

# Student Feedback About the Medical Humanities Module in a Caribbean Medical School

P. Ravi Shankar\*, Christopher Rose, Asma Toor

*Xavier University School of Medicine, Oranjestad Aruba Dutch Caribbean*

## ABSTRACT

**Introduction:** A medical humanities (MH) course has been conducted at the institution from February 2013. The school admits students from the United States, Canada and other countries to the undergraduate medical course. The present study was conducted among first to sixth semester basic science students to obtain their feedback about various aspects of the module and suggestions for further improvement. **Materials & Methods:** Focus group discussions (FGDs) were organised with interested students during the last two weeks of October 2015. Written informed consent was obtained from all participants. The FGDs were audio recorded and lasted between 90 to 100 minutes. An FGD guide was used to facilitate the deliberations. Written transcripts of recordings were prepared and read through multiple times. Transcripts were coded and items with similar codes were grouped together into themes. **Results:** Twenty-one of the 100 students (21%) participated. Overall response to the module was positive. Students who participated in the FGDs felt the module offered a different perspective compared to other basic science subjects. Feedback regarding small groups and group dynamics were also obtained. The literature excerpts used were appreciated by the respondents. The paintings and the activities encouraged the process of creativity, reflection and taught participants the importance of reconciling varied views. Role-plays encouraged student participation and active learning. MH encouraged active learning and students appeared to have fun while learning. **Conclusion:** MH and movie screening and activities are slowly becoming established in the institution. Respondent feedback was positive. Suggestions for future modules were obtained.

**Keywords:** *Caribbean, Medical humanities, Medical school, Qualitative research, Undergraduate medical*

## CORRESPONDING AUTHOR

Professor P. Ravi Shankar, Xavier University School of Medicine, # 23, Santa Helenastraat Madiki, Oranjestad Aruba Dutch Caribbean | Email: ravi.dr.shankar@gmail.com

## Introduction

The medical humanities (MH) has been defined as “an interdisciplinary and increasingly international endeavour 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 may be regarded as the human experiences of medicine seen through the humanities and reflected philosophically (2). MH uses methods from different disciplines in the

humanities to investigate various aspects of medicine and healthcare practice (3). Students learn to better understand and critically reflect on their profession and become more self-aware and humane practitioners.

MH programs are becoming increasingly common in medical schools in the United States (US). A recent article mentions that 69 of 133 accredited medical schools in the US require that students take a course in medical humanities (4). According to the author, MH have been slower to gain ground in Canada but many schools do

offer courses. MH courses and modules are becoming increasingly common and are being offered in both developed and developing nations. MH courses are however, not common in Caribbean medical schools.

This case study refers to the private, offshore medical school located in the Caribbean, admitting students from the United States, Canada and other countries to the undergraduate medical (MD) course. There are three student intakes a year, occurring in January, May and September. A semester of study is of 15 weeks duration. Students complete six semesters of study in Aruba and then do their clinical rotations in affiliated hospitals in the US and Canada. A MH module has been offered to all first semester basic science medical students at the institution since February 2013. Student feedback obtained about the inaugural module was positive (5). The module uses active learning strategies to explore different aspects of MH. Case scenarios, literature excerpts, poems, paintings, role-plays and debates are among the different activities used. Student work in small groups and the module is a part of patient, doctor and society I. A description of the module and the assessment system has been provided in a recent article (6). The school follows an integrated, organ system-based curriculum with early clinical exposure during the basic science years (7). During each semester two movies with a medically relevant theme are screened. All basic science semester students watch the movie together in the school auditorium and then work in small groups to answer questions related to the movie. Each group consists of students from different basic science semesters. Then all groups gather back in the auditorium and groups present their findings to the assembled group of students and faculty.

The module has now been offered to nine cohorts of first semester medical students. For the last four semesters a behavioural psychologist and faculty member teaching behavioural sciences at the institution, have served as co-facilitator of the

module. Detailed student feedback about different aspects of the medical humanities module has not been previously obtained. Hence the present study was conducted among interested first to sixth semester undergraduate medical students who have completed the MH module. The objectives of the study were to obtain student feedback about various aspects of the module and suggestions for improvement.

