

The Person Behind the White Coat: Building a medical humanities core curriculum for medical students

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Context

In a healthcare environment increasingly overwhelmed by new technology, commercialism and efficiency, which leaves patients lost, unheard and discontented, medical schools are seeking to bring balance to their curricula. The introduction of the medical humanities (or health humanities) can help to broaden the understanding of the human condition¹ – a necessity for those in the caring professions. Medical humanities may be seen as an interdisciplinary field which draws on the humanities, social sciences and arts to inform and enhance clinical practice.²

Intervention

After four years of pilot work, a Medical Humanities Planning Group was formed to design and implement a six-year compulsory medical humanities programme for medical students. Using an outcomes-based approach to student learning, the curriculum was built around **5 themes**: (1) Doctor and patient stories; (2) Culture, spirituality and healing; (3) History of medicine; (4) Death, dying and bereavement; (5) Humanitarianism and social justice, which were explored through **5 genres**: (1) narrative; (2) performance; (3) film (4) visual arts; and (5) experiential learning.

Expected Learning Outcomes

By the end of Year 1, students should be able to:

- ◆ Describe the relevance of a medical humanities curriculum in the training of future doctors
- ◆ Discuss how engagement in the medical humanities will enable doctors to take better care of patients and themselves.
- ◆ **Reflect upon the evolving identity of doctors and medical students and the kind of practitioner you want to become**
- ◆ Identify defining events in the history of medicine in Hong Kong and discuss their continuing impact on the health and healthcare of Hong Kong people today

Medical humanities curriculum: 6 year conceptual framework

Year VI

- MH as part of ourselves and in clinical work
- Being human and a humanistic practitioner

Year IV – V

- Approaches to relieve suffering and promote healing
- Applying knowledge, skills and reflection through MH

Year II – III

- Exploring suffering & healing through MH
- Learning knowledge, skills and reflection

Year I

- Introduction to medical humanities in medical education
- Exploring the person behind the white coat.

