

## 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](mailto:jfshapir@uci.edu).

# Teaching Through Movies in a Multicultural Scenario: Overcoming Cultural Barriers Through Emotions and Reflection

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There is growing concern that the human dimension of the physician is receding in the face of ever-emerging technological advances. The frequent dissatisfaction of patients points more to the human deficiencies of medical professionals than to their technical shortcomings. Since technology tends to monopolize students' attention and learning efforts, often at the expense of other important aspects of medicine, the emerging question is how human matters can be taught or reinforced in educational environments.

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Arts and humanities, because they enhance the understanding of the human condition, are useful medical education resources for addressing this problem. Since film is the favored medium in our current culture, teaching with cinema is particularly well-suited to the learning environment of medical students and residents. In fact, as described in previous work,<sup>1</sup> movie teaching methodology stimulates their reflection and, through accessing learners' emotions, offers new paths to the rational process of learning.

This innovative teaching method developed by the Brazilian Society of Family Medicine (SOBRAMFA)<sup>2</sup> has been used primarily to teach medical students and family medicine residents, mostly in Bra-

zil. However, in the last 4 years, SOBRAMFA has led cinematic teaching experiences with students, faculty, physicians, and educators in several countries through presentations in international meetings. Below, we describe these cinematic teaching experiences at WONCA Europe and the Network Towards Unity for Health (TUFH) meeting. The multicultural scenario, represented by a heterogeneous audience with different languages and a variety of cultures (mostly non-Latin), presented a new challenge to implement the movie teaching methodology.

### Describing the Experience

Our experience with the cinema-education methodology has been successful with homogeneous Latin

audiences. However, in the Wonca and TUFH settings, we would be working with participants from widely different backgrounds and mostly from a non-Latin culture. We wondered whether our approach would work with this new audience. What about all those non-Latin people—would they be willing to acknowledge and explore their emotions in response to film-clips, a key aspect of our teaching? Would the experienced older doctors and faculty attending be engaged in this modern teaching, or is this a method only for students and young people?

All the experiences were set as workshops in which 60 to 90 people attended. The session started with introductions, followed by a 20–30 minute period in which multiple movie clips were shown in rapid sequence, along with facilitator comments while the clips were going on. This was followed by an open discussion in which the audience asked questions and shared their reflections, feelings, and thoughts. Both the teaching method and the specific movie clips used have been previously described in detail.<sup>1</sup>

### Are They Really Crying?

Somewhat to our surprise, and certainly to our relief, emotions came easily to the participants. We heard sighs in the dark, a handkerchief here and there, and, when the lights came up, some people were crying without shame. Yes, we were all in this together regardless of native language, age, profession, or “hot” or “cold” cultural orientation.

### Participant Feedback

“Fostering reflection” was the main concept noted in the evaluations and comments from participants. The whole process—quick movie clips along with facilitator comments—is responsible for this outcome. While the sudden changing scenes in the clips effectively evoke individual concerns and reflection on these concerns

in individual members of the audience, the comments act as a valuable amplifier to the whole process. Because each member of the audience is involved in his/her personal reflective process, he/she may agree or disagree with the presenter’s comments. This point-counterpoint deepens reflection, while still enabling participants to draw their own conclusions. One student said:

To my surprise, this teaching method succeeded in keeping the poetry of the clips untouched. While viewing the movie clips, there was less message dissecting, yet much more stimulation to reflection, which brought a greater educational value than literature classes in secondary school. Moreover, the comments that were given during the clips added a touch of magic to the scenes (and the movies in total) by showing us the existence of the messages beneath the surface of the movies.

