

Appendix A: Course Overview & Orientation Materials

Introduction to the Medical Humanities Course Overview

Course description

Introduction to the medical humanities and their application to clinical practice, utilizing a variety of humanistic approaches, drawing from history, philosophy, anthropology, literary studies, and religious studies. We will also engage with a variety of forms of expression, including essays, poetry, film, podcasts, music, and visual art. These humanistic approaches complement the science-focused approach of contemporary medical education by enhancing students' ability to offer more compassionate and culturally competent care, and helping students build resiliency through using artistic forms of expression to process their experiences.

In this offering, we will explore humanistic approaches through the theme of suffering and social justice. We will use a variety of art forms to explore the expression of suffering, particularly in medicine, and ask about whose suffering is or is not legitimized within our society. We will conclude the course with an examination of potential responses to the expression of suffering, both as individual providers and as a collective society.

Learning objectives

Following the course, students will be able to:

1. Describe how to use at least 3 humanities-based approaches using essays, poetry, film, music, visual art, philosophy, or historic documents to explore concepts of health and illness.
2. Explore how one's own personal experiences of health and illness fit into broader societal and historical contexts and how the experience of health and illness might differ for people occupying different social positions.
3. Critically examine harms caused by medicine and scientific research in both historical and contemporary contexts and how using medical humanities practices can help alleviate suffering.
4. Practice using the medical humanities to explore concepts of suffering and social justice.

Learning Activities and Course Hours

The credit standard for this course is met by an expectation of a total of 90 hours of student engagement with the course learning activities (at least 45 hours per credit), which include regularly scheduled seminar meetings, reading, observing, writing, and responding to other students' work. Students should plan to spend approximately 45 hours per week on learning activities during the course.

- Seminars (Virtual, using Zoom) led by faculty instructors (25 credit hours/2 weeks)
- Reading, observing, viewing film, listening to audio (20 credit hours/2 weeks)
- Content creation: Writing, capstone project (40 credit hours/2 weeks)
- Responding to other students' work (6 credit hours/2 weeks)

The table below provides an example of how students might choose to organize their time for the first week, but all time spent outside of seminar sessions (all students/facilitators attend seminars together), students may choose to complete the work at any time, provided they meet the deadlines for posting their completed assignments to the virtual learning platform.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:40	Reading, observing, viewing, listening	Reading, observing, viewing, listening	Reading, observing, viewing, listening	Reading, observing, viewing, listening	Reading, observing, viewing, listening
9:40-10:00	Break	Break	Break	Break	Break
10:00-11:40	Content creation	Content creation	Content creation	Content creation	Content creation
11:40-12:30	Lunch	Lunch	Lunch	Lunch	Lunch
12:30-2:10	Responding to others	Responding to others	Responding to others	Responding to others	Responding to others
2:10-2:30	Break	Break	Break	Break	Break
2:30-5:00	Seminar	Seminar	Seminar	Seminar	Seminar

*There are two days in which we will have shortened Seminar sessions to make time for one-on-one consultations on your capstone piece. These modifications to the schedule will be noted in the module for the relevant class day.

Grading

Grading for the course will be Satisfactory/Unsatisfactory. Students must achieve a total of 70% or higher overall to earn a Satisfactory grade. To receive a grade of “satisfactory,” students must complete the following: attendance and meaningful participation in 8 of 10 seminars, 4 of 5 preparatory assignments, 8 of 10 online responses to others' work, 1 sustained/capstone piece in a format of your choosing. If a student fails to meet the required number of assignments/attend the required number of sections, they will receive a grade of “unsatisfactory.” If a student submits an assignment but the submitted work does not fulfill the spirit of the assignment, we will notify the student within 24 hours and the student will have an opportunity to re-submit that assignment within one week of the original due date. Until the assignment is completed to a satisfactory level, it will not count towards successful completion of the course.

Assignment	% of grade	Points possible
Seminar participation	40	40 (4 per seminar)
Pre-class assignments	40	40 (5 per assignment)
Sustained/capstone piece	20	5

Assignments

Seminar participation: Preparation and active participation in seminars is crucial to building a community in which creative work and introspection can happen. Students are expected to arrive on time to virtual seminars and in-person small groups having completed the readings and assignments for the day and responded to other students' writing (if applicable). If students are

unable to attend, they should contact one of the instructors in advance of the missed session wherever possible.

For foreseeable absences, please contact one of the instructors in advance of the course start date. For short notice absences, please contact one of the instructors in advance of the missed session whenever possible. No more than two seminar absences are permissible during this course without approval from the medical school. In the event of an excused absence, we will work something out to make up the work. We understand that this flexibility is important and needed.

