50TH ANNIVERSARY SERIES

Health humanities for inclusive, globally interdependent, supportive and decolonised health professional education: The future is health humanities!

S. E. Carr[1] & C. Hooker[2]

Abstract

To find its place in healthcare that is responsive to global determinants of health and adaptively shape healthcare systems, health professional education (HPE) requires deep and central engagement with arts, culture and the health humanities. In this paper, we overview the trajectory of health humanities and the centrality of humanities scholarship in grappling with coloniality and power as ongoing features of health and healthcare. We then discuss current research that asks *how* arts and humanities can best be incorporated in HPE. Drawing from a recent Worldwide Universities Network initiative, we set out a framework comprising six domains of learning and 11 graduate capabilities that can be used to implement and evaluate health humanities education. Health humanities offers an invitation for imaginative and joyful innovations in HPE over the next 50 years.

Keywords: health humanities; health professional education; graduate capabilities; domains of learning

Introduction

Healthcare professionals of the future face a highly volatile world marked by environmental and social change, increasing and overlapping disaster events and disruption—including increased inequality—arising from the conditions that produce instability. These same conditions are also the conditions of new possibility and hopeful, imaginative change. To find its place in healthcare responsive to global determinants of health, to provide care and to receive it, and to creatively alter and adaptively shape healthcare systems and ways of working, health professional education (HPE) requires deep and central engagement with arts and culture and the health humanities.

This paper offers a discussion of the why and how health humanities, including creative and arts-based approaches, should also be of central importance for HPE that is adequate for the future. However, the barrier to uptake is less about convincing others of the

[1] Health Professions Education, School of Allied Health, University of Western Australia
[2] Sydney School of Public Health, Faculty of Medicine and Health, The University of Sydney

Correspondence: Professor Sandra Carr Sandra.Carr@uwa.edu.au

importance of the health humanities than identifying *how* humanities and creative arts can be (cost-)effectively utilised in curricula that is already crowded. The task now is to build an evidence base for implementation, including capacity to compare across programs, examine interaction and multiplier effects of humanities and arts-based content and trace longitudinal impact.

Health humanities: A refresher

The "health" humanities grew from the narrower "medical" humanities, which in turn arose from doctors who worried about how the increasingly technological orientation of medicine was eroding humanism and human connection in clinical practice (Brody, 2011; Verghese, 2009). During its "first wave" (roughly 1970–2010), the medical humanities mostly comprised small teaching programs bolted on to existing medical curricula, often as electives. The content was varied and the teaching was mostly physician led and was rarely designed from a basis in pedagogy or evaluated. It took some time for research to appear, and when it did, the focus was improved empathy for the patient experience (Hooker, 2015). The emblematic achievement was the development of what founder Dr Rita Charon termed "narrative medicine" (Charon, 2001; Frank, 2017). At the time, narrative medicine authorised a radically new relational mode of patient care that centred both patients' stories and physicians' experiences. Until then, patients' stories were often regarded as time consuming and unnecessary verbiage from which to extract clinical data, while the physicians' experiences were often considered simply irrelevant or a problematic threat to objectivity. Narrative medicine encouraged active listening and reflective writing in physicians.

The field owes a huge debt to its dedicated physician founders and advocates—but the "first wave" was limited by its incapacity to see how deeply it was shaped by the norms of its socially elite, white, Anglophone founders (Whitehead & Woods, 2016). These first wave practitioner-scholars were mostly not embedded in humanities scholarship and, therefore, not cognisant of its constructionist perspectives and critical analyses of social power. As a result, the first wave tended to perpetuate medical dominance and medical perspectives (Atkinson et al., 2015; Hooker & Noonan, 2011). The rich traditions of humanistic healthcare in nursing and allied health, including their emphasis on partnerships with their clients, and the social justice concerns of public health scholarship were not present. The desire to centre patient, carer and allied health voices prompted some to turn to a broader concept of the "health" humanities (Jones et al., 2017). Others took up cultural and literary studies perspectives to generate a second wave, the "critical" health humanities (Whitehead & Woods, 2016). These two strands interconnect with each other and with "arts and health" research, practice and advocacy. These strands are now robust international research programs that centre on questions of social power, justice, agency and ethics, bringing the social and cultural circumstances of people's lives firmly into view in their health and illness experiences. It is this broader health humanities that we turn to for the future of HPE as it draws upon the multiple and

expanding fields of enquiry that link health and social care disciplines with the arts and humanities.

