

CRITICAL MEDICAL HUMANITIES ONLINE: Reflections on Open Hearted Learning

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NB: My 'individual' TAU project has not been an exclusively individual undertaking, but influenced by my TAU working group and close collaborator at UCT, Professor Steve Reid. I cannot claim to have produced this knowledge by myself. Please note that this final submission is a slightly modified version of an article that will appear in a Routledge collection on the Medical Humanities. I thank TAU for providing the space and time to think carefully about pedagogical innovation in Higher Education.

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A short biography:

Susan Levine is an Associate Professor of anthropology in the School of African and Gender Studies, Anthropology and Linguistics at the University of Cape Town. Susan's research focusses on paediatric illness on wine farms, with attention to chronic hunger, TB, and HIV. Trained as a medical and visual anthropologist, Susan is passionate about teaching and currently exploring the critical medical and health humanities as a pedagogical intervention to work in and out of disciplines.

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Introduction

'Medicine and the Arts: Humanising Healthcare' is a free introductory Massive Open Online Course (MOOC) offered by the University of Cape Town (UCT) in the interdisciplinary field of the Medical Humanities. A medical anthropologist in the School of African and Gender Studies, Anthropology and Linguistics in the Faculty of Humanities, I created this course with my colleague Professor Steve Reid, Head of the Primary Health Care Directorate in the Faculty of Health Sciences. The MOOC runs twice a year for six weeks, with one of the runs coinciding with our thirteen-week face-to-face post graduate course. This longer course is open to all, including degree students from any discipline or professionals or lay people who are not necessarily affiliated with the University.

The six-week MOOC is hosted on the FutureLearn online platform and has 17 presenters in addition to me and Steve. In each week, a trio of disciplinary experts is assembled from across disciplines in the health sciences, social sciences and the arts to bring their perspectives into dialogue on a specific healthcare topic. Banking on the dynamic of the curated 'radical trios,' the course aims to facilitate exploration and engagement of the interdisciplinary space between health sciences, social sciences and the arts. Each week investigates a new aspect of the human life course from the perspective of the body, of social life, and of the imagination. (SLIDE 1)

The motivation for 'going online'

Inspired to explore what the medical humanities might mean in a South African context, we designed a Masters level course called *Medicine and the Arts* in 2013, and offered it to a maximum of 20 students in 2014 for the first time. The standard MA level course includes 36 lecturers drawn from the arts, health sciences, and social science faculties at the University of Cape Town. The curriculum explores themes of reproductive health, paediatric oncology, heart disease, mental health, traditional medicine, empathy and care, death and the corpse. The course helps students to develop skills in critical thinking and instils the value of collaboration in producing new knowledge to face the significant challenges of 21st century health care in Africa. Our aim is to explore how inter- and trans-disciplinary problem solving and creative engagement might advance ideas for humanising health-care and medical education. To distinguish it from the MOOC, we have recently retitled the MA course *Critical Medical Humanities in Africa*.

In 2014, the Vice Chancellor of UCT invited us to reproduce this course as a Massive Open Online Course (MOOC). We were hopeful that an on-line platform for critical enquiry would help to generate a conceptual framework for social justice in the context of deep health care inequity.

The basis of this course is to question how we think, speak and act in relation to health, medicine, the body and healing. The idea for the online version arose out of both an interest in building the Medical Humanities in Africa and as part of the bigger project of developing 'theory from the global South.' We were interested in thinking about how this trans-disciplinary space of Medical Humanities might be understood as both a local project, with local actors, agendas and perspectives, and as part of a broader global effort to bring together fields of experience and knowledge that have historically been forced apart.

Transforming a face-to-face course into an online format

It was not as straightforward as we initially imagined to translate the lectures and ideas from the face-to-face course into an interactive online learning space, but it was a creative process. In this we were fortunate in having an excellent technical support team in the Centre for Innovation in Learning and Teaching (CILT) at UCT, who created the framework for us to populate with the content.

