Knowledge and perception about the Medical Humanities before and after a national workshop

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Abstract

Medical Humanities programs are common in medical schools in developed nations. In Nepal modules have been conducted at Manipal College of Medical Sciences (MCOMS), Pokhara and KIST Medical College (KISTMC), Lalitpur. A workshop was conducted on 26th September 2010 to familiarize participants with MH. Faculty members, medical and nursing students and doctors participated. Pre and post test were administered to study knowledge and perception about MH. Differences in scores among different subgroups of participants and before and after the workshop were explored.

The workshop used interactive small group learning strategies to introduce participants to different aspects of MH. Group work, group presentations, facilitator presentations, interpretation of paintings, brainstorming sessions, and role-plays were the main learning modalities used. Participants' knowledge and perception about MH was studied by noting their agreement with a set of 25 statements using a modified Likert-type scale. Median total scores were compared among different subgroups of respondents and before and after the module.

Twenty-three of the 26 participants (88.5%) completed the pre and post-test. Thirteen respondents were male and 10 female. Only three respondents (13%) had been previously exposed to MH. The median total score before the workshop was 85 (maximum possible score 125). The score was higher among male respondents. The median total score after the workshop was 98 and was significantly higher compared to that before the workshop.

The workshop was effective in increasing knowledge and perception of participants about MH. A follow up workshop to consolidate the initial gains is required and is being planned.

Key words: Medical Humanities, Nepal, small group learning, workshop.

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Introduction

Medical Humanities (MH) has been defined as 'an interdisciplinary, and increasingly international endeavor 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'.[1] MH has a number of advantages in the education of future doctors and other health personnel. In South Asia students enter medical school early (about 17 years) compared to the west and may not be familiar with complex life situations. Literature can serve to introduce students to this situations.[2] Drama can teach students about oral communication while philosophy can teach them the skills of analysis and argument. Literature can also serve as a source of case histories for students. Painting can bring out the different non-verbal ways in which feelings or attitudes can be expressed.[2]

MH programs are common in medical schools in developed nations like the United States (US), the United Kingdom (UK), Canada and European countries. MH programs in developed and developing nations have been recently described in a book chapter.[3] MH program are however not common in Nepal. A voluntary MH module was conducted at Manipal College of Medical Sciences (MCOMS), Pokhara in 2007.[4] The module concentrated on three core areas: medicine and the arts, ethics and medicine and contemporary issues in medicine. Critical analysis of literature and art, case scenarios and role plays were used to explore various aspects of MH. A module was conducted for faculty members and medical and dental officers at KIST Medical College (KISTMC), a new medical school in Lalitpur district.[5] In 2009 and 2010 an activity-based MH module called Sparshanam was conducted for first year medical students at the institution.[6] Case scenarios, brainstorming sessions, role plays, debates and student activities were widely used to explore MH.

However, MH programs were not common in other Nepalese medical schools. Two of the faculty participants of the voluntary module at MCOMS, Pokhara had joined College of Medical Sciences (COMS), Bharatpur. To familiarize participants with MH a one day workshop was held at COMS. The three authors of the manuscript were the module facilitators and faculty members from different medical schools in Nepal were participants. Medical students, interns, postgraduates and nursing students from COMS were participants. To facilitate interaction and encourage group work it was decided to restrict number of participants to around 25.

The workshop used presentations by facilitators, group presentations and activities to explore various aspects of the medical humanities. Participants were divided into three small groups which remained constant during the workshop. The advantages of learning MH by medical students were discussed. Approaches to learning MH, using interaction to facilitate learning and small group life cycle and dynamics were covered. 'The patient' and 'The doctor-patient relationship' were two specific subject areas explored. Our experiences with MH programs in Nepal were shared. Each group had the major activity of designing an action plan for introducing MH in a medical school in Nepal. All three groups presented their action plans. Pre and post test were administered to all participants to study knowledge and perception

about MH. The present manuscript describes the pre and post test scores of participants. Differences in scores among different subgroups of participants and before and after the workshop were explored.

