INTRODUCTION

Background. It is likely that students of medicine have benefited from an awareness and enjoyment of the humanities since the time of Hippocrates; indeed, in Plato's dialogues, Hippocrates and Socrates actively seek out the Sophist Protagorus for edification on the meaning of knowledge and virtue (courage, temperance, justice).[1]

More recently, the humanities in medical education have been gaining in popularity both nationally and internationally [2,3,4], although exploration of the educational potential for medical students is still in its infancy. Downie's[5] overview has suggested the following possible aims: transferable skills, the humanistic perspective, coping with the particular situation, self-awareness and joint investigation. So, for example, the perspective of the artist within medical humanities is used as a means of trying to understand the "human side of medicine" and promoting clinical practice that is sensitive to the experiential dimensions of health and illness.[6]

In the last decade or so in the UK, the General Medical Council (GMC)[7] has responded to a perceived imbalance between the "training" versus the "education" of medical students[a] by suggesting that arts and humanities topics may be offered to students as part of their course as Special Study Modules (SSMs).

SSMs are blocks of study set aside from the rest of the course "to allow the students to study in depth areas of particular interest to them." As a result, most medical schools now offer such SSMs, and their value has been the subject of much discussion.[5]

[a] In this case " training" refers to the transmission of science, facts, knowledge and skills for the purpose of developing competencies to perform certain tasks to be achieved, whereas "education" more broadly relates to the development of the "person," the ability to have a critical and questioning attitude, to make sound judgments, with a sensitive, humane and emotionally empathic approach.

In response to this guidance, Leeds University Medical School has offered SSMs for a number of years on topics such as "'the history of medicine" and "literature and medicine." In 2005 one of the authors-OD designed, set up, and offered to students an SSM on Medicine and the Arts.

The Medicine and the Arts SSM (Leeds University) delivered in Bradford (UK). Humanities modules provide an opportunity to engage the students with aesthetic and affective experiences and to use these to explore "critical thinking" skills. Critical thinking in this sense is based on "Critical Theory."[b]

Critical thinking skills, in this sense, for medical students, are being neglected in favor of curricula often dominated by scientific rationalism most notably characterised by the "evidence-based medicine" discourse. Yet these skills are probably more important now than ever in wealthy Western societies where medical care is increasingly driven by quantifiable performance targets in the name of "quality" and "efficiency." These skills will enable students to question the ideological state apparatus dominating medical care in keeping with the GMC's ideas about the value of a university education.

The Medicine and the Arts SSM offered in October 2005 and evaluated here has as an important educational aim the development of critical thinking skills. It is unusual in its eclectic combination of a wide range of content in a short space of time and the use of non-medical community-based expert tutors. These tutors were both freelance, working in public institutions such as art gallery and museum education departments, as well as from Bradford University

[b] Critical theory refers to an approach based on Marxist ideas that examines the hidden hegemony and power relations that permeate our lives, and that enables students to identify and challenge dominant, and usually capitalist, discourses.[8]

departments. Rather than focusing on the perspective of the artist in medical–patient communications, this module explores the visual and contemporary cultures (film and advertising) as well as art therapies, thereby simultaneously developing media/film/visual literacy alongside the freedom to use the imagination to engage with and express feelings.

The purpose of the study was to explore student and tutor perceptions of the educational aims, methods and impact of a medical humanities module, in order to provide evidence for learning outcomes and to inform curriculum development.

METHOD

Module development. In December each year the medical school requires all second and third year students to choose an SSM option. The two week full-time SSM (Medicine and the Arts) was designed for twelve second and third year medical students (who actively chose to do this module rather than other options) and involved a series of five interactive learning workshops each led by an ”expert (non-medical) tutor resource.”

Module content, context and delivery. The course co-ordinator [OD] was responsible for the overall curriculum design. He chose the topics, based on personal preferences, and located suitable external resources as tutors. OD negotiated lesson plans with each tutor, building upon the tutor’s particular educational background and philosophy. Workshops on media literacy and the philosophy of culture, creative writing, art therapy, film analysis and the visual arts were organized. Tentative early aims and objectives were devised.

Table 1: Initial Aims and Objectives of the Humanities Module

Objectives, behavioral approach

1. To observe and translate metaphors in art
2. To produce their own metaphors to release and describe ideas and emotions
3. To critique art for its ability to convey the messages in its metaphors or stories
4. To use art in a therapeutic sense for self and for others.
5. To describe some of the ways doctors perceive patients, and patients perceive doctors, and the ways that illness, health and death can be portrayed.

Objectives, value based approach

6. To see art as a therapeutic resource for self and for others
7. To be encouraged to use art in this way
8. To increase understanding of the complex interplays between individuals in relationships, dealing with loss, for medics with ethical dilemmas and emotional stress, and between medicine and society.
9. To experience the ability to find the inner voice of the subconscious and inner conflict, that which is hard to articulate without art, verbal or image metaphor.