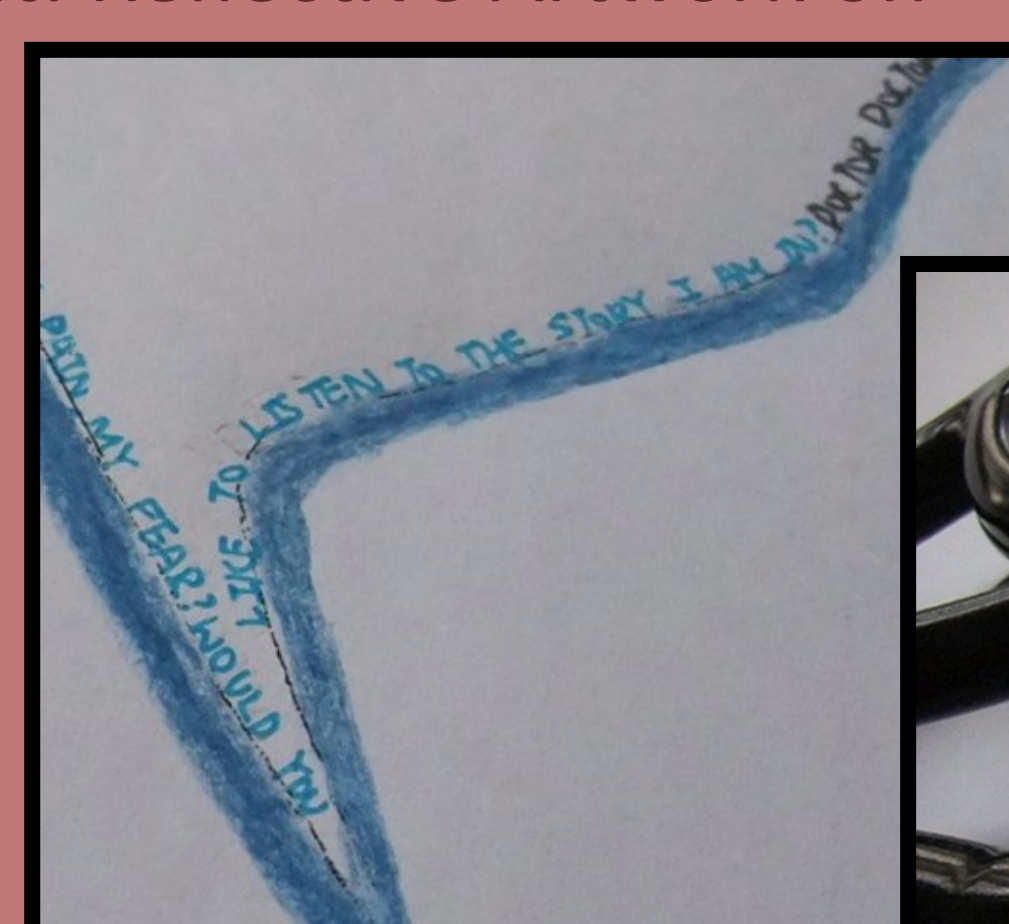
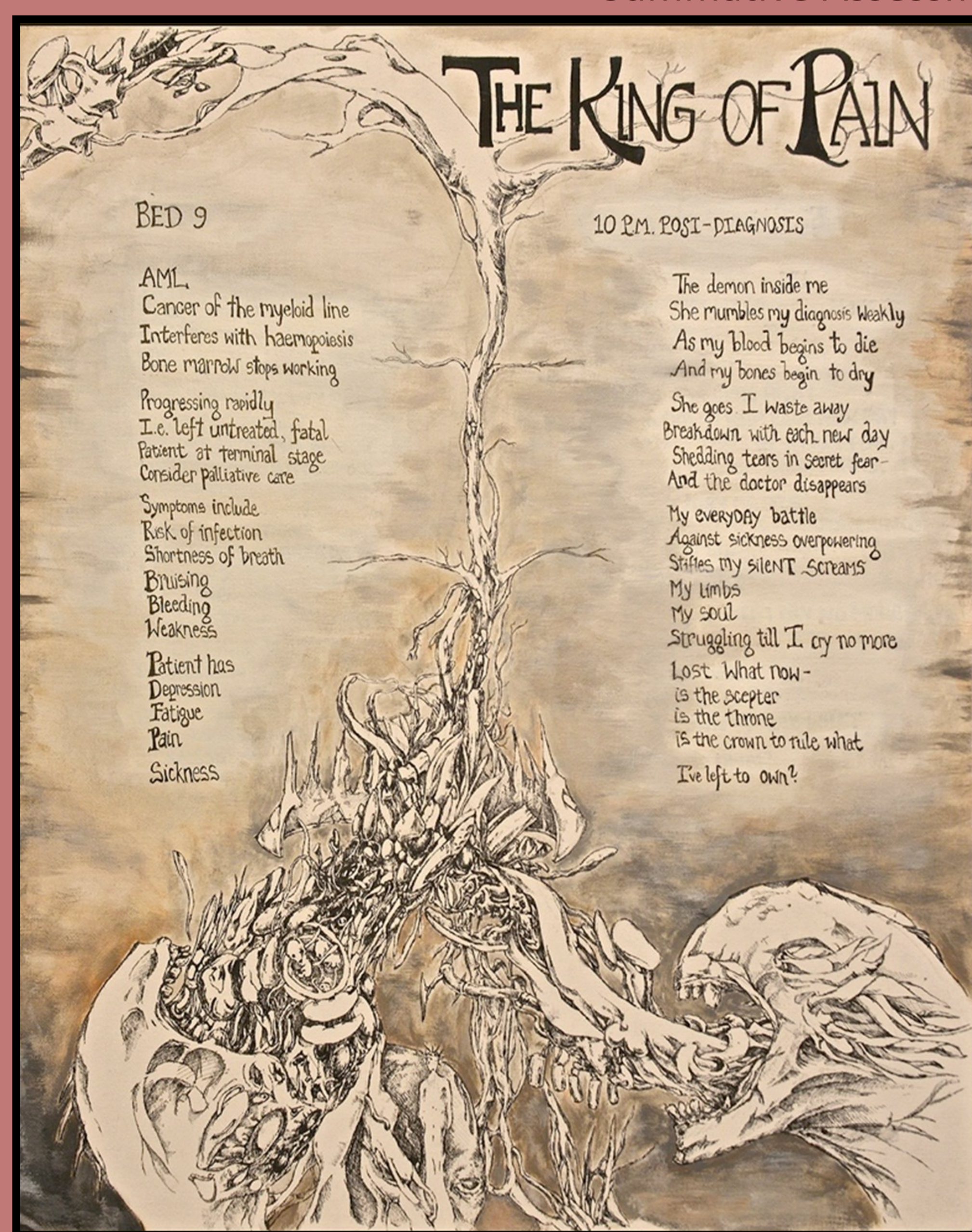
1st Year Curriculum Matrix (September 2012—May 2013)

