FOCUS GROUP IN THE UNITED KINGDOM

Number of participants	6-8
Participants Typologies	Historical lectures, medical education researchers, medical history researchers and graduate medical students
Topics	1. Clinical practice (evidence based medicine) 2. Medical ethics (health expectations and experiences in term of values and ethical principles change through the time) 3. Medical social sciences (lifestyle, environment, global health) 4. Communication skills (doctor – patience relationship)
Duration	45/60 minutes

Introduction of the Participants

Jonathan Ives: Recording has now started, I'd just like to go round and ask everybody confirm verbally [permission to record]. I'll go in order of my screen. Could I ask Vanessa?

Vanessa Heggie: I'm ok with that.

Jonathan Ives: Ulrika?

Ulrika Maude: Yes okay with that.

Jonathan Ives: Catherine?

Catherine Lamont-Robinson: Yes, fine.

Jonathan Ives: John?

John Lee: Yes, thank you.

Jonathan Ives: Giles?

Giles Birchley : Yes, I consent.

Jonathan Ives: Richard.

Richard Huxtable: Yes. Go on then.

Jonathan Ives: Coreen?

Coreen McGuire: Yes, that's fine.

Jonathan Ives: Thank you and Richard B you don't get a choice because your part of the project. I'll hand back over to Richard.

Richard Bellis: Okay, so just to start off I thought we'd introduce ourselves. I mean obviously a lot of us know each other but I think it's probably worthwhile briefly saying who we are where we work, and really, and what our background is in humanities as it relates to teaching and teaching medical students. Also, in medical history if there's any interest in that that you might have. And if again if

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we could go to people remember the order that was in that might be quite a good way of doing it. We'll go on the order on my screen. So I can see Richard's first, if that's okay.

Richard Huxtable: Yep, yep. Hi, I'm professor of medical ethics and law at Bristol University where I direct the Centre for ethics in medicine, based in the medical school, and most relevant to today, I, I'm heavily involved in typically the ethics and law teaching to medical students, and that is a theme, which I'm sure I'll come back to, in which we have closed engagement with other themes, including a theme around broadly the arts and medical humanities, teaching within the medical school,

Richard Bellis: Ulrika, I have you next and your microphones off by the way.

Ulrika Maude: Sorry I muted it to avoid unnecessary feedback. Yeah I'm professor of modern literature at the Department of English, and director of the centre of health humanities and science, and I teach on the intercalated ba in medical humanities. And we're also planning. In the process of developing an MA in medical humanities for the centre.

Richard Bellis: Okay, so I have Catherine next.

Catherine Lamont-Robinson: Hi, I'm mostly affiliated with Bristol University. I work with the intercalated medical students, and I also with a background interest in research in terms of learning disability and physical disability and sensory impairment. I work with medical students in that regard, so I tend to work with first year medical students, and then other second, third and fourth year medical students on electives. And then, as I mentioned with the intercalated group, and in terms of the medical history I would always contextualise the materials that we're talking about, with a reference to medical history within that.

Richard Bellis: I next have Jonathan who obviously we'll ignore. And then, next up Vanessa. Hello. Oh. Hello. Have you frozen?

Jonathan Ives: I'll just send Vanessa a message if you want to carry on through.

Richard Bellis: Okay. Oh she's back.

Vanessa Heggie: Yeah. My networks not great and there's two of us trying to do Skype meetings at the same time so it's not. Yeah I may disappear occasionally.

Richard Bellis: Maybe we need to all get on the same meeting.

Vanessa Heggie: If you want to work on like your environmental policy. That's what's happening downstairs.

Richard Bellis : Yeah, I'm not sure about that. We'll stick with this. Sorry, did you miss a lot there or?

Vanessa Heggie: No I tuned out towards the end. Sorry, just I said just let me drop in and out because I say the network's not great when there's two of us trying to do this so

Richard Bellis: yeah okay. You're next on the intros

Vanessa Heggie: Oh am I okay right so I'm lecturer soon to be Senior Lecturer in history of medicine and science based within the medical school at the University of Birmingham. So what I teach on is the intercalated year in history of medicine. There are two of us who run the whole course so it's quite intense. Nominally I'm based within a unit called Social Studies in medicine but there's not a lot

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of integration in terms of sort of a medical humanities general approach. And that's why we're still teaching, what's a history of medicine specific intercalation rather than a medical humanities one.

Richard Bellid: Okay, that's great. Thank you. And then John I have next.

Giles Birchley: So I'm a research fellow at the university of Bristol Centre for ethics in medicine, and I do some teaching on the BSc. The intercalated BSc in bioethics, and also some teaching on the MBCHB

Richard Bellis: That's great Giles. There's John left I think.

John Lee: Yeah. I'm a senior lecturer in English literature in the Department of English, and I'm the programme director for the intercalated BA in medical humanities, which is taught jointly between the departments of English, and philosophy. I have some interest in medical history. In terms of renaissance medicine.

Richard Bellis: A fine era for medicine And I've just been kicked by Coreen because I forgot. I think it's 'cause I'm on the same screen just not looking at myself. So, Coreen please.

Coreen McGuire: So I've been working at the University of Bristol for the last couple of years as a historian of medicine in the philosophy department, as many of you know, And I worked there on the history and philosophy of medicine course part which included the intercalated medical students, and before that I worked at Leeds mainly teaching history of science but we did a lot more object based work there.

