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 characterized by new technology, commercialism and efficiency, which leaves patients lost, unheard and disoriented, 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 condition— a necessity for those in the caring professions. Medical humanities may be seen as an interdisciplinary field which draws on the social sciences, the humanities and the arts 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 curriculum was built around 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 practitioners they 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

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

Theme | Genre | Lecture | Workshop (teacher affiliation) | Conversations & Connections
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Introduction | Introduction | Role & Rationale for Medical Humanities (Pathology) | • ‘The white coat’ (Dean of Medicine)
Doctor & Patient Stories | Narrative | Stories and the Practice of Medicine (Family Medicine, Biochemistry) | Who am I? (Family Medicine, Clinical Oncology, Public Health, Psychiatry)
Doctor & Patient Stories | Film | Emotions in Medicine (Drama, Music, Surgery, Anthropology, Pathology, Humanities) | • ‘Stripping myself’ (Orthopaedic Surgery)
Doctor & Patient Stories | Performance | Mindful Practice: 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)
Doctor & Patient Stories | Experimental Learning | Defining Events in the History of Medicine in Hong Kong: The Plague and SARS in Hong Kong (Medicine) | • ‘If you’re going in hell, keep going’ (Psychiatry resident)

Observations
A variety of reflective tasks, including creative art work and performing a re-imagined script, 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.

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