

BUILDING DIGITAL LEARNING PLACE OF THE HUMANITIES ACTION STUDY IN MEDICINE

建構醫學人文行動研究在數位學習空間

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Abstract

This study helps to construct the medical humanities curriculum model for digital information technology. The profitable aim is to involve teachers, students and researchers in curriculum planning and explaining the humanities experience.

The research questions are:

1. To explore and action into the digital-based for medical humanities curriculum to be conducted
2. The use of digital technology to the fullest potential of the curriculum
3. The medical humanistic contents need to be taught and action
4. The subjects to be taught
5. The building digital based learning content of humanities medical curriculum

This action study provides teachers an opportunity to define the actual problems arose in medical education. The goals of the designed curriculum

are to offer medical students the opportunity to participate action study in making hypothetical digitalized curriculum model, to practice and to ponder from the point of humanistic doctor as well as to learn medical humanistic competence. (Parsons & Brown)

Therefore, the digitalized curriculum model will be an innovative learning cyberspace. In the past, rote learning was the only way as there was no cyberspace learning to integrate into the correlation research development. Hence, this action study will help teachers to comprehend the effectiveness of development of digitalized medical humanistic courses and pedagogical design and students will be guided step-by-step in the course of cyberspace learning. (Lynöe, Mattson, 2004)

Methods:

The study involved is based on quantitative and quantitative methods. Qualitative method is used to evaluate the cognitive thinking of the students and the effectiveness of the development of digitalized medical humanistic learning. The latter involves the descriptive element of the data obtained.

Bolande Lonka, Josephson, (2004)pointed out that the content of the digitalized curriculum covers many aspects, from web-based learning system development to the study of decision making in humanistic relations in order to fulfill the prerequisite of field research. This helps students to establish a self-guiding digitalized learning model regarding "Humanistic & Good Doctor". The model is more beneficial than traditional classroom learning in terms of humanistic qualities and moral values.

At the same time, the medical students will have adequate potential to support digitalized action study. The data collected under the collaboration between faculties of medical humanity and the education, will serve as a data bank for future references in Taiwanese medical humanistic education.

Conclusion

In the world of globalization, first hand information can be easily accessed. Hence, online learning is a convenient way to learn humanistic qualities and values. The cyberspace provides information in medical humanities, ethics, psychology, society, and culture for scholars. It also works as a space for exchanging ideas for all. All these will help to nurture future doctors with humanistic and moral values.

Keywords: Medical Humanistic Study, Action Study, Digital Learning, Cyberspace, Curriculum and Pedagogy, Humanistic Qualities

INTRODUCTION

Background

This project will construct the medical humanistic curriculum and digitalized data bank which serve as the basis in nurturing doctors to develop humanistic values, strengthening medical humanities social sciences education in order to lay a foundation for medical students in lifelong humanistic doctor learning. After three years completing this project, it will largely improve the humanistic qualities of the medical education. The main research question is to discuss the conditions about the overlook of humanistic education in medical education .Therefore; the research aim is to promote humanistic doctors and humanistic competence action, elevating the standard of digitalization in medical humanistic curriculum of general education and pedagogy.

This project has developed the digitalized curriculum of medical humanistic and general education which taking “the humanistic doctor” as the ultimate goal. Besides broadening the interactive communication and learning between medical students about the knowledge in humanistic concern and definition of humanistic doctor, information in humanity and sciences and technology, (Olsson, & Øvretveit, & Kammerlind, 2003) .The digitalized curriculum also provides a foundation for medical students in learning medical culture, humanities ethics and competence. It helps to solve the imbalances between “inhumanity” and “ethics” effectively, and provides a cyberspace which serve as the data collection bank about “the exploration of humanistic competence in good doctors” for Taiwan medical education. After the participation of the digitalized curriculum, medical students also may carry on the self-guidance network assistance learning about the cognitive ponder and communication in medical humanity.

This action study project will mainly provide the observation of effective pedagogy system, the correlation data collection, the literature research material and so forth. The contents are teaching material guided and involve the integration of medical humanities curriculum and the digitalized actual

pedagogy. The main characteristic of this project is the mixing research methods of qualitative, quantitative, digital and multimedia. Among them are the integration videoing method in focus group study, innovative way of inquiring the completely different learning style from students and teachers; Material collection which focuses on characteristics of humanistic doctors and medical humanistic competence pedagogy, and discusses how to have interactive communication effectively in explaining and describing the growing experience in cyberspaces.

The development of the construction of medical humanistic action study integrates the digitized material collection in the curricular design system, the definition boundary of the medical humanistic competence, analysis and discussion of the similarity and difference about the cognition and the cognition that is being influenced after explanation in different community. The process in digitalized pedagogy and research enables the effective application of the medical humanistic concept. In this digitizing teaching research process causes the medicine humanities a concept more effective application and the cooperation in reorganizing the curriculum, and increases the range and depth of the curriculum. The development and the guiding of the medical humanistic curriculum may serve as the connection point for the people outside the community in self-guiding learning. It is also promoting the development of digital learning in universities, colleges and institutes of our country, improving the qualities of general education, reducing the cost of having general education classes and increasing the range and depth of the curriculum. The development and promotion of digitalized medical humanistic curriculum model helps to establish the cooperation that interscholastic and across medical community to promote and experience digital learning of medical humanistic model.

Objectives

- To assist the teachers of medical humanistic curriculum and future doctors in
 - Acting together to establish humanistic qualities
 - Understanding that human beings are unique individuals
 - Learning to show concerns towards people
 - Learning the psychological effectiveness of humanistic pedagogy,
 - Developing medical humanistic curriculum and pedagogy leadership in research field

GOALS:

- To assist teachers and learners in constructing humanistic qualities.
- To implement curricula and pedagogy which are related to medical humanity, ethics, psychology, culture.
- To promote various functions of the data bank of digitalized medical humanistic curriculum.
- To assist the medical humanistic curriculum to achieve pedagogy function.
- To promote the studying qualities of medical students.

The Importance of Medical Humanistic Education

The medicine humanities education has given a new connotative in the pedagogical concept and it will bring great alteration in medical education. One has to learn how to be a man then only can he become a doctor. Nowadays, the core value impelled by medical education is "learn to be a man before become a doctor". Ergo, the understanding and respect of human subject is every important. The main connotation has included: the concept of

humanistic education, human nature, humanity, educational ideology in Altruism, interdisciplinary educational model and innovation in pedagogy. The medical humanistic education has its unique functions if comparing with other higher education institutions. As its specialty in educational subject and closely linked to human's life, relatively has higher expectation, we can discuss from the following points:

1. The main characteristic of medical humanistic curriculum is no matter teachers, doctors and students, they must surmount from the part of the medical epistemology from to the multidisciplinary learning that is directly related to "human" (medicine, humanity, history of philosophy , psychology, social sciences and cultural research and so on).
2. The important characteristic of modern medical humanistic educational model is, no matter teachers and the students, all must have trans-space, continual participation in interactive learning. This is also the most remarkable difference in the modern medical education and the traditional education model.
3. It makes the sharing of medical humanistic pedagogy resources become a reality. From the of view of World Health Organization, the resources distribution of the medical education between international and developing countries is unequal.(Thor,& Wittlov, et al.2004)) .In recent years, WHO proposed unceasingly about the linkage of medicine education resources from various countries, for the use in global sharing. This enables the people who live in the countries that are resources deficient and undeveloped to obtain more medical health care in order to achieve knowledge sharing in human medical health.
4. Pedagogy who takes learners as the main subject, tries to provide individual learning conditions that based on different demands. The changing of the traditional medical education conduction which is focus on teachers, lectures and textbooks. This pedagogy will nurture student's independency. The medical humanistic education carries out learning guidance in humanistic, ethics concern habit or the multicultural of vision

field. It is also realizing the learning which is humanistic and learner-centered and personal learning in humanistic competence and individual studies.

Research questions

- “What are promises that medical humanistic education should give to medical students?”
- “What is the ultimate objective of the medical humanistic curriculum?”
- “What kind of abilities that the curriculum wishes to give to medical students?”
- “How to teach the medical humanistic curriculum so that the future medical students will develop humanistic qualities and become good doctors?”
- “How far is the development of the whole Medical Humanity Education?”
- “How to utilize the action study concretely and effectively in the digitalized cyberspace?”
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The Goals of Digitalized General Education Curriculum Cyberspace

The project of digitalized medical humanistic Curriculum Cyberspace will provide teaching and learning information to the scholars, teachers, doctors, students, patients and those who are interested in learning medical humanity. This action study project broadly defines the criterion of “humanistic doctor and medical humanistic competence” .This project will have research on the development of the curriculum and typical pedagogical model, and discuss the digitalized contents of medical humanity. How to establish a medical humanistic domain from these three main areas: Literature and history (humanities, philosophy, ethics, history and religion), Social sciences (anthropology, cultural research, psychology, Sociology), Culture and Art

(culture, Vision and art); and the application and practice of medical education. The present curricula that cultivates humanistic doctor, humanistic competence and arts is providing "the whole person" learning, the situation consideration that examined thoroughly by taking life, disease, the pain, personality seriously and so on; But the this action study carries the responsibilities in helping each other in teaching, and providing multi-dimensional vision view in the medical practice. In other words, the humanistic competence is paying attention to literature and artist, helping to develop and cultivate humanistic spirit, humanitarianism, observation, analysis, empathy, empowerment and reflection and so forth. The humanistic competence has also attached importance to humanitarianism and skills in medical health care. (Fors., & Bergin, 2002) .The social sciences helps us to understand how does bioscience and medicine occur in the cultural and social environment, and having an exploration between culture, disease and medicine in the ways on how to get along with each other harmoniously.

The most important research part in this project is to explore three big areas: Material collection on effective pedagogical style, the qualities on digitalization, the achievement in teaching material and learning space, and also can hold a literature creation which is related to medicine, artistic annotation, the production about the interview between medical staff and patients on their experiences, medical education and practice motion. Bruhn, JG., Furhoff, AK. & Lynøe, N.: (2001). All digitalized content annotation or text will be discussed and edited by teacher/researcher and any teachers and learners who participate in this research.; members in this action study will have their reflection from experience to human nature, and finally ambitious to become a humanistic doctor.

The medicine humanistic data bank contains the execution multimedia, message board, and discussion area, newsletter of journal, electronic book and so forth. The plan mentioned above will offer participation for those who wish to learn in a deep going way or research participants who interested in interactive discussion about medical humanistic curriculum. All the documents that contain the news related to medical humanistic action will be collected and made into teaching methods, electronic book, compact disc or DVD.

This research intends to hand in an application to the National Sciences Council. In the hope that will complete the construction of the theory and methodology assessment after three years time, and undergo cooperation with the enterprise to perform high quality digitalized curriculum of book reservation and publication of electronic books.

The Integration of Network Teaching and the Data Bank Construction

Basically, the integration of network teaching and the data bank construction will help in realizing the integration of the medical humanistic competence in the "learning space of alternately circulatory network system".(Brüne , 2002).The network teaching and learning may integrate writing, pictures, video, music, and even the animation and other vanguard technologies in multimedia teaching software into the cyberspace. It again classifies, compares the realistic environment, its effectiveness is incomparable with any others single model. As a result, it is beneficial for teacher and learners in the gaining, growing and construction of knowledge. (Gilbert, P 2001) .Teachers and students may have flexible and non face to face communication regardless synchronized or the non-synchronized in online lectures, online communication and counseling, Q&A, E-mail and so on message board discussion through the integration of the technological skills. (Olsson, Elg, & Molfenter, 2003)It enables curriculum teaching to carry on effectively; the trans-space learners may express their opinions at any time during the online lecture and will not cause any effect to the others. At the same time, the learners can have on the demand and real-time broadcast in the cyberspace, elasticity accepts the interdisciplinary study to achieve the goal in online learning.(Klareskog, Nordmark, 2001).