Health humanities in the 2020s: Creative, critical, de-colonising, courageous

Health humanities encourage innovation and novel cross-disciplinary activities that can inform and transform healthcare, health and wellbeing (Crawford & Brown, 2020). These innovations are widely regarded as necessary to meet the challenges of health and healthcare work in the 21st century. This century is anticipated to bring unprecedented social and environmental challenges, the effects of which are already being felt. Some of these changes are arising from the incredibly swift developments of new technologies, from artificial intelligence to nanotechnologies to new genetic diagnostics and treatment (Gohar et al., 2019; Smye & Frangi, 2021). Others arise from increasing climate change, a phenomenon whose widespread negative impacts on health are now well documented and anticipated (Rocque et al., 2021). Climate change and the COVID-19 pandemic (still current at the time of writing) have forced a global perspective onto health and medicine with which HPE is still grappling. Climate change is anticipated to exacerbate increased social inequality and, in many nations, conflict and displacement.

Worries about climate change have led many to consider its fundamental causes—and most scholarship, drawing from the critical humanities and social sciences, locate these fundamental causes in the systems of extractive capitalism and both the legacies of and ongoing active colonialism (Farmer et al., 2006; Lewis et al., 2020; Sherwood, 2013). Awareness of the threats posed by these systems, through climate change and in many cases, despoliation and dispossession, has helped make the experiences of despoliation and dispossession among First Nations and Indigenous people visible for the first time. Within and beyond health and medicine, the powerful and urgent imperative of decolonisation has become prominent (Eichbaum et al., 2019; Hassan & Howell, 2022). Australian and New Zealand First Nations scholarship has, and is, generating leading research on these topics (Came, 2020).

In this context, there is broad agreement that interdisciplinary perspectives that strongly centre humanities scholarship are necessary *even to make sense* of this rapidly changing context for health and healthcare work. A capacity to conceptualise the operations of power, the connections between creativity, culture and health, and the systems through which the social determinants of health are constructed is necessary for the appropriate management of ill health (Boulton, 2016).

It follows that treating, managing and supporting those experiencing ill health and suffering *also* require the capacity to utilise humanities scholarship and concepts. Health services are widely critiqued for being inadequate for healthcare in the 21st century, where a focus on social and cultural determinants displace the former "biomedical" paradigm. Patients' rights movements, critiques of structural violence and racism and those who work in health promotion in "disadvantaged" populations have grasped the principle of

"nothing about us without us" and of the importance of lived experience through led or co-designed health knowledge and initiatives. As post-pandemic fatigue and moral distress leads to sometimes cataclysmic staffing shortages and burnout, the connections between patient and professional wellbeing have never been more obvious. The beneficial effects of the arts in both health *and* self-care are already well evidenced (Clift, 2020; Davies et al., 2016; Dow et al., 2023).

That healthcare needs to be team based and multidisciplinary is already established. Now the need for health and medicine to be *interdisciplinary* and creative is both obvious and pressing. The turn to social prescribing in several nations and the increasing normalisation of interdisciplinary approaches in health research are indicative of these shifts. But there remains a substantial "two cultures" gap between faculties of arts and humanities and those of medicine, science and health. How can we best incorporate humanities and the arts into HPE? And how can we select what programs and approaches to use out of the myriad available?

Health humanities: Challenges to implementation

While humanities-based education has been described and discussed (even venerated) for some 40 years now, there is still no consensus regarding the role of humanities-based education in HPE (Carr et al., 2021; Costa et al., 2020; Scott, 2020; Wald et al., 2019). Indeed, there has been limited discussion on how health humanities material can be integrated into clinical education to mitigate critical issues at individual and institutional levels of healthcare (Carr et al., 2022; Gillies, 2018; Jones et al., 2017; Mangione et al., 2018). This absence is especially startling in relation to teaching that addresses "coloniality" (the state of continuing impacts of colonisation) (Quijano, 2007), although this is beginning to change (De Leeuw et al., 2021; Hooker et al., 2023). Current health humanities curricula and pedagogical approaches largely adopt a Euro-American framework (Carr et al., 2021; Hooker & Noonan, 2011; Naidu, 2021).