Rules of Engagement (The 5 C's) for Seminar- ***adapted from Steckler, et al. OHSU Resiliency Skills Elective (https://www.mededportal.org/doi/full/10.15766/mep_2374-8265.10022)***

- Choice: When it comes to sharing, there may be times that you do not want to share. Although we encourage each person to contribute their work and input in order to promote growth of self and others, it is always your choice whether and how to share your input with others.
- Confidentiality: Groupmates should keep shared stories within the group. Even if no seemingly private information is shared, aim for confidentiality like you do with patients. This practice enhances trust and openness.
- Communication style: If you are a talker, consider how much verbal space you are taking; if you are a listener, consider offering your voice to the group. We want all voices heard.
- Compassion and non-judgement: Engaging in the medical humanities requires vulnerability. Treat yourself and others with compassion and non-judgment as we explore the medical humanities together.
- Camera on, preferred: When others are sharing, please keep your camera on to improve speaker comfort. Please also refrain from activities that may be distracting to you or others during class.

Pre-class assignments: These assignments are to be completed in under two hours, and there is no set limit for how detailed or complex they should be. The aim of these assignments is to get students producing creative work freely and often, without a lot of rumination about the process or how “good” the product is. This may be students’ first time drawing or writing a philosophical argument in years, or ever- we encourage students to courageously offer their work to the class without over-thinking to see what happens. Every year students find that they are pleasantly surprised at how even simple drawings or responses can generate robust discussion and encouragement from classmates and facilitators. Students should submit their assignments to the online class portal by 12pm on the day of class. This allows both students and facilitators at least 2.5 hours before class to view and respond to posted work.

Sustained/capstone piece: Over the second half of the course, students will create one sustained piece of writing or artwork, taking time to plan, draft, and revise this work. As opposed to the preparatory exercises, where the goal is to be quick and experimental, here the goal is for students to explore how their work can evolve if they take the time to sit with it, receive feedback from others, and revise it. The format and length of this work is up to the student, but the work must be

substantially more polished compared to the quality of the short writing assignments. Students will also be required to bring drafts into seminar sessions during the second week to receive group feedback and support on project development.

Required materials

- Required readings, audiovisual materials (*all will be provided to students as PDFs and audio files; opportunities for shared streaming of video content as needed*)
- Paper, pen, and coloring utensils of any kind
- Capstone project materials (*student choice*)

Student well-being

Content and discussions in this course will necessarily engage difficult topics. Content throughout the course has been selected to portray critical areas of societal and human suffering that we encounter in the work of practicing medicine. The content has been selected in aims of advancing our collective understanding of these issues using the medical humanities as a vehicle.

Course content may be emotionally and intellectually challenging to engage with. Content may include depictions about identity-based harms including racism, sexism, ableism; addiction; and physical or sexual violence. We will use content notices for each session to provide advance awareness of graphic or intense content and will do our best to make this course a space where we can engage empathetically and thoughtfully with difficult content during every session.

If at any point, students recognize that they are having trouble in working with the content emotionally, we ask them to please be compassionate with themselves: Take breaks, step away, and do something kind or calming. If this occurs, students can return to the content later after taking the steps needed to engage in self-care and support-seeking if needed. If at any point the course content becomes too difficult for a student to work with or to return to, we invite that student to please reach out to any or all of the course instructors by email. We want to support students fully and meet them where they are in working with the content. Additionally, we have provided a list of confidential mental health supports (below) that you can access should that feel like a better source of support for your needs.

Mental Health Resources: List of local institutional resources provided

Policies: Students and instructors are required to all institutional policies, including those related but not limited to: academic integrity, absences, access, diversity and inclusion, patient privacy, and social media.

Appendix B: Facilitator Tips for Success

Timed release of pre-class materials and assignments

We find that the below cadence of releasing materials to students allows students flexibility in timing of assignment completion, while not allowing students to work so far ahead that it becomes difficult for them to incorporate skills from week 1 for week 2 assignments.

Week 1 materials: We recommend...

- *Make week 1 materials and pre-class assignments 1-5 available to students 3 days before elective start.*
- *Send pre-class welcome email 3 days before elective starts to introduce instructors, direct students to course materials, and notify students that **they will need to complete pre-class assignment 1 before attending the first seminar.***

Week 2 materials: We recommend...

- *Make week 2 materials and pre-class assignments 6-10 available to students at end of week 1*

Facilitator tips for successful discussion during seminars

1) Monitor group dynamics:

- *Set the stage early in the course that students should aim to self-monitor their class contributions. Those who tend to speak a great deal should be mindful of allowing others to speak; those who tend to speak less should consider ways they might offer their ideas to the group.*
- *Facilitators should occasionally prompt students who speak less to offer their ideas. For some students, this prompting can encourage them to open up when they might have otherwise been more hesitant.*

2) Give students ample time to generate responses

3) Give positive reinforcement via body language and verbal responses

- *Facilitators should nod their heads and give positive encouragement when possible, reflect back student observations, and prompt students to discover more. "And what else does the group think about that?" These non-verbal and verbal cues provide a sense of psychological safety, connection, & patience that encourage active course engagement.*

4) Each student should have a chance to have their work analyzed

- *For story or poem: have the author read it aloud, but instruct them not to provide any analysis or editorializing of their work (just read it for us, don't describe it!)*
- *For drawing: put the drawing up on the screen for groupmates to see, artist should not offer analysis or editorialize (just show us, don't describe it!)*

5) What should the work's creator do while the rest of the group analyzes it?

