

A Medical Humanities Module for the Faculty Members of the KIST Medical College, Imadol, Lalitpur

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ABSTRACT

Introduction: Medical humanities (MH) are using subjects which are traditionally known as the humanities to pursue goals in medical education. A medical humanities (MH) module for the faculty members and the medical/dental officers was conducted at the KIST Medical College, Lalitpur, Nepal from March to August 2008. The study obtained participant feedback on the module, identified the module's strengths and weaknesses, and obtained suggestions for improvement among others.

Methods: Twelve, small group activity-based sessions were held on Sunday afternoon from 1.30-3.30 pm by using literature excerpts, paintings, case scenarios, small group work and role-plays. There were about thirty participants. At the end of the module, feedback was obtained from the selected participants by using focus group discussions (FGD). Written transcripts

were prepared and analyzed for key themes under different subheadings.

Results: The FGD participants felt that MH was a very important topic which was often found to be missing in medical education. They felt that there were problems with the seating arrangements and that working around a table would be more productive. The literature which was used was difficult and the standard of English was high. The participants were uncomfortable with the role-plays, especially those which dealt with the sexual and reproductive issues.

Conclusion: The module was appreciated by the participants. The small group learning strategies were interesting and effective. Similar sessions can be conducted for the faculty and the medical/dental officers of other medical schools in Nepal and south Asia.

Key Words: Faculty, Medical Humanities, Nepal, Small group

INTRODUCTION

The shortcomings of modern medicine which is dominated by science, technology and management, were recognized in the 1960s and 1970s [1]. Medical Humanities (MH) has been defined as 'an interdisciplinary, and increasingly international endeavour 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' [2]. MH uses humanities subjects to explore the specific experiences of health, disease, illness, medicine and health care, the doctor-patient relationship and the clinical consultation as an arena for human experience [3]. MH involves the human experiences of medicine which are seen through the humanities and are reflected philosophically [4].

MH has been shown to have a number of advantages in the education of future doctors. The literature may provide insights into the common shared human experiences and it may highlight the individual differences and emphasize the individuality of each human being [5]. The literature can also introduce the students to problematic life situations [6]. MH can encourage creativity among doctors by stimulating new ways to solve clinical problems and by dealing with the uncertainty in the clinical practice [7].

MH programs are common in the developed nations. MH programs are however not common in South Asia. A voluntary MH module was conducted at the Manipal College of Medical Sciences, Pokhara, Nepal [8,9]. The KIST Medical College (KISTMC) is a

new medical school which is affiliated to the Institute of Medicine (IOM), Tribhuvan University. An MH module was conducted for all the faculty members and the medical and dental officers of the institution.

The details of the module are provided in the Methods section. The present study was conducted with the following objectives: to obtain participant feedback on the module, to identify the module's strengths and weaknesses, to obtain suggestions for improvement and information about the proposed place of MH in the health profession education.

METHODS

The Medical Humanities (MH) module was conducted from the beginning of March till the beginning of August 2008 on Sunday afternoons from 1.30-3.30 pm. The faculty members of both the basic science and the clinical departments and the medical/dental officers participated in it. The thirty module participants were divided into three groups of ten participants each. Literature excerpts, paintings, case scenarios, small group work and role-plays were the learning modalities. Twelve sessions were conducted. The sessions were not conducted on certain Sunday afternoons due to different reasons. Hence, only 12 sessions were conducted over a 24 week period. The various topics which were covered were empathy, the patient, the care giver, the doctor-patient relationship, breaking bad news and euthanasia, obtaining informed consent, abortion, patient participation in clinical research, dealing with the HIV-positive patient, dealing with the mentally ill and women and medicine.

A written participant feedback by using a structured questionnaire was obtained at the end of each session. At the end of the module, a feedback was obtained from selected participants by using focus group discussions (FGD). A written informed consent was obtained from all the FGD participants. Three FGDs were conducted with each group till there was a saturation of themes. The FGD was conducted by using a semi-structured guide and the first topic to be covered was the importance of Medical Humanities in Medical Education, as perceived by the participants. The FGDs were recorded by using a video camera. Written transcripts were prepared by using the video recordings and they were analyzed for key themes under different subheadings. The FGDs were conducted during November-December 2008 by the authors.

RESULTS

A total of 30 faculty members and medical/dental officers participated in the module. Twelve members were males and 18 were females. Twelve participants were doctors, four were medical officers, two were dental officers and 12 were from the basic science faculty (doctors and non-doctors). Due to clinical and other commitments, certain members could not attend all the sessions. Seventy percent of the faculty members attended all the sessions and the remaining attended at least 8 of the 12 sessions. The median rating score for the sessions was 7 (maximum 10). The participants felt that the objectives of the sessions were clearly delineated (score 4, maximum 5) and that the literature and the art excerpts, the case scenarios and the role-plays were relevant to the session objectives to the extent of 80%. They felt that the facilitators fulfilled their roles effectively and that the sessions would be important for their future practice/teaching (median score 4, maximum 5).

