

Literature and the Arts in Medical Education

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Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Using Movie Clips to Foster Learners' Reflection: Improving Education in the Affective Domain

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Humanities, Doctoring, and Emotions

We live in an era where outcomes, guidelines, and clinical trials are at the forefront of medical training. However, to care implies having an understanding of the human being and the human condition, and for this endeavor, humanities and arts help in building a humanistic perspective of doctoring. Through humanities and the arts, doctors are able to understand patients in their whole context. The humanities and arts provide a source of insight and understanding for proper doctoring and, as such, they should be as much a part of medical education as training in differential diagnosis or medical decision making. Teaching how to effectively take care of

people requires creating methods that address the human aspects of medicine.

Because people's emotions play a specific role in learning attitudes and behavior, educators cannot afford to ignore students' affective domain. Although technical knowledge and skills can be acquired through training with little reflective process, it is impossible to refine attitudes, acquire virtues, and incorporate values without reflection. The point here is how to provoke students' reflective process. Learning through aesthetics—in which cinema is included—stimulates a reflective attitude in the learner. The first step in humanizing medical education is to keep in mind that students are reflective beings, and they need an environment that supports and encourages this activity. Because emotions and images are privileged in popular culture, they should be the front door in students' learning process. When systematically

incorporated into the educational process, and allowed to flow freely in the educational setting, emotions make learning both more memorable and more pleasurable for students.

Why Movies?

Cinema is the audiovisual version of storytelling. Life stories and narratives enhance emotions and therefore set up the foundation for conveying concepts. Movies provide a narrative model framed in emotions and images that is also grounded in the students' familiar, everyday universe. We know that in the clinical setting, the life histories of patients are a powerful resource in teaching. Similarly, when the goal is promoting reflection that includes both cognitive and emotional components, life histories derived from the movies are well matched with the students' desires and expectations.¹

Cinema is useful in teaching because it is familiar, evocative,

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and nonthreatening for students. Movies provide a quick and direct teaching scenario in which specific scenes point out important issues, emotions are presented in accessible ways where they are easy to identify, and students are able to understand and recognize them immediately. In addition, students have the opportunity to “translate” movie life histories into their own lives, and into a medical context, even when the movie addresses a nonmedical subject. Movie experiences act like emotional memories for students’ developing attitudes and remain with them as reflective reference points while proceeding through their daily activities, including those related to their role as future doctors.

Why Clips? And Taken From What Movies?

Examples of useful film clips can be found in the Appendix, and additional examples can be found at the on-line Appendix provided by the authors at <http://www.sobramfa.com.br/docs/publicacoes/appendix.pdf>.

Cinematic teaching methodology should be matched to the students’ daily experiences. Young people today live in a dynamic and sensitive environment of rapid information acquisition and high emotional impact. In this context, it makes sense to use movie clips because of their brevity, rapidity, and emotional intensity. Providing clips from different movies to illustrate or intensify a particular point fits well with the dynamic and emotional nature of students’ experience. Nevertheless, the purpose is not to show students how to incorporate a particular attitude but rather to promote students’ reflection.

Because our goal is to promote reflection on attitudes and human values from a broad perspective, in our teaching we use clips from nonmedical films. The intention is to expose students to life events, not to specific medical situations. For this purpose, in our experience,

teaching with clips in which several rapid scenes, taken from different movies, works better than viewing the whole movie. The effect is a rich generation of perspectives and points of view, which in turn trigger multiple, often contradictory emotions and thoughts in the viewers. In this context, learners have an intensely felt need for reflection about what they have just seen. American movies are particularly useful, since they tend to tell stories in a straightforward and uncomplicated manner. Although European or Asian movies often stimulate deep meditation on human values, they demand more time and attention on the part of learners.

Why Comments During the Viewing?

The value of instructor commentary during the viewing of clips is a conclusion based on the authors’ experience.² Although the sudden changing scenes in the clips effectively evoke students’ individual concerns and foster reflection on these concerns, making comments while the clip is playing acts as a valuable amplifier to the whole process. Because students are involved in their personal reflective process, they may at times disagree with the teacher’s comments and form their own conclusions. This is not a matter for concern and may even be desirable. In fact, participants note that divergent comments are particularly useful to facilitate the reflecting process. A quote from one medical student elucidates this point:

Don’t keep quiet, please. You must make your comments while the movie is going on . . . Do you ask if I agree with you? No, I don’t agree at all . . . But your comments push me to reflect . . . so please, go on.

Bringing Together Emotions and Reflections: Final Discussion

The last part of the movie clip teaching methodology is the most

important and constructive. There may be a temptation on the part of both students and instructor to feel satisfied with the emotions and often tears appearing at the end of the clip. In fact, this is where the real work starts. Students need to share, and further consider, their thoughts and feelings in light of the comments and responses of their peers. This final discussion is absolutely necessary to put into coherent perspective the emotions, insights, dreams, and fears that the film clips evoked.

