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Art and Humanities in Undergraduate Student Education

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Abstract: This paper discusses the development and implementation of arts based activities into the clinical curricula of undergraduate students in far west New South Wales (NSW), Australia. It also highlights the mutual benefits of the value adding experience to both the arts community and the student body. The model of community engagement described in this paper can be used by others, whether in a rural/remote or urban setting to develop inclusive programs. The paper lists key steps to successful implementation of an arts based set of activities into clinical education.
Keywords: Student, rural, undergraduate, artists, health, art in heath, community engagement, value.

INTRODUCTION

Arts based activities have been used effectively as a form of therapy for patients for many years in rehabilitation and mental health. In this context, the key principles have been cultural engagement, social inclusion, and the impact of creativity on the psychological aspect and well-being of patients [1]. Although health providers may not have the same health needs as their patients, exposure to the arts could result in a more effective understanding of health issues, and be a valuable component of responsiveness, compassion, and understanding of 'other' [2, 3].

This paper discusses the development and implementation of an arts based activity into the clinical curricula of undergraduate students in a far west New South Wales (NSW), Australia. It also highlights the mutual benefits of this value-adding experience to both the arts community and the student body.

The model of community engagement described in this paper can be used by others, whether in a rural/remote or urban setting to develop - using local resources - inclusive programmes that bring together diverse groups in a mutually beneficial arrangement.

METHOD

Broken Hill has a well-established and vibrant arts community. There are more than 100 recognised visual artists, as well as artist using other mediums in the city and surrounding region [4]. West Darling Arts is the peak representative body of the arts community in the region. This organization was approached in 2009 to begin discussions around the opportunity to engage local artists in the planned extension of the Enhanced Rural Inter-professional Cultural Health (ENRICH) programme at the Broken Hill University Department of Rural Health (BHUDRH). West Darling Arts approached a number of local artists to become part of the ENRICH Programme. Five artists accepted the invitation and have become an integral part of the ENRICH programme. The ENRICH programme was designed to add value to the clinical training of health students of all disciplines, who are on clinical placement in Broken Hill and surrounding region. ENRICH was intended from its inception to provide an inter-professional learning opportunity for students. Initially the ENRICH programme was established with a focus on clinical skill acquisition, however, as the program developed it became obvious that students from the disciplines of medicine, nursing and allied health were missing out on something. The addition of an arts/humanities component to the curricula was an opportunity to broaden the experience base of the students [5, 6]. Consultations with West Darling Arts over a following few months led to the inclusion of: life drawing, photography, creative writing, and Aboriginal arts and health sessions into the ENRICH programme timetable.

Figure 1: Students at life drawing session.

It took time to develop the relationship between the arts community and health. We found we spoke almost different languages (art-speak and health-speak). It took time and patience on both sides to find not only a common language, but also mutually appropriate objectives for the collaboration. Successful art and health programmes are numerous [7, 8], however, this is the first time a concept such as this has been attempted in far west New South Wales, Australia. The success of the integration is directly related to the willingness and passion of artists to engage in this new concept for our region.

Artists are remunerated for their time, initially from program funds through BHUDRH, then from funding obtained through a Regional Arts NSW funding grant in 2011. Ongoing funding for the arts/humanities component of the ENRICH programme continues through the commitment of BHUDRH and West Darling Arts. Art based activities occur six to eight times a year since their inclusion into the programme. To date the average number of attendees per session is ten. Undergraduate students (medical, nursing, allied health) are on placement in this region for part of their requirements for clinical experience during their training. Students self-select to come to the rural/remote region, and so it could be said that they have a natural inclination to adventure and trying something different. Their involvement and willingness to participate have ensured the programme continues to provide satisfaction to all parties. ENRICH activities are held once a week for half a day in most cases, except for special events which are held as all-day activities (Communication; P.A.U.L. Suit; Crash Simulation; Person Centered Care; and Geriatric Rehabilitation). Attendance to sessions is voluntary and students are encouraged to attend as many sessions as possible.

