



Book Review: Health Humanities in Postgraduate Medical Education

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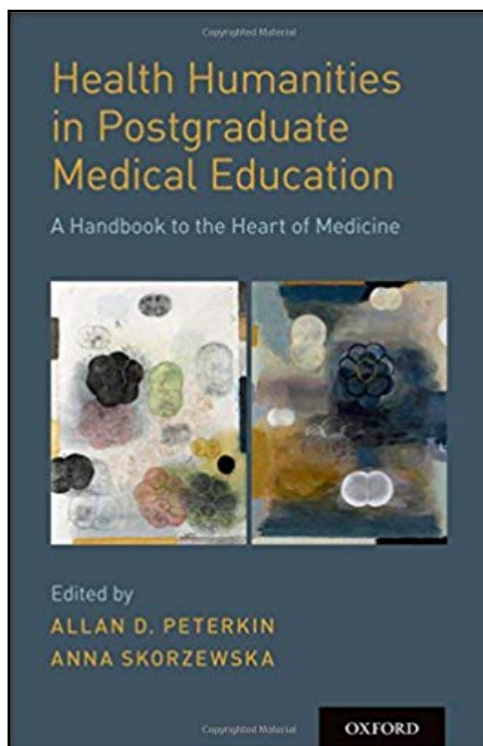
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lecture series, research and arts-based projects, publications and events "

I don't doubt that it will fulfill its promise. My opinion is based on the content of the book and the way that the chapters have been structured.

The editors, Allan D Peterkin, MD, and Anna Skorzevska, MD, are eminently suited to the task, having considerable experience in the field of health humanities. The authors of individual chapters, too, are students, residents or educators who have performed in one or the other role in programs that incorporate humanities in health professionals' education and so are uniquely placed to share their experiences.

The book, a decently sized tome that is comfortable to hold open and to read, is one that health humanities scholars and practitioners will value. The promise on the blurb is: "will allow...educators, supervisors, and residents themselves to create robust and educationally sound workshops, seminars, study groups,

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The book starts with a foreword which justifies the need for introducing postgraduate students to the humanities: so that "learners can draw direct connections between core human values and their daily work." [page x] The first chapter explains this in greater detail: the humanities fill the gap between the empiricism inherent in evidence-based medicine and the subjectivity of the doctor-patient interaction; they offer a bridge between treating the "disease" and attending to the "suffering" [page 5-6]. Equally importantly, they help healers explore the neglected area of self-care - arriving at an understanding of "Who am I?" may help one better appreciate "Who is my patient?" [page 11]. The practice of medicine is fraught with uncertainty and suffering - the humanities could help young learners and their patients "accept, understand, and negotiate" these uncertainties [page 18].

There is a separate chapter for each art and humanities discipline - thus, if you like using narratives, or are intrigued by them and want to try them in your postgraduate department, there's a chapter devoted to it (chapter 3). Each chapter is structured to provide insight into the specific humanities tool, the evidence for its utility, the different forms of the tool, and the various ways in which it can be used.

Cinema, for example, is shown to be a "malleable tool" in that one can use an entire film or an extract; a medical themed film, a documentary, or something from mainstream narrative cinema; and a self-produced one or a commercially available one [chapter 2]. The post-screening discussion, too, can be structured or open-ended depending on the goals one sets.

Where cinema allows a critical 'look' at images of reality and of uncertainty, and a discussion around taboo subjects,

narratives allow the practitioner to "join with" the patient and, thus, through the act of listening, to "act for them" [chapter 3, page 46]. The chapter on Narrative Medicine is enriched through the provision of succinct explanations of the practices involved, the principles, and the paradoxes. The paradoxes may stymie the enthusiastic newbie; fortunately, ways to negotiate them are described [pages 63-71].

Chapter 4, on ethics, gives valuable input in the form of a step-by-step approach to ethical dilemmas [page 87], and makes recommendations for ways to develop postgraduate teaching in ethics [page 88], including topics that "could and should be addressed" [page 90].

Chapter 5 deals with the visual arts in medical education. It highlights how learning can accrue not only from "looking" at art, but also by "making" art. While "looking" can hone the critical skill of close observation and improve the ability to notice non-verbal cues and recognize patterns, "making", though less commonly used, can help learners respond to challenges with creativity and innovation [pages 117-131]. The chapter includes examples of image prompts that can be used to facilitate learning, gives recommendations on ways to integrate the visual arts in the curriculum, and describes the challenges that one is likely to experience.

The next chapter justifies the need to integrate the social sciences into medical education so that learners can understand the world in which they live and, through such understanding, demonstrate social and cultural competency [pages 150-151] and adopt advocacy in response to cultural diversity and health inequities. The authors provide triggers that may be used to initiate discussion around how expected competencies are linked to knowledge in the realm of the social

sciences [page 158].

Theater [chapter 7] is a personal favorite - I have experienced how theater can influence learning about self and about others. The authors laud its "multiperspectival capacity" which allows engagement with "complex stories, ethical dilemmas, ambiguity, and themes which are intricately woven into the fabric of medical practice." [page 169]. Through storytelling and through embodiment, one learns to listen to others, to respond to them, and to examine the struggle that is an inherent part of everyday life and of practice. The chapter mentions Forum Theater [page 179] and Improvisation [pages 183-185], two unconventional forms of theater that are capable of influencing the attitudes and behavior of participants and of communities.

The chapter on Teamwork - Promoting Collaborative Competencies - looks at how "close listening and communication skills fostered by the arts and humanities enhance collaborative competencies and promote both team-building and practitioner resilience." [page 192]. The authors suggest strategies for teaching interprofessional competencies in practice settings which include reflective practice, role-modelling and role-sharing [page 204].

The advantages of including History of Medicine/healthcare in postgraduate medical education is detailed in chapter 9. The authors explain how our history anchors us to civic values, to wisdom, and to humanistic learning and practice, and they go on to mention exemplary resources. They suggest that relevant history can be used to motivate learners and to remind them of how "triumphs and tragedies" in the past have influenced the way we now practice medicine [page 216].

The penultimate chapter, aptly titled

"Difficult Conversations" is about generating evidence on whether the arts and the humanities are actually working - are they influencing learning? Are we changing attitudes and behavior through their inclusion in the curriculum? Do we need to evaluate medical humanities at all? The author talks of the skepticism around the topic and discusses contentious issues while sharing various evaluation models that can be used to generate data.

The final chapter is along the same lines - how do we get around to generating funds for arts-based initiatives in postgraduate medical education when there is still a degree of skepticism around such interventions? The author shares some tips, paramount being the need to collect evidence to convince and to draw up a plan to intrigue others, including the powers that be.

One of the strengths of this book is that with every chapter that discusses a specific arts- or humanities-based intervention, there is also a link to a suggested lesson plan which is easily accessible online. The only thing that disappoints is that there is no discussion around poetry, creative writing, and disability studies as tools for learning in postgraduate medical education. I would have imagined that they'd merit more than a mention. That being said, I found this book very thoughtfully compiled and I recommend it for health professions' educators with an interest in the medical humanities. They will certainly benefit from the collated wisdom contained within its pages.

The afterword by Craig Irvine quite brilliantly captures the essence of medical humanities and I'd like to end by quoting the last two lines - "To become a doctor - a lifelong work - is to become ever more human. Only the humanities can teach us what this means."