- *During analysis, the work's creator should simply listen without correcting or re-directing the group to "right" answers*
- *After the group finishes their analysis, the facilitator should ask the work's creator to share what it was like to hear the group's analysis. What struck them as interesting or surprising about the experience? Any additional thoughts they wanted to contribute to the conversation?*

6) Name perfectionism

- *When students make self-deprecating or perfectionistic comments about their work, name the perfectionism and the perfectionistic tendencies in medicine. Remind students that there are no perfect products and perfect products are not the goal.*

7) Know your institutional resources

- *When students begin the course, remind them of student services that can be used to support their well-being. This not only reminds them of their options if they are struggling but also establishes a culture of support and care.*

- *Learn about the institutional resources that can help you as facilitators if you are worried about a student's well-being, attendance, professionalism, or experiences with discrimination or harassment. Most medical schools have offices that can provide instructors support in these areas if questions arise.*

Appendix C: Pre-Class Assignments & Scoring Rubric

Pre-class assignments

Background:

These assignments are to be completed in under two hours, and there is no set limit for how detailed or complex they should be. The aim of these assignments is to get students producing creative work freely and often, without a lot of rumination about the process or how “good” the product is. Additionally, these assignments aim to engage students in thoughtful asynchronous discourse about each other’s work and the topic of focus.

Pre-class assignment submission:

Students should submit their assignments to the course online learning portal by 12pm on the day of class. This allows students and facilitators at least 2.5 hours before class to view and respond to posted work that will be further explored in small- or large-group discussion during class.

Pre-class assignments rubric (40% of final grade, 5 points per assignment):

	Satisfactory (1 point each)	Unsatisfactory (0 points each)
Engagement with the prompt	Work follows expected conventions for the form (poetry, prose, comic strips, etc.); work engages the topics and questions posed in the prompt.	Work does not adhere to the conventions for the form (e.g. a poem is submitted when the prompt asks for a comic strip); work does not engage with prompt’s topic or question.
Style and voice	Work demonstrates a purposeful deployment of language, imagery, and syntax; the unique perspective and style of the author is evident.	Words are misused or inappropriate for the work; little variety in word choice or sentence structure; imagery is clichéd; spelling or grammar errors interfere with comprehension.
Structure	Work maintains a clear focus and the elements make sense as a coherent whole; appropriate transitions are used; thoughtful choices are made about where the story begins, how it builds, and concludes.	Elements of the work are disjointed; work begins or ends abruptly; elements of the work do not build to a logical conclusion.
Insight	Work provides insight into issues such as power dynamics, ethical issues, and bias in medicine; work demonstrates efforts to understand how positionality matters to medicine.	Work avoids addressing challenging or emotional topics such as power dynamics, ethical issues, and bias in medicine; author/artist assumes that their experiences of medicine are universal.
Respect for lived experiences	Work challenges stereotypes about providers or patients; respect for patients and their lived experiences is evident through the work.	Work relies on stereotypes about providers or patients; work denigrates patients’ actions, interpretations, or experiences.

Total points possible: 5

Course Orientation

Required orientation reading: These materials are available in the online class portal. Students should read these by the end of week 1.

- William Rafelson, Jane Bruno, and Don Dizon (2019) “Protecting privacy in patient narratives.” *The Oncologist* 24: 285-287 <https://doi.org/10.1634/theoncologist.2018-0659>
- Anna Reisman (2015) “Should doctors write about patients?” *The Atlantic*. <https://www.theatlantic.com/health/archive/2015/02/should-doctors-write-about-their-patients/385296/>

Session 1: Introducing the medical humanities

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 1. **[We send an email to students the week before class starts to notify them of this Session 1 pre-seminar assignment.]**

- Rita Charon (2017) “To see the suffering.” *Academic Medicine* 92(12): 1668-1670. <https://doi.org/10.1097/ACM.0000000000001989>
- Sebastian Smee (2020) “A tour de force by a painter at the top of his game.” *The Washington Post*. <https://www.washingtonpost.com/graphics/2020/entertainment/edouard-manet-the-dead-toreador/>
- Phillipe Bourgois and Jeff Schonberg (2009) “A Theory of Abuse” in *Righteous Dopefiend*. https://slought.org/resources/righteous_dopefiend

Pre-class assignment 1: "Speed dating" with modes of creative expression

Part 1

1. Spending no more than 15 minutes, draw or paint a picture of your bedroom, then a hospital room, side by side
2. Spending no more than 25 minutes, write a poem about what it feels like to go to a doctor’s appointment alone versus with a trusted companion
3. Spending no more than 60 minutes, write a prose piece about your daily routine, and the daily routine (or one particular day) of a hospitalized patient you remember
4. Post one of your pieces of work to the discussion board

Part 2

Think about what it was like to try out three different modes of creative expression in Part 1. Write a prose piece reflecting on the related questions below. Post your reflection as a reply to your original post.

1. Which mode came most easily to you?
2. Which was the hardest?
3. What did each mode allow you to express, or prevent you from being able to express?
4. What does it feel like to post your work for others to see?

