

TOWARDS THE INTEGRATION OF HUMANITIES IN THE ACADEMIC CURRICULA OF MEDICAL SCHOOLS

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Abstract: Integrating medical humanities in the academic curricula of medical schools has become a necessity. This is a process that has already begun in the Romanian context, though it is not officially acknowledged and, more or less, this has fallen into the hands of foreign language teachers, as representatives of the so-called humanities. At prestigious universities around the world, medical humanities have become a compulsory topic in the students' curriculum, with subjects explained by various specialists belonging to all fields that describe medical humanities (literature, art, creative writing, drama, film, music, philosophy, history, anthropology, theology, ethics). The Romanian medical schools still experience the beginnings of such an attempt. Therefore, the aim of this paper is to give some hints on how this topic has come to be discussed as part of the foreign language modules (ESP classes for 1st and 2nd year students in Dental Medicine at the “Grigore T. Popa” University of Medicine and Pharmacy, Iasi, Romania), by stressing on subjects that are relevant in the context of English language use: culture as part of foreign language teaching, communication skills, academic writing, writing for the internet and technology.

Keywords: medicine, medical humanities, ESP, foreign language teaching, medical training.

Integrating medical humanities as a compulsory topic of medical universities' academic curricula is not a new idea. This problem has been debated for a long time, needless to say that some prestigious universities around the world have already adopted this strategy that has proven its effectiveness in time. The fact that we discuss about such things nowadays, in the Romanian context, is a proof that we have started to show interest in the subject and, as foreign language teachers that work with medical students, we can definitely attest for the fact that some attempts to put into practice such topics and ideas have led us to the conclusion that it is worth trying to adopt these ideas for our students as well. It is important to state from the very beginning, though, that this is only the perspective of a foreign language teacher whose attempts in dealing with these challenges have been limited to a quite restricted area of subject matters, topics that can be covered, more or less, by our specific training in the field. More sophisticated attempts that try to mix various interdisciplinary fields such as philosophy, history, history of medicine, anthropology, theology, ethics, cultural studies, law have taken place throughout medical schools around the world, but this requires thorough preparation and effective communication among specialists representing all the above-mentioned fields. This requires time and we all know that most of these topics can be integrated in the academic curricula during the students' first preclinical years. Another disadvantage that we may encounter is that, because of the large number of medical topics, the interdisciplinary ones, like medical humanities, cannot cover more than one or two modules in the first two years of medical training. Thus information has to be effective and concise, and it is hard to say yet that if the students get to attend lectures delivered by various different specialists, representing all the fields, they may finally get the right picture of what medical humanities really are. Specialists in the field even suggest that “the humanities be team taught by faculty

experts in the various fields, such as philosophy, history, literature, theology and ethics, visual arts and jurisprudence so as not to lose intellectual essence, culture and rigor of each. However, forms of instruction that combine so many areas of study face the danger of diluting the relevance of each subject, losing the pedagogical depth and impact” (Horton 4). We find this statement true, especially in the Romanian context where we can consider ourselves still beginners in dealing with this subject matter. These are our first attempts in this respect and, even if we think it is important to look for further progress in dealing with medical humanities as part of the academic curricula, for now it is more effective to try and put into practice some of the ideas that come in handy for us.

Foreign language classes have undergone dramatic changes in the last few years, especially when we speak about teaching foreign languages to medical students, i.e. what we formerly called “specialized language”. My own experience is with English for Specific Purposes (ESP) that I currently teach to medical students (1st and 2nd year students in Dental Medicine at the “Grigore T. Popa” University of Medicine and Pharmacy, Iasi, Romania). We have debated this problem before, in the sense that we have already emphasized the idea that specialized language can no longer be what it used to be, that is transmission of specialized vocabulary and some notions on Academic Writing. We still focus on these notions, of course, but the development of mentalities, ideas and technology has come to revolutionize the very teaching of foreign languages by and large. Foreign language classes have come to be seen as opportunities for our students to train themselves and get a thorough knowledge of some skills that can be related to their future profession, to understand much more complex things than the specialized vocabulary. On a diminished scale, foreign language classes provide our students with notions on culture, communication, academic writing, writing for the Internet. These are topics that we already discuss and our students find it useful to discover such notions that can be related to their future profession: understanding the patient as part of his / her culture, understanding the importance of good communication skills with the patient, the ability to write in a foreign language (starting from application forms up to long essays and dissertations). Writing for the Internet, as a separate chapter, is probably the topic that goes under a continuous updating process as, with the rapid progress of technology, we constantly find new topics to discuss, from basic things such as writing an official email up to designing a webpage or creating an online profile or brand and telemedicine (obviously, all discussions are restricted to the area of using foreign languages – and especially the English language, the lingua franca of the Internet – in such contexts).