The Reasons of Establishing The Medical & Humanistic Cyberspace

The expectations of the society of globalization: humanistic doctors

1. Learner's Demand:

The WHO (World Health Organization) had proposed that the characteristic humanistic doctors in the 21st century which are nurtured by the quality-guaranteed medical education must possess three basic capabilities

- The capabilities in professional knowledge and reading.
- Moral character and scientific manner
- Human communication skills

2. The Demand of Medical Education:

Future doctors are shaped when grown in the humanistic environment, and how far is the competitiveness of the future medical education expected by society? (Recourses from: Parent committee conference)

The medical & humanistic cyberspace integrates the interactive discussions and the outdoor practice research and teaching model in performing plans.

Purpose of Study

The pedagogy model of Cyberspace is developed based on the action study

plan in medical humanistic curriculum.

GOALS:

- To develop the concept which treats patients as individuals and taking lives seriously by putting in the pedagogy information, rearranging curriculum model and combining the medical humanistic vision.
- Creating a humanistic cyberspace
- Combining the community service and learning.

The Definition of Digitalized Function of Cyberspace:

1. Developing the ability to search for the medical humanistic information and knowledge by using the Internet.

The function is cooperation between the teachers and students in constructing the digitalized medical and humanistic cyberspace in action study. The plethora information in data bank of action study and the opening of science & technology interactive communication model make the curriculum participants have more different views and angles about things

2. Developing the ability to collect, process and analyze the material in action study.

The digitalized usage of the science and technology material enables the learners to classify, reorganize and analyze the data more effectively. It helps and promotes the medical students to construct the knowledge.

3. Using webpage guidance to assist the curriculum content in expressing the medical humanistic concept and knowledge

The medical students may express the medical humanities thought through languages, words, animation, video recording and various multimedia effects

Expected Target

- Enriching the contents of medical and humanistic cyberspace and action study experience, expanding medical students' world view.
- Establishing the native feelings of medical students and promoting it internationally.
- Using the medical humanity concepts which are globalize and quality guaranteed, science and technology pedagogy in out door teaching, participation in community service, promoting the international academic exchanges.
- Assisting the medial students to develop the ability to collect the medical humanistic curriculum and teaching materials, the ability to handle the information.

Please refer to the website for detailed content:

<http://Ehumed.kmu.edu.tw>

The Medical Humanistic Curriculum Designation

WHO pointed out that medicine education has a common goal, that is: Doctors nowadays are being too specialized in their specialty but lack of humanities competence. This norm is happening because high school educational system do not emphasize in cultivating humanistic values in students. Many students are accepted directly into the medical program in the universities. They are trained to concentrate in the specialized knowledge and the technical skills, producing what is known to be 'medical robots'. The traditional education ignores the importance of personal characters and the manners. (Fisher, & Wells. 2005) Nevertheless, education is playing a very important role in nurturing future doctors with humanities, who care for patients.

In recent years, there has been emerging higher education reformation. TEMC proposed that one has to learn how to be a man then only can he become a doctor. Hence, there is an urge for the reformation of medical education, by integrating humanities and designing a curriculum that is up to the par. The teaching of humanities has the following three characteristics:

- Emphasize on cultivating doctors with high standard of professionalism and humanities. Also to expect doctors to give concern of the society and be sensitive to the needs of the people.
- Incline to become a good and 'whole' doctor to be the fundamental of medical education then only comes to learn about the medical knowledge and skills. The basis of medicine has to be strong or else the medical skills and specialized knowledge would not be facilitated to the fullest.
- Emphasize on human rights, and helping to cure the diseases to be the foundation. The design of medical education nowadays is developing in a way of combining theoretical knowledge and clinical skills.

The medical curriculum basically emphasize on the humanities and basic science subjects in the first two years of the curriculum. During the third and fourth year, the foundation of medical knowledge and clinical medicine are

delivered to students. Emphasis will be on clinical medicine in the last three years of education. But, there are some curriculum which teaches the foundation of medicine and the clinical medicine together which can facilitate the fusion of both inter-related knowledge. (Lynöe ◦ Sandlund ◦ Jacobsson ◦ Jin ◦ Norberg ◦ 2004).

Anatomy and surgery are never being mentioned to be connected with human dignity. (Nilstun, Löfmark, 2003) There are very few doctors who concurrently have the fundamental knowledge of medicine and humanities, and science that is multidisciplinary background. Teachers need to have a multidisciplinary background and training. Otherwise, they can pose great influence on the effectiveness of humanities teaching. The integration of methods of teaching can probably solve the problems aroused due the difference in theoretical and practical part of learning.

Lo (1992) pointed out the medical education is all about cultivating humanistic. Therefore, one must also take into account of his personal characteristics and the manners and interpersonal skills. The medical faculty has introduced the humanities and ethics in medical curriculum in recent year to enhance and broaden the visions of medical students. The medicine humanities course consists of three main categories. They are "Medicine, Humanities and Ethics", "Medical Research and Multiculturalism", "Medicine, Psychology and Society" and so on.

The curriculum aims to discuss on various controversial topics, allowing students to express their opinions. According to Stolt (2004) the modern learning culture varies to the old ones. Many people thought that discussions

help to in these classrooms helps in learning. Also, some thought that one can only learn the most when he enters the year of internship when there are role models to follow which is teaching through examples, has a much deeper impact on students. Although some may have contrary views, it all depends on personal integrity, personality. (Stolt, 2004)

Building Digital Learning Place of Medical & Humanistic

Web Design:



Website:

<http://ehumed.kmu.edu.tw/>

The Idea Of Designing Medical & Humanistic Webpage

Data Collect

Analysis Concept Of The Title

The relationship between "Medicine" and "Humanities" has always been the focal point for discussion. It is worth to have a think on whether it is should be the "medical humanities" or the "humanistic medicine". The word "Ren Xin" is from the association of these two terms mean to have benevolence in the medical treatment. It is also the harmonics of "human nature". Therefore, it is used as the title for a series of medical humanistic curriculum. It hopes to educate, train the medical students to become the good doctors that are always thinking from the side of humanistic concern.

Logo Designation



The apricot leafs which are made into heart shape, held by both hands .This combination represents the caduceus of Greek medicine god, Asclepius, which is the symbol of a doctor. The Egyptian regards the snake for the authority. The Greek regards it as incarnation of the ability to predict future and wisdom. Doctors posses the authority and ability to help patients, they are highly respected. Therefore, they should keep reminding themselves to listen to patients' voice, not only playing their roles in medical treatment.

Color Usage For The Webpage:

The green has functions in calming; balancing the tense in blood-red operating rooms. Green color has its function and representation in medical field. With the addition of the warm tone combination of yellow and orange, it creates the space with warm feelings. At the same time, it constituted the concept which the medicine and the humanities concern originally should complement one another.



Home Introduction

Solicitude is the important part of humanistic medical treatment. The hand gesture between doctor and patient symbolize the conveying of concern, the readiness of doctors to give a hand, guidance and support to patients. The pressed keys on the upper part of the homepage consist of the several medical images and state of historical evolution of medicine. The contents cover the magnetic therapy of Scythian people before century and Florence

Nightingale · the lady with the lamp. Nowadays, Kaohsiung Medical University is advocating humanistic medical treatment. Every discovery of treatment methods, medical progress and the efforts of medical doctors contributes to the development of the medicine.

Introduction of web page picture selection

The webpage common menu buttons are using the medicine images which have meanings to link with the webpage contents.



Home. 首頁

Home- Scythians people and magnetic therapy technique, the drawing on Greek terrine in [Petersburg castle garden hut](#). From: (German Red Cross), published by [German Luss](#), in 1976 tenth issue.



News. 新聞

News - X ray from hand. It is taken by Otto Heinrich Wiener (1862 -1927), A Giessen physicist in the end of 19 century .The born of the radioactive rays was discovered accidentally by physics Professor Roentgen when performing experiment .At that time he used cathode ray in his experiment, tried to observe certain fluorescence phenomenon. Soon later after this significant discovery, Roentgen

successfully took the picture for the "skeleton shadow"



Class. 課程

Class- < Vivisector >: The God of Moral demonstrated to the professor in the picture, at the end of the weigh- beam is a cerebrum which was decorated with the Grecian laurel and another end is the burning heart. It is to remind him suppose to place empathy towards people prior to knowledge. P. Krey's wood- graving drawing is according to the Gabriel Max's drawing. From: (Daheim), Leipzig, in1885.



Pedagogy. 教學

Pedagogy-Sauer Bruch in Surgery. H.O.Hoyer drew it according to the famous printed leaflet, 1922. From: (German Red Cross), published by [German Luss](#), in 1981 eighth issue.



Action Studies. 研究

Action studies –Dissection study of shoulder and arm part muscle, drawn by Leonardo da Vinci. It is preserved in the England King Library of Windsor Castle .This drawing is copied from Leonardo da Vinci's drawing in year1510. From: Bernt Karger-Decker, (Grasps the scalpel. head wears the

ophthalmoscope), Leipzig, in 1957.



Service. 服務

Service – During Crimean war period (1853 -1856), Ms. Florence Nightingale and her assistant looked after the injured in the Scutari England Field Hospital. From: (Medical officer), Berlin, in January, 1984. Nightingale provided goods supply, improved health conditions, provided surgery assistance and so on through the organization. She was not only largely reduced the burdens and work loads of the surgeons, but also gain the respect and gratitude from the patients. She was called as “the admirable angel” or “the lady with the lamp”. The “Notes on Nursing” and “Notes in Hospital” was recorded based on her own experiences, observations and views. These established a basis for modern medical care theory.



e Resource. 資源

E-Resource - Jean-Paul Marat, a French revolutionary, political commentator and doctor. A dedication to Marat with

his portrait "To Marat, The Friend of The People". This picture was drawn according to the Jacques-Louis David's copper plate drawing. Marat had always fought for human rights revolution. He was the specialist in chest cavity and eye disease. At that time he once opposed to use the mercurial therapy in treating eye disease and the using of chest expander. He had many contributions to medicine and human rights. He was assassinated due to his devotee to the revolution.



Sitemap. 網路地圖

Sitemap – There is a human heart that needed to be sutured in the surgeon's hand. Photocopy edition. From: Lejars, (Dringliche Operationen), 1994. In 1896, a surgeon named Ludwig Rehn was the pioneer in performing human heart suture surgery; he succeeded to retrieves the patient. Hereafter, Human heart is no longer be the forbidden..

Literature Review:

In the past, the clinical and scientific educations in medicine field mostly are discipline centered, the teaching subject are more on specialized courses. The insufficient linkage of each curriculum causing the content and the practical application come apart. The medical students are unable to have application in the actual situation. It makes them do not have the sense of participation .As a result; there is a low efficiency in clerkship learning. In addition to the standardized teaching material presentation, learner's thorough understanding and effective stimulation is limited in memorized learning. Therefore, it is a must to discuss and explore on how to apply it to individual by giving full scope to the intensifying of learning action. Besides that, improvement and reconstruction of medical education will be undergone in traditional education method or medical humanistic science .Digital science and technology will be the important applied sciences in changing the pathway.

In recent years, the mushrooming of Internet has a profound influence on the quality of higher education. This trend has an impact in medical educational world.. The Internet technology has brought a new revolution in medicine and the clinical teaching. The use of multimedia network in interactive teaching and assisted learning has transformed the traditional pedagogical method of "students learn on what being taught" between traditional doctors and the apprentices to the teaching method that takes students as the main consideration on "How does the student learn something better or the newer" .In other words, it is the transformation of the teacher-centered pedagogy to the initiative and independent learning model in students .This educational reform also changed the medical education which has traditional learning environment in classroom teaching, the coordination of class and grade system and also the unidirectional way of conducting the knowledge to the students. Teachers has changed their positions from knowledge provider to the auxiliary role in providing the knowledge based the characteristic of the students .The students also change their learning attitude from passive

knowledge acceptors to the learners with initiative and positive manner in independent study.

