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Questioning medicine's discipline: The arts of emotions in undergraduate medical education

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ABSTRACT

This paper engages our struggles with the discipline of medicine. Specifically, and sometimes from very personal perspectives, we question if the geographies in which undergraduate medical education unfolds are healthy. As three women broadly trained as geographers who are emotionally, politically, personally, and professionally tied to the discipline of medicine, we wonder if undergraduate medical curriculum is meeting the competencies to which is aspires. Anchored in broader literatures about medical education and the potential of medical humanities, and in our own and others' observations and experiences about medicine being – at least to some degree – a discipline in crisis and in some state of ruin and disrepair, we reflect in this paper on two things. First, we consider how undergraduate medical education disciplines its students and scholars in specific ways that often sublimates emotional knowledge. Second, we reflect on how the discipline's undergraduate curricular structures might improve through creative interventions that encourage non-linear, creative, possibly emotive, ways of knowing and understanding.

1. Introduction

Not so long ago, a 1st year undergraduate medical student unexpectedly came into my office.[1] *She didn't have an appointment, nor was I teaching any class she was taking right then. Nevertheless, she sat down and asked if we could chat. As I closed my office door, she began to cry. Medical school, she said, is making me sick, tired, and crazy. While I had not, up until that point, had a student voice her struggles quite so bluntly, or in a way that highlighted with such acuity the paradoxes I witnessed as a professor in a discipline focused on training an arguably elite group of health care professionals, I had heard the sentiment, albeit in slightly different forms, from many other students in my program. Undergraduate medical students had deeply emotionally experiences during their education – and oriented to medical training in emotional ways. Yet the emotionality of medical education – and then of medical practice – was only very thinly accounted for in the curriculum I worked with. Indeed, when I first began working in a faculty of medicine, I was offered early-on by a colleague a uniquely disturbing quote from a text about medical education: '[it is] like getting your hand caught in a meat grinder. It just keeps grinding and scooping up more of you as it goes. You gradually get bundled into a processed package and pop out as a doctor…If you don't conform you're out'* (quoted in Meyer and Land, 2006: p. 22).

Navigating my way through medical school in the early 1990s in New Zealand has profoundly influenced how I know and interpret the world. My learning within hospitals – their physical spaces, corridors and unexpected places of refuge and insight - are especially memorable. Equipped with white coat and stethoscope around my neck, hospitals were the places where I could manifest being a 'real' medical student. Within hospital clinics and wards the book-work and 'clinical method' came to life – through the details and rhythms of patient histories, admissions and discharges, of diseases, diagnoses and treatments. Yet beyond this 'core curriculum', my dominant and deeply felt learning about hospitals was as places of crisis. The (under)tone of crisis was not just for patients, families and friends but, perhaps most interesting –for the doctors, nurses, physiotherapists, support staff and medical students. I came to feel that almost all the people I interacted with in hospitals were manifesting thinly veiled expressions of duress, working hardest at 'coping' with the experiences they were amidst. And perhaps most informative of all, almost no-one talked about it. The former didn't both me – I felt both privileged and humbled to bear witness to these dynamics but I remained baffled and infuriated by the lack of acknowledgement of the emotional landscapes were all

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[1] Throughout this paper, personal reflections by two of the authors are offered as grounded insights into and examples of the struggles all three of us have with the discipline of medicine.

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traversing. The silence around such pervasive and ambient experiences was stunning, and made moments of respite and humanity stand out vividly. I will never forget a conversation with a grandmother outside the Paediatric Ward in front of the Royal Doult on Nursery Rhyme Tiles on display at Wellington Hospital. Recognising each other's glistening eyes, we confessed that the whimsical portrayal of youthful flourishing in contrast with the stark hospital corridors made us want to laugh and cry at the same time. We both left, wiping our eyes, feeling better. It was a long time before I shared or recognised this moment as a legitimate part of becoming a doctor.

We struggle with the discipline of medicine, with where and how it is taught. We struggle with the discursive and material spaces, the geographies, in which undergraduate medical education unfolds, in which future doctors are taught. We also struggle with the feelings and perspectives of students going through medical education, many of whom speak to us about being uncomfortable with emotions or feeling frustrated when not specifically learning biomedical science. As three women broadly trained as geographers who are emotionally, politically, personally, and professionally tied to the discipline of medicine, we wonder if the largest undergraduate medical curriculum in Canada is meeting the competencies to which is aspires, namely to produce medical experts with six competencies: advocate, collaborator, scholar, communicator, professional, and manager.