General discussion (15 mins)

Richard Bellis: Thank you very much for introducing yourselves. Obviously everyone seems to have medical humanities experience which is why we invited you in first place and also experience in teaching medical students medical history and so on so that's great to hear that. We invite the right people so that's fantastic. Thank you for joining. And so there's that forty/forty five minutes, and there's basically two areas of discussion that we're going to focus on. The first one is really about teaching medical humanities and teaching medical students, and the second one, which is due to be about 15-20 minutes. Obviously that's very rough. This was designed for in person and etc. And then the second discussion which is meant to be a little bit longer, maybe around half an hour, will be more about innovation and teaching about history especially looking at, obviously, online materials, so that's why that's the sort of structure of discussions that we're looking at. So, we might have a short break in between, as well. And it's obviously difficult to concentrate on the computer for that long. So, and yeah so if we just start off with looking at, medical humanities and teaching medical students. This is really obviously, one of the main purposes of the ALCAMEON project. Using medical humanities resources to teach medical ethics, but using medical history as a way into that to make it potentially more accessible, or broader as a subject and not something that's simply ticked off with something it's really engaged with by the students, and it's really exciting part of the, of the whole project, from my perspective as a medical historian primarily. And so, just in terms of starting to think about that it'd be really great to have a sort of survey of what people's understanding of medical humanities is, and especially how that might apply, particularly to teaching medical students in a medicine course.

So if anyone wants to jump in, please feel free, but I'm happy to go around as people prefer

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Okay. Well, okay, Richard?

Richard Huxtable: Come on them because I'm probably the least dyed in the wool medical humanities person here so I'll go in ignorantly and the rest of you can correct me. So my sense, if you're if you're asking for a sense of what medical humanities is. I see it as spanning the whole breadth of the arts and humanities, insofar as it has a bearing on medicine, healthcare and health more broadly, so I know in the work we do on the medical curriculum in our institution we, we certainly withdraw in different ways at different times to different extents on art, and I do mean art in a variety of senses, so it might be fine arts making, doing, painting, sketching. English certainly features. The power of stories is a component, history is drawn on occasionally, and drama. Certainly features it some sometimes overtly sometimes more covertly or implicitly whether the students realise it or not they are dealing with stories and narratives and different perspectives and sometimes it's performed perspectives, they are actually getting theatre in front of them whether they realise it's theatre as such. So that's my quick opening gambit.

Vanessa Heggie: I guess I would temper that with, I think there's a tension going on I speak to people in medicine about medical humanities about whether medical humanities is studies with medicine or studies of medicine in the way that sts has a very definite identity has been studied all the science that use the range of different humanities, I'm not sure if medical humanities is quite there yet there are some units that seem to be doing it more in that way that they're like a critical friend studying the medical school. And then I think probably slightly more of us are in a medical school providing teaching and research services to a medical community but I found the phrase used in both ways and I don't know. Sometimes I think I might be more critical than a friend, but I think it's an institutional creation, rather than a coherent intellectual discipline and that seems to shape what sorts of disciplines are within it. Certainly the medical humanities inside. It does seem to be more art history, literature studies, sometimes mainstream history as well, anthropology, sociology perhaps more in the critical side of things but again that's just based on the units that I know of all the people who self identify in that way so it might be much more subtle than that.

Ulrike Maude: I just want to say that I don't see medical humanities as something that is that that is a discipline where the arts and humanities are in the service of medicine. Rather, what I'd like to say is that medical ideas and bio medical ideas developed within culture as well as in hardcore medicine. And therefore, I think it's really important to include those cultural perspectives that often in fact anticipate medical discoveries, or enable medical discoveries and that includes history of ideas, whether that's philosophy or literature or art. It includes empirical history. It includes the history of science, and so forth. And I can give you an example of the ways in which literature for instance has anticipated scientific discoveries. For instance, in the early 16th century and Italian poet, and thinker called Girolamo focus Thoreau wrote a wrote a poem about syphilis where he talks about invisible invaders. He's challenging the miasmatic theory of contagion, and thinking about invisible invaders disease. Now this is you know some 400 years before bacterium and more than 400 years before viruses are discovered, or say something like William Blake's early 18th century poem, the sequel to 18th century poem rather the sick rose, where he writes about syphilis and talks about the invisible worm that invades people, comes through that writes through the night, anticipating the discovery of the spirochete a bacterium which causes syphilis so these kinds of ideas are often important in the development of scientific thinking

Richard Bellis: That creative aspect is very important in terms of developing that idea.

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Coreen McGuire: Yeah, I think probably Katherine will come in on the creative side of things, but just to flag up that it seems like a lot of us have been talking about how interdisciplinary medical humanities is I don't know if we've necessarily actually said that but it does seem to have come through and what everyone's brought up so far. I don't know if it necessarily is. But in my experience, I would say it obviously has been

Ulrika Maude : I suppose that I'd like to add that it works both ways. If. Oh, sorry, Catherine were you about to speak? Yeah. No, I was just going to say that of course, something like modernist literature for instance develops partly out of the discoveries in neurology and the changing understanding of or the transformed understanding of language after Brock has discovery of aphasia. And the fact that is caused by lesion. So, so language is then materialised, as it were, turned into a bodily function rather than a transcendental disembodied one, and therefore literature reacts to this and has to, sort of, has to do something quite radical formally to somehow bring forth this new understanding of language Catherine sorry.

Catherine Lamont-Robinson : Perhaps I should just mention that I am only just getting used to. On screen dialogue and I'm finding it a little bit challenging, but you're helping with this and I need to adjust. So I'm very pleased that Coreen mentioned about that sort of creative space if you like because I actually was going to bring up an example of the intercalated group through our association with the life of breath research. I held a separate session and Coreen very generously agreed to come and we'll come back to that in a minute so we had representative of Coreen as a medical historian, and we have someone. Wonderful. Maria from public engagement, who's also, as well as being interested in participatory art has an arts practice herself which she keeps hidden. And we also had an artist who's involved with that project, and the students, and it was set up in the basement of the art shop Cass Arts in Bristol where we've been holding our informal creative inquiry groups. And because my major commitment with the intercalated group is to do with hands on discussion, using materials to think through ideas working towards an exhibition. And I think the students and the guests. I'm sure Coreen support man as you better had, find it a very interesting space and way to work together and indeed Coreen what I was going to particularly mention was that when you brought the historical aspects of your current research and the medical students were absolutely fascinated and spontaneously said that they would really love to have more access to medical history in the sort of way that Coreen was presenting that sort of fresh way and so that's just sort of flagging up there. The feeling of spontaneity and space that I'm not particularly feeling at the moment but we'll get used to offer people together from different disciplines and being able to work. Non verbally, perhaps and access different parts according to what their own interests are and perhaps the value of that fluid exchange in one space.