OD intended that the educational philosophy underlying the workshop learning and teaching methods would be based on Knowles's (1990) philosophy of andragogy[9] and adult learning theory, which

places emphasis on the learner within five dimensions[c] The curriculum also utilized the principles of reflection outlined by Kolb and Fry's[10] experiential learning cycle,[d] which has been widely used in the fields of education, professional development and training.[12]

The workshops mostly took place in Bradford, meaning that the students had to travel some distance each day. This had the potential advantage of separating them from the everyday routines of their medical school education, but also had the potential of increasing travel arrangements for some students.

Table 2: Student timetable

Bradford City NHS
Teaching Primary Care Trust

Monday 5th December	Tuesday 6th December	Wednesday 7th December	Thursday 8th December	Friday 9th December
AM 09.30am - 1pm	AM 09.30am -1pm	AM	AM 09.30am - 1pm	AM 09.30am - 1pm
Carlisle Business Centre 1.Focus group interview –I (BL) 2.Introduction to course and the afternoon (OD) LUNCH PROVIDED ON FIRST DAY	**Carlisle Business Centre** Creative Writing (C)	MEDICAL SCHOOL	**National Museum of Photography Film and Television** Studio workshop Film Studies (B)	**National Museum of Photography Film and Television** Studio workshop Film Studies (B)
PM 2pm – 5 pm	PM	PM 2-5pm	PM	PM 2-5pm

[c] These are the concept of the learner (self-direction); the role of the learner's experience (learning activity); the learner's readiness to learn; the orientation to learning (curriculum is task and problem centred activity) and motivation to learn (need for self-esteem and self-confidence).
[d] Experiential learning occurs through a sequence of progression through a) concrete experience; b) collating data and making observations; c) analyzing data to formulate conclusions and d) changes in behavior (growth and learning). [10,11]

Carlisle Business Centre Media Literacy and advertising (E) Philosophy of Culture and Critical Theory (OD)	MEDICAL SCHOOL	**Leeds University Medical School Room D Level 8 Worsley building** Creative Writing (C)	MEDICAL SCHOOL	**National Museum of Photography Film and Television** Studio workshop Film Studies (B)

Monday 12th December	Tuesday 13th December	Wednesday 14th December	Thursday 15th December	Friday 16th December
AM 09.30am -1pm	AM 09.30am - 1pm	AM	AM 09.30am - 1pm	AM 09.30am - 1pm
Bradford College: Introduction to art therapy techniques day school (D)	**Leeds City art gallery** Interpretations of the visual arts (A)	MEDICAL SCHOOL	Thornbury Centre **Assignment preparation Own Time**	Thornbury Centre **Assignment presentations**
PM 2pm – 5 pm	PM	PM 2-5pm	PM	PM 2-5pm

Bradford College: Introduction to art therapy techniques day school (D)	MEDICAL SCHOOL	**Leeds Unniversity Medical School Room to be confirmed** Introduction to final assignment (OD) Focus Group – II (BL) **Assignment preparation**	MEDICAL SCHOOL	Thornbury Centre **Assignment presentations**

The students were together as a whole group for all sessions, with OD leading the initial workshop and, in subsequent sessions, participating as a co-learner, facilitating discussion, and ensuring that students were coping, comfortable, and understanding practical arrangements. As part of the experiential learning cycle and as a vehicle for assessment, students had to keep a reflective log. In addition, they had to prepare an individual 15 minute presentation for the group, describing their personal response to any piece of "culture" they chose and using whatever media they liked, given the resources.

Evaluation approach. In choosing an evaluative approach, we were aware of different methodologies that have evolved that focus on different areas of study, including the impact (outcome) or processes (process) of program delivery. [13] Critics of conventional outcome-based approaches have advocated a freer approach to educational evaluation that places more emphasis on development and process. [14, 15] While there are different types of evaluation within this category, they share a pragmatic developmental aim, a flexible approach to methods and a link between the emerging findings and practical action. [16] Developmental evaluations generally make use of qualitative data collection methods and enhance understanding of process or how a program affects individuals.[13, 16]

We adopted a developmental evaluation using a process approach that drew on some of the strengths of "illuminative evaluation."[14] This involves exploring the "instructional system" (formal plan of curriculum innovation) and the "learning milieu" or implementation process. The interaction between the intention and reality is crucial for the illuminative evaluator who examines the psychosocial environment in which students and teachers work together.