Thus, under the circumstances, the introduction of medical humanities seemed to be the natural thing to do. The first attempts had to do with the development of the above-mentioned topics that we were already discussing, but we have soon realized that the conversation could be taken further. In the absence of the larger topics that would require the involvement of specialists from various areas of interest, our students can still be trained in the area of humanities that “will provide them with the skills to understand, acknowledge and make moral and ethical decisions for their patients as individuals and help them understand their patients as members of larger units such as families and communities. The physicians in their training must learn not only the scientific basis of disease, but also the personal and human aspects of illness. It is thought that, by exposing physicians to training in the humanities, they can better learn to <<see>> their patients, and appreciate them as whole persons, to understand their life stories and circumstances, to hone their skills in listening and interpreting their patient’s words, and think more critically [...]. The physicians must understand their patients beyond the context of disease and to do so, they must have training that goes beyond the scientific and technical knowledge and facts” (Horton 2). We believe

that this is something foreign language teachers, with their basic training, can already do and, with our experience in the field, we have already understood the necessity of taking such an action with our medical students.

Culture as part of foreign language teaching is a primary topic of discussion with our medical students in our ESP courses. In order to take the discussion further afield, besides discussing the fact that language is part of the cultural background where it is spoken, we can gradually introduce the idea that language and communication by and large are integrative elements of culture. Thus, communication becomes a complex process that cannot be understood outside the cultural context where it is produced. Likewise the patient has to be understood in the context of his / her own culture. Students need therefore to be involved in all sorts of activities that will help them realize that the relationship they are going to develop with their patients has to be seen from a cultural perspective as well (Lloyd 28). We live today in a world that values diversity and if our future doctors manage to understand this idea very early, they will be able to develop strong communication skills, a thing that becomes of outmost importance nowadays. Also, intercultural communication is an idea that must be introduced as part of our discussions with students. We live in a world of diversity and health and medical choices are always culturally situated. By getting a relevant picture in this respect, students will understand that mastering a foreign language is not only about the ability to communicate, but also about the comprehension of cultural habits and expectations (Jandt 21). Thus cultural competence involves the ability to identify diversity and develop empathy, that is the possibility to see things from the point of view of others (Jandt 23).

Communications skills for future doctors should be understood exactly from this perspective. Teaching about communication skills could still be considered as part of introducing medical humanities to medical students. Communication skills should be taught in medical schools and students should understand that during the clinical encounter, especially when dealing with patients coming from different cultural backgrounds, doctors have to overcome both the linguistic and the cultural barrier. Introducing notions on verbal and nonverbal communication, voice management, active listening and cultural awareness may make our students realize the importance of having a holistic perspective upon the idea of communication with the patient. Verbal communication is more complex than it seems, though it is the most direct (but the actual exchange of words may be misleading at times, especially if the doctor and the patient do not share the same native language). Nonverbal communication is the most difficult aspect of the whole communication process and, as specialists suggest, it should be never taken out of the context in which it is produced. Nonverbal communication is not an independent component of the communication process, therefore it may be very misleading. It is self-understood that voice management, looked at from a cultural perspective, may bring about a lot of misunderstanding because of the speakers' native language that may dictate different patterns in the language to communicate or, even more likely, different accents and intonations that, at times, may also lead to misunderstanding. Cultural awareness, the most complex of all the communication components, should make students think about the fact that, as future doctors, they will have to take into consideration the patient's perspective, at the same time showing tolerance and willingness to accept things that may differ from what they are familiar with (Lloyd 29).

