
REVIEW ON HUMANITIES IN UNDERGRADUATE MEDICAL EDUCATION SYSTEM

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ABSTRACT

Aim Humanities are an important component of many medical schools' undergraduate curriculum throughout the globe, and medical journals publish a large number of papers in this area. The goal of this research was to investigate how far the research on humanities in undergraduate medical education tries to show that this incorporation of humanities in undergraduate medical education has a long-term effect. The sources also were classified as "pleading the case," "course summaries and assessments," "finding proof of long-term effect," or "holding the horses" after a qualitative examination. Out of 245 publications, 224 lauded the (possible) benefits of humanities on medical education or detailed current or proposed courses without providing significant evidence of these educational activities' long-term influence on medical competence. Only nine papers showed evidence of efforts to demonstrate long-term effects using a variety of test methods, while ten studies showed a cautious approach toward humanities in medical school. There is a paucity of proof on the long-term benefits of including humanities into undergraduate medical education. In the light of contemporary demands for proof to show educational efficacy, this may represent a danger to the ongoing growth of humanities-related activities in undergraduate medical education.

KEYWORDS: *Development, Education, Impact, Integration, Medical.*

1. INTRODUCTION

Many med schools around the globe have included humanities studies into their undergraduate curriculum via subjects including philosophy, ethics, literature, drama, and the arts. Simultaneously, there is a significant movement in medical education to demand that every type of learning lead to the improvement of real and quantifiable competences in students, whether skills, knowledge, or attitudes(1). This trend in medical education is consistent with the overall emphasis on results training that has been pushed in medical education in the United States, Canada, and Europe1, and which is being supported in the European setting via the Bologna Process. Few, if any, elements of medical education can now provide empirically based proof of their necessity during a physician's education. Furthermore, when it comes to medical education, In this country humanities, the pursuit of quantifiable learning outcomes may not always be easy to reconcile with the humanities' typically antireductionist attitude. Many publications suggest that the humanities may help physicians become more compassionate and holistic, and although the arts have gained traction in medical school, they are still "new kids on the block" when compared to, example, gross anatomy(2)(3). Newcomers must typically show their worth or validity in order to be accepted in any situation. Similarly, we assume that empirical data and/or other types of strong arguments in favor of the humanities' beneficial contribution to future medical education justify the inclusion of the human sciences inside the curriculum(4)(5).

After all, the goal of incorporating the humanities into medical training may not be to create

precise, quantifiable results. However, since outcomes-based education is now on the agenda, a lack of empirical data may make it difficult for the humanities to acquire and maintain a strong place in medical education. The goal of this research was to carry out a systematic literature review to determine how much of the literature on aesthetics in medical education is concerned with proof of its effect(6)(7).

We created a relevant typology of the papers we discovered to achieve this goal. Articles that primarily (1) contain arguments in support of the general relevance or requirement of integrating liberal arts in undergraduate courses, (2) describe and/or evaluate particular medical liberal arts curricular activities, and (3) report research evidences that would provide evidence regarding the importance of human sciences in undergraduate courses on future doctors' actions are divided into three categories. The articles in the third category are few, but they are fascinating in their tries to look further than curricular activities and their immediate receipt among classmates to any positive impact these activities may have on future doctors' knowledge, behavior, and/or attitudes toward patients in real-life doctoring(8)(9).

The papers included in this research show a broad range of course work in undergraduate medical education that is geared toward the humanities. The number of papers on the well areas like ethics and literature was unsurprising. We also came across a number of papers regarding liberal arts curricular activities, spanning from philosophy and epistemology to gender studies and anthropology to theatre, cinema, history, and creative writing(10).

Many articles claim that the educational activity in issue had a positive influence or impact on the students. These "declarations of relevance" were often given in broad terms and were not backed up by actual data gathered in a methodical way. Without citing any empirical research, Jones and Carson claim that if humanities are properly incorporated into medical curriculum, students would ultimately "become ethical, empathetic, and educated doctors, the sort of doctor one would be pleased to have for oneself and one's family." Our trying to read of the publications reinforced our impression that at least some members of the medical education community believe that simply raising publicity to the human sciences will profit medical students' personal development in the broadest sense, and thus will advantage both medical students and their patients. As a result, humanities are seen as a broad tool for developing the generic "good" (empathic, holistically oriented) doctor(11)(12).