Data collection Qualitative interviewing was chosen as the method of choice, because it is advocated as a means of exploring the way in which participants define experiences, offering opportunities to generate authentic insights.[17,18] Data collection involved focus group interviews, where participant interaction is viewed as a key strength, and time for data collection is limited.[19,20] The purpose of the group interviews was exploratory, and, therefore, the question format was relatively unstructured.[19]

Focus group interviews. All twelve students registered in the module, and the six tutors involved in the delivery of the module, were eligible for inclusion in the study and were each given an information sheet and a copy of the written consent form. Institutional ethical approval was obtained from Leeds Medical School, and in all cases individuals gave written, informed consent. The first student group interview (FG1) (n=11) took part at the beginning of the module in a community setting, and the second (FG2) (n=12) was conducted at the end of the SSM within an academic setting. Both focus group interviews took approximately one hour and were conducted by an external evaluator [BL] without the course co-ordinator [OD] being present. The tutor interview (FG3) (n=5) took place within a community setting 16 weeks after module delivery. In keeping with the evaluative approach, the evaluator adopted a relatively unstructured question format. The broad areas of interest covered in each focus group are summarized in Table 3.

Table 3: Focus group areas of interest

FG1 (Students): Humanities related experiences that students brought to the module; anticipated expectations and barriers to learning.
FG2 (Students): Reflections of the educational content, methods and personal and professional development learning outcomes.
FG3 (Tutors): Clarity of workshop aims, methods, content, learning outcomes and suggestions for future curriculum development.

In all cases, interviews were audiotaped, transcribed verbatim and thematically analyzed. The process evaluation also included retrospective documentary analysis of students' reflective logs kept throughout the module. In each case, students were given an individual written consent form.

We adopted the framework method of qualitative data analysis for both the interviews and reflective logs, which involved a systematic process of sifting, charting and sorting data according to key issues and themes.[21] Both [OD] course co-ordinator and [BL] independent evaluator separately analyzed data.

FINDINGS: STUDENTS

A thematic approach to data analysis generated three key areas. The first of these were factors influencing student choice of module, which highlighted recent educational experience termed "science overload" and student expectations of learning "something different." Another theme suggested the importance of the "learning milieu" in terms of the educational process of learning and teaching methods.

Finally, reflections on the educational outcomes illustrated critical thinking, arts as a balance between student personal and professional demands and communication skill development. There were also insights into the patient experience in terms of coping with suffering.

Factors influencing choice of module.

Student expectations: science overload versus something different

Students recounted examples of being mentally tired, and in some cases, "stressed," after a hard term with numerous exams, experience "science overload." As a consequence, they were looking forward to a more relaxing (less taxing) time on the humanities module. Some had anxieties about being able to perform creatively, while others were looking forward to "doing something different."

> The group was stressed by a long, hard term and in need of therapy [Reflective log #8]
>
> I'd say it is less scientific than a lot of things we have done before, just doing something creative rather than horribly scientific. .a lot of medics are just expected to be very scientific based, you are expected to love science…I don't, I despise it…I just want to be a doctor basically that is the only reason I am doing them. But I definitely love art and English. [Student #1 Focus group 1]
>
> ….concerned about the creative writing … we have had it drummed out of us …..we have been taught how not to write like that and how to make things scientific and proper and now we have got to undo all that…..[Student #10 Focus group 1]
>
> …..we just get science overload, facts, straight out facts, and it gets a bit much…….so I thought this would be a change [Student #4 Focus group 1]

While some students had experience of humanities prior to medical education and were looking forward to revisiting arts that they had previously enjoyed, for the majority the module represented new learning opportunities. Exploring student expectations of module

content, there was little in terms of preconceived ideas with students "happy to go along with the flow."

Educational process: "learning milieu"

Teaching styles: preferred interactive discursive and shared.

Students highlighted the importance and characteristics of effective facilitation in preparing a climate conducive to learning and teaching. This arose primarily from exploration of potentially sensitive areas of personal and professional development. They appreciated teaching styles where the tutor resource was knowledgeable, but only if this was associated with qualities such as genuine openness to student ideas, acknowledgment of the validity of differing viewpoints, a willingness to discuss issues and a desire to know where student ideas came from. The students valued the non-judgmental nature of workshop styles, constructive debate, and avoidance of overt praise or criticism of each other's contributions.

Teaching styles appreciated [facilitative]

> XX was interested in how you got to an answer … to an opinion … very open... #4 Yes, he got more out of us… #12 didn't mind being disagreed with…" [Focus group 2]

> "Best bit … maybe because of the person who was taking the session… her enthusiasm for the subject …. Her knowledge….. She was open to ideas …. Really open … well willing to discuss things" [Student #8 Focus group 2]

> …….the morning turned out to be the most enjoyable. This was possibly due the fact that the tutor for this session in particular was extremely enthusiastic about the area of study but she was also open to ideas that we may have to offer. [Reflective log #1]

In contrast, tutors who were perceived by students as having more fixed views and didactic teaching approaches were less appreciated.

