

RESEARCH

Open Access



Integrating medical humanities in undergraduate medical education: a curricular model aligned with the InspirE5 framework

Valle Coronado-Vázquez^{1,2} , Diana Monge Martín^{1*} , Sara Arrimadas Salinas¹ , Sandra Carr³ ,
Fernando Caballero Martínez¹  and Santiago Álvarez Montero¹ 

Abstract

Background Medical Humanities (MH) integrate the human sciences, arts and social sciences into medical education to foster empathy, ethical reflection and critical thinking. This article presents the MH programme at Universidad Francisco de Vitoria (UFV), framed within the InspirE5 model—an internationally informed framework for designing and evaluating health humanities curricula.

Methods We conducted a qualitative descriptive-interpretive study using document analysis and triangulated phenomenological interpretation. A multidisciplinary team analysed the programme according to the five domains of the InspirE5 model: Environment, Expectations, Experiences, Evidence, and Enhancement.

Results The UFV MH programme aligns closely with the InspirE5 capabilities, integrating them into a longitudinal, compulsory curriculum. It includes diverse pedagogical methods—such as mentoring, experiential learning, reflective writing, and interdisciplinary seminars—fostering person-centredness, ambiguity tolerance, and ethical imagination.

Conclusions The programme demonstrates a coherent integration of MH across six academic years and provides a model of transformative, transdisciplinary education. Its alignment with the InspirE5 framework strengthens its value as a paradigm for medical humanities development, assessment and international comparison.

Keywords Medical humanities, Medical education, InspirE5 model

*Correspondence:

Diana Monge Martín
d.monge@ufv.es

¹Research group of Humanization and Health, Faculty of Medicine,
Universidad Francisco de Vitoria, Madrid, Spain

²Las Cortes Health Care Center, Madrid, Spain

³Health Professions Education, School of Allied Health, The University of
Western Australia, Perth, Australia



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

Introduction

Medical Humanities (MH) have become increasingly recognized as an essential component of medical education, offering a complementary perspective to the traditional biomedical model. Defined as a plural and an interdisciplinary field that brings together human sciences, social sciences, and the arts, MH aim to foster key competencies in medical students such as empathy, critical thinking, and ethical reflection [1, 2]. In this article, we focus on their pedagogical role in forming reflective and compassionate physicians, consistent with contemporary views of MH [3].

The integration of MH into medical curricula has progressed unevenly across countries. In Canada, the United Kingdom, and the United States, MH subjects commonly include literature, history, sociology, visual arts, philosophy, theology, and narrative medicine [1]. These subjects are increasingly incorporated into curricula as a response to the demand for more humanistic approaches in healthcare education and practice [2, 4]. Conversely, in Southern European countries such as Italy and Spain, the inclusion of MH has traditionally focused on bioethics and the history of medicine [5].

This shift toward a more human-centered model of medical education reflects growing awareness of the importance of professionalism, patient-centered care, and holistic decision-making [4]. Studies indicate that MH can play a key role in improving students' communication skills, ethical reasoning, and ability to engage with the social and emotional dimensions of illness [2, 6]. Despite this growing body of evidence, a lack of standardized frameworks for the integration and evaluation of MH across institutions remains a challenge [6, 7].

In response to this need, a group of researchers led by S. Carr developed the InspirE5 model to describe and compare health humanities education internationally [8]. While the broader term health humanities has emerged to include interdisciplinary approaches across all health professions and public health contexts [9], in this article we use medical humanities to refer specifically to their application within undergraduate medical education.

The InspirE5 framework was developed in 2021 through an international working group coordinated by the Association for Medical Humanities (AMH) and AMEE (Association for Medical Education in Europe). It emerged from the need to create a shared language and structure to guide the implementation, evaluation, and comparison of health humanities programmes across institutions. The design was conducted with five factors in mind: (a) Learning *environment* surrounding the programme, (b) *Expectations* about the “capabilities” or general skills of graduates, (c) Learning and teaching *experiences*, (d) *Evidence*, (e) *Enhancement*.

Capabilities are abilities to adapt to change, generate new knowledge and improve performance [10]. Acquiring them better prepares professionals to respond to the challenges of working in the contemporary international health sector.

The InspirE5 model describes 11 *capabilities*: *Observe astutely*; *Self-reflect*; *Appreciating ambiguity*; *Collaborative critic*; *Practise evidence synthesis*; *Engage in dialogue*; *Interpret perspectives*; *Value the narrative*; *Value Person-centredness*; *Appreciate innovation*; *Relational responsiveness* [7].

In the international context, since 2010 the Faculty of Medicine of the Universidad Francisco de Vitoria (UFV) has been developing a formal MH programme integrated into the curriculum.

The Medical Humanities programme at the Universidad Francisco de Vitoria is a formal, longitudinal component of the undergraduate medical curriculum, spanning all six academic years. It is not offered as an elective or an extracurricular activity, but as a core part of the degree programme, integrated across multiple subjects and academic years. This includes dedicated courses in epistemology, anthropology, ethics, bioethics, and personal and professional development, as well as complementary experiential activities.

The structure of the UFV Medical Humanities (MH) programme and the number of ECTS (European Credit Transfer System) credits is in Fig. 1. The compulsory subjects are: MH I (epistemology and anthropology I), MH II (anthropology II and fundamental ethics), MH III (professional ethics), MH IV (bioethics), history, psychology, forensic medicine, humanistic-centred seminars, personal skills and competences.

The primary aim is to explore how the undergraduate Medical Humanities programme at Universidad Francisco de Vitoria (UFV) aligns with the educational values and capabilities articulated in the InspirE5 model. Rather than testing hypotheses or measuring outcomes, this study seeks to interpret and describe pedagogical structures and intentions from a humanistic and transdisciplinary perspective.

It evaluates the programme using the InspirE5 model and presents its implementation as a potential reference for other institutions seeking to integrate MH in a longitudinal and structured manner throughout undergraduate medical education.