Session 2: Humanistic approaches to pain and suffering

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 2.

- Noelia Bueno-Gómez (2017) “Conceptualizing suffering and pain.” *Philosophy, Ethics, and Humanities in Medicine* 12(7). <https://doi.org/10.1186/s13010-017-0049-5>.
- Obiora, Anekwe (2015) “Artist’s statement.” *Academic Medicine* 90(5): 621.
- Tuskegee Syphilis Study Ad Hoc Panel (1973) “Report on charge 1.”

Prep exercise 2: Write a philosophical argument defining justice

1. State your definition clearly and concisely.
 - Explain the rationale of your definition
 - Define any technical or ambiguous terminology within your definition.
 - Argue in favor of your definition
 - Rest your argument on premises the reader will be willing to accept. Provide rationale for any arguments that the reader might find doubtful
 - Be direct, precise, and concise in your argument
 - Use first person personal pronouns. Examples:
 - “I will argue that...”
 - “My first example is...”
 - “I will now refute...”
2. Offer an objection (or two) to your definition. Defend against the objection(s) and/or determine whether the objection(s) can be held consistently with your definition
3. Discuss possible consequences of your definition. Examples:
 - “If we believe that *Justice* is _____, then _____.”
 - “If we hold my proposed definition of *Justice* to be true, then it holds true that _____.”
4. Provide brief conclusion summarizing what your arguments have demonstrated about *Justice*

Adapted from Simon Rippon (2008) “A Brief Guide to Writing the Philosophy Paper” for the Harvard College Writing Center

https://philosophy.fas.harvard.edu/files/phildept/files/brief_guide_to_writing_philosophy_paper.pdf

Respond to one of your group members' definitions of justice

After you have posted your philosophical argument defining *Justice*, respond to the work of at least one other person who will be in your small group tomorrow.

- What did you notice about their approach?
- What other points could be made in support of their arguments?
- What other objections might one offer to their arguments?
- What other consequences might one consider if the author's definition of *Justice* is held to be true? (If their definition is true, then it holds that ____ must also be true.)

Session 3: Expressing the inexpressible through art

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 3.

- Javier Zamora (2017) "Doctor's office first week in this country." *VQR*
<https://www.vqronline.org/poetry/2017/07/doctors-office-first-week-country>
- Frida Khalo (1938) "Henry Ford Hospital" <https://www.fridakahlo.org/henry-ford-hospital.jsp>
- Vino Venitas (2015) "Sickle Cell." <https://www.youtube.com/watch?v=-NGPX0SSz8E>

Prep exercise 3: Draw or paint yourself

For this assignment, you will create two separate drawings or paintings:

- First, draw or paint yourself as a clinical provider
- Next, draw or paint yourself as a patient

Please post both images you have created, without providing commentary or explanation.

After you've posted your images, you will be able to see the pieces posted by all other members of the class. Take notes on the following questions for the pieces created by your Wednesday small group members (these questions will be used to guide small group discussion in class on Wednesday).

- What did you notice about the image of the person as a clinical provider?
- What did you notice about the image of the person as a patient?
- In considering the images of the person as clinical provider and patient side-by-side, what do you notice? What are some similarities between the two? What are some differences between the two?
- If you could ask one question about the artwork, what would it be?

Session 4: The trauma of not being seen

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 4.

- Joe Fassier (2015) “How Doctors Take Women’s Pain Less Seriously.” *The Atlantic*. <https://www.theatlantic.com/health/archive/2015/10/emergency-room-wait-times-sexism/410515/>
- Oluwafunmilayo Akinlade (2020) “Taking Black Pain Seriously.” *New England Journal of Medicine* 383(10): e68(1)
- “Disclosure” <http://www.disclosurethemovie.com/about>

Prep exercise 4: Reflecting on forms of violence

Review Bourgois and Schonberg's arguments in the sections the “Politics of Representation” and “Theoretical Approaches to Social Suffering” (p. 12-19), and reflect on:

- What political or ethical issues arise when an artist produces a story about someone else's suffering, or when you are viewing a story about someone else's suffering?
- What forms of harm or violence are present in the stories in the articles and film we have read/watched for this week? Think broadly about what harm or violence might mean here, beyond just physical harm

Devote about an hour or so to writing your reflections.

Session 5: Suffering and structural violence

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 5.

- Paul Farmer (1996) “On suffering and structural violence.” *Daedalus* 125(1): 261-283. <http://www.jstor.com/stable/20027362>
- (2019) “Episode 4: How the bad blood started.” 1619 podcast. <https://www.nytimes.com/2019/09/13/podcasts/1619-slavery-healthcare.html>

Prep exercise 5: A metaphor for thinking about structure

One difficulty of thinking about structural violence is that the concept of structure is very abstract. In the readings and the podcast for this week, the authors attempt to make the idea concrete by grounding the discussion in individuals' experiences. Another good technique for thinking through abstract concepts is to develop a metaphor, so that you can use your experience dealing with a slightly more familiar thing to help you understand the more abstract thing.

