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THE BECOMING OF A MEDICAL PROFESSIONAL: INTEGRATING HUMANITIES-BASED RESOURCES IN A MEDICAL ENGLISH COURSE

Abstract

Medical humanities emphasises the importance of the development of both humanitarian and professional skills in medical students and is an increasingly significant part of the medical curriculum in many countries. The present paper proposes that English for Medical Purposes (EMP) classes are particularly well-placed to integrate medical humanities material and can effectively manage the complementary goals of fostering foreign language competence in linguistically demanding contexts and skills development for professional growth, including critical awareness, intellectual reasoning, self-reflective practices and humanistic values. A small-scale project is described, which was implemented as part of an EMP undergraduate course. Poems, short stories and relevant visual imagery with the thematic focus on disability were employed, along with group discussions that encouraged critical introspection on the part of the students. The intervention demonstrates the educational potential and the linguistic benefit of such approaches in reinforcing students' reflective practices about the essence of medical practice, the process of doctoring and their professional awareness, particularly in medical curricula where humanities-based learning is largely absent. It is hoped that if medical students are provided with more 'humanistic tools' they can commit long-term to an ethical and responsible professional behaviour that is centred upon effective, patient-centred care.

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Key words

English for Medical Purposes (EMP), medical humanities, professional development, interdisciplinary disability project.

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1. THE ROLE OF MEDICAL HUMANITIES IN MEDICAL EDUCATION

Medical education has undergone radical changes in recent years, in parallel with innovations in health care delivery and practice. Calls to reform medical curricula by adopting a wider range of delivery methodologies (e.g. Prober & Heath, 2012) have also been made, along with the adoption of new accreditation procedures and assessment standards (Thomas, Kern, Hughes, & Chen, 2016). Medical studies have also been transformed by evidence-based medicine (EBM), along with patient-centred clinical research (Straus, Glasziou, Richardson, & Haynes, 2019) and competency-based medicine (CBM) strands (Carraccio et al., 2016). All the above have the aim of creating better-educated and clinically competent healthcare professionals who provide effective, patient-focused medical treatment, linking medical education and research with patient impact (Teodorczuk et al., 2017).

Despite these developments, it seems that there is still an overemphasis in many medical schools on the development of scientific expertise in students over any other expertise. In line with education models that are overwhelmingly outcomes-based, learning activities are not prioritised in medical education unless they lead to measurable effects, skills and knowledge, and are based on documented empirical evidence (Ousager & Johannessen, 2010). Mastering extensive theoretical knowledge and promoting diagnostic, clinical and problem-solving skills are usually foregrounded as the major constituents of 'core medicine'. At the same time, curriculum time is increasingly squeezed between the competing demands of advancing skills related to technology-enabled services in healthcare (Edirippulige et al., 2018; Wald, McFarland, & Markovina, 2019) and early exposure to clinical environments (Brennan et al., 2010). As a result, the impression held by most students upon entering medical schools, that medicine relies predominantly on objective, factual knowledge and scientific skills, is often confirmed (Shapiro, Coulehan, Wear, & Montello, 2009).

Against this backdrop, medical humanities has emerged as an integral field in medical curricula in many countries, a field that emphasises a more inclusive, sensitive, and humane approach to medicine and one that could significantly benefit medical education and practice, ultimately enhancing the formation of a professional medical ethos. The main scope of this interdisciplinary scientific field is "in Aristotelian terms [...] to improve health care (*praxis*) by influencing its practitioners to refine and complexify their judgments (*phronesis*) in clinical situations, based on a deep and complex understanding (*sophia*) of illness, suffering, personhood, and related issues" (Shapiro et al., 2009: 192-193). Thus, medical humanities brings attention to essential human values and helps medical students develop introspective thinking and expand their vision of both medicine and patienthood, thus opening up to the complexities of their future profession. As Heath (2016) emphasises, no biomedical evidence – despite its crucial role in

clinical consultation – will ever be enough for physicians to approach patients in the fullness of their humanity.

Most notably, medical humanities aims to educate prospective doctors with an insightful interpretative ability informed not only by a medical ‘gaze’ but also by a more ‘humane’ judgement and an ethical sensitivity towards human experiences of health, disease and health care (Arnott et al., 2001). The figure below illustrates the complementary contribution of science and arts/humanities to the clinical judgement of physicians.