## Method

The study was conducted among first, second, third, fourth, fifth and sixth semester undergraduate medical (MD) students at the institution during the last two weeks of October 2015. All students were informed about the study and invited to participate. They were informed that participation in the study was voluntary. Focus group discussions (FGDs) were conducted with interested students. Participants were divided into two groups for the FGDs.

Written informed consent was obtained from all participants. They were briefly informed about the aims and objectives of the study and introduced to qualitative research methodology. The authors stressed that all information discussed during the FGDs was confidential and individual respondents would not be identified while publishing the study findings. Respondents were also informed that information obtained will be used to further improve the MH module and the movie screening and activities at the institution.

The FGDs were audio recorded. Each participant was asked to choose a number between 1 and 20. Participants have to mention their number before sharing information and refer to other FGD participants by their numbers. Each FGD lasted between 90 to 100 minutes. The FGDs were initiated by asking respondents about their overall opinion regarding the MH module. The first author facilitated the FGD using a guide which is shown in the

Appendix. Respondents were asked about the different small group activities and the small group dynamics during the module. The different modalities like literature excerpts, poems, paintings and role-plays used during the module were discussed. Possible future benefits of the module, and whether MH and movie screening and activities offer a different perspective compared to other subjects studied during the basic sciences was also discussed. Suggestions for further improvement were also obtained.

The researchers listened multiple times to the audio recordings and transcribed the recordings. The transcripts were read through and coded. Similar codes were grouped together into themes. Free text quotes were presented in the language used by the respondents in certain places. The FGDs were conducted in English and were continued until data saturation. The comments by respondents about small groups used during problem based learning sessions was not included in the results. The study was approved by the institutional review board of the institution vide notification XUSOM/IRB/ 2015/05 dated 23rd September 2015.

## Result

Twenty-one of the 100 undergraduate medical students (21%) participated in the study. Table 1 shows the demographic characteristics of the respondents.

**Table 1:** Demographic characteristics of the respondents

Characteristic	Number (%)
<i>Gender</i>	
Male	10 (47.6)
Female	11 (52.4)

(continued on next page)

Table 1: (continued)

Characteristic	Number (%)
<i>Semester of study</i>	
First	4 (19)
Second	3 (14.3)
Third	5 (23.8)
Fourth	4 (19)
Fifth	1 (4.8)
Sixth	4 (19)
<i>Nationality</i>	
United States	13 (61.9)
Canadian	8 (38.1)

The overall impression of the respondents about the MH module was positive. A respondent mentioned that the MH module introduced them to alternate perspectives and the importance of understanding and dealing with these. A respondent stated that the module introduced them to a cultural awareness. A respondent stated:

One of the things that I liked about the module was that it gives an opportunity for cultural awareness... because we are a very diverse group and it allows us to understand how various cultures may be perceiving things and to their belief systems. The module provides us with that exposure.

(Participant P-15)

Another respondent stated,

I like medical humanities. It is interesting. We analyse specific scenarios and paintings which explore what the patient might be thinking, the doctor might be thinking and it explores certain problems we might face as

potential physicians in the future. It introduces us to problems like the patient feels not enough care is being given to them and not enough time is being devoted to their illness.

(Participant P-21)

MH offers a subjective perspective in contrast to the objective one offered by most other subjects. It also helps in understanding and exploring the self. Respondents felt MH serves to introduce them to the patient-doctor relationship.

### Small Group Activities and Dynamics During the Module

Respondents felt the small groups' fostered interaction among students. The activities helped both students who were introverts and those who were extroverts.

The size of the small groups was also a subject of discussion. Students felt the size was good during the MH sessions (around 7 or 8 students) but during the movie screening and activities the group sizes were larger with around 11 or 12 students in each group and each group had students from various semesters. Respondents felt working with more mature students had significant advantages for students belonging to the more junior semesters. A respondent however, felt that the MD1 students may feel a bit intimidated by the senior students.

