

Tuning India – 3rd GBM, 24-27 March 2019, Jaipur Medicine



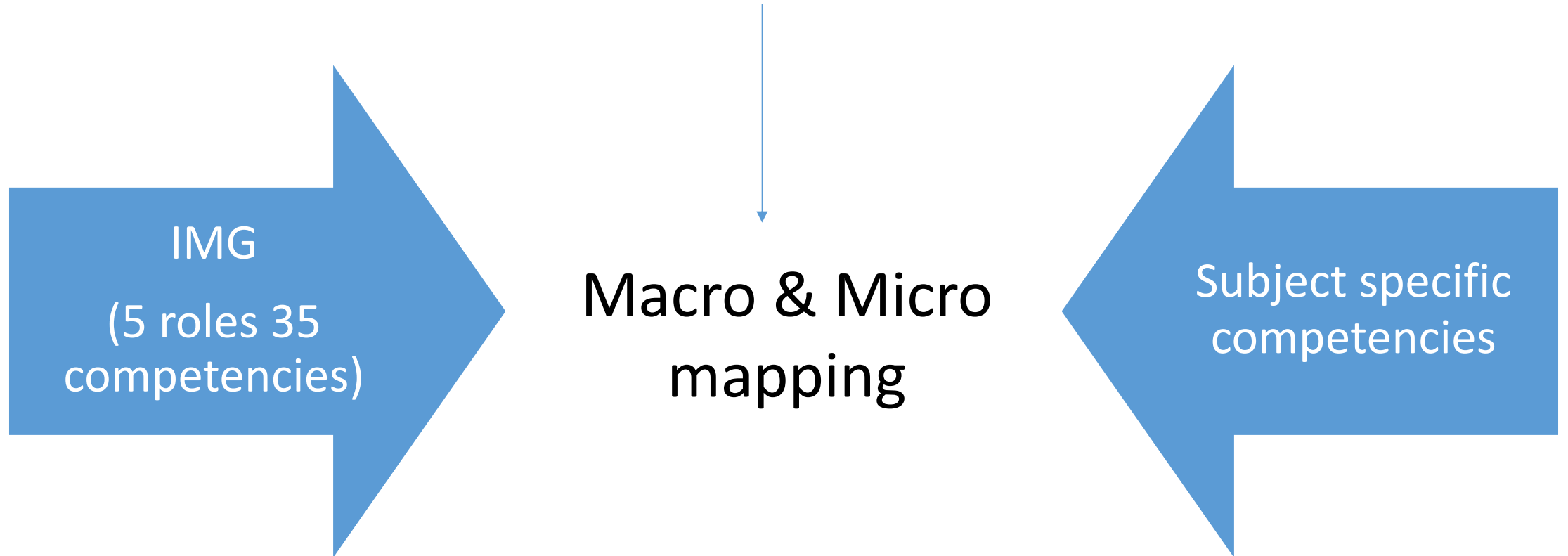
Curriculum Design and Implementation

KSHEMA: Medical Humanities Module for the MBBS program

Session Objectives

1. Process
2. Design and Implementation plan

Mapping competencies and Learning Outcomes



| MACRO MAPPING | | | | | | | | | |
|---------------|---------------------------------|--------------|---------------------------------|--------------|----------------------|-----------|-------------|---|--|
| | Subject: COM MED: | | Leader, member of HC team | Communicator | Life Long Learner | Clinician | Other roles | | |
| 2 | Maternal and child health | Professional | | | | | | Micromapping | |
| 3 | CM 10.1 | | | | | Y | | 3.1.1, 3.1.2, 3.1.4, 3.1.12,3.1.13,3.1.14 | Describe the status of reproductive, maternal, newborn and childhealth |
| 4 | CM 10.2 | Y | Y | | | Y | | 3.1.3, 3.1.5, 3.1.6, 3.1.7, 12,13, 14, 3.2.1, 3.2 | Enumerate and describe the method of screening high risk gps and common health problem |
| 5 | CM 10.3 | | | Y | | Y | | 3.1.6, 3.3.1, 3.3.3, | Describe local customs and practices |
| 5 | CM10.4 | | Y | | | | | 3.2.1 | Describe rep maternal newborn and child health, safe motherhood interventions |
| 7 | CM 10.5 | | Y | | | | | 3.2.1 | Universal immunization program |
| 3 | CM 10.6 | | Y | | | | | 3.2.1, 3.2.2, 3.2.3 | Family planning methods, advantages |
| 9 | CM 10.7 | | Y | | | | | 3.2.1, 3.2.2, 3.2.3, 3.3. | Family welfare, organization |
| 0 | CM 10.8 | | Y | | | Y | | 3.2.1, 3.2.2, 3.1.12, | Physiology, clinical management |
| 1 | CM 10.9 | Y | | | | | | 3.5.1 | Gender issues |
| 2 | SUBject: COM MED: Geriatrics | | | | | | | | |
| 3 | CM12.1 | | Y | | | | | 3.2.1,3.2.2, 3.2.4 | Clinical , geriatric services |