First of all, we had to choose ‘six of the best’ topics for the online version of the course out of the 13 weeks of the MA course, as the standard length of a MOOC is 6 weeks. Secondly the venues that we used for the face-to-face course - which included a laboratory, a pathology museum and a community health centre - were unsuitable for filming so we lost much of the contextual richness of the face-to-face teaching experience.

The interdisciplinary space that brought medical scientists and practitioners, artists and social scientists together around issues of common concern generated a curiosity and genuine interest in one another’s fields, requiring a degree of interdisciplinary generosity and reciprocal humility in traversing the languages and assumptions of diverse areas of expertise. The performance of epistemic generosity offered a welcome break from the more familiar reality of ‘epistemic violence,’ with science often assuming a ‘higher’ authority to that of the social sciences and the arts (Spivak 1988). Our colleagues who have presented their work on the MOOC have found it to be a useful vehicle for public engagement with their field of expertise. The more difficult aspect was getting an interaction between the lecturers and students going in a discussion that could be authentically captured on camera. For this we came to rely on the asynchronous discussion threads that online participants can contribute to over the ensuing week, in response to a topic raised by a lecture, or a particular question that we articulated. This is supplemented by quizzes, assignments and opportunities for participants to share their own experiences and perspectives. In all of this, our colleagues in CILT were invaluable in suggesting different formats, re-scripting and redesigning some sections, and adapting the context technically to suit the online space. Judging by the feedback, they have been unusually successful, as the course was judged as one of the “Top 50 MOOCs Of All Time” in 2016 by Class Central, and there has been encouraging student feedback and reviews (Vernon 2015).

The experience of online learning

Putting anything online attracts an amazingly diverse group of people from all over the world. Registering for the course implies some degree of commitment even though it is free, so the MOOC format invites them to interact with one another in a particular space of expectant learning. The spread of countries is interesting, with predominance in the UK, since Futurelearn is a private company wholly owned by The Open University.

Another of the extraordinary features of online learning is the numbers and the metrics, which can be tracked in enormous detail (‘down to the last keystroke’). So when our first run of the MOOC in 2015 attracted almost 10,000 initial registrations, we felt overwhelmed. But it was short-lived: the standard pattern for all MOOCs is for less than 10% of ‘joiners’ to become ‘learners’ who actively engage with the material and each other over time. But we had our hands full with 300 active learners on each iteration of the course, and had to engage a few of our ‘real’ MA students to act as online mentors as we were not able to interact with every participant constantly. Initially developed as a practical

intervention to cope with the numbers of online students, the practice has become a pedagogical hallmark of the flipped classroom model, where online and face-to-face students have the chance to share insights drawn from the course. Our online learners, through the mentorship of our students come to deepen their understanding of the local context, while our students benefit from taking ‘ownership’ of the course, by which we mean, a sense of being responsible for translating ideas to others from around the world.

The ‘cohort effect’ of starting a course on a particular date and running it over six weeks, stimulates a learning environment from the beginning. For our face-to-face students, engagement with the MOOC became a rehearsal space to play with ideas before submitting assignments. As convenors, we soon became learners alongside everyone else, as we marvelled at the diversity and richness in the response to our initial ideas from the literally hundreds of different life situations and worldviews of the participants. The contribution by participants of resources, links and cross-references related to the topic under discussion was also a strong feature of this format, as they offered other websites, images, essays and poems that enhanced the learning experience way beyond the readings that we had chosen.

The online space is unexpectedly personal: on-line learners felt liberated to share personal stories of affliction and of healing in the context of the medical humanities in a much greater way than students in our face-to face course. The virtual anonymity of being an online learner offered a kind of ‘permission’ for the vulnerable observer to emerge and invite the kind of affective learning that we had imagined as only possible in ‘actual’ classroom contexts. By affective learning we simply mean, in Brian Massumi’s (2015) terms, “the capacity to affect and to be affected.” Although participants do reveal their names, where they are from and as much detail as they would like to share, it is possible that the anonymity afforded by the MOOC platform nevertheless gives people enough cover to share relatively intimate stories and reflections on their lives, their values and the ideas about health. It is a fascinating meeting space, and one that teachers in higher education will necessarily benefit from pedagogical innovation as we move increasingly to the beat of the fourth industrial revolution in South African higher education. It is possible to imagine the online space as an affective one, where open heart learning can inspire relationships between on and offline learners in flipped classrooms.