Teaching styles less appreciated [fixed views]:

> "They were very knowledgeable but they were fixed in their views… #5 They were really patronising … just wanted to tell you everything and didn't listen to what you said …not easy to contribute….pretentious ….annoying " [Student #6, Focus group 2]

> However I found the facilitator very unwilling to acknowledge other people's opinions and this can be detracting, especially when talking about a topic where subjectivity can be the key to interpretation. [Reflective log #2]

> X led the session and it was interesting but we were not able to express our own ideas and theories about why the …….. Had been set up as they had which was frustrating after the last couple of days where we had been able to talk about our own opinions. [Reflective log #3]

The students shared personal experiences, thus building trust, and in turn enhancing confidence to contribute, and feeling valued. The students reported that having their work presented, discussed and interpreted by others was uplifting and boosted self-esteem.

> My feelings heightened when the members of the group gave their constructive comments on my poem. It may be insignificant to other people but as it was my first poem, those comments were really inspiring. It was fascinating how a five-lines poem could make me feel really good and lighter. [Reflective log #4]

In all cases students welcomed the way their poems that revealed personal feelings were made anonymous before being read by others to the group.

> I noticed though, that once she started reading, it didn't even sound like my poem anymore. We weren't allowed to either praise or criticise other people's work, but it was really interesting and felt really good to hear people discussing and interpreting something that I had written. [Reflective log #1]

> When I heard the poems it became clear to me why this option satisfied everyone; all of the poems were very heartfelt and emotional. I know that I would have been embarrassed to have read mine out, as it expressed a lot of painful emotions. I would not have liked to have shared these with other people, especially not with people that I know. However, I didn't mind the poems being read out anonymously. [Reflective log #5]

In this way, students appreciated that there was freedom to interpret, without fear of excessive self-disclosure.

> Also, being confident enough to share ideas within the group, and express my opinions. What made me more comfortable, not just in this setting, but through the two weeks was the fact that it was emphasised that there was no right and wrong answers. So, we were free to express without fear of being wrong. [Reflective log #10]

Reflections on educational outcomes. *Relaxing nature of experience.* Students commented that they had found the module "refreshing," "relaxing." and "much more fun" (than their core medical curriculum).

> Just thought I'd add a quick entry in about today as it was such a good day! Everyone's presentations were innovative, well articulated and thoughtful. I feel that this success demonstrated firstly how hugely we've enjoyed these past two weeks under XX's superb supervision; and secondly how much we've all gained from it. A great two weeks. [Reflective log #7]

> I have just really enjoyed it, it has been like pure enjoyment and it has been a really refreshing change from the stuff we usually do. [Student #2 focus group 2]

Critical thinking. Students' recounted examples of "exploring different perspectives" or enhancing critical thinking skills. In some cases, these "differing perspectives" were personally and professionally challenging.

> Challenged you to look at different perspectives … don't take things just as they are …
>
> #1. Changes your whole way of thinking. It is kind of like a life long process of changing how you feel about things … about what you think [Student #6, Focus Group 2]
>
> "Challenges you to think a lot more….completely different to what we normally do … occasionally we are questioned, but it is generally the case that we are told something, we are not really encouraged to think: 'Is that really right?' ….we have been looking at things from different angles [Student #8, Focus Group 2]

While students reported the positive outcomes in relation to exploring different perspectives, in some cases these experiences were viewed as personally challenging, leading to enhanced self awareness and a sense of humility.

> I often felt today that areas of my brain, previously unused, were finally getting a chance to exercise their synapses. A very refreshing experience, though in one aspect harmfully diffractive to my self-schema. Having felt that I know myself implicitly, as one does during their teenage years, I feel like I am now on the edge of a rather large cliff. This cliff can be called nothing other than self realisation and forces me to see that I have a lot further to go in terms of my life and how I view the world and people I share it with. [Reflective log #8]

Where the SSM experiences had been challenging for some students, they also considered them rewarding.

> I found this particular aspect of the course challenging as creative writing was not something I had ever paid much detail to in the past. Having to prepare a poem was challenging, but rewarding on realisation that I was not actually that bad at poetry. [Reflective log #5]

> We were asked to construct a model to represent our thoughts about what we had become. I found the task fairly challenging as we only had limited materials to work with. Yet, everything became quite exciting when we presented our 'products', not only because of the artwork variation, but to know how this short course has affected and improved everyone's life in many ways. [Reflective log #9]

Arts as a balance between personal and professional demands. Having outlined some of the difficulties associated with "science overload" at the outset of the module, students highlighted the potential value of being creative as a way of coping with the stresses of professional life and maintaining a balance between the personal and professional demands of the work of medicine.

