Employing Humanities to Re-engage and Sustain Medical Students: A CMPH Pilot

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Na Marni (Acknowledgment)

As is the practice of Flinders University, we begin by acknowledging the Indigenous peoples of this country. In particular we acknowledge the Kaurna peoples, the traditional owners of the lands and waters of the region on which Flinders University is located.
Presentation objectives

- Describe the context for trialling introduction of a Medical Humanities elective in the Flinders MD course.
- Summarise the elective program.
- Describe three electives in more detail.
- Discuss some of the pros and cons.
- Provide opportunity for participants to consider the relative merits of implementing a similar elective program within their own degree program.
My story

“We need to be awake to our own narratives so that we can position ourselves in relation to other narratives that are different to ours.” (Clandinin, 2017)
What is the greatest endeavour of health care?

“The physician is concerned...with a single organism, the human subject, striving to preserve its identity in adverse circumstances.” (Dr Ivy McKenzie cited in Sacks, 1986)
So why the continued emphasis on *what* rather than *whom in healthcare*?

In summary, I have seen a 55-year-old man with a history of typical stable angina, with chest pain that occurs only on exertion. His risk factors include smoking 20 cigarettes per day. Examination was unremarkable apart from hypertension and an ejection systolic murmur. He needs a 12-lead ECG, an exercise ECG, a chest X-ray and electrolytes, as well as cardiac enzymes including troponins to exclude an acute event. Depending on the results, I think he should be started on a beta-blocker, aspirin and a statin.
What makes a good doctor?

- Understanding
- Compassion
- Empathy
- Honesty
- Competence
- Commitment
- Respect
- Humanity

Imperfect science and human endeavour

- Scientific Knowledge
- Technical Skills
- Human Values
- Intuition
Imperfect science and human endeavour

“You have a cough that won’t go away – and then? It’s not science you call upon but a doctor. A doctor with good days and bad days. A doctor with a weird laugh and a bad haircut. A doctor with three other patients to see and, inevitably, gaps in what he knows and skills he’s still trying to learn.” (Gawande, 2002, p. 4)
Added complexity

“The busy doctor is…a stereotype we all recognise: too busy to listen, too busy to talk, to think, or feel… Most doctors are…fairly ordinary folk and when they are constantly busy they become and remain tired, irritable, narrow-minded, rigid and impatient. If extraordinary demands are placed upon ordinary people, then something has to give; in the case of medicine it is all too often the doctor’s humanity.” (Charlton, 1993, p. 476)
Implications for the profession

- 82% of doctors know of other doctors experiencing mental health issues such as depression and anxiety.
- 73% of doctors surveyed know of other doctors experiencing marital and family problems.
- 90% of doctors believe their working hours put personal relationships under pressure.
- 80% of doctors believe increased scrutiny is a key factor contributing to the significant pressure on doctors today.
- 66% of doctors are inhibited by their ‘high achieving’ personality traits.
- 78% of doctors believe that doctors are so busy looking after others that they neglect to look after themselves.

Artwork: Royal Medical Benevolent Fund (2016).
Implications for medical students

Figure 13: Suicidal ideation in the previous 12 months in medical students and the Australian population.

- **Medical students**
  - Male: 17.1 per cent
  - Female: 20.5 per cent

- **Australian population**
  - Male: 1.9 per cent
  - Female: 2.7 per cent

Figure: BeyondBlue, 2013, p. 86
How do you make a good doctor?

In search of ‘somehow’

“…all we can hope to do is select students with the right gifts (not the right exam results) and somehow stop them from going rotten through overload cynicism and neglect during their training and early career.” (Rizo et al. 2002)
Can history provide solution?

“Doctors should learn in a culture that teaches them to recognise and acknowledge human fear, rage, hope, ambivalence, finitude and courage, to be open rather than closed and to flourish in uncertainty rather than the illusion of facts. The arts illuminate this view, not science.” (Dr Sam Guglani cited in Pugh, 2013)
Medicine and the humanities

“...medicine is influenced by a host of factors that have little to do with science. It is a socially and culturally embedded dynamic process. It is informed by and inextricably bound up with history, literature, ethics, religion, and philosophy—in short, the concerns of the humanities, those branches of learning traditionally identified more with analysis and interpretation than with empiricism and evidence.” (McLellan et al., 2008)
The Vision

- Introduce a Medical Humanities elective in MD Year 2
- Secure 1 unit (30 hrs study)
- Provide multiple elective options
- Align to core LOs but encourage broad scope
- Enable maximum flexibility in delivery and assignments
Why now?