This paper extends thinking developed by a Worldwide University Network (2021) initiative international research team who, over the course of 2 years, together explored the state of the art of health humanities in HPE with the aim of clarifying an agenda for research and implementation. The work resulted in a qualitative review of current approaches to health humanities curricula and an evaluation of curricula in HPE. The health humanities educational interventions described in the final set of studies were widely varying; the one commonality they all shared was that they differed from traditional educational interventions used in the health professions in relation to both intent and form. The primary finding of the review was that at present, there is no consistent framework for health humanities learning, teaching and assessment and, hence, little capacity for systematic evaluation within or across curricula. We found that many studies did not report clear learning outcomes or levels of learning, meaning that in some instances, what they intended to teach and what they delivered sometimes did not align.

Informed by previous published reviews and the 24 research papers included in the published scoping review (Carr et al., 2021), we identified six domains of health humanities learning in which the health humanities make profound contributions in HPE, which are updated and further expanded upon here.

Six domains of health humanities learning

1) *Acquisition of knowledge* that is highly applicable to the provision of healthcare but from outside the medical sciences. This knowledge looks beyond the biomedical model and includes the humanities subjects, such as history and philosophy. Interestingly, half of the studies included in the published scoping review focused on enhancing knowledge to support humanism (Carr et al., 2021).

2) *Mastering skills in observation*, *listening and reflection* that support abilities of critical thinking and clinical and diagnostic reasoning (Isaac et al., 2015; Thorp & Bassendowski, 2018).

3) *Interaction, perspective taking and relational aims.* Through personal interactions and engagement in dialogue (as a cornerstone of health humanities pedagogy), students practise perspective taking and explore relational aims that are applicable for the development of empathy, compassion and person-centred communication. The large majority of papers included in the review used health humanities interventions for the purpose of developing and mastering skills to promote development of capabilities associated with patient-centred care (Brand et al., 2016; Campbell et al., 2020; Clark et al., 2019; LeBlanc, 2017; McCaffrey et al., 2017; Thorp & Bassendowski, 2018).

4) These interactions over time allow for individuals' *personal growth and activism* or advocacy that can lead to transformation in values and supports the development of professionals who appreciate ambiguity and innovation. This can provide the foundation of "deep" forms of professionalism capable of rising to the complex ethical challenges of future healthcare practice (Macneill et al., 2020).

5) Through reflection, mindfulness and guided practice, appreciate the significance of *personal wellness and long-term self-care* as a health professional as a way of combatting fatigue and burnout. While only one included study used health humanities practices for promoting wellbeing of developing health professionals (Clark et al., 2019; Komattil et al., 2016), our international team recognised the importance of the humanities in supporting and potentially managing the increasing rates of stress, distress and burnout in both students and practising health professionals.

6) *The critical health humanities* are applied through a broad variety of tools from the humanities and the social sciences to establish a more complete evidence base of the complex realities surrounding illness and health (Emmanuel, 2016; LeBlanc, 2017).

With these six domains in mind and acknowledging the lack of a published curriculum framework for health humanities, through the WUN collaboration, we offer the first

list of internationally developed, empirically based generic capabilities or outcomes from learning in health humanities (see Table 1). These, together with the *six domains of health humanities learning*, offer a starting place (allowing for local adaptation) for mapping, benchmarking, clarification and comparison of health humanities pedagogy and curricula (Carr et al., 2022). How the graduate capabilities align with the domains of learning in health humanities will depend on the positionality of the curriculum developer at any given time. One example of the alignment is offered in Table 2.

