Acquiring experience in medical humanities teaching: the chicken and egg conundrum

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It is important to try to share with others the understanding gained from reflecting on what we do.

Experience is the child of Thought, and Thought is the child of Action. We cannot learn men from books.1

So this is the conundrum. How do we encourage and under resourced medical educators, follow up their growing enthusiasm for arts and humanities based medical education with high quality effective educational activities? In an ideal world, the encouragement to medical schools from the General Medical Council to incorporate medical humanities into their curriculum would have been matched with extra funding to develop and deliver these courses, and to provide support for the professional development of those responsible for this important educational input into the training of tomorrow’s doctors. The reality is that only three dedicated medical humanities academic posts exist in the UK. The response of educators to this challenge has taken many forms, depending on the local resources and skills available to those involved. In most cases educators are drawing on existing educational and specialist expertise and taking an incremental approach as they incorporate medical humanities methodologies into their work.2,3

One proposed way around this obvious gap in experience and specialist expertise within the pool of medical educators is to draw on outside experts. These might come from within affiliated university arts faculties, or be drawn from the growing body of educators who used the literary arts in personal and professional development.4 Unfortunately, the funds are not always available to allow the latter, and the skills mix in traditional arts faculties does not always match the needs of medical humanities. So for many medical educators, convinced of the benefits that medical humanities might offer their students, the challenge remains of how to acquire experience whilst avoiding treating their students as guinea pigs. The paper by Gull et al.5 that accompanies this editorial provides one model for doing this. The experiences and conclusions of the authors raise a number of interesting points that merit further discussion. As Disraeli stated so eloquently, we cannot learn medical humanities from books, but we can and should endeavour to share with each other, through publications like this, and community resources like those outlined above; the understanding we gain through reflecting on what we do, in this way we can demonstrate to others the benefits of employing the reflective tools our work encourages others to acquire.

REFERENCES
6 Lapidus stands for literary arts in personal development. Find out more at www.lapidus.org.uk
8 Association of Medical Humanities. Contact: Dr Robert Arnott; R.G.Arnott@bham.co.uk