

Title: Introducing “medical humanism” in a school of medicine curriculum

Author: Mercedes Bernadá, M.D.

Context and setting: In Uruguay, the health care system has important problems in communication and in relationships among patients and health workers. This has led to disagreement and distrust of the whole system, which is reflected in: proliferation of alternative therapies, increased number of malpractice claims, and violence against health workers. Professional commitment and ethics problems also affect health system results.

Universidad de la Republica School of Medicine is one of two in the country. It is a public free access and co-governed school, which means “directed by practicing physicians, students and faculty.” It has a holistic mission devoted to training humanistic graduates; however recent external evaluation has shown a strong biological bias in the curriculum.

Why the idea or change was needed: The described problems in the health care system, together with the strong biological bias of the school of medicine, indicate that the desired humanistic pedagogical approach hasn’t developed in the curriculum. Therefore a program of medical humanism was planned to be implemented in the school. The program will introduce faculty development and student courses to sensitize and train them in the rehearsal of professional values, behaviour, and the ability of reflection about communication and professional issues.

What was done: For the first time a “medical humanism” course was defined, and will be introduced as an elective in the school, directed to 50 (of 900) students of the 2nd and 3rd year. Faculty will include volunteer retired physicians and faculty from other schools. The general objective will be to cultivate in medical students sensitivity to patients’ concerns and values, and to recognize and practice the values, attitudes and humanistic behaviours defined by the Graduate profile of the School. As a “need identification” strategy, a workshop with practicing physicians was done to identify specific professional issues that concern Uruguayan medical doctors to include them as curriculum specific objectives. Narrative medicine and appreciative inquiry were used. The emerging main topics were: communication and empathy, commitment and altruism, respect towards patient autonomy, team work, professional models, death and end of life care, and interferences in doctor–patient relationships.

Future plans: The methods to be used in faculty development and the student courses will consist of: discussion about literature texts and videos that includes medical patient interactions, narrative workshops, role playing and interactive lectures to foster reflection about communication and professional issues. Faculty portfolios, pre- and post-analysis of narratives, and focus groups will be used as faculty and students assessment.

The course will be evaluated either by students and faculty perceptions or by focus group. It is intended that this elective will lead to a mandatory course and the creation of a department of medical humanism at the school.