[Table/Fig-1] shows the demographic characteristics of the FGD participants. Four participants were males and six were females, which roughly corresponded to the gender distribution of the faculty and the medical officers in the institution. The number of clinical faculty members who were involved in the FGD was low.

Importance of MH in medical education: The participants felt that MH was a very important topic and that it would help the students in dealing better with the patients. Some opined that humanities were missing in medicine and that the medical practice should be within the accepted norms and values. In Nepal, there is a huge gap between the doctors and the patients and due to various factors, the doctors devote less time for the patients. MH may help in developing a more holistic approach towards sickness and health.

[Table/Fig-2] shows the selected verbatim comments of the respondents about different topics. The second topic which was

Characteristic	Number (percentage) N =10
Gender	
Male	4 (40)
Female	6 (60)
Designation	
Doctor	2 (20)
Pharmacist	3 (30)
Anatomy faculty	1 (10)
Physiology faculty	1 (10)
Biochemistry faculty	2 (20)
Statistician	1 (10)

[Table/Fig-1]: Demographic characteristics of focus group participants

covered was the participants' overall perception about the module. The participants felt that the two hour duration was long and that one hour to 75 minutes may be a proper duration. They felt that each topic could be covered in two sessions if needed. The sessions were a good opportunity to learn and the group discussion and group work was highly appreciated.

[Table/Fig 3] shows the sessions with learning objectives and the dates on which they were held. With regards to the specific sessions, the one on 'Obtaining informed consent' was useful in conducting research projects. The session on 'euthanasia' introduced new perspectives for the participants.

Group dynamics: The seating arrangement was not proper and the groups did not sit facing each other around a table. So, sometimes it was difficult to have conversations and to organize group work. The group dynamics was satisfactory and there were no barriers between the group members.

The learning modalities which were used: The literature which was used, was felt to be difficult, as the standard of English was high. The use of simpler scenarios, especially from Nepal, was recommended. The paintings which were used were fine, but their link with the session objectives were not sometimes clear. The case scenarios were relevant. The problems were noted and role plays were used. The participants were not comfortable with the role-plays which explored sexual and reproductive issues. The activities and flip chart presentations were better appreciated.

Possible use in teaching and practice: The doctors felt that the module could be useful in their future practice. The module covered the areas which often did not receive the attention that they deserved. The small group activities and the learning methods which were used could be helpful in student learning. Flip charts could be a powerful resource for teaching-learning.

Teaching MH to the health science students: The FGD participants felt that MH should be taught to the health science

Topic	Comment
Importance of MH in medical education	<i>'It is very important and crucial. As we teach our students we should teach this part also which is very important in their professional career. Everyone should know that patients are first human beings and then only are they patients.'</i>
Overall perception about the module	<i>'Overall the module went off fine. Sometimes it was monotonous. In the group we were not ready to do a act... not everyone was happy doing it. People used to say 'I have done it previously now you do it'.'</i>
Seating arrangement and logistics	<i>'Seating arrangement was not satisfactory.. As we did in auditorium. Every group should sit around a round table. That would be better. Like we have three groups we should have three round tables so all can see face to face and talk better.'</i>
Literature excerpts	<i>'The literature it was quite hard. The English it was very hard and difficult to understand. Most of the time it went over the head'.</i>
Role-plays	<i>'It would have been nice and could have given a proper picture. ...But many of us may be due to lack of interest in playing roles, acting part we were not ready for that. Making dialogues there may have been problems.'</i>

