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TWELVE TIPS

Twelve tips on teaching and learning humanism in medical education

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Abstract

Background: The teaching of humanistic values is recognized as an essential component of medical education and continuing professional development of physicians. The application of humanistic values in medical care can benefit medical students, clinicians and patients.

Aims: This article presents 12 tips on fostering humanistic values in medical education.

Method: The authors reviewed the literature and present 12 practical tips that are relevant to contemporary practices.

Results: The tips can be used in teaching and sustaining humanistic values in medical education.

Conclusions: Humanistic values can be incorporated in formal preclinical environments, the transition into clinical settings, medical curricula and clinical clerkships. Additionally, steps can be taken so that medical educators and institutions promote and sustain humanistic values.

Introduction

The teaching of humanistic values is recognized as an essential component of medical education (Liaison Committee on Medical Education 2004) and continuing professional development of physicians. A humanistic physician is one who considers the influence of patients' social, cultural, spiritual and emotional experiences when caring for others (Miller & Schmidt 1999). Humanism is considered to be an essential component of professionalism, a core competency of physicians (Mueller 2008).

Today's society presents challenges to fostering and sustaining the application of humanistic values in medical care. There are pressures that relate to increased productivity, lack of time, multi-tasking, competing agendas, governmental mandates, burden of paperwork and keeping up with advances in medical care. The weight of these responsibilities can lead to diminishing physicians' commitment to humanistic values and burnout. In addition, patients expect physicians to use professional behaviors (Mueller 2008). The practice of medicine that reflects humanistic values involves physician–patient interactions during which the patient is seen as a unique individual who should be treated with dignity and respect.

The authors conceptualized humanistic values as encompassing: honesty, integrity, caring, compassion, altruism, empathy, and respect for self, patients, peers, and other health care professionals. In the practice of medicine, humanistic values are core ideals that relate to care; humanistic behaviors are observable behaviors that are aligned with humanistic values (Branch 2000a; Cohen 2007). When interacting with peers and colleagues, behaviors that are linked to humanistic values include: demonstrating respect, enhancing personal connections, drawing out and responding to emotional expressions and communications, pointing out and commenting on humanistic behaviors (Weissmann et al. 2006), and illustrating self-awareness in practicing humanistic care.

The authors separately searched PubMed and Google Scholar for articles using the key words: humanism, psychosocial aspects of care, professionalism and ethics of caring. Articles that did not directly focus on these aspects were excluded from this article. The search was further refined by searching for articles that related to teaching and learning of humanism. Additionally, references listed in key articles were identified, retrieved and reviewed. Following the literature search, the authors iteratively discussed the unifying themes, trends, and best practices and considered their application to contemporary curricula and teaching. The authors present 12 tips that are relevant to contemporary challenges, research, and practices and are grounded in our experiences in medical education. The first eight tips relate to teaching humanistic values to medical students and the remaining tips relate to sustaining humanistic values through faculty development, research and changes in institutional culture.

Tip 1

Strengthen curricula

Medical curricula that address humanistic values can lead to the formation of professional identities and enhance caring

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environments (Gracey et al. 2005; Rabow et al. 2007; Branch et al. 2009; Rabow et al. 2010). Medical students have reported that learning about humanistic values has enabled them to gain deeper understandings of and identification with the ideals of their chosen profession. From our experiences, we believe that students' adoption of humanistic values may also have long-term, positive effects for both the students and their future patients. The application of humanistic practices in medical care has been linked to higher physician job satisfaction (Horowitz et al. 2003), improved patient outcomes, increased patient compliance with treatment and higher patient satisfaction with treatment (Robbins et al. 1993). Optimally, the curriculum should be longitudinal and threaded throughout medical school curricula and continuing education.

Tip 2

Incorporate empathy

During medical school, students may perceive a depletion of their commitment to humanistic values related to empathy (Neumann et al. 2011) and morality (Branch 2000b). We have observed that the ability to recognize and be responsive to the emotions of others can influence patients' perceptions of their care and their physicians' commitment to addressing their needs. For example, some patients may be worried about missing work or the care of their children when the student approaches them about changes in treatment or discharge from the hospital (Ha & Longnecker 2010). Students can be encouraged to take time to listen to their patients and be sensitive to their emotional state and well-being.

Formal opportunities for students to learn about patients' emotional states can be implemented throughout the various stages and contexts of medical education curricula (Kern et al. 2005). Group learning activities (Block 1996), standardized patient exercises (Blake et al. 2000), difficult conversations, clinical rotations and service-learning experiences (Elam et al. 2003) are opportunities for formally integrating this aspect into learning opportunities.

Tip 3

Nurture dignity, respect and confidentiality

Our perspective is that dignity, respect and confidentiality should be the norm. Prior to patient encounters, preceptors must assure learners that they are provided with a safe, confidential learning environment in which they can discuss their own attitudes, beliefs, gaps, doubts and errors. Students can discuss patient encounters through techniques that foster self-awareness and reflection. Respect for all participants should be fostered.