The movie clip approach opens the door toward working with learners’ emotions and explores how to turn them into a useful educational resource. For teaching the human matters of doctoring, which implies refining attitudes, acquiring virtues, and incorporating values, one can use the purely rational method favored by ethics lectures and deontology courses. But movies offer another path: exposing learners to particular examples with strong emotional consequences to either follow or reject. The movie clips lead the learners to reflect on where their own attitudes and responses will lead, not only intellectually but emotionally, both for themselves and others. In this way, bringing examination of emotional responses and their consequences into the discussion serves as an effective shortcut that helps reconnect learners with their original idealistic aspirations and motivations as physicians.

Participants generally answered the question at the beginning of our project—“Would this approach work with a multicultural audience?”—in the affirmative. Although the cultural backgrounds might be different, emotions proved to be a universal language. One participant wrote:

The European culture is considered to be less emotional and more rational than the American culture, which produces a much higher barrier to overcome when their emotions are targeted . . . Maybe this is a wrong conviction. We realize that their emotions are as accessible as the emotions of the American people. The culture might be different concerning showing emotions, which gives the false impression of a higher emotional threshold. (Europeans are also touched by American movies, books . . .)

Occasionally, however, there was a comment of warning. We noticed that participants usually resolved these concerns themselves, without facilitator intervention.

This is very dangerous. You can provoke a tremendous crisis in the young people and maybe you couldn’t be able to manage them! (UK faculty)

Actually, the crisis is already there, despite of us. We can ignore it, or deal with it. This movie teaching stuff just discloses what already is there. (Two faculty from Finland)

We don’t need to fear this. I think if someone fears this is because [the person] is afraid of his/her own emotions . . . (Faculty from Sweden)

### Understanding Deeply

Participants quickly grasped that the purpose of the film-clip methodology was not only to evoke emotions but to help the audience

reflect on them and figure out how to translate what they learn into attitudes and action. Reflection is the necessary bridge to move from emotions to behavior. The audience came to the session to learn a technique, but the bottom line was that they were touched by the experience in ways that both incorporate and transcend medicine. We believe this effect is at least in part attributable to our decision not to use medically themed movies.

Using medical movies is similar to presenting a specific case, like problem-based learning, and discussing it. This is valuable but not what we are trying to achieve. In our method, what matters is not the case or the situation that demands a particular answer. Our goal is to move beyond a specific medical solution to reach a human attitude in life that requires integrity and wholeness. We move from technical responses to deep reflection on how to call forth the best learners have inside themselves. The specific translational process is intentionally left up to learners as they encounter their own lives as doctors and as people.

It seems that the goal is also to affect the behavior of the student when he is confronted with a choice. But the session is not showing which direction is best to follow. It is only stimulating the student to take an active decision for himself when confronted

with a choice, not to forget what he stands for, and to be aware of the underlying meanings of different options. (European student).

### What We Learned

Our international experiences with educating through cinema leads us to conclude that cinema in medical education can be a widely accepted methodology. Its success does not appear to be restricted to homogeneous audiences or people coming from the so-called more sensitive cultures or younger, more media-oriented audiences. Images are powerful communicators across culture despite our using primarily English language films. Emotions too are a universal language that help people to bridge cultural differences and achieve agreed upon interpretations and mutual understanding.

The best teaching is often both an intellectual creation and a performing art, and teaching is conceived by excellent educators as the opportunity to create good learning environments.<sup>3</sup> The roller coaster of feelings that this methodology generates creates a learning environment that consistently brings debate about core assumptions in medical education to the fore. Teaching reflection through film clips goes beyond watching movies, mastering subject matter, evoking emotions, or teaching new skills to considering the emotional and

moral issues that are so much of actual medical practice. At the end of the sessions, audience members and facilitators are willing to ask themselves and each other profound questions about how to educate young doctors and medical students in ways that best cultivate their highest ideals toward patients—and toward life.

There is still a remaining question. Does this movie teaching methodology depend on the charisma of the presenter or can it be well developed by anyone? There is no definitive answer. All we can say is: if you love movies, if you like to teach deep from your heart,<sup>4</sup> you deserve to try this. Try it and wait for the surprises!

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