> I think that this SSM has reminded me that it is important to maintain a balance between medicine and the rest of your life,

> and that being creative is a good way of doing this as it is so entirely different from studying a scientific subject. I feel that I have derived great benefit from this SSM and am very glad that I chose it"[Student #5, Focus group 2]
>
> "Doesn't teach you to understand physiology …. Does give you more perspective, reminder of a world outside medical school … that you can access…don't have to let medicine take over your whole life…that will help me further down the line"[Student #5, Focus group 2]

Insights into the patient experience. In terms of the relevance of humanities for professional development, students commented on an appreciation of patient perspectives alongside awareness of future professional responsibilities.

> Everyone talked about things that were quite personal … it has made me realise how that would be for a patient talking about something they personally found difficult to a doctor who is a relative stranger so it might help you in appreciating the patients perspective better [Student #5, Focus group 2].
>
> Using art as a language can be very important, especially in cases where people are not keen to speak openly about a situation. On realising the methods by which art could be interpreted to understand a client's/patient's situation, I suddenly understood the value of art to the medical world. [Reflective log #7]
>
> It made me slightly scared of starting clinical …. How you are being judged all the time …. The issues you face ….how important it is to treat patients properly [Student #4, Focus group 2]

The module exposed students to distressing circumstances within film and literature. There were also references to students' developing an appreciation of the severity of the suffering they will be exposed to as doctors and thoughts about how they will cope with that. The module content introduced students to potentially challenging verbal and visual images, which illustrated differing perspectives of "coping with suffering."

> I think what really affected me about this film is that I found it somewhat close to the bone. I have often wondered if I will be able to cope with the suffering and loss encountered in a medical career. The scenes where the Dad was being

> defibrillated were very upsetting and very grotesque. It looked like a corpse being brought to life, or like someone being tortured. It brought home the message that medical treatment is not always beneficial to a patient. [Reflective log #6]
>
> "Perhaps, initial exposures to appalling circumstances from the film in some ways prepare us mentally and emotionally for the worst situations we may face". [Reflective log #10]

Maturing attitudes, humility, self awareness [C head]

There were numerous examples of students developing enhanced self-awareness, increasing their humility and, in some cases, maturing attitudes.

> This brought into perspective my hasty judgments made of the people around me, and forced me to think about why I had done so. It is easy for a person to forget that other people can have a depth of emotion similar to their own, a mind as adept at recognising minor idiosyncrasies that only they thought they could see. [Reflective log #8]
>
> These last two weeks have really altered the way I think about a lot of the things in my life I never used to question. [Reflective log #11]
>
> I feel I am now more open to ideas … I have finished this course a richer individual, though it may feel like I've had to unknown myself, take two steps back, to progress and take those three steps forward. I am no longer convinced that I am as mature in mind as I thought I was. An aspect of my character, possibly arrogance, has left me. [Reflective log #8]

While the majority of students articulated the positive aspects of enhanced self-awareness, one student expressed feelings of uncertainty.

> However, I dislike the fact that an artwork can be interpreted in our own ways as there is no definite answer for it. Some people might see this as freedom but for me, the feeling of uncertainty and vagueness will leave me with insecure sentiment and frustration. [Reflective log #12]

Confidence to formulate and articulate an opinion. The learning and teaching methods used within the module suggested that students had

reflected on their experiences and then communicated these to other group members. Students cited positive outcomes in terms of enhanced self-confidence associated with public speaking:

> The most valuable skill I felt I learnt today was improving my confidence when speaking to a group about ideas and opinions. It was strange expressing opinions and initially made me feel quite uneasy because by the nature of the medical course often we focus on fact. I feel this is important in my future career but also in other aspects of my life. [Reflective log #9]

There were also references to students' listening to others, being able to express opinions and also communicating such ideas within the group.

> I feel the main skill I have worked on today (art therapy) was really listening to people when they talk about their feelings and considering emotions from another person's point of view as well as being able to discuss them with the person afterwards. [Reflective log #10]

FINDINGS: TUTORS

This section of the paper explores the educational aims, methods and outcomes of this SSM through the eyes of four of the "community experts" who were commissioned to deliver workshops. Their views were obtained through a tape recorded inter-disciplinary discussion facilitated by OD and BL.

Tutors' backgrounds, educational philosophies and workshop aims.

Course Organiser, OD. OD has a background as a GP in family practice in the UK for several years, a postgraduate degree in health sciences and clinical evaluation, and a postgraduate certificate in primary care education. OD, with the support of an educator from the National Museum of Photography, Film and Television, led a workshop

that explored media literacy in terms of examining the students' popular cultural experiences This probing analysis of culture was accompanied by a discussion of the way students respond to and interpret popular culture, leading ultimately to Marxist ideas in relation to capitalist vested interests in the generation of medical knowledge.