Richard Bellis: I'd love to come back to that. I was just gonna say I've noticed Giles as well. So, you know, I'd really love to come back to some of those points when we talk a little bit more explicitly about medical teaching in a few minutes.

Giles Birchley: So I'm just kind of returning to the original question where I am also. I'm pretty ignorant in the way that Richard tried to express it. I don't feel like I'm a big medical humanities person. Um, but I would think that medical humanities has got something to do with trying to describe the kind of wider space around medicine that's beyond science because medicine as a science is really rather akin to the definition of medicine. And so, it's got something to do with the kind of process of inculturation of doctors into this kind of wider area of this wider sort of cultural space around, around medicine, but also perhaps got something to do with bringing some

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understanding of what one is doing when one is practising medicine, it goes beyond the mere kind of thin scientific understanding of the what we're doing.

Richard Bellis: Yes, So, I want to actually just follow up there, because that's really interesting about what someone's doing. What tends to be emphasised when we're thinking about medical humanities education in medicine is often that sort of sociability aspect of medical practice. So I'm just gonna let John come in here.

John Lee: Oh, sorry. Well, we have to wait. I was just going to follow on from Giles. In a sense, it's interesting to hear what other people have to say, because one kind of realises that one has a foot in a lot of different camps. I think perhaps I felt closest to what Giles was saying that it seems to me. It is about a kind of partnership with medics. I think it's probably medical education as inculturation is what Giles says. I think another way of saying it is in a way it's not an addition but it's a kind of an exposure of relationships that have always been in existence through medicine's history. So you know medicine, kind of, and the humanities have always gone hand in hand. I think part of the function of medical humanities is in a sense to reveal the fact that those kinds of relationships have always been there. Why I think that kind of inculturation is important, is I think medical students medics, per se, perhaps wrestle with questions of kinds of responsibility, personal responsibility. Consequences of choices in a way most students don't. And I think that's in a sense, speaking, in terms of the integrated BA in medical humanities. That's one of the things they typically want from it and take away. When I say what they want from it is that, those are sort of preoccupations of theirs they come in with, and they want, kind of new ways of addressing them. And I think for medical students it's. People always talk about informed consent for medical students quite interesting, because in some ways they, their career hasn't involved informed consent. And so you know when they're 16, almost, or when they're 18. They make this choice to become a medic. And then, huge numbers of sort of serious consequences start coming to bear on their lives. In many ways, I think, medical humanities is a way for them to kind of address the choice of career in retrospect, to see quite what it is they signed up to, and how they might deal with those choices. Whereas, the majority of their medical education is just kind of getting on with it, and turning out the medic. So it's kind of their relationships to their profession. I think medical humanities is one focus for it.

Richard Bellis: Thank you, that's really interesting I think it seems like the conversations turning towards more about teaching, more explicitly. Richard Do you have a sorry, I missed your hand. My fault.

Richard Huxtable : No problem. I just wanted to specifically say probably not something for further discussion but that might be something worth noting in case it's useful to down the line in the project. Picking up exactly on what John was just describing, there was a paper published in medical humanities the journal about 10-15 years ago called becoming a doctor. And it was by Bristol medical students, and they reflected on all this inculturation, and it feels telling to me that they've published that in the journal medical humanities, there's a sort of personal biography aspect to it, but I just mentioned it because it really nicely picks up on John's observation.

Richard Bellis: Thanks, that's really helpful. I wasn't aware of that so that's really helpful, have a look at that and yeah sorry as I was getting at. The conversation seems to be moving towards teaching medical students and I think that's a good time to ask more explicitly about that. And so I'm just thinking about integrating obviously our project is trying to use medical history to teach ethics and to steer the conversation a little bit towards that, and perhaps, Catherine has no experience in that. And that might say something about that in relation to exhibitions, and some of that nonverbal stuff

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which things were really interesting and aspect of the medical humanities teaching at Bristol, specifically, but yeah thinking about how integrating medical history into the broader humanities curriculum that's taught to medical students, how it might be particularly valuable or whether issues with that. Just, just laying out. Any initial thoughts?

Jonathan Ives: I guess another way to phrase the question is whether you think humanities and medical history should be taught separately in disciplinary silos or whether you think an integrated approach is better, how that might work and what the challenges might be?

Vanessa Heggie: I'm happy to speak to that. I mean generally that I, I think one of the challenges that we have certainly that I have as a historian of medicine is getting respect for the methodology within the university and within the broader medical community that there's that cliché the doctors retire that write a book of medical history but historians don't generally retire and do neurosurgery and so the idea that what we do is not actually a specialist subject of any kind, it doesn't require any particular skill sets. And I think there's therefore certain protectiveness about wanting to keep it as a recognised discipline to have it as specific modules to not want it to blended in with other humanities subjects, and I you know I understand that I feel. Similarly to it that it depends on the amount of exposure that the medical students are getting that if they're only getting, you know, 20 credits of humanities teaching. if that they're only getting 20 credits is going to be a scattergun approach to a whole bunch of different disciplines does that really give them enough to work with in the future would it be better for them to be having one humanities subject in depth or something like that. So a lot of it has to do with the structure and how much of this is actually being given to the students in any particular institution which I know varies enormously. I would say that in terms of the feedback from the students that they don't necessarily notice when I'm teaching them ethics through history. We will have a three hour discussion about whether the concept of pillage is eugenic, and they will see that as being a history discussion, and it's only sort of later when we talk it out, that they realise they've actually discussed a whole load of stuff to do with reproductive ethics and you know women's control over bodies and all of these sorts of things but it's been an opportunity for them to approach it in that way so it's certainly something you can be taught that way I just, I just think you can do it within a course that's entirely history, I think you could probably do it within a course that was entirely literature studies or one that was entirely our history or one that was entirely sociology if you really wanted to. And I've sort of lost track of where I'm going with this but I think again it's this desire to protect the, the intellectual reputations research that we do, you know honouring and recognising as a special subject because one of the things that the students feedback very hard in the history course that we teach is how much they hate the introductory obligatory history of topic at the first lecture of whatever module, it is they're doing, they do not like their introduction to history of anatomy whatever else it is that's being delivered to them by doctors they almost universally refer to those as boring and tedious. And I think they appreciate much for actually having a more intense introduction to the humanities to a whole course a whole module at least, and what they don't enjoy doing is having it slotted in inside other components of the course that they're doing even, even when actually might be really useful in those spaces, so I think if we're going to do it like that it needs to be done better than it's currently being done at least as I could speak of a couple of medical schools in the UK.