[Table/Fig-2]: Selected verbatim comments of FGD participants

Topic	Selection of Learning objectives at the end of the session	Date conducted
Empathy	Familiarize the participants with the concept of empathy and compare and contrast it with sympathy Discuss possible reasons for decline of empathy today Methods of enhancing empathy in professional & personal life	9 th March 2008
The patient	Participants will be able to reflect on individual experiences of sickness Understand illness and disability from a patient perspective Visualize various changes in the patient's lives due to illness	23 rd March 2008
The family	Understand various caregivers and the role of the family in providing care Know about illness and its impact on the family Be familiar with family and care during illness in a Nepalese setting	6 th April 2008
The care giver	Enumerate professional and non-professional caregivers Understand various pressures and influences on care givers Be familiar with caregivers in a Nepalese setting	20 th April 2008
The doctor-patient relationship	Familiar with the changing perspective of the doctor-patient relationship Knowledgeable about changes in the doctor-patient relationship in Nepal over the last 15 years List certain methods which may make the doctor-patient relationship more patient-centered and egalitarian	27 th April 2008
Breaking bad news and euthanasia	Understand important barriers to breaking bad news in an empathic manner in Nepal Be introduced to the skill of breaking bad news in certain situations Explore pros and cons of legalizing euthanasia in Nepal	11 th May 2008
Obtaining informed consent	Understand the importance of informed consent Enumerate the different parts of a written informed consent form Be able to obtain informed consent during procedures and clinical research	25 th May 2008
Abortion	Introduced to recent changes in abortion law in Nepal Look at abortion from a patient perspective Understand why abortion may be indicated in cases of rape	8 th June 2008
Patient participation in clinical research	Historical perspective on unethical clinical research Institutional ethics committees and Nepal Health Research Council	22 nd June 2008
Dealing with the HIV-positive patient	Be introduced to the social stigma associated with HIV/AIDS Formulate general principles for dealing with the HIV-positive	July 2008
Dealing with the mentally ill	Using patients to explore the perspective of the mentally ill Explore how society deals with the mentally ill	20 th July 2008
Women and medicine.	Obtain a perspective on the involvement or absence of it of women in reproductive health issues Problems of access to nutrition at the society and family level and the influence of it on the health of women and children.	3 rd August 2008

[Table/Fig-3]: Sessions with learning objectives and dates on which they were held

students. Some felt that it should be a part of the curriculum, while others felt that it could be voluntary initially and could later be introduced into the curriculum. They also felt that all the agreed formal assessment should not be carried out.

Suggestions for improving the future sessions: Each session should not be of more than 75 minutes duration. Not more than two activities should be used per session. More paintings and literature excerpts from the Nepalese context can be considered. The total number of topics which are covered should not be more than eight.

DISCUSSION

The participant feedback at the end of each session was positive. The FGDs also revealed that the participants had a positive opinion about the module. They were aware about the importance of MH in the medical education and the medical practice.

MH programs in the developing nations: In the west, MH was developed to counteract the adverse effects of an overemphasis on science. In the developing countries, an opera was used to teach MH, as in Sao Paulo, Brazil [10]. At the Marmara Medical School in Turkey, the 'human in medicine' course is a part of the preclinical curriculum [11].

The doctor-patient relationship: In Nepal and other south Asian countries, the society and other norms favour a more authoritarian or doctor-centred doctor-patient relationship [12]. Many patients are illiterate. Another factor which hindered the doctor-patient

communication was language, with most doctors communicating in English, while the patients did not usually understand English. MH could help in having a better doctor-patient relationship, reducing aggression and improving patient satisfaction.

Interdisciplinary learning: Interdisciplinary learning is widely used to educate health professionals. At the National University of Ireland, Galway Medical School professionalism is taught in an interdisciplinary manner; integrating the learning objectives of health informatics, understanding health and illness in society, medical law and ethics [13].

Positive points about the module: During our afternoon MH sessions, the faculties from the clinical and basic science departments and from the dental sciences had the opportunity to interact together and learn from each other. The module was interactive and it used small group learning strategies and activities which were appreciated by the participants. Using humanities in medical education was not common and the participants enjoyed taking a 'new' look at the arts. The module was enjoyable and it was a refreshing break from the routine.

Problems with the module: The seating arrangement could not be properly organized during the initial days, as there were logistic and other difficulties. We addressed this issue and arranged the group work around a table, both during Sparshanam and the MH session for students [14]. At present, we are not using literature excerpts in the student MH module. The authors' experience with English as the language of MH learning has been explored

in a recent blog article [15]. At present, the participants use either English or Nepali or a mixture of both languages during the student MH sessions.

The participants were not comfortable in discussing sexual and reproductive issues in the role-plays. Based on the feedback which was obtained from the participants after each session, the subsequent sessions during the faculty module were modified with a greater emphasis on small group work, clinical case scenarios and presentations [15].

Limitations: A feedback, using FGD, was obtained only from a limited number of respondents. The information about the module was obtained by using only the participant feedback at the end of the session and the FGD and it was not compared with other sources. Since only a limited number of participants were involved in the FGD, the views and opinions which were obtained may not be representative of the entire group. There was a delay in publishing the findings of the study.

CONCLUSIONS

The module was appreciated by the participants. The small group learning strategies which were used were found to be interesting and effective. Similar sessions can be conducted for the faculty and the medical/dental officers in other medical schools in Nepal and south Asia.

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