Creative writer/therapist, C. C has a nursing background in mental health services and now teaches in an undergraduate program in creative therapies in which she has a degree herself. Her educational philosophy takes a person-centred approach, also using an "unconditional positive regard" where students' reactions are "witnessed." C encourages and challenges students to reflect on their views and to think "differently," e.g. by trying to step into the shoes of characters in stories.

Art Therapist, D.

D also has a nursing background and a degree in counselling. She is an accredited art therapist and bases her work on Jungian ideas about the power of art to "tap into the subconscious" and to reveal hidden or deep emotions which can then be brought to the surface and explored. Her workshop included creating art using this process to explore personal spaces and stress. It was underpinned by a theoretical descriptions of D's work with victims of domestic violence and other patient populations.

Film critic/educationalist B. B has a background as a "general and communications" teacher and a degree in social sciences, who now teaches film studies in the UK for adult learners at A level. His teaching background with students who require a particular vocational competency involves teaching approaches and resources directly relevant to the skills required for that competency. His aim for the

workshop was to teach the rudiments of film making and analysis based on systems of codes and conventions by looking at different representations of interactions between medical staff and patients in film.

Art historian/educationalist A. A's background is as social art historian and educator primarily based at a public art gallery. The aims for her workshop were to use the interpretation of art as a way to develop "critical thinking" about the wider world[8].A's approach to art is post-modern in the sense that art has no fixed meaning; potential meanings depend on the context and the viewer. However, this orientation is within the context of her social art historian education background that is still based on "scientific materialism," i.e. a scientific mode of analysis.

Findings from interdisciplinary debate. The discussion and debate took place within the context of a focus group interview with four of the tutors facilitated by OD (also a tutor on the module) and BL, using a semi-structured topic guide based on the aims, methods and outcomes of the workshops. In the role of workshop facilitator, OD also commented during the debate. This conversation was audio-taped.

As can be seen from the biographical summaries above, the four tutors formed two distinct pairs, art/film "vocational" educationalists with loosely rationalist "scientific backgrounds" (A and B), and art/creative writing "therapeutic" educationalists (C and D) with humanistic counselling backgrounds.

Impressions of the students. These community experts were unfamiliar with medical students. Although initially a bit daunted, the tutors ultimately found their new students to be bright, challenging, enthusiastic, and less "vocational" in outlook than

expected. They also observed that the students appeared quite stressed, with little opportunity to talk about this within their normal course context.

> ….my impression was that they hadn't yet engaged with the real vocational part of the course …. they were much more like a group of students who I don't meet i.e. they were very bright and they were in their early twenties (B)

> So I particularly thought I was going to find it a challenge because …a lot of my student groups are from non-traditional routes and are mature students …and have a bit of life experience … (D)

> I think it was because they were younger they hadn't lost sight of their creative abilities, …… what I found with this group of students was that they got messy, they were so creative and so spontaneous……. a lot of these students were really able to tap into their child like abilities, their expression. I was aware that there was different dynamics within the personalities of some and within the paired work it really came out silently to a point where it was verbally conveyed.(D)

> I sensed to be quite honest with you really, that some of the students don't really have many people who sit and really listen and acknowledge what is going on. And I think .. a medical student environment, …is very very stressful indeed and I think finding another medium to release or express emotions would be very productive (D)

> ……they said not only do we not get the opportunities to do these sort of things but actually we feel like we can't sometimes, because we are perhaps seen to be failing. You know, as doctors we are not supposed to show our feelings, we are supposed to keep that closed in and think about the problem.(C)

Contrasting aims: self awareness and empathy versus aesthetic appreciation and analytical skills. The therapists aimed to develop the students' self awareness, enabling them to come to appreciate their own value and to build their self-esteem. This led to the students' developing empathy, observational/listening skills, and tools for dealing with stress.

> ……so the main focus of the day was to really try to get them to engage in their feelings, which I think they did [laugh] which I was really pleased with. And move away from the intellectual way of being (D)

> …….. you can actually really observe how they build trust, the safety, the personal space that everyone is working to, and whether anyone is encroaching on anybody else's space (D)

In contrast, the vocational teachers aimed to teach a competency in film/visual literacy using a particular analytical method, with a view to developing the students' aesthetic appreciation and improved observational skills.

> I have a long experience of working within a vocational context with students doing communication type exercises …..they are engaged in a hands on way with a particular vocational activity as a main part of their course (B)

> the form of art history I followed is called scientific materialism, so actually it is scientific, in its academic paradigm, which is why I go 'construction, content, context' when I am analysing an object, I am using detective skills which are scientific in basis (A)

For the art historian, the application of the methods required a holistic problem-solving creativity which she could see would be useful in medical practice.