• Reform in MD Years 1-4
• Longitudinal topics
• Greater emphasis on Graduate Learning Outcomes
• Student portfolios
• Learning coach meetings and evaluation
• Clinical educator anecdotes
• Results from evaluation of PPD Year 1
• Student wellbeing and satisfaction indicators
How to achieve this objective?

- Identify a learning ‘gap’ and educational research exploring ways to address the issue.
- Canvas student support.
- Engage like-minded academics and community representatives.
- Negotiate a central aim and core learning outcomes.
- Present a compelling argument to course/program executive.
- Take ‘baby’ steps.
In Year 2, the PPD theme requires students to develop broad understanding of the illness experience by undertaking an elective or project within the ‘medical humanities’ (MH), an interdisciplinary field utilising humanities and social science concepts in the context of medical education and practice.

At the end of this elective, students should be able to:
1. Demonstrate deep reflection, critique and consideration of the ‘art of medicine’ from multiple perspectives.
2. Describe the central role of interpretation, insight, ethics, and educatedness for humane judgements informing clinical decision-making.
3. Analyse and report how the elective has contributed to their professional identity formation as a medical student/junior doctor.
Medical memoir elective

Description: Students engage in seven seminar sessions where they participate in acts of close reading, writing, and depicting clinical scenarios.

Learning outcomes: At the end of this elective, students will be able to

- Demonstrate 'narrative competence' i.e., the ability to recognise, absorb, interpret, and act on stories of illness (Charon, 2006).
- Describe why telling and listening to stories is a crucial part of good patient care.
- Discuss problematic life situations with which they may be unfamiliar.
- Evidence heightened sensitivity to the illness experiences of patients, their families and caregivers.
- Build habits of reflective practice that enhance professionalism and nurture clinical communities.

Assessment: 1500-word essay, story, or similar on the subject of medical memoir.
Session 1: What is a narrative and why are they important in the clinical setting?

Introduce the topic of narrative medicine and challenge participants to consider why doctors (patients and caregivers) opt to write stories of illness. Key themes/questions to answer: What are our stories i.e., who are we and why are we sitting here? Why become a doctor and why opt to write about it?

Pre-readings

Pre-activity
Draft a couple of paragraphs outlining your reasons for attending this elective (why medicine, why medical memoir?) Be prepared to share this story with the class (students and staff).

Activity
Compare and contrast three medical memoirs. In pairs discuss one of the following with reference to all three texts. Be prepared to present your ideas to the whole class.
1. Doctors’ capacity to listen to/engage with patient stories is pivotal to good medical care.
2. Medical practitioners are separate from lay people.
3. What purpose do narrative vignettes (anecdotes) serve for doctor writers and medical student readers?
Theoretical underpinning

- Attention
- Representation
- Affiliation
Attention: Being receptive to the story

For sale: baby shoes, never worn

**TRAGEDY OF BABY’S DEATH IS REVEALED IN SALE OF CLOTHES**

The world is indeed a complication of joys and sorrows, a continuous play made up of tragedy and comedy, and even in every day life, items and experience, small and unusual to us, perhaps, is woven a little story of the heart.

Last Saturday an ad appeared in a local paper which read: “Baby’s hand made trousseau and baby’s bed for sale. Never been used.” The address was on East Mission Street.

This perhaps meant little to the casual reader, yet to the mother who had spent hours and days planning the beautiful things for her tiny baby, it meant a keen sorrow and disappointment.

She had, perhaps, dreamed of the time when her little one should be grown up and could, with a source of pride, look back upon its babyhood days and display the handiwork of its mother in the first baby clothes worn and the first trundle bed it had slept in when it first opened its eyes upon the beauties of the world.

