The Future of Medical Education in Canada/
L’Avenir de l’éducation médicale au Canada (AFMC)

Environmental Scan Project / Projet Volet « analyse environnementale »*
Wilson Centre for Research in Education, University of Toronto
Centre de pédagogie appliquée aux sciences de la santé, Université de Montréal

National Literature Reviews
Reviues de littérature nationales

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EXECUTIVE SUMMARY

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LITERATURE REVIEWS


Objectives
A team of researchers at the Wilson Centre for Research in Education, University of Toronto and le Centre de pédagogie appliquée aux sciences de la santé (CPASS), l’Université de Montréal were funded by the Association of Faculties of Medicine of Canada (AFMC) to undertake a national environmental scan regarding the future of undergraduate medical education in Canada. As part of this comprehensive scan, a series of more than 30 review papers were commissioned. The purpose of these reviews was to broadly scan the published and “grey” literatures in medical education with the goal of identifying key issues, challenges and innovations that could be used to support and extend the more impressionistic data collected during the key informant interviews and expert panels conducted for the project. As well, each author was asked to construct a general reference list and an annotated bibliography of a few key articles related to each topic. Taken together, the whole set of review papers provide a very valuable source of data for those running or reforming medical schools and for those developing innovation and research in medical education.

Methods
The commissioning of literature reviews began before any other sources of project data were available. Thus, the initial process of commissioning rested on a list of important topics developed jointly by the AFMC Future of Medical Education in Canada Steering Committee and the Wilson Centre/CPASS research team. Together, a list of approximately 30 key topics was identified and clustered into 5 overarching domains. The original 5 domains were: Curriculum Content, Pedagogical Issues Affecting the Medical Education System, Culture(s) of Medical Education, External Issues Affecting the Medical Education System, and Higher Order Constructs. There were between 4 and 12 topics assigned to each of these 5 overarching “clusters”. Two members of the research team were assigned to each cluster. Cluster leaders then went about commissioning authors from across Canada to write the more than 30 papers.

Commissioned literature review papers took two forms. Where it was known that review papers already existed in the area (eg. interprofessional education, assessment) a “brief” review was commissioned. Brief reviews took the form of a 5-10 page focus “review of reviews”. Brief
reviews summarized the key finding of existing reviews, identified where possible innovations, provided a set of overarching implications for undergraduate medical education and concluded with a general reference list and annotated bibliography.

Where it appeared that there were no existing reviews of a topic, an “in-depth” review was commissioned. These much longer papers (ranging from 10 to 30 pages) provided detailed literature reviews in addition to a list of innovations, implications, references and an annotated bibliography as for the brief reviews.

As literature review papers were submitted, they were read and reviewed by the cluster leaders, by the members of the research team and by the AFMC FMEC Steering Committee. In a few cases additional external reviewers were invited to read the paper and to suggest further points or references for consideration in a revised version.

Over the summer of 2008, most of the papers were available and data from other project sources such as in their key informant interviews and expert panels was available. This gave the research team an opportunity to reflect on the cluster structure and to identify gaps in the commissioned papers. As a result, the clusters and their associated papers were reorganized and a few additional papers were commissioned. These included papers and reviews focusing on Health Inequities, Technology and Medical Education, Primary Care, and the CanMEDS roles in Undergraduate Education.

Results

This book contains the final version of the literature review process of the Future of Medical Education in Canada Environmental Scan. In total there are 34 literature review papers – 24 brief reviews and 10 in depth reviews – a total of 550 pages. Sixty-two authors from all parts of Canada generously gave of their time to produce these reviews, many of which will be published in peer-reviewed journals at the conclusion of the project.

The final cluster structure is:

1. Medical Education and Society
2. The Purpose, Function and Governance of Medical Schools
3. Medical Students: Selection, Support and Assessment of competence
4. Curriculum Design and Implementation
5. Contemporary Content Topics

This book contains several features that will assist those using it to easily access the contents, including:

1. A Table of Contents including all papers using the Cluster Structure above
2. An alphabetical list of authors
3. A summary abstract for each review paper
4. A key-word index
Papers were commissioned in both English and French. Some have been translated in full and some have summary abstracts in both languages.