> I really do believe that the kind of freedom of thinking, the freedom of testing possibilities, (of) making art is largely problem-solving , reading art is largely problem-solving…… what you have got is quite a nice way of rehearsing analytical skills which I think are crucial to assessment situations to do with medical stuff….. now I find that a very seductive image of medicine because it is not X equals Y, there is much more speculation than that….. Art and reading art and making art is holistic in that sense (A)

Contrasting methods: 'unconditional positive regard' and expressing emotion versus 'value-laden criticism' and rehearsing analysis. The therapists used unconditional positive regard. (Student input was "witnessed" as important and meaningful, but value-laden comments, e.g. "that was good," were avoided.) The value came from the students going through the process of creation and reflection rather than in the final output.

Their workshops developed ways for the students to express their emotions and to improve observational and listening skills, e.g. through creating art and poetry and by sharing interpretations with each other.

> I usually work within a person-centred perspective, so unconditional positive regard is important to me and it is about allowing a person to come to a realisation of their own value. (C)

> you can access such deep material so quickly that ….. someone could just blow up in from of you eyes, so you do need to be very careful ….. I didn't want them to leave my sessions feeling Oh you know I've opened something up, that is so painful (D)

> So I asked them to rewrite the passage, ……. because it talked a lot about how the doctor was feeling and they identified with those feelings and then they started to identify with what it was like for the other people in that situation as well (D)

> Which is not about: "Here, I am presenting you with a poem that I have written.", but it is about the process that they have gone through to get to having that product if you like, is the bit that we have been focusing on perhaps more that your outcomes were and I think there is need for both personally (C)

The film critic traditionally saw his role as teaching problem-solving skills in a vocational context. For him it was important for the students' work to be critiqued for its aesthetic value, in order to create "helpful stress" that would lead to more effective problem solving and to rehearse coping strategies for the real world.

> I mean I think students on a degree course should be challenged, … things should be made strange for them, they should get frightened about things, you know life is dangerous [laugh] and they should approach them and they shouldn't always have safety nets. (B)

> So for instance when I'm doing film making I like students to criticise each other in a positive way, I don't want them to go destroying each other on a personality level, but it should be a chance to fail, it should be a chance to say well you tried to do that but it didn't work, but I can see what you were trying to do (B)

Additional learning outcomes. The art therapist was aware of the stresses the students brought with them and the value they gained from sharing this through art in the workshop.

> sort of really listening and attending and reflecting back that feeling and acknowledging some of the things they were going through it spurred them on to actually talk more about it, and I thought that was lovely, and I sensed to be quite honest with you really, that some of the students don't really have many people who sit and really listen and acknowledge what is going on. (D)

The film critic emphasised a consequence of his teaching as developing aesthetic taste or sensibility, whereas the therapists were more interested in teaching through processes of communicating.

> it is also questions of taste, people don't like things and one of the things that everyone has to get used to is the idea that you will so some things that you think are really terrific, and other people won't like them and they tell you so and you have to live with it. (B)

DISCUSSION

Process of curriculum evaluation and development. Downie[5] outlined some of the difficulties faced in evaluating medical humanities outcomes, with the less obviously transferable skills more difficult to evaluate; how can we evaluate what the study of a poem might do for the training of a doctor? The process of curricular evaluation requires several standpoints to be taken, as, collectively, they have responsibility for curricular provision and hence its success.[14] To this end, our modest contribution has explored the impressions of those who experience the curriculum (students and teaching staff) through group interviews and reflective log documents. The quality of the content and learning activities must be appraised as a basis for determining the worth of what is being taught.[15]

When evaluating the content, the significance can be determined only with criteria that flow from a set of values about what counts

educationally. Eisner[15] reported that these will differ between groups and individuals. When exploring the educational aims and outcomes of this SSM, the selection of the term, "expressive outcomes," as espoused by Eisner, is a deliberate one; it reflects broader significance than the term, "goals," as the outcomes of learning may not necessarily reflect the goal under consideration.[15]

Learning methods and outcomes. Our study provides evidence for examples within most of Downie's[5] categories of the educational aims of medical humanities: transferable skills, the humanistic perspective, coping with the particular situation, self-awareness and joint investigation. Our study also provides evidence for additional outcomes, such as the development of humility, the identification of stress and its relief through a shared emotional catharsis, an increased sense of personal value and self esteem, and the development of "new ways of thinking" – the first step in developing a critical thinking approach to accepted dominant discourses in both culture and medicine.[8] Thus:

> I was to be, not horribly, shocked over the course of the day. My misconceptions of how society functions. How the media influences the lives of everyone I will encounter on this planet. How susceptible I am as an individual to the directed cultures we live our lives by. [Reflective log #8]

Strengths of the program.