Some participants felt that having diverse groups was advantageous because as doctors they may have to work in teams consisting of various individuals. Sometimes the teams are formed suddenly depending on a particular situation and the ability to work together with individuals whom they do not know very well was important. The amount of participation may also be influenced by the subject matter of the activity and how much the individual knows about and is comfortable with the topic. Some may be more outspoken and interested in leading the group while others play a more supportive role. A respondent stated,

Everyone knows that I only speak if I have something to say. Everyone has their strengths. Some are born leaders and may speak a little bit more. They take the initiative to kind of lead the group. That is kind of their strength. Other people are good "piggyback" people. You come up with the idea and that person is kinda like you know... I know how to elaborate more on that idea. So everyone plays a different role.

(Participant P-17)

### Literature Excerpts Used During the Module

A participant stated that literature excerpts may not serve much purpose as she will not be using much literature during their future career. Another respondent opined that there are many similarities between the use of literature excerpts and paintings.

I feel there are many similarities between the use of literature excerpts and paintings. Humanities wants us to be better and more empathetic doctors. We learn how to feel toward the patient. We use very interactive ways. Both of them are an art. We are analysing literature and paintings. So there are many similarities.

(Participant P-4)

Another participant stated that literature will help them better understand the complaints and language of their patient(s). In traditional patient records much of what the patient says is "sanitised" and written using medical language. Some respondents felt literature with a more medical theme would be useful, while others mentioned that life is interrelated and doctors should be aware of various aspects of life. Another respondent stated that literature depicts a situation in a more concrete manner compared to a painting and offers more limited opportunities for creative interpretation. A respondent mentioned that literature excerpts and poems if read aloud in the



group teaches listening skills and encourages the listener to go deeper into and explore different levels of the scenario/situation mentioned.

### Paintings Used During the Module

A respondent stated that while analysing a painting students are trying to find out the creator's intentions when s/he created the piece of art.

Art serves to bring out different points of view. For example I may look at a painting and see one thing but someone else may see a different thing or have a different viewpoint. Then we collaborate and try to put the ideas together. So we get different perspectives on the same thing.

(Participant P-14)

Both paintings and literature encourage the process of reflection. It helps participants "humanise" themselves. Paintings encourage the use and development of visual skills.

We all know the statement about a picture being worth a thousand words. I feel you can explore more different perspectives with a painting. Usually when we are reading a paragraph it is about understanding words. But a picture uses a different side of your brain and there cannot be one right answer.

(Participant P-19)

While interpreting a painting student's cultural background and life experiences may influence the interpretation. Another respondent stated that the paintings used were very relevant to medicine and as particularly impressed by the scene of a doctor making a house call in the painting. "The doctor" as this is something physicians rarely do today. Respondents were not in favour of using abstract paintings as they felt these provided too much freedom in the way they could be interpreted and it may be difficult to bring various interpretations

together and provide a coherent report. Also abstract paintings may not be relevant to medical practice.

### Role-Plays Used During the Module

The groups first read through the scenarios to understand what it was all about. Then the group leader or some other person in the group shared their interpretation of the scenario with others. Roles were then allotted through consensus and the group then worked on their approach to the role-play and what to act out on stage and how to present various characters.

The role-plays are done during MD1. We actually took a long time to get to the heart of the role-play. Then some group member(s) will share their interpretation of the scenario and mention how the role-play should be conducted. The group then divides roles and decides on the approach through consensus.

(Participant P-10)

Some respondents mentioned that sometimes there was a discrepancy between how the group had actually decided to play the roles during the group discussion and how it was presented on stage. This created some challenges for certain actors who had to react to the changed scenario immediately and spontaneously on stage. Some also felt that some of the role-plays were presented with comic characters mainly because the sessions were scheduled in the afternoon and students were tired and wanted the tension to be reduced. Another stated that role-plays put you on the spot and you had to demonstrate and act out concrete solutions to real-life problems. It forced participants to work out a solution and think beyond their personal opinions. Respondents felt facilitators did a good job of keeping the role-play on track, making them think about the main issues involved and in providing feedback and inputs about the role-plays. Some respondents however, felt that facilitators did not always provide

corrective inputs if a role-play was presented improperly and the actors did not do justice to the characters.

