### Examining participant responses

The reactions generated after the reading of each poem were examined by the authors for key attributes of a healthcare provider (Table 2, keywords derived from the ABCDE attributes and from competency roles prescribed for healthcare learners) [5-7]. The table displays quotes from responses that point to specific attributes.

### Participant engagement

Some participants read out a favourite poem, written by themselves or by another poet, that highlighted burnout, care giving, chronic illness, dignity, empathy, healthcare-related struggles, joy, love, nature, palliative care, positivity, and self-compassion ([Supplementary file 1, available online only](#)).

One participant wrote a poem on the spot while listening to a recitation of the first author's experience of care giving for a parent with dementia; the authors found the poem to be representative of advocacy, responsiveness, dignity, empathy and compassion ([Supplementary file 2, available online only](#)).

### Feedback

Eight participants provided online feedback after the workshop. They found that the poetry workshop motivated them to examine their own attitudes, identify ethical behaviour, view different perspectives, and empathise with others, besides helping communicate feelings and evoke emotions (Table 1). They felt that poetry could enhance the understanding of illness and improve personal well-being, and most agreed that it should be included in the curriculum. The one respondent who did not think poetry should be included in the curriculum imagined it being included as a subject rather than as a teaching tool. Including poetry as an additional subject, they felt, would add a burden instead of enjoyment (Table 1).

The relatively low response rate to the post-workshop feedback form (where participants could respond in English or in Hindi) points to a reluctance or inability to engage. Poetry can be a powerful teaching-learning strategy in healthcare education; however, some people find it difficult to engage with a medium that often employs metaphors and can use abstract imagery that forces them to think outside of their comfort zones. There is also the problem that the language in which the poem is written might make it difficult for learners who are not well-versed in it. Participants did list language as a barrier to using poetry in the classroom (Table 1: "I prefer English. I don't think students prefer English poems.") Still others might find some poems triggering unpleasant past experiences. In fact, researchers have noted that poetry may [inadvertently] serve to oppress [8]. The possibility that a poem may be triggering should be kept in mind by facilitators and they should take measures to prevent it, like using trigger warnings before sharing, and employing incremental exposure to distressing content [9].

### Outcomes of the workshop

The poems curated for the workshop were able to draw attention to ethical dilemmas and many of the factors known to affect patients' healthcare experiences. Chosen with that intent, the poems generated points of discussion around aspects of the provider-patient relationship that may not be captured in a routine diagnostic interview during a clinical posting [10]. Table 1 demonstrates that the participants picked up on the patient's perspective, thus looking beyond the disease to the impact it had on the patient's life. They noticed the struggle depicted in the poems and responded with compassionate suggestions to mitigate it. They considered biases and preconceived notions that they may have internalised and seemed willing to change. They attributed some of the struggle to

**Table 2:** Excerpts of participant responses to the curated poems read during the workshop, and the attributes they point to

Item no.	Exemplary quotes taken from participant responses elicited during the workshop	Desirable attribute
1	Her gender is a barrier, worried about over showing/sharing.	Culturally aware Respects diversity
2	She/ he doesn't tell her story because doctor and nurses are busy with other patients, because of lot of patients.	Quality improvement Communicator Culturally aware
3	A lot went unheard; the conversational style was one sided, not a dialogue.	Communicator Empathetic Patient-centered Observant, responsive
4	If I was a nurse posted there I would have created a free environment with my communication skill and would have given him enough place to ventilate his feelings.	Accountable Communicator Compassionate Professional
5	Patient wants to converse with a doctor... but is scared to talk/ hesitant.	Culturally aware
6	A female patient worried about talking about a lump in breast to all men attending her.	Culturally aware Observant, responsive
7	Barriers in the communication came from gender issues/ shame/ the patriarchal system where women are not considered equals.	Culturally aware Respects diversity Lifelong learner
8	I literally felt goosebumps when I heard it. This is so difficult to accept: the person you know has become a stranger suddenly.	Empathetic
9	The beginning of the poem reminded me of my granny who is no more now. She passed away few months back. The lines about the tea – all of them – made it so emotional.	Empathetic
10	The poem is reminiscent of my own struggles; I felt moved.	Empathetic
11	Disability is not in a person, it is in our mind, period.	Lifelong learner Respects diversity
12	Doctor should stop and give more time/privacy to hold a conversation.	Communicator Leader Lifelong learner
13	Do not give unsolicited advice; ask if they need it.	Lifelong learner Observant, responsive
14	Disability doesn't mean that the person is not able to do something anything can be possible.	Lifelong learner Respects diversity
15	The pact is between the doctor and the patient, not with others. The doctor was right in this case.	Ethical Leader Patient-centered Professional