Methodology

This study follows a qualitative, descriptive-interpretive design, aiming to evaluate a longitudinal undergraduate Medical Humanities programme using the five dimensions of the InspirE5 framework. The evaluation employed document analysis and triangulated phenomenological analysis, as described by Giorgi (2009). The

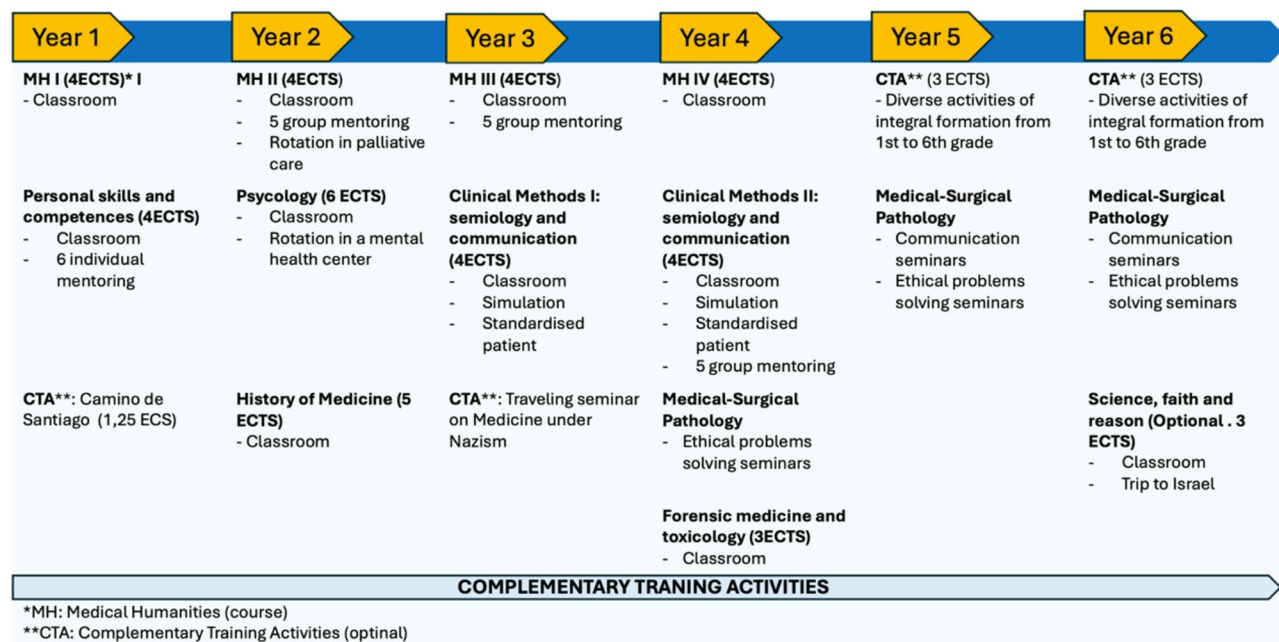


Fig. 1 The structure of the UFV Medical Humanities (MH) program and the number of ECTS (European Credit Transfer System) credits established for each subject

methodology was chosen due to its suitability for analysing complex educational programmes that integrate multiple teaching approaches and philosophical orientations [10].

The participants included five faculty members from the UFV School of Medicine: two members of the programme management team and three senior lecturers with over five years’ teaching experience in Medical Humanities. Two members participated in the design, implementation and evaluation of the programme. The data corpus comprised institutional documents (e.g., “Person-Centred Medicine”), course syllabi, teaching materials, student learning outcomes, and internal evaluation reports from academic years 2018 to 2023.

Each participant independently reviewed assigned components corresponding to the five InspirE5 dimensions. Analyses were then discussed collectively and triangulated to ensure consistency and depth. Disagreements were resolved by consensus. A deductive interpretative phenomenological analysis was also conducted, linking textual excerpts from curricular documents to the 11 capabilities in the InspirE5 model, supporting the alignment of programme aims and implementation. A team was formed comprising two members of the UFV Faculty of Medicine management team, and three lecturers who teach in the programme.

From 14 years of teaching experience in Humanities in the Health Sciences, the members of the group gathered information from each of the five approaches that constitute the InspirE5 model. Relevant information was

included. Disagreements were resolved by consensus. The study was initiated in January 2023 and ended in June 2024.

Data collection

Environment

The document “Educating to transform in community. The training project of the Universidad Francisco de Vitoria” [11] was used. Two researchers independently read the document and extracted the relevant information. A peer review was then carried out.

Expectations

These were identified on the basis of the graduate profile described in the document “Person-Centred Medicine” [12]. In order to correctly identify the capabilities and verify the meaning of each one of them, the authors of the InspirE5 model were contacted. Two researchers independently consulted the document and identified the sections of the document that best defined each of the capabilities of the InspirE5 model. In order to ascertain how the skills are integrated into the subjects taught in the MH programme, a panel was established made up of three independent researchers, with subsequent triangulation of the information.

Learning and teaching experiences

Carr et al. drew on accumulated experience and a review of the literature to establish the prevalent content taught in health humanities curricula. We reviewed the learning

outcomes of the subjects and activities in the MH programme to assess what content is present within them. Two researchers independently conducted the review and synthesised the information, which was subsequently compared.

Evidence related to the assessment of learning

They focused on the subjects of Medical Humanities (MH) I (first year course), II (second year course), III (third year course) and IV (fourth year course), presenting the general criteria followed by the team of teachers of these subjects, as well as the methodologies used in them, both in the formative and summative evaluation of the students.

Improvement: programme evaluation

To describe the evidence related to the assessment of programme quality improvement, the scheme designed by Carr et al. [8] based on Kirkpatrick's levels of assessment and other published reviews was followed. The research team conducted a review of the UFV MH programme evaluation methods previously employed, as well as those currently in use.

Data analysis sources

Two types of analysis were employed. On the one hand, a thematic analysis was carried out to identify themes related to the different approaches in the documents consulted following the thematic analysis proposed by Braun and Clarke [13]. On the other hand, a triangulated interpretative deductive phenomenological analysis was carried out, associating verbatim phrases from the document "Person-Centred Medicine" [12] with the capabilities of the InspirE5 model.