John Lee: I think in a way, the intercalating BA here at Bristol, kind of answers to those questions or those concerns. In that they coming out for a year and they are doing relatively few disciplines, you know, philosophy, English, and through that they get other things but they really concentrate. So again, I would just be in agreement in that sort of sense of going between wanting the idea of

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diversity is really nice. But it also kind of possibly loses focus or fragments. Whereas if you keep things more singular, or at least within a predominant primary focus, I think. Students often find that more enriching because it gives them a particular set of tools to then go and think with further down the line, which they may not grasp, unless it's sort of made. They're given the time and the focus on those particular areas.

Ulrika Maude: Yeah, I just add to what john said. On the other hand it's impossible to teach literature, without contextualising it and without bringing in history, or scientific ideas or ethical ideas. So in a sense, our discipline by default is interdisciplinary, it's sort of literature incorporates everything, and therefore the teaching often incorporates everything while at the same time as John says, retaining focus on things like language structure form, as well. So, I suppose we start from that core idea, but you know there's not a single seminar or a single session or paper given or anything that doesn't incorporate history. Quite centrally. And probably in John's case it's even more of the case because he works in an earlier period than I do.

Richard Bellis : Yeah, absolutely. I was just thinking, obviously we're focusing a lot on literature and history and written sources, and is there anything else about other kinds of sources. I mean, obviously, we're going to talk more explicitly about objects later but I just wonder if we could bring that I'm sorry John.

John Lee: I'm sorry, perhaps you want to talk about later but I just theory or object theory impact in. Along with interesting sort of polychronoisticity of objects, but asking when there's a question about things in texts. I just thought, in some ways, it's a nice time for ALCAMEON to be having the objectives, it has.

Richard Bellis: Yeah, absolutely. I think one of the one of the really nice things about, about the project, I think, potentially, I hope we can really bring this through is that emphasis on. You know medicine being physical and a large part of being, you know embodied. And that's really nice. I think that we can add that historical view to that, and I think that's quite an important thing. It's not just dusty books, and I love dusty books but in terms of engagement I think that's probably something that's really important. And, and really helps and it is interesting. But John's got off my screen now. Hopefully still there, about objects in texts. that's quite an interesting. I didn't really think of that. As part of them, expanding that but it's really important. Okay so that is that's quite a nice place to stop I think because we seem to be getting round to objects. This was meant to be sort of a general overview and I think we've covered quite a lot of ground that it's one question that we haven't really looked at but I think we can come to that in the wider discussion. So do people want to have a few minutes break, like two or three minutes just to stretch your legs briefly and then we'll come back and have them discuss objects and teaching a bit more in depth. I'm aware, listening to me speak for a long period of time as wearing. Yeah. Talking two three minutes Okay.

Jonathan Ives: Well, free to mute instead switch off cameras, while yeah.

General Discussion (30mins)

Richard Bellis: Hello, anyone unmuted? No? Okay. It seems like most people are back on now.

Jonathan Ives: Is everybody okay timewise?

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Richard Bellis: Yeah. Yes, it's a bit tricky to run, slickly. I'll try my best. Is Giles there? John's light's there

Coreen McGuire: Light's on but nobody's home, I guess.

Jonathan Ives: He's here. Yeah.

Richard Bellis: Okay, so I suppose we can see John again. Well I'll start introducing this section so this section is more explicitly about innovation in medical teaching, and the innovative thing about the ALCAMEON projects is. Those two things really there's going to be an online museum created as part of the project. The students will be able to access. Oh hi John.

John Lee: Alright, sorry.

Richard Bellis : And you'll see there's a large amount of teaching resources that will be online for students to use, and for people who are teaching to use. so that there's going be a large amount of online resources. If only this was done already. I suppose. That'd be helpful that. Yeah, it'll be ready next year. Due for the next pandemic or something. And so yeah so this next section is really talking, asking about what kinds of innovation. You think is useful. How might we ensure that given, obviously the discussion we've just had about teaching medical humanities to medical students and in general, how might these set of resources. Help.

Vanessa Heggie: Bear with me a second. Now I'm sorry. At least he wasn't naked!

Richard Bellis: That's a shame really!

Jonathan Ives: He's being recorded.

Richard Bellis: Yeah, so, I think if we just start thinking about what kinds of things should be included in humanities in teaching medical humanities to medical students, and how might things like e-learning support those objectives

Jonathan Ives: To specify the question a little bit we can't list everything but maybe if there are key things that you think need. we couldn't do without. Sorry, Richard Huxtable.