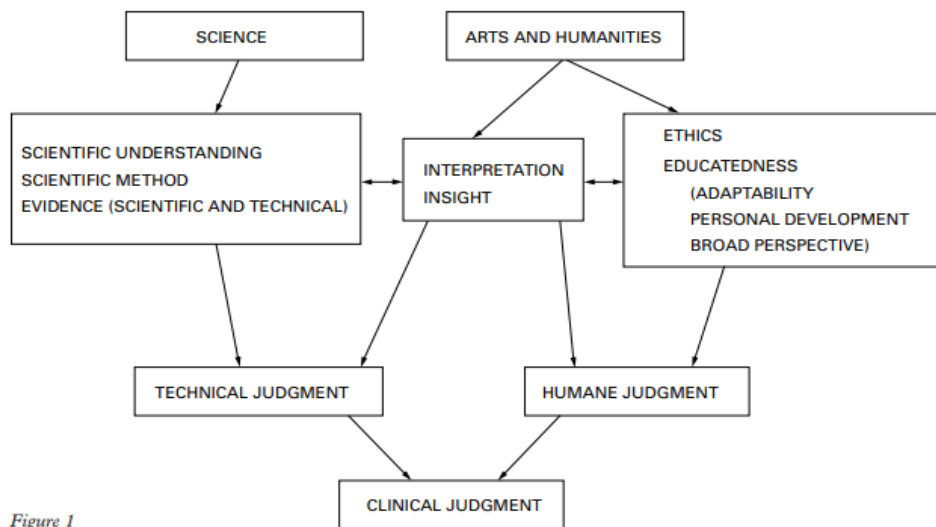


Figure 1

Figure 1. Attributes of the good doctor (Macnaughton, 2000: 24)

Doubts are sometimes voiced, however, regarding the relevance and impact of medical humanities on medical education. One concern relates to its capacity to deliver long-term, measurable outcomes that allow assessment (Ousager & Johannessen, 2010). Additionally, students often complain that the content of medical humanities courses are irrelevant or have no ‘practical’ value, opinions which display both doubts regarding the instructors’ experience in medicine and a resistance to the reflectional engagement required by such courses (Shapiro et al., 2009). Finally, it has been argued that the contributions made by medical humanities material are already being dealt with in bioethics courses, though this is an argument which is refuted by Friedman (2002) who distinguishes the former as a broader discipline that provides a holistic understanding of the human condition, while the latter focuses on practical resolutions to professional ethical dilemmas based on moral standards.

In the Greek context, where medical education has a long-standing tradition, medical schools have sought to harmonise their curricula with European curricula by introducing cutting-edge courses, quality control measures and promoting

Continuous Medical Education (CME) (Georgantopoulou, 2009). At the same time, however, more humanistic approaches to medical education are often disregarded, which may account for some of the reported short-comings of medical schools in Greece, which include an overemphasis on factual and teacher-centred learning in classes described as 'boring', in addition to increased student stress and tiredness (Dimoliatis, 2010; Kossioni, Varela, Ekonomu, Lyrakos, & Dimoliatis, 2012). In response to these criticisms, Batistatou, Doulis, Tiniakos, Anogiannaki, and Charalabopoulos (2010) vigorously propose the integration of medical humanities modules in the initial years of undergraduate medical curriculum in order to foster analytical and synthetic reasoning in students, to develop their close observation skills and professional values, and to encourage a reconceptualization of the doctor-patient relationship. Such a view is also endorsed by Georgantopoulou (2009).

However, despite promising initiatives that have seen the introduction of Bioethics/Medical Ethics courses into the curriculum along with other educational interventions, such as the promoting of students' empathic performance and doctor-patient communication skills (Kiosses, Tatsioni, Dimoliatis, & Hyphantis, 2017), humanity-based modules in the Greek medical education remain under-represented. This is also the case in other medical education systems. For example, Orefice, Pérez, and Banos (2019) report that, even though History of Medicine and Bioethics are present in most medical curricula of Italian and Spanish universities, medical humanities is still rather undervalued, since these modules receive limited ECTS credits and are not usually considered as independent subjects. Chinese medical schools seem to have an even greater need for curriculum reform as they "lag behind Western colleges in their medical humanities teaching content, style, and methodology" (Qian, Han, Yuan, & Fan, 2018: 3510) and offer only sparingly some social medical courses.