Results

Learning environment

The institutional and curricular commitment to Medical Humanities at Universidad Francisco de Vitoria was evidenced through the analysis of foundational documents such as "Educating to transform in community" and "Person-Centred Medicine". These documents describe a pedagogical model that integrates experiential learning as a key strategy for achieving meaningful education. Specifically, they define humanistic and social practices as core components of undergraduate medical training, not as optional or complementary additions. This institutional orientation forms the basis of the learning environment evaluated through the InspirE5 framework.

It responds to the profound changes that modern medical practice is undergoing, marked by the relentless advance of biomedical knowledge, subspecialisation and the fragmentation of healthcare. This evolution has limited the doctor's view, often preventing a comprehensive

understanding of the patient as a person. In addition, the current organisational, economic and political environment has affected the traditional values of the medical profession, creating pressures that challenge professional integrity. The growing prevalence of burnout, even during medical training, highlights the need for a profound review of the way medicine is practised. Against this backdrop, the Francisco de Vitoria University proposes an educational response that places the person at the centre, supported by a humanistic education.

Expectations

Students were expected to acquire certain capabilities through our medical humanities program. In line with the idea put forward by the InspirE5 panel, as noted above, the concept is broader than 'competences' or 'learning outcomes.' Capabilities are understood as the ability to adapt to change, to generate new knowledge and to achieve continuous improvement in performance.

The statements and phrases in the section dedicated to the 'Aspirational profile of the graduate' of the document 'Person-Centered Medicine' [12] have been selected through interpretative deductive phenomenological qualitative analysis and categorised within one of the capabilities proposed in InspirE5 (Fig. 2). Some capabilities of the UFV graduate profile have more than one correlation with those established in the InspirE5 model.

The capabilities proposed in the InspirE5 model are present in all the subjects, seminars and complementary training activities (CTAs) of the medical humanities program, with *engage in dialogue*, *interpret perspectives*, *value the narrative*, and *value person-centredness* appearing most frequently. (Table 1).

Learning and teaching experiences

The programme is delivered through diverse pedagogical formats, including small-group seminars, mentoring, reflective writing, clinical simulations, and experiential learning. The involvement of patients and the public is also central: students engage in storytelling sessions with real patients, participate in the "Patient Experience" congress, and undertake placements in palliative care, volunteering, and community health initiatives. These strategies aim to foster personal identity development, critical thinking, and relational competence throughout clinical training.

The programme is therefore conceived not only as a series of subjects, but as a longitudinal and identity-forming curriculum aiming to foster personal and professional development.

Faculty includes an interdisciplinary team of philosophers, historians, social scientists, ethicists, and clinicians who collaborate closely to bridge humanistic and biomedical perspectives.

Capabilities Francisco de Vitoria University

Capabilities InspirE5

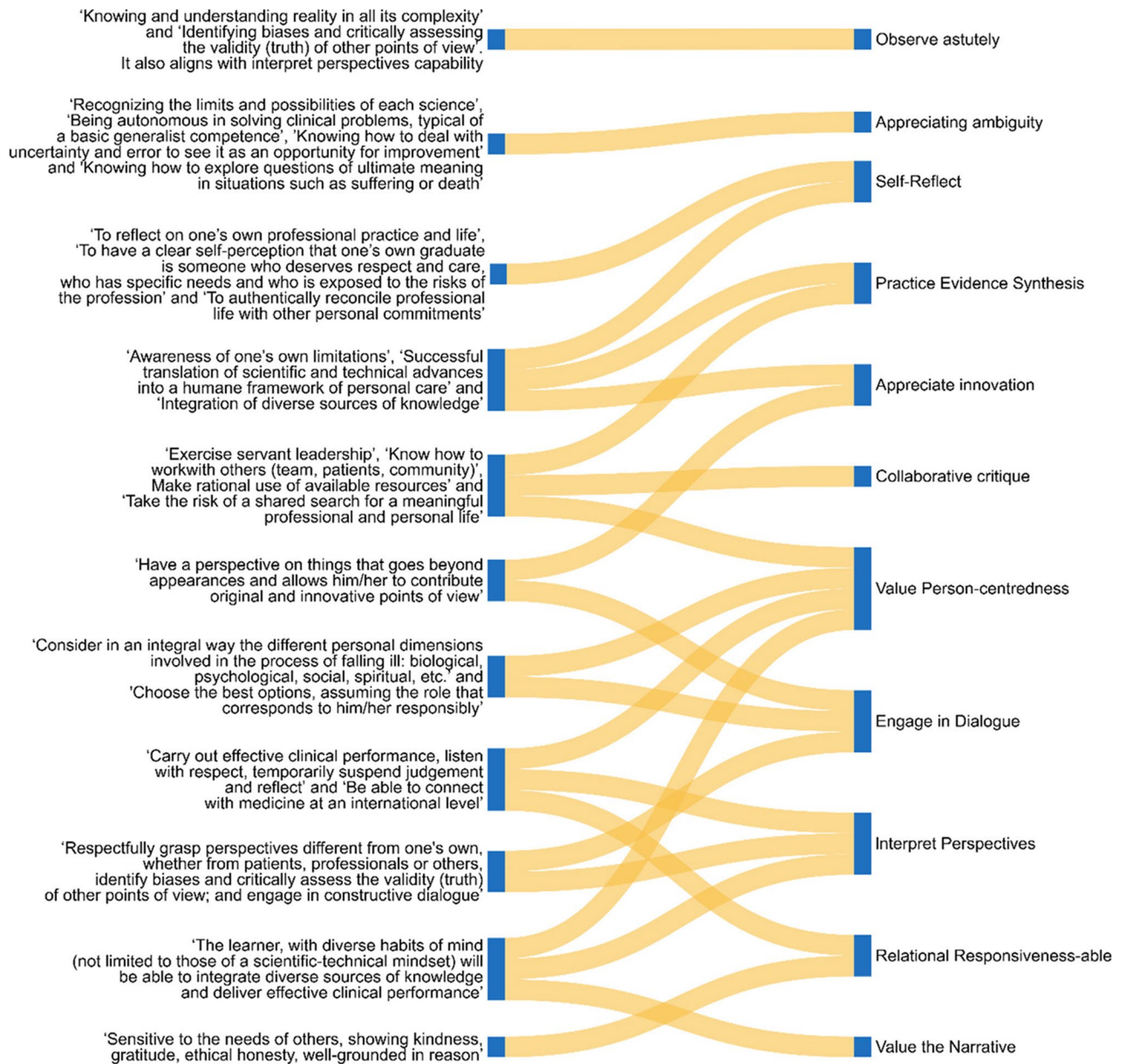


Fig. 2 Relationship between health humanities capabilities in InspirE5 model and capabilities in humanities medical programme from Universidad Francisco de Vitoria