Richard Huxtable: Yeah, thank you. Just, just a few quick observations based on experience we've had in our institution with redesigning the medical curriculum, including in relation to themes. So, the overarching ethos of the redesign is its case based learning. So the students throughout their five years, I'm excluding for this purpose, intercalated years or even special study type modules and the like but rather thinking your mainstream dyed in the wool medical student running through the five years. It's case based, the cycle is about two or three weeks, they're supported by practical activities, tutorials, and also lectures, but a good deal of their learning about a particular case is self directed learning with a bit of signposting to potential sources so I think medical humanities broadly could contribute and already does contribute in lots of ways. So in addition to our cases which, for example a case might be giving a very high level title like low mood. And then there'll be a particular patient story so immediately we're into humanity's world. A story unfolds with chapters, and they have to break off find out about the science, and sometimes look to much broader resources as well. So for example, they are signposted occasionally to history, and indeed encouraged and asked questions about personal medical history and if we think about medical ethics in particular I can think of immediate trigger areas that always appear to us where it's good to have a sense of history, research ethics would be one, human tissue anatomy, would be another. And there are others, so

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that's one. We also we're not merely looking to expose them to if you like medical humanities broadly but also to learn from and to some extent with medical humanities. So I'm mindful of many discussions I've had with the relevant arts and humanities theme lead about encouraging critical thinking, which, when you ally medical ethics to medical humanities, you could argue amongst yourselves as to which is the umbrella and which one falls under the umbrella. Then the philosophy plays a role in that. So there are philosophical skills, being drawn from the arts and humanities as well. But even beyond that we have sometimes used for example literature and poetry, sometimes because that is where the student at the relevant point in time is, they might be close to being a patient, if you like, or remember the public and it's stories, such as film literature poetry that draws them in. But other times it might be almost like metaphors, can help you name something that's a little bit difficult to look out head on. We've certainly use poetry in literature when first talking to them for example about death and dying and end of life care. And I think to similar extent. I think it's happened also in relation to mental health and mental ill health. But as I say it's a mixture of exposure and working out where the students are, but also, exposing them, not merely to these different multiple disciplines that contribute to medical humanities, but also the skills so far as we can with the one big caveat being, and this is amongst the constant refrain through a medical student. Why is this relevant? So they always want some relevance made abundantly apparent and tragically one of the difficult relevance indicators for them is whether or not it's substantively assessed or summatively assessed, and that can be one of the challenges as indeed we find in medical ethics world. In short, multiple choice questions do not lend themselves to every aspect of becoming a doctor. I hope there's something in there!

Richard Bellis: Yeah, we've got John. I can see, and I think Giles as well so shall we go Giles first I ignored you last time so okay Giles and then John. Okay.

Giles Birchley: It's quite noisy here, my audio was muted, I'll try again. So it was really coming back on Rich's point really reflecting on the idea of a medical sheet so to say why on earth do we need to know this, and then thinking about that in terms of what John saying about, um, you know, ensuring that that medical students know the kind of bigger picture of what they're getting into. And there's something there about the timing aspect, the students have got to want to engage in what you're teaching them and what you're showing them. And there's something that troubles me a bit we've tried to sort of break it down and kind of force it into the general mix, because that might not be the time when they necessarily need that knowledge. I mean that's terribly unconstructive thing Richard for me to reflect on what knowing how much work you've done with drawing up the new curriculum. But I wonder whether there is something there about giving opportunities for preparing for sort of, you know, much more immersive study and further down the line, even if you're giving them sort of tasters early on. I mean, it's hardly an innovation, doing it one way or the other and really. And of course I'm talking I'm speaking from a background where I know very little about teaching anyway, because that's not a big part of my job. So that's it, those are my thoughts.

Richard Bellis: That's interesting. Thank you, and I want to come back to the point you made there But should we hear from John first.

John Lee: Mine was just a follow on to Richard's really which was. We've been asking some of our previous students so that graduates from the course. What they found valuable about it. And I was quite surprised that one of the answers that kept on coming up, was they felt much more able to do to do their own research, and to do reviews to argue for articles which they would then send in. There's some genuine surprise there, because I always thought they would get all that anyway. In medicine, in a way, because they're having to digest, large amounts of material and submit papers

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and so on. Or essays. But it's clear they find something extra. When they kind of do this in a different discipline, which they can then take back.

Richard Bellis: Thank you. That's a really, really useful observation and certainly something that Richard might be able to use when he's teaching 'what's useful about this' you can use that maybe, and I just had something to follow up on.

Jonathan Ives: I think Vanessa wants to come in on that?

Richard Bellis: Oh, sorry. Okay, well, okay well yeah, sure, Vanessa sorry.

Vanessa Heggie: All right. That's just reminded me that that's the feedback that we get from the medical students as they always every year flag the writing skills, the ability to construct an argument that they get out of the integrative degree that they do not feel is the thing that most scared of when they start and it's the thing that I'm most happy with by the end of it, but also they also flag, the interdisciplinary research skills and independent research skills because we made them come up with their own project and go through archives of going overseas which has been fun this year getting everyone to come back and, but also because we structure the intercalation year to reflect very much on the practice of their own learning. So one of the first things they do is they go on a tour around the med school and look at the paintings and the pictures and talk about who's in them and who isn't, that's like day one. You know I take them across campus to look at the museum's where earlier generations of medical students were doing talk we talked about why they don't know spaces, they're immediately being self critical about their own learning and that is something they comment on towards the end of the year. Realising they're now asking why do I have that module and not that one Why are these sorts of people in my classroom and not those sorts of people and they're very, they pick up on that without us telling them that that's what we're doing for them and they recognise it and they, they certainly in later years, when we asked him to give talks to recruit new students that sort of thing that they emphasise that it makes you a much more critical thinker, writer, a better communicator so that is what they're drawing away from it, but I wanted to address a little bit you very specifically asked about what sort of digital learning and digital tools would be useful, in a sense, a lot of what we do is actually physical and objects. The point is to get them out of the med school and physically go somewhere else and go to a museum and handle an old book and look at an object, but in terms of the digital stuff what has been really useful for me as a teacher is anything that's not Western medicine, because that is what they increasingly are asking me for and as a historian of Britain and maybe a bit of a push, you know the western Empire it's really, really useful to me to have sources like that so the one that I was thinking of is the eugenics archive, which is a Canadian website and it has like a globe that you can go around and it will tell you stories about eugenics in different countries and I can't teach about the history of eugenics in Japan with any real confidence, but my students are able to explore that website we do it as a seminar group together and then we look up the links and follow through and we do it's a group project, and they are always really keen to work out stuff through like I've completely redone, a module on the history of antibiotics, because they did not want to hear about Flemming anymore, so we do it about antibiotics in Ukraine and we do it about antibiotic development in China, they love that. But I think if you're going to do resources, resources that enabled me to step beyond my boundaries of my particular expertise particularly into different geographical areas that would be something that I would really welcome and absolutely include in a variety of different modules that's, and it's that student led them on as well they're definitely asking for us to provide that to them, I get when you're teaching a history degree, a year of a history degree with just two staff members, it could be quite difficult to grasp the coverage, but they might want to do, I mean time period wise but also geographically.

