Additional Relevant Text

SECTION - 1. Introduction

Paragraph 2   Workplace violence against healthcare workers, including physical, sexual, and verbal assault perpetrated by patients, is a growing problem across the globe, including Canada (Sibbald, 2017). A systematic review and meta-analysis conducted by Liu *et al.* (2019), identified the highest prevalence of workplace violence against healthcare professionals in North American and Asia.

Paragraph 3   Preamble to the Constitution of the World Health Organization as introduced at the International Health Conference, New York City, June 19-July 22, 1946; signed on July 22, 1946 by the representatives of 61 nation states (Official Records of the World Health Organization, no. 2, p.100), and formally adopted on April 7, 1948. A few decades later, a more dynamic model of health was proposed. In 1986, in the Ottawa Charter for Health Promotion, the WHO defined health as "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities" (see Potvin and Jones, 2011).

SECTION - 2. The Global Expansion of the Medical Humanities

Paragraph 3   Of the 41 international medical humanities programs described in a special issue of Academic Medicine in 2003, only three were based in Canadian medical schools (Dittrich, 2003). Lack of support for a doctor's strike in 1986 in the province of Ontario led to the "Educating Future Physicians of Ontario" (EFPO) project which was undertaken to help ensure medical education was responsive to evolving public health needs. In place of calls for increased medical humanities, as occurred in other countries, this resulted in the development of the CanMEDS Physician Competency Framework (Butt and Duffin, 2018) which focused on "medical expert", and other intrinsic roles, such as communicator, collaborator, etc. (although not "physician as person", see Whitehead *et al.*, 2014). Emphasizing behavioural learning outcomes, concern has been expressed that competency frameworks are insufficient for supporting development of complex personal and professional attributes such as exemplary professionalism and patient-centred care (Lombarts, 2015; MacLeod, 2011).

Paragraph 4   Four of the accreditation standards set by the Core Committee of the International Institute for Medical Education include: 1) professional values, attitudes, behavior, and ethics; 2) communication; 3) population health and health systems; and 4) critical thinking/ research - all humanities-related (see Schwarz and Wojtczak, 2002).

SECTION - 3. Medical Education and Medical Humanities in China: A Closer Look

Paragraph 6   In recognition of the interdisciplinarity and expanding inclusiveness of the medical humanities field, we use the term "medical/ health humanities" (M/HH) in this article.

SECTION - 4. Undergraduate Medical Education and M/HH at the University of Alberta

Paragraph 1   Further information about the University of Alberta and Faculty of Medicine & Dentistry (FoMD) can be found at University of Alberta and Faculty of Medicine & Dentistry. For additional information about the undergraduate MD Program, go to MD Program | Faculty of Medicine & Dentistry. If you are interested in learning about the AHHM program at the University of Alberta, go to Arts & Humanities in Health & Medicine | Faculty of Medicine & Dentistry.

Paragraph 2   Information about the FoMD's Global Summer Program can be found at Global Medical Summer Program | Faculty of Medicine & Dentistry.

SECTION - *4.2 "Physicianship" Course: M/HH Curriculum Components*

Paragraph 1   As an example of M/HH content in an organ-based course, as part of their anatomy studies, cadaveric dissection provides an opportunity for students to reflect on the body donor as a person, what their life was like, and how their specific presentation of any pathologies would have affected their lives. Medical students have written reflective essays about their personal response to dissecting a human cadaver, and about the imagined life of the individuals who donated their bodies to the FoMD's Anatomical Gifts Program. The Division of Anatomy also hosts an annual commemorative ceremony to honour those who have donated their bodies. The service signifies the end of study of individual donors' bodies, which can last up to two years. Students, who relate to the donors as their first "patient", express their gratitude by sharing reflective readings, poetry, songs, and music. This ceremony offers an opportunity for closure for both the families and students.

With an increasing volume and pace of information required for physicians, the MD Program has also evolved a highly versatile and responsive approach to creating educational content relevant to pressing societal needs. Professors Goez and Hillier, together with others, have developed the "DISCuSS" model as an approach to modularizing social accountability curriculum content which involves rapid review of published evidence, multiple experts (including community partners), and active, engaged learning (Goez *et al*., 2020). Representing a dramatic departure from earlier instructor-dependent approaches (which require availability of subject experts and rigid scheduling), this innovative approach has led to a stream of curriculum development that has helped ensure the timely introduction of socially accountable

Wei, Goez, Hillier and Brett-MacLean (2020) *'A Visiting Professorship at the University of Alberta: Reflections on possibilities for medical humanities in China, and elsewhere'* (ENDNOTES)

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curriculum modules. New educational modules on global health, human trafficking, refugee health, Indigenous health, addiction medicine, organ donation, etc., have led to improved knowledge retention and increased student preparedness to serve diverse populations (based on graduation questionnaire findings), with community satisfaction demonstrated in public forums.

SECTION - *4.3 M/HH Electives*

Paragraph 1   Examples of M/HH-related, pre-clerkship electives offered by other departments include: Medical Ethics; Health Advocacy; International Comparisons in Health Systems and Health Services; Technology and the Future of Medicine (see [Elective Catalogue Years 1 & 2 | Faculty of Medicine & Dentistry](), also see [Electives Catalogue Years 3 & 4 | Faculty of Medicine & Dentistry](), and [AFMC Student Portal - AFMC Student Portal]()).