Conclusions

Literature review paper authors gave generously of their time to create an unparalleled set resource for the Future of Medical Education in Canada project. Taken together, this book of reviews provides a rich resource of theoretical and practical background for most of the contemporary issues and challenges of medical education in Canada. As well, it provides a number of innovations, best practices and a comprehensive set of reference and annotated bibliographies.

The data provided in these literature reviews has been combined with the more impressionistic data generated by the key informant interviews and expert panels that are also part of this project, including the Young Leaders Forum, Blue Ribbon Panel, Data Needs and Access Group, and the international consultations. This integration takes the form of 10 “issue analysis papers” – one for each 10 key priority areas identified and listed in a separate volume (Volume 3) of this environmental scan. Each issue analysis paper integrates information from all project sources, providing evidence-based recommendations, information on innovations and references to assist with planning and implementation.

Acknowledgements

The entire AFMC Environmental Scan team (listed as authors of this paper) contributed to the design, conduct, commissioned, editing and synthesis of the literature review project. Deepest thanks to the many authors who wrote and re-wrote review papers. Their names are listed in the alphabetical author list in this volume, and appear on their own papers.

The following individuals made additional contributions to this phase of the Environmental Scan:

Sandy Parker coordinated the Environmental Scan literature review project, including the commissioning of papers, signing of letters of agreement, communication with authors and cluster leaders, external review of selected papers and the formatting of the final book.

Ayelet Kuper, Jerry Maniate, Scott Reeves, Glen Bandiera, Mathieu Albert, Niall Byrne, Philippe Karazivan, Bernard Millette and Brian Hodges served as cluster leaders, commissioning papers, working with authors and writing summary abstracts.

Spogmai Akseer coordinated the initial review paper clusters, the editing and formatting of papers and the detailed indexing of key words.

Participants in the final synthesis retreat, which identified the 10 overarching priorities identified in Volume 3, and integrating both the Key Informant Interviews and Literature Reviews, were:
**Wilson Centre:**  Brian Hodges, Mathieu Albert, Ayelet Kuper, Jerry Maniate, Sandy Parker, Glen Bandiera, Niall Byrne

**CPASS:**  Bernard Charlin, Bernard Millette, Philippe Karazivan, Delphine Arweiler, Emilie Noyeau

**AFMC:**  Nick Busing, Catherine Moffat, Steve Slade, Deborah Danoff, Susan Maskill, Mathieu Moreau, Roona Sinha

**Additional participants** at the summer retreat which identified a new structure for the literature review clusters and helped to identify additional papers to commission included all of the above members of the Wilson Centre and CPASS teams as well as Nick Busing, Angela Towle and Jay Rosenfield from the AMFC FMEC Steering Committee
Stewart, Ronald, OC, ONS, BA, BSc, MD, DSc

Literature Review: The medical humanities in Canada

Summary

Defining the terms “Humanities” and “Medical Humanities” has been a great challenge to those within medical education. Crucial as we medical educators believe the Humanities to be in the education of the modern physician, we quite frequently feel, in the environment of a medical school, as the proverbial ‘square peg in a round hole,’ not quite fitting in, but yet surviving on the support and encouragement of many of our Deans and colleagues. This paper serves to provide a closer examination of the state of medical humanities within the Canadian context of medical education but also to recognize the role medical humanities play within the system.

Major Themes:
Stewart identifies and describes eight themes or issues, which then are examined more closely to determine a set of implications for the future direction of medical education throughout Canada. The eight themes or issues were derived after closer scrutiny and analysis of over thirty (30) articles from the literature review and include: 1) The difficulty of definitions; 2) Varied governance; 3) Varied content; 4) Role analysis; 5) Evidence-based?; 6) Intersection with bioethics; 7) Developing Alliances; and 8) Personality Dependent.

Conclusions and Directions:
Stewart notes that the implications of the review are clear, but that in order to be successfully addressed there needs to be a commitment to weave a thread of ‘humanities’ and all that implies throughout the cloth of physician education. This also includes the need to utilize national guidelines and specific evaluation tools during accreditation to bring great credibility, funding and organizational support to these programs.

Best Practices and Innovations:

This paper is the only survey of the state of medical humanities in Canadian (Anglophone) medical schools located in the scan. What they call the “anarchic approach” to ‘teaching’ humanities is in sharp contrast to the standards and methods of teaching the basic and clinical scientists and the authors argue for at least an attempt to reach a national consensus on content, governance, methods and the design of programs.
A paper documenting the history, evolution and current status of the first program in Humanities with required components in the undergraduate curriculum. It is the only paper reviewed that gives financial information, including where funds originate to support the initiatives.