Using Technology

Curriculum has been defined as “the subject that are studied or prescribed for study in school” (Allen, 1990).

Technology affects the curriculum initially by accelerating the need for basic technological literacy, and by creating new areas of professional technical specialization related to technology itself. (James Farmer, 1997)

To become effective knowledge workers, students will need to develop information literacy that is the capacity to be fluent users of the information tools made available through new technologies. Educators, in turn, are called upon to provide knowledge and skills appropriate for information-rich and technologically dependent global society. (James Farmer, 1997)

As technology expands information access and use, the way we think about, obtain, organize, and use knowledge is changing as well. (James Farmer, 1997) Thus we can anticipate corresponding changes in the way curriculum is structured and presented, equivalent in scope to the creation of new fields of study and new institutions. (James Farmer, 1997) The creation of hybrid interdisciplinary specializations, for instance, suggests that boundaries in formally defined curricula are shifting, possibly towards more problem-centered, interdisciplinary, or competence based structures. (James Farmer, 1997)

New Curricular Content

Locating technology in the undergraduate general education curriculum has been problematic, in large part because it is not well understood.(Ferren,1993).The curriculum in professional programs more readily accommodates technological advancement required to do the work of the profession, to the extent that resources and faculty expertise permitted.(James Farmer,1997).

Field-Specific Technology

Advances in technology continually provide specialized discipline-specific and professional tools that must be incorporated into the curriculum as well. (James Farmer, 1997) Instead of searching through card catalogues at their library, researcher use the global electronic network referred to as the Internet to access library catalogues around the world and to obtain information that is as current and complete as it is at the source. (James Farmer, 1997)

Course and Curriculum Development

Managing Information Resources

New information technologies have already begun to help faculty manage the tremendous growth and restructuring of disciplines evident throughout the curriculum and highlighted in this volume. (James Farmer,1997) Such rapid, extensive and flexible access to resources means the curriculum can be enriched or changed in ways that would have been difficult at best in the traditional classroom setting. (James Farmer, 1997)

Methodology

This project is to construct digitalized medical humanities curriculum in pedagogy. The network technology nowadays is an integral system. Therefore, the entire medical humanistic curriculum project will be conducted in the methods that across the discipline and professional domain. The dean of the medical faculty in Kaohsiung Medical University, Professor Lai C.S. will responsible for the entire project while the medical humanistic teachers from the faculty of medicine will provide assistance in the operation of the project.

This project will be carried on by five level leadership teams which consist of the department head of the general education, the department head of Faculty of Medicine and Medicine for Post-Baccalaureate, the audio-visual learning center and so forth. This research team will conduct researches on interdisciplinary medical humanistic education and digitalized curriculum under the cooperation from the committee of general education and medical humanistic curriculum integration. The research team will be having the curricular integration and pedagogical interaction between schools and medical colleges. Besides that, it also acts in close conjunction with medical community and other colleges.

Collection of Research materials are from interscholastic workshop and focused group. They will be having discussions, data collections and sharing of digital pedagogical material through teleconference. The main theme is based on medical humanity. Each curriculum narration, small group discussion and workshops are face-to-face communication and presented through teleconference. This medicine humanistic competence action study has gain the same level of participation from teachers, teaching assistants, students, populace, patients and so on. This study will get the supports from different scholar expert and populace, and regard it is responsibility distinct and has an effective interaction. (·Øvretveit, 2002).

The reasons of establishing action study in medical humanistic pedagogy are the ineffectiveness of guiding principle in medical humanistic competence and

there is no teaching resources up till now that can fully master or take control over medical humanistic teaching network and information system. The target set by this research is to bring the on medical humanistic curriculum and pedagogy research in advance 3 to 5 years while the long- term based research on medical humanistic material and qualities will be focus on between 5 to 10 years in the future.

Research Directions: Four Main Points

1. Developing digitalized medical humanistic curriculum, having pretest (for those who have not taken medical humanistic courses) of the humanistic competence preference examinations, assessing of medical humanistic curriculum demand, assessing of network digital learning , analyzing materials about the definition and differences of humanistic competence which are given by students from Faculty of Medicine and Medicine for Post-Baccalaureate, academic teachers, clinical teachers and community, exploring the effectiveness of digital learning in medical humanistic pedagogical skills. In the past ten years, the medical humanistic social scientists had revealed the mystery of humanistic competence preference, establishing the multi-dimensional knowledge and the high quality and three-dimensional drawings of molecular structures. The humanistic doctor also cultivates scientist thus also can surmount alone in the domains of action study. Humanity, organs and tissue, understands the interaction relations in each other.

2. Studying and understanding the teaching and learning in the complex structures of medical humanistic competence; the humanities cognition from different communities , post assumption of the cognitive difference and interactive relations with various factors, causing factors and forecast analysis of the medical humanistic definition or text discussion, data collection regardless with voice or voiceless will be processed through the multimedia images in computer technology, using the statistical formula to calculate and construct the typical model, which is used for various analyzing and combination of the humanistic competence of good doctors. It makes people have more understanding on humanistic education of medical students.

3. Developing the new technology to analyze the humanistic doctor's humanistic competence and communication ability, ethics ability, Cultural ability and information acquired from doctor career development organization. It hopes that doctors and medical scientists will have strong and quality foundations in the process of cultivating medical professional and humanistic skills. Discussing and exploring the phenomenon, the discovered case; persons, matters, the cases that are correlated with the medical humanistic situation in medical field, or something that is correlated with the pedagogy during the curricular activities. It helps to strengthen the effect in humanistic pedagogy. The usage of humanistic medical tool in processing mass data makes the structures confirmation of the medical humanistic, epistemology and methodology more effectively. In a conclusion, the new technology must be able to solve the problems of the medical humanistic education in humanistic medical service, humanistic concern and the cultivation of humanistic competence in doctors.

4. The new medical humanistic technology data bank must not only able to explain and analysis the complex medical humanistic competence provides digitalized system but also with the ability to construct medical humanistic education. The headquarters of this research project will be located at the united office in the college of medicine. This campus which pays equal attention to medical humanistic pedagogy and the research, might become the most important digitalized medical humanistic education cyberspace in entire Taiwan

Results

Data Analysis

A survey was being conducted in Kaohsiung Medical University to assess the preference of medical humanistic courses amongst 83 medical students. They were given questionnaire and asked to select the medical humanistic courses

that they preferred from 3 areas which are Literature, History and Philosophy, Psychology and Society, Culture and Arts. The ranking of the courses is from not very important, not important, common, important to very important. The valid percentage was obtained by adding the valid percentage of "important" and "very important" of a course. In Literature, History and Philosophy area, fifteen different courses were rated by medical students. The five most important courses with high ranking were selected from this area. Bioethics has the highest ranking with 72.5% while the second highest is Life and Death Studies with 67.7%. Medical Ethics occupies the third places with 61.1%, and the fourth is Body Phenomenology. The fifth course is Medical Ethics Topical Research which stands at 55.8%. Taiwan Medical Literature Creation has the lowest valid percentage in this area with 22.6%. In the Psychology and Society Category, ten courses were rated. Medical Studies and Law is selected as the most preferred courses to have with 77.1% and the second highest is Career Pathways for Medical Students stands at 72.6%. The other three courses that are considered important are Humanistic Psychology, 71.7%; Multicultural viewpoints: Counseling and Helping, 72.0% and Behavioral Science, 69.3%. Gender, Women and Medicine has the lowest valid percentage in this area which stands at 55.2%. There are ten courses to be rated in Culture and Arts area. Artistic Therapy has the highest valid percentage in this category, which is 58.1%. The second highest is Individual Studies with 56.5%. Plastic surgery cosmetology: Beauty and Beast; 54.8% and Community Medical Treatment Culture, 53.9% occupy third and fourth place in this category while Cultural Research in Medicine: Qualitative Research has 47.7%. Sexual Culture: Viagra and man culture has the lowest with 28.1%.

A. LITERATURE, HISTORY AND PHILOSOPHY AREA

N O .	Subjects	Valid percentage
1.	Medical Humanistic Concept	53.70
2.	Medical Ethics	61.10
3.	Medical Ethics Topical Research	55.80
4.	Taiwan Medical History	32.30
5.	Body Phenomenology	58.50
6.	Philosophy and Life	36.50
7.	Ethics and Artistry	34.50
8.	Bioethics	72.50
9.	Oral History of Community	24.10
10.	Taiwan Medical Literature Creation	22.60
11.	Language and Linguistic	30.50
12.	Life and Death Studies	67.60
13.	Religion and Life	49.20
14.	Others	22.70

B. PSYCHOLOGY AND SOCIETY AREA

No.	Subjects	Valid Percentage
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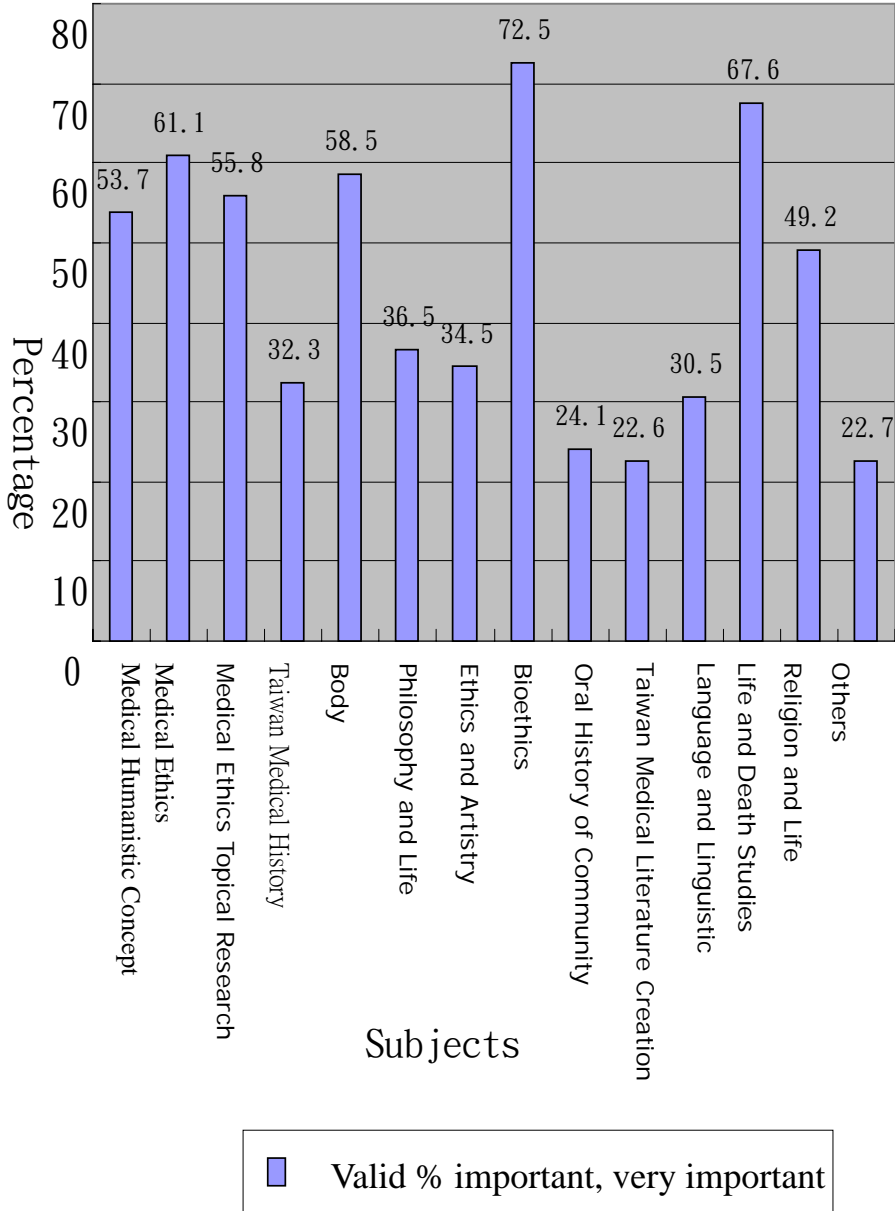
1.	Career Pathways for Medical Students	72.60
2.	Humanistic Psychology	71.70
3.	Medical Ethnics and Society	67.20
4.	Multicultural viewpoint: Counseling and Helping Skills	72.00
5.	Medicine and Law	77.10
6.	Human Development Psychology	62.30
7.	Behavioral Science	69.30
8.	Gender, Women and Medicine	55.20
9.	Medical Health Policy	60.00
10.	Community Service	66.70