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Richard Bellis: Thank you, that's great and that's exactly where I wanted to go. So I think Ulrika is coming in now.

Ulrika Maude: Yeah, just wanted to add to that that. A year ago the science museum, or just over a year ago actually the Science Museum in London approached us about wanting us, and perhaps our students as well to research their collections to use their collections. So they have a wonderful new medicine galleries now in London, and the objects are also digitised and online so that might be a useful resource for people. Also, in about two and a half years, their sort of collection, that is not on exhibit in Rorton, which is near Swindon is going to be made available to the public and that's 97% of their collection, which is in these big hangars. And that's going to be a place where people can also visit it's quite close by and, and all of that material is also going to be catalogued so digitised with brief descriptions, unfortunately only something like 60 words per object. They have some kind of a rule regulation about that. But anyway, all of that is going to be available so that might be a good resource for people as well. To use they have things like you know, early microscopes and things like that. So we are thinking of taking our intercalated BA medical humanities students there on, as it were, field trips and researching there ourselves as well.

Richard Bellis: Yeah, that's, really great yeah he Science Museum is. Yeah, I actually had a module in the Science Museum once it was really, really fun for my masters. And so yeah, that's something that we're looking at. And that really brings us into the museum aspect of this e-learning obviously we're looking to do that. And I think science museum is something that will definitely, you know, interact with, we'll direct students towards that. And I didn't know about the Rorton thing that's fantastic.

Ulrika Maude: Yeah, all that material has been out of bounds and suddenly you know, it's going to be opened up, as well as their archives, and their library,

Richard Bellis: that'll be a superb resource and there's obviously other resources that we probably can think of. So, in terms of our project. how do we interact with these things? I mean, obviously we have a specific goal in terms of teaching outputs but is there something that we can do that would be specifically useful for teaching medical humanities. For intercalating medical humanities students, for example, through this project, or something that's needed that people have found. So Ulrika mentioned that they're quite short descriptions so I mean it's something like longer descriptions, more useful or perhaps maybe getting 3d shots of objects and that kind of thing.

Ulrika Maude: Some of it is in 3d, some material is in 3d already so it's a kind of instant resource in that sense.

Vanessa Heggie: I just I think, one thing I would be really keen on, I mean, this is the problem I think with a lot of digital resources is you need to have conversations about what is and isn't included, because this is something I'm trying to train them with before they get into the archives to think about the absences and then what materials is collected and what material isn't collected and in all those things that are very obvious to humanities people and aren't necessarily obvious to medical students who think that, like all of history is out there preserved and they just need to find the right bits to write their dissertations with that I think that if you're going to do an object gallery it's amazing to have objects that no longer exist or objects and you don't know what they are and they're still allowed to be included, or to give them some way of thinking about whose stories are there and who stories aren't and things like that that might not be in a terribly obvious way but just daft stuff like you know I give them 19th century public health reports and before I even give it to

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them either digitally or in physical form, we talk about what we expect to be in the index, what do we expect to be the main categories, and then they're surprised at what is and isn't there and it's a really simple basic exercise but that sort of process of allowing them to notice for themselves the presences and absences I think is really important and again I think part of the problem with digital archives is that they're so used to digital and they're so used to, you know, they only read an article, if it's an e journal article if it's a physical copy in the basement somewhere, they're not gonna go and get it that they, they haven't yet developed a way of critically thinking about how these materials are put together so any sort of digital service that also provides that extra meta layer is really, really useful for seminar group teaching at least

Coreen McGuire: To just come in on that point Vanessa which I think it's a really good one. When we're talking as well about whose stories aren't there and whose, aren't I think that really flag up to me also why, when you do need the context because we need with objects to show that they're relational to show use, and also possibly appropriation objects aren't always used in the way that they're designed to be used, especially objects around disability. So I think like, especially with those examples we need to really show the stories of use, alongside them. And to make it clear what was really happening.

Jonathan Ives: Anybody have any thoughts or ideas or experiences of the way this can be done. Well, other than just a mini essay next to the object because that strikes me as quite dull not particularly engaging, Richard

Richard Huxtable: I'm just mindful, probably a resource worth mentioning anyway. This goes to this veers away from medical history Strictly speaking, it brings more into our literature, but it's Sandra Bland's medicine unboxed. That's an annual conference so he is a face to face meeting. But it had he has at the backend been uploading essentially short podcasts, including interviews with key authors poets and medical professionals with an arts orientation. So, it just reminded me of that and maybe think that, particularly in this day and age, subject to the caveats about older resources and access to those but mindful of Jon's question about avoiding text, we should think you know, podcasts, audio, video, etc as well.