The synergism of combining a social learning process with isolation and privacy. This was an unusual humanities module for a number of reasons: its intensity in terms of the exposure to a wide range of tutors and experiences in a short time; use of extensive discussion to explore ideas and attitudes in a small group over a 2 week module; the exposure to "community experts" who normally don't provide input to the medical curriculum; and the continuity of

facilitation by OD throughout, encouraging the students to challenge each other and question 'accepted' dominant dogmas.

The space the students had, the privacy of a small group that was developing trust, and the geographical distance from the potential of "routinized" dominating scientific rationality of the medical school may also have helped to liberate the students' thinking and sensibilities in a way consistent with Marcuse's[22] ideas about privacy and liberation. Marcuse, a critical theorist in the 1970s, had radical ideas about the importance of individual isolation in learning to think critically. He believed this isolation enabled the individual to "experience a fundamental estrangement from commonly accepted ways of thinking and feeling."[8]

In a similar way, having workshops with non-medical tutors, community experts also tended to liberate the students from their usual medical establishment dominant, "rational" discourses and rhetoric.

In more familiar ways for most adult educators, the affective trust and relationship between OD and the group members also contributed to a positive learning environment with the students feeling valued individually. Thus, although removed from the constraints of their normal, and potentially oppressive, educational culture, the student still benefited from the social collaboration, using "others as critical mirrors reflecting back to us aspects of our assumptive clusters we are unable to see."[8]

The synergism of developing affective maturity alongside opportunities to think critically. If an important educational aim of

such a module is to encourage critical thinking,[e] then the students need to be receptive to debate and confident enough, both cognitively and affectively, to challenge authority and to look at the world in new ways.[8] The findings demonstrate a synergistic effect of combining therapeutic workshops, which develop affective maturity, with vocational workshops, which present the students with dominant discourses (e.g., in relation to film or art analytical methods) that they can challenge by 'thinking critically'. The ability to do this is catalyzed by foregrounding the module with the early workshop on Marxist ideas in relation to the philosophy of popular culture led by OD, and by the encouragement of open discussion throughout the module where there are no rights or wrongs in debate. Critical thinking at times led to tension in the vocational workshops, as the students could feel frustrated,

> X led the session and it was interesting but we were not able to express our own ideas and theories about why the …….. Had been set up as they had which was frustrating after the last couple of days where we had been able to talk about our own opinions. [Reflective log #3]

Implications for the future.

The tutors were concerned that this was a short, isolated module in a long course, that was delivered to relatively few students. It may be possible to expose more students to some of the ideas of critical theory in their course, e.g. sessions on representations of ideas through use of symbols and conventions in the media, leading to more advanced philosophies of Marx and Foucault's[23] ideas about the nature of truth, power and knowledge. Such an approach might stimulate more interest in modules of this sort. It is likely, however, that modules like this will be most

[e] We define critical thinking as the ability to challenge assumptions underpinning dominating discourses from powerful establishments, e.g. the culture industry and the medical research/pharmaceutical industries.

effective for small groups of students who have volunteered and expressed an active interest in participating.

All tutors agreed that such a module has value for students, particularly early on in their medical education. It was suggested that for another module there should be a session that discusses the concepts of the world as a system of meanings through culturally agreed representations, e.g., Roland Barthe's[24] ideas about semiotics.

The next module has just been advertized. The broad "generic and transferable skills" it hopes to develop are described in Table 4.

Table 4: Developing critical perception and empathy through interactive involvement in modern creative cultures:

Generic and transferable skills
• Ability to exchange and to value your own ideas and those of others in open debate • Insight into what it means to be a doctor and the impacts you have on others • Knowledge about the way the arts can be used therapeutically e.g. to release stress, or communicate fears • Ability to interpret and enjoy abstract art and film using your own lifetime experiences • Ability to think 'critically' e.g. by being able to creatively challenge assumptions behind ideologies the establishment presents to us as 'fact' or the 'truth'.

Conclusion. This module was very well received by the students, four of whom went on to make a video collating interviews with each other, in which they talked about their experiences and ultimately presented at a medical education conference in the UK in August 2006. The strengths seemed to be the synergy that developed in response to a) an underlying emphasis on 'critical thinking' skills as an important aim of the module; b) the combination of therapeutic and vocational workshops using community experts; and c) the combination of isolation from the dominating medical school culture with the developing social cohesiveness of a small group.

In addition, this study provided evidence for further valuable learning outcomes by using the humanities as a platform: the development of humility; the identification of stress and its relief through a shared emotional catharsis; an increased sense of personal value and self esteem; and the development of "new ways of thinking" – the first step in developing a critical thinking approach to accepted dominating discourses in both culture and medicine.[8] To what extent modules like this will be possible depends on funding, which, in turn, depends on the importance medical schools attach to both the transferable communication skills, as well as the critical thinking skills necessary for the students to develop effective personal knowledge and the ability to make difficult choices in both personal and professional contexts.

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