C.CULTURE AND ARTS AREA

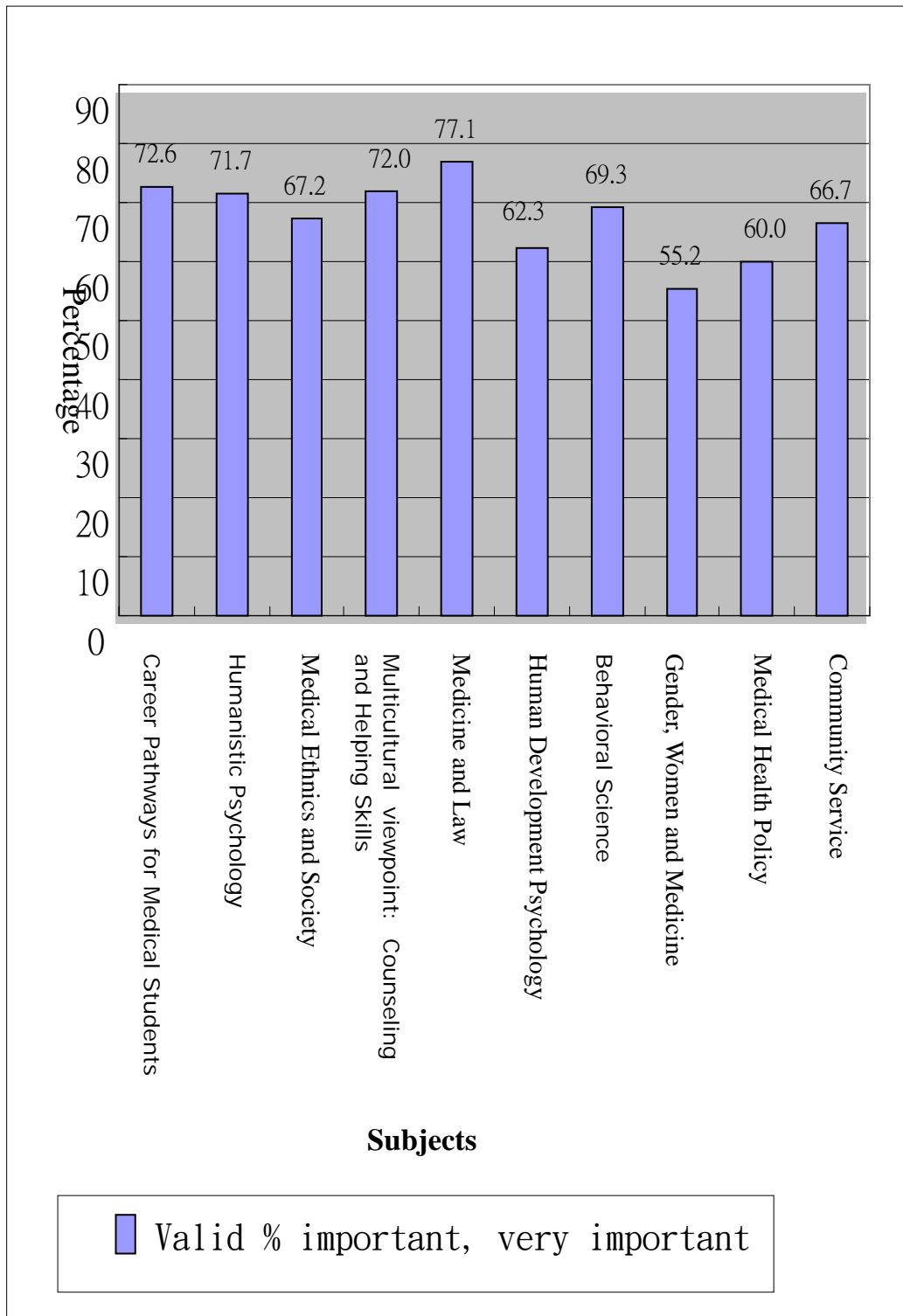
No.	Subjects	Valid Percentage
1.	Cultural Research in Medicine : Qualitative Research	47.70
2.	Community Medical Treatment Culture	53.90
3.	Individual Studies	56.50
4.	Sexual Culture: Viagra and man culture	28.10
5.	Hakka Culture	28.20
6.	Artistic Therapy	58.10
7.	Arts of Movie in Medicine	48.40
8.	Plastic surgery cosmetology: Beauty and Beast	54.80
9.	Music and Arts	53.60

10.	Dance For Your Life: Cloud Gate Dance Theatre Of Taiwan, Tai Ji	40.00
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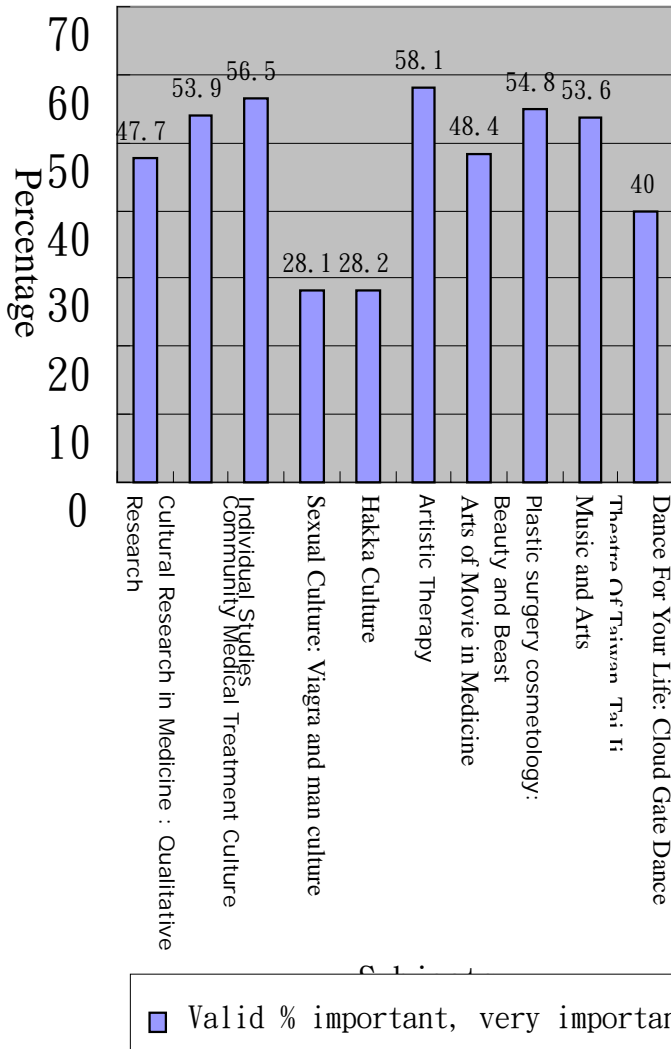
LITERATURE, HISTORY AND PHILOSOPHY



PSYCHOLOGY AND SOCIETY



CULTURE AND ARTS



Conclusions

The digitalized learning in medical humanistic is a must for medical students to learn more about the attitudes, values must have in humanistic doctor, compare to traditional way of conducting lectures. The digitalized medical humanistic program provides a center of information for medical students, teachers to look for the resources, articles, journal that about medical ethics and humanistic. They can also exchange information and opinions with others medical students from overseas on how to promote medical humanistic curriculum, not limiting their own world views and know more about the medical school in overseas on how to promote and emphasis on medical humanistic aspect. With such useful information, medical students can equip themselves earlier and implement good moral values besides having medical knowledge and skills.

From The Other Ways of Knowing

Diversity Methodology

I) Interview

Interviewing is a research methods in which a researcher asks questions of participants. A few students who enrolled in Introduction to Medical Humanities are to become interviewers. The interviews are targeted to small group of about 5 students from National Yang Ming University, National Taiwan University and Taipei Medical University each. The interviews were audio-taped for later transcription and analysis. The interview questions are to be

open-ended and conducted in a casual way.

These questions are important as they will help find out their how students view medical profession and how do they treat Medical Humanistic courses. Besides, these questions enable students to suggest ways to improve the quality of teaching and learning, and to know how and what they wish to learn from the available courses. All these data collected serve as important information for future improvement of development and the integration of humanistic curriculum in medical studies.

The questions to be asked:

1. What kind of values do you think a doctor should possess?
2. What is your definition for Medical Humanities?
3. Some question about the importance of Medical Humanistic courses. Are there values for its existence?
4. How can the value of humanity be elevated amongst medical students?
5. What courses do you think might help in educating medical humanistic values?
6. What is your expectation for such courses?
7. How should Medical Humanistic courses be taught?

II) Questionnaire

Two different types of questionnaire papers are used. The first is Humanistic Elective Preference Survey in **Appendix I** was designed

in a way that humanistic curriculum is divided into three areas which consist of Literature, History and Philosophy, Psychology and Society, and Culture and Arts. The questionnaire aims to find out the humanistic courses that are of medical students' interest. Each of the categories has a list of courses related to that specific area. Students are required to rate their level of interest for the listed subjects. Besides, students are also asked about the types of teaching methods that can help them learn and also increase they will to learn.

The other questionnaire is subjected to students who attended Medical Humanities Courses Subversion Conference. The questionnaire aims to collect students opinions on Medical humanistic courses opened to students from medical faculty. It helps to deliver their messages of wanting or not to subvert medical humanistic courses and the importance of medical humanistic courses to students from their point of view to the researchers and the university. As a result, the current education system or the university might need to find ways to improve and strengthen these courses. Look at **Appendix VI** for a sample of the questionnaire.