For example, a student observed multidisciplinary medical team during rounds. The student noticed that one team member was engaged in a telephone call that appeared to be related to a conversation about the team member's school concerns. The student was worried that the team member was missing critical information about patient care for which the team member would be responsible. During a debriefing session with other students and a preceptor later in the day, the student was able to comfortably share concerns about this encounter with peers and a mentor because the group had established solid expectations about dignity, respect and confidentiality.

Tip 4

Address humanism across settings

The teaching of humanistic values can be integrated into formal preclinical learning experiences, clinical settings and clinical clerkships (Mueller 2008). Numerous and varied patient and peer opportunities can incorporate the teaching of humanism including didactic lectures, small groups, role modeling, case studies, observations, standardized patients, simulations, reflective activities, as well as other teaching and learning activities. Elective experiences and modules can be offered which address difficult situations that physicians encounter daily such as end of life care, death, and dying, coping with catastrophes, when caring for patients, communicating with families, and interacting with team members.

For example, a small group of medical students meet with a preceptor to gain feedback. A resident who had been working an overnight shift may return to the hospital and find that her patient has passed away due to complications. A preceptor, who is aware of the resident' grief and worries, can arrange to meet and follow-up on this case. During the meeting, the preceptor can respond to the student's questions, and provide information and feedback about the course of treatment, medical complications and counseling the family.

Tip 5

Foster role modeling

Role modeling has been shown to be highly effective in fostering the application of humanistic values (Cruess et al. 2008). Role modeling enables the transmission of values from one generation to the next (Cohen 2007). In our observations, role modeling can take place in a variety of contexts. Role models who are aware of their influence as teachers can intentionally integrate humanistic values into their day-to-day encounters. Faculty members who may not be positive role models can be provided feedback and encouraged to demonstrate humanistic behaviors (Mueller 2008).

Clinical teachers can explicitly demonstrate how to build personal connections with patients and learners. Role models acknowledge patients' affective and emotional responses. When interacting with patients, positive role models demonstrate respect for patients and intentionally use various behaviors, such as listening to patients, using eye contact, using touch, adjusting voice tone and altering the speed of speech (Molinuevo et al. 2011). They provide time for patients to express their emotions and respond to them empathically (Weissmann et al. 2006). Role models acknowledge patients' affective and emotional responses. They provide relevant examples and comment on personal attributes, characteristics and belongings (e.g. book and clothing items).

Tip 6

Train students to acquire the "habit of humanism"

Soon after entering medical school, students begin to develop their identities as physicians with the guidance of preclinical and clinical faculty. We have concluded that varied learning opportunities (some of which are planned and others are spontaneous) facilitate the integration of humanistic values into the medical curriculum and support their consistent application. Miller & Schmidt (1999) stressed the importance of teaching humanism and suggested that the "habit of humanism" can be trained through the iterative application of three steps: (1) recognizing the various perspectives that may influence a specific physician–patient interaction, (2) considering how these perspectives may potentially clash and (3) advocating for the patient's perspective (Miller & Schmidt 1999). An example of the application of these three steps with medical students could include the presentation and/or role-playing of physician–patient vignettes, reflection on the perspectives, identification of potential areas of conflict and the development of strategies for advocacy.

Tip 7

Acknowledge and address the hidden curriculum

The explicit curriculum uses formal education settings to emphasize the ethical and humanistic standards of patient care. As students enter the clinical environment, however, the hidden curriculum guides socialization into a medical community by defining social norms and influencing perceived appropriateness of behaviors and emotional responses (Hafferty & Franks 1994). The tension between the explicit and the hidden curricula develops when learners identify negative aspects of the hidden curriculum that take precedence over the humanistic behaviors that are taught in the explicit curriculum (Branch 1998). From our own experiences we have observed that learners may seldom observe health care professionals introduce themselves to their patients, explain their role in caring for the patient or take time to answer patients' questions. The learner may then deduce that these behaviors are not part of routine interactions with patients and remove these practices from their own interactions with patients.

Students, therefore, may be more inclined to incorporate the behaviors that are conveyed by the hidden curriculum despite the explicit curriculum's emphasis on humanistic practices in medical care. Defining and discussing the detrimental and advantageous aspects of the hidden curriculum are essential to maintaining the humanistic behaviors taught in the explicit curriculum. Steps can be taken to remediate the negative or reinforce the positive aspects of the hidden curriculum (Jaye et al. 2005). These steps can range from making institutional changes to encouraging and rewarding faculty for being positive role models (Branch et al. 2001).

Tip 8

Use multiple assessment tools

While attitudes are difficult to assess directly, behaviors can be assessed. Assessment tools can evaluate learners' content knowledge, behaviors and interpersonal skills (Mueller 2008). Multiple assessment tools, that are reliable and valid, should be used. For example, these tools include observations during patient encounters, observations during objective structured clinical examinations (OSCEs), record reviews, simulations, 360-degree reviews and content tests or quizzes.

The results of assessments can be used for formative and summative assessments. Constructive feedback can be given to students. Remediation and continued practice may be appropriate. Assessments can provide insights into the effectiveness of curriculum and teaching and indicate areas for improvement. Finally, assessment results may assist in identifying outstanding students who can be recognized for their exemplary behaviors.