Table 1

Suggested Graduate Capabilities of Health Humanities Curriculum for Health Professional Education

By engaging in Health Humanities education, students will develop capability to:
Observe astutely—*have or show an ability to notice and understand things clearly*
Self-reflect—*capacity to exercise introspection*
Appreciate ambiguity—*able to deal with increasing uncertainty*
Critique collaboratively—*use a community approach to examine and potentially produce better understanding of a problem or situation*
Practise evidence synthesis—*bring together all relevant information on a research question to identify gaps and establish an evidence base for best-practice guidance*
Engage in dialogue—*demonstrate capacity for an exchange of ideas via communication with others*
Interpret perspectives—*to look beyond one's own point of view to consider others' thoughts, opinions and feelings about something*
Value the narrative—*to be grounded in the reality of the present and illuminate the reality of the past*
Value person-centredness—*put the interests of the individual receiving care or support at the centre of thoughts and action*
Appreciate innovation—*an enduring capacity to change and improve*
Relational responsiveness—*able to recognise interconnectedness with others and respond in relation to positive possibilities for going forward*

Principles for teaching

Health humanities focused education creates a learning environment that offers students time to reflect upon, critique and consider their personal values and beliefs and to contribute these reflections to support other student learning. Students can explore the range of human emotions they will encounter when faced with the intimacy of health and illness and also their own judgement (Banner et al., 2019). In particular, the role of stories, dialogues and narratives are integrated into learning activities to foster an orientation towards clinical practice that embodies excellence, compassion and justice (Banner et al., 2019). The learning can encourage deeper exploration through poetry,

 ISSN 1442-1100

literature, drama and film to highlight content in novel ways. The teaching methods used are most often small group in nature, whether delivered in online or face-to-face modes, and the learning is collegial and collaborative (Carr et al., 2021). Health humanities teaching strategies are highly valuable when applied to emergent issues for HPE, such as management of high stress work environments and burnout for health professionals, responses to the COVID-19 pandemic and the utility of technology for healthcare (Carr et al., 2022).

Table 2

An Alignment of the Generic Capabilities in Health Humanities with the Six Domains of Learning in Health Humanities

Generic Capabilities in Health Humanities	Six Domains of Learning in Health Humanities					
	Knowledge acquisition	Mastering skills, observation, listening, reflecting	Interactions, perspectives, relational aims	Personal growth & activism	Personal wellness & self-care	Critical health humanities
1. Observe astutely	√	√	√		√	√
2. Self reflect		√	√	√	√	
3. Appreciate ambiguity		√		√	√	
4. Critique collaboratively	√	√				√
5. Practise evidence synthesis	√	√				√
6. Engage in dialogue		√	√			√
7. Interpret perspectives	√	√	√	√	√	√
8. Value the narrative	√	√	√	√	√	√
9. Value person-centredness		√	√	√		
10. Appreciate innovation	√	√				
11. Relational responsiveness		√		√	√	

Principles for assessment

There are three apparent guiding principles surrounding the assessment of student learning in health humanities (Carr et al., 2022). Firstly, the approaches to assessment often expect the students to *engage in the act of creation* to demonstrate achievement of a health humanities capability. This creation is often a written piece (essay, narrative, story, reflection), an object (concept plan, drawing, picture, sculpture, painting) or a performance (art, music, theatre) and sometimes includes the application of technology (blog, podcast, video). Secondly, there is always an engagement with the object created

through reflection and the *articulation of reflective thought.* Finally, the assessment commonly *explores values and beliefs* of the students. Sometimes students can identify values or demonstrate understanding of the presented values and beliefs and, thereby, enhance capacity for divergent perspectives. On other occasions, the assessment may focus on shifts in values towards professionally accepted standards. The assessment of achievement of a graduate capability typically utilises critical evidence synthesis, self-assessments, peer assessment, direct observation of performance and work-integrated assessment of professional behaviours. These assessment approaches are already commonly found within HPE, making integration of explicit assessment of health humanities capabilities into clinical education more achievable.