Focus Group : Open Public Discussion Forums

Discussion Topics

Since one of the objectives of the study is to find out the expectations of students in medical humanistic pedagogy, it is important to put emphasis on several core topics to lead the students during the public discussion. After brain-storming and discussions, the questions decided were based mainly on the following 3 main aspects so as to gauge the humanistic competence of the students:

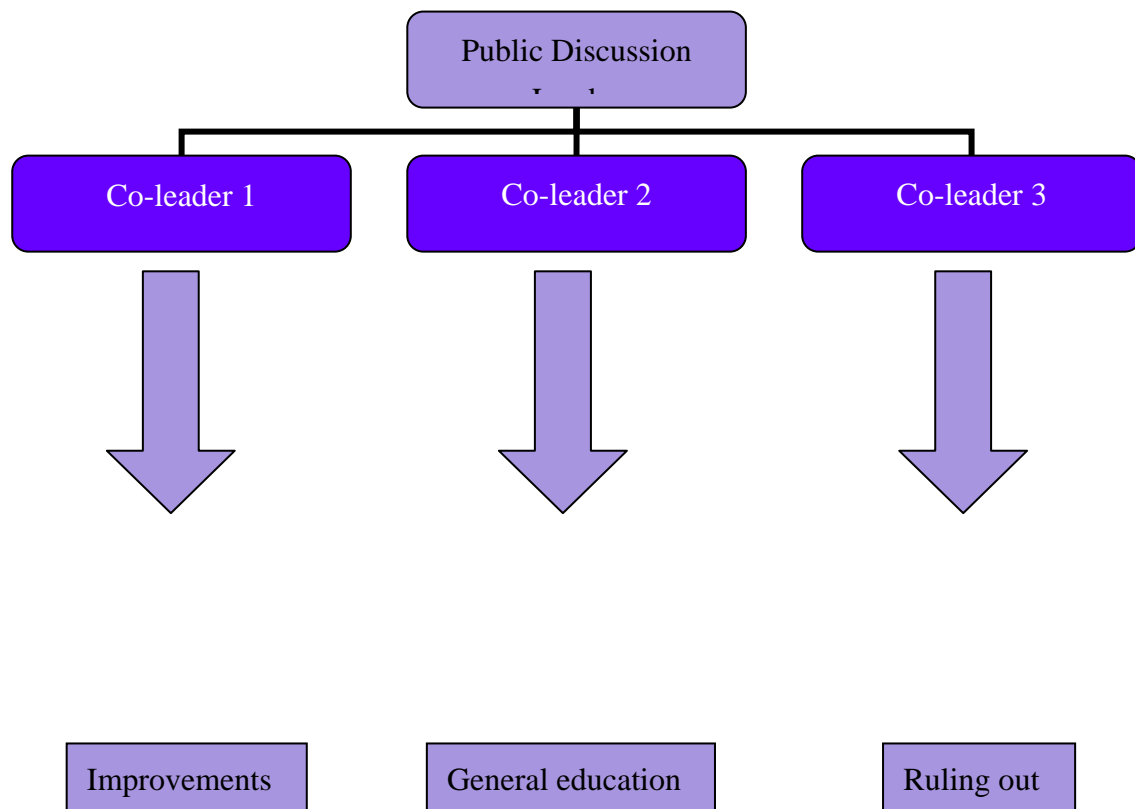
What are the improvements students long to see in humanistic pedagogy?

Should humanities studies have a place in general education for the whole school population?

Or should it be ruled out of the current education system?

Each co-leader will be responsible to lead the population to discuss each individual topic. The co-leaders will be acted as facilitators in facilitating the discussion. They provide a stand in discussion and push the students to think and contemplate for their own benefits. Moreover, the topics will be presented in a way that will arouse and stimulate every brain cell in the students.

Public Discussion Structure



Participants

The participants in this study will be Year 1 medical students in 2006 of both genders. All the students will be invited to do a survey before the public discussion starts.

Data collections

The whole public discussion will be recorded down in video and

sound clip format for future references. Besides, one co-leader will be there to pen down notes and key points during the discussion to serve as conclusion for the event.

Results

(A) Definitions of medical humanities studies among the students

Many interviews were carried out to find out the exact definition of medical humanities. Among the interviewees include those from National Taiwan University, Kaohsiung Medical University and National Yang-Ming University. We have collated some of the most common definitions.

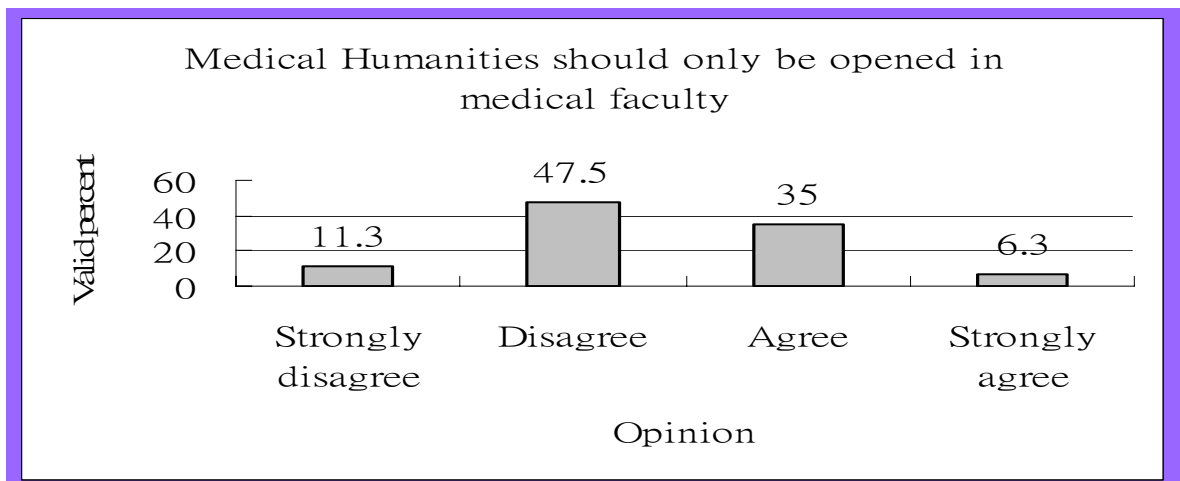
Most interviewees mentioned that medical humanities should be based on a mental concept that human is important and life is significant. The reverence of life is the essence. It is important that we have to understand what make up a person. This is a very broad perspective of lives as civilization, cultures, care and concern, love and understandings are all interrelated.

As for how the courses should carry out, it is important to bear in mind that medical ethics is something that must be able to fit into society. It should undergo modifications and adaptations so that it is accepted by the public. It must be internalized for it to work. Theory is not the way the education should be. Almost all the interviewees agreed that to the teachers' experience is of utmost importance when conducting such lessons.

(B) Find out the opinions of students on current medical humanities course

(I) Medical Humanities should only be opened in medical faculty

A) Open Public Discussion Forums Questionnaire

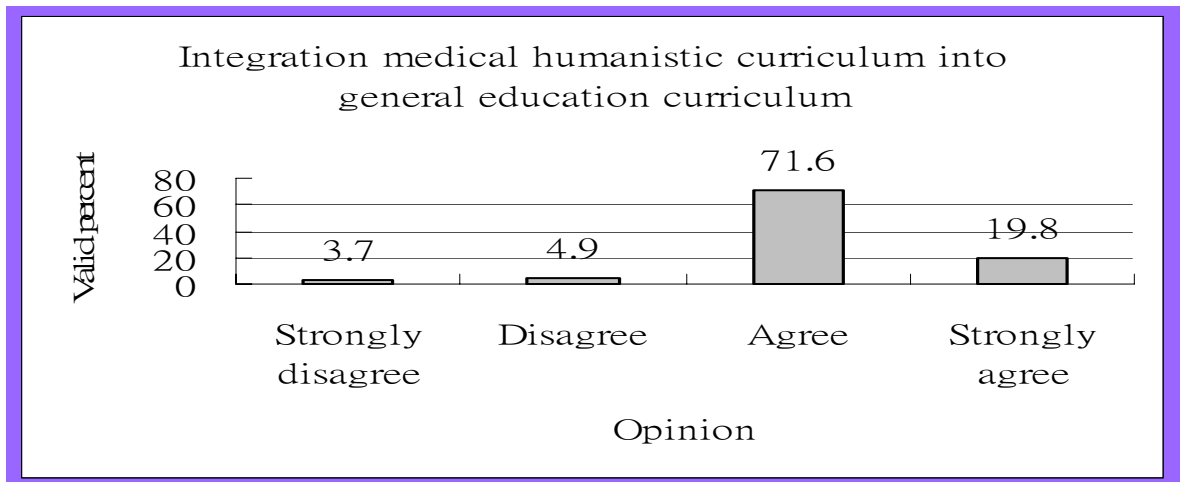


Discussion:

There were 58.8% of students felt that medical humanities should not only be opened in medical faculty but for other students from other departments as well.

(II) To integrate medical humanistic curriculum into general education curriculum

A) Open Public Discussion Forums Questionnaire



Discussion :

There were 91.4% of students felt that medical humanities should be integrated into General Education Curriculum.

(B) Open Public Discussion Forum

Kaohsiung Medical University

1. The cultivation of empathy and humanistic accomplishment

- ♦ *“Those about the empathy, everyone must have that curriculum, therefore, it is better to put the curriculum about empathy into general education curriculum, empathy which in fact it is the quality of medical treatment and the public recognition about medicine, ,must be educated, it is more suitable to integrate them into general education curriculum.”*
- ♦ *“Everybody must have humanity, empathy; it (medical humanistic curriculum) can be integrated into general education curriculum”*

Analysis: The cultivation of humanistic accomplishment and empathy is not limited for the medical students, the students from the other courses can learn more on how to empathize others and enhance their humanistic accomplishment, and empathy not only can be used in patients' communication, but also can be used in daily communication.

2. Reduction of credit hours

- ♦ *“The credits that medical students taken are too heavy; therefore, medical humanistic curriculum must be integrated into general education curriculum. If the student is with the purpose just want to fill in the credits, and just simply choose the courses that they do not know or do not like; such learning is meaningless to them.”*

- ◆ *“The medicine humanistic curriculum takes too many credits, may consider to reduce the credits”*

Analysis: The medical students in Kaohsiung Medical University have to complete 8 credits for medical humanistic courses, 10-14 credits for general education courses in the first two years, which means altogether they have to complete 18-22 credits, with addition to report and assignments. It becomes a study burden for them. In order to fill the credits, they may simply select the courses that they are not interested. To them, the study motive is no longer the same, which is different from the initial purpose of the course establishment. The general education course designation must be precise and emphasize on the curriculum quality.

3. The promotion of medical students' team work spirit

- ◆ *“What's more, medical team is not merely formed by doctors”*
- ◆ *“There is not only doctors in medical system, must also let the students from other courses to have the chance of learning”*
- ◆ *“The general education curriculum must open for students from different courses, in order to provide a chance for the cooperation between people from different profession in the hospital.*
- ◆ *“It helps to promote the theme of medical team cooperation – The division of modern medicine domain becomes more defined and precise, in order to provide the integral medical care, it has to depend on the cooperation of all medical workers. Therefore a*

doctor's education must include the understanding and recognition of the other medical professions, like nursing, physiotherapy, psychotherapy, nutrition, and social work have mutual understanding and respect each other, forms the complete medical team cooperation."

Analysis: There are not just medical doctors in the medical team, but also included nurses, occupational therapists, pharmacists. In medical team, team work spirit is utmost important. After the medical humanistic courses are opened for course selection, there will be many students from different courses to take these curricula. Medical students may also come into contact with students from other courses, learning more about their profession from them. The medical students must also get in touch with the professional fields which are different from them, not limiting themselves in their own ivory towers. They are the members of the teams, they can establish the mutual recognition and the tacit understanding, enter the team cooperation pattern earlier. It will help a lot in future medical practice.

4. The opinions of students other than medicine on the integration of medical humanistic courses into general education curriculum

- ◆ *"I am the student from nursing course. From my point of view, medical humanity, just like that student said just now, I am quite*

agree with that, it is like can teach us about empathy, the methods in treating people, and treating people by using medical point of view. I think that students from nursing course or the other courses can try to understand it; therefore, I quite agree to integrate this course into general education curriculum."

- ♦ *"I am also from nursing course; I think the most important thing is put ourselves into the patients' shoes to think and solve their problems, therefore , I agree to integrate it into general education curriculum."*

Analysis: Besides doctors, nurses also always in contact with the patients, they are also part of the medical team, medical communication is important for them. They wish to learn it form the medical humanistic courses through the general education curriculum, understand the patient's need, thinking and solving medical problems from patient's point of view.

5. The opinions of medical students about the integration of medical humanistic courses into general education curriculum

- ♦ *"If want to integrate medical humanity into general education curriculum, must generalize the curriculum".*
- ♦ *"I think that some courses can be put into general education, not necessarily focus on medical students, As those courses like Life and Death Studies and those who related to ethics and empathy, are the things that everybody must possess, therefore it should be considered as the credits for the general education."*
- ♦

- ♦ *“Put the common courses into general education curriculum, retains those courses which are more related to medicine, after all, it is quite important to the medical students.”*
- ♦ *“Then, (medical humanistic courses) can be integrated into general education curriculum, let students have more course selection, courses with more varieties, for instance, we can integrate the “Dialects used in medicine can be classified as general education curriculum, I believe that every student needs it.”*

Analysis: Medical humanistic courses can be divided into professionalized and generalize courses. The specialized curriculum is established independently in the medical humanistic curriculum; it is specially designed for the medical students, which is focus on the professional field that is correlated with and strengthens it. The generalized medical humanistic curriculum can be integrated into general education curriculum and opened for the entire students to take as course selection. The contents of generalized medical humanistic must quite extensive, for example the life and death study, some introductions of bio or medical ethics, or the learning of empathy, it is a must for everybody to learn them and utilize them into daily life.”