I have been heartened (!) by the depth of your engagement with the ideas and presentations, and fascinated by the diversity of people contributing to the course. It seems to have struck a need, particularly amongst health practitioners but also for those who have been patients or close to those who have experienced illness, to rethink medical practices. The online space is a new and exciting one, with the strangeness of never meeting most of you physically, but it allows us to have a series of extraordinary conversations, that are located precisely in that inter-disciplinary space that we were aiming for. I have really enjoyed reading your comments; please continue to share your insights and stories.

Steve Reid, note to participants at the end of week 1

Is online learning a feasible and suitable medium for promoting the field more broadly?

The reach of free online platforms such as FutureLearn, edX and Coursera are flexible enough to embrace a range of presentation styles from formal lectures to dialogic community building chat rooms. The designers of MOOCs can play with the vital relationships between sound, text and image, using montage and bricolage to communicate complex ideas. New technologies in on-line learning

can include not only pre-recorded lectures or even operas as the case might be (see week 5 of *Medicine and the Arts*), but also include spaces for live updates in the form of video uploading and the means to build the discipline of the medical humanities by drawing on the multiple sources that on-line students bring with them. Because on-line students come from all walks of life and from all over the world, they bring rich life experiences and examples to the course. The chat rooms become sites of sharing literature or sharing personal stories of illness and disease from the perspectives of patients and doctors. Situated at this time historically, where social media is a matter of common sense for a younger generation glued to their smart devices, on-line platforms are suitable for promoting the field of the medical humanities widely, with the additional flexibility of speed and the circulation of knowledge in the field.

Czerniewicz et al. (2017b) recently emphasised the issue of accessibility in an article about making education more open through MOOCs:

Pressing educational challenges prevalent in the Global South include the need for high quality and accessible education. The Open Education movement, centred on the adoption of Open Educational Resources (OER), is purported to be part of a possible solution, where the creation and sharing of OER ignites the possibility of lower cost education, efficiency and pedagogical innovation.

Conclusion

One of the conditions that we set when we started the course was that we would only continue as long as we were having fun ourselves! And this has proved to be useful indicator, with curious and open-hearted interdisciplinarity at its core. The issues of medical humanities are fascinating at both academic and emotional levels (head and heart), and the online space leads to a way of constructing new knowledge together with an extraordinarily diverse group of people, that does not get stale: it is fresh and inspiring every time we run the course. Feedback from online students offers ideas for future iterations of the course including the themes of end of life care, nursing, and traditional healing in South Africa.

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The part of the MOOC that I enjoy the most is the asynchronous discussion that happens at the end of the first module entitled "The heart of the matter: a matter of the heart". Having spent most of this first week presenting different ideas of what the heart is, including perspectives from a cardiac surgeon, a poet, and a transplant recipient, I ask the innocent question: 'what keeps you alive?' It is a discussion that rolled on around different understandings of the heart as being more than just a pump and also, actually, the centre of our being, as Peter Anderson explained it, and the sense of temporality that he unpacked for us. Off we go, every time, on an extraordinarily deep and very meaningful series of reflections, from a hugely diverse group of people from all over the world. The medical student from Mexico responds to the retired nurse in New Zealand, and the cynic from the UK gets gently chided by an African researcher. And it rolls on sometimes for weeks after the main cohort of participants has left that week behind and got onto other topics. Somehow this question, partly existential, partly academic, partly clarifying assumptions, hooks people into a very rich discussion. And I've reflected a lot on that discussion. I think it exemplifies what we are trying to do in the medical humanities.

Steve Reid, reflecting on the MOOC in the final week.