

Judging a book by its cover: A visual artwork assessment for medical students

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Introduction

The Centre of Aboriginal Medical and Dental Health (CAMDH) was established in 1996 at the University of Western Australia (UWA) to increase student recruitment and provide support for Aboriginal and Torres Strait Islander students in the medical and dental courses (Paul, Carr & Milroy 2006). In addition, CAMDH was responsible for developing a comprehensive, integrated Aboriginal health curriculum that was implemented horizontally and vertically into the undergraduate medical course from 2000 onwards (Paul, Carr & Milroy 2006). In 2014, UWA transitioned from a six-year Bachelor of Medicine, Bachelor of Surgery (MBBS) course to a four-year graduate entry Medical Doctorate (MD) course. Transitioning to the graduate entry course required all teaching disciplines, including Aboriginal health, to re-evaluate their curriculum to ensure that key content embedded into the new curriculum enhanced student learning experiences and provided a knowledge base to graduate doctors with skills beyond basic medical competencies.

The transition to the graduate entry course presented both opportunities and challenges for CAMDH. The challenge was to ensure that the Aboriginal health curriculum continued to be horizontally and vertically integrated into the four-year course in a meaningful way. The opportunity lay in the ability to conceptualise new ways to engage and assess students. One example of this, and the focus of this paper, has been the introduction of a visual arts assessment for first year medical students.

Within medical education internationally, the visual arts have been used to enhance observational ability, improve diagnostic skills, increase the span of listening to the patient, and deepen compassion for suffering (Elder et al. 2006; Karkabi, Wald & Cohen Castel 2014; Reilly, Ring & Duke 2005; Bramstedt 2016). Art and storytelling remain a powerful means for communicating and understanding information. Medical schools and residency programs have increasingly incorporated various works from the humanities as tools to stimulate dialogue, discussion and awareness among their medical learners, particularly in areas of doctoring, the experience of illness and end-of-life issues (Elder et al. 2006; Karkabi, Wald & Cohen Castel 2014; Reilly, Ring & Duke 2005; Bramstedt 2016; Penn State News 2016).

The aim of introducing a visual arts assignment into the Aboriginal health curriculum was to provide students with an opportunity to explore the realities of Aboriginal health through a cultural

lens. Since colonisation there have been, and still are, multiple factors that influence health and wellbeing in the Aboriginal and Torres Strait Islander population (Griffiths et al. 2016; RACGP 2012). A better understanding of these factors, as well as the utilisation of a holistic framework, is integral to providing culturally safe and secure health care services consistent with best practice health models (Griffiths et al. 2016; RACGP 2012).

Historically, Aboriginal and Torres Strait Islander culture has been expressed in a number of different modalities including oral language, song, dance, paintings and engraving. Stories related to Aboriginal and Torres Strait Islander spirituality, connection to Country, kinship system, and (law) lore facilitate cultural continuity. The assessment requires students to express their early understanding of Aboriginal health in a format that is culturally oriented and unique within the medical curriculum.

In this paper we outline the innovation behind the concept, reflect on the receptiveness of students and staff, examine the influence on student engagement with and understanding of Aboriginal health, and consider the implications for future student cohort engagement and whether it should remain in the curriculum. Finally, we discuss the transferability of this assessment to other health-related disciplines.

Method/Approach

The visual arts assignment implemented within the MD at UWA required students to identify and outline the factors that influence Aboriginal health, show an understanding of the enablers and barriers to promoting health, and evaluate the strategies and resources required to improve health outcomes. The assignment was made up of two parts: a visual arts piece and a 1500-word written component. Through the visual arts piece, students were asked to provide a symbolic representation of the topic identified and communicate a story to the observer. It was assessed based on a student's ability to convey the message(s) and to reflect the central themes, and was considered as a stand-alone piece aside from the written component.

The aim of the written component was to build on the themes identified in the visual artwork, clarifying the symbolism and discussing the themes in greater detail. It was assessed based on a student's ability to consider Aboriginal and Torres Strait Islander culture, and demonstrate an understanding of the issues identified. The activity was designed to promote student self-directed learning by giving students the chance to work independently in a way that builds up their own critical thinking, as well as their confidence in the material (Rasmussen 2001).

CAMDH developed a scenario based on the Australian Government Productivity Commission's report *Overcoming Indigenous Disadvantage: Key Indicators*, which is a framework that aims to measure the wellbeing of Aboriginal and Torres Strait Islander people and communities (Steering Committee for the Review of Government Service Provision 2014). The report provides information about outcomes across a range of strategic areas and whether policies and programs are achieving positive results for Aboriginal and Torres Strait Islander Australians.