1. Pleading the case:

Sixty-eight of the 245 papers were classified as "pleading the case" for the humanities in medical education at the undergraduate level. The purpose of these articles is to suggest or provide theories regarding how and why humanities should be incorporated into medical education. Although their sources may vary, many of the pieces in this category focus on the possibility for humanities courses to address an issue in the health-care system(13). For example, Baum writes, "There is a widely recognized risk that an overemphasis on single - molecule reductionism may result to the team losing of young doctors' essential humanitarian instincts," before going on to say, "There is a widely recognized risk that an overemphasis on molecular reductionism may result to a loss of essential humanistic instincts of young doctors." Other "pleading the case" articles start by describing the results of a particular medical humanities activity, similar to the "course descriptions or assessments" articles mentioned below(14).

2. Course descriptions and evaluations:

The "course descriptions and evaluations" category was assigned to 156 of the 245 papers in this research. Most course descriptions include an explanation of the course's raison d'être or anticipated result, as well as some kind of assessment data, which may include data on short-term, course-specific outcomes in certain circumstances. The explanation of the course's raison d'être

may be extremely comprehensive or more general and universal. Studying medical situations in literature, for example, “may allow to reflect on their medical knowledge and can give a more deep awareness of the implications of sickness for the patient and their family,” according to Hampshire and Avery, Shafer et al. , for example, go into great depth about what a literature and-medicine course could entail for its students(15)(16).

They believe the course helps students sympathize with patients' families and be more conscious of what they would face as doctors, but they also believe there will be a wider benefit— that reading literature will help medical students "think more profoundly about medicine in a variety of settings." The assessment data presented in this kind of article also covers a broad variety of topics. Some studies simply say that students liked the learning activity, while others go into great detail on how participants evaluated the course on a variety of factors. For example, Shapiro and Hunt's description of how young doctors rated the experience of watching theater plays dealing with severe illnesses is an example of the latter. Shapiro and Hunt not only state that "feedback was extremely positive," but they also provide detailed information on students' perceptions of whether having to attend the performance results improved their understanding of the experiences of, say, people living with AIDS, whether they thought they would be able to integrate insights from the performances into prospective patient interactions, and so on(17)(18)(19).

3. Seeking evidence of long-term impact:

Articles seeking evidence regarding the effect of humanities in undergraduate courses on future physicians' actual knowledge, abilities, conduct, and/or attitudes toward patients in real-life fudging make up a third kind of publication. Any research examining whether students or young physicians exposed to a humanities course exhibit more empathy or behave more ethically than students who have not learned the humanities falls into this category(20)(21). These studies may also look at whether students who have been exposed to the humanities have a better knowledge of patients with AIDS, for example, than they would have if they had not been exposed to particular liberal arts curricular activities. Only 9 of the 245 items in this category were found. These papers assess the bad and good effects of incorporating humanities into medical school(22)(23).

4. Holding the horses:

Reports, letters, and comments fall into a different group of publications, expressing more tempered views about the impact of humanities courses in medical education. This category comprises 12 articles. These articles cover a wide range of opinions, from outright skepticism to scientific apprehension about trusting any claim that hasn't been backed up by enough evidence(24)(25).

2. DISCUSSION

Even though the preceding typology is not comprehensive or nor exclusive, we believe that by giving a diverse range of instances and sources, we have shown the utility of the classification. Nonetheless, rather than presenting the categories as a reflection of some metaphysical intrinsic essence existing in the body of the references examined, we offer them as our suggested discursive construction. Furthermore, we acknowledge that the classification of each piece is subjective. For example, we classify Shapiro and colleagues' piece on how "a spoonful of humanities helps the medicine go down" as a "hold the horses" article, despite the fact that others may classify it as a "descriptive and evaluative" or "finding proof of long-term effect" kind. Furthermore, adopting a different literature retrieval method may have resulted in a different data set, perhaps changing the categories or at the very least their relative distribution. However, we believe that these uncertainties do not significantly alter our overall opinion based on our literature analysis. Clearly, the literature has a large number of course description, and also short-term effect assessments, student evaluations, and proponents of humanities-related curricular activities in college medical

school.