But the hand of fate had been unkind and took from the devoted parents the little one which was destined to be the sunshine and light of their life, and the mother, in a desire to forget her sorrow by parting with anything which reminded her of the little one, advertised the garments at a sacrifice.

*The Spokane Press* (May 16, 1910)
Representation: Narrative viewpoint

(Browne, 1998)
Dear Cancer,

I never thought we’d be so close. I knew you lived on the next street, hung out next door, visited the house around the corner and in the apartment building by the water tower but I never wanted much to do with you, to be honest. I didn’t think you’d be much of a friend so when I heard your name mentioned, I turned the other way...

https://healthivibe.com/blog/2016/12/teresas-story-dear-cancer/

Modified Haiku

Slowly strangling me,
Jungle fig climbing a tree,
Yet pal, you can't win.

(T. Davis, 2017)
Suicide is Painless

I like to believe that there are infinite number of possible realities, that every decision or event that happens or doesn’t happen creates a branching point in our reality. I think of the countless number of realities that must exist where I didn’t become a doctor, what would I have done? Who I would have been? It’s something that I have been thinking about more and more these last months.

*BEEP BEEP BEEP BEEP*

My own personal demon, its sudden high-pitched call jars me awake, away from the comfort of sleep and dragging me back to this reality as all other realities break like glass. It’s 3am in the Jolly Bar and I had passed out on the couch under a blanket of papers covered in maniacal hand-written notes. I feel displaced to time and space. I’m exhausted, how long have I been asleep? I have 6 hours to go of a 12 hour shift, I get up and put on my mask.

Anonymous, 2018
Student feedback

“I loved the elective and thought it was a great way to think about medicine in a way that we don’t often get to with other classes and assessments! I think the way you provided selected readings was a great way to get us to engage. The discussions that could be structured or free during classes were really good. I looked forward to our classes and felt like we learnt new skills and also were free to express our thoughts and feelings more generally, which I found cathartic.”

“What I enjoyed most about the course was the assignment piece. I enjoyed writing it and found that I would often come back and add bits and pieces to it and as a story it changed over the course of the elective. It didn't feel like a chore, like most assignments, and was something that I looked forward to working on.”
Music for health elective

Description: Students with a background or interest in music performance form a rock band with the goal of rehearsing a set-list of songs to be performed at two events open to the public.

Learning outcomes: At the end of this elective, students will be able to

• Demonstrate the ability to listen deeply and critically.
• Take creative risks (in a safe and supportive environment!)
• Work as part of a team and evidence formation of a collective identity.
• Describe the personal and professional benefits of incorporating music practice and performance into their lives.
• Reflect on oneself as co-creator of the live music experience shared by the musicians and the audience alike.

Assessment: Participation in two public music performances and 500-word reflection on their elective experience.
What can music practice teach medical students?

Limited research but anecdotal evidence strongly indicates a correspondence between the skills and attributes developed through the regular practice of music and the skills and attributes required to be a successful doctor, including:

- Constant, continual improvement
- Self-discipline
- Team work
- Emotional insight and communication skills
- Co-creation
ROXANNE WILSON

YOU’D be forgiven for thinking band practice and gigs were not part of studying medicine.

But a group of Flinders University students are now able to jam together and get credit towards their degree thanks to a new music elective. The “music for health” course is being piloted this semester as part of a new compulsory Personal and Professional Development component for second-year medicine students.

PPD co-ordinator Dr Maxine Moore said the music course was one of 13 “medical humanities” electives.

“This is about giving them the opportunity to explore some of their other strengths, which are critical to who they are as a burgeoning doctor,” she said. “If you’re performing in a band you have to have attention to detail (and) you have to have great interpersonal skills.”

Medicine student Dan Richards, a guitarist, said getting back into music had been “great”. “I’m enjoying it so much I’ve started creating time for it again,” he said.
Final performance
“This has been an invaluable experience because it is so applicable to working in medical teams…it has taught me teamwork, communicating clearly with others, setting a uniform expectation, and finally having faith that the team you are working with has your back.”

