



# The importance and patterns for humanities education of Chinese ophthalmology residency

Ke Zheng, Yi Luo, Xiaobo Yu, Xinghuai Sun

Myopia Key Laboratory of the Ministry of Health, The Eye & ENT Hospital of Fudan University, Shanghai 200031, China

*Contributions:* (I) Conception and design: X Sun; (II) Administrative support: X Yu; (III) Provision of study materials or patients: Y Luo; (IV) Collection and assembly of data: K Zheng; (V) Data analysis and interpretation: K Zheng; (VI) Manuscript writing: All authors; (VII) Final approval of manuscript: All authors.

*Correspondence to:* Xinghuai Sun, MD. No 83 Fenyang Road, Shanghai 200031, China. Email: xhsun@shmu.edu.cn.

**Abstract:** At this point in time, the importance of medical humanities education has not been fully understood during the standardized training of residents in China. The study of medical humanities is an important facet of ophthalmology residency that needs to be strengthened. During the standardized training of ophthalmology residents, not only the medical sciences should be strengthened, but also the nature and practice of medical humanities knowledge should be enhanced in multiple aspects. Offering medically-relevant literature, history, philosophy and other courses, simulating real medical activities, being enthusiastic in popular medical science and increasing the contents of the examination in medical humanities would all be areas that would further advance the ophthalmology residency. Along with medical science education, residents will be led and trained on medical humanities as to build good medical humanistic spirit of patient care so that they may better serve patients.

**Keywords:** Humanities education; ophthalmology; residency

Received: 04 May 2017; Accepted: 15 June 2017; Published: 04 July 2017.

doi: 10.21037/aes.2017.06.09

**View this article at:** <http://dx.doi.org/10.21037/aes.2017.06.09>

Resident training is an important stage of continuing education for medical students after graduating from school. At this stage, residents should not only study hard at medical knowledge, but also strengthen the study of medical humanities. Being a doctor is a unique job. In addition to facing diseases, doctors need to be able to communicate with patients effectively. Medical humanities may often contribute more to the recovery of disease. Medical humanities should be “to cure sometimes, to relieve often, to comfort always” (1). Medical education systems are different between China and western countries. For a resident who has just graduated from school, how to strengthen the medical humanities along with clinical skills during residency and express more medical humanities care in clinical practice, which is related to the quality of the entire medical team construction. For that reason, the medical humanities should be paid more attention to during Chinese ophthalmology residency.

## Importance of enhancing medical humanities education in training

With the development of modern medicine, the medical model has changed greatly, which proposed new requirements for residents. The General Medical Council (GMC) proposed the concept of Tomorrow's doctors (2), the good doctor, as GMC suggest, must be an educated doctor and this is one of the major areas where arts and humanities subjects might make a contribution. The clinical judgment made by a good clinician should be based on technical judgment and humane judgment. Technical judgment is from the study of medical sciences whereas humane judgment comes from the study of art and humanities, both of which are indispensable (3). The American society for bioethics and humanities was established in 1998, the UK association for medical humanities has defined the field as representing “a sustained interdisciplinary enquiry

into aspects of medical practice, education and research expressly concerned with the human side of medicine". The Australasian Association for Medical Humanities was inaugurated in November 2004, a postgraduate program in the medical humanities began at the University of Sydney in 2003 (1). Medical humanities education may make residents care more about their patients and understand patients' needs; meanwhile, the study of medical humanities knowledge can improve residents' capacity of communicating with patients (4) and make the resident a good listener to obtain the first-hand information necessary for diagnosis (5). The Ministry of Health and the Ministry of Education of China jointly released the Outline of Reform and Development of Chinese Medical Education in 2001. The Outline emphasized, "Since human beings are the objects for medical research and service, the relation of literature, science and medicine and cross amalgamation of multiple disciplines should be strengthened in the process of medical education to combine the training of medical ethics with that of medical skills". According to the new national medical reform in 2009, "To establish healthy and harmonious physician-patient relationship, to strengthen the construction of medical ethics, to attach importance to the humanistic quality training and occupational quality education for medical personnel and to vigorously carry forward the spirit of life-saving", the importance of strengthening medical humanities education was emphasized once again.

### **Status of medical humanities education for residents in China**

Generally speaking, there are still many imperfections in the medical humanities education for residents in China. At the stage of attending classes in medical college, the training on medical humanities is inadequate and is not deemed as a key course to train students. Medical humanities education is mixed with political education. The objectives of humanities education are unclear. Medical humanities teaching is out of step with social reality. The effect of humanities education is poor (6). Students only focus on the study of medical sciences whereas neglect the study of medical humanities knowledge. In addition, since the current physician-patient relationship in China is tense and killing or hurting doctor often happens, doctors have to be very cautious during the diagnosis and treatment of patients. Residents have so heavy clinical workloads that they have too little time to communicate with patients. When having rotation in the

wards, residents are responsible for both writing records and operations, thus they have no spare time to communicate with patients. Besides, some hospitals lack appropriate management. The designated rules and regulations only emphasize economic assessment indicators and allow some bad ethics behaviors unchecked or investigated but not punished. It damages the reputation of hospitals and makes medical humanities education useless (6). Meanwhile, in teaching hospitals, in addition to clinical tasks, residents have to spend much time on scientific research due to the pressure of getting a position in hospital or promotion. Many residents do clinical studies, conduct basic experiment in laboratory, and spend much time on fund application. They are under great pressure. Some residents are also responsible for the teaching of interns, which also takes some time no matter the effect is good or not. Therefore, residents are so busy that they have no time to think about the needs in humanities, and there is no driving force to motivate themselves in this aspect.