Anchored in broader literatures about medical education and the potential of medical humanities, and in our own and others' observations and experiences about medicine being – at least to some degree – a discipline in crisis and in some state of ruin and disrepair, we reflect in this paper on two things. First, we consider how undergraduate medical education disciplines[2] its students and scholars in specific ways that often sublimates emotional knowledge. Second, we reflect on how the discipline's curricular structures might more productively include creative interventions that encourage non-linear, possible emotive, ways of knowing and understanding. The paper dialogues especially with a growing body of literature about undergraduate medical students loosing, during their pre-residency training, empathetic and emotionally attuned orientations to patients (Neumann et al., 2011) and with discussions about the potential of emotionally invested critical self-reflexivity in medical education, especially through the arts, as means to renew how students learn during their undergraduate medical training (Torppa et al., 2008).

It is precisely the role of emotion in medicine and medical training that we are most interested in. Our reflections and struggles are, for the purposes of this paper, located in relation to Canada's largest Faculty of Medicine (FOM), the FOM at the University of British Columbia (UBC). What are the material and discursive components, we wonder, of academic spaces of medical training in B.C. and where and how do emotions figure into these spaces? How are students emotionally disciplined within these academic spaces? Are there fissures or gaps that elide emotional possibilities in the academic or curricular spaces of UBC's FOM? Finally, what do we three emotionally invested geographically inclined women want to see done differently in the ways future physicians are taught, and learn, the Canada's largest faculty of medicine? These are large and complicated questions, each of which might be the genesis for a paper unto itself. Our intent in this paper is to begin a discussion about the questions, to explore how they interface with each other. Our answers are partial and incomplete but we hope they will, in part, spur further discussions that are still in infancy about some of the crises and challenges in medical education today. Methodologically, the paper is theoretical and critically reflective: in order to tell a story about some aspects of one undergraduate medical curriculum, in which some of tomorrow's doctors are trained, we offer our reflections about our experiences with medical school and in UBC's Faculty of Medicine. We include an array of illustrative (as opposed to representative) observations by and of students learning in one facet of UBC's FOM undergraduate curricular space. We offer results – including our own field notes and participants' responses – of several professional development and research opportunities hosted to facilitate medical students and physicians exploring learning in new spaces, learning about uncertainty and emotion, and learning in arts-focused ways.

To answer our questions, and to detail our struggles with one important component of the discipline of medicine (undergraduate medical education),[3] we begin by tracing some discussions about the crises facing the discipline of medicine. We follow this with a detailing of how – and importantly from a geographic perspective, *where* – undergraduate medical curriculum takes place at UBC's FOM. We highlight the ways that the very structure of the curriculum reinforces and perpetuates hierarchies of knowledge. Following this, we offer some of our experiences about learning and teaching undergraduate medical students. Here we also consider some student feedback about aspects of the curriculum that have focused on 'softer' (non-biomedical) knowledges. In the fourth section of the paper, we turn to three growing areas of evidence that we place in dialogue with each other in order to reach our conclusions. First, we consider medical humanities, including creative and artistic and self-reflective practices in medical education, especially to expand emotional learning and understandings of the world. Second, we discuss new conceptual frameworks that hold potentials to guide the training of those working in health and well-being related fields. Finally, we theorize about the potential of inter-trans-disciplinary modalities (including ones that foreground emotionality, holism, and uncertainty) in medical education. To conclude, we draw upon a small but in-depth set of fieldwork studies undertaken within UBC's FOM and its distributed program in Northern British Columbia, a landscape with particular socio-cultural contours where challenges around recruitment and retention of physicians are resulting in innovative ways of thinking about medical education and practice. We suggest, based on the results of these studies, that arts-spaces and arts-based methods might provide much needed means of teaching about the role of emotional knowledges in medicine.

2. 'All is not well' in medicine: science, emotion, and learning in spaces of undergraduate medical education

Scientific methods and methodologies have unquestionably led to remarkable medical advancements. Based on this, particular ways of thinking and doing are taught in undergraduate medical education curriculum. Despite remarkable scientific and biomedical advancements in the discipline over the last century, however,

[2] We use the term 'discipline' in the paper to signify that, while medicine is an academic/curricular educational 'discipline' rife with histories, entrenched norms, cultural expectations and standards that manifest in specific spaces, it is also a 'disciplinary' structure in the Foucauldian sense of the concept: it is a diffuse type of power, a modality for its exercise, comprising amorphous sets of instruments, techniques, procedures, levels of application, and targets that are a 'physics' or an 'anatomy' of power, a technology.

[3] Medical education is a varied process. In UBC's FOM, students enter a four-year undergraduate medical degree with an already completed undergraduate degree, often in the sciences. The undergraduate medical degree occurs in two distinct stages: the first two years unfold in the classroom, the second two years in a clinical or hospital setting. UBC's FOM is a distributed program. The first two years of the curriculum are delivered across the province in an almost identical manner (all students, for instance, attend all the same lectures simultaneously, delivered through video).