Academic writing is not a new chapter to deal with as part of the ESP training. This was done before and we can still see its utility today. Nonetheless, with the progress of theories and ideas, even this chapter has come to be looked at from a different perspective. Besides considering things from a cultural perspective as well– this can be traced back even to application forms up to dissertations – writing as such, as a productive skill, has to be

properly understood by our students. We have referred before to what academic writing implies. In the context of dealing with the idea of humanities in our training classes, we have to find deeper meanings that would enable our students to understand the benefits of becoming familiarized with all these notions. Since Academic Writing as such has been part of the ESP classes before, we are not going to refer to the traditional perspective of dealing with such a topic. In the new economy of things, our students have to understand exactly what their purpose is when they write, whom they are going to address and what kind of medium they are going to use in order to achieve their target. Communication, no matter if it is verbal or written, has to take into account its context. More than 30 years ago nobody would have thought of the online medium, therefore nowadays we have to be able to sense the differences between the two mediums and adapt to them as required by the circumstances. The virtual medium has its own style and conventions. Likewise, the lexicon (vocabulary) has to be appropriately used, depending upon the genre and style proposed. All these can definitely be put into relation with literature (we have also referred to the use of literature in medical training before – there are various activities that can be carried out with students by means of using literature). As stated in P. Anne Scott's study on the relationship between the arts and medicine, among other benefits of dealing with humanities in medical training, an important effect is the development of thinking along with that of language use: "A further aspect of the contribution that the arts, particularly literature, makes to health care practice that literature enriches the language and thus the thought process of practitioners, in a manner which provides the wealth of concepts and ideas with which to think about and conceptualize patient care. [...] Having sufficient rich vocabulary to support a language of patient care is, I believe, profoundly important. This is because of the yet poorly understood connection between thought and language" (Scott 5). Obviously, the benefits of studying literature are by far stronger than that, but we have discussed, in previous articles, methods to deal with literature in English classes so that future doctors come to understand more about the human condition by and large.

Last but not least, technology itself can be viewed today as a way to focus on humanities. This may sound surprising. How can technology be related to humanities? But the answer lies in the very fact that all the above-mentioned skills can be put into practice by means of technology. Technology should not be avoided today as it offers many opportunities. Technology has the power "to transform the classroom in a museum [...] promoting appreciation of art and the hidden stories behind them" (Mai 47). Definitely technology is not only that. It can bring so many useful things in the classroom, from watching videos, lectures delivered by professionals, sample dialogues between patients and health care providers, and it may also become a tool by means of which we can get very creative. Students should get some hints on how they can benefit today from the use of technology. There are many health care practitioners who have blogs today, they keep in touch with their patients. They may even design their own webpages. If they want to build an online profile, then they should know things function like in any business, the ultimate purpose being that of attracting customers. In the American and Western societies, it has become a must for doctors to have an online profile. We can also find online clinics that offer medical care to patients and we can simply imagine that all these would soon be required and become a necessity in our context as well. Our students have to be ready to face these new challenges that offer them many opportunities. By discussing all these topics with our students, we can teach them to be aware of the changes that take place in the online medium when it comes to communicating with patients, sharing information, making use of social media or building a professional profile.

Medical humanities are still a field to be explored in the Romanian academic context. The good impact upon the medical students' training, at least according to the studies that have been carried out abroad, cannot be neglected. It will probably take some time until Romanian medical schools will take some steps towards applying the Western rules. Nonetheless, we do believe that foreign language teachers have already started to work with topics that overpassed the rigid format of a traditional class of specialized language. Foreign languages taught for medical students could become the very foundation of integrating the idea of medical humanities because foreign language teachers can link their teaching to many related fields like music, visual arts, theater, psychology, educational sciences. It is thus recommended to improve the collaboration with specialists from all the fields, that can contribute to the training of the future doctors from a different perspective.

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