How health humanities can facilitate and challenge healthcare professional education and healthcare practice in the future

Approaches to health humanities curricula include learning that supports reflection, critique and consideration of personal values and beliefs. This provides three affordances that could be more extensively utilised in the future. The first is to provide an intellectually sharper means for engaging with patients, carers and colleagues as situated beings. Much contemporary discussions of health and illness emphasise the importance of social determinants of health, without health professionals having many means for going beyond the "bio" in "biopsychosocial" (Bartz, 1999) or going beyond narrowly cognitive, overly—and culturally inappropriately (Azad et al., 2022)—individualised approaches for the "psycho" (Crossley, 2008). Being able to critically assess and move between knowledges about single factors and individual bodies, knowledges about populations and social structures, and knowledges about dynamics in (complex, adaptive) systems (such as human bodies!) provides many more possibilities for intervention. The second is to provide forms of immersive, embodied learning that underpin many practices of professionalism, of quality communication, and of self-care (Macneill et al., 2020). Emotion and stress reside in the body, and HPE can educate for sensibility (Bleakley, 2015) to support the growth of skills and capacities for navigating uncertainty, strong emotion, pressure, difficult interactions and workplace systems stressors in the future. The third is to provide sustained connection to joy, flow states and imagination, not so much for their benefits in self-care (Clift, 2020) but for cultivating sufficient repertoire to support diversity, equity and inclusion on one hand and more normalised institutional openness to adaptation on the other, with institutions more able to respond to the predicted volatility of the coming years.

The major conclusions to be drawn

In sum, we suggest that a more internationally informed, decolonising approach to the health humanities "holds space" for richer dialogue across positivist biomedical and health sciences and constructivist humanities, arts and social sciences. The respective ways of knowing and valuing that have developed from different paradigms highlight the critical

role of the health humanities in the constant work of "translation" across disciplinary divides and contexts leading to new transformative ideas and practices. Tensions will continue to exist between different epistemic values, between maintaining "critical" intellectual practices and supporting innovations and between varying institutional needs. The humanities can help make these productive rather than constraining. ANZAHPE, through actions such as the development of the health humanities Hot Topic Action Group (HTAG) and by promoting collegiate sharing of knowledge and experiences at the annual conferences and professional development programs, is supporting these innovations in an Australian and New Zealand context. We look forward to the development of systematic approaches to assessment and evaluation that will support our aims for integrated health humanities teaching in HPE while remaining sensitive to and adapted for local contexts.

We hope that educators and scholars around the world will find the six domains and accompanying recommendations for desired capabilities and health humanities curricula and evaluation a catalyst or the inspiration for new design, research and teaching. Across the gamut from immersive experiences led by First Nations knowledge holders on Country to virtual reality simulation exercises to challengingly abstract philosophical argument, health humanities education can be designed and directed to specified ends. It can also produce long lasting, unpredictably resonant, transformative learning. On either ground, the humanities are low cost, critical components of HPE into the future.

Acknowledgements

The authors gratefully acknowledge the contribution to this manuscript by all members of the WUN Health Humanities initiative: Prof Pamela Brett-Maclean, University of Alberta; Dr Anna Harris, Maastricht University; Prof Steve Reid, University of Cape Town; Assoc Prof Nahal Mavaddat and Dr Brid Phillips, The University of Western Australia; Dr Farah Noya, Pattimura University; Mary-Ani Ampousah, University of Ghana; Dr Daniel Vuillermin, Peking University

References

Atkinson, S., Evans, B., Woods, A., & Kearns, R. (2015). "The medical" and "health" in a critical medical humanities. *The Journal of Medical Humanities*, *36*(1), 71–81. https://doi.org/10.1007/s10912-014-9314-4

Azad, A. H., Khan, S. A., Ali, I., Shafi, H., Khan, N. A., & Umar, S. A. (2022). Experience of psychologists in the delivery of cognitive behaviour therapy in a non-western culture for treatment of substance abuse: A qualitative study. *International Journal of Mental Health Systems*, *16*(1), Article 55. https://doi.org/10.1186/s13033-022-00566-3

Banner, O., Carlin, N., & Cole, T. R. (2019). *Teaching health humanities*. Oxford University Press. https://doi.org/10.1093/med/9780190636890.001.0001

Bartz, R. (1999). Beyond the biopsychosocial model: New approaches to doctor–patient interactions. *The Journal of Family Practice*, *48*(8), 601–607. https://www.mdedge.com/familymedicine/article/60973/beyond-biopsychosocial-model-new-approaches-doctor-patient-interactions

Bleakley, A. D. (2015). *Medical humanities and medical education: How the medical humanities can shape better doctors*. Routledge.