A key aim of the programme is to engage students in continuous dialogue with themselves, their peers, their mentors, and with patients. Reflection and identity construction are deliberately supported throughout all six years, through structured mentoring, experiential projects, and interdisciplinary teaching. This aligns with curriculum reconceptualization approaches that view learning not as content transmission, but as the co-construction of meaning in complex, relational environments. In this context, the medical curriculum becomes

a space where students are invited to explore ambiguity, negotiate values, and form a professional identity grounded in person-centred care.

Much of the common content proposed by Carr et al. is included in the subjects, seminars and AFCs of the UFV's MH programme. In addition, other topics are taught such as the practice of deliberation, shared decision-making with patients, dialogue as a tool for mutual understanding, universal values and the human dimensions affected by suffering.

Table 1 Relationship between activities of the medical humanities program at the Universidad Francisco de Vitoria and capabilities in the Inspire5 model

Generic Capabilities in Health Humanities	Francisco de Vitoria Medical Humanities											
	1	2	3	4	5	6	7	8	9	10	11	12
Observe astutely		1	1	1	1	1	1	1	1	1	1	1
Self reflect	1		1	1	1	1	1	1	1	1	1	1
Appreciate ambiguity		1	1	1	1	1	1	1	1	1	1	1
Collaborative critic		1	1	1	1	1	1	1	1	1	1	1
Practice evidence synthesis		1	1	1	1	1	1	1	1	1	1	1
Engage in dialogue	1		1	1	1	1	1	1	1	1	1	1
Interpret perspectives	1		1	1	1	1	1	1	1	1	1	1
Value the narrative	1		1	1	1	1	1	1	1	1	1	1
Value person-centredness	1		1	1	1	1	1	1	1	1	1	1
Appreciate innovation			1	1	1	1	1	1	1	1	1	1
Relational responsiveness			1	1	1	1	1	1	1	1	1	1

1: Mentoring, 2: MH I, 3: MH II, 4: MH III, 5: MH IV, 6: Clinical Communication and Bioethics Seminars, 7: Complementary Training Activities (AFC) 1st year, 8: AFC 3rd year, 9: AFC 6th year, 10: Storytelling and medicine, 11: PXP Congress "The Patient Experience", 12: Volunteering and social action

Table 2 Common content covered in health humanities education

Content in Inspire Model	MH program subjects that include the contents of the Inspire model	
Origins of Values and Beliefs	Advocacy	Mentoring
	Exploring Healthcare Systems	MH IV (Bioethics)
	Arts in Health	MH I, II, III, IV (visual arts)
Ethical Reasoning	Climate change response	No subjects
	Systems- Complexity	Seminar on Nazi Medical practice
	Person Centeredness	MH I and II (Anthropologic)
Legal Principles	Reflective Practice	MH I, II, III, IV (visual arts and practices in narrative medicine)
	Sustainability of Healthcare	MH IV
	Tolerance of Ambiguity	MH I (Epistemology) MH III (Ethics of the professions for medical doctors)
Empathic Communication	Evidence Synthesis	Personal skills and competences (HCP Course)
	Collaborative Practice	HCP Course (Teamwork skills)
	Health Literacy	MH II (mentoring and palliative care work placements)
Compassion	Appreciation of Diversity (Gender, culture, spirituality)	MH IV (Bioethics)
	Research Paradigms	MH I (Epistemology)
	Self-Care as a Health Professional	MH III (Ethics of the professions for medical doctors)
Technology digital humanities Professional Behaviour	Technology digital humanities Professional Behaviour	MH I, II, III, IV
	Exploring health experiences	MH I, II, III, IV (practices in narrative medicine)
	Research Skills (Qualitative)	MH I (Epistemology)
	Professional Behaviour	MH I, II, III, IV
Technology digital humanities	Technology digital humanities	MH IV (Bioethics)

Adapted from Carr et al. [8]

Table 2 describes the common contents taught in the humanities curricula defined by Carr et al. and their correlation with the UFV programme. The data demonstrate a high level of alignment between the UFV curriculum and the common themes proposed in the Inspire5 framework. All content areas are addressed in the programme with the exception of "climate change response", which is

not currently included. The strong correlation reinforces the integrative and longitudinal nature of the curriculum.

Several curricular elements are particularly illustrative of the critical and reflective aims of the programme. For example, the seminar on Nazi medical practice is designed to foster a deep understanding of the political, structural and ideological complexity of health systems, highlighting how medicine can be co-opted for inhumane purposes. Through this historical lens, students are encouraged to question the ethical foundations of their own future practice. Likewise, the use of visual arts in the Medical Humanities I–IV courses is not limited to artistic appreciation but aims to help students explore values, beliefs, and human vulnerability through symbolic representations. These sessions provide space for critical engagement with ambiguity, suffering, and diverse worldviews, reinforcing the development of empathy and interpretive sensitivity.

In contrast to a purely instrumental use of case studies or clinical records, the UFV Medical Humanities programme integrates aesthetic media as a core component of teaching situated ethics, communication, and professional identity. For example, some films such as *Wit*, TV series such as *Dr. House* or role-playing scenarios recorded by faculty members are used in seminars on end-of-life decision-making and medical paternalism, fostering reflective dialogue grounded in emotional and narrative experience. These resources are not merely illustrative, but form part of a pedagogical strategy aimed at cultivating critical thinking, empathy, ambiguity tolerance, and ethical imagination.