Theme	Genre	Lecture	Workshop (teacher affiliation)	Conversations & Connections
Doctor & Patient Stories	Introduction	Role & Rationale for Medical Humanities (Pathology)		"Whither humanities" (Dean of Medicine)
	Narrative	Stories and the Practice of Medicine (Family Medicine, Biochemistry)	Who Am I? (Family Medicine, Clinical Oncology, Public Health, Psychiatry)	"Stripping myself" (Orthopaedic Surgery)
	Film		Perceptions of Doctors (Anaesthesiology, Paediatrics, Biochemistry)	"Tending to the patient through realpolitik" (Public Health)
Performance	Emotions in Medicine (Drama, Music, Surgery, Anaesthesiology, Pathology, Humanities)			
Culture, spirituality & healing	Experiential learning	Mindfulness: Being in the Moment (Centre on Behavioural Health)	Mindful practice: Promoting Self-awareness and Well-being (Centre on Behavioural Health, Pathology, Community Medicine, Psychiatry, Paediatrics)	"If you're going in hell, keep going" (Psychiatry resident)
History of Medicine		Defining Events in the History of Medicine In Hong Kong: The Plague and SARS in Hong Kong (Medicine)	Museum of Medical Sciences—Walking the Path of the Plague (Medicine, Biochemistry, History, Pathology)	"Patrick Manson: Founding Dean of the HK College of Medicine for Chinese" (Medicine)

Observations

A variety of reflective tasks, including creative artwork and performing a re-imagined script, students enabled students to demonstrate their understanding of "the person behind the white coat." The contribution of colleagues from all disciplines in the medical faculty, the university at large and community partners was instrumental to the success of the first year programme.

Summative Assessment: Reflective Artwork on "The Person Behind the White Coat"



What does it mean to "listen to the heart" of a patient? It may mean, literally, listening to the heartbeat, but it may also mean listening to patients' concerns from the deepest part of their "hearts". In fact, both the physical signs and the patients' thoughts are important dimensions of healing. Yet...patients' concerns which, not like the heartbeats, can be listened to directly even without the aid of any instruments.

Carol Wong Hing-ye
MBBS Class 2018 Student

It is comprised of two voices—the doctor's is 'Bed 9' on the left and the patient's is '10p.m. post-diagnosis' on the right. Each column is firstly read alone before combined together as one voice, in a parody of a good doctor-patient relationship. Each line is a double entendre in the awkward interlocking of voices, exposing the patient losing sight of who he is, and the doctor's failure to notice her patient's fragility.

I combined my poetry with the artwork of my dear friend, Joshua. By having surrealistic, monstrous art splitting the columns, we wanted to show the alienation of terminal disease, often worsened by the practitioner's insensitivity. We mean to visualize the isolation and inhumanity of a 'fatal breakdown' in communication.

Our aim is to remember the flood of emotions that comes with disease and healing, as that is what keeps us human. A patient's need should be great a cry to our humanity as to our stethoscope or pen. Disease is not only pathology and physiology, but can be pain, fear and despair. Cure is not only drugs and surgery, it is compassion and hope.

Kwong Joy Melody
MBBS Class 2018 Student

Reflection on Performance

I learn to look for patients' body language, voice quality and emotions to identify what they need most. I think it is very important as it helps us to identify our role as a doctor and also to observe and listen carefully to the surroundings.