Boulton, J. (2016). *Aboriginal children, history and health beyond social determinants*. Taylor and Francis. https://search.informit.org/doi/abs/10.3316/informit.935131372295219

Brand, G., Osborne, A., Carroll, M., Carr, S. E., & Etherton-Beer, C. (2016). Do photographs, older adults' narratives and collaborative dialogue foster anticipatory reflection ("preflection") in medical students? *BMC Medical Education*, *16*, Article 289. https://doi.org/10.1186/s12909-016-0802-2

Brody, H. (2011). Defining the medical humanities: Three conceptions and three narratives. *The Journal of Medical Humanities*, *32*(1), 1–7. https://doi.org/10.1007/s10912-009-9094-4

Came, H. (2020). From gorse to ngahere: An emerging allegory for decolonising the New Zealand health system. *New Zealand Medical Journal*, *133*(1524), 102–110. https://www.proquest.com/scholarly-journals/gorse-ngahere-emerging-allegory-decolonising-new/docview/2456177044/se-2

Campbell, B. H., Treat, R., Johnson, B., & Derse, A. R. (2020). Creating reflective space for reflective and "unreflective" medical students: Exploring seminal moments in a large-group writing session. *Academic Medicine*, *95*(6), 882–887. https://doi.org/10.1097/ACM.0000000000003241

Carr, S., Harris, A., Scott, K., Ani-Amponsah, M., Hooker, C., Phillips, B., Noya, F., Mavaddat, N., Vuillermin, D., Reid, S., & Brett-MacLean, P. (2022). InspirE5: A participatory, internationally informed framework for health humanities curricula in health professions education. *BMC Medical Education*, *22*, Article 490. https://doi.org/10.1186/s12909-022-03551-z

Carr, S., Noya, F., Phillips, B., Harris, A., Scott, K., Hooker, C., Mavaddat, N., Ani-Amponsah, M., Vuillermin, D., Reid, S., & Brett-MacLean, P. (2021). Health humanities curriculum and evaluation in health professions education: A scoping review. *BMC Medical Education*, *21*, Article 568. https://doi.org/10.1186/s12909-021-03002-1

Charon, R. (2001). Narrative medicine: A model for empathy, reflection, profession, and trust. *JAMA*, *286*(15), 1897–1902. https://doi.org/10.1001/jama.286.15.1897

Clark, Z., Ashbrooke, L., & Price, J. (2019). Creating meaningful learning for children's nursing students: Can museum field trips offer added value? *Comprehensive Child and Adolescent Nursing*, *42*(1), 71–84. https://doi.org/10.1080/24694193.2017.1390008

Clift, S. (2020). Fancourt, D. and Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. *Nordic Journal of Arts, Culture and Health*, *2*(1), 77–83. https://doi.org/10.18261/issn.2535-7913-2020-01-08

Costa, M., Kangasjarvi, E., & Charise, A. (2020). Beyond empathy: A qualitative exploration of arts and humanities in pre-professional (baccalaureate) health education. *Advances in Health Sciences Education: Theory and Practice*, *25*(5), 1203–1226. https://doi.org/10.1007/s10459-020-09964-z

Crawford, P., & Brown, B. (2020). Health humanities: A democratising future beyond medical humanities. In A. Bleakley (Ed.), *Routledge handbook of the medical humanities* (pp. 401–409). Routledge. https://doi.org/10.4324/9781351241779

Crossley, M. (2008). Critical health psychology: Developing and refining the approach. *Social and Personality Psychology Compass*, *2*(1), 21–33. https://doi.org/10.1111/j.1751-9004.2007.00041.x

Davies, C., Knuiman, M., & Rosenberg, M. (2016). The art of being mentally healthy: A study to quantify the relationship between recreational arts engagement and mental well-being in the general population. *BMC Public Health*, *16*(12), Article 15. https://doi.org/10.1186/s12889-015-2672-7