Tip 9

Sustain a vision that incorporates humanistic values

An institution-wide culture of the importance of humanistic values propels changes at all levels of medical learning. Recognize that humanistic values are essential to the core competency of professionalism. Humanistic values keep us grounded in the reasons why most individuals entered the medical profession – to care for others, be healers and to teach others. A vision depicts a representation of the future and conveys a rationale for the importance of achieving the future (Steinert et al. 2007). Institutional activities can be grounded in a vision that nurtures and sustains humanistic values. Steinert et al. (2007) described how one institution created a vision for professionalism based on the well-known change model that was developed by Kotter. For each of the change steps, faculty development initiatives were implemented and, subsequently, created a change in the medical school curriculum, courses and activities. These change steps included: establishing a sense of urgency, form a guiding coalition, communicate the vision, empower others, create early successes, consolidation of gains and ground new initiatives in the evolving culture. From the literature and our observations, evolution of the institutional culture can influence changes in areas such as faculty development, learning experiences and curriculum.

Tip 10

Sustain faculty professional development activities

Caring for patients, our colleagues and ourselves is central to physician's lives. In caring for others, health care professionals gain insights about their own work and renewal of their commitment to humanistic values. Angoff & Fortin (2013) wrote that a key principle of physicians' actions is generativity (Angoff & Fortin 2013). Physicians are obligated to be involved

in the growth and development of others and, thus "pass the torch" (p. 1) to the next generation.

The nurturing and sustaining of faculty growth and development in humanistic values can keep physicians centered on the essential aspects of their chosen profession. In a longitudinal study of professional development (Branch et al. 2009), positive changes in the hidden curriculum were predicted due to faculty participation in professional development in humanistic teaching. Faculty members were perceived as inspiring and caring. Reflection on and the transmission of shared values should be explicit and can be strengthened through a range of faculty development and professional development activities (Miller & Schmidt 1999).

Tip 11

Promote and sustain a robust research agenda

The study of humanistic values has a solid research base. Research has demonstrated that behaviors that are associated with humanistic values improve practice and patient outcomes. We believe that it is essential to deepen research in this area in order to extend knowledge, understand nuances, support curriculum innovations and further patient outcomes.

We suggest that research focus on teaching, learning and assessment. Which teaching strategies are the most effective? How do students prefer to learn humanistic values – through watching vignettes, role-plays, one-to-one mentoring, simulation or other approaches? How can the application of humanistic values be assessed – indirectly, through tests and exams, or by direct observation? Which tools are reliable and valid? In what ways do adult learners connect new experiences and knowledge to prior learning and experiences? How can the study of humanism be furthered through peer-to-peer learning networks?

Institutions and professional societies can encourage the development and implementation of research agendas. Incentives, such as the provision of research time for faculty members, funding and recognition, are tangible ways in which research in this area can be promoted and sustained. Sponsoring a scholar-in-residence can offer a rich learning environment for faculty members and students.

Tip 12

Steep traditions

Nurturing the development of humanistic values in students requires individual and institutional appreciation, recognition and commitment (Branch et al. 2001). Our perspective is that the traditions, standards and educational principles of medical institutions must reflect humanistic values. For example, emphasizing the Hippocratic ideals during white coat ceremonies will allow students to begin their medical education contemplating the obligations they have toward their patients, peers, communities and themselves (Karnieli et al. 2013). Medical honor societies, faculty and peer awards, as well as national awards, such as the Arnold P. Gold Foundation awards in humanism, humanism and ethics evenings, and other platforms are additional ways in which the practice of humanistic values can be recognized.

Conclusion

In an era in which science and technology dominate the medical field it is important to remember that patients should be treated as unique individuals who are worthy of dignity and respect. In order to ensure that the art of caring is passed on to the next generation of physicians, the teaching of humanistic values should be integrated into intuitional cultures, commitments and practices. While there is still much to be learned about the purposeful incorporation of humanism in medical education, grounded practices are emerging. Humanistic values can be incorporated into the formal preclinical learning environments, the transition into clinical settings and clinical clerkships. Additionally, steps should be taken so that medical students maintain and sustain their humanistic practices after medical school. Multiple learning and teaching methods can be used across the medical curriculum to provide students with the conceptual foundation and skills for humanistic practices. Formal instruction, role modeling and other approaches can support students' efforts towards making humanism a habit and applying the behaviors that facilitate patient care. Small group experiences, feedback sessions, formal reflection opportunities can allow students to regularly contemplate and readjust their identities as physicians. Patient simulations and role-playing activities can help students practice humanistic behaviors in low-risk settings. These experiences provide students with safe and comfortable environments in which they can discuss topics related to personal and professional values, such as personal integrity, loss and belief systems.

Perhaps a challenging, but equally important, aspect of teaching humanism is ensuring that physicians sustain humanistic behaviors once they have graduated from medical school. Maintenance of behaviors can be accomplished by providing faculty development programs for faculty, stimulating culture changes in the educational and clinical settings, and securing the support of medical institutions and stakeholders. Students will then be able to learn in educational and clinical environments where humanism is an integral part of the physician's identity and the art of caring.

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