The visual arts assignment task, and the themes from which students could select, are outlined below:

The next edition of the report, Overcoming Indigenous Disadvantage: Key Indicators is scheduled to be released next year. Premier and Cabinet state that the Prime Minister is committed to the National Action Plan. Further to this the Prime Minister recognizes that in order to work through the issues, a more longitudinal approach is required and so has requested that medical students gain a greater understanding of the issues from an earlier age in their careers, as the issues will still exist upon graduation. Therefore, as a medical student here at UWA your assignment task is to create the cover artwork for the Overcoming Indigenous Disadvantage: Key Indicators document. Students are to select a topic from the following themes: Governance, Leadership and Culture; Early Childhood Development; Education and Training; Healthy Lives; Economic Participation; Home Environment; Safe and Supportive Communities.

Students were given the option of creating their visual piece using contemporary and/or traditional artwork. CAMDH allowed them to engage in traditional painting styles using Aboriginal and Torres Strait islander symbols to provide an opportunity for students to explore these cultures through an art medium. As with any assignment there were clear and strict parameters imposed by CAMDH which included the following:

1. Size
 - a. A restriction on size was applied to the visual arts component of the assignment to ensure that students would not make the project too big or too small.
 - b. Dimensions for the visual artwork component for a minimum size was that of an A4 page and for a maximum size was 80cm x 80cm or 80cm x 60cm.
2. Material
 - a. Students wanting to paint on a surface other than paper or canvas had to consult with CAMDH.
 - b. Tools at the students' disposal to create the artwork included pencil, charcoal, crayons, textures, water-based paint and other paints.
3. Format
 - a. Drawing or paintings were the only acceptable formats.
 - b. A definition of the visual arts piece was provided by CAMDH outlining that photographs, collages, sculptures or digital drawings were not acceptable.

Students wishing to change any of the parameters had to get approval from CAMDH prior to commencing.

To increase inter-rater reliability for marking the visual artwork assignment, a comprehensive rubric was created (see Attachment 1). The rubric needed to capture a wide range of items, from the complexity of the visual artwork itself, to the academic components of the writing task and, most importantly, the cultural intricacies conveyed in the stories. The students were given the rubric to guide them when undertaking the assignment.

Results/Outcomes

Faculty response

CAMDH has developed close working relationships with many UWA Medical Faculty staff since its establishment in 1996, which meant that implementation of the Aboriginal health assessment was relatively well supported by a large majority of staff across the four years of the MD. Initially, there were some concerns about the relevance that this assessment had to medicine. However, these concerns dissipated following a comprehensive explanation by CAMDH. The assignment was also submitted to the Faculty's Assessment Committee for review and approval.

Following its implementation, faculty staff were interested in the artwork produced by the students, which resulted in a select number of works being showcased at the UWA Excellence in Teaching Awards Ceremony in 2014.

Student response

Evaluation surveys were conducted in the first semester of the first year MD by the Unit Coordinator and the Medical Education Unit to assess students' perceptions of the new course and its curriculum. The cohort size of survey population was 240 students with a response rate in 2014 of 42 per cent, but a reduced response rate in subsequent years. The students' responses to undertaking this assignment were varied, as outlined below.

Resistance

The assignment was a bit of a joke.

I felt I was being judged on how good of an artist I was irrespective of the other components.

The Aboriginal and Torres Strait Islander Health Assignment was inconsequential in its format; it could have easily become an effective vehicle for learning through the creation of an essay, a debate, even a reflective thinking journal (preferably not), which assesses one's research and new founded insight into some aspects of essential Aboriginal and Torres Strait Islander culture.

... I am medical student, not an arts student so I cannot draw...

Support

... I am really excited about doing a dot style painting, are you sure is it really ok for us to use Aboriginal painting styles and this [not to] be seen as offensive... and ... some of my peers need a cultural slap in the face and this assignment might just be exactly what is needed...

... This activity has been the cultural slap in the face that my fellow colleagues needed...

... I enjoyed doing the assignment, it was relaxing, and enabled me to really focus...

... It was different to what I had expected and not time consuming at all...

Discussion

The assignment has been included in the MD now for three years (2014–2016) but there is still a degree of resistance from both students and faculty staff. In Australia, there has been much debate that changing teaching content and methodologies in the medical curriculum will result in reduced preparedness to practise as an intern (Lawson & Bearman 2007). This fundamental tension has arisen with the introduction of Problem Based Learning as a teaching methodology, shorter curricula and a transition to graduate entry medical courses (Lawson & Bearman 2007). The shorter MD course was designed to produce highly skilled doctors capable of meeting future medical challenges in a wide variety of settings, but senior clinicians have expressed concerns that there are inadequacies in science knowledge and an imbalance towards “touchy-feely” subjects such as cultural sensitivity’ (Lawson & Bearman 2007).