De Leeuw, S., Larstone, R., Fell, B., Cross, N., Greenwood, M., Auerbach, K., & Sutherland, J. (2021). Educating medical students' "hearts and minds": A humanities-informed cultural immersion program in Indigenous experiential community learning. *International Journal of Indigenous Health*, *16*(1), 87–107. https://doi.org/10.32799/ijih.v16i1.33078

Dow, R., Warran, K., Letrondo, P., & Fancourt, D. (2023). The arts in public health policy: Progress and opportunities. *The Lancet Public Health*, *8*(2), e155–e160. https://doi.org/10.1016/S2468-2667(22)00313-9

Eichbaum, Q., Reid, S., Coly, A., Naidu, T., & Omaswa, F. (2019). Conceptualizing medical humanities programs in low-resource settings in Africa. *Academic Medicine*, *94*(8), 1108–1114. https://doi.org/10.1097/ACM.0000000000002789

Emmanuel, E. N. (2016). Teaching humanity to nursing students: Evaluation of an innovative teaching strategy. *Nurse Education*, *41*(5), E1–E3. https://doi.org/10.1097/nne.0000000000000299

Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS Medicine*, *3*(10), e449. https://doi.org/10.1371/journal.pmed.0030449

Frank, A. W. (2017). What is narrative medicine?: The principles and practice of narrative medicine by Rita Charon, Sayantani DasGupta, Nellie Hermann, Craig Irvine, Eric R. Marcus, Edgar Rivera Colón, Danielle Spencer, and Maura Spiegel, Oxford University Press, 2017. *Journal of Medical Humanities*, *38*(3), 339–343. https://doi.org/10.1007/s10912-017-9464-2

Gillies, J. (2018). Compassion, medical humanities and medical education. *Education for Primary Care*, *29*(2), 68–70. https://doi.org/10.1080/14739879.2018.1427004

Gohar, F., Maschmeyer, P., Mfarrej, B., Lemaire, M., Wedderburn, L. R., Roncarolo, M. G., & van Royen-Kerkhof, A. (2019). Driving medical innovation through interdisciplinarity: Unique opportunities and challenges. *Frontiers in Medicine*, *6*, 35. https://doi.org/10.3389/fmed.2019.00035

Hassan, N., & Howell, J. (2022). Global health humanities in transition. *Medical Humanities*, *48*(2), 133–137. https://doi.org/10.1136/medhum-2022-012448

Hooker, C. (2015). Understanding empathy: Why phenomenology and hermeneutics can help medical education and practice. *Medicine, Health Care, and Philosophy*, *18*(4), 541–552. https://doi.org/10.1007/s11019-015-9631-z

Hooker, C., & Noonan, E. (2011). Medical humanities as expressive of Western culture. *Medical Humanities*, *37*(2), 79–84. https://doi.org/10.1136/medhum-2011-010120

Hooker, C., Phillips, B., Carr, S. (2023). Health and medical humanities in global health: From the Anglocentric to the Anthropocene. In P. Liamputtong (Ed.), *Handbook of social sciences and global public health*. Springer. https://doi.org/10.1007/978-3-030-96778-9_14-1

Isaac, C., Behar-Horenstein, L., Lee, B., & Catalanotto, F. (2015). Impact of reflective writing assignments on dental students' views of cultural competence and diversity. *Journal of Dental Education*, *79*(3), 312–321. https://doi.org/10.1002/j.0022-0337.2015.79.3.tb05886.x

Jones, T., Blackie, M., Garden, R., & Wear, D. (2017). The almost right word: The move from medical to health humanities. *Academic Medicine*, *92*(7), 932–935. https://doi.org/10.1097/ACM.0000000000001518

Komattil, R., Handattu Hande, S., Mohammed, C. A., & Subramaniam, B. (2016). Evaluation of a personal and professional development module in an undergraduate medical curriculum in India. *Korean Journal of Medical Education*, *28*(1), 117–121. https://doi.org/10.3946/kjme.2016.17

LeBlanc, R. G. (2017). Digital story telling in social justice nursing education. *Public Health Nursing*, *34*(4), 395–400. https://doi.org/10.1111/phn.12337

Lewis, D., Williams, L., & Jones, R. (2020). A radical revision of the public health response to environmental crisis in a warming world: Contributions of Indigenous knowledges and Indigenous feminist perspectives. *Canadian Journal of Public Health*, *111*(6), 897–900. https://doi.org/10.17269/s41997-020-00388-1