Performance—Emotions in medicine



Experiential Learning—Mindful Practice



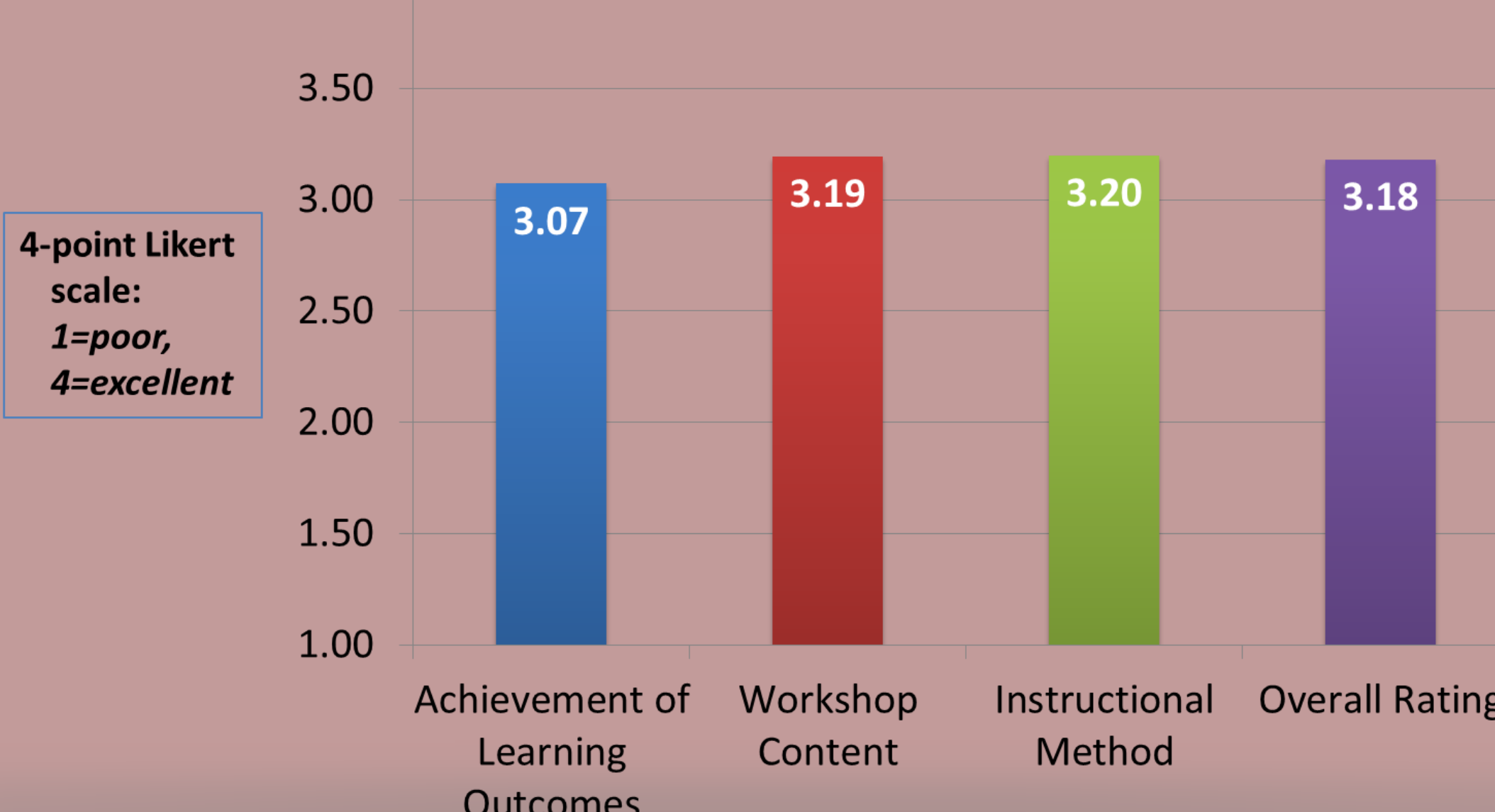
History—Walking the Path of the Plague

Reflection on Mindful Practice

Breathing—being aware of my breath... it helps me to calm down, to focus my thoughts and to really be in this present moment, because the present is all that truly exists.

2012—2013 Overall workshop evaluations

N = 194-197 Response rate: (94-98%)



Conclusion

A medical humanities curriculum has meaning if it is a compulsory part of the core curriculum and is assessed. It can be sustainable with a broad base of teaching support.

Key factors in the development of Medical Humanities curriculum

1. Support from the Dean and Curriculum Committee
2. Pedagogically sound framework: outcomes-based approach
3. Broad-based teaching support: cross-disciplinary; university & community-at-large
4. Quality assurance mechanism: evaluation and feedback from students, teachers and external advisors

References

1. Grant VJ. Making room for medical humanities. Medical Humanities. Jun 2002;28(1):45-48.
2. Medical Humanities [homepage on the Internet]. New York: New York University; 2014 [updated 2014; cited 2014 Mar 31]. Available from: <http://medhum.med.nyu.edu>