The teaching methods used in the MH programme are usually group-based and face-to-face, allowing for dialogue with peers, teachers and mentors. Experiential learning is emphasised through complementary training activities such as seminars, trips and volunteer work.

Table 3 summarises the main learning outcomes and teaching methods of MH at UFV.

Evidence related to learning assessment

Student assessment in the MH programme is carried out according to the following criteria, agreed upon and followed by the teaching staff of these subjects:

- Assessment is based on the defined learning outcomes, which are in line with the aspirational profile of the Faculty of Medicine undergraduate. Therefore, the assessment of these subjects in the medicine degree differs significantly from the assessment in other degree programmes, such as philosophy or law.
- The requirement for excellence is linked to the verification that the student has achieved the

learning outcomes in each of the subject areas as well as in the subjects mentioned above as a whole.

- The evaluation is transparent. Students need to know what will be asked of them - when and what they should do in order to succeed in the tests.
- The evaluation is objective. Each test will have clear and explicit marking criteria. For example, in group work in the classroom, a rubric is presented to all students which is freely available to them.
- The evaluation is based on continuous assessment. This will take the form of questionnaires, reflections and tasks carried out in the classroom after the subjects are taught, as well as two end-of-term exams.
- Assessment implementation by teachers is feasible.

In contrast to traditional exams, the UFV Medical Humanities programme incorporates assessment formats aligned with its pedagogical aims. Students complete reflective essays and clinical narratives, that are evaluated using rubrics focused on depth of insight, self-awareness, and ethical reflection. In some modules, such as mentoring and ethics seminars, peer and self-assessment models are used to promote critical self-evaluation and relational accountability. These assessment tools aim to capture personal and moral development over time, rather than rote content acquisition.

Students report valuing the opportunity to express personal growth and emotional engagement through these alternative formats. However, faculty have identified challenges in ensuring consistency in marking, given the interpretive nature of the material. To address this, training sessions on evaluation and shared rubrics have been introduced.

These assignments target not only cognitive learning but also affective, ethical, intuitive, and symbolic domains. Students are asked to construct personal narratives that reveal their evolving identity as future physicians.

Assessment includes both individual and group formats, and feedback is provided through dialogical mentoring and personalised commentary. While rubrics are used, they are designed to evaluate capabilities such as ambiguity tolerance, ethical imagination, and critical reflexivity, not merely content mastery. In mentoring contexts, near-peer feedback is being piloted, and group deliberations are assessed for collaborative moral reasoning.

Students value the opportunity to express themselves creatively and reflectively. Challenges remain in ensuring consistency and recognition of subjective depth in marking; further faculty development and student participation in co-designing assessment tools are planned.

Table 3 Learning outcomes of the MH programme subjects and activities

	Subjects and seminars	Learning outcomes	Activities
Mentoring	Personal skills and competences	Acquire leadership and teamwork skills Enhance self-awareness, identity and vocation	Classes Mentoring
MH I	Epistemology Anthropology I	Understand the purpose and methodology of MH Identify human dimensions affected by suffering and acquire a holistic view of the person.	Classes Classes
MH II	Anthropology II	Improve attitudes to suffering and death	Mentoring and early clinical immersion for palliative care
	Fundamental ethics	Know the human moral dimension, virtue ethics and practise the procedure of deliberation for the resolution of ethical problems	Classes
MH III	Professional ethics	Develop professionally in order to identify with previously agreed-upon excellent professional profiles. Improve work/life balance	Classes and mentoring Mentoring
MH IV	Bioethics	Encourage reflection and personal positioning in the face of ethically complex practices, as well as the practice of dialogue in an academic context with a plurality of perspectives.	Classes
Medical-surgical pathology	Seminars on clinical communication and bioethics	Gain experience and practice in specific interviewing skills, e.g. delivering bad news. Identify ethical issues and deliberate to make the most prudent decision.	Seminars based on clinical scenarios
Science, faith and reason (optional)	6th year	Address the question of the purpose and meaning of life Know and respect the answers given by different sapiential and religious traditions.	Classes and training trip to Israel and Gaza
Complementary training activities	1st year 3rd year Other interventions	Discover universal values (nature, effort, silence, mutual support, sharing) Develop historical critical capacity regarding political, economic and legal powers, respect for human rights and the concept of professionalism as ethical excellence. Recognise the importance of listening in the clinical relationship. Establish early contact with patients' experiences.	Camino de Santiago training trip Educational trip Travelling seminar on the role of medicine in Nazi Germany. Film and medicine, storytelling and medicine, curiosity as an engine for learning, student congresses "PXP: the patient experience", and volunteer activities in collaboration with non-governmental organisations.

Improvement. programme evaluation by students and teachers regarding learning experiences and achievements

The MH programme evaluation is carried out by gathering the perspectives of all parties involved. This is carried out by means of student satisfaction surveys and regular faculty meetings with students to gather together experiences and opinions, implementing solutions that allow for adjustments to be made in real time.

The programme is benchmarked against national and international standards through external evaluations.

The skills acquired by undergraduates in the clinical context are assessed to determine their progress and achievements.

Table 4 describes all the contents of the programme evaluation according to the matrix set out in the InspirE5 model.

Discussion

In this study we have critically evaluated the medical humanities programme of the Universidad Francisco de Vitoria within the framework established in the InspirE5 model, finding that it adapts to the common content proposed by the model, integrating all of the capabilities contemplated within it.

Policy and learning environment

The curricular model of the Universidad Francisco de Vitoria recognises humanistic training as a priority, facilitating its implementation in the curricula of the different degree programmes. The medical school has managed a medical humanities programme for 14 years. This interest responds to the need for comprehensive training, aiming to educate and train compassionate, empathetic and socially sensitive doctors [14].