Materials and methods

The national workshop on the Medical Humanities was conducted on September 26th, 2010 at College of Medical Sciences, Bharatpur, Nepal. The workshop used interactive small group learning strategies to introduce participants to different aspects of MH. The workshop was held in the Meeting hall of the Department of Pharmacology. This gave us the freedom to arrange seating and layout according to our requirements.

The workshop started with registration of participants and pretest. Faculty members from medical schools in Nepal, medical and nursing students from COMS and doctors were the participants. The session formally started at 9 am. Among the different topics covered were introduction to MH, advantages of learning MH by health science students, approaches to learning MH, using interaction to facilitate learning, introduction to small group life cycle, the patient, the doctor-patient relationship, MH programs around the world, the authors' experience with MH programs, and designing a MH module for a medical school in Nepal. Group work, group presentations, facilitator presentations, interpretation of paintings, brainstorming sessions, and role-plays were the main learning modalities used.

The session ended with a posttest and feedback from the participants. During pre and post-test information like gender, designation and whether they have been previously exposed to MH were collected from the participants. Participants' knowledge and perception about MH was studied by noting their degree of agreement with a set of 25 statements using a modified Likert-type scale. The questionnaire used is shown in the Appendix. The statements dealt with MH in general, MH programs around the world in general and with specific programs, medical education and the participants' willingness to start a MH module at their institution. Free text comments were also invited. The order of statements was changed in the posttest to avoid stereotyped response. Certain statements were negative and were reverse scored in calculating the total score. The median total score was compared among male and female respondents; medical and nursing students, doctors and faculty members and those who were previously exposed to MH and those who were not. The median total scores were also compared before and after the session. Mann-Whitney test was used for dichotomous variables and Kruskal Wallis test for others. A p value less than 0.05 was taken as statistically significant.

Results

Twenty-three of the 26 participants (88.5%) completed the pre and post-test. Table 1 shows the characteristics of participants. Thirteen respondents were male and 10 female. Five respondents were medical while five were nursing students. Only three respondents (13%) had been previously exposed to MH.

The median total score before the workshop was 85 (maximum possible score 125). Table 2 shows the total score according to characteristics of

respondents before the session. The score was higher among male respondents. The score was higher among faculty respondents and those who were doctors but the difference was not statistically significant. The score was higher among respondents who had been exposed to MH before. The median total score after the workshop was 98 and was significantly higher compared to that before the workshop. Table 3 compares the scores before and after the workshop.

Table 4 compares the scores of individual statements before and after the workshop. The scores of certain statements like 'MH programs in South Asia', 'Aim of MH', 'Familiar with the painting 'The doctor'', 'Changes in doctor-patient relationship in Nepal', 'Legalizing euthanasia in Nepal', 'MH programs in US and Canada' were low before the workshop. The scores of certain other statements were also low. These scores improved after the workshop.

Table 1: Characteristics of the participants

Characteristic	Number (percentage)
Gender	
Male	13 (56.5)
Female	10 (43.5)
Medical student	5 (21.7)
Nursing student	5 (21.7)
Doctor	3 (13)
Faculty	4 (17.4)
Previously exposed to MH	
Yes	3 (13)
No	20 (87)

Table 2: Total score according to characteristics of respondents before the session

Characteristic	Median score	P value
Gender		
Male	87	0.003
Female	73.5	0.003
Designation		
Medical student	86	0.357
Nursing student	68	
Doctor	87	
Faculty	90.5	
Exposed		
Yes	90	0.076
No	84.5	

Table 3: Total scores before and after the workshop

Characteristic	Median total score	P value
Before the workshop	85	<0.001
After the workshop	98	

Table 4: Scores of individual statements before and after the workshop

Statement	Median score (preworkshop)	Median score (post workshop)
MH definition	4	5
Programs common in South Asia*	3	4
No appreciable benefit*	4	5
Leopoldo Acuna	4	4
Aim of MH	3	5
Mountains of data	4	4
MH focus student attention on the particular	4	4
Medical education	4	4
Painting 'The doctor'	2	4
Nineteenth century physician	4	4
Active learning does not promote information retention	4	4
Facilitator, interpersonal interaction, learning	4	4
Small group life cycle & MH	4	5
Changes in doctor-patient relationship in Nepal	3	3
Euthanasia legalized in Nepal	3	4
MH programs common in US & Canada	3	4
Heart felt images*	3	4
Brazil, first developing nation to start MH*	3	2
Sparshanam	3	5
Lectures good approach for MH*	3	3
More paintings from Nepal/South Asia helpful	3	4
Rote learning challenge for MH learning	3	4
Interested in starting MH module	4	5
Blogs important means of communication in MH	4	4
Literature, art and medicine database	3	3

Discussion

The median total score increased significantly after the workshop. There were variations in score according to respondent characteristics before the module. The scores of certain individual statements were low but increased after the workshop.