2. MEDICAL ENGLISH TEACHERS EMBRACING MEDICAL HUMANITIES

The present paper posits that English language instructors, often endowed with a rich humanities background from their studies, are in a position to effectively integrate medical humanities initiatives, fostering not only language competences but also a set of 'humanistic' and reasoning skills essential for their students' professional practice. In other words, such EMP interventions can promote the formation of a professional medical identity which goes beyond scientific and clinical expertise. Although there is no common consensus as to what medical professionalism entails (Birden et al., 2014), we concur with the broad definition that "[p]rofessional formation' is the mastery of the fund of knowledge and skills, and the cultivation of professional virtues, essential to the ethical concept of medicine as a profession" (Doukas et al., 2013: 1624). Medical professionalism in

this respect is seen as the development of a (moral) commitment on behalf of medical students and physicians to value orientations, practices and an ethical conduct that are at the core of medical practice itself (Hafferty, 2006). To this end, medical humanities principles and learning activities embedded within EMP courses can essentially advance “habits of mind essential for self-assessment and virtuous comportment while promoting critical thinking regarding observation, introspection, reflection and analysis” (Doukas, McCullough, & Wear, 2012: 337).

EMP courses offer ample space to integrate literature, medically-themed or general (Marthouret, 2016), art exploration (Osman, Eacott, & Willson, 2018) as well as creative and reflective writing practices (Wald, White, Reis, Esquibel, & Anthony, 2019), where the wealth of visual and language resources, beyond their referential aspect, can promote imagination, interpretation and discussion of demanding or controversial medical issues. By way of example, literature and art with a thematic focus of disability constitute a source of material with the potential to enhance humanistic competences. Because “medical understandings of disability differ significantly from the way disability is experienced and theorized by disability rights activists and scholars in disability studies” (Garden, 2010: 70), using materials focused on disability raises the question of how to bridge the gap between the medical professional gaze and the needs of persons with disabilities.

There is a paucity in the literature of medical English studies or projects that incorporate principles and methodologies from medical humanities. Where they exist, the use of literary pieces accompanied by creative writing on the part of students appear to be the most common practice (Shaffer, Borkovi, & Barr, 2005; Wald, White et al., 2019). At a basic instrumental level, literature exposes students to the genre demands of literary analysis, including the narrator’s stance, latent meanings, inferencing and interpretative skills. This type of textual reading requires medical students to critically analyse human interactions, acknowledge the multiple perspectives each situation entails (Doukas et al., 2012) and recognise their own cognitive and emotional biases (Shapiro et al., 2009), a process which can ultimately lead to a deepening of their understanding of medical practice (O’Neil, Kelly, O’Keeffe, & Moss, 2020). Hence, engagement with literature might be said to be essential for medical professionals who can incorporate these interpretative experiences into their future interactions with patients and, it is hoped, treat such encounters with more empathy, insightful engagement and advanced communicative competence. To this end, McFarland (2009) and DMani (2017) recount cases of successful integration of literature texts and underlying medical humanities topics (e.g. ‘the art of dying’, ‘patient-centred approaches’) in developing the communication skills in English of healthcare professionals and students, along with critical thinking and self-awareness skills. Miyamasu (2008) describes an interesting project to incorporate short stories and movies into a Japanese EMP class, in a culture where medical humanities is considered a ‘neglected subject’. As a result of the project, students developed their medical English skills while reflecting on the humanistic approaches of clinical practice.

Poetry with a medical theme has also been deployed as a means of offering a linguistically rich experience in Medical English classes and of reinforcing students' empathetic, self-reflective and interpretative skills (Kalra et al., 2016; Marthouret, 2016). Poems often prove to be more challenging for students' critical engagement, owing to the perhaps unfamiliar kinds of intellectual demands that poetic forms place upon their readers due to devices such as polysemy, hidden connotations, unconventional syntactic patterns and various interpretations (Marthouret, 2016). Poems present a greater challenge of course when they are written in a foreign language. Yet it is exactly the disconcerting character of a poem that makes it useful, because "[l]ike poems, [patients] are wonderfully complex and sometimes frustratingly irrational. [...] To respond adequately to a poem or to a patient requires careful, empathic attention, and the capacity to be moved by what is being conveyed" (Shapiro, 2010: 1). Thus, in a context traditionally based on factual teaching and on a biomedical approach to health, medical humanities allows medical students to tolerate ambiguity, reconcile with uncertainty and embrace subjectivity. Such personal assumptions constitute an impetus rather than a hindrance for professional development, assisting future doctors to acknowledge the intricacies of human nature and provide patient-centred, compassionate and responsible healthcare.