Howick et al.'s study of humanities curricula in medical schools in the US, Canada and the UK found that the

Table 4 Evaluation of the UFV MH programme

Health Humanities Programme	Evaluation Matrix (Inspire5)	Evaluation of the UFV MH programme
Student welfare	1. Student engagement in learning 2. Student access to support and welfare services 3. Student perceptions of the support services provided by the institution 4. Student academic progress	- Satisfaction surveys - Monitoring the use and effectiveness of the Pedagogical Guidance Office (PGO) - Monitoring and effectiveness of the Academic Difficulties Intervention Programme (ADIP)
Learning environment	1. Staff perceptions of facilitators and barriers to change 2. Evaluation and accreditation reports of past learning environment programmes 3. Political environment supporting health humanities curricula	- Satisfaction surveys - Accreditation by ANECA (National Agency for Quality Assessment and Accreditation) - UFV Strategic Plan.
Student experience	1. Student satisfaction with learning and teaching (includes activities) 2. Students' perceptions of the quality of learning and teaching materials 3. Students' perception of the quality of the installations 4. Students' perceptions of the quality of the learning environment 5. Satisfaction with administration and support 6. Quality of interactions and support	- Satisfaction surveys - Regular meetings with the teacher in charge of the course - Suggestion box - Regular biannual meetings of the Quality Assurance Committee made up of student and faculty delegates.
Student capacities	1. Evaluation results profile 2. Student progression 3. External capacity assessments 4. Perceived self-efficacy 5. Trajectories, diversity and achievements of the undergraduates	- Monitoring of the results achieved by the Academic Difficulties Intervention Programme (ADIP) - Results in the state examination for access to specialisation as Internal and Resident Doctors (MIR) - Monitoring of the area of self-efficacy using the DREEM questionnaire
Staff and teachers	1. Qualifications and experience 2. Teaching grant 3. Career development, support and workload management 4. Student satisfaction with learning and teaching 5. Aligning teaching, learning and assessment: a document review 6. External evaluation of teaching quality	- International Seal of Quality (ANECA, World Federation for Medical Education, National Conference of Deans, Spanish Medical College)
Curriculum and resources	1. Stakeholder judgements regarding curriculum design quality 2. Evaluation and improvement processes informing change 3. Commitment and participation in the programme 4. Adequacy of resources (physical, ICT, materials)	- Laid out in the MH teaching staff collaborative document

Adapted from Carr et al. [8]

ANECA National Agency for Quality Assessment and Accreditation, SMC Spanish Medical Colleges Association

most frequently included subjects are literature, history, sociology, art and the humanities in general [1]. In contrast, the UFV Medical Humanities programme adopts a longitudinal and integrative structure that, while drawing on content from multiple disciplines (e.g., epistemology, anthropology, ethics, psychology), does not treat them as isolated domains. Rather, they are employed dialogically, as entry points into shared reflection on human experience, illness, and the practice of medicine. This pedagogical approach is not additive but transformative, aiming to cultivate students' capacities for ethical reasoning, ambiguity tolerance, and critical awareness that transcend disciplinary boundaries.

What distinguishes our Medical Humanities programme is not only the range of topics addressed, but its critical and integrative stance toward traditional biomedical education. In line with Alan Bleakley's call to move beyond a purely instrumentalist model of medical education [3], we embed epistemological reflection, ethics, and aesthetics across the curriculum. For example, during the

study of biomedical subjects such as anatomy and pharmacology, students engage in parallel discussions about the moral and symbolic implications of dissecting bodies, or about ethical dilemmas in pharmaceutical marketing and prescribing. Moreover, mentoring programmes, reflective writing, and experiential activities promote identity construction as a deliberate educational aim, recognising that professional formation involves personal, ethical, and relational development. This integrated approach aims to form not only competent professionals but also thoughtful, compassionate, and socially conscious physicians [3].

Expectations

In the UFV HM programme, all the capacities proposed in the Inspire5 model are represented and are present in the programme's themes, seminars and AFCs. In addition, the defined learning outcomes focus on the skills that students need to learn in order to develop both as professionals and as individuals. One of the capabilities

listed in the InspirE5 model is “appreciating ambiguity.” While this term emphasizes the value of engaging with complexity, we acknowledge that in the context of medical education, this also involves “tolerating ambiguity,” i.e., developing the resilience and emotional capacity to function in situations of uncertainty. Both elements are essential in preparing students for the interpretive and indeterminate aspects of clinical practice.

It has been suggested that skills development in the education of health professionals is more favourable than the competency approach, as it allows for better adaptation to a changing and complex world, emphasising process and avoiding the rigidity of prescriptive objectives and content [15]. The distinction between competencies and capabilities is central to our pedagogical model. While competencies are often framed as measurable outputs in predefined contexts, capabilities are broader dispositions that support adaptability, ethical judgment, and reflective practice in dynamic and uncertain environments. This perspective is rooted in the Capabilities Approach developed by Martha Nussbaum [16], who emphasized the importance of cultivating human flourishing through education by expanding individuals’ freedoms and opportunities. In medical education, Alan Bleakley [3] has extended this approach, arguing that a focus on capabilities better prepares students to engage with ambiguity, relational complexity, and value-laden clinical decision-making. Such an approach aligns with our commitment to person-centred medicine and the integrative, humanistic objectives of the Medical Humanities programme.

Skills-based education is perceived by health science teachers as the ultimate goal of curricula [17].

The capacities most frequently reflected in our university’s programme activities are engagement in dialogue, interpretation of perspectives, the value of storytelling and people-centredness. This is in line with other published health humanities programmes, which focus on the development of reflective capacity, perspective, self-reflection and people-centred approaches [14, 18].

Learning experiences

A study of the central themes and priorities of medical humanities programmes in universities in the USA and Canada concluded that they are focused on patient care and professional wellbeing. The aims of these programmes were to help students listen to patients’ experiences and learn skills relevant to the doctor-patient relationship, as well as to alleviate physician and student burnout and foster resilience. The authors propose to include other approaches such as healthcare equality and the social contexts of illness [19].