Your prep exercise this week is to think of a metaphor that will help you understand the concept of social structure and/or health policy, and how it impacts people's lives. First, review the video below discussing how everyday metaphors structure our thinking. Then, think through possible metaphors that might help you understand structure, and write about the one that seems most helpful to you. You can think of this exercise as a blend of both creative writing and philosophical writing along the lines of your Session 2 prep exercise, where you might consider what your metaphor does well in terms of helping you think about structure and what its limitations are.

<https://youtu.be/lYcQcwUfo8c>

Session 6: The violence of medicine

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 6.

- Deirdre Cooper Owens (2018) “The birth of American gynecology” in *Medical Bondage*
- Primary sources on eugenics in the United States
 - A New York Daily Tribune [article](#) on eugenics, 1912
 - A [letter](#) from Theodore Roosevelt to Charles Davenport (Director of the Cold Spring Harbor Laboratory and founder of the Eugenics Records Office), 1913
 - A [scorecard](#) from the Kansas state fair's eugenics contest, where families were scored on their eugenic attributes and the fittest family was awarded a prize (names have been blurred to protect confidentiality), 1927
 - A [map](#) of the number of states that had passed eugenic sterilization laws, found in the papers of Harry Laughlin (who also worked at the Eugenics Records Office), 1935
 - A [pamphlet](#) on eugenics produced by the Human Betterment League of North Carolina, 1950
 - A [short clip](#) from a documentary film on sterilizations performed on Mexican immigrants in California in the 1960s and 1970s

Prep exercise 6: Brainstorm on your forthcoming sustained piece

Today we would like to you to start thinking about, and getting down on paper, some of your ideas about a sustained piece you will work on throughout this week and conclude by the end of the class. This piece will hopefully be something which, if you desired, you could submit for publication to a medical humanities journal (with or without further modification/editing/revising).

To start your thought process, write a reflection, or a list, or a set of bullet points, or an annotated schematic drawing, that includes some ideas about the following (you do not have to settle on one particular idea/piece before class starts this afternoon):

- What medium/media or mode/modes of expression are you considering using? Why?
 - Potential examples: collection of haiku or other short poems, single longer poem, fiction prose piece/short story, nonfiction prose piece (op-ed, memoir, etc.), drawing(s), painting(s), collage, photography portfolio, sound recording (music or spoken word), sculpture, dance, fiber art, drama/playwriting, comic or drawn story)
- What is the motivation behind the work you will be undertaking? You may have only one, or more than one. (Note: “Fulfilling the assignment for this class” should not be one.)
 - Potential examples: Developing your own skill using ___ technique (watercolor, playwriting, mixed media collage, etc.). Advocating for universal health care. Raising awareness about the effect of microaggressions on female medical students. Showing the burden of mask-wearing on hearing-impaired individuals. Elucidating arguments in favor of affirmative action in medical school recruitment. Etc.
- What is the importance to you of the piece you will create? What is your stake in it?

- What is the historical context of your topic or the ways in which it has been represented? Have people been harmed by others' representations (or misrepresentations)?
- How will you practice authentic, thoughtful, non-violent representation? Who are the people who might be directly affected by this piece, and how will you safeguard them?
- How will you protect patient information, if it factors into your piece?

Post your brainstorm here.

Session 7: Accompanying suffering

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 7.

- Rebecca Brown (1994) “The Gift of Sweat” and “The Gift of Skin” in *The Gifts of the Body*
- Roz Chast (2014) “Sundowning” in *Can’t We Talk About Something More Pleasant? A Memoir*

Prep exercise 7/8: First draft of your sustained piece

Please create and then upload a “first draft” or “first iteration” of your sustained piece (or parts of it). As a reminder, you should have at least 3 hours during the day (in addition to completing the readings) to do this. You do not need a first draft of your piece that is “complete.”

- For visual art, this may include schematic drawings, studies of shape or color or layout or different materials, a collage of other works you're planning to use as inspiration, etc.
- For prose or poetry, this may include outlines, rough drafts, short pieces of writing that you plan to incorporate into the final piece, etc.
- For dance or spoken word, this may include sound or video recordings of choreography or stanzas, or written drafts of these

Please post your piece without any commentary or direction to your viewers/readers – this is your chance to get their unbiased first impression!

After you have posted your piece, choose one of your small group members' works to comment on. Drawing on the skill sets we have learned so far for attending to textual/visual/auditory works, tell the artist:

- What elements of the work are particularly striking to you.
- What meaning/message/intention the piece is expressing.
- What you want to know more about, because you are not sure why the artist made this choice, what they intended to convey, or how they will develop that aspect of the work over the next few days.

Session 8: When doctors suffer

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 8.

- Damon Tweedy (2015) “People like us” in *Black Man in a White Coat*
- Raphael Ellis (2020) “The castle rat.” *The Script*.
<https://uwsmphscript.wordpress.com/2020/05/20/the-castle-rat/>

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- What elements of the work are particularly striking to you.
- What meaning/message/intention the piece is expressing.
- What you want to know more about, because you are not sure why the artist made this choice, what they intended to convey, or how they will develop that aspect of the work over the next few days.