As Lu and Corbett (2012: 158) stress, language teachers, although by no means art/film critics themselves, "are adept at using [visual images] to practice targeted language, from descriptive statements to more speculative discussions". Such expertise can be applied by EMP instructors in their classes to promote students' visual literacy and observational skills, skills which contribute significantly to medical professional excellence. Batistatou et al. (2010) refers to a plethora of studies showing that medical students' observational diagnostic skills, visual acuity and perceptual capability are enhanced by systematic and comprehensive observation of visual arts. At a more cognitively demanding level, paintings, films and other visual media expose students to a fruitful exploration about the culturally-constructed messages these convey within a specific social context, thus increasing their awareness of their future patients' elaborate living contexts and their exigencies (Lu & Corbett, 2012).

3. THE INTEGRATING OF A MEDICAL HUMANITIES PROJECT INTO AN EMP COURSE

The following section presents a medical humanities project that was implemented during the fall semester of 2018/19 as part of an elective medical English course for 1st year students at the University of Ioannina (Greece). A small group of six students volunteered to participate in the study. The project foregrounded that the deployment of literary resources and visual imagery can assist English language instructors in designing multimodal tasks with complementing goals, raising both

linguistic as well as intercultural and empathetic awareness. Hence, the aim was to encourage participants to reflect on the role of a medical professional, improve empathic identification and heighten their interpretative and observational skills as future medical professionals. The theme of disability as a complex social and medical phenomenon was the mode of exploration and the participants were encouraged to recognise the different models of disability in relation to culturally conditioned aspects of the human body and enhance their ability to evaluate common stereotypes. Without making the claim that prejudicial attitudes can be easily modified, it could be argued that such challenging discussions can foster students' engagement with self-reflective practices and encourage them to consider the diverse perspectives within the cohort of disability (i.e. medical vs social) in a complementary, rather than in a conflicting way, while simultaneously advancing critical thinking and professional competencies of the students.

The study took place over four consecutive weeks. Initially, the students completed an anonymous online questionnaire, recording their established perceptions and self-responses towards (physical) disability and visual impairment. No questions were asked about their personal beliefs or attitudes in order to create a safe space for self-reflection. A short introduction to medical humanities and to disability as a category of analysis was then presented to clarify the meaningful relevance of the project to the participants' discipline of study. In the second week, the participants read two poems by poets with disabilities, Vassar Miller ("Dramatic Monologue in Speaker's Own Voice") and Jim Ferris ("Poems with Disabilities"). The task was designed to elicit the students' personal responses and compare them with those of their colleagues. The reading was complemented by focus questions, where the students were asked to comment on the speaker in both poems and elaborate on what they believed to be the core theme(s). Students were asked to evaluate the attitudes of the narrators and discuss specific words and/or lines which they thought described disability. Prior to week three, the participants were given the short story "Cathedral" by Raymond Carver. The goal of the task was to heighten the awareness of blindness through language activities drawing special attention to the dominance of the visual sphere in society. Students were expected to find words depicting impairment in the text, summarise the narrator's attitudes and elaborate on whether they would ascribe any of the narrator's observations to common prejudices circulating in society. The classroom activities included an open discussion of the short story and a drawing exercise, where a volunteer participant was blindfolded and asked to draw an object related to their medical interests, while the fellow students then guessed what the student had drawn. The last part of that week's task included all students drawing something they associated with blindness.

For the final week, students were shown two images of a famous inspirational speaker with a serious disability, whose photographs had been advertised as part of a live event. The participants were asked to discuss the purpose of the advertisement and decide if it was a celebration or a criticism of

disability. The aim was to encourage the students to enhance their interpretative and observational techniques by engaging with cross-culturally constructed representations about disability.

This was a single, very small project, and we make no claim for generalisation. Nevertheless, what we observed in this project was our students' genuine interest in engaging in discussions of increasing linguistic demand, employing a variety of disability-related medical English vocabulary and discourse structures appropriate for meaning negotiation. Students employed relevant medical vocabulary about specific medical impairments (e.g. *tetraplegia, paralysis, amputation, prosthetic limbs, severe health conditions, mobility impairment*) and contrasting argumentation (i.e. *what disability denotes, which are the principal 'disabling' contextual barriers*), in an effort to reconcile antithetical approaches to disability issues. In terms of discourse, the co-participants employed frequent clarification requests (e.g. *'What exactly do you mean by extrinsic disability?'*), confirmation checks (e.g. *'Arthritis is a form of disability, isn't it?'*) and quite often repetitions, primarily of instructors' discursive structures, with the likely aim of incorporating into their own speech, novel, formal phrases. (e.g. *'Yes, I agree that attitudes can constitute disabling barriers'*).