These contents are also prioritised in our programme, together with others such as tolerance of ambiguity,

appreciation of diversity and social justice, the practice of deliberation, shared decision-making and dialogue as a tool for mutual understanding.

Programme evaluation

In a review by Carr et al. [7] it was noted that there is currently no defined framework for the teaching and assessment of humanities, mainly due to the absence of clearly established learning outcomes. This has not been the case at UFV, since in the UFV humanities programmes, assessment is based on learning outcomes which are clearly defined, making it possible to identify and compare the planned outcomes with those learnt.

It has been stressed that one of the main goals of humanities-based curricula is person-centred medicine, which requires empathetic communication [20]. However, there exists little published evidence that this translates into significant change over time. This change depends in part on empathy not being lost throughout undergraduate studies. Different published studies show contradictory results on how empathy deteriorates during undergraduate medical education [21]. One review reported the erosion of empathy as courses progressed [22], while others found that empathy scores were higher at the end of the medical training period [23]. Our experience, supported by a longitudinal study of medical students who were observed for 5 years, is that there is a tendency for empathy not to decline over time, with the possibility that it may even improve in women [24]. It is necessary to know how these empathy levels acquired in the years of training influence person-centred clinical practice.

In the MH programme at our university, reflective practice is encouraged in students and learning assessment is based on individual and group reflection exercises. This is seen as a way of encouraging students and practitioners to explore their experiences and gain a new understanding of them [25]. Reflection on sensitive issues in medicine, such as communication with palliative care patients, is a creative practice that facilitates the expression of ideas or emotions that are difficult to express [26]. Moreover, studies suggest that medical humanities education also fosters self-reflection and empathy in students [27].

The hypothesis that medical humanities can improve medical practice must compel practitioners and educators to discuss how they may influence clinical practice and medical research [28].

Beyond its curricular structure, the UFV Medical Humanities programme aspires to be a space of ethical, aesthetic, and personal transformation. It seeks not only to convey knowledge or foster skills, but to cultivate the kind of professional identity that is attuned to suffering, complexity, and uncertainty. Through aesthetic

encounters with literature, film, and art, students are invited to engage ambiguity and develop symbolic and narrative capacities that are not easily captured through instrumental means.

Furthermore, the programme intentionally interrogates the ethical and political dimensions of clinical practice, such as the historical abuses of medical authority, or the moral challenges of contemporary healthcare systems. These discussions promote critical consciousness and reflexivity, encouraging students to see medicine as not merely a technical field, but as a human, social, and moral practice. In this sense, the curriculum becomes a vehicle for forming not just competent practitioners, but reflective and compassionate human beings capable of participating in a more just and humane medical culture.

It is important to distinguish the goals of the UFV Medical Humanities programme from those of conventional clinical communication training. While both address empathy and self-awareness, the former is not oriented toward behavioural outcomes or interpersonal techniques, but toward moral imagination, identity formation, and social critique. Our programme seeks to foster a deep sense of ethical resonance and co-experience, through exposure to illness narratives, the arts, and reflective dialogue. Similarly, the emphasis on *critical reflexivity* extends beyond self-reflection to include awareness of institutional structures, historical legacies, and epistemic biases in medical practice.

This distinction is especially relevant given that communication skills are often reduced to procedural competencies within clinical curricula. By contrast, the medical humanities provide students with conceptual, aesthetic, and ethical tools to inhabit the ambiguities of care, interrogate norms, and imagine alternative ways of being with patients. In this sense, the programme complements but also exceeds the boundaries of psychosocial training.

Limitations

In this study, it has not been possible to fully integrate and describe in greater detail the characteristics of a Medical Humanities programme such as the one developed in the Faculty of Medicine at the UFV. This limitation is attributable to the complexity of such a programme. However, the framework provided by InspirE5 allows for a well-ordered and comprehensive overview.

While this study does not test hypotheses in a conventional experimental sense, it constitutes a qualitative, interpretive inquiry grounded in curriculum evaluation and guided by a recognized international framework. By mapping the programme to the InspirE5 model, we sought to uncover the extent, coherence, and pedagogical intention behind each component of the curriculum. Although the exercise may resemble a blueprinting comparison, our analysis incorporated interpretive

phenomenological triangulation, document analysis, and reflective synthesis by experienced faculty, offering insights into how the curriculum expresses and enacts its humanistic aims.

We recognise that we did not pursue an abductive redesign of the InspirE5 model in light of our findings. This is a limitation of the present study, and we propose it as a future research direction, which could contribute to further refining the applicability and validity of the model in diverse cultural and institutional contexts.

Conclusions

Medical humanities are a priority in the educational scheme of the Universidad Francisco de Vitoria. The humanities programme at the Faculty of Medicine is aligned with the curricular and assessment framework set out in the InspirE5 model. The most important aspects are person-centredness, the practice of deliberation and dialogue for mutual understanding as well as justice in health. Beyond its longitudinal integration and thematic breadth, the programme aspires to foster ethical reflection, critical dialogue, and identity formation among future physicians.

Assessment is based on learning outcomes which are clearly defined in each subject and topic. There is a need for regular evaluation of medical humanities programmes and research into their influence on clinical practice and their person-centredness.

Future research should explore how Medical Humanities education shapes clinical practice, professional values, and patient relationships in the long term.

Abbreviations

ADIP	Academic difficulties intervention programme
AFCs	Complementary training activities
ANECA	National agency for quality assessment and accreditation
DREEM	Dundee ready education environment measure
ECTS	European credit transfer system
PGO	Pedagogical guidance office
UFV	Universidad Francisco de Vitoria

Acknowledgements

We sincerely thank all the professors at the University Francisco de Vitoria who have dedicated their efforts and experience to the development and implementation of the Medical Humanities program. Their work has been fundamental in shaping this educational initiative and in integrating humanistic values into the training of future health professionals. We would also like to express our appreciation to all the students who have participated in the Medical Humanities program over the years. Their commitment to learning and their willingness to explore the human dimensions of medicine have enriched the program and contributed to its success.

Clinical trial number

Not applicable.