Sheet1

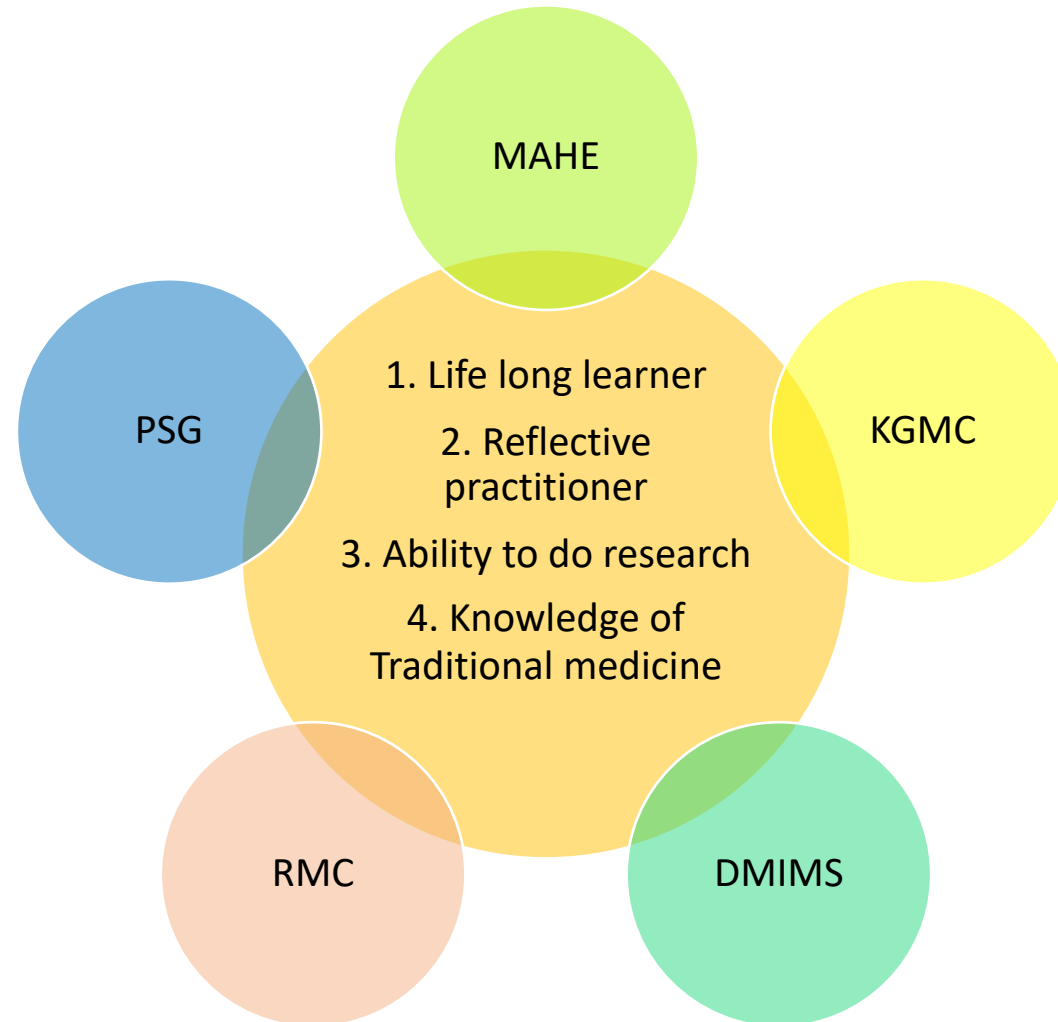
Sheet2



Process

- The gaps in degree profiles across universities were collated against the Metaprofile-SAG Medicine
- Gaps were ranked
- Methods to bridge the gaps were discussed
- Two implementing institutions identified the following areas that can bridge the gap: **Medical Humanities (PSG) and communication skills(MAHE)**
- These were mapped with the competencies prescribed by the regulatory body
- 10 step process was applied to design the Humanities module