Respondents felt that the attitude of society towards the lesbian, gay, bisexual and transgender (LGBT) community is changing and role-plays provided them an opportunity to explore the same in a protected environment. Respondents sometimes felt that due to their limited life experience and other issues they were often not able to properly portray a person of the opposite gender. They often obtain their ideas/cues about how to depict a character from movies and television and this may often be exaggerated or biased.

### Timing of the Sessions

The MH module and the movie screening and activities are held during the afternoon. A few respondent felt the morning hours might be better for the module. Majority of the respondents were of the opinion that the afternoon was the best time as MH uses small group, activity-based learning. Students are active and use various modalities to explore MH and the sessions are interactive and teachers do not provide a lot of information. Also the sessions are fun. Some respondents were of the opinion that movie screening and activities should not be scheduled during the week preceding an integrated quiz.

### Advantages of the Medical Humanities

The humanities serve to introduce students to the patient perspective. The sessions made students think for themselves and kept them active and focused. MH made students aware of ethical issues in medical practice and sensitised them to what would be considered right or wrong behaviour in a particular setting. As the module is held during the MD1 semester students are not always aware of the importance of these topics. A respondent mentioned that she realised the importance of these issues only during later semesters when she spend more

time interacting with patients. The medical curriculum can at times be dehumanising and MH sustains the humanity of students and can help them interact in a more empathetic manner with patients. A respondent mentioned that during MH students are taught how to be empathetic and provide more time to their patients, while other subjects emphasised efficient use of time and getting the maximum amount of work done during a particular time period. MH is a fun course and helps students to destress and learn while having fun. MH is more student-led and student driven. Students felt due to the active nature they are better able to remember concepts and topics from MH compared to other more theoretical disciplines.

A respondent mentioned,

Humanities definitely puts the component of the arts in medical education. It is not just the scientific part which we learn in all the other subjects. During humanities you are combining medicine with the mind, body and soul. You are looking at and treating the patient as a whole entity. You are not looking only at a person who has an ulcer here... you are also looking at their stress levels, what will be the impact on the person, the family and the community.

(Participant P-1)

### Opinion About the Reflective Writing Assignments

The reflective writing assignments provide students with more time to reflect on the various issues addressed during the MH module. The assignments allow students who are not good leaders and who are more reserved a chance to demonstrate their skill in putting their ideas on paper. It provides students who are good in writing an opportunity to demonstrate their skills. Different approaches were tried with regard to writing assignments. Some cohorts were given an assignment which they had to complete using research studies from the

literature, some other cohorts had to share personal experiences of illness while one batch had to create a 500 word story about a scene depicted in a painting. Students overall impressions about the assignments was positive and they felt it provided them more opportunities to reflect on the issues discussed during the module.

### **Suggestions for Further Improvement of the Module**

A respondent mentioned that a certain amount of teaching of MH should be conducted during each semester. Some respondents were of the opinion that first semester may be early for the MH module. During later semesters students may be more prepared and ready to address various issues discussed during the MH module. Some respondents were of the opinion that MD1 students may not be “mature” enough for the module while others opined that as students who have chosen to study medicine they are expected to be mature and aware of the patient perspective. The module may help students become more mature. Some felt students are stressed out during the MD1 semester as they are new to medical school and have to learn various subjects. Others felt MH is relaxing and a fun course and may help to reduce stress. Some respondents felt the student group should be rotated between different sessions and not kept constant as at present. This will provide respondents the opportunity to work with various individuals. The case scenarios, role-plays and paintings used during the module were “all right” according to the respondents and do not need to be changed.

### **Discussion**

Student feedback about the MH module on the whole was positive. Students felt it offered an alternate perspective of the arts and the humanities in a basic science curriculum dominated by science. The sessions were regarded as partly student driven and activity-based. The case

scenarios, role-plays, paintings and literature excerpts were appreciated by the students. Some respondents felt the first semester may be too early to introduce MH while others felt it was the right time. Some respondents suggested the MH module could be spread over the different basic science semesters. Movie screening and activities were also appreciated. The respondents also provided suggestions for further improving this activity.