This paper is a description of one of the earliest organised and funded programs in the country and describes a broad program which has been woven into the teaching and life of that school. Phase I of the program is described as offering the same electives and research opportunities available to students in the basic and clinical sciences. Phase II, towards the end of the period ending in 2003, was to incorporate humanities education within the structure of a problem-based learning curriculum format. Phase III, the development of a graduate program, was predicted to teach methods of incorporating the humanities into current medical school curricula and the clinical environment.

Full Text

Introduction

Defining “Humanities,” as one of our Faculty members once said, is like defining a sunset. Challenging, to say the least. Recently, as with any medical schools facing accreditation, we thought long and hard about how we could best express the goals, or better perhaps, aspirations, of each of our programs. We in the Humanities section of the School chose to describe ourselves as “doing,” rather than just “being” and succinctly described what we felt was our chief “mission”: Exploring the human face of Medicine.

It was a deliberate and carefully crafted “motto.” One could say that it is both understated- “exploring” rather than anything more definitive- and yet it is also rather lofty; after all, a “face” is a pretty important part of the anatomy. But how physicians “appear” to patients and the public, and how we can, in turn, express ourselves (what is more expressive than the face), are evoked by suggesting that, in a very real way, the “Humanities” is “the face” of Medicine. This is not to suggest that only the Arts and Humanities represent what is “human” about medicine. The philosophy and even theory lying at the root of a Humanities Program must be that the Humanities, “learning or literature concerned with human culture,” must be woven throughout medical education and, one might add, must play a major role in the life and work of the modern practitioner of the Art called Medicine.

For the purposes of this brief review of the current medical literature and opinions expressed therein the greatest challenge was how even to define the subject of the review- The
Add to this that we use the term “Medical Humanities” and the task can appear, at the onset, immobilizing.

The value of this review is less the literature culled from electronic and other sources and more the forcing of a realisation of the broad and scattered nature of whatever we define the medical humanities as being. Crucial as we medical educators believe the Humanities to be in the education of the modern physician, we quite frequently feel, in the environment of a medical school, as the proverbial ‘square peg in a round hole,’ not quite fitting in, but yet surviving on the support and encouragement of many of our Deans and colleagues. These believe, as an increasingly large community of medical scientists and clinicians believes, that weaving elements of the arts and humanities throughout the warp and woof of medical education impacts, and perhaps significantly, the quality of the grist of the mills we call medical schools.

One cannot escape, even in this brief introduction, the creeping uncertainty introduced by words “believe,” “think,” or “feel.” It became quickly evident in performing this review that “we” just didn’t fit well into the review! The plea in the instructions for conducting this review to “give priority to empirical and evidence-based papers...” fell on eager but inadequate ears. Quite simply, with the exception of some literature documenting salutary effects of singing and music on physiological and immunological parameters, there are few credible references even remotely applicable to “evident-based” medicine in the field of humanities education. Even then evidence of the benefits of students participation in arts and humanities exercises or developing a ‘knowledge base’ in the fields of history, philosophy, anthropology, music, and such is often indirect and implies that aspects of humanities is more of an “instrument” of education rather than an important, if not crucial, element of the knowledge and wisdom required of modern physicians. In this age in which the robots are already upon us, surely the need is now greater for a closer examination of the state of medical humanities within the Canadian context of medical education, and at the very least, this brief review should be one step in that direction.

Methods

The guidelines proposed by the Review Template were followed as closely as possible to the assigned task: “... to conduct an ‘environmental scan’ of the practice and knowledge of medical education in Canada, [in respect to] the Medical Humanities and Social Sciences.”

The format of this focus (Medical Humanities/Social Sciences) was designed to be a structured review of the literature, a targeted brief survey of programs within Faculties of Medicine in Canada and a narrative outlining key findings and common themes as outlined in the template that had been provided.