More than nine out of ten of the articles examined had as their primary goal either to describe particular liberal arts active learning or to contribute to the discursive construction of humanities as an essential component of medical school. Few studies have looked at whether humanities in undergraduate medical school have a visible effect on future physicians' attitudes, competencies, and practice. We want to emphasize that the absence of research looking for evidence of long-term impact does not indicate, either directly or indirectly, that humanities courses do not have the influence that many medical educators claim. Many completely plausible explanations exist for the seeming absence of empirical data. Conducting research on the impacts of any curricular innovation, as Shapiro et al¹⁹ describe, is hampered by a variety of almost insurmountable methodological difficulties. Because of the large number of potential confounders, demonstrating any suggested particular result of a learning activity is challenging, if not impossible.

Aside from methodological issues, some may disagree to the basic premise that evidence supporting the effect of humanities on undergraduate medical education is worth looking at. It might be argued that any effort to assess the "utility" of humanities in medical school would reveal a fundamentally flawed understanding of both the humanities and medical education. "The reductionist-positivist style of medical education fails to provide doctors with the skills and dispositions to address the entire spectrum of patients' physical and emotional needs," Cooper and Tauber²⁰ warn. As a result, a curricular shift is required, with a greater focus on "values, ethics, and a caring culture." In other words, the humanities are meant to serve as a shield or antidote to a dangerous reductionism. Following that line of reasoning, insisting on evidence-based medical education characterized by a need to demonstrate the long-term effect of any given humanities-related curricular innovation would be a contraindication.

Furthermore, all educational curriculums are created in a political and interpersonal environment in which proof of effect is only one of many influencing variables. Finally, as argued by Kuper¹ in a review of article, the lack of evidence of the impact of humanities-related curricular activities in medical education could simply be due to the fact that the implications of humanities-related curricular activities are not measurable, at least not using the assessment tools currently used in medical education. Regardless of one's feelings on evidence-based medicine and medical education, it's hard to ignore the reality that outcomes-based education is presently on the table. ¹ Our research emphasizes the significance of humanities in medicine. However, if the medical humanities group does not try to provide some sort of significant proof of the benefits of integrating humanities in medical education, it may represent a danger to humanities in medical education.

The literature is abundant with reflections on the nature and importance of humanities in medical education, and they are of unquestionable worth in the creation and refinement of these efforts. Similarly, publications with course descriptions and assessments are inspirational and valuable to anybody working in the area of medical education's humanities. However, we anticipate that more empirical evidence will be required to defend, maintain, or possibly strengthen the status of humanities in medical education in order to provide more empirical evidence that these learning activities do, in fact, deliver positive, and if not measurable, at least noticeable, outcomes. The final issue is whether students who are exposed to the humanities become better physicians in the long run, for the benefit of themselves, their practice, and their patients.

There is a major and substantial difficulty in creating innovative techniques for producing this kind of data, including perhaps new approaches to humanistic skills and competence in general. Humanities studies in medical education may perish if the medical humanities community is unable to overcome the challenging (and, to some, even unpleasant) job of demonstrating that humanities in medical education helps to the development of better physicians in the future.

3. CONCLUSION

According to the findings of this literature study, descriptions and assessments of current or proposed learning activities, as well as arguments in support of humanities in medical education, dominate the literature on humanities studies in undergraduate education. We also found that there are few research that show the long-term effect of humanities in undergraduate medical education on medical competency development. The review provides a typology that may be used to talk about the nature and present state of the field's literature. This classification provides a plethora of intriguing and inspirational accounts of humanities-related curricular changes in undergraduate medical education. However, there is a scarcity of research that provides evidence for the effect of these curricular efforts on physicians and their patient care. Similarly, there are few publications that take a critical position on the commonly held belief that humanities are helpful to future physicians in any generalized manner. We believe that the absence of proof that humanities-related activity at undergraduate medical education system is relevant to physicians' practice may constitute a danger to their ongoing growth. After all, the current trend of evidence-based learning dictates that the study of the humanities, like every curricular activity in medical school, must be able to defend its presence with proof of its efficacy.

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