Education and debate

Editorial: Medical students and arts and humanities research—fostering creativity, inquisitiveness, and lateral thinking

In the first issue of this journal, Education and Debate asked whether medical humanities would help make better doctors or just happier ones.¹ That question begs a number of others, among them: what is a good doctor, what attributes might such a doctor possess, and are there different kinds of good doctors that medical educators should be helping to graduate?

Appropriately, the focus of much of the published data on arts and humanities based medical education is on equipping doctors with the skills, knowledge, and attitudes necessary for clinical practice. The emphasis, either explicitly or implicitly, is on the doctor/patient interaction, and on the role of medical humanities in enhancing the quality of that interaction. The ability to appreciate the perspective of all those affected by illness, to reflect on one's own practice, and to contextualise the lived experience of illness, socially, culturally, and historically are among the objectives ascribed to medical humanities teaching.

By contrast, the Education and Debate paper in this issue describes a medical humanities initiative aimed at fostering creativity, inquisitiveness, and lateral thinking through the pursuit of medical humanities research. Students undertake this research as part of a wider medical school programme aimed at training the medical researchers of tomorrow. These skills are considered desirable primarily because of the recognition that they are the bedrock of rigorous research. This emphasis on research provides a timely reminder to medical humanities educators that the doctors we educate today will need to be the innovators of tomorrow. The doctors

we train will, between them, be not only clinicians but also researchers, managers, and policy makers. Which is not to say that the content and process of this research will not, at times, have direct and immediate relevance to clinical practice. Rather I wish to draw attention to the richness of the contribution that the humanities can make to educating future doctors.

As Meites, Bein, and Shafer outline,² Stanford medical students can now compete for valuable stipends which will enable them to pursue a wide range of arts and humanities research projects. The breadth and depth of the projects undertaken to date are a tribute to students and mentors alike. The process involved in identifying a worthwhile project, planning and delivering the work involved, and disseminating the results, appear to have provided students with ample opportunities to acquire and hone valuable, transferable skills including communication, information technology (IT), and time management skills. Students also acquire specialist knowledge within their particular area of research. Moreover the outcomes of these projects are often of immediate practical use, ranging from an online, interactive educational book for children with diabetes, to an accredited history of medicine course. Indeed, the first three years of this innovative programme provide many fine examples of the potential benefits for health care provision when student creativity is given meaningful outlets. These results are encouraging and will hopefully serve as a catalyst to readers of this journal considering similar initiatives.

An important challenge, however, for student and faculty hoping to emulate the Stanford model is identifying adequate resources to support this work. Even in resource rich Stanford no additional resources are available to encourage busy humanities and clinical faculty to mentor medical students. Such mentoring, across disciplinary boundaries and charting new educational territory, remains dependent on the enthusiasm and generosity of individuals. At its best the partnership between mentor and student can be dynamic and creative, but the demands

on mentors are considerable and over a long period could well be perceived as onerous. As medical schools become increasingly convinced of the value of interdisciplinary research they will also need to be convinced of the need to resource it adequately. This need is not always immediately apparent and it is important that medical humanities faculty provide clear and convincing data about these resource implications.

Within the UK the most obvious place for similar research projects to be undertaken by medical students is within an intercalated BSc or BA degree programme and isolated examples of this already exist. If research of this kind is to become more widespread in intercalated degree programmes then those designing the degree programmes will need to define the educational objectives and perceived benefits for students. This will be necessary both to satisfy internal accreditation processes and also to demonstrate to external higher education accrediting bodies the educational value of this research. It also seems likely that there will be unanticipated and surprising benefits of fostering the creativity of students through research of this kind and as an academic community we can only await these results with interest.

Medical students are creative, enthusiastic, and dynamic individuals, often driven by a desire to do something useful and worthwhile. This is yearly evidenced by the impressive achievements of many of those undertaking elective assignments around the world. Those providing medical students with opportunities to undertake arts and humanities based research are providing them with a firm intellectual grounding from which these creative individuals, let loose from the constraints of traditional medical education can, and I believe will, gratefully reach for the sky.

REFERENCES

- 1 Meakin R, Kirklin D. Medical humanities: making better doctors or just happier ones? *J Med Ethics: Medical Humanities* 2000;26:49–50.
- 2 Meites E, Bein S, Shafer A. Researching medicine in context: the Arts and Humanities Medical Scholars Program. *J Med Ethics: Medical Humanities* 2003;29:104–108.

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