

## FROM THE EDITOR

## Learning from Larry

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Last month, Lawrence Smith, MD, Dean of the Hofstra North Shore-LIJ School of Medicine at Hofstra University, visited Cleveland as a guest of the Case Western Reserve University (CWRU) School of Medicine. Familiar to many at our institution, Dr. Smith is known as a dynamic speaker and champion of an innovative curriculum at this new medical school. As a Hofstra alum (chemistry, class of '79), I had been eager to meet this visionary leader. I awoke early that morning and arrived in time to share a few words with him before his 8 am presentation to clinician-educators at CWRU.

Reviewing the Hofstra website,<sup>1</sup> I was immediately struck by the prominent Values Statement of the school of medicine and its commitment to humanism and professionalism as follows:

*Humanism: We recognize that only through a comprehensive understanding and appreciation of the human condition will we successfully develop and nurture a culture and community of physicians who will care for themselves, their patients, and their colleagues with compassion, tolerance, respect, and empathy. This commitment to a curriculum that recognizes, teaches, and rewards humanism enables us to support a culture and environment truly dedicated to healing and promoting health.*

*Professionalism: We are committed to fostering the personal transformation of our students into physicians through a thoughtful and appropriate admissions process, careful mentoring program, appropriate reward system, and a curriculum embedded in the student doctor-patient relationship. We believe that the virtues and behaviors that characterize a good*

*doctor will redefine the personal identity of each student. We believe this transformation is a learned, continual process that must be thoughtfully designed, evaluated, and role-modeled to be successful.*

To be sure, this lofty goal is in keeping with the Charter of Medical Professionalism in the New Millennium,<sup>2</sup> but how to translate this educational philosophy into practice is a challenge for any educator or curriculum. The essential element, according to Dr. Smith, lies in the process he refers to as “professional identity transformation” in the development of physicians. To explain this concept and its implementation, Dr. Smith described the design of the anatomy curriculum at Hofstra and the characteristics that differentiate it from a traditional anatomy course.

The preclinical curriculum includes two years(!) of integrated anatomy, physiology, and pathology study. In addition, students are led in reflection and narrative writing, which enables them to process the myriad emotions triggered by the study of anatomy (and inherently this extended exposure to death) and enables them to build psychological connections to life in their future careers as physicians. In addition, students are encouraged to learn about the person who donated his/her body for study and to understand the motivation and core beliefs of the individual who made the gift. The course begins with a combined orientation and memorial service for the donors and ends with another program devoted to expressing gratitude and appreciation for the anatomical gift of the cadaver. In this way, each life is celebrated by medical students together with family members of the deceased.

As the writings of students demonstrate, this program engenders a sense of humility, respect, and appreciation in learners that is rarely seen in medical training. They are brought to a new understanding of the gift of life and their relationship with death. Dr. Smith read excerpts from student reflections on this curriculum that demonstrated the transformative nature of this experience. Learning about this curriculum was transformative for me as well—I was left with a sense of lightness, of burden lifted, and of optimism for our students and their futures yet to be realized.

This week, while assembling this edition of *Forum*, I read the reflection of a medical student on the cadaver as her first teacher. As I read her description of “the induced mania of learning...” and visualized the covered faces of the anonymous cadavers in her lab, I was flooded with memories of my own experience in gross anatomy in Buffalo in 1979. In stark contrast to the contextualized and meaningful experience going on in Hempstead, NY, here was the disappointment of a student immersed in the experience of a traditional anatomy program. Despite the addition of an elective on narrative medicine to the curriculum, the unspoken agenda of the curriculum was the same as 30 years ago.

My lesson from reflecting on these two disparate yet formative experiences is that humanistic values cannot be taught solely by adding a narrative medicine experience to the curriculum. Professional identity is not attained through exposure to more lectures, discussion groups, or nights on service. To engender humanistic qualities in our learners, we must model these qualities in our

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selves and imbed these lessons in the curriculum—right from the beginning. Humanism in medicine is not the course we add, the poem we write, or the drama we analyze, although these are the tools that we employ toward this endeavor. It is the actions we take every day in our

discourse with our students, our colleagues, and our patients that matter. And *that* is what I have learned from Larry!

### References

1. [http://medicine.hofstra.edu/about/about\\_missionvalues.html](http://medicine.hofstra.edu/about/about_missionvalues.html)

2. Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med* 2002; 136:243-6.

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