RESULTS & DISCUSSION

The value of art in its many genres have been debated for some time, with no definitive description of why and how we value it [3]. This commentary is not the forum for a detailed discussion of the value of the arts and its ethical implications in clinical practice. However, there are indirect indications though post session evaluations of students and one-to-one discussions with participating artists, that the community of artists and the community of students value the inclusion of arts/humanities into the ENRICH programme.

The easy and productive engagement of artists makes the integration of their mediums into the clinically focused ENRICH programme a smooth process. Over the past few years artists have been able to engage with this non-traditional audience around their mediums, and to spend time with students demonstrating, explaining and working with them as they explore these specific mediums. This opportunity for the artist to work closely with students allows them to engage with people - and a potential future audience – in a more intimate way than they normally experience through producing and exhibiting their art. Nussbaum and later Rice, discuss the way artist and audience are in a seemingly symbiotic relationship where the artist and audience need each other for the work of art to reach its full potential [3, 9]. Our experience with the programme described here has shown that a relationship between artists and students also forms, and appears to be beneficial to both.

Student attendance at the arts/humanities sessions continues to remain steady over time. Post session surveys indicate positive feelings about the sessions. Skills, knowledge and attitudes appear to increase in the short-term; however there is not enough information to determine long term impact on the students. Observation skills appear to be the most affected by exposure to the sessions. Students report being better equipped to 'see' their patients: "Spending more time assessing and 'looking' at clients as part of the (*clinical*) evaluation process", and "Perceiving the body as more than an object to be diagnosed". Students perceive that having better observation skills will lead to better patient care through more patient focused attention during the assessment/evaluation process. These findings appears to be consistent with those of Perry et al, in their review of literature that suggests arts based approaches may help foster positive attitude in medical students towards patients, and that observational skills may improve through exposure to arts based activities during their training[7].

There appears better 'connection' between artists and students through this programme. Artists are able to expose their art and specific medium to students. They are able to share their knowledge with a group of students whom they may never otherwise had access to. This opportunity allows the artist to promote their art and introduce their 'world' to a group of clinically focused students. The artist's enthusiasm has rekindled a small number of students to take up some form of art/humanity activity again on their own time. Students have reported that they had enjoyed art in high school but moved away from art-based activities once they commenced their university studies. An unintended consequence of the ENRICH programme is the discovery of a few budding artists within the students group. Some students reported not having any skills in art, however after a few hours of supported guidance some students realised just how talented they really are. This epiphany by some students made visible changes to their self-confidence and self-esteem.

CONCLUSION

Within Broken Hill we are lucky to have a vibrant arts community. This community rather than

being insular is willing to take on a challenge and to extend it. This 'can do' attitude may be the result of the rural/remote environment, where people make do with what they have. People in this community tend to see the positive side of any situation far more easily than others do. The arts community in Broken Hill has embraced and engaged with the ENRICH programme in such a positive way that the arts/humanities component of the programme has become a part of the regular teaching curricula for health students on placement in the region.

In their turn, the student community has also actively engaged with the art/humanities sessions in the ENRICH programme. They report positive changes in skills, knowledge and attitudes as a result of their exposure to this component of the overall programme. These results are in-line with the position of Downie and Macnaughton (2007), who argue that exposure to broad based curricula that includes art and humanities have positive impact on students. This breadth in their education augments the sometimes narrow focus of their training[6]. Students have reported feel connected to the community as a whole. They feel less of an 'outsider' after working with the artists and can see there is more to the town than just the clinical setting in which they work, unlike some of their previous placements experiences.

Indications from the post-session evaluation of this programme show that there is a need to carry out a more formal evaluation with a particular focus on the how and why artists and students place value the programme, and why they continue to engage so freely.

This model of community engagement can be duplicated in other areas. Key steps to successful implementation of an arts based set of activities into clinical education are: find a local champion within the arts and health community in the local region; actively seek local resources such as individuals and a representative organisation; spend time building a relationship with each other; identify common objectives across participant organisations; identify funding options or opportunities; promote the arts based activities to the arts and student community; and conduct appropriate evaluation. Implementation of these key steps will reduce the risk of lack of engagement from the arts and student communities. Having buy-in at the onset from both groups increases the possibility of success. Being inclusive in the development and implementation process can lead to a successful programme that meets the needs of the art community and health students.

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