Webinar
Topic Summary

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Using the Arts in Medical Education

Presenter: Dr Emily Cavana

Overview
Emily explored the role of the arts as a teaching strategy in medical education, arguing that creative approaches such as poetry, drawing, drama, metaphor and visual art can enrich learning by promoting reflection, empathy, communication and professional identity formation. Drawing on examples from undergraduate medical education, GP training and her own clinical practice, she demonstrated that artistic approaches need not be complex or intimidating, but can become practical educational tools that help learners see medicine from different perspectives.

Why use the arts?
Emily began by reading a poem from Playing God, illustrating how poetry can capture the emotional realities of medical practice in ways that traditional educational methods often cannot.

She argued that the arts provide

- a different way of seeing clinical practice
- insight into patients' experiences
- opportunities for reflection
- emotional connection
- new ways of understanding medicine beyond facts and guidelines.

Rather than viewing the arts as an "add-on", she presented them as another way of knowing and learning within medicine.

Creative practice in medical education
Creative practice was defined as the use of arts-based educational methods, including:

- poetry
- drama
- literature
- music
- drawing
- visual art
- metaphor
- storytelling
- symbolism

Emily noted that arts-based teaching has been described in the medical education literature for several decades and highlighted examples such as the Scottish tradition of providing graduating medical students with a book of poems (*Tools of the Trade*) to support reflection during the transition into clinical practice.

Examples from undergraduate teaching
Emily described several educational activities used with medical students.

Drawing to improve communication
Students were encouraged to explain dermatological conditions using simple drawings rather than relying solely on words.

Drawing served as a communication tool that:

- improved patient understanding
- supported health literacy
- encouraged visual thinking
- demonstrated that artistic skill was less important than clear communication.

Emily reflected that even imperfect drawings often strengthen rapport by reducing the power imbalance between doctor and patient.

Using metaphor
Simple metaphors were presented as another creative teaching strategy.
One example described dermatitis as a damaged "brick wall", helping patients understand how moisturisers restore the skin barrier.

Emily suggested that metaphors often provide more memorable explanations than purely anatomical descriptions and help translate complex medical concepts into everyday language.

Creative reflection
A further example involved medical students visiting palliative care patients and then producing both:

- a creative work
- a reflective written piece.

Creative outputs included artwork, poetry and other artistic responses to experiences of illness and dying. Emily explained that creative expression provides another pathway for processing difficult emotional experiences and complements traditional reflective writing.

Applications in GP training
Emily acknowledged that arts-based approaches are less established within GP vocational training than undergraduate education but argued that many existing educational practices already draw on artistic methods.

Examples included:

- simulated consultations
- role play
- performance
- storytelling.

She described the work of New Zealand GP educator Dr Lucy O'Hagan, whose theatrical performance portraying multiple patients demonstrates communication, empathy and cultural safety through dramatic performance.

Emily suggested that these approaches have significant educational potential for GP registrars because they evoke emotional engagement alongside clinical learning.

Poetry and perspective-taking
A particularly powerful example involved encouraging registrars to revisit difficult consultations by imagining the patient's perspective. Registrars were invited to imagine the patient returning home and describing the consultation to a family member before expressing that perspective through prose or poetry. Emily suggested this exercise promotes:

- empathy
- curiosity
- understanding of patients' lived experiences
- deeper reflection on difficult consultations.

Haiku as reflective practice
Emily introduced the haiku as an accessible form of reflective writing.

She described the traditional 5–7–5 syllable structure and suggested that haiku are particularly suited to capturing a single meaningful clinical moment or insight.

Participants discussed artificial intelligence generating reflective poetry, prompting broader discussion about creativity and authenticity in medical education.

Practical implementation
Emily introduced educational frameworks describing how supervisors can incorporate arts-based methods into everyday teaching. Examples included:

- book clubs
- poetry in waiting rooms
- visits to art galleries
- life drawing
- reflective writing
- visual artwork within consulting rooms.

She emphasised that supervisors need not consider themselves artistic to use these methods successfully. Rather, the focus should remain on supporting learning and reflection.

Arts and clinician wellbeing
Towards the end of the session, Emily broadened the discussion to include clinician wellbeing.
She argued that creative activities can:

- strengthen clinician-patient relationships
- support reflection after emotionally demanding consultations
- promote personal wellbeing
- provide healthy outlets for processing professional experiences.

She illustrated this by using examples of artwork created by GPs alongside a concluding poem that contrasted difficult days in medicine with the satisfaction that comes from meaningful clinical practice.

Discussion
The discussion explored several practical themes.
Participants reflected on:

- using drawing despite limited artistic confidence
- the educational value of imperfect sketches
- incorporating music and artwork into teaching
- the relationship between creativity and artificial intelligence
- examples of educational activities already planned within GP supervisor development.

There was consensus that arts-based teaching offers opportunities to enrich existing educational practice without requiring specialist artistic expertise.

Key messages

- Creative practice provides alternative ways of understanding clinical experiences.
- The arts can strengthen communication, empathy and reflection.
- Drawing and metaphor are practical clinical teaching tools.
- Poetry and creative writing can deepen reflective practice.
- Role play and performance remain powerful educational strategies.
- Artistic ability is not required; the educational process is more important than the artistic product.
- Creative approaches can also support clinician wellbeing and professional identity formation.

Overall, Dr Cavana presented the arts not as an optional extra but as a valuable educational approach that complements traditional medical teaching by engaging learners emotionally, cognitively and creatively.

Does this resource need to be updated? Contact GPSA: P: 03 9607 8590, E: admin@gpsa.org.au, W: gpsa.org.au
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