Authors' contributions

SAM, VC, FC and DM conceived and designed the research; SAM, VC and DM managed the analysis and interpretation of data; VC, SAM and DM wrote the first draft, SAS, FC have drafted the work or substantively revised it. All authors read, revised, wrote and approved the final version of manuscript.

Funding

No funding was received for this article.

Data availability

No datasets were generated or analysed during the current study.

Declarations**Ethics approval and consent to participate**

This study is a qualitative descriptive analysis based entirely on documentary sources such as publicly available institutional reports and curricula. It does not involve human participants, clinical data, or any intervention. According to Spanish national regulations (Organic Law 3/2018 on the Protection of Personal Data and Digital Rights) and institutional guidance from the Ethics Committee for Research Involving Human Subjects at Universidad Francisco de Vitoria, this type of research does not require formal ethical approval or informed consent. Therefore, ethics approval and consent to participate were not applicable. As no human data were used, compliance with the Declaration of Helsinki was not required.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

Received: 20 April 2025 / Accepted: 29 July 2025

Published online: 02 October 2025

References

- Howick J, Zhao L, McKaig B, Rosa A, Campaner R, et al. Do medical schools teach medical humanities? Review of curricula in the united states, Canada and the united Kingdom. *J Eval Clin Pract.* 2022;28(1):86–92.
- Shapiro J, Coulehan J, Wear D, Montello M. Medical humanities and their discontents: definitions, critiques, and implications. *Acad Med.* 2009;84(2):192–8.
- Bleakley A. *Medical humanities: ethics, aesthetics and politics.* London: Routledge; 2020.
- Mueller PS. Incorporating professionalism into medical education: the Mayo clinic experience. *Keio J Med.* 2009;58:133–43.
- Orefice C, Pérez J, Baños JE. The presence of humanities in the curricula of medical students in Italy and Spain. *Educ Med.* 2019;20(1):79–86.
- Coronado-Vázquez V, Antón-Rodríguez C, Gómez-Salgado J, Ramírez-Durán MDV, Álvarez-Montero S. Evaluation of learning outcomes of humanities curricula in medical students. A meta-review of narrative and systematic reviews. *Front Med.* 2023;10: 1145889.
- Carr SE, Noya F, Phillips B, Harris A, Scott K, Hooker C, et al. Health humanities curriculum and evaluation in health professions education: a scoping review. *BMC Med Educ.* 2021;21(1): 568.
- Carr SE, Harris A, Scott K, Ani-Amponsah M, Hooker C, Phillips B, et al. Inspire5: a participatory, internationally informed framework for health humanities curricula in health professions education. *BMC Med Educ.* 2022;22(1): 490.
- Crawford P, Brown B, Charise A, editors. *The Routledge companion to health humanities.* London: Routledge; 2020.
- Giorgi A. *The descriptive phenomenological method in psychology: a modified Husserlian approach.* Pittsburgh (PA): Duquesne University; 2009.
- Universidad Francisco de Vitoria. Forming to transform in community: the educational project of the Universidad Francisco de Vitoria [Internet]. Madrid: Universidad Francisco de Vitoria; 2021. Available from: <https://www.ufv.es/wp-content/uploads/2023/03/Formar-para-transformar-en-comunidad-UFV.pdf>. cited 31 Jan 2025.
- Caballero Martínez F, Álvarez, Montero S. *Medicina centrada en la persona.* Madrid: Ediciones Médicas; 2022;28 p. ISBN: 978-84-19488-08-4.
- Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3(2):77–101.
- Patterson A, Sharek D, Hennessy M, Phillips M, Schofield S. Medical humanities: a closer look at learning. *Med Humanit.* 2016;42(2):115–20.
- Fraser SW, Greenhalgh T. Coping with complexity: educating for capability. *BMJ.* 2001;323(7316):799–803.
- Nussbaum MC. *Creating capabilities: the human development approach.* Cambridge (MA): Harvard University Press; 2011.
- Hanks S, Neve H, Gale T. Preparing health profession students for practice in complex real world settings: how do educators respond to a model of capability? *Interdiscip J Probl Based Learn.* 2021;26(1):50–63.
- Centeno C, Robinson C, Noguera-Tejedor A, Arantzamendi M, Echarri F, Pereira J. Palliative care and the arts: vehicles to introduce medical students to patient-centred decision-making and the art of caring. *BMC Med Educ.* 2017;17(1): 257.
- Adams ZM, Mekbib K, Encandela J, Reisman A. Variation in medical humanities program mission statements in United States and Canadian medical schools. *Med Teach.* 2023;45(6):615–22.
- 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(3):285–99.
- Spatoula V, Panagopoulou E, Montgomery A. Does empathy change during undergraduate medical education? A meta-analysis. *Med Teach.* 2019;41:895–904.
- Hojat M, Vergare MJ, Maxwell K, Brainard G, Herrine SK, Isenberg GA, et al. The devil is in the third year: a longitudinal study of erosion of empathy in medical school. *Acad Med.* 2009;84:1182–91.
- Ferreira-Valente A, Monteiro JS, Barbosa RM, et al. Clarifying changes in student empathy throughout medical school: a scoping review. *Adv Health Sci Educ Theory Pract.* 2017;22:1293–313.
- Blanco JM, Caballero F, Álvarez S, Plans M, Monge D. Searching for the erosion of empathy in medical undergraduate students: a longitudinal study. *BMJ Open.* 2020;10(12): e041810.
- Boud D, Keogh R, Walker D. *Reflection: turning experience into learning.* London: Routledge; 1985.
- McBain L, Donnelly S, Hilder J, O’Leary C, McKinlay E. I wanted to communicate my feelings freely: a descriptive study of creative responses to enhance reflection in palliative medicine education. *BMC Med Educ.* 2015;15: 180.
- Lunen JC. Reflection, sense of belonging, and empathy in medical education: introducing a novel model of empathetic development by literature. *J Med Educ Curric Dev.* 2023;10: 23821205231207702.
- Blease C. In defence of utility: the medical humanities and medical education. *Med Humanit.* 2016;42:103–8.

Publisher’s Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.