16	Limitations of time and crumbling medical culture.	Quality improvement Resigned, hopeless, burned-out
17	Invisible disabilities need to be brought on the forefront.	Advocacy Respects diversity Leader
18	The patient is an adult with rights and in this scenario, the patient is exercising her rights to keep the diagnosis to herself.	Patient-centered Respectful of patient's autonomy
19	The character struggling in the poem is the resident / the patient / the doctor.	Observant, responsive
20	...because she is anxious and worried about the problem she is suffering.	Empathetic Observant, responsive
21	As a patient I think it will be difficult to change anything.	Resigned, hopeless, burned-out

attitudinal and behavioural causes, and to ineffective communication, and seemed to accept perspectives that were different from their own. Ethical concerns did not escape their attention (Table 2: patient autonomy, human rights, privacy), nor did culturally driven problems (gender norms, patriarchy). They reported that their emotions were stirred by some of the poems (see last row, Table 1), and they were able to connect with the protagonists' struggles. Their responses showed traits of leadership and advocacy, and a keenness to improve the quality of the healthcare experience. That a poetry session can uncover these reactions is an important learning. It makes poetry an ally for those who wish to hone competencies to create compassionate, patient-centred healthcare providers.

### When participants write their own poems

Poetry verbalises complex emotions through the use of figurative, symbolic language [11]. When the poet is a person with experience of illness, or is a healthcare provider, one may get valuable insights into what the world looks like to them, and what their lived experiences are [12]. Poetry, in this way, becomes a way to transfer experiential knowledge [13].

Writing poetry is like giving voice to that which is in our unconscious minds [14]. Putting the words down impels one to reflect and uncover the deeper meanings of experiences, pleasant and unpleasant, and to give a shape to the things one has learned over the years. Writing brings clarity to the poet who must dig deeper to better understand and articulate their experiences [15], while also allowing others to witness a perspective they hadn't considered before. This understanding is the reason that we always invite participants of poetry endeavours to write their own poems about the topic under consideration. Invariably, some of them do, and it

reinforces our belief that more opportunities need to be provided in healthcare training institutions for people to creatively express themselves. This is a unique form of learning: "embodied learning" through lived experience.

Practitioners often struggle with the feelings and emotions that they experience during a clinical interaction and, with no forum to express them, they risk suppressing them. As our study shows, poetry sessions can be the forum — poems can be used to help practitioners acknowledge their own struggles, and then examine them in order to find means to mitigate them. The literature shows that poetry can improve the personal well-being of those who work in healthcare [16,17]. With respect to participants who brought their own poems to the workshop, it appeared that self-care was important to them. Their poems demonstrated positions at both ends of the spectrum: vulnerability, despair, burnout and resignation on the one hand, and resilience, ambition, self-care and optimism on the other. Such poems, used in a classroom, could open up conversations around a subject that is seldom formally addressed — the mental wellbeing of our learners [18]. Poetry could thus be used to augment other structural interventions to examine and mitigate stress and burnout among healthcare providers.

### Our learning

Based on the positive feedback from participants, it would seem that there is a need to leverage the untapped potential of the supportive spaces now created in the new curriculum, such as medical humanities, the AETCOM (Attitude, Ethics and Communication) module, Early Clinical Exposure, and reflections for poetry. This could foster

creativity and reflective learning for individuals in the healthcare professions. Our commentary may serve as an impetus to others in the profession who are looking for creative ways to fulfil curricular objectives.

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