In our experience, the topics that emerge in these discussions are critical to understanding the human condition. Fostering reflection after viewing often stimulates conversations about the interaction of health and illness with the breadth of human experience and can elicit profound conflicts and concerns from students about their future professional roles and themselves as human beings. Students identify easily with film characters and movie “realities,” and through a reflective attitude gain new insights into many important aspects of life and human relationships. The educational benefit also is expanded by the phenomenon of students’ “carrying forward” into their daily lives the insights and emotions initially generated in response to the movie clips. In other words, students report that the movie clip training acts like “an alarm” to make them more aware when similar issues and situations occur in their daily lives.

What About Assessment?

To measure outcomes such as increased compassion, empathy, and commitment poses significant difficulties not just for medical education but for real life. At this point, what we can say is that our experience with the movie clip teaching methodology suggests that it is well suited to the audiovisual culture in which our students are immersed, resonates well with students’ need to learn on affec-

tive as well as cognitive dimensions, and results in high levels of motivation and involvement. In fact, movie clip methodology is a powerful resource to promote reflective attitudes and to provide learning linked to experience.^{3,4} Another student quote illustrates this conclusion:

I took up this work [medicine] because I liked it. Projects like this [the movie clip teaching] are necessary to prevent one from losing touch with the real world. With these themes, one questions not only medicine but also the human being. Physicians care for something special, [because they are] obliged to treat people.

If I were unable to deal with a patient, to convince him, I would be helpless.

As our ability to assess the “intangibles” in medical practice progresses, we will be better able to document the value of this and other humanities-based methodologies, both in terms of effects on students’ personal lives and on their interactions with patients.

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3. Blasco PG, Roncoletta AF, Moreto G, Galilian DMC, Freeman J. Teaching humanities through movies: a cinema course for medical students. Presented as a seminar at the 2003 Society of Teachers of Family Medicine Annual Spring Conference in Atlanta. Conference program page 58.
4. Blasco PG, Levites MR, Moreto G, Roncoletta AFT, Tysinger J, Benedetto MAC. Using movie and opera clips to teach family medicine core values and address students’ emotions. Presented as a seminar at the 2005 Society of Teachers of Family Medicine Annual Spring Conference in New Orleans. Conference program page 48.

Appendix

Using Movie Clips to Foster Learners’ Reflections: Improving Education in the Affective Domain

Topic	Movie	Scene and Time Counting	Comments
Vocation for Doctoring	Patch Adams	0:32:26–0:35:1	Why do you want to be a doctor?
	The Bone Collector	1:00:49–1:02:1	You have a gift. Don’t throw it away!
	Analyze This	0:19:50–0:22:3	You have a gift. You are good. You have a terrific gift.
	Nurse Betty	1: 35:10–1:36:30 1: 40:30–1:41:25	You don’t need that doctor. You don’t need any man. You know why? Because you’ve got yourself.
Keeping Your Idealism in the Face of Difficulties	October Sky	1:17:31–1:20:3	The coal mine is your life, not mine. I’ll never get in it again. I want to go into space.
	Tucker: The Man and his Dream	1:43:20–1:44:20	What really matters is the idea, the dream.
	Billy Eliot	0:26:00–0:28:20 0:40:16–0:41:20 0:59:17–1:00:26 1:29:00–1:30:12	Several scenes showing the strength of will of a boy who wants to become a ballet dancer facing opposition in his family.
	Instinct	1:09:14–1:11:1	What have you lost? My illusions!!
	The Truman Show	1:24:07–1:29:03	Increase the wind. Truman survives because he is tied to the boat.
Reflective Attitude	About Schmidt	1:54:00–1:56:20	What difference have I made with my life? None at all.
	The Notebook	1:38:00–1:39:00	What do you want? Not your parents, not me. Just you!!
	American Beauty	2:01:00–2:03:00	I remember every single moment of my insignificant life. Probably you don’t know what I am talking about. Don’t worry. Some day you will. (When you are dead, like me)
	The Lion King	1:04:00–1:08:5	Simba, you have forgotten me. You forgot who you are so you have forgotten me. You are the true Lion King.
Understanding Suffering and Pain	Shadowlands	1:45:50–1:48:1	The pain you will have then is part of the happiness you have now. That’s the deal.
	The Spitfire Grill	01:31:36–01:35:00	How we need to listen to peoples’ stories, with kind watchfulness
	Secrets and Lies	2:05:00–2:08:00	We are all in pain. Why we don’t share this pain? I live trying to make people happy and those whom I really love are fighting among themselves.