“One of my goals for this year was to find some life balance and to incorporate some of the creative aspects of my life that I was missing last year. I wanted this to support my mental health as last year I struggled with the all or nothing attitude of studying medicine. I recall the first time I sang ‘What’s up’ and how I put all of my Medical frustrations into singing that song. In that moment I thought, it’s not always about sounding ‘pretty’, at times it’s so much more important to convey feeling, rawness, demonstrate vulnerability and being OK with that. I feel that Medicine can be like that also; it’s important when to act with bravado and when to be real. Health in music came at the perfect time, as an essential outlet for me.”
Student negotiated elective

Description: This elective provides opportunity for students to design and manage their own PPD elective. Students will only be considered for this elective on application.

Learning outcomes: At the end of this elective, students will be able to
• Demonstrate deep reflection, critique and consideration of the ‘art of medicine’ from multiple perspectives.
• Describe the central role of interpretation, insight, ethics, and educatedness for humane judgements informing clinical decision-making.
• Analyse and report how the elective has contributed to their professional identity formation as a medical student/junior doctor.

Assessment: Varied.
Sample topics

• Using visual media as means to provide learning guidance and advice to MD1 students.
• Providing pastoral care services to support student resilience and wellbeing
• Educating Indigenous communities about positive lifestyle choices
• Engaging with the hearing impaired using Australian Sign Language.
TIP #1: MANY HANDS MAKE LIGHT WORK

Help each other out! Even though it feels like you're being compared with your peers during IRAT's, the highest possible pass mark is 50% - so helping other people achieve better will NOT affect your own ability to pass.

Working with a group is beneficial to your own learning, and they will be more than happy to help you when you're struggling later - it's a win-win situation, enabling you AND everyone else to achieve their best!

HIGHLIGHT OF MD1:

In addition to all the social events, the third pic shows just a handful of the beautiful people who made MD1 the extremely fun and rewarding experience that it was - making this group a part of the biggest highlight of my MD1.

Next post + tip coming soon! Someone else from my cohort will be featured - providing a different opinion and different ideas for how to improve your MD experience, any feedback (or questions you want answered) would be appreciated and hopefully included in the next one!

Your health is first priority, followed by friends, an M1/2, and then mediocre.
Student feedback

“Overall, I am incredibly proud of this project and the ability to combine my passions outside of Medicine (art) with my love for helping people. If just one person in MD1 has benefitted from this project all the work and hours spent completing it are well worth the time, and I am eternally grateful for the opportunity to have this work recognised as a component of the MD. I have also learnt from this project that I definitely have the time to continue doing art during the semester, a very important lesson as this will assist me in dealing with the challenging portions of the degree in the future as art has proven to be an effective de-stressing method, and helps me maintain a balanced lifestyle.”

“I learned how to better approach and engage with impressionable young people, how better to use my language to explain important information about their health to them and I learned the joy and wonder that comes when a child hears their heart beating for the first time. I was touched by the innocence of the crowds we were addressing…I knew there was great potential for these children to grow up with a better understanding and ownership of their health, compared to those generations that had come before them.”
Some pros and cons

**Benefits**

- Opportunity to review teaching methods
- Encourages student interaction and collaboration
- Appeals to individual student interests
- Provides an alternative lens
- Facilitates critical thinking
- Empowers students
- Excites (some!) academics

**Drawbacks**

- Any change is likely to be met with initial resistance
- Resource intensive
- Lack of uniformity
- Requires a leap of faith
- Obliges detailed evaluation
Take home messages

• Be open to Humanities teaching as a means to re-engage and/or sustain students enrolled in science-based courses.

• Identify potential barriers and construct a persuasive counter argument.

• Canvas student views and support.

• Introduce Humanities as a pilot.

• Allow students choice and agency within a core structure – they are more likely to flourish with a scaffolded-freedom approach.

• Consistently relate content back to principal course/program outcomes i.e., identify and retain the value-add.

• Evaluate along the way.

• Be flexible – as long as outcomes align, it’s irrelevant how students reach these learning goals.
References


Charlton, B.G. Holistic Medicine or the humane doctor? *British Journal of General Practice*, 1993(43), 476.


Thank you

Questions/Discussion:

Would there be merit in implementing a similar elective within your course or program?