To best benefit medical educators, and in keeping with the mandate, most of this “scan” was a summary of the findings and implications for medical education and those involved in it. Our approach has been to draw on any previous surveys of Canadian Faculties of Medicine. In addition, we strove to interpret, and not merely catalogue, the diversity surrounding the philosophy, structure, content and other essential elements of the Humanities and Social Science offerings related to medical school curricula.
Employing both electronic and hand searches from sources recognised internationally as repositories of significant developments in the field of the arts, social sciences, humanities and medical education, we performed a preliminary scan which suggested that we should structure our analysis and data collection around the following general guidelines and themes, derived from literature review and surveys of programs:

1. The **philosophy and definitions** upon which these programs are based;
2. The **structure** of the program within the hierarchy of the Faculty of Medicine—program? department? division?
3. The **faculty members** involved in programs, their backgrounds, time commitment, etc.; this included the employment of a permanent “Director or faculty member responsible for Humanities” and the title of same;
4. The “approved” **place, within the curriculum**, of Humanities and Social Sciences initiatives;
5. **Community contacts/alliances** of such programs;
6. Evidence of **interprofessional initiatives** and partnerships within the university with other faculties, programs and Schools.

Electronic and manual searches were conducted using the above themes as guides to the analysis and synthesis of papers included in this review. Key words used included: humanities, medical humanities, social sciences, humanism, humanitarian, arts, ethics, bioethics, medical education, faculties of medicine, medical curriculum, etc. Although most attention was given to papers of Canadian origin, several foreign publications were included when cited consistently by Canadian authors or when a foreign source appeared to be the origin of overall philosophical or educational theory guiding a particular program in Canada. [Note: Although the template for this environmental scan requests giving “priority to empirical and evidence-based papers” these criteria for inclusion, if strictly applied, would result in a very short review indeed. No papers (as far back as 1975) were uncovered that could be in any way described as “empirical” or “evidence-based” as these terms might be rigidly and rightly applied. In fact, only one paper was reviewed that attempted to give an overview of the state of the medical humanities in Anglophone Canadian schools.]

As a supplement to the literature search and review, we had intended to conduct an informal survey of programs across the country, using the criteria outlined above as a guide to document common themes. However, in attempting a general survey by e-mail and telephone of programs in Anglophone medical schools across Canada, it quickly became evident that even the “definition” of what constituted The Humanities was as varied as were the ways in which the arts, humanities and social sciences were incorporated, if at all, into the medical school curriculum. Although useful to confirm our own impressions and those already reported in the literature, a reliable and statistically credible survey worthy of this review was not possible under the time constraints of this review.

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17 We attempted to identify surveys done within the last five to ten years. The purpose of our targeted survey of other programs was to understand the current common practices and formats to “deliver” programs within or without the official medical curriculum. Our intent was not to solicit opinions as to the how, why or content of programs.
Findings: Key Themes

Overview

The literature review, both electronic and manual, was restricted to the last 10 years, with most papers appearing in the last five. Although most of the top specialty journals were identified as having sections or occasional papers related to Humanities, the social sciences or the arts, reviews of content or description of programs or curricula with a “humanities” content were found mostly in the journals *Academic Medicine, Medical Humanities, Journal of Medical Humanities and Journal of Medical Education*. The exception to this is articles related to bioethics. Although this is not unexpected, the lack of peer-reviewed articles in specialty journals other than those related to medical education should be noted.

Over thirty (30) articles specific to the Humanities and medical school curricula and retrieved from the key words noted (see page 3) were chosen for closer scrutiny and analysis. Although the emphasis in the search was on reports from Canadian schools, articles were analysed as well from the United States, Sweden, Argentina, the UK, Australia and New Zealand. Despite this ‘international’ diversity, it should be stated that similar themes arose from these descriptive and ‘opinion’ papers without regard to national origin. The comments which follow are inclusive of themes arising not only from the Canadian sources but also from foreign reports.

As has already been suggested, there were no papers which could be considered ‘evidence-based’ or ‘empirical.’ Most papers were theoretical or descriptive, only one (1) dealt specifically with the Canadian scene and comparing the content, structure and governance of programs in the Medical Humanities in this country.

Issue 1...The difficulty of definitions

*Headline Description:* Clearly this review encountered substantial difficulty with the variety in what actually constituted *Medical Humanities*. In a “first-pass” electronic survey, hundreds of articles were encountered if one included the terms “humanities,” “medical humanities,” “humanism,” “humanitarian,” “arts,” “social sciences,” “ethics” (alone) or “bioethics” and, more specifically, “philosophy,” “anthropology,” “history of medicine,” and such. Not only were these terms sometimes used interchangeable with “humanities” but there was a very broad and inclusive interpretation by some programs as to what was included in “humanities” program. It is interesting to note as well that “bioethics” or “ethics” appeared to be considered separate from the structure of ‘humanities’ programs in medical schools (see below), even though most would agree that ‘bioethics’ was part of a “humanities” approach to modern medicine. There appears to be no national consensus as to what, in the context of medical education, constitutes the “medical humanities.”

