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### The Prism Model for Integrating the Arts and Humanities Into **Medical Education**

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The Prism Model<sup>1</sup> guides educators in considering different approaches<sup>2</sup> to teaching through the use of arts and/or humanities (A&H), depending on their objectives. These approaches may be used in combination to capture the spectrum of pedagogical possibilities.



STEP 1: What learning domain are you teaching? For example, are you teaching about observation, communication, empathy, or social justice?



STEP 2: What are your objectives for learners in teaching this learning domain?

A&H APPROACHES	MASTERING SKILLS	PERSPECTIVE TAKING	PERSONAL INSIGHT	SOCIAL ADVOCACY	
Learning Objectives	Develop individual skills and/or knowledge.	Build relationships and understand others' per spectives (e.g., those of patients).	• Introspect for self- discovery, professional identity formation, wellness, resilience, and personal transformation.	Reflect critically on inequities, civic-mindedness, and advocacy for transformational change in medicine and society.	
	STEP 3: What are key co	onsiderations when de	signing teaching materia	ls?	
Design	What skill(s) and/or knowledge will learners gain?     How will this expertise make learners better physicians?	Whose perspective(s) will learners better understand?     How will this understanding improve learners' future interactions?	What personal insight(s) will learners gain (e.g., professional values)?     How will this insight improve learners' attitudes and behaviors?	What social injustice(s) affecting health will your teaching illuminate?     How will this awareness equip learners to address health disparities?	
Learning Activities	What A&H-based activities will facilitate learners' skill development and/or knowledge acquisition?	What A&H-based activities will facilitate learners' awareness of others' perspectives?	What A&H-based reflective practices will facilitate learners' insight into their own attitudes and behaviors?	What opportunities do A&H present to critically reflect on, cocreate, and transform social environments that contribute to health inequities?	
Reflexivity	<ul> <li>How might your experiences and assumptions influence your approach to teaching skills, perspective taking, personal insight, and/or social advocacy?</li> <li>Who could you collaborate with?</li> </ul>				
Institutional Environment and Culture	How are skills defined within your institution's medical education context?     What skills and knowledge are deemed important?	• What types and sources of knowledge are valued (e.g., expert, patient)?	What is required to create a safe environment for learners to self-reflect?	• What does it mean to teach advocacy within your institution's culture? What are the effects of identity, power, and privilege in medicine?	
	STEP 4: What are the benefits and limitations of the approach?				
Benefits	Positions a learning domain within a physician's scope of practice by focusing on clinical competence.	• Incorporates patients' and/or other health care professionals' perspectives.	• Identifies and targets internal barriers to learners' professional identity formation and promotes resilience.	• Forges critical views at micro and macro levels about medical culture and society, which may lead learners to develop and enact strategies to mitigate causes of health disparities.	
Limitations	• Implies that gaining individual knowledge or skills is sufficient to achieve the learning domain (e.g., communication).	• Simplifies patients' perspectives and assumes that the learner can take the perspective of others.	Focuses on learners'     attitudes and behaviors     rather than macro- environmental changes to transform the culture of	<ul> <li>Attributes causes of health disparities to external sources and minimizes individual causes (e.g., the learners' attitudes and behaviors).</li> </ul>	

#### **References:**

1. Moniz T, Golafshani M, Gaspar CM, et al. The Prism Model: Advancing a theory of practice for arts and humanities in medical education. Perspect Med Educ. [Published online ahead of print April 29, 2021.] doi: 10.1007/s40037-021-00661-0.

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2. Dennhardt S, Apramian T, Lingard L, Torabi N, Arntfield S. Rethinking research in the medical humanities: A scoping review and narrative synthesis of quantitative outcome studies. Med Educ. 2016;50:285-299