Session 9: Seeing past suffering

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 9.

- “Crip Camp” <https://cripcamp.com/>
- “Hysterical”: in Irby, Samantha. *Wow, No Thank You: Essays* Vintage Books, a division of Penguin Random House LLC, 2020.

Prep exercise 9: Final workshopping

Today's seminar session will be your final opportunity to workshop your sustained piece before finalizing and submitting tomorrow. To make the most of this time, please post a draft of your work along with a short commentary telling your small group members where you would like them to direct their attention. You might focus your commentary on:

- Things that you are happy with/feel like are working, and that we therefore don't need to spend time workshopping
- Where you feel "stuck" and in need of some options for how to move forward
- A decision that you need to make about finalizing a plot point, color scheme, important word choice, etc.
- A message you want to convey that you are worried might not translate into audience understanding, and you want to canvas for reactions to see if it is coming across
- An open call for elements that viewers/readers feel are distracting from the impact of the piece so that you can do some fine tuning/polishing before submitting

Session 10: Bearing witness as a call to action

Required pre-class material review: These materials are available in the online class portal. Students should read these before seminar session 10.

- Explore the murals and artwork created by Black Lives Matter protesters on State Street <https://www.nithincharllyphoto.com/storiesonstate>
- Michael Franti (2001) “Every Single Soul is a Poem” (song)
- Mikelle Djkwich, Christine Ceci, and Olga Petrovskaya (2018) “Bearing witness in nursing practice.” *Nursing Philosophy* 20:e12232.

Prep exercise 10: Final version of your sustained piece

- Please post the final version of your work, including a title and artist statement if applicable.
- If you're thinking of sharing your work in a public venue beyond this class (e.g., publishing your op ed or poetry in a literary venue), tell us a little bit about your future plans.

Appendix D. Seminar Scoring Rubric & Facilitator Guide

Seminar participation:

Preparation and active participation in seminars are crucial to building a community in which creative work and introspection can happen. Students are expected to arrive on time to virtual seminars and any in-person small groups having completed the readings and assignments for the day and responded to other students' prep assignment (as applicable). If students are unable to attend, they should contact one of the instructors in advance of the missed session according to university guidelines.

Seminar participation rubric (40% of final grade, 4 points per assignment):

	Satisfactory (1 point each)	Unsatisfactory (0 points each)
Demeanor	Arrives on time, generally attentive and alert during class.	Arrives late, often checks phone or non-course related websites during class.
Preparation	Has read the readings and/or peer work; brings course materials to class; has completed and posted their own work and/or peer comments; has a few questions or comments prepared for discussion.	Has not read the readings/work or attempts to skim them during class; has skimmed the readings but remembers little about them; forgets to bring course materials to class or to post peer responses.
Participation	Participates actively in discussion; offers questions or comments without prompting; responds to classmates' comments rather than always responding to the instructor; makes connections with other readings or personal experiences.	Rarely speaks in class or brings up unrelated material that suggests a lack of engagement with course materials and concepts.
Community building	Respectful of classmates and considers alternatives to his/her point of view; engages classmates and takes a leadership role in small group or in-class work.	Disrespects classmates or dismisses their views; frequently off-task in in-class work; distracts classmates.

Total points possible: 4

Session 1: Introducing the medical humanities
<p><u>Materials needed:</u></p> <ul style="list-style-type: none"> • The 5 C's Handout (Appendix A) • Close reading cheat sheet (Appendix F)
<p><u>Opening the class (in large group):</u> (20 minutes)</p> <ul style="list-style-type: none"> • Indigenous land acknowledgement • Introduce ourselves (instructors and students) (~10 minutes) <ul style="list-style-type: none"> ○ Preferred name, pronouns ○ Why are you taking this class? ○ Background (if any) with the medical humanities ○ A favorite piece of writing, art, or music • Introduction to the course (10 minutes) <ul style="list-style-type: none"> ○ Orientation materials (patient confidentiality, the 5 C's, content notices) ○ Structure: <ul style="list-style-type: none"> ▪ Pre-seminar activities/assignments ▪ In-seminar time (large group vs small group) ▪ Sustained piece ○ Facilitator commitment (5 minutes) <ul style="list-style-type: none"> ▪ Examining our own biases, continually learning, falling short, learning more, doing better with respect to our biases ▪ We promise to you that if you see us falling short, we commit to reacting non-defensively and listening to you and changing our behavior
<p><u>Large group work:</u> (40 minutes)</p> <ul style="list-style-type: none"> • In-group writing exercise: Writing prompt: Tell a story about your name. Can be about origin, nickname, name change, name worries- anything that you want to write about and are willing to share with others. Try to just write without any real-time editing (8-10 minutes individual writing time). • Sharing our stories – Ask a few students read their narratives aloud rather than summarizing or editorializing, even if story is not complete. Encourage bravery and imperfection in story sharing and attentive listening by the rest of the group. Students are invited to respond to the writing as you would with any close reading. Facilitators each comment to model thoughtful reflection.
<p><i>15-minute break</i></p>
<p><u>Small group work:</u> (60 minutes)</p> <ul style="list-style-type: none"> • Brief re-introduction in small-group setting, getting to know one another • Orient students to the close reading cheat sheet (5-10 minutes) • As a group, use the close reading cheat sheet framework to analyze student work from “speed dating” prep exercise. Walk the group through questions about the work's frame, form, time, plot, needs and/or desires
<p><u>Class closing (in large group):</u> (10-15 minutes)</p> <ul style="list-style-type: none"> • Preview of Bueno-Gómez piece – putting a different hat on to exercise critical thinking/philosophical brain • Descriptive overview of tomorrow's pre-class assignment