C) Humanistic Course Preferences

Humanistic Elective Preference Questionnaire

The Humanistic Elective Preference Questionnaire in **Appendix I** was intended to evaluate students' interests in medical humanistic courses.

It was found that in **Literature, History and Philosophy** category, *Medical Ethics Topical Research*, *Body Phenomenology*, *Medical Ethics*, *Life and Death Studies*, and *Bioethics* are the top five raters as shown in **Appendix II**. They were chosen out of fourteen other courses with each having 55.8, 58.5, 61.1, 67.6, and 72.5 percent respectively. The percentage represents the valid number of students rated the course. The valid percent is the addition the valid percent of 'Agree' and 'strongly agree'.

For the category **Psychology and Sociology** in **Appendix III** ten different courses were being rated. *Medical Studies and Law* is found to be the most interested in courses as the rating stands at 77.1.percent. While the second most interested course is *Career Pathways for Medical Students*, 72.6 %; others are *Multicultural Viewpoints: Counseling and Helping Skills*, 72%; *Humanistic Psychology*, 71.7%; and *Behavioral Science*, 69.3%.

For **Culture and Arts** category in **Appendix IV**, it is found that students mostly interested in *Artistic Therapy* with 58.1

percent out of ten different courses to be chosen. Others are *Individual Studies*, 56.5%; *Plastic surgery cosmetology: Beauty and Beast*, 54.8%; *Community Medical Treatment Culture*, 53.9% and *Cultural Research in Medicine: Qualitative Research*, 47.7%.

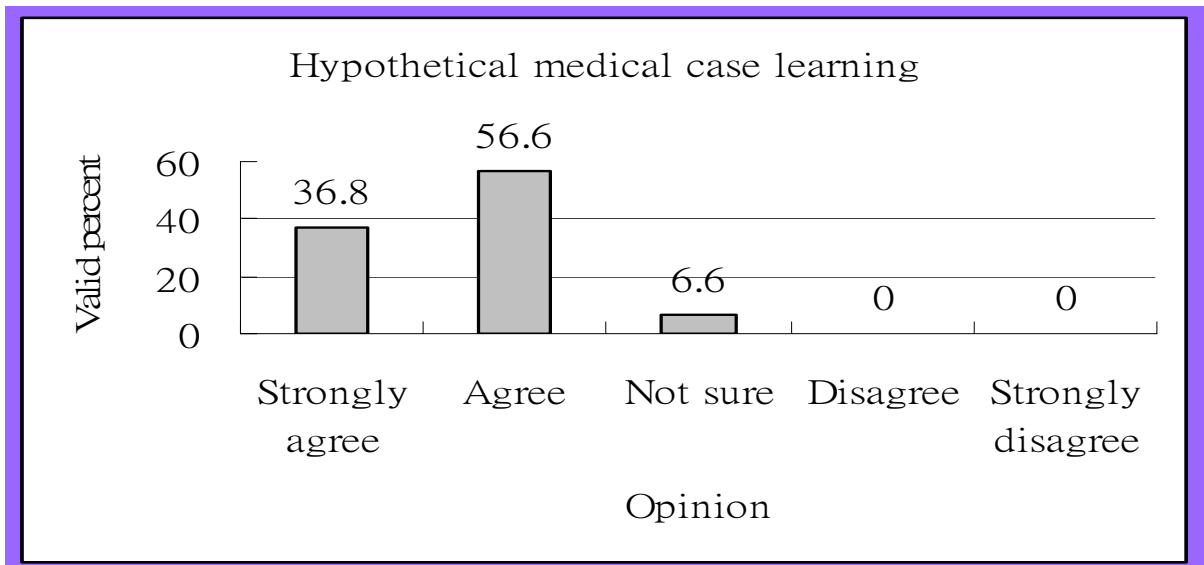
The results for the three categories are concluded in **Appendix V**.

D) Humanistic Learning and Teaching Preferences

I) Humanistic Learning and Teaching Preferences Questionnaire

The following 5 teaching methods amongst others are rated highly by our students as the most compelling and beneficial ways to learn humanistic pedagogy. The results are organized and shown into graphs. The questionnaire is attached in **Appendix VII**.

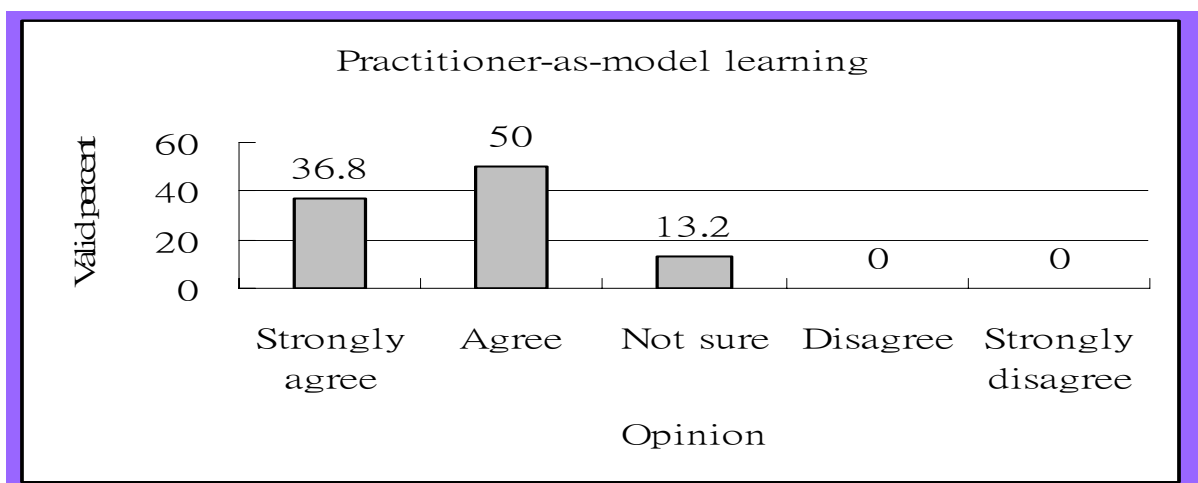
1) Hypothetical medical case learning



Discussion:

A total of 93.4% of students agree or strongly agree that Hypothetical medical case learning is their preferred method in learning medical humanities.

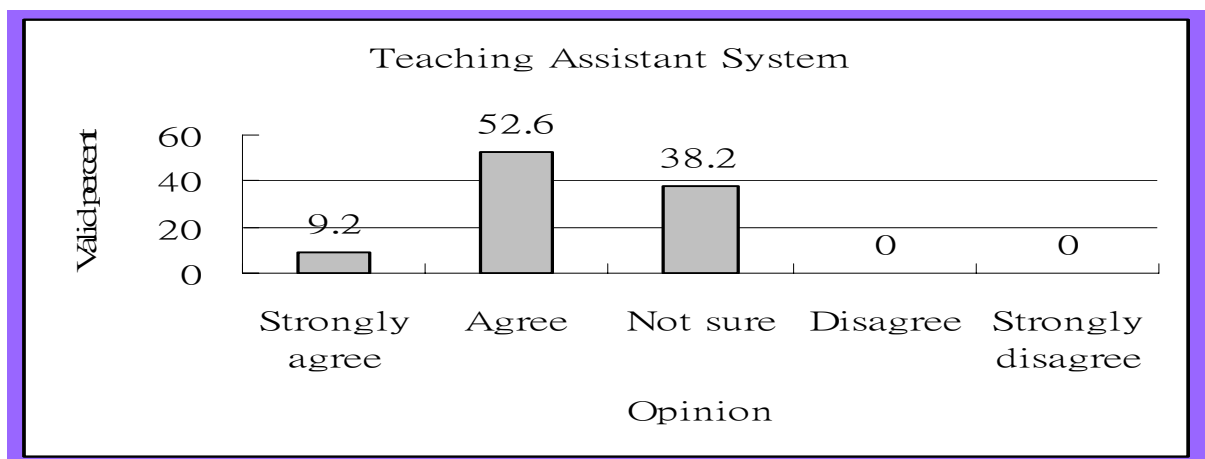
2) Practitioner-as-model learning



Discussion:

A total of 86.8% of students agree or strongly agree that practitioner-as-model is their preferred method in learning medical humanities.

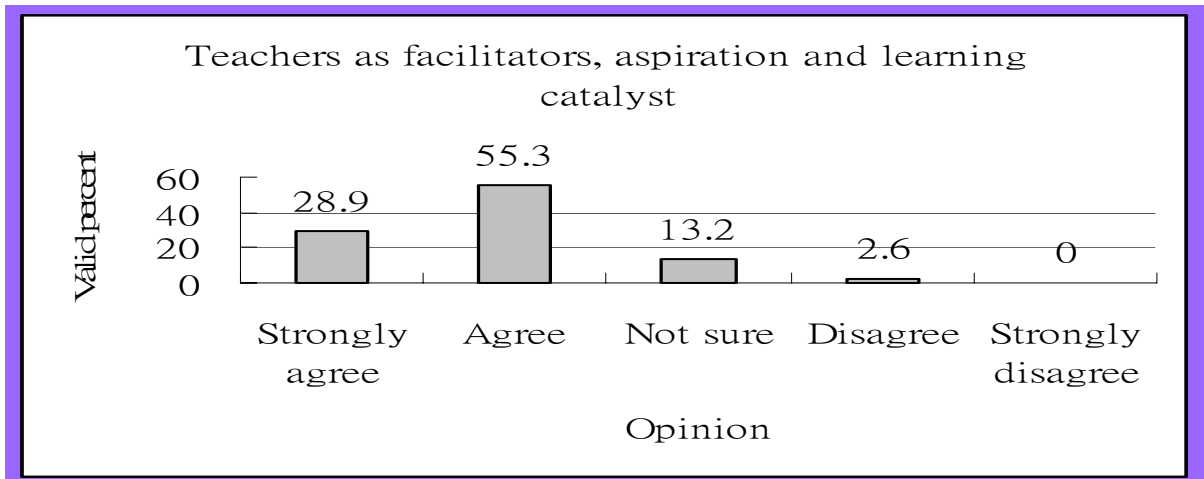
3) Teaching Assistant System



Discussion:

A total of 61.8% of students agree or strongly agree that teaching assistant system is their preferred method in learning medical humanities.

