



Mainstreaming the medical humanities in a Caribbean medical school

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Abstract

Medical humanities (MH) is using subjects traditionally known as the humanities for specific purposes in medical education. The first author of this manuscript had previously facilitated MH modules in the Himalayan country of Nepal. Since January 2013 he has been facilitating a module for first semester undergraduate medical students in Aruba. The second author has been co-facilitating the module since the last several semesters. In this manuscript the authors described how MH has gradually become more accepted and mainstream in the institution. They also briefly mention the use of movies with a medical theme and activities to further develop on and expand issues addressed during the MH module.

Keywords: Caribbean; Curriculum; Medical Humanities; Movies; Students, medical; Teaching, small group

Introduction

Medical humanities (MH) has been defined as using disciplines traditionally known as the humanities for specific purposes in medical education. Dr Deborah Kirklín, an international expert on the subject defines MH as ‘an interdisciplinary, and increasingly international endeavor that draws on the creative and intellectual strengths of diverse

disciplines, including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology and history in pursuit of medical educational goals’.[1]

The institution

MH uses small group, active learning strategies and are common in medical schools

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in the United States (US), Canada and other developed nations. The first author (PRS) had previously conducted MH sessions for students in two medical schools in Nepal.[2],[3] Xavier University School of Medicine (XUSOM) is a private medical school situated in Aruba Dutch Caribbean admitting students mainly from the US and Canada to the undergraduate medical (MD) program. The school shifted to an integrated organ system-based curriculum from January 2013. A semester of study is of 15 weeks durations. There are three student intakes a year in January, May and September. A MH module is being conducted for all first semester students from January 2013.[4]

The MH module

The module is being offered to the tenth cohort of students during the Spring 2016 semester. The module has been formally inducted into the school curriculum and is a part of Patient, Doctor and Society (PDS) system for first semester students. The module is assessed and the grading scheme has been described previously.[4] Fifty percent of marks are decided on the basis of in session assessments carried out by the facilitators using a structured rubric, 20% is based on the grading of a reflective writing assignment submitted by the student and 30% is decided on the ability of the student to communicate with a standardized patient during an objective structured clinical examination. MH accounts for 15% of marks in PDS I. Students who are not able to complete the module are provided another opportunity to do so during the second semester.

Five two hour activity-based sessions are conducted. These sessions are titled Empathy, What it means to be sick, The patient, Patient-Doctor relationship and the Medical student. Learning objectives are identified for each session and for the overall MH module. Information about various aspects of the module is mentioned in the module syllabus which is posted on 'Class notes', the school's web-based student learning system.

Justification for mainstreaming

Professionalism, small group learning, active learning and inculcating proper attitudes and behavior is strongly emphasized by various regulatory authorities who accredit medical schools in the Caribbean. Among the major accrediting bodies are the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP), Accreditation Commission for Colleges of Medicine (ACCM) and New York State Board of Education. The school has the mission of creating leaders in primary care. The educational leadership and the curriculum committee were strongly in favor of inculcating proper attitudes, behavior and professionalism among students. They recognized the importance of MH as an agent toward this end. The first author of the manuscript has a strong interest in MH and was able to persuade the curriculum committee to 'mainstream' the discipline. Key points which were acknowledged by management were skill sets required for effective physician/patient interactions, and how doctors can effectively establish a mutually respectful relationship with their patients. While the Sciences constitute the majority of the pedagogical experience for students in medical school, none of the subjects readily lend themselves to an experiential exploration of self. Medical Humanities provides a vehicle to initiate this process, albeit at a rudimentary level.

How students engaged with the module

Students responded positively to the module. However, initially there was some degree of skepticism and discomfort among students. During the spring 2013 semester small group learning methods were not common in the institution. MH was a new area of study. The primary emphasis for students was on knowledge acquisition and performing well on the United States Medical Licensing Examination (USMLE) Step 1. Step 1 assesses examinees using single response multiple choice questions. With increasing emphasis on small group learning and on self-directed

Box

Specific student achievements at the end of the MH module

Among your specific achievements were:

- a) An understanding of empathy and its importance in medical care
- b) Understanding of what it means to be sick from a patient's perspective
- c) Knowledge of the impact of sickness on various aspects of a patients' life
- d) A knowledge of what it means to be a doctor and various influences on the doctor today
- e) Awareness of the patient-doctor relationship and recent developments in this vital area
- f) Information about various influences and sources of stress affecting medical students and ways of coping with the same

learning skills, students are slowly becoming more comfortable with the learning strategies adopted. Students find the module different from other courses and feel it is more student-driven. They are of the opinion that they learn about various issues which may be important in their future practice while also having 'fun'. Students who successfully complete the MH module are awarded a letter of module completion during the welcome dinner held at the beginning of the subsequent semester. The letter mentions the specific accomplishments of the student (see Box).