- Let students know that the Phillippe Bourgois and Jeff Schonberg piece that they read in preparation for the session was assigned for today due to its length and will be discussed in an upcoming session. We WILL circle back to this pre-session assigned reading, so make sure to keep up on the assigned reading for each session.
- Time for questions

Session 2: Humanistic approaches to pain and suffering

Materials needed:

N/a

Large group work:

(30 minutes)

- Discuss Tuskegee art and report using Charon's framework for close reading
 - Frame
 - When and where were each of these works created?
 - What is included in the story, and what is left out?
 - How does selection and emphasis contribute to our understanding of the situation?
 - What would our understanding of the Tuskegee Syphilis Study be like if we had viewed one of these pieces, but not the other?
 - Form
 - What is the genre/medium of each piece?
 - How is each piece divided up?
 - What is the narrative vantage point? (one individual vs an all-seeing narrator, etc.)
 - What does the "artist's statement" portion of the artwork add to its form?
 - Note: "Righteous Dopefiend" piece talked a lot about how adding context to photographs in the form of short narratives can be important narrative framing when people are interpreting ethnographies
 - Do we think that all pieces of art should have artist's statements with them, or none, or only some? Why or why not?
 - Time
 - What are the temporal boundaries of the work? (where does it begin and end?)
 - Does it describe a moment in time, or a time course? What does this do for our interpretation of events?
 - Plot
 - How do the events or parts of the narrative fit together to convey a meaning?
 - What are the turning points in the report?
 - How are conflicts within the plot (of the report) resolved?
 - What do you think is the focal point of the artwork?
 - Would knowing the artwork is one is a series change the "plot" of what we think it's trying to tell us?
 - Needs/desires
 - What needs or desires motivated the artist and the report writers?
 - What kind of information do we get about the artist and report-writers, respectively, from the painting and the report?
 - What needs or desires of your own are satisfied by viewing the art and reading the report?

- What do you feel moved to do (or not do) as a result of reviewing these works?

Small group work:

(45-50 minutes)

- Discuss definitions and accompanying arguments/objections/consequences for *justice*
- Discussion question for small group about justice assignment: after discussing the constructs on an abstract level, ask them to think concretely: what makes a just doctor what are example behaviors of somebody delivering just healthcare?
- Before break preview for the group what we will discuss when they return (tell them and place in chat for their reference):
- Things we'll discuss:
 - Conceptualizing pain and suffering
 - Mind-body dualism
 - Benefits and critiques of using mid-body dualism to understand suffering and pain
 - Other frameworks beyond mind-body dualism to conceptualize pain and suffering

---15 minute break---

Large group work:

(30-40 minutes)

- Work through Bueno-Gomez piece, step by step
- Conceptualizing suffering through mind-body dualism framework
 - Conceptualizations of pain vs suffering vs overlap
 - Mind-body dualism in medical history
 - Implications for medicine
 - Benefits (why did it show up in medicine) and critique of mind-body dualism
 - Benefits: to learning, education, scientific advancement, and enabling POWER structures (socially, doctors vs patients)
 - If we are able to divide the two concepts as distinct entities, then it enables us to assign moral rank to them. That is pain, rooted in biological causes is morally superior, justifiable, and preferred to pain rooted in the mind
- Conceptualizing suffering through Cassell's framework, suffering as loss of "intact self" representative of humanism movement
 - Critiques and alternative considerations (narrative framework; threat to integrity rather than intactness; or maybe don't even try to define because suffering has a truly subjective element that cannot be explicitly communicated through language- and medicine/science in particular should not try to "cure" suffering)
- Phenomenology: Individual lived experience PLUS some universal truths (tied by analogies- body as a stranger, immune system as intruder)
- Alternative definition: the study of structures of experience, or consciousness
 - Literally, phenomenology is the study of "phenomena": appearances of things, or things as they appear in our experience, or the ways we experience things, thus the meanings things have in our experience
 - Phenomenology studies conscious experience as experienced from the subjective or first-person point of view
 - This field of philosophy is then to be distinguished from, and related to, the other main fields of philosophy: ontology (the study of being or what is), epistemology (the study of knowledge), logic (the study of valid reasoning), ethics (the study of right and wrong action), etc.