Issue 2...Varied governance

*Headline Description:* Descriptive papers from Canadian schools, and those from foreign sources, reveal a variety of governance structures ranging from occasional events to institutes. None appeared to be autonomous departments but at least one had “division” status and several had “program” status. In the three major papers describing programs in Canadian medical
schools (Memorial, Manitoba and Dalhousie) one was a division shared with “community health” (Memorial), one was associated with Community Health as a horizontal element in the required pre-clerkship curriculum (Manitoba) and one (Dalhousie) was a program under the Division of Medical Education. All three had directors in charge of the programs.

**Issue 3...Varied Content**

*Headline Description:* Reflecting the varied content of humanities programs is the broad range of terms included within any given article, report or website. Analysis of eight major papers indicate that most programs include an element of the history of medicine and almost always have events or initiatives related to narrative medicine. The latter may be broadly defines, as in the case of Dalhousie, to include story-telling, film, mass media, blogging, literature (e.g. book clubs, writing awards and special projects in writing) and even photojournalism. Prominent in this broad list was a sense of social “connection” within the community: charity fund-raisers, special events and projects with disabled people or children and special-needs groups, and in one case (Dalhousie) a vigorous music program was used to include families and community groups in the life of the medical school. In some programs, ethics is an essential part of “humanities” and is the only required part of the curriculum. In most medical schools it is separate and can be either an institute, a free-standing department, or a division. In overview, it would appear that the only consistent finding in an analysis of articles descriptive of humanities programs is the inconsistency of terms and content.

**Issue 4...Role analysis**

*Headline Description:* Most papers analysed referred, in one context or another, to the position occupied by the “humanities program” or the role of a given program in the “mission” of the medical school. Woven throughout the discussion in most of these discursive reports was an attempt to examine both the content of the program and the goals as well. With the exception of the cross-Canada survey done of Anglophone medical schools by Kidd and Connor of Memorial (1) a discussion of the overall role from a national perspective of a humanities program was missing from the papers studied.

**Issue 5...Evidence-based?**

*Headline Description:* Most papers reviewed emphasized the unique nature of the Humanities in relation to modern medical education and comment in some depth on inability of ‘non-metrical” initiatives to “fit” within the trends of evidence-based medicine. This unique nature was proposed as being one of the reasons for the “neglect” in medical school curricula, of humanities and the social sciences. None is readily ‘measured’ and criteria for evaluation are elusive. The question that persists within almost any discussion or review of Humanities Programs is “so what?” Do Humanities Programs in medical schools really make any difference in the quality of the grist coming out of the mill? The direct question asked by the title of one paper, “Can poetry make better doctors...” (7) may not even be the right one to ask. But there may well be an implicit belief that since we cannot measure the effect of humanities education on the quality of the physician product, surely such programs are less than essential to the education of that same physician product. The trend of such thinking would require us to demonstrate that the reduction in the time and the change in the method of anatomy teaching, for example, have made for a better “physician product.”
**Issue 6...Intersection with bioethics**

*Headline Description:* A provocative paper sounding a cautionary note regarding the direction in which the “teaching” of Humanities within medical education may be going was uncovered in the British literature (5). This paper roundly condemns the “industrialization” of bioethics and the “creation of specialists” in what the author considers elements that should pervade the work of all health care professions. He cautions that medical humanities must never be allowed to become the ‘private domain’ of only a few and that it should be part and parcel of all teaching and clinical programs within medical schools and, indeed, the practice of medicine. There is reference in two or three of the thirty papers to the intersection of the humanities programs as they exist in current medical education with bioethics. These references did not suggest, however, that one was wholly separate from the other. With national regulatory bodies requiring programs in bioethics, and with Canada Chairs sprinkled throughout the country in the field, it is understandable that bioethics is highly visible when compared to other programs in the humanities.

