

NEW PERSPECTIVES

The Art of Listening

Suzanne Garfinkle, MD

Dr. Garfinkle is director of the Academy for Medicine and the Humanities at the Icahn School of Medicine at Mount Sinai in New York City.

On an afternoon in mid-August, between an introductory session on HIPAA compliance and the class picnic, 140 medical students gather for a mandatory musical concert. The program contains one simple message: In order to be a good doctor, it's important to care about how you listen.

When the Department of Medical Education at Icahn School of Medicine at Mount Sinai (ISMMS) established the Academy for Medicine and the Humanities in 2012, the Art of Listening—its inaugural event—instantly became an annual tradition. We are among the first to use music as a tool to cultivate listening skills in our medical students.

The event begins with a video clip from *Scrubs* demonstrating what happens when well-meaning doctors listen ineffectively to their patients. We provide some general information and statistics about the current state of listening in medicine: how we cut our patients off after only a few seconds, how we spend most of our time with patients looking at screens and keyboarding, how patient and physician satisfaction has dropped in this context, and how weak doctor-patient relationships produce poor clinical outcomes. I wonder, as the students are taking this in, if we are scaring them or boring them.

The mood brightens as the band sets up. The performers vary from year to year. They are professional jazz musicians as well as various physicians who play music on the side. We use the concert as a labo-

ratory in which students are encouraged to observe, challenge, and improve their own abilities as listeners. Halfway through the program, we perform a skit in which standardized patients play out clinical scenarios with our faculty, and we demonstrate the many ways we ordinary clinicians can fail at listening. The students build a mnemonic for good listening behaviors. The program concludes with an open discussion and reflections on the experience.

Some years, the best part of the afternoon has been hearing the professional musicians talk about their own experiences learning to listen. One drummer spoke especially well about the necessity of listening in jazz: In order to improvise, you need to understand what's going on in the music to know what to play next. When your solo is over, you join the background, continuing to play by "comping"—or providing a supportive background to—the next soloist. He described the difficulty of listening to a solo when you don't like what the person is playing and how you can't really listen unless you can find a way to respect the person speaking. We get into body language, facial expressions, and the use of silence. Doctors do not typically examine communication in this way, so it's useful to let the musicians guide us.

One of the surprising "take home" points is that listening is more important and more challenging than speaking. While we may believe that better communication equals more sharing of information,

through this program we come to understand how much we emphasize our own speech above all else. While we strive to establish "rapport" through friendly banter, this does not necessarily produce a therapeutic relationship. Many doctors seem to forget that listening to what the patient says is often more important than most anything we have to say.

The afternoon is almost over and the violist, a third-year medical student, stands up to tell a story. During his medicine rotation, a "frequent flyer" patient complained of recurrent stomach pain. Upon review of the clinical facts, the team had decided it was psychosomatic. The medical student, however, described hearing "something in the quality of her voice" that told him "her pain was real." Building on his attention to the nonverbal, he lobbied for an endoscopy that identified severe gastritis. His musical ear had saved the day.

No one involved in this program naively assumes that good listening can replace medical science. However, in the 21st century, where clinical encounters are impinged upon by charting and other legal requirements that compete for our attention, the importance of a return to a fundamental healing skill—listening—cannot be overstated. We hope that our Art of Listening program will inspire further efforts at our hospital and elsewhere to restore this fine instrument of "doctoring" to the doctor.