

Sharing Stories Through Art: Promoting Resident Connection During and After the COVID-19 Pandemic

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Our alarms ring promptly in the early mornings, a synchronous wakeup call for resident physicians. We hurry to get dressed, brew our coffee, and head into the hospital. It is the height of the coronavirus disease 2019 pandemic and we are careful to isolate ourselves during our commutes. It is our civic duty. We used to take for granted the familiar sounds of our daily migrations from home to work; the rhythmic streams of music played a bit too loudly through the headphones of fellow train passengers, the cacophonous honking of horns in backed up traffic, and the quick “hellos” exchanged between passersby in the crosswalk. Now, we hear mostly silence.

This sense of eerie quiet and seclusion also permeates the hospital, and beyond. At sign out, we greet our colleagues with smiles that remain hidden under our surgical masks. We bathe shared pagers and workstations in antiseptic, sterilizing the process of transition from shift to shift. In caring for patients, we struggle to build rapport amid the barriers of personal protective gear and safe social distancing practices. We grapple with laughter and loss through plastic face shields, human touch diminished as a silent enemy

invades. After work, we have difficulty effectively processing our experiences and emotions, our friends and loved ones accessible only virtually or from afar. We feel disconnected.

Medical trainee wellness has become a topic of growing professional focus, taking up increasing space in both intimate conversation and global publication, and for a good reason. Burnout is pervasive among resident physicians and is documented in >50% of the trainee population.¹ From a mental health standpoint, 28% of medical residents experience depression or depressive symptoms amid their training.² Although these numbers speak for themselves, the pandemic impacted resident wellbeing more so by contributing to both heightened emotional and intellectual demands, and social isolation.³

One factor that can promote wellness is fostering social connection, which has historically been dampened by the rigorous resident training schedule and became further challenged by pandemic-driven restrictions. According to Maslow's hierarchy of needs,

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interpersonal connectivity and belonging are paramount to happiness and success; they provide an essential foundation on which self-actualization, or achievement of one's full potential, can be attained.⁴ In a moment when resident physicians were experiencing increased levels of stress and depersonalization, ensuring such connection was more difficult, and yet, imperative.

Collective artistic engagement, including with literary, visual, and auditory arts, offered a welcome path forward. For decades, art therapy has been shown to promote healing among a wide variety of individuals, from chronically ill patients to trauma victims to those experiencing loss and bereavement.⁵ More recently, there has been greater emphasis placed on encouraging artistic pursuits among medical professionals for the purpose of building resiliency. This has manifested through numerous health care institutions across the country hosting arts-related events for staff on a routine basis.⁶ Furthermore, medical humanities curricula are becoming woven into the fabric of medical education. Key proponents of the incorporation of the arts and humanities into medical training highlight the ways in which these subjects promote professionalism, humanistic skill, and empathy. These competencies are integral to cultivating strong relationships and consequently combating burnout.⁷

There are also documented benefits of the arts and humanities in shaping trainees into better physicians, not only through strengthening their interpersonal skills but also through improving their observational abilities and communication.⁸ Analysis of the impact of a narrative medicine workshop for fourth year medical

students highlighted students' growth in both collaboration and patient centeredness.⁹ Evaluation of a visual arts course, in which trainees interacted with works at a local arts museum, demonstrated improved accuracy in eliciting important physical examination findings.¹⁰ Medical student participation in theatrical improvisation refined listening skills.¹¹ Notably, the majority of these endeavors have been implemented and studied in undergraduate medical training, with a gap remaining in the context of graduate medical education.¹² This is despite numerous emerging positive personal and professional impacts on resident trainees who engage with such programming.¹³

Our appeal is therefore simple, whether during the coronavirus disease 2019 pandemic or afterward: develop opportunities for resident physicians to participate in art-making or viewing, be it through writing, photography, drawing, or music. Empower trainees to share their work and reflect upon it. From a practical implementation standpoint, the options are boundless. In our own residency program, for example, we created a virtual opportunity for artistic engagement through the production of an online anthology collated over a number of months. To launch the project, we invited residents to voluntarily contribute artistic pieces. Submissions ranged from narrative and creative writing to visual and performing arts. Intending to prioritize inclusivity and acceptance, we included all submissions. We then distributed the completed anthology to trainees for viewing. Although all viewed the anthology independently, qualitative analysis of feedback from the project

underscored its emotionally restorative and community-enhancing benefits. Our shared compilation facilitated healing amid virtual connection, helping us celebrate our mutual creativity while also allowing us a space to process the gravity of loss intrinsic to the pandemic and to the resident physician experience.

We recognize that there are numerous barriers to the incorporation of arts and humanities-based programming into residency training. Residents may question how the medical humanities can further their clinical acumen, and institutional leadership may doubt that this type of learning contributes to the advancement of medicine.¹⁴ Yet, sufficient data support the notion that engaging with these subjects helps elevate us as colleagues and as providers, encouraging compassion that allows us to better care for one another and for our patients.⁷ The demands on curricular time pose an additional pragmatic challenge. In the case of our project, we were able to circumvent this by soliciting extracurricular involvement outside the scope of the resident work week. Another strategy may be in allocation of daytime educational sessions for narrative writing workshops, music performance, or art projects, all of which can easily be transferred to virtual forms if necessary.

The therapeutic nature of engaging with and making art together lies in its ability not only to facilitate individual catharsis but also to promote shared reflective practices, thereby stimulating connectedness and community.¹⁵ Participation in such endeavors, in turn, allows us to achieve that necessary rung in Maslow's hierarchy of needs, even in the face of limitations to physical

connection during a pandemic. Art is a platform to elevate our stories, transcendent of the physical bounds imposed by social distancing. These stories bring meaning to our work, help us process our experiences, and unite us, while also enhancing our doctoring. They are the strings that tie us together: a path toward connection and wellness, in a world that, for a time, forced us further apart.

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