

My ‘experiences’ with Cinemeducation

P Ravi Shankar

Abstract: In this article, the author explores his experiences with movie screening and activities at a medical school in the Caribbean. The process has been described in detail. The issues addressed during the movies and the activities are also mentioned. The author also highlights his experiences with facilitating workshops for faculty members during different medical education conferences. His experiences with webinars on cinemeducation are also mentioned.

Key words: Motion pictures; schools, medical; Caribbean region; schools, medical; faculty

The movie ‘Wit’ was generating a lot of interest. The movie about a Professor of English who develops ovarian cancer which spreads throughout her body depicts a tragic situation. Her journey through the hospital and multiple doctors and procedures is addressed in the movie. The President and the Chancellor of the Xavier University School of Medicine (XUSOM) in Aruba, Dutch Caribbean had seen the movie in the United States (US) and they mentioned many US medical schools had screened the movie to students. They wanted us to screen the movie in Aruba. I had initiated a medical humanities module for basic science undergraduate medical students at the university. (Shankar 1) The module used small group interactive methods to explore the medical humanities. Interactive discussions, group work, presentations, literature excerpts, paintings and role-plays were among the different methods used. Initially I was somewhat apprehensive screening a movie as the logistics could be challenging. I also wanted small group activities to be associated with the movie screening.

Movie screening at XUSOM

We, the members of the Curriculum Committee, developed an action plan to screen the movie in the school auditorium. The first step was to create a group of interested faculty members to oversee the exercise. The details of the activity are mentioned in an article published in 2016 (Shankar JC05). The students first watched the movie in the school auditorium. Then they would be divided into small groups. The basic science semesters (semesters 1 to 5) of the undergraduate medical program were conducted in Aruba and the clinical semesters were done in US hospitals. We divided the students into small groups of about 10 students each and the fifth semester as the seniormost semester were provided an opportunity to be group leaders. Each group contained students from all semesters, and this provided the junior students with guidance and support from the seniors and the senior students with an opportunity to lead and help the juniors. We selected different classrooms for the group work. Each classroom also had one faculty facilitator. The groups discussed the activities provided and worked on their responses to the questions posed. They had internet access to carry out further research, if required. They used flip charts and/or PowerPoint slides to present their deliberations. The groups returned to the auditorium for the presentations. The institutional leadership was supportive and provided snacks and refreshments to create a relaxed atmosphere. The first movie we screened was *Wit* (Mike Nichols, 2001) as mentioned previously. Among the other movies that we screened were *People will talk* (Joseph Mankiewicz, 1951), *Miss Evers Boys* (Joseph Sargent, 1997), *Gifted Hands: The Ben Carson story* (Thomas Carter, 2009), *My left foot* (Jim Sheridan, 1989), *The Doctor* (Randa Haines, 1991), *And the Band played on* (Roger Spottiswoode, 1992), *Longtime companion* (Norman Renee, 1989), and *Something the Lord made* (Joseph Sargent, 2004)

The movies were chosen through consensus among the working group. XUSOM was a small school, and four faculty members volunteered to be part of the working group. The questions, activities and the groupings were also worked out. The learning objectives of each movie screening session were deliberated and agreed on. The activities were developed in line with the learning objectives. The group met after each movie screening to retrospect and deliberate on what went well and the areas that may require to be strengthened. Feedback from the participants was obtained after each session.

The screenings were well received by the students and the provision of snacks and refreshments created an informal and relaxed atmosphere. Students enjoyed the sessions and learned issues of importance in medicine. These ranged from death and dying, treating a patient with a terminal illness, the image and professional responsibilities of a doctor, the patient-doctor relationship, ethical issues related to the Tuskegee Syphilis experiment, the story of a gifted surgeon and how he overcame various challenges (including racial discrimination), the story of the painter Christy Brown born in a poor family in Ireland and how a doctor developed increased empathy and a better understanding of the patient perspective following an illness. The early years of the HIV/AIDS epidemic and discrimination and ill treatment of patients suffering from the disease were also explored. Racial discrimination and lack of opportunities for African Americans was an issue explored in multiple movies.

Watching a complete movie elicited a strong emotional response from the learners. A movie takes a viewer through a whole series of emotions. Students learn about issues and dilemmas that they are unlikely to have experienced personally. Important events in history were also explored. Watching a movie together with others also evokes a sense of community and bonding. However, it also requires substantial investment of time and resources. Watching a complete English movie takes anywhere between 90 to 120 minutes. Discussion and agreement between different faculty members is required to ensure that an entire afternoon is free for the activity in the timetable. Arrangements in the auditorium are also required.

Workshops for faculty members

My co-facilitators and I facilitated two workshops on cinemeducation for faculty members – one during the National Conference on Health Professions Education (NCHPE) at Dehra Dun, India in 2022 and the other during the International Medical Education Conference (IMEC) at Kuala Lumpur, Malaysia in 2023. The designing, organizing and facilitating the cinemeducation workshop at NCHPE was described in a recent article (Shankar 343). We had multiple online meeting before the workshop. I co-facilitated with Dr Anuradha Joshi and Dr Juhi Kalra from India. We had not worked together before but got to know each other well through the online interactions. We discussed different aspects of the workshop, and devoted considerable time to choosing the movie clips and the activities. We used clips from both English and Hindi movies. Our understanding was most attendees would be familiar with Hindi and be able to appreciate the clips. The workshop was attended by over twenty-four faculty

members including a few senior ones. The workshop venue was decorated using a cinematic theme. We gave special attention to ensuring that the technical requirements were met, and the clips were playing properly, and the sound could be heard well.