Collating the gaps in degree profiles across universities as against the metaprofile



Design and Implementation Plan

MEDICAL HUMANITES

KSHEMA -Safety, Welfare, Goodness*

Knowledge **S**kills in **H**umanities, **E**thics ,**M**orals and **A**ttitude

[*\(https://www.shabdkosh.com/dictionary/english-hindi/kshema/kshema-meaning-in-hindi\)](https://www.shabdkosh.com/dictionary/english-hindi/kshema/kshema-meaning-in-hindi)

Medical humanities (MH) can be defined as the application of the techniques of the traditional humanities fields to medical practice



The need –Societal Context

Patient–physician connection remains the thing that really defines what it is to be a physician- Whealan

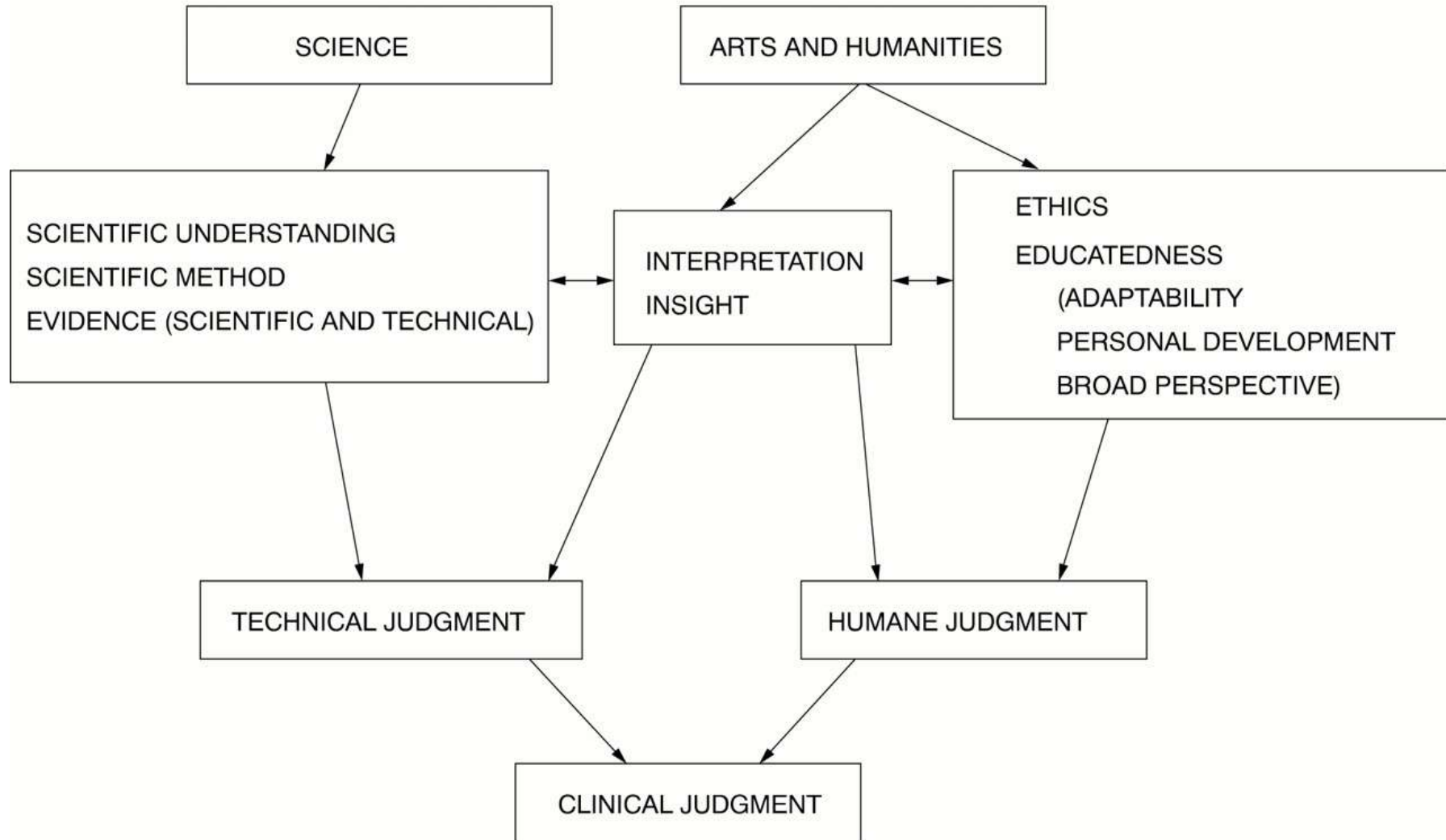
- ✓ Humane
- ✓ Ethically sensitive
- ✓ Values