Vanessa Heggie: I think the, the other thing I'm trying to think as I've seen this is used as an example and I'm racking my brain to think where it was, but it might actually be someone's internal classroom discussion rather than a digital resource. One of the ways of getting around this is to allow the teacher to interact with the digital resource differently. So for example, giving different groups of students different groups of objects, asking them to come up with a story and then they're able to understand why this group thought that it was that object and that group thought it was this object because they're in a slightly different context so if something that allows someone to go in and parcel it differently presented to different groups of students using different packets of the digital material that if it's designed to be taught from, as well as just, it's not just something that students access it's something that might have mediated access through the classroom teacher that can allow a certain amount of inventiveness to be done again some of it's just daft stuff like you know different cholera posters and you know who's to blame for cholera well it depends whether you read the newspaper articles or it depends if you look at the posters that were going up or if you've watched this little play. It doesn't have to be massively sophisticated but anything that allows that sort of path, different pathways through the story that the students can work through in different groups, certainly allows for those sorts of discussions to be had anywhere and you don't have to write that up. That's the classroom, teacher's job to do. If you give the resource that enables that discussion to happen. That's a way of doing it without having to write the text of the essay yourself.

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Jonathan Ives: Thank you.

Richard Bellis: Any more points on this. Okay. I think that's probably most of those things to add to that Jon Ives?

Jonathan Ives: I think John Lee does?

John Lee: I'm sorry, just thinking that there has been quite a series of possibly books, But I haven't seen them, but also radio ones, specifically about objects in terms of being particularly interested in saving cultural transformations of objects. The bicycle is one that springs to mind, which is also lovely, because it affects different cultures, quite differently. So you can do it quite interesting, from a global perspective, so the Japanese use of bicycles, for example was transmitted. In a quite different way from the English, use of bicycles. What be really lovely is, if there was some way of allowing a little bit more physicality into those kinds of classroom engagements. And it might appear physicality that is three dimensional or that is sort of recreated by an assembly of archival resources, but it can mean that's one of the very nice sweeping mentioning sort of going to museums and again often surprised me how much the students enjoy that. Not, not just on the day but they often end up writing things about those trips.

Another very successful. Kind of interloping project we had one year was working with a puppet theatre. They did a little operetta. It was very professional and kind of got Arts Council funding and toured the country in the end about a compulsive eater, but it was. Yes, done as a puppet operetta, and that became a far more complicated. Project than I could have planned for. To begin with, being puppets in themselves are fascinating objects, you then, in a way, you often don't in seminars, physical relationships built up between the puppet and the puppeteer. For example, and how they treat one another. And then you have some questions of, you know ventriloquism, who is speaking, who. Yeah. So, if you can physicality is a big plus. If You can bring it in. But in advance, you know that that was one project we couldn't recreate it each year. It'd be quite hard to work out how to do that now because, I suppose I could try and teach puppetry. And that might be quite interesting. Actually if I if I had, if I had the gift. Would there be resources that could in some ways have that kind of surprise. I suppose it's partly what Vanessa was talking about that that sort of sense of surprise behind them, that allows people to pursue things in new ways or rearrange kind of objects in different relationships to one another. And therefore can become excited about the sort of the pursuit of the ideas within them or arising from.

Vanessa Heggie: If you want to get into digital printing. The student's love that. No, they really do that's one of the favourite things at the museum is the digital printing of dinosaur skulls and things like that. So, you want a digitally print a puppet.

Richard Bellis: Richard. Richard your hand up as well.

Richard Huxtable: Yeah. Further picking up on that that gauntlet and about physicality, just a reflection on one of the things that's been to my mind a staggering success of the revised medical curriculum in our institution is that the culmination of their opening blocks around about three months of learning. There's a closing conference where each group has to do essentially three things they have to present on something related to what they've learned, they have to prepare a poster and they have to prepare. What has been broadly described as a creative work. And so, there have been paintings, sculptures. I don't know if we've yet had mini plays or poet, I think we have had poetry and the like written as well so, so, so one way picking up on the earlier comments from a couple of you, of having a physical dimension of doing aspect might be turning using your online resource but setting challenges for or opportunities for teachers that they themselves can set tasks

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that involve the students doing creating and, by extension being with some objects or performance or whatever it might be.

Richard Bellis: Thanks. Giles. I think

Giles Birchley: Yes. So, I just wanted to pick up on the 3d printing thing I'm not sure. Quite where this would go but I recently heard it at a conference a really good talk from somebody talking about the way that post mortem scanning of bodies is sort of contributing to the development of post mortems, making them less invasive. One of the things they use there, and they use this in miscarriages as well, is to have 3d printed either organs where they've got a diseased organ, or in terms of miscarried foetuses, they sometimes 3d print the whole foetus and use it in the discussion and the bereavement counselling with the parents. I mean, I think objects like that might be fascinating to use in both conventional medical teaching environment but also in a medical humanities environment. Because of that sort of immediacy that they bring. Now, I guess we sort of get in touch with a guy that's doing this and find out what those sorts of objects are available for, you know, for teaching purposes. But as I say we just thought I had when, when 3d printing was mentioned.

Richard Bellis: And that's really interesting as a historian he spends a lot of time looking at disease things in jars, that's slightly horrifying that thought of having a 3d printed disease like trachea or something. Interesting though.

Jonathan Ives: I can ask everyone a quick question I kind of want to come back to making digital projects and digital collections engaging and interesting. Is there a risk that anybody sees or a way of getting around the risk that in catching up something in a digital way making it bite sized losing engagement with text and focusing on the object rather than the writing and the stories are rounded particularly that you lose some of the disciplinary rigour that students find valuable, so they don't get the opportunity to learn those skills, and I guess we're not perhaps talking about intercalated courses where you are stepping out, but if we want to give students something of the benefits in the medical curriculum, itself should we be digitising and making it bite size, or is that the best way of doing it, because if you make it all about the text, and the writing and the rigour, they'll stop engaging.