### **Cultural Awareness**

Awareness of cultural issues and their impact on healthcare delivery is becoming an important topic in the medical school curriculum and is emphasised by different accreditation agencies. The teaching of cultural diversity to medical students has been examined (8). At a new medical school during the period from 2011 to 2015 a voluntary series of programs to promote cultural competence and raise awareness of healthcare disparities was undertaken (9). A multidisciplinary team of librarians, faculty, staff and medical students were involved. At Xavier University School of Medicine (XUSOM) sessions on cultural diversity and cultural competence are offered to students during the different basic science semesters and form part of patient, doctor and society.

### **Source of Support and Enjoyment**

Respondents enjoyed participating in the MH module. MH has been regarded as enjoyable and reducing medical student stress and enhancing well-being in the literature. An optional theatre module offered at the University of Alberta, Canada was shown to enhance student well-being (10). The three aspects of the module which contributed to the students’ sense of overall well-being were fun and relaxation, enhanced relationships and personal growth/resilience. At the University of Hong Kong third year medical students participated in an art making workshop during which they created mandalas based on their current emotional state (11). The authors mention

that creating a mandala may be a means for students to reflect on their emotional state and achieve psychological balance.

### **Teamwork and Collaboration**

Students mentioned that the module fostered team work and interaction and the activities following the movie screening provided students from different semesters an opportunity to work together. The value of MH in developing team work and collaboration and fostering professional values has been described in the literature. At Columbia University College of Physicians and Surgeons in the US, students reported that narrative medicine seminars supported complex interior, interpersonal, perceptual and expressive capacities (12). Narrative medicine promoted attention, representation and affiliation and contributed to professional identity development and promoted critical thinking, reflection and pleasure.

### **Patient Perspective and Communication Skills**

Respondents mentioned that MH introduced them to the patient perspective and they were better able to put themselves in the patient's shoes. Vanderbilt University School of Medicine in the US has moved away from the traditional concept of MH as composed of the arts towards a metacognitive approach of integrating MH with the basic and clinical sciences (13). The three main goals of this approach are to develop flexible learning and agile thinking among students and helping them deal with uncertainty, to develop tolerance and empathy among students, and to integrate MH with the basic and clinical sciences. Students learn to work in groups and become aware of the social context within which learning occurs. A recent article has examined the potential of MH as a form of "adult play" to educate students for collaboration and to better tolerate ambiguity and uncertainty (14). The authors concluded that the arts and humanities

can provide important contextual media through which the lesson learned from communication science can be translated and promoted.

### **Use of Literature Excerpts**

Students' perception about the use of literature excerpts during the module was positive. Literature has been widely used in MH. At the University of California, Irvine in the US, a MH program using poetry and literature has been in existence for many years (15). Poetry and prose often written by doctors and patients has been used in the module. At the Stony Brook University School of Medicine, Stony Brook, US a course titled Medicine in Contemporary Society (MCS) is offered during the four years of the undergraduate medical course (16). Literature occupies an important place in the course. At a Nepalese medical school literature excerpts were used during a MH module (17). Respondents felt the module introduced them to different aspects of the medical profession, and provided them insights into medical practice. Most respondents were able to understand and relate to the English language excerpts but they felt literature by Nepalese writers writing either in English or the Nepalese language could also be included. At XUSOM the majority of students are from the US and Canada. Many of them are of Asian origin and though their first language may not be English they have grown up familiar with the language. We also have students from Africa and Asia but all of them had studied and are comfortable with English and did not have problems understanding the English language excerpts. Respondents mentioned that listening to a student in their group reading aloud the literature excerpt improved their listening skills and they may be better able to listen to patients without interrupting.