How faculty and management engaged with the module

The faculty members who are part of the curriculum committee are favorably disposed toward the module. Some faculty members were co-facilitators for the module. Faculty who participated were the librarian and a faculty member who teaches English and Communication Skills. Traditional medical school faculty expressed interest and attended a few sessions but did not join as co-facilitators. For the last six semesters the second author who is a behavioral psychologist, has been a co-facilitator. Due to reasons mentioned previously under the subheading 'Justification for mainstreaming MH' the management was in favor of the MH module and supported the module at different stages.

What worked and what did not

During the initial module in Spring 2013 we faced challenges in initiating and maintaining student interest. Students were initially reluctant to assume greater responsibility for their own learning. With increasing emphasis on small group learning and self-directed learning skills, students started becoming more involved in different small group activities during the module. We used role-plays, interpretation of paintings and creating hundred word stories about the scene depicted in the painting. The creativity of students increased. The role-plays and stories became richer and more detailed and students were able to explore a variety of issues. We also occasionally used literature excerpts from the book 'What matters in medicine: Lessons from a life in primary care' written by a general practitioner practicing in the state of Maine, United States. With their greater facility with and understanding of English, students were able to better understand and relate with the situations depicted compared to students in Nepal. In Aruba we have a percentage of 'mature' students who had worked in healthcare or other professions before enrolling for the medical program. These students brought their 'life experience' to the activities.

The case scenarios, role-plays, literature excerpts, and interpretation of art worked reasonably well. We plan to continue using

the same. The major challenge is MH sessions are confined to the Basic Science semesters. Like in other Caribbean medical schools students complete their clinical rotations in the US and Canada. Though no formal MH module is offered, issues relating to ethics and the humanities are discussed during the clinical rotations. We are in the process of obtaining detailed student feedback about the module.

Experiential learning and possible modifications

During the MH module students spend about ten to twelve hours exploring various aspects of MH. Time allotted may not be sufficient for experiential learning. At present the MH module is offered only to first semester students, while the movie screening and related activities involve all semesters of basic science students. We may consider offering some sessions to students during other basic science semesters, though majority of learning will still occur during the first semester. Due to logistical challenges allotting more time for MH and conducting sessions during different semesters may be difficult. We may use more literature excerpts during future modules. We are also slowly increasing the use of paintings by the Canadian artist, Robert Pope.

Movie screening and activities

From summer 2015 we initiated screening movies with a medically relevant theme followed by group activities to strengthen medical humanities learning. Students from different basic science semesters work together in small groups to address the questions posed to their group and then present their group work to other students and faculty members. A student from the senior most semester acts as a student facilitator. Faculty facilitators also help when required and grade individual student participation in group work and presentations using a structured rubric. The movies which we had shown include 'Wit', 'The Doctor', 'People Will Talk', 'Living Proof' and 'Alive inside'. In session assessment during the group work and presentation accounts for a certain percentage of the grades in PDS.

Various faculty members are present and the event serves to introduce MH to a wider audience.

Initiating and mainstreaming a medical humanities module

A previous article mentions points to be considered by schools initiating a MH module.[5] Each school should define learning objectives which students should achieve by end of the module. Sessions should be activity-based and conducted in small groups. Creating linkages with other like-minded faculty both within the institution and outside is important. Once MH is established in different institutions within the country/region, conferences and symposia can serve to share experiences and exchange ideas. Linkages with liberal arts educators outside medical schools is required but may be difficult to establish. In India, the Centre for Community Dialogue and Change (www.ccdc.in) conducts Theatre of the Oppressed workshops in various institutions, and these workshops could serve to introduce MH in medical schools. MH should be a creative discipline driven by the energy and commitment of students and faculty in different institutions. A centrally imposed curriculum may be counterproductive. MH could be started as a voluntary module and slowly a case can be made for its formal inclusion.[6]

Medical school faculty interested in developing MH programs at their institution can apply for a fellowship in health professions education offered by the Foundation for Advancement of International Medical Education and Research (FAIMER).[7] They could consider MH for their curriculum innovation projects which they conduct at their home institution. This will result in increased commitment as part of the fellowship, and critical intellectual support from FAIMER faculty members, other fellows and FAIMER alumni.

Once MH is initiated in the institution, efforts can be focused toward 'mainstreaming' the discipline. A major fillip will be inclusion of competencies related to

professionalism, ethics and empathy by accrediting and regulatory bodies related to undergraduate medical education. Specifically enquiring where these topics are taught during medical school and what methods are used for learning and assessment in the self-report submitted by the school and during site visits by accrediting agencies will be

especially useful.

The authors believe they have been successful in bringing MH to the mainstream in a Caribbean medical school and there may be ground for cautious optimism regarding the future of the discipline.

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