Furthermore, the tasks allowed students to increase their awareness of disability in a learner-friendly environment, invited them to explore the complexities of the human experience and, concomitantly, expand on their interpersonal understanding in real life encounters with people with disabilities. This descriptive study also indicated that the students' personal background plays a crucial role in their interpretative and observational tendencies in the medical setting (Matziou et al., 2009; Uysal, Albayrak, Koçulu, Kan, & Aydın, 2014) with implications for their medical practice and professional conduct. More specifically, following the initial questionnaire which recorded students' perceptions, the participants admitted to a rather weak, if not confused, understanding of disability, including a debate about the difference between impairment, "located in the body", and disability, "located in the body's social and cultural construct" (Couser, 2011: 24).

In addition, disability was primarily associated with its medical manifestations and physical impairments (e.g. polio, tetraplegia), and only one reference was made to its different types (i.e. mental, physical, social). It might be the case that students' medical academic background influenced their attitudinal perceptions which focused mainly upon the 'medical model' of disability in which individuals are considered impaired because of a personal health condition rather than by environmental and social factors (WHO & World Bank, 2011). The associations of disability, and particularly of blindness, with visual icons (i.e. *'wheelchair', 'walking stick', 'sunglasses'*) were prominent, suggesting the dominance of the stereotypical views of disability equipment. Finally, the personal attributes of disabled people, as described by the students, were predominantly negative (i.e. *'sad', 'weakness', 'alienation'*), depicting a view of these people as

disempowered, suffering, 'weak' victims in need of 'help' and support by others. These results suggest that EMP teachers could integrate classroom activities which challenge students' attitudes and help them enhance their critical thinking by interpreting literature pieces and visual artefacts along with their culturally embedded messages. The project might also be more successfully implemented with older medical students, who are further advanced in their studies and, most importantly, are involved in clinical encounters with real patients.

4. IMPLICATIONS FOR FUTURE EMP COURSES

The present paper has sought to argue for and exemplify a pedagogical application of a medical humanities project in the context of a medical English course for undergraduate medical students. It contends that the use of medical humanities resources that include literary texts, visual arts and imagery allows EMP instructors to create multidisciplinary tasks that foster linguistic, intellectual and humanistic competences which are crucial for the professional development of future doctors. We believe that medical humanities and medical English courses share reciprocal gains from the integration of such projects into their curricula. This resonates with the approach of Lu and Corbett (2012) who attest cogently that language education in medical settings can benefit from an exploration of humanities resources that facilitate meaningful communication in situations characterised by linguistic complexity and encourage critical awareness of professional and cultural values.

Considering that professional ethos in medicine remains a rather elusive concept in terms of a widely accepted definition and a validated methodology for teaching, we concur with Birden et al. (2014) that specific traits of professionalism could be explored in EMP courses. Hence, the language learning context, with all its language nuances, ambiguities, meaning negotiations, emerges as an ideal arena for developing sensitivity towards culturally conditioned aspects of the human body in the medical setting. As an example, our proposed intervention delineates learning activities designed in such a way to optimise both the linguistic awareness that EMP demands as well as to invite the students to reflect and expand on their interpersonal understanding when engaging with the experiences of persons with disabilities. As Garden (2010: 73) says, the insight of disability studies in health care can help to contextualise and analyse socially constructed norms and structural inequalities, highlighting that "[r]eading and teaching narratives of illness and disability must involve an examination of whether and how those narratives represent disabling social conditions and must situate narratives in relation to broader perspectives on disability and difference". A multi-perspective engagement with these topics could help future doctors construe intrapersonal conflicts, unlock new ways of critical thinking, and ultimately confront their

professional identities and patient encounters with honest attention and emotional resonance.

To conclude, one might convincingly argue that EMP teachers are closest to the medical students in that they are in a rather vulnerable state of 'learner-being'; as students are trying to come to terms with the 'imperfect performance' of medical language, EMP instructors can assist them to further explore and embrace simultaneously not only their language mistakes but also their personal imperfections and subjectivities as human beings. Within this scope, an immense educational potential emerges to reinforce the reflective practices of students regarding the essence of medical practice, the process of doctoring and professional awareness, particularly in medical curricula where humanities-based learning is largely absent. It is hoped that, if medical students are provided with more 'humanistic tools', they could commit long-term to an ethical and responsible professional behaviour centred upon effective, patient-centred care.

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