**Issue 7...Developing Alliances**

*Headline Description:* It is clear, even after only a superficial perusal of these papers, that most humanities programs or initiatives rely heavily on collaboration and alliances within and without Faculties of Medicine. In fact, several papers suggest that the Humanities Program is a major bridge to communities- whether medical specialties or community institutions or agencies. At least one (3) describes programs shared with academic departments, as well as governmental and charitable bodies.

**Issue 8...Personality Dependent**

*Headline Description:* A recurrent theme which appears to reflect the thinking at this and other institutions according to our informal survey and bolstered by the Memorial survey and review paper (1) is the influence of, if not dependency, of Humanities programs on the commitment, dedication and, indeed, passion, of the Director or faculty person in charge. There is an implication in this belief that the character of the programs and initiatives therefore may depend very much on the personality and personal commitment of those leading them.

**Implications**

These eight themes or issues could carry significant implications for the future direction of medical education throughout the country. Drawing on each of those issues, the following comments could reasonably be made:

**Implications: Issue 1-The difficulty of defining “Humanities” and “Humanities Programs”**

From this review, and from surveys and what is known about programs across the country, it can be said that programs vary in terminology, breadth and content, and the elective nature of most within the curriculum reflects this diversity. Without a national consensus, the question should be asked- as it has in several papers- as to whether this is a good thing or a bad thing. In planning for the future of medical education, it is most likely a “bad” thing, in that one can hardly plan for anything one cannot define. The question must then arise as to whether national bodies must
make decisions as to whether “The Humanities”- however it is defined in any regulation- should be made a compulsory element within the undergraduate and graduate curriculum, and whether the need for a good “dose” of Humanities is implicit in the philosophy of the CanMEDS and whether they might be used as an instrument of reaching the goals set by, to cite but one example, the Royal College.

**Implications: Issue 2- Varied Governance/Structures**
The wide disparity among initiatives in the Medical Humanities across the county has been recognised for some time. This is not to suggest that there is NO exposure to the arts and humanities if a school does not have a structured program that is well-defined, given a budget and has a recognised Director. But the organisation of these programs is so diverse, so indistinct in some schools, that surely that carries a message that “Humanities” may be “nice add-ons” but are not essential to the formation of the modern physician. The message to students is clear in those instances.

**Implications: Issue 3: Variety of content of programs**
Again, referring back to how the ‘Humanities’ is defined, one can hardly expect a consistent content to a program if it is not clearly defined what that program encompasses. At one school (Dalhousie) some rather arbitrary decisions had to be made in order to determine budgetary allotment to various initiatives. Formal programs in the Medical Humanities fall under five “units” or sections: history of medicine, narrative medicine [includes story-telling, film, media (including television, podcasting and radio), literature (including writing, book clubs, etc.)], music, spirituality and visual art (including painting, photography and sculpting). No structure, however rigid, should suggest that there is no place for spontaneity and “grassroots” initiatives in the humanities. But “educational anarchy” is as inappropriate in the medical education for humanities as it would be for anatomy or a clinical specialty.

**Implications: Issue 4: Role and Relations of Programs within Medical Schools**
Without an underlying philosophy of an inclusive Humanities Program that is woven throughout the curriculum of the modern medical school there is little hope that Humanities initiatives will lift themselves out of a type of museum of the curiosities. Several medical schools are well beyond this stage, having decided that an exposure in undergraduate (at least) medical education to medical history, narrative medicine, literature, perhaps music and the arts is an essential element in the education of the modern physician. Deciding on the “why” it is essential leads inevitably to a discussion of the trend of evidence-based medicine and the place of something so vague and “un-measurable” as the Humanities, by their very nature, are. [see also below, “Evidence-based Medicine]. The clear implication to the need for defining a role and reason for Humanities within the medical school is that someone will actually do this; that is, will set guidelines with some element of measurement to require formal programs for undergraduate accreditation or specialty training.

**Implications: Issue 5- Evidence-based Medicine**
With the trend toward evidence-based medicine becoming the standard applied in many clinical programs and the emphasis on this principle in undergraduate and postgraduate training, it is little wonder programs that are, by their very nature, not ‘measurable’ suffer in reputation and value. Some of the aspects of Humanities programs are at least “test-able” (e.g. history of
medicine) and perhaps this is one reason why such programs are present in greater number than other aspects of the broad range of humanities initiatives and experiences.