Vanessa Heggie: But if there's obviously a huge difference between resources that are supposed to be mediated through a classroom, and resources to the students perhaps independently work from which those that you're working on. I don't know but in terms of the bite sized, this is why I brought up this idea of the geographical range that it's in many cases about getting access to things that you otherwise would not be able to get access to and if that has to be in a bite sized information it's slightly different and it in and of itself asks and poses questions of you that are not there in the collections in the text you can go and get the local library and. So, it may well be that this choice of objects subsidising. I know you're not saying dumbed down but you mean dumb down.

Jonathan Ives: Yeah, I guess I do really it's about losing the wicker, so it becomes kind of journalistic or a media presentation rather than something scholarly. Did anyone else have any

Richard Bellis: Interesting like just – obviously please build on this discussion – but also thinking about that access to things that through digital if anyone has any more suggestions obviously we've had a couple, they'd be great to hear.

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Coreen McGuire: One thing we haven't spoken about as much as I thought we would is interdisciplinary learning, as well as interdisciplinary teaching So, certainly the experience I had teaching on philosophy. But having intercalating medical students in the class is that the students did have quite different needs, the medical students versus the philosophy students. And I'm wondering if there was a way to use this to encourage and well I guess in particular peer learning, because sometimes I did struggle with medical students dominating any discussion of medicine and I think one of the things that this might do quite well is trying to bring the students from other disciplines to the fore a little bit. I'm particularly looking at, you know, diverse. I guess digital paintings prints poems that kind of thing. I wondered if there was anything there.

Richard Huxtable: Yeah, yeah, just a quick observation, I will typically seeing the value in. having different disciplinary student groups come together. The biggest challenge is always really practical and logistical how you timetable it and the like. I do wonder if there's an opportunity that I feel this goes away from the baked in core curriculum stuff it becomes more of the extracurricular which in itself risks signalling, a lack of importance, but I'll make the observation, there is. I know of a group in our institution that is very biomedical science and they have a periodic Film Club, that they use that as an opportunity to really have a springboard discussion about the issues raised by the filming question, but I my sense is having not been to one I must admit my senses that's very much for that audience but I but I could see the value in such groups having scholars from drama, English, and students. We could learn more of those skills from respective groups, where I know it has worked occasionally for example we've occasionally had the medical and nursing students together while they look relatively similar but they're quite different. But I know of initiatives particularly Australia and some elsewhere in the UK, involving getting medical students together with law students, and there are some quite deft models for doing a day where the two groups get together. Now in Bristol, our law and medical students get together but only insofar as the medical students are the intercalating bioethics medical students. So it's always select groups but in terms of the whole curriculum, there's bound to be more opportunities we can leave in than we currently do but I think, apart from local enthusiasm, it often comes down to logistics.

Vanessa Heggie: But then maybe that's something that digital resources can actually step into you to fill a gap because it's I mean it's the same here in Birmingham, there is no interaction between medical students and any other student body we can't process. They can't take other courses they never get to meet anyone who's not another medical student basically and I find that very challenging and I break it apart because I've really valued being able to teach in interdisciplinary settings where I've had history students and sociology students and medical students and other STEM students in the same classroom having the same discussion. And that does sound like something that a digital project could do even in a really simplistic way like I'm thinking of exercises I've done with mixed classrooms where I've given them an object and ask them to write the museum label for it. And of course every discipline approaches it completely differently if you had a digital resource where you could compare and contrast and you had some written by literature students from another from another university and I could then use that as a tool to talk to my med students or they could just look at it, they could think about it in their own time, that maybe actually the digital resource might be about breaking down those disciplinary boundaries by providing what Jon's worried that we're going to lose which is, you know, the text. The method and the rigour that could be actually something in the website itself provides but from different disciplines particularly I think for medical students, you don't necessarily get the chance to sit in a classroom with anyone else for the entirety of the degree.

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Conclusion

Richard Bellis: That's really interesting. Thank you. I'm conscious of time. Obviously it's been tricky to keep the time with being online and I think we've gone over sort of nominal amount of time thank you for being so patient so I think we're going to draw things to a close. And, obviously, unless anyone has something they want to say before we finish up john.

John Lee: In reply to your third question in email, which is how I found that medical students are engaged in medical history. Well just as a rough guide about 10%, of our dissertations from our select group. Write it fairly directly on medical history. I don't know if that says anything, but it's a little bit of a factoid for you.

Richard Bellis: That's interesting. That's really helpful, I think. It seems as though that, like, do some very briefly sum up like that. There's obviously a huge amount of range of things that we can do here. Some of them we've had some thoughts about that and it's great to hear that be reinforced and so this is new so this is really helpful. We've obviously got the mailing list which is part of this and we'll certainly be in touch with more stuff in the future and this is certainly this discussion will certainly help to shape at least some of what we're doing obviously there's international partners and obviously parameters around. What we can do but thank you all very much for being a part of it and oops sorry Vanessa

Vanessa Heggie: Sorry I was just itching!

Richard Bellis: Yeah, this, this has been a really fantastic discussion it’s a shame can go on longer really but we will have this time now. Obviously it's a working day. So, and we'll, as we said at the start, we'll be circulating minutes, possibly isn't the right word. Transcription

Jonathan Ives: May or may not be completely full. It will do we can buy to think accessing transcription services at the moment is should be possible still, but it may be notes and less verbatim, though, but if we are, if we do want to use something verbatim we'll write it down and check with you.

Richard Bellis: And, yeah, just, just finally encourage a few if you thought of anything. In half an hour, please just drop me an email or Jon an email, Jonathan Ives. I mean you can drop john Lee an email if you if you'd like, but it's two Richards and two John's we didn't think about that. So yeah thank you very much for being a part of this, and I think Jon's gone already. I imagine he’s going to end the call soon. We'll be in touch. In the future, about everything I imagine, thank you very much. Thank you very much. Bye everyone

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