The experience at UWA, however, shows that there is merit in providing the opportunity for students to engage in the study of health in a more creative way. The quality of the finished visual artwork in the majority of the assignments indicates that most students have engaged with the assignment in a meaningful and respectful manner. At a faculty level the success of this assessment has been recognised and positively supported, and a number of students have been selected to display their artwork and attend the annual UWA Excellence in Teaching Awards Ceremony. This event is attended by a number of clinical and academic staff, and will give students the opportunity to discuss both their artwork and their experience of undertaking the assignment.

Another challenge for CAMDH has been managing the use of traditional methods to create the visual arts piece. Aboriginal and Torres Strait Islander artists inherit rights to paint certain cultural stories. Artists need authority and permission to paint traditional stories, and this authority is vested in the custodians of the knowledge of these stories. Ownership of stories is transmitted down generational lines, held within certain skin groups or moieties. Therefore, stories are often managed within family groups. Students were asked to avoid the use of any known sensitive subject matter including sacred or secret material, and to be respectful of any gender restrictions.

For situations in which students used sensitive cultural material unknowingly, CAMDH staff worked collectively to identify the risks in undertaking this task and strategies to contain potential cultural breaches. CAMDH staff also consulted with the wider Aboriginal and Torres Strait Islander community to ensure that the assignment was culturally safe and secure for both staff and students.

Overall, CAMDH staff have been pleased with the students’ engagement with this assessment within the postgraduate medical program, and believe that the sustainability of this style of assessment as part of the Aboriginal health teaching curriculum at UWA looks promising. The assignment raises students’ awareness of the issues associated with Aboriginal health, and allows them to think more broadly, particularly around the need for a holistic approach to address the health disparity.

It also highlights to students how this may influence future engagement with Aboriginal and Torres Strait Islander patients. Anecdotal evidence suggests that those medical students with a greater depth of knowledge and understanding of the factors contributing to Aboriginal and Torres Strait Islander people’s health, and who understand the relevance of this knowledge in the clinical

context, will be better prepared to work with Aboriginal and Torres Strait Islander patients in the future. Paul, Carr & Milroy (2006) state that

by educating medical students to be better informed, more experienced, and aware of the underlying issues, it is hoped that some of the barriers to access to health care services will be significantly reduced.

Conclusion

Applying this knowledge in the clinical context may have an influence on the future clinical practices of these students by enriching their engagement with Aboriginal and Torres Strait Islander patients, improving the collection of patient information, and developing better informed treatment plans. It is envisioned that this will contribute to more effective medical management and better health care outcomes for Aboriginal and Torres Strait Islander people.

CAMDH has proposed displaying all the assignments each year, with the students' consent, to the rest of the student cohort in a larger forum. Many students appear eager to see what their peers have produced. CAMDH has also suggested that this may become a possible fundraiser with the Western Australian Medical Students' Society, with all proceeds donated to a local Aboriginal Community Controlled Health Organisation or program. CAMDH has planned a targeted and formal evaluation of this assessment.

Attachment 1 – CAMDH Artwork Marking Rubric

	Mark
<p>Visual component</p> <p>Portrays the topic or is reflective of the central themes A positive and respectful perspective Painting has a title Incorporates aspects of Aboriginal culture Communicates a story or particular perspective(s) to the observer Contained by the project's parameters as outlined in the guidebook</p>	40%
<p>Connection to the teaching materials</p> <p>Introduces the topic Reflects or outlines the central theme/topic chosen An ability to identify, understand and outline the complexities of the chosen topic Accurately reflects realities of the chosen topic</p>	10%
<p>Cultural connection</p> <p>Demonstrates the holistic aspects and dimensions of Aboriginal culture Connections between the topic and/or Aboriginal health/culture Demonstrates an integration of health and cultural perspective(s) Takes into consideration the cultural subtle similarities and differences Is written from a positive and respectful perspective</p>	10%
<p>Story supporting visual piece</p> <p>Ability to convey the message(s) Discussion of the main theme(s) Presentation of essay follows logical organisation of the information and discussion Demonstrates independent, critical thought of the issues identified</p>	10%
<p>Understanding of the issues</p> <p>Discussion of the issues is respectful, uses appropriate language and is consistent with the introduction Demonstrates independent, critical thought of the issues identified Summarises the main themes of the visual component that were raised Clear, progressive discussion that draws all issues together into a final conclusion Topic covered is accurate</p>	20%
<p>Written expression and presentation</p> <p>Clear and succinct Structured and logical presentation of the issues/topic chosen Correct use of terminology Grammatically correct</p>	6%
<p>Sources/referencing</p> <p>Recognised and standardised referencing system Consistent referencing throughout the documentation Uses sufficient, relevant, credible and reliable published literature and other evidence of high quality to support issues being discussed</p>	4%
<p>Total overall</p>	100%

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