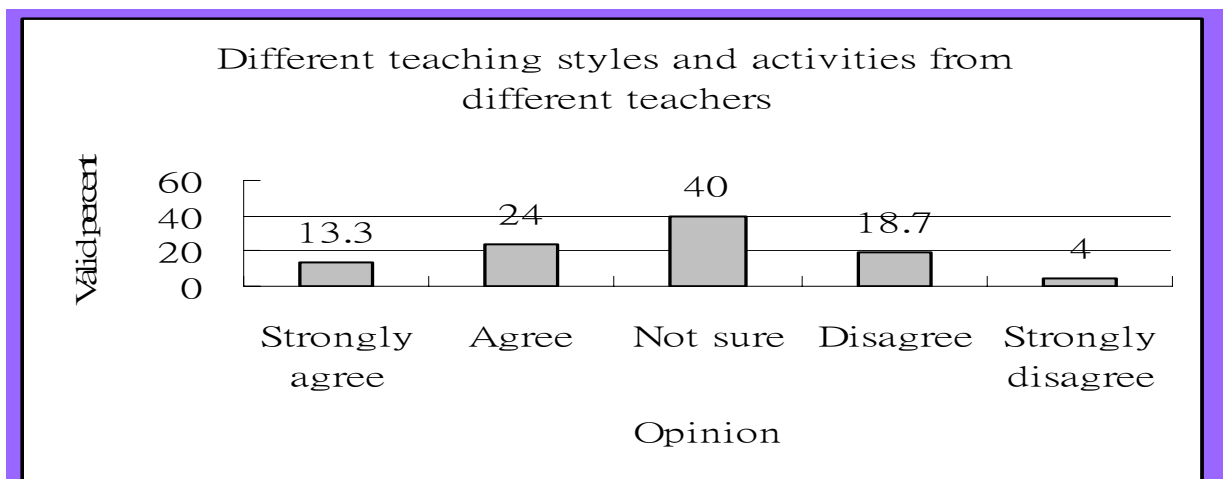
4) Teachers as facilitators, aspiration and learning catalyst



Discussion:

A total of 84.2% of students agree or strongly agree that Teachers as facilitators, aspiration and learning catalyst is their preferred method in learning medical humanities.

5) Different teaching styles and activities from different teachers



Discussion:

A total of 37.3% of students agree or strongly agree that different

teaching styles and activities from different teachers is their preferred method in learning medical humanities. On the other hand, only 22.7% of the students think that this is not a suitable method for them.

From the results, it is possible to imply that there is still very much to be done by the teachers to make the integration successful. Most of the teaching methods preferred require extensive research and preparations from the teachers. Therefore, one conclusion can be made from this questionnaire is that professionalism, proactiveness, experienced and well-trained quality are the pre-requisites of the teachers-in-charge. These teachers must be able to change the students' attitudes. But before that, they must be willing to devote their entire energy to change the faculties' attitudes. Unfortunately, the enthusiasm of the faculty may fade during a hard-fought political battle in the curriculum committee, which is why wisdom suggests a posture of patient persistence in the pursuit of change (A Place of Humanity, 2001).

II) Open Public Discussion Forums and open ended part of Open Public Discussion Forums Questionnaire on other ways for improvement, question 3.1 (k) in Appendix VI, replied by students from Kaohsiung Medical University and interview sessions with students from other universities such as National Yang Ming University, National Taiwan University.

A)Community service and practicals

1. Kaohsiung Medical University

(A) Open Public Discussion Forums Questionnaire

- ◆ *“Strengthen the involvement of students in community service and teachers should enhance the planning of courses.”*
- ◆ *“Dialects should be put in community practice rather than teaching a whole bunch of phonetics.”*
- ◆ *“Hope that teacher would increase some basic knowledge before allowing students to participate in practical learning right away, would be more effective.”*

(B) Open Public Discussion Forums

- ◆ *“A good course should consist of two important areas which are the knowledge conveyed in the class and going for practicals. IT allows students to apply what they have learned into use.”*
- ◆ *“It’s not enough with mere epistemology, but rather should be learned through practicals.”*
- ◆ *“Decrease classroom lecturing and increase the opportunity of students entering the medical systems in hospital for learning.”*

2. National Yang-Ming University

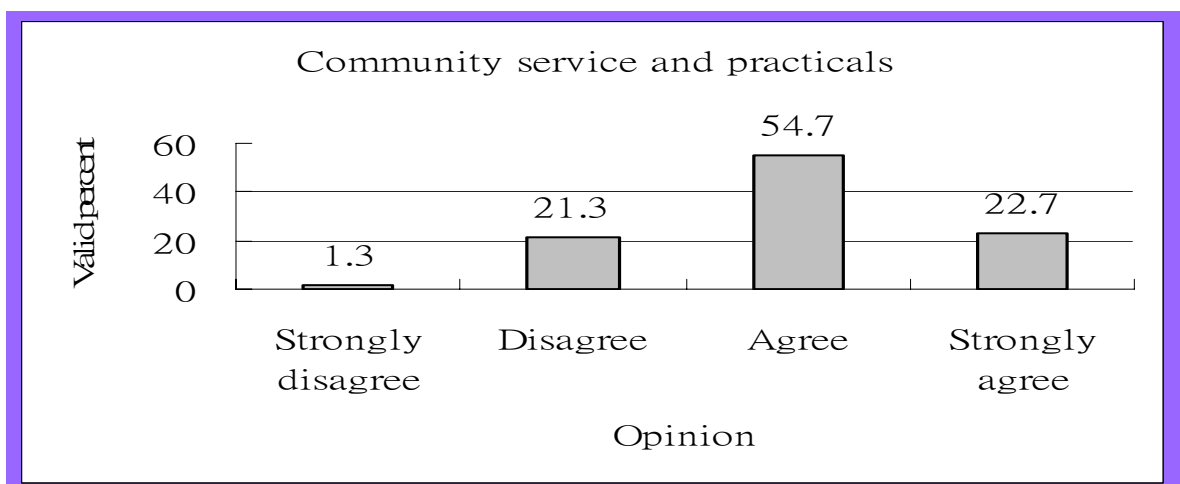
(A) Interview

- ◆ *“I think that medical humanistic can be divided into two parts. Firstly, a preview of doctors’ lives and what they might face in the future. This can be taught by letting students experience by doing volunteering jobs, reading books regarding medicine, put in touch with patients or medical workers.”*

Analysis: Lots of students think that learning by doing is the effective way of teaching. Practicals enable students to experience and feel, but not neglecting the importance of epistemology.

Below is the quantitative analysis on *Open Public Discussion Forums Questionnaire*.

There are 77.4% of students agree that (agree and strongly agree) learning can be done via practicals and community service.



(B) Small class teaching system

1. Kaohsiung Medical University

(A) Open Public Discussion Forums Questionnaire

- ◆ *“Small class is good for students because teacher by then can pay more attention to every single students in the class.”*

- ♦ *“Increase the number of professional teachers, decrease the number of students in a class help.”*

2. National Taiwan University

(A) Interview

- ♦ *“Feel that the ways class is being conduct is an important factor of its existence. I also feel that this kind of curriculum will receive good response if conducted small class rather than to delivering lectures in a large lecture hall. Besides, it would be even greater if clinical skills are collaborated with epistemology.”*

3. National Yang-Ming University

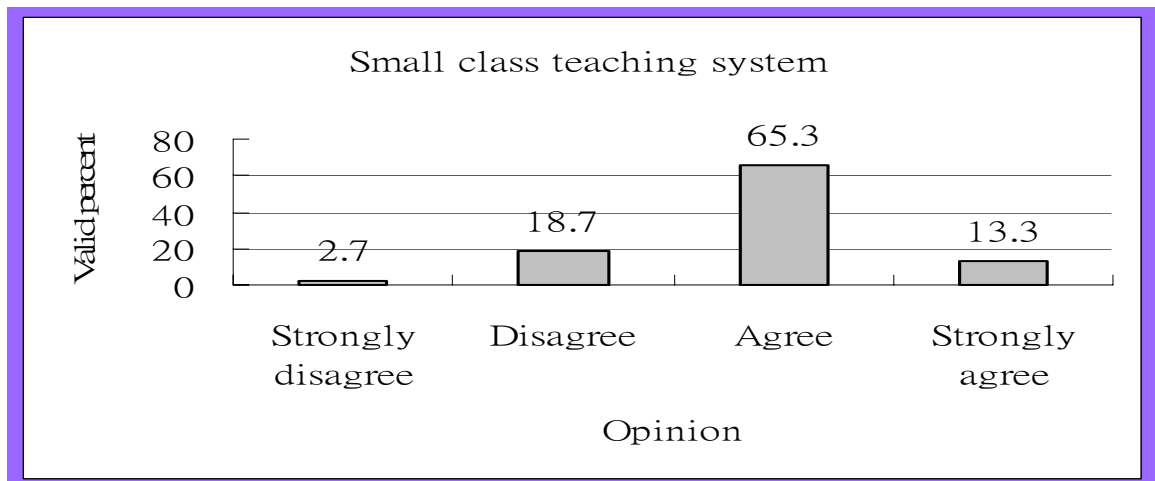
(A) Interview

“I suggestion is to divide students into small groups and each and every group to be guided by a teacher enable students to have a feeling of involvement. For example, plan a visit to the hospital.”

Analysis: Students feel that small class teaching systems helps in learning more effectively and it allows teacher to pay good attention to every single students in the class

Below is the quantitative analysis on Open Public Discussion Forums Questionnaire

There are 80.0% of students agree that (agree and strongly agree) small group study helps in learning.



(C) Diversify the contents of the course

1. Kaohsiung Medical University

(A) Open Public Discussion Forums Questionnaire

- ♦ *"The contents of the lecture should be more diverse. Teacher should be well prepared for the lectures or it would be meaningless to have such classes."*

(B) Open Public Discussion Forums

- ♦ *"hope to be seeing more films with bloody scenes in the operating table or emergency rescue. This will give students the feeling of doctoring."*

2. National Taiwan University

(A) Interview

- ♦ *"Experience sharing by teachers help me to think what I would do if I am faced with the same situation they did. I feel that*

courses with lots of experience sharing have its value of existence."

3. National Yang-Ming University

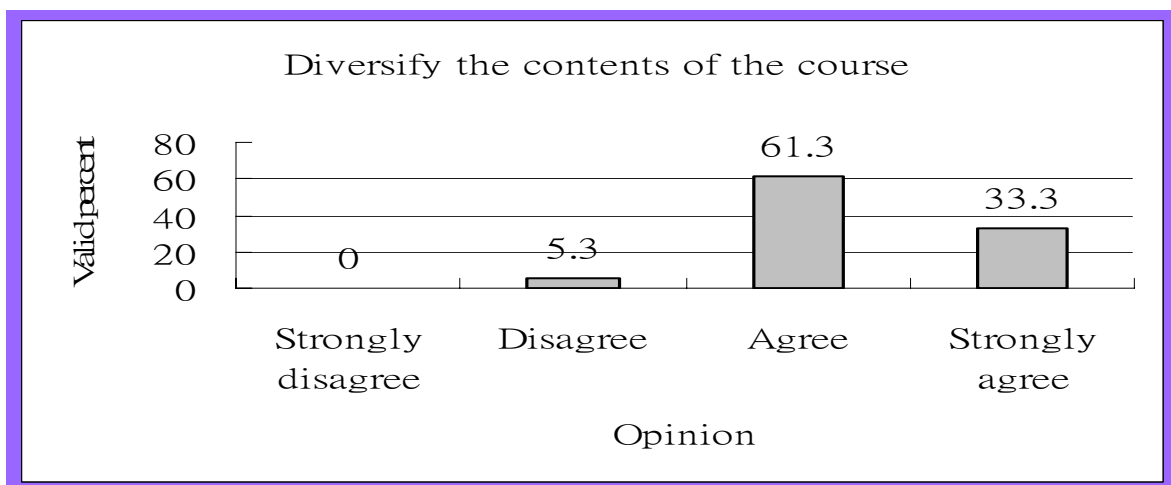
(A) Interview

- ◆ *"Hope that the lectures can be more diverse which may include medical history, humanities and etc."*
- ◆ *"Can organize activities which promote the thinking of ethical issues."*
- ◆ *"Provide materials such as the written works or literature of senior students' or books such as 'On doctoring' and etc, are good. Even though some of those written in the stories might not be true, but it enables students to ponder some empathetical issues, and how to deal with problems and then be discussed in the classroom."*
- ◆
- ◆ *"I feel that medical humanities can be split into two parts. The one apart is general studies, which provide students to learn something that is not related to medicine. Medical students should not be just good at medical stuffs and know nothing about other fields. Learning medical humanities can incorporate with fields like arts, literature, and photography."*
- ◆
- ◆ *"Teacher can be specific and deep into certain topics of discussion rather than being shallow and introducing different topics each and every week."*
- ◆ *"Teacher might need to understand the views of students on the class, and then be practically improved on it to also achieve the purpose of the class. For example, allow students to communicate with cancer patients, sharing their experiences. It's quite good to have such course and I also hope that the lectures can be more diverse."*

Analysis: Contents of the lectures should be more diverse rather than to stick to books. It should include experience sharing, reading stories or literature regarding medicine, showing films and to incorporate with other fields.