SECTION - *4.4 M/HH Co-curricular Opportunities*

Paragraph 1   The AHHM-eNews listserv is used to distribute periodic, time-sensitive email updates to subscribers (see http://www.mailman.srv.ualberta.ca/mailman/listinfo/ahhm-enews). Information includes new program initiatives, as well as upcoming events, available courses, research, and resources relevant to arts and humanities in health-care education, the arts in health generally, or other related medical/ health humanities areas. Information that is shared is primarily focused on Edmonton or Northern Alberta, but also includes national and international items from time to time.

SECTION - *4.5 Educational Scholarship/ Faculty Development*

Paragraph 1   The acronym "IDEAS" stands for <u>I</u>nnovation, <u>D</u>iscovery, <u>E</u>ducation <u>A</u>nd <u>S</u>cholarship.

The longstanding Undergraduate Summer Students' Research Program in the FoMD, one of the largest programs of its kind in Canada, provides opportunities for about 200 students to participate in a wide array of research projects between May and August each year. Students are funded from multiple sources. In addition to Health Professions Education summer studentships, which are jointly administered through the IDEAS Office and FoMD's Office of Research, the MD Program also offers flexible summer studentships. These summer studentships provide students opportunities to participate in curricular development, evaluation, and related research, as well as curriculum mapping. During the summer of 2020, only health professions education summer studentships that could be completed virtually were supported to ensure a safe working environment for students during the COVID-19 pandemic.

SECTION - *4.6 Optional "Communities of Learning"*

Paragraph 1   Unscheduled blocks of time in the curriculum on Tuesdays and Thursdays have been introduced to enable students time to complete "community of learning" requirements, simply spend time studying, or pursue other interests.

SECTION - 5. Inspiration for Future Development of Medical Humanities Education in China, and elsewhere

Paragraph 1   Nanshan Zhong's view (Li, 2016) concords with Pelligrino and Thomasma's (1981) understanding of medicine which they described as: "a distinctive ethical and moral activity entrusted with the human relationship of healing. One person in need of healing seeks out another who professes to have the knowledge and wisdom to assist in healing. The act of medicine ties these two persons together. It is the nature of this action in the presence of a healing relationship that gives medicine its special character among human activities" (p.5). Evans (2002) has also described the medical humanities as reconciling scientific and existential forms of knowledge, through recording and interpreting human experiences of illness, disability, and medical intervention "from the point of view of frail, flesh-bound, human experience" (p.510). Further, directed to "a fuller understanding of clinical medicine as fundamentally an encounter between people - for the most part thinking, willing, experiencing, choosing, sometimes suffering agents", Evans (2008) describes the aim of the medical humanities as "the search for making the lives of some of those people 'go better'" (p.56).

SECTION - 6. Toward the Future

Paragraph 5   For more information about the AAMC and its commitment to supporting the integration of arts and humanities in medical education, see [The Fundamental Role of Arts and Humanities in Medical Education](#).

Paragraph 8   Viney, Callard and Woods (2015) argue for a critical M/HH that is not viewed as being "in service or in opposition to the clinical and life sciences, but as productively entangled with a 'biomedical culture'" (p.2). In the following, Anne Squier (Squier and Hawkins, 2004) points to the influence of space and place in relation to these entangled inquiries: A university is made up of faculty, students and ancillary staff; a medical center also includes healthcare providers and patients. The presence of patients makes an enormous difference, especially in providing a constant reminder of actual human beings of all ages and from a variety of racial, cultural and socioeconomic backgrounds who are undergoing suffering, loss, grief, hope and fear. The result for medical humanities teaching and research seems to be an emphasis on the concrete and the particular, a concomitant disavowal of the purely abstract and

theoretical, and a wide tolerance of and demonstrated respect for persons (healthcare providers as well as patients and their families) with opinions and views radically different from one's own (pp.246-247).

SECTION - Appendix A. University of Alberta, MD Program - Longitudinal Physicianship Course: M/HH-related Components

Row 7: Interpretive Project

Since it was first introduced in 2015, the "PIE Interpretive Project" exhibition has been set up in a large atrium adjacent to the Undergraduate Medical Education Office. Following the two-hour Patient Appreciation Event, many projects are transported to the University of Alberta's John W. Scott Health Sciences Library and displayed as part of a month-long "The Art of Medicine" public exhibition.

This past spring, physical distancing measures that were introduced in response to the COVID-19 pandemic led us to transitioning the physical exhibition to an online website. The 6th annual (and our first-ever virtual) PIE Interpretive Project Exhibition, "The Art of Medicine" can be viewed at this link. Featuring over 40 student-created interpretive projects, exhibition themes include: *Hidden Worlds, Relational (im)Probabilities, (im)Possibilities*, and *In Sight | Insight*.

Over the years, patient mentors have at times collaborated on creating an interpretive project with their student mentees (see, for example, Casey *et al.*, 2020). In 2020 we had planned on introducing an opportunity for patient mentors who were involved or were interested in creative pursuits to exhibit an artwork as part of our exhibition. This was not possible, of course, given COVID-19. However, when we learned that one of our patient mentors had created her own interpretive project, we invited her to participate in our virtual opening reception (via Zoom video conferencing) on July 30th, 2020. To view Kat McLeod's interpretive project, "Learning and Loathing: Lessons from the Paper Gown", and other projects featured during our virtual opening reception, click here.

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