Reviewer’s report

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

Version: 1 Date: 20 December 2005

Reviewer: Jane Macnaughton

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General
This paper took an interesting and complex approach to studying the introduction of a medical humanities course into both medical and humanities programmes but I do not think that the approach and subsequent analysis tells us anything new about the field or the problems of its introduction. Part of the problem lies in the fact that the paper does not contextualise the course sufficiently for us to analyse its success or otherwise. We need to know what role this course played in both the medical and the humanities courses. Did it contribute to the final degree mark? How much did it contribute? I would be surprised if this course was not in some way contributory in view of the number of students participating from the medical side. How was it assessed? Most medical students are driven by the need to fulfill the needs of assessment (‘assessment drives learning’) so it was important for us to know about this.

The section on drawing on participant observation was interesting. However, the initial point about potential racism could have happened in any course, not just in an MH course. The second point relating to the very entrenched opinions of the medical professor about the humanities just confirms the reader’s view that there was not a great attempt to gear this course towards the humanities students.

The discussion section draws conclusions only on a very narrow reading of the evidence. Surely the fact that ‘non-medical students hardly exist on the programme’ is due to the way in which it has been set up and funded. Any course largely led - and funded - by medicine will have medicine’s needs foremost. The challenge - very obviously - is how to set up such a programme that serves the needs of both sets of students. This point has been raised before through less complex analysis (see Macnaughton, Medical Education, 1997, 31, 49-51, and Downie and Macnaughton, Medical Journal of Australis, 1999, 170, 125-127.)

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I think it would be more interesting if this methodological approach looked at setting up a programme that was specifically geared towards both humanities and medical students and funded and organised jointly. That complex approach would justify a complex anaysis to see if it worked.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Occassional incorrect use of English:
p. 3 para 2 l. 4, ‘its’ should be pl. ‘their’.  
p. 5 para 3 l. 3 ‘by hand’ not ‘for hand’. 
p. 10 para 2 l. 1 'positive about' the course.

Discretionary Revisions (which the author can choose to ignore)

What next?: Reject because scientifically unsound

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.