### **Use of Paintings**

Paintings have been widely used in MH. "Art rounds", an innovative interdisciplinary



program uses fine art in health professions education (18). Students were exposed to fine art and taught to use visual thinking strategies. An initial program evaluation noted improved skills of physical examination, greater tolerance for ambiguity, and increased interest in communication skills. Health science students were assigned into two groups, one group participated in a visual literacy program at the McMaster museum of art while a control group studied the normal health sciences curriculum (19). The program did not have a significant impact on the respondents' overall empathic response but did have a significant positive impact on cognitive aspects of empathy. A visual arts program was initiated in a teaching hospital in Taiwan (20). Students doing their clerkships or internship participated and found the course interesting. Qualitative analysis of student feedback revealed that the course increased empathy, improved cultural awareness, enhanced observational skills, promoted team work, listening skills and reduced stress.

### Role-plays

Role-plays have also been widely used in MH. Role-plays were used during the MH module in a medical school in Nepal. Overall opinion of students about use of role-plays was positive (21). Respondents were of the opinion that role-plays helped in making module objectives more concrete and interesting. Role-plays improved communication skills and addressed health issues of importance to Nepal. In the US the Mayo Clinic medical school and the Mayo Clinic centre for the humanities in medicine partnered with the Guthrie theatre to pilot the program "Telling the Patient's Story" (22). The course helped develop students' confidence and expertise in storytelling. These skills were then applied to presenting cases and communicating with patients. Role-plays were used during a voluntary MH module in a medical college in western Nepal (23). Respondents were of the

opinion that role-plays were an effective and enjoyable learning strategy and would help participants individualise their treatment strategies.

### Reflective Writing Assignments

Reflective writing assignments have been used during MH modules. Reflective writing has been used to teach students empathetic interaction with patients (24). The authors describe a reflective writing exercise conducted during a MH seminar for second year medical students. The exercise of sharing their personal illness provided students with an opportunity to elicit, interpret and translate their personal illness episodes while listening to the experiences of fellow students. We had provided a writing assignment for one cohort of students where they reflected on personal episodes of illness. During the session on "The Patient", students and the facilitators share personal experiences of illness. During the present semester the reflective writing assignment was on creating a 500 word story about a scene depicted in a painting. Shapiro and co-workers from California, US mention that reflective writing has important uses in the education of both medical students and residents (25). The authors mention that the first phase of the exercise is individual and solitary consisting of individual reflection and creation. The next phase where the work is read out aloud to a group is public and communal. Listening to the writing of others becomes an exercise in mindfulness and presence.

Three pedagogical pillars have been recently presented to invite learners to engage more fully with MH, develop critical awareness of medical narratives and feel more at home in the discipline (26). Narrative humility is an awareness of one's prejudices, expectations and frames of listening; structural competency is awareness of sources of power and prejudice and engaged pedagogy is the protection of students' security and well-being. The MH module at

the institution actively involves students and the facilitators try to create a safe and secure learning environment. A recently published systematic review mentions that though there is a lack of uniformity in measuring outcomes among studies mentioned, the impact of reflective writing on outcomes is positive and reflective writing should be considered in any medical curriculum (27).

### **LGBT Issues**

Respondents were encouraged to play an opposite gender role during role-plays. Issues related to the LGBT community were also introduced through some role-plays. These issues are further developed during the cultural diversity and ethics modules which are offered throughout the basic sciences. LGBT and gender issues are becoming increasingly important in medical education. At Tulane University School of Medicine in the US four educational sessions were conducted for preclinical students to introduce them to LGBT issues (28). Students completed electronic feedback forms which were analysed thematically. Respondents mentioned a lack of LGBT material in their curricula at the time of the study, were of the opinion that such content is applicable to their work as future physicians and wanted such material to be included. At University of California in San Francisco a LGBT curriculum was implemented in February 2004 and the authors concluded that their simple curricular intervention led to a significant improvement in students' knowledge and beliefs about LGBT issues short term (29). A study published in 2011 had examined LGBT related medical curricula, curricular development practices and deans' assessment of their institutions LGBT-related curricular content (30). One hundred and thirty-two allopathic medical schools in the US and Canada completed the survey. A median of five hours was devoted to teaching LGBT issues across the entire curricula. At XUSOM we plan to gradually strengthen student learning of LGBT and sexuality issues.