Only a few participants had been exposed to MH before the workshop. The variations in scores among participants observed before the workshop is difficult to explain. Also the number of participants in different subgroups was low. The participants were aware of the interdisciplinary nature and using art in the pursuit of medical educational goals in the definition of MH. Before the workshop started they were not aware of MH programs in the world and in South Asia and their scores improved after the workshop. It was gratifying to note that even before the workshop participants were aware of the benefit of MH in the education of medical and health science students. Participants also agreed with the information intensive nature of medical education. They were also aware of the steady decrease in patient confidence in doctors. A matter of concern was participants' agreement with the statement about active learning not promoting greater information retention and the score not changing after the workshop. Small group interaction is important in MH as realized by the participants.

The number of participants in favor of legalizing euthanasia in Nepal increased after the workshop. Knowledge about MH programs in other countries also increased. The participants were more familiar the MH module, Sparshanam, conducted at KISTMC. They were also not in favor of lectures as an approach for learning MH. The workshop can be concluded to be effective in improving knowledge and perception of participants about MH.

The workshop employed small group activity-based learning strategies to sensitize participants to MH, its advantages, certain aspects of MH, the importance of conducting sessions in small groups, advantages of small group dynamics in facilitating sessions, MH programs in developed and developing nations and an preliminary action plan for starting a MH module in medical schools. A follow up workshop to consolidate the initial gains is required and is being planned.

Our study had limitations. The number of participants was low. Participant opinion was collected using a questionnaire. Other modalities were not employed. The number of participants in certain subgroups of respondents like those having been previously exposed to MH programs was low.

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Appendix:

Questionnaire used for knowledge and perception of participants about MH

Gender: M/F Designation:

Have you been previously been exposed to the Medical Humanities: Yes/No

If yes, where:

For the following statements denote your degree of agreement using the following scale (1 = totally disagree with the statement, 2 = disagree, 3 = neutral, 4 = agree and 5 = totally agree with the statement.)

1. Medical Humanities is an interdisciplinary and increasingly international endeavor 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 the pursuit of medical educational goals.
2. Medical humanities (MH) programs are common in South Asia.
3. MH programs have no appreciable benefit in the education of medical students.
4. Leopoldo Acuna is a famous Argentinean medical humanities educator.
5. The humanities aim to protect, nurture and respect the innate humanity, dynamic imagination and precious individuality of medical students.
6. At present medical schools provide students with mountains of data and molehills of emotional support.
7. MH helps to focus student attention on the particular.
8. The term 'medical education' is preferred over 'medical training' these days.
9. I am familiar with the painting 'The Doctor'.
10. The nineteenth century physician was more respected compared to his twenty-first century counterpart.
11. Active learning does not promote greater retention of information.
12. A facilitator uses interpersonal interaction to promote learning.
13. Understanding small group life cycle is not important in Medical Humanities.
14. Over the last fifteen years in Nepal the doctor-patient relationship has become more patient centred and egalitarian.
15. Euthanasia should be legalized in Nepal.
16. MH programs are extremely common in medical schools in the United States and Canada.
17. 'Heart felt' images is a program in the State University of New York.

18. Brazil was the first among developing nations to start a MH program.
19. The MH module at KIST medical College, Lalitpur is called 'Sparshanam'.
20. Lectures are a suitable approach to learning MH.
21. More paintings and literature from Nepal and South Asia will be helpful in MH modules.
22. The tendency for rote learning and reproducing information is not a challenge in conducting MH sessions in Nepal.
23. I will be interested in starting a MH module in my institution.
24. Blogs are an important means of communication and publishing in MH.
25. The literature, art and medicine database is maintained by Cornell University.