There has been no agreed definition of what constitutes the medical humanities. The Centre for Medical Humanities in London has defined medical humanities as an interdisciplinary and increasingly international endeavor 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

About the Institution

The Manipal College of Medical Sciences (MCOMS), Pokhara, Nepal, is affiliated with the Kathmandu University for the undergraduate medical (MBBS) course. The college admits 150 students to the course in two batches of 75 students each in February and August. The students are mainly from Nepal, India, and Sri Lanka, and there are a few students from other countries. The seven basic science subjects (anatomy, physiology, biochemistry, pharmacology, pathology, microbiology, and community medicine) are taught in an integrated organ system-based manner during the first four semesters supplemented by regular hospital visits. The clinical subjects are taught from the fifth semester onwards. The course is followed by a 1-year compulsory rotating internship.

Goals and Objectives of the Module

Medical humanities programs are common in medical schools in many countries. In South Asia, however, to the best of our knowledge, medical humanities programs have not been developed. The medical module at MCOMS (Humanities 101) was developed with the overall purpose of creating more “humane” doctors with a holistic view toward health and health care.

The module was voluntary, activity based, partly problem oriented, student driven, carried out in small groups, and liberally sprinkled with examples from the arts and literature. The module aimed to promote the skill of reflective thinking among the students, foster cultural sensitivity and self-awareness, introduce students to the medical humanities, model and nurture attitudes important for clinical practice in a social context, and foster the ethical practice of medicine by the students.

The module was developed following what was felt to be the need of medical students and the Medical Education Department at MCOMS for a certain amount of teaching of medical humanities. The surround-
ing community also hoped such a module would strengthen the humanistic values of future doctors.

**Content of the Module**

The module concentrated on three core areas. These were Medicine and the Arts, Ethics and Medicine, and Contemporary Issues in Medicine. The participants were given a copy of the curriculum outline and also a brief written description of the module and a student guide. These were also circulated among fellow faculty members for their comments and suggestions. There were 12 learning sessions and seven home assignments. Some of the topics covered in the learning sessions were empathy, the patient, the caregiver, the doctor-patient relationship, breaking bad news, obtaining informed consent, the HIV-positive patient, and dealing with the mentally ill. Death, confidentiality of patient information, and the corporate hospital were among the issues covered in the home assignments. The curriculum was developed following consultation among the various stakeholders (students, faculty members, and members of the community), as well as international consultation with existing medical humanities programs. Drafts of the module were circulated to medical humanities educators in the United States, United Kingdom, Canada, Norway, and Argentina. The facilitator and the participants played an active role in developing the curriculum.

**Teaching-learning Methodology**

Small-group, activity-based learning was at the heart of the module. There were five or six students in each group. Interactive discussions, brainstorming sessions, role-plays and analysis of excerpts from literature and the arts, and analysis of case scenarios were among the different learning methodologies used. We concentrated on creating a nonthreatening, supportive, and informal atmosphere, and the participants and the facilitator were on a first-name basis. Reflective writing assignments were an important part of the course. The student assignments were reviewed by the facilitator, suggestions for improvement were given, and possible learning issues were identified.

**Module Participants**

The module has been conducted for the third semester (basic science) and the fifth and sixth semester (clinical) students of MCOMS. In addition, faculty members from the Basic Sciences and the Clinical Departments also participated.

**Module Expectations**

We expect that after undergoing the module, the participants will have a basic knowledge of the medical humanities. The participants will become familiar with small-group, activity-based learning and will begin to understand the use of role-plays as a means to further learning and understanding of the humanities. The students will be able to analyze excerpts from the literature and the arts with regard to specific objectives and viewpoints. They will be able to interpret case scenarios and have an increased appreciation of art and literature.

The students will be introduced to formative assessment and learn to function in a nonthreatening atmosphere. The module aimed to make learning fun.

**Examples of Literature and Arts Excerpts and Case Scenarios Used During the Module**

Our source material from the arts and literature included both classic works and scenarios adapted from the specific dilemmas of medical practice in Nepal. Debates were used during the section Contemporary Issues in Medicine; an example of a debate topic was “Rural service for medical students should be made mandatory.”

**Module Evaluation**

The participants were provided a brief description of topics that would be covered. The objectives for each of the units were framed and communicated to the participants. The participants evaluated each session using an anonymous evaluation form. Issues such as whether the session addressed the objectives and whether the role-plays and the literature and arts excerpts were appropriate were among those addressed. In addition, the students reflected on certain sessions anonymously. The participants also assessed the facilitator under various headings including professionalism, ability to facilitate the sessions, creating a nonthreatening and friendly atmosphere, informality, sense of humor, design of the session, selection of excerpts from the literature and the arts, and creating interest among the participants.

A typical participant’s response to the module was as follows: “The sessions were philosophical, thought-provoking, and stimulating. They were funny sometimes, but still serious enough to make an impact. The most wonderful point was that there were always new ideas, and we were able to achieve a bird’s eye view of any situation. This module gave me the chance to finally merge the knowledge of art with my quest of the science of medicine.”

A faculty participant stated that “The course was of international standards and very well thought out and organized. Many issues of importance to Nepal were brought out. It was an exquisite exercise which addressed one of the most important components of medical practice today—humanity.”

**Training Teachers and Facilitators**

Interested teachers were identified. Since the topic was new and there had been no previous exposure, the teachers also joined the
module as participants. The students and the faculty bonded well together. The faculty participants made significant contributions to the module.

Lessons Learned
The sessions made me aware of the importance of making learning interesting and informative as a prerequisite for attracting participants to the course. Tailoring sessions to the requirements and needs of the participants is important. The difficulty level should be set high enough to be challenging but not so high that the participants are discouraged. Role-plays, case scenarios, and the literature and art excerpts are powerful teaching methodologies and can be used to explore a number of issues in medicine. Having a broad lesson plan helped to keep the session on track while at the same giving flexibility to the participants to explore interesting issues.

Impact of the Module on the Participants and Facilitator
We hope the module will help in creating more humane doctors with a holistic view toward health and health care. Interest in literature and the arts was awakened among the participants. The skills of reflective writing and observation were developed. The traditional divide between the teacher and the students was bridged considerably. The sessions showed that learning can be fun.

The facilitator developed his ability in facilitating sessions and ensuring group participation. He became familiar with newer assessment modalities and with formative assessment. Creating a lesson plan, selecting extracts from the literature and arts relevant to the session objectives, creating case scenarios, and learning to provide constructive feedback were other benefits. The facilitator enjoyed being a part of Humanities 101.

Acknowledgments: I thank Dr S.K. Dham, previous dean, Manipal College of Medical Sciences, Pokhara, for his support and encouragement of the module. The support of the faculty and colleagues of the PSG-FAIMER Regional Institute in Coimbatore, India, is also acknowledged.

I would especially like to acknowledge the help of Johanna Shapiro, PhD, of the University of California, Irvine; Dr Tom Tomlinson of Michigan State University; and Dr Jock Murray of the Dalhousie University Faculty of Medicine, Halifax, Nova Scotia, Canada. Dr Rakesh Biswas, previously at the Melaka Manipal School of Medicine, also helped with various aspects of the module.

Correspondence: Address correspondence to Dr Shankar, KIST Medical College, P.O. Box 14142, Kathmandu, Nepal. +00977-1-5201680. Fax: +00977-1-5201496. ravi.dr.shankar@gmail.com.

Reference