Twenty percent of the student body participated in the FGDs. A variety of issues regarding the MH module and movie screening and activities were explored. Information was only collected using FGDs and was not triangulated with information obtained from other sources. Participation in the FGD was voluntary and a convenience sample of interested and willing students was included. Though their demographics correspond to that of the student population it is possible that the respondents may have had a more positive attitude towards MH.

### **Conclusion**

MH is slowly becoming more established in the institution and a module for first semester students has been conducted since February 2013. Movie screening and activities have been conducted since the last two semesters. Detailed student feedback was obtained about various aspects of the activities. Feedback was positive. The module was regarded as a student driven course and respondents enjoyed the different activities employed. Among the suggestions were conducting some sessions related to MH during various basic science semesters and not restricting it to the first semester as at present. MH modules can be considered in other Caribbean medical schools.

### **Acknowledgments**

The authors would like to acknowledge the support of the Chief Academic Officer, Dr. Little and the Dean of Basic Sciences, Dr. Dubey to the module. They would like to thank Mr. Adunmo and his team for logistic support. We thank the students, Ms. Zoha Fasih, Ms. Naketa Chand, Ms. Jacqueline Bekhit, Mr. Luqman Goraya, Ms. Phuong Vo, Ms. Manpreet Kaur, Ms. Jeena Patel, Mr. Shoyeb Patel, Ms. Leena Varshney, Mr. Harshil Parekh, Mr. Jonathan Rebibo, Ms. Srishti Arya, Ms. Franca Buonanno, Ms. Nicolas Jaeggi, Mr. Umer Toor, Ms. Juliett

St Louis, Mr. Waleed Khan, Ms. Karla Simmonds, Mr. Adrian Smith and Mr. Joseph Sfeir for participating in the FGDs.

## References

1. Kirklin D. The centre for medical humanities, Royal free and University college medical school. *Acad Med.* 2003;78(10):1048–53.
2. Evans M. Reflection on the humanities in medical education. *Med Educ.* 2002;36(6):508–13.
3. Shankar PR. Medical humanities. In: Biswas R, Martin CM, editors. *User-driven healthcare and narrative medicine: utilizing collaborative social networks and technologies.* Hershey, PA: Medical Information Science Reference; 2011. p. 210–27.
4. Banaszek A. Medical humanities courses becoming prerequisite in many medical schools. *CMAJ.* 2011;183(8):E441–2.
5. Shankar PR, Dubey AK. Student feedback on an inaugural medical humanities module at XUSOM, Aruba. *Education in Medicine Journal.* 2013;5(4):e12–e20.
6. Shankar PR. Four semesters of medical humanities at the Xavier University School of Medicine, Aruba. *Asian Journal of Medical Sciences.* 2015;6(2):124–8.
7. Shankar PR. Challenges in shifting to an integrated curriculum in a Caribbean medical school. *J Educ Eval Health Prof.* 2015;12:9.
8. Dogra N, Karnik N. Teaching cultural diversity to medical students. *Med. Teach.* 2004; 26(8):677–80.
9. Swanberg SM, Abuelroos D, Dabaja E, Jurva S, Martin K, McCarron J, et al. Partnership for diversity: a multidisciplinary approach to nurturing cultural competence at an emerging. *Medical School. Med Ref Serv Q.* 2015;34(4):451–60.
10. Nagji A, Brett-MacLean P, Breault L. Exploring the benefits of an optional theatre module on medical student well-being. *Teach Learn Med.* 2013;25(3):201–6.
11. Potash JS, Chen JY, Tsang JP. Medical student mandala making for holistic well-being. *Med Humanities.* 2015(online first);1–9.
12. Miller E, Balmer D, Hermann N, Graham G, Charon R. Sounding narrative medicine: studying students' professional identity development at Columbia University College of Physicians and Surgeons. *Acad Med.* 2014;89(2):335–42.
13. Eichbaum QG. Thinking about thinking and emotion: the metacognitive approach to the medical humanities that integrates the humanities with the basic and clinical sciences. *Perm J.* 2014;18(4):64–75.
14. Bleakley A, Marshall R. Can the science of communication inform the art of the medical humanities? *Med Educ.* 2013;47(2):126–33.
15. Shapiro J, Rucker L. Can poetry make better doctors? Teaching the humanities and arts to medical students and residents at the University of California, Irvine, and College of Medicine. *Acad Med.* 2003;78(10):953–7.
16. Coulehan J, Belling C, Williams PC, van McCrary S, Vetrano M. Human contexts: medicine in society at Stony Brook University School of Medicine. *Acad Med.* 2003;78(10):987–92.
17. Shankar PR, Singh KK, Dhakal A, Shakya A, Piryani RM. Student feedback about the use of literature excerpts in Sparshnam, a medical humanities module. *F1000 Res.* 2012;1:49.
18. Klugman CM, Beckmann-Mendez D. One thousand words: evaluating an interdisciplinary art education program. *J Nurs Educ.* 2015;54(4):220–3.