We also facilitated a workshop during IMEC in 2023. The three facilitators already knew each other, and this made the task somewhat easier. The theme of the conference was empowering students and promoting community participation. The movie clips were chosen to reflect this theme. The conference attracted participants from diverse backgrounds and regions. We predominantly used clips from English movies and two clips from Hindi movies. The presentation and discussion topics and the activities were chosen around the conference theme.

Exploring the relationship between humans and artificial intelligence

The Asia Pacific Medical Education Conference (APMEC) held in Colombo, Sri Lanka in January 2024 had the theme of exploring the current and future relationships between humans and artificial intelligence (AI) in health and healthcare. I was co-facilitating the workshop with faculty members from Sri Lanka. I had met them during a workshop on the medical humanities in Sri Lanka and we were able to develop a good working relationship. We had several meetings and discussions online about the workshop. The theme was different from the ones we had explored previously. Science fiction clips were our choice. The television series ‘Star trek’ and ‘Star trek: the next generation’ had several episodes that explored the relationship between humans and AI. There was also a separate fee for attending a workshop at the conference and this resulted in reduced participation. Even workshops conducted by leading authorities in the field had very poor attendance. Our workshop went off well and we had a small but enthusiastic audience.

Artificial general intelligence has made rapid strides and there is now intense speculation about when the AI singularity (when AI will surpass human intelligence and capabilities) is likely to happen with estimates ranging from a few years to a few decades. There are wide differences in how ‘experts’ perceive the future relationship between AI and humans. This ranges from a pessimistic one of AI dominating humans and possible conflict to AI collaborating with humans to solve many of our pressing problems. Many decades ago, the celebrated science fiction writer, Isaac Asimov put forward his three laws of robotics. The main premise is that a robot should not harm a human being. The celebrated scientist, Stephen Hawking has mentioned that

general AI (an AI system that can match or exceed human cognitive capabilities) can be the end of the human race. The issue of mass unemployment due to AI taking over human tasks has been mentioned by many authors. Other experts are more optimistic and mention how new jobs will be created due to AI. AI due to its ability to quickly analyze large sets of data can be used for surveillance and control of individuals. AI systems may be better at making decisions based on large volumes of data. In medicine there is a worry that AI may reduce the requirement for healthcare personnel though it is unlikely that humans will be completely replaced. Human capabilities in diagnosis and treatment will be expanded through collaboration with AI.

There have been questions raised about whether general AI will develop consciousness and be aware like humans and whether AI will have ethics and morality and be aware of the consequences of its actions. Opinions regarding this vary. Creative literature and movies have explored this in detail. Humans and robots have experienced friendship, love and sexual attraction in novels and movies. This relationship may be difficult to predict and there are several possibilities.

Conducting sessions online

The Academy of Health Professions Educators (AHPE) is an organization based in India. India has the largest number of medical colleges globally and is a major player in medical education. AHPE holds monthly webinars. Faculty desirous of doing a webinar must submit a proposal in the prescribed format to be reviewed by the executive committee. The webinars are usually held on a Saturday evening toward the end of the month. In July 2024, Dr Anuradha, Dr Juhi and I facilitated a webinar on cinemeducation. The webinar was conducted over Zoom, and we had presentations, movie clips and audience interaction using Slido. This was the first time we were playing movie clips online, but the webinar went off well and was appreciated by the audience.

An online Global Network for the Health Humanities resulted from the workshop held in Colombo in July 2023 and the Network also organizes a monthly webinar on a humanities topic. In August 2024 we facilitated a webinar on Cinemeducation for the network. Dr Juhi was otherwise engaged but Dr Muneer from IMU University in Malaysia joined us a co-facilitator.

An empathy module for BDS students

In June 2024 we also developed a module on empathy for undergraduate dental (BDS) students. Dr Muneer was the main driving force behind the module and Dr Ankita was also involved. Various aspects of empathy were addressed including cultural aspects and empathy in different challenging situations. Movie clips were among the different methods used to explore empathy. Showing movie clips has now become easier. The clips can be inserted as videos in PowerPoint slides and connecting to the public address system is also easier. There have been steady improvements over the last two decades.

Over the last decade my co-facilitators and I have used cinema to explore different aspects of medical humanities. We have also been able to add to the literature in this area through our research and publications and have also conducted sessions for faculty members in different nations both on site and online. Cinema is a powerful medium to explore different areas and concepts in the medical humanities and education.

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Recommendations for further reading

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Author bio

P Ravi Shankar is a faculty member at the IMU Centre for Education, IMU University, Kuala Lumpur, Malaysia. He is a health professions educator and a clinical pharmacologist.

He has been involved in educating health professions students to use medicines rationally for over two decades. He has done significant work in the areas of antimicrobial resistance, rational use of medicines, pharmacovigilance and ecopharmacovigilance. He is also active in small group learning, health humanities and education in developing nations.

He has 795 publications in various national and international journals and his current h-index is 48. He was among the top 2% of scientists globally for the years 2019 to 2023. He is a member of the World Association of Medical Editors (WAME). He is an academic editor of PLoS One and an editorial board member of BMC Medical Education. He is a Fellow of the Academy of Medical Educators.