**Implications: Issue 6- Intersection with Bioethics**
The paper criticising bioethics for becoming “industrialized” and painting itself into an academic corner struck a warning note and suggested, in a sense, that bioethics should not be “specialized” and “taught and practiced” by only qualified (usually PhD) “ethicists.” It is implied by several papers that ethics should be included in a Humanities curriculum, and in at least one school a proposal has been suggested to create a “Department of Humanities and Social Medicine” within which ethics would reside.

**Implications: Issue #7 Developing Alliances**
The broad nature of the Humanities would argue for the creation of alliances and collaborative programs in order to tap into the rich resources of non-medical Faculties and staff. In doing so, at least at Dalhousie, a Humanities Program has the potential for leading the creation of interprofessional education that could set the pace, and the example, for other areas of teaching. The implication for medical education is that, using the Humanities as a template, true interprofessional education could be facilitated by joint programs beginning with the Humanities.

**Implications: Issue #8: Personality Dependent**
It might be suggested that any program/initiative is dependent upon strong leadership within the Faculty. But because of the loose interpretation of what actually constitutes ‘the Humanities,’ each program would have, most likely, marks of the creator of that program or keeper of its flame. It is, however, incumbent upon the responsible Faculty members to ensure that the programs and projects under their directorships be well prepared for any change in leadership.

**Summary of Implications and Future Challenges**
The implications of the finding in this literature review are clear, but require a commitment on the part of national bodies concerned with medical education in Canada to weave a thread of ‘humanities’ and all that implies throughout the cloth of physician education. Without this commitment, programs will continue to be ill-defined, under-funded, haphazard, and lacking in defined goals and objectives. Without national guidelines and specific evaluation tools applied during the accreditation process humanities programs will remain in the murky shadows of educational credibility and in the anteroom of the house of medicine.

The future challenges for credible programs will include funding and defined budget support, including the establishment of chairs in humanities at medical faculties either privately funded or from government coffers. In addition, humanities programs must strive to bridge any gap that may exist between the medical school and the clinic. A network of faculty members in a medical school can form the basis for doing this, with cross appointments from clinical and basic science specialty areas to divisions of medical education, as one example. One major challenge will be to consider the role and structure of bioethics programs, whether they are structurally departments or divisions, in any realignment of the arts and humanities initiatives within the governance and structure of the medical school and its curriculum.
Annotated Bibliography

Key papers and reference materials most relevant to this discussion and review of the humanities in medical education in Canada:

This paper is the only survey of the state of medical humanities in Canadian (Anglophone) medical schools located in the scan. The survey was conducted by telephone and one face-to-face interview. What they call the “anarchic approach” to ‘teaching’ humanities is in sharp contrast to the standards and methods of teaching the basic and clinical scientists and the authors argue for at least an attempt to reach a national consensus on content, governance, methods and the design of programs.

A paper documenting the history, evolution and current status of the first program in Humanities with required components in the undergraduate curriculum. It is the only paper reviewed that gives financial information, including where funds originate to support the initiatives. Although described by the authors as a “successful program,” the criteria for this designation are not outlined.

This paper is a description of one of the earliest organised and funded programs in the country and describes a broad program which has been woven into the teaching and life of that school. Phase I of the program is described as offering the same electives and research opportunities available to students in the basic and clinical sciences. Phase II, towards the end of the period ending in 2003, was to incorporate humanities education within the structure of a problem-based learning curriculum format. Phase III, the development of a graduate program, was predicted to teach methods of incorporating the humanities into current medical school curricula and the clinical environment.

This paper serves as a warning to medical educators; ‘don’t go the way of bioethics.’ That is what this author advises we do NOT do: to fall into the pits of “routinisation, exclusivism, narrowing, specialisation, and professionalisation.” His belief that medical humanities is rooted in imaginative inquiry seeks to equate it with the foundation of the basic and clinical sciences. He does not, however argue for “anarchism” and a “structureless” format.

A companion piece to the above paper by S. Pattison. But supportive of the general cautions, with some reservations.
An elegant argument for the important of the arts and humanities to be woven into the medical curriculum, not as an ‘instrument’ for teaching but inherent in the fibre of the cloth. He argues, and convincingly even, that the approaches and methods of the disciplines represented under the term ‘humanities’ are “intrinsic to society’s understanding of medicine.”

References