Below is the quantitative analysis on *Open Public Discussion Forums Questionnaire*

There are 94.6% of students hope to diversify the content of lectures.



(D) Invite medical professors to share their life’s experience and arrange more talk shows

1. Kaohsiung Medical University

(A) Open Public Discussion Forums Questionnaire

- ♦ *“Medical humanities courses can invite teachers who work in the medical field to share the experiences.”*
- ♦ *“It helps a lot by listening to their thoughts and their aspirations.”*
- ♦ *“It would be more interesting if we can invite medical doctors to share their experiences.”*

(B) Open Public Discussion Forums

- ♦ *“For “Career Pathways for Medical Students”, there were doctors coming to give talks. They are experienced for that they are in the field for long enough time. Hence, by inviting them to share their experiences, funny life stories, we can learn a lot”*

2. National Taiwan University

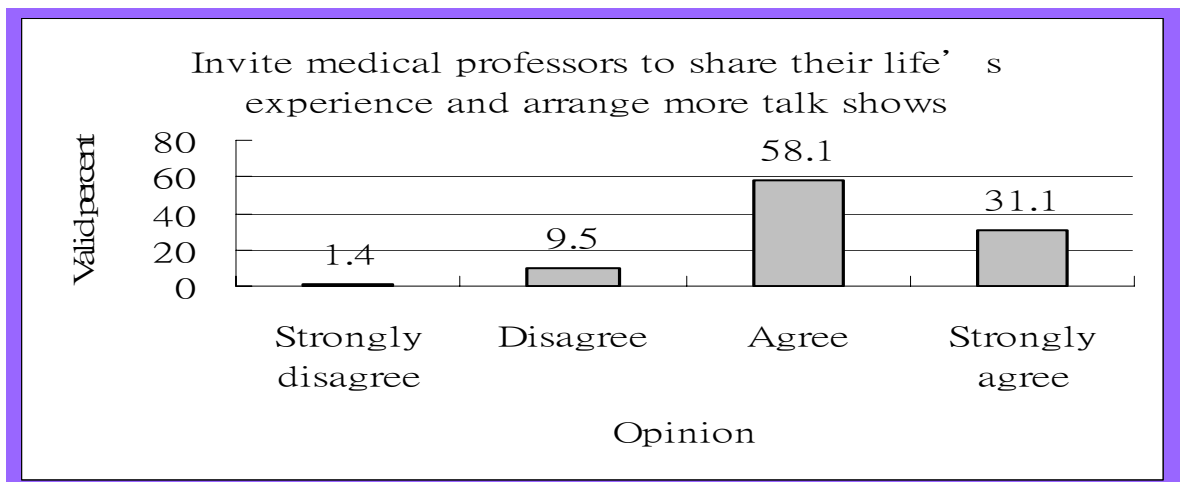
(A) Interview

- ♦ *“Medical humanities act as an exposure for students, letting experienced teachers to tell you what things are, where to begin and etc. I think it will be more meaningful if students have interest in those things and hence can further develop their interest. I feel that it’s really hard to teach from textbooks or using materials from the internet as teaching materials as they are not easy to put into use or to understand”*
- ♦ *“If teachers share their experiences on their encounters and how they deal with problems in their careers. I think these will be more helpful to us.”*

Analysis: My students do feel that and emphasize on they should be learning from the seniors’ experiences. As they feel that seniors are the role models for them. Students also hope that doctors are the one who come to give talks to them as they themselves will become a doctor one day.

Below is the quantitative analysis on *Open Public Discussion Forums Questionnaire*

There are 89.2% of students agree that there can more talks or seminars and invite professors and medical doctors to share their experiences will enable them to learn medical humanities.



(E) Course opening and planning

1. Kaohsiung Medical University

(A) Open Public Discussion Forums Questionnaire

- ♦ *"Eight credits hours of the course are too much. It can be combined with general education's credit hours."*
- ♦ *"Medical humanistic courses are of the same kind. I would be boring and uninteresting to attend to 8 credit hours of lectures."*

- ◆ *“The credit hours for medical humanities can be reduced to 4 to 6 credit hours. This will allow students to actually be electing the course of their choices.”*
- ◆ *“Medical humanistic courses should be taught in deeper sense and should not just be emphasized on empathy and doctor-patient relationship.”*
- ◆ *“Some courses should not be taught in first or second year of medical education as we students have yet to learn about medical or scientific terms. How can teachers teach us how to correctly use Taiwanese or some other professional terms? The course is too far away from us, and we cannot fully comprehend the gist and meaning of the course. Should it not be considered for fifth and sixth year students which medicine and humanities can truly work together?”*
- ◆ *“Why should the courses be related to medicine? It would be okay if the courses are merely on literature or humanities.”*

(B) Open Public Discussion Forums

- ◆ *“Introduction of certain knowledge is a must for example about the life and death. The school should pay more attention to the putting the knowledge gain into use. However, this would require the school to work harder and students of course would need to put in more time.”*
- ◆ *“Medical school can have courses that enhance the ability to deal with pressures, and discover and analyze problems.”*
- ◆ *“Showing films regarding certain situation helps students to rationally and calmly deal with problems, and also to develop the problems finding and answering skills.”*

2. National Taiwan University

(A) *Interview*

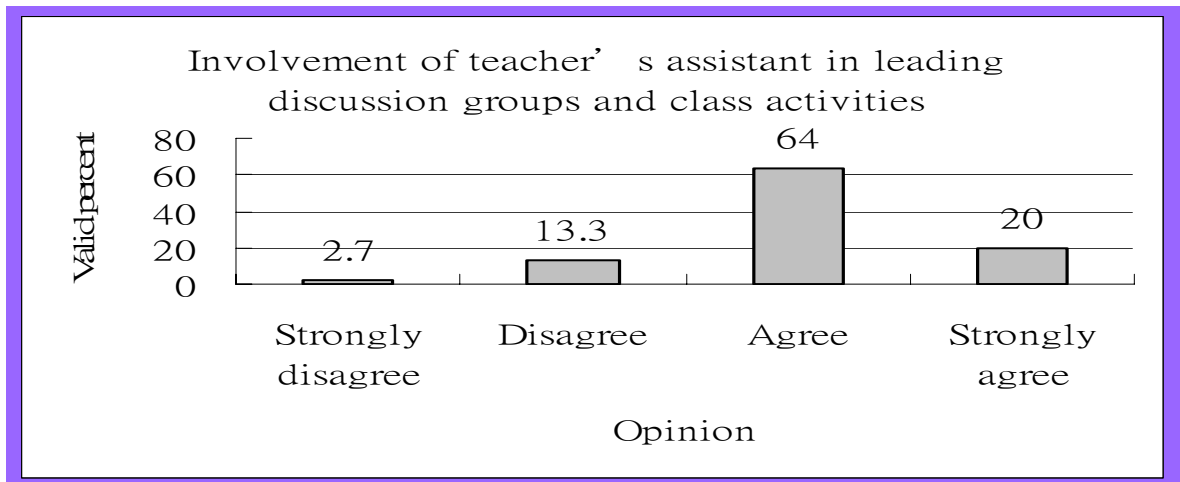
- ♦ *“It would be better to cancel off all the medical humanistic courses if they are to teach about arts, philosophy or sociology. Leave us some time to study the course that offered by other faculty (the course that we want).”*

Analysis: Students think that the authorities need to be really careful when they are opening courses. Courses learnt should be able to put into use in the future, i.e. anti-depression or anti-pressure courses. Some also hope that the credits hours for medical humanities can be reduced so that they won't be choosing that certain course just to get over with the credit hours.

(F) Involvement of teacher’s assistant in leading discussion groups and class activities

Below is the quantitative analysis on *Open Public Discussion Forums* Questionnaire.

There are 84.0% of students agree that an increase in teacher’s assistant in guiding the class is going to help in teaching.



Conclusion

Since the nineteenth century, the physician-patient relationship and interaction has already become a central process in the practice of medicine. This kind of relationship cannot be emphasized more, as it forms the basis of interaction and communication between doctors and patients (David, 2007). Ironically, such quality relationship has lapsed as physicians nowadays are trained to focus on curing of diseases rather than caring for the patients. Hence, we need a reformation of current medical education.

It is important for people to be able to define what medical humanities truly are before they can work on to improve it. Students need to understand and the faculties need to comprehend it as well. However, what is important is that medical humanities revolve around human and not anything else. That is where ethics, understanding, cultures, lives come into concern.

Following the introduction of medical humanities in our medical education, there have been insufficiencies. And, there are a lot of aspects require improvements and changes. The university and students play a role in this.

From this study, the students have expressed their views and opinions on the current medical humanistic curriculum. The most discussible topic would be on students wanting to integrate medical

humanistic courses into general education curriculum. Many have expressed that by integrating into the general education helps to give everybody who will be working in the medical field such as nursing students the chance to learn and be a humane person. This will do good to everybody instead of only medical students, benefit a lot of students and it is good in term of patient-care. There are 67.1% of students wish that medical humanistic courses should be open to all and 74.6% feel that these courses can be integrated into general studies.

From the study, it's found that students feel that there is still much room for improvement on current curriculum. Amongst the more significant ways, chosen from the questionnaires replied by students who attended Open Public Discussion Forum and via interviews sessions with students from National Taiwan University and National Yang Ming Univeristy, to do so are involving students in community service and practicals, conduct classes in small groups, the need to diversify the contents of the course, and inviting more medical doctors and prominent professors to give aspiration talks and seminars. Through Humanistic Learning and Teaching Preference questionnaire, students voted hypothetical medical case learning, practitioner-as-model learning, teaching assistant system and different teaching styles and activities from different teachers are very much alike to the views of the students in the latter conducted questionnaires and interviews. These can really be given a deep thought.

In order to improve the qualities and also the amount of students enter the course, we found out that students prefer some courses over the others. The courses that we found to be of overwhelming interest to students and have received good responses are like Life and Death Studies, Multicultural Viewpoint: Counseling and Helping Skills, and Therapeutic Arts chosen out of the courses list in three different categories.

Now, with more opinions and suggestions for improving the current medical humanistic education, it's hoped that this study can help as a reference for future opening of medical humanistic courses and pedagogy. This will serve good for the future development of medical education. Even though much information has been sought for, and the school authority should really look into the existing problems and the voices of the students so to complement medical education. However, this will act as just a reference and it doesn't mean that the school must follow the opinions of the students as the school will finally decide on what is the best for students also to ensure a high standard and quality of education.

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Appendix VI

Appendix VII

Humanistic Learning and Teaching Preferences Questionnaire

	<i>I believe that in terms of medical humanities, the following teaching and learning methods best suit me. These methods will improve my humanistic qualities.</i>	Strongly disagree	Disagree	Not sure	Agree	Strongly Agree
1	Individual experience-sharing					
2	Practitioner-as-model learning					
3	Hypothetical medical case learning					
4	Group discussion					
5	Teaching assistant system					
6	Talk and forum					
7	Debate					
8	Role-playing					
9	Teachers as facilitators, aspiration and learning catalyst					
10	2 main faculty with 4 faculty play assisting role					
11	1 main faculty with 5 faculty play assisting role					
12	Different teaching styles and activities from different teachers					
13	Video-recording and self-review learning					
14	Student exchange program					
15	Learning from less fortunate people					
16	Individual study					
17	Field research model					
18	Service learning					
19	Certificate as motivation					

2 0	Individual research topic					
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