19. Zazulak J, Halgren C, Tan M, Grierson LE. The impact of an arts-based program on the affective and cognitive components of empathic development. *Med Humanities*. 2015;41:69–74.
20. Yang KT, Lin CC, Chang LY. A program to interest medical students in Changhua, Taiwan in the incorporation of visual arts in medicine. *Educ Health (Abingdon)*. 2011;24(3):563.
21. Shankar PR, Piryani RM, Singh KK, Karki BM. Student feedback about the use of role plays in Sparshanam, a medical humanities module. *F1000 Res*. 2012;13:65.
22. Hammer RR, Rian JD, Gregory JK, Bostwick JM, Barrett BC, Chalfant L, et al. Telling the patient's story: using theatre training to improve case presentation skills. *Med Humanit*. 2011;37(1):18–22.
23. Shankar PR. A voluntary medical humanities module in a medical college in Western Nepal: participant feedback. *Teach Learn Med*. 2009;21(3):248–53.
24. DasGupta S, Charon R. Personal illness narratives: using reflective writing to teach empathy. *Acad Med*. 2004;79(4):351–6.
25. Shapiro J, Kasman D, Shafer A. Words and wards: a model of reflective writing and its uses in medical education. *J Med Humanit*. 2006;27:231–44.
26. Tsevat RK, Sinha AA, Gutierrez KJ, DasGupta S. Bringing home the health humanities: narrative humility, structural competency, and engaged pedagogy. *Acad Med*. 2015;90(11):1462–5.
27. Chen I, Forbes C. Reflective writing and its impact on empathy in medical education: systematic review. *Educ Eval Health Prof*. 2014;11:20.
28. Sequeira GM, Chakraborti C, Panunti BA. Integrating lesbian, gay, bisexual and transgender (LGBT) content into undergraduate medical school curricula: a qualitative study. *Ochsner J*. 2012;379–82.
29. Kelley L, Chou CL, Dibble SL, Robertson PA. A critical intervention in lesbian, gay, bisexual, and transgender health: knowledge and attitude outcomes among second-year medical students. *Teach Learn Med*. 2008;20(3):248–53.
30. Obedin-Maliver J, Goldsmith ES, Stewart L, White W, Tran E, Brenman S, et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA*. 2011;306(9):971–7.



## Appendix

### Student Feedback about the Medical Humanities

What is your overall impression of the medical humanities module?

What is your opinion about the interactive small group activities used during the module?

What is your opinion about the group dynamics during the module?

We had used a few literature excerpts and poems during some of the modules. What is your feedback regarding the literature excerpts and their use?

What was your impression about the paintings used during the module?

What were your views about the role-plays used during the module? How did your small group approach the preparation for the role-plays?

The MH sessions were scheduled for the afternoons. Do you feel the afternoon schedule was appropriate?

What in your opinion would be the future benefits of the medical humanities module?

What different perspective did the MH module offer you compared to the traditional subjects?

What is your feedback regarding the reflective writing assignments?

Do you have any suggestions for further improvement?

What are your suggestions for further improvement of the MH module?