Author's response to reviews

Title: Humanities for medical students? A qualitative study of a medical humanities curriculum in a medical school program.

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Author's response to reviews: see over
Response to reviewer Jane Macnaughton

Thank you for your comments and time spent reviewing our manuscript.

Response to general comments:
We argue that our analysis is interesting and important because it opens up the problem of power balance in interdisciplinary projects. We show in our study how power is played out in one example. However, our intention is not just to report on our own example but also to help give ideas about how to examine the minefield of assumptions, power differentials and values inherent in the construction of an interdisciplinary project.

We agree with your comments on contextualisation of the course and have revised the manuscript accordingly. See: page 8, paragraph 2 and paragraph 4.

We have also made minor changes so that the context of the HumMed program is better articulated. There is an interesting tension between the ambition of creating an interdisciplinary program and what actually happened, even already from the beginning. See: page 6 under “Results”, paragraphs 1 - 3.

Our point with taking up the example of “racist” comments was to show how discussions during the course grew more nuanced, and how the class (made up primarily of medical students) learned to use concepts and skills from the humanities fields. Of course, this process could happen in any course, and one could argues that a quality of good teaching in a course is that this does happen, no matter what concepts and skills are being taught. Our point, developed later in the manuscript, is that this process happens, but that it is circumscribed. Students come away still not feeling this was as “serious” as the rest of their education. Students learn some concepts, some skills, but the theoretical structure that will allow them to understand what they have learned is limited.

The example about the medical professor does show that there was no great attempt to gear the course towards the humanities students. It also shows that this is part of a power differential between medicine and the humanities. This section points out the hidden assumptions and language that construct this power differential.

We agree that the challenge presented in our conclusions is an obvious one, especially in light of our data showing that the HumMed program serves the needs of the medical students only. However, the official aim of the program at the outset was to create an interdisciplinary, joint space for both medicine and the humanities. As we see in this study, the idea of shared “meeting space” is threatened. Leadership and funding are one issue that need to be addressed. However, in this article we present a complex analysis of the power relationships involved and how humanities is made both opposite and lesser than medicine. This implies that meeting the challenge is not just a matter of funding and leadership, although these elements are probably important. We have addressed this in the last 2 paragraphs of the manuscript (see page 14-15).

Response to major compulsory revisions:
We agree that our approach could lead to an interesting analysis applied to the situation the reviewer suggests. However, the program we studied was specifically geared towards both humanities and medical students from the outset, and although the funding was from the medical faculty, the organisation was joint with members from both faculties on the
program’s board. Additionally, the program we studied mirrors a practical reality in the current trend for introduction of the humanities in medical school curricula. We believe our study can be interesting for educators involved in constructing and maintaining medical humanities programs in medical school curricula.

Response to minor essential revisions:
All recommended changes have been made.

Response to reviewer Johanna F Shapiro

Response to general comments:
First, thank you very much for your thorough reading of our manuscript, and for your helpful comments.

We agree that the study has limits, and that our conclusions are conclusions about this particular program and the particular course we have chosen to examine. At the same time, our intention is not to make a generalisation about all medical humanities programs from our limited data set. Instead, we hope this study raises questions for other educators to think about in the creation of this kind of programs. By showing how the unidirectional power differential is constructed and maintained at the program we have studied, we hope other educators will consider this issue in their own programs. We have revised our manuscript to address these very pertinent questions considering the methodology of our study in the discussion of method. See page 13, paragraph 4.

Response to major compulsory revisions
We agree that it is not obvious from the manuscript why we chose to study the “Airbags” course in particular. The reason for not studying other courses was pragmatic, as this kind of in-depth study is time consuming. While we didn’t think the experience of this particular course would be emblematic we did assume that it might be similar to the other courses offered by the program. Since one of the authors has had experience with other courses we used her experience during the analysis process to see if what we saw in this course corresponded with the rest of the program. We have revised the manuscript to answer these questions. Please see page 4, paragraph 2. We have also now addressed these issues in our discussion of method, see page 13, paragraph 5 and top of page 14.

In choosing informants, CW made some decisions in an attempt to capture both mainstream and outlier perspectives. The manuscript has now been revised to show this, see page 4, paragraph 6, and top of page 5. An attempt was even made to check that the content of the interviews matched up with course perspectives that were recorded in fieldnotes, see page 6, first paragraph, and page 13, paragraph 5 and top of page 14.

Response to minor essential revisions:
All recommended changes have been made.