### **Exploration on the mode of medical humanities education**

The standardized training of residents should not be limited to the training of their basic theory, basic knowledge and basic skills, medical humanities should also be trained. Some teaching hospitals in China summarized the humanistic quality in the standardized training of residents as four indicators, i.e., humanities curricula training, teaching by precept and example, self-improvement and volunteer service (7). For the selection of core curriculum, some domestic experts believe that the top three curriculum in importance and weight are the physician-patient communication skills, the teamwork and the handling of emergency events (8). As for the establishment of medical humanities courses, Ophthalmology residents are encouraged to read some medically-relevant books which reflects the current situation in China, such as the popular fiction "Angel Heart". Since literature abounds with depictions of subjects relevant to medicine (3), residents can learn some physician-patient communication skills from such medical fictions. Residents should also read books in medical history and medical philosophy. The study of the history of medicine can remind students the nature of medical knowledge. Philosophy can teach students how to order their thoughts, construct an argument and reach a logical conclusion (3). Residents will be organized to participate in reading salon to share reading response.

Besides, famous experts in medical humanities are invited to host seminars on medical humanities for residents to share medical laws and regulations, physician-patient communication skills, patient psychology and knowledge in other aspects. Residents may have a good foundation in Humanities and grasp some theoretical knowledge in medical humanities via the theory study of medical humanities to guide further medical practice.

Constant practice is required to reflect the humanistic care of patients in specific clinical work. Before facing real patients by residents, senior medical doctors are organized to compile medical drama to let residents simulate real medical scenes to practice the skill of the communication with patients. Scenarios are designed for issues encountered in actual work to let residents handle, such as how to persuade and comfort emotional patients or families during outpatient service, how to answer the question of patients and their families in pre-operative consultation, attention should be paid to what language taboos by doctors in normal times, to fully involve residents in discussion. At the end, the senior doctors will summarize the key points and make the comments.

Since eyes are the windows of the mind, blindness will bring about painful experience to a patient and his/her families. In order to experience the feeling of blindness, the eyes of residents are covered to simulate the life of blind person to actually feel the inconvenience for patients who are blind or have low vision. Some other hospitals organize residents to accompany a patient the whole activities in hospital such as registration, examination, picking up medicine and admission, it let residents experience the possible anxiety of patient and the difficulty in seeking medical advice at patient level (7). After engaging in similar empathy practices, residents can empathize with patients and care for their patients from the bottom of the heart.

Although professional knowledge is the most basic requirements for residents, they should also be enthusiastic in popularization of medical science. They should convert elusive medical terms into vernacular which is easy to be understood for the general public. Residents should also record and summarize common questions asked by patients and practice own communication skills including language skill and speech gesture by means of popular science propaganda for self-improvement. Residents are also encouraged to participate in some volunteer clinic activities in communities to learn about the needs of patients and communities, and respond to patient counseling to improve their capacity of information sorting. In term of residency

outcome, young doctors not only love the professional, and also receive more good feedback from the patients.

In the test of standardized residency, the contents for examining medical humanities are also enriched. The evaluation of medical humanities will be concretized and quantized into the steps and requirements for practical operation upon the assessment of the clinical skills of residents. For example, in the assessment standard for “three-mirror lens examination”, except for the scoring points for corresponding technical procedure, some scoring for medical humanities are provided, “to explain the purpose and possible discomfort to patients get their cooperation and necessary psychological comfort should be provided”. In the test of ward rounds, content of the concerns and questions of patients and their families is also be scored. Feedback from patients and their families about the performance of resident on medical humanities, as well as residents self-evaluation and senior doctors’ comments, would all be recorded. Based on these multiple source feedback, residents would perform better on medical humanities in the further.

With the development of society, the medical model has changed accordingly. Except for curing physical disease, full respect and good experience are also required. This requires residents to keep strengthening the self-cultivation in medical humanities to adapt the need of new medical model.

## Acknowledgments

*Funding:* None.

## Footnote

*Provenance and Peer Review:* This article was commissioned by the Guest Editors (Karl C. Golnik, Dan Liang and Danying Zheng) for the series “Medical Education for Ophthalmology Training” published in *Annals of Eye Science*. The article has undergone external peer review.

*Conflicts of Interest:* All authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/aes.2017.06.09>). The series “Medical Education for Ophthalmology Training” was commissioned by the editorial office without any funding or sponsorship. The authors have no other conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related

to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

## References

1. Frangou S. To cure sometimes, to relieve often, to comfort always. *Shanghai Arch Psychiatry* 2012;24:350-1.
2. Edwards R, White M, Chappel D, et al. Teaching public health to medical students in the United Kingdom--are the General Medical Council's recommendations being implemented? *J Public Health Med* 1999;21:150-7.
3. Macnaughton J. The humanities in medical education: context, outcomes and structures. *Med Humanit* 2000;26:23-30.
4. Jauhar S. From all walks of life--nontraditional medical students and the future of medicine. *N Engl J Med* 2008;359:224-7.
5. Naghshineh S, Hafler JP, Miller AR, et al. Formal art observation training improves medical students' visual diagnostic skills. *J Gen Intern Med* 2008;23:991-7.
6. Zhang J. Medical humanities education in higher education: predicaments and solutions. *Medicine and Philosophy (Humanities And Social Sciences)* 2011;8:64-6.
7. Zhang B, Wang Z, Liu R. Construction on the system of the humanistic quality education involved in the standardized residency training. *Modern Hospital Management* 2015;4:51-3.
8. Yuan Q, Jiang Y. Preliminary study of humanistic medicine courses system for resident doctors. *Journal of Shanghai Jiao Tong University (Medical Science)* 2013;33:1519-23.

doi: 10.21037/aes.2017.06.09

**Cite this article as:** Zheng K, Luo Y, Yu X, Sun X. The importance and patterns for humanities education of Chinese ophthalmology residency. *Ann Eye Sci* 2017;2:37.