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<th><strong>Title</strong></th>
<th>The person behind the white coat: building a medical humanities core curriculum for medical students</th>
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Context

In a healthcare environment increasingly dominated by new technology, commercialization and efficiency, which leaves patients lost, unheard and discarded, medical schools are seeking to bring balance to their curricula. The medical humanities has been defined as "a means of bringing humanity back into medicine" – a necessity for those in the caring professions. Medical humanities may be seen as an interdisciplinary field which draws on the social sciences and the humanities to inform and enhance clinical practice.

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 planning group identified five domains: (1) Doctor and patient stories; (2) Culture, spirituality and healing; (3) History of medicine; (4) Death, dying and bereavement; (5) Humanisation and social justice, which were explored through 5 genres: (a) narrative; (b) performance; (c) Kim’s Y różne art; and (d) experiential learning.

Expected Learning Outcomes

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

1. Describe the relevance of a medical humanities curriculum in the training of future doctors
2. Discuss how engagement in the humanities curriculum will enable doctors to take better care of patients and themselves
3. Reflect upon the evolving identity of doctors and medical students and the kind of practitioner you want to become
4. 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

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.

Conclusions

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. 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. 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.

References

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3. Wong Hing Carol, MBBS Class 2018 Student
4. Cheung Yuk-shing, MBBS Class 2018 Student