Macneill, P., Joseph, R., Lysaght, T., Samarasekera, D. D., & Hooi, S. C. (2020). A professionalism program in medical education and training: From broad values to specific applications: YLL School of Medicine, Singapore. *Medical Teacher*, *42*(5), 561–571. https://doi.org/10.1080/0142159X.2020.1714021

Mangione, S., Chakraborti, C., Staltari, G., Harrison, R., Tunkel, A. R., Liou, K. T., Cerceo, E., Voeller, M., Bedwell, W. L., Fletcher, K., Kahn, M. J. (2018). Medical students' exposure to the humanities correlates with positive personal qualities and reduced burnout: A multi-institutional U.S. survey. *Journal of General Internal Medicine*, *33*(5), 628–634. https://doi.org/10.1007/s11606-017-4275-8

McCaffrey, G., Venturato, L., Patterson, J. D., Langille, J., Jackson, R., & Rosenal, T. (2017). Bringing a novel to practice: An interpretive study of reading a novel in an undergraduate nursing practicum course. *Nurse Education in Practice*, *24*, 84–89. https://doi.org/10.1016/j.nepr.2017.04.001

Naidu, T. (2021). Southern exposure: Levelling the northern tilt in global medical and medical humanities education. *Advances in Health Sciences Education: Theory and Practice*, *26*(2), 739–752. https://doi.org/10.1007/s10459-020-09976-9

Quijano, A. (2007). Coloniality and modernity/rationality. *Cultural Studies*, *21*(2–3), 168–178. https://doi.org/10.1080/09502380601164353

Rocque, R. J., Beaudoin, C., Ndjaboue, R., Cameron, L., Poirier-Bergeron, L., Poulin-Rheault, R.-A., Fallon, C., Tricco, A. C., & Witteman, H. O. (2021). Health effects of climate change: An overview of systematic reviews. *BMJ Open*, *11*(6), e046333–e046333. https://doi.org/10.1136/bmjopen-2020-046333

Scott, K. (2020). Editorial, Vol 21.2. *Focus on Health Professional Education*, *21*(2), i–iii. https://doi.org/10.11157/fohpe.v21i2.471

Sherwood, J. (2013). Colonisation—It's bad for your health: The context of Aboriginal health. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, *46*(1), 28–40. https://doi.org/10.5172/conu.2013.46.1.28

Smye, S. W., & Frangi, A. F. (2021). Interdisciplinary research: Shaping the healthcare of the future. *Future Healthcare Journal*, *8*(2), e218–e223. https://doi.org/10.7861/fhj.2021-0025

Thorp, L., & Bassendowski, S. (2018). Caring values and the simulation environment: An interpretive description study examining select baccalaureate nursing students' experiences. *International Journal of Human Caring*, *22*(3), 68–81. https://doi.org/10.20467/1091-5710.22.3.68

Verghese, A. (2009). A touch of sense. *Health Affairs*, *28*(4), 1177–1182. https://doi.org/10.1377/hlthaff.28.4.1177

Wald, H. S., McFarland, J., & Markovina, I. (2019). Medical humanities in medical education and practice. *Medical Teacher*, *41*(5), 492–496. https://doi.org/10.1080/0142159X.2018.1497151

Whitehead, A., & Woods, A. (2016). *The Edinburgh companion to the critical medical humanities*. Edinburgh University Press. https://www.jstor.org/stable/10.3366/j.ctt1bgzddd.1

Worldwide Universities Network. (2021). *WUN health humanities initiative: Towards the development of the patient-centred and compassionate health professional through education*. https://wun.ac.uk/wun/research/view/wun-health-humanities-initiative-towards-the-development-of-the-patient-centred-and-compassionate-health-professional-through-education/

Articles published in Focus on Health Professional Education (FoHPE) are available under Creative Commons Attribution Non-Commercial No Derivatives Licence (CC BY-NC-ND 4.0).

On acceptance for publication in FoHPE, the copyright of the manuscript is signed over to ANZAHPE, the publisher of FoHPE.