- ✓ Humanities and arts helps to bring that connection¹
- ✓ The clinician has to develop the ability to observe and recognise visual clinical signs of disease in the patient. This ability can be directly enhanced by the study of the visual arts
- ✓ skill of handling ambiguity and empathy
- ✓ evaluation of case study narratives has been used to improve clinical skills ²

1. <https://news.aamc.org/medical-education/article/focusing-arts-humanities-well-rounded-physicians/>

2. <http://www.amhsjournal.org/article.asp?issn=2321-4848;year=2016;volume=4;issue=2;spage=166;epage=168;aulast=Shankar>

Attributes of the good doctor



Macnaughton J The humanities in medical education: context, outcomes and structures
Medical Humanities 2000;**26**:23-30

Steps in design and implementation

1. Name and level of the programme

MBBS program (Introduction of Humanities module)

2. The social need for the programme (in its revised version)

Professional:

- Be socially responsible and humane
- Adequate knowledge of medico-legal, societal, ethical and humanitarian principles that influence healthcare.

**3. Future fields, sectors
of employment/
occupation of graduates**

**To make students more socially responsible,
humane, ethical and in addition, prepare them
to be a teacher in medical humanities**

4. Description of the degree profile of the new programme or a revised programme in terms of generic and subject-specific competences. Definition of competences and formulation of learning outcomes at programme level.

5. Link of the competences with the agreed meta-profile

6. Structure of the programme: units/courses/modules with their learning outcomes and learning, teaching and assessment strategies

| Bridging metaprofile | Los The student will be able to | TL strategy | Assessment |
|---|--|--|---|
| Professional: <ul style="list-style-type: none"> •Adhere to ethical principles •Be socially responsible and humane •Practice professionalism •Apply ethical and humanitarian principles that influence health care •Maintain confidentiality and privacy of patients •Respect patient autonomy •Communicator: •Communicate compassionately with patients and care givers | <ul style="list-style-type: none"> • Identify instances in which human values are integral to the practice of professional medicine | Interactive Lecture followed by videos/role play/debates | Narrative log Observation Checklist |
| | <ul style="list-style-type: none"> • Demonstrate problem solving skills as regards to resolution of human values dilemmas presented to them | Case based problems | Scoring |
| | <ul style="list-style-type: none"> • Describe History of medicine | Use of art and literature | Narratives |
| | <ul style="list-style-type: none"> • Describe the concept of disease versus wellness | Lecture | Essays- descriptive or objective |
| | <ul style="list-style-type: none"> • Identify social determinants of health and its disparities | Movie clips, photos, visit to slums | Group assignments |
| | <ul style="list-style-type: none"> • Identify vulnerable populations/ situations in healthcare | Case based SGD | Scenario based assessment |

| | Los The student will be able to | TL strategy | Assessment |
|---|---|---|---------------------------------------|
| Professional: Adhere to ethical principles Be socially responsible and humane Practice professionalism Apply ethical and humanitarian principles that influence health care Maintain confidentiality and privacy of patients Respect patient autonomy Communicator: Communicate compassionately with patients and care givers | <ul style="list-style-type: none"> Discuss methods of comforting and counseling terminally ill patients (dying well) | Book review, interactive lecture, video | Essays, Checklist to assess GD |
| | <ul style="list-style-type: none"> Describe ethical principles in healthcare | Lecture followed by video, scenarios, journal articles, real life demos | Essays, MCQs |
| | <ul style="list-style-type: none"> Discuss religious beliefs, human values and customs in the context of healthcare | Experience sharing by medical practitioners, theatre, story telling | Rating scale for reflective summaries |
| | <ul style="list-style-type: none"> Discuss the importance of empathy | Role play, art | Checklist |
| | <ul style="list-style-type: none"> Discuss the role of fine arts in health and healing | Experience sharing by patients, theatre, story telling | Essay |

7. Length of the programme and student workload

60 hours in 2 phases Phase I (20: 15+5) +Phase 2 (40: 10+30)

8. Overall consistency of the programme

Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.

9. Internal Quality Control/Enhancement

Student, patient and faculty feedback

Dean's office and academic cell

Feedback from graduates and alumni

IQAC

10. Other relevant aspects

Suggested by the MCI, by the Dean and academic board at the institution.