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A safe space to engage: MedTalks, a student-led discussion group on the medical humanities

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I. INTRODUCTION

Increasing attention has been given to the role of medical humanities in both clinical care as well as in medical education. Medical humanities is defined as an “interdisciplinary perspective that draws on both creative and intellectual methodological aspects of disciplines such as anthropology, art, bioethics, drama and film, history, literature, music, philosophy, psychology, and sociology” (Hoang et al., 2022).

While 80% of health outcomes are related to the social determinants of health (Magnan, 2017), traditional medical education has largely focused on clinical knowledge and skills. Only in recent years have medical schools recognised the importance of medical humanities (Smydra et al., 2021). The strength of medical humanities is the ability to foster a more humanistic clinical practice and build professional social accountability (Pfeiffer et al., 2016).

In Singapore, the Office of Medical Humanities was set up in the SingHealth Duke-NUS Academic Medical Centre to encourage the growth of the medical humanities in the local medical field (Ong & Anantham, 2019). This highlights the growing interest in medical humanities in Singapore.

This paper aims to highlight an innovative approach for medical humanities education through student-led

discussion groups, called ‘MedTalks’, conducted in the Yong Loo Lin School of Medicine, Singapore.

II. A GROUND-UP APPROACH TO THE MEDICAL HUMANITIES

MedTalks was started as a student-led platform for medical students to gain exposure to the medical humanities social issues relating to healthcare. Through Socratic seminar-style discussion among students across all three medical schools in Singapore, MedTalks provides a safe space to learn from each others’ thoughts, and crystallise their own ideas and values. In the long term, MedTalks hopes to empower students to take actionable steps towards addressing the social determinants of health in their future clinical practice.

The initiative was inspired by a yearlong liberal arts non-degree programme in a liberal arts university in the United States which the two student-founders of MedTalks had experienced. This yearlong exposure to the liberal arts—particularly medical anthropology, medical history and political science—also informed the approach and development of the content of sessions. For specific sessions, experts or persons with lived experience were invited to be guest co-facilitators. While the liberal arts exposure provided a foundation, the facilitators themselves have made clear during sessions that they are not subject matter experts, but students who are learning from fellow students through discussion.

III. FORMAT OF SESSIONS

MedTalks runs as a series of discussion sessions, which have three key features. Firstly, they are centred around a theme with accompanying pre-session reading materials for participants. These materials consist of excerpts from book abstracts, journal articles, and multimedia sources (e.g speeches, news sites or videos); these act as a primer on the topic and promote questions or ideas which can be raised in the discussions. Preliminary discussion questions are provided for students to ponder and reflect on prior to the session. Secondly, sessions are facilitated by the student-organisers of the programme. These student-organisers also curate the session themes and pre-reading materials

prior to the session. Curation of session themes and materials is done based on themes encountered during clinical rotations, national current affairs, and suggestions from student-participants. Thirdly, participants are not required to speak up during the session; they can choose to simply sit in for the discussion. The fact that sessions are student-led and verbal participation is non-obligatory facilitates a more comfortable environment for students in the discussion and allows them to participate in a way that suits their learning.

MedTalks discussions are varied in scope, with several broad subtypes as follows in Table 1:

Introductory discussions These provide a first step towards exploring a discipline in the medical humanities.	Examples of previous introductory discussions include: <ul style="list-style-type: none">- <i>An Introduction to Medical History</i>- <i>An Introduction to Medical Anthropology</i>
Sessions which address key ideas, concepts, and theories These explore a concept in greater detail, sometimes through case studies.	Examples of previous sessions themed around a key concept include: <ul style="list-style-type: none">- <i>Social Determinants of Health</i>- <i>Stigma and Health</i>- <i>Intersectionality and Medicine</i>
Sessions which focus on a specific group of patients These dive deeper into a subgroup of patients or an area of health and wellbeing. Guest participants from the patient group are invited to provide their perspective on their lived experience.	Examples of previous sessions such as these include: <ul style="list-style-type: none">- <i>Disability and Medicine</i>- <i>The History of Psychiatry in Singapore</i>
Sessions about the nature of medical practice These explore cultures, norms, and values within medical practice.	Examples of previous sessions include: <ul style="list-style-type: none">- <i>Empathy in Medicine</i>- <i>The Culture of the Medical Profession</i>

Table 1. Types and formats of MedTalks discussion sessions

IV. A SAFE SPACE TO ENGAGE: OUTCOMES

Since its inception in May 2020, MedTalks has organised 25 peer-to-peer discussion groups, addressing topics which have not been routinely included in the medical school syllabus. Each discussion session is attended by 5 to 15 medical students. Feedback indicated that MedTalks provides an approachable platform for them to engage with topics that they might be new to and which may seem daunting at first, aided by the student-led nature of the sessions and the lack of pressure to verbally participate. Feedback also included that the takeaways from discussions help to shape the way participants understand the patients they encounter in the hospital—to view them in a more holistic manner beyond their presenting medical complaints, and to consider systemic factors that shape their health and wellbeing. In addition, feedback from the programme also demonstrated that participants' experience with MedTalks contributed to them starting up new community projects to address barriers to healthcare for marginalised groups.

V. TAKEAWAYS AND THE ROAD AHEAD

MedTalks serves as an example of how the medical humanities can be made accessible to medical students, by medical students themselves. MedTalks' model can be well-replicated by other interested student bodies, to create a culture of discussion and spark interest in the medical humanities among the medical student community. Potential also exists for discussion sessions to be combined with students from other disciplines, such as allied health, the social sciences, or public health, to bring interdisciplinary and interprofessional perspectives to the table and enrich the discussions shared.

Notes on Contributors

Ms Koh Ying Ying is a founding member of the student initiative, MedTalks. She conceptualised this manuscript, and drafted the first and last sections of the manuscript. She read and approved of the final version of the manuscript.

Ms Caitlin O'Hara is a founding member of the student initiative, MedTalks. She conceptualised this

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Declaration of Interest

The authors have no conflict of interest to declare.

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