- Instead of third-person approach of mind-body dualism and the scientific approach, phenomenological proposals assume the perspective of the experience lived by a subject (first person perspective that aims to be meaningful and relevant to others)
- A good phenomenological approach is not merely a subjective narrative of personal experience, but able to capture crucial elements of such an experience which are useful as meaningful resources for other persons trying to understand similar experience; description of person as a narrative attempts to use phenomenology but does not encapsulate "the whole of suffering" as a good definition should
- Still a challenge for medicine to deal with these subjective, unmeasurable dimensions of suffering and pain – and, moreover, their possible “unshareability”-- medicine has its limits-- however does not mean medicine should not try to reduce pain and suffering
- Simple definition though not imperfect may be that pain = unpleasantness, and suffering = unpleasantness + existential dimension
- However, we should not look at pain and suffering as abstract but rather *something experienced by somebody* (a lived experience). We should not try to reduce pain and suffering to single (essential) definition
- "Defining suffering substantively turns it into a normative concept, which results in epistemological mistakes and moral injustices."

Closing class:

(15 minutes)

Ask students to have drawing materials with them for the beginning of the next session.

Session 3: Expressing the inexpressible through art

Materials needed:

Handout: VTS cheat sheet (Appendix E)

Large group work:

(60 minutes)

- Describe and draw exercise:
(30 minutes)
 - Select a painting. Paul Cézanne *Still Life with Cherries and Peaches* 1885-1887 or another still life painting works well
 - Send link privately to a student who volunteers to describe the painting to the class with descriptive language rather than naming what they see. For example, the student would not say “cherries”, instead “cluster of red, round objects”
 - Everyone else draws based on the description
 - Discuss the process of describing without naming and drawing without seeing and how this relates to limitations of language and translating patient stories into medical jargon. Relate to patient care and how we as physicians are relying our patients to use their words to describe their experience and how they rely on our words to document their experience in the medical record.
- Poetry discussion:
(30-45 minutes)
 - Play recording of Javier Zamora reading his poem *Doctor’s Office First Week in This Country* (<https://brooklynpoets.org/poet/javier-zamora/>)
 - Group discussion, impressions, reactions, trauma, disclosure

<ul style="list-style-type: none"> ○ Make parallel to Describe and Draw activity: Really hard to describe something to then draw it accurately- even if sort of close to intended image, so much less than the emotion/nuance of the original experience/image ○ Play Vito Venitas reading his poem <i>Sickle Cell</i> (https://www.youtube.com/watch?v=-NGPX0SSz8E) <ul style="list-style-type: none"> ▪ Impressions ▪ Impact of structure: rhyming, speed/tempo, hand gestures plus spoken word ▪ Imagery that stands out ● Close the large group session with a discussion of poetry as a way to express trauma; well-intentioned doctor and patient unable to express trauma; freedoms vs constraints of poetry; how fewer words and use of imagery can be powerful ● What do you notice about the experiences of each in individual poems, what are some parallels between them?
<p><i>15 minute break</i></p>
<p><u>Small group work:</u> (60 minutes)</p> <ul style="list-style-type: none"> ● Review VTS concept using VTS cheat sheet. For additional information on how to conduct a VTS session, see: https://pubmed.ncbi.nlm.nih.gov/15812693/ ● Discuss drawings/paintings of self as provider and as patient <ul style="list-style-type: none"> ○ What did you notice about the image of the person as a clinical provider? ○ What did you notice about the image of the person as a patient? ○ In considering the images of the person as clinical provider and patient side-by-side, what do you notice? What are some similarities between the two? What are some differences between the two? ○ If you could ask one question about the artwork, what would it be? ● Refer back to individual homework with Kahlo painting, then use VTS activity it as a group with a new image. ● Consider using early modern period paintings using VTS because they have lots of storytelling/symbolic elements that make for good discussion, e.g. <i>The Cure of Folly</i> by Hieronymus Bosch (The Cure of Folly Links to an external site) <ul style="list-style-type: none"> ○ What do you think is going on in this painting? ○ What do you see that makes you think that? What else can you find that might help you understand? ○ After reviewing analyses of the painting, has anything changed for you in your response to the painting? ○ How can this painting be applied to modern day clinical experiences ○ (Put in context-- as facilitator, rephrasing and reframing what students say for clarity)
<p><u>Closing class (large group):</u> (15 minutes)</p> <ul style="list-style-type: none"> ● Short discussion on interpretations of the Cure of Folly painting (from Wikipedia), carryover from the small group discussion ● Foreshadowing next day activities and intentionality/theme ● Review sustained piece assignment

Session 4: The trauma of not being seen
<p><u>Materials needed:</u> Handout: Vivid vignette cheat sheet (Appendix E)</p>
<p><u>Large group work:</u> (60 minutes)</p> <ul style="list-style-type: none"> • Review Bourgois and Schonberg's arguments about the Politics of Representation and Theoretical Approaches to Social Suffering (p. 12-19), and reflect on: <ul style="list-style-type: none"> ○ What political or ethical issues arise when an artist produces a story about someone else's suffering, or when you are viewing a story about someone else's suffering? ○ What forms of harm or violence in the articles and film we have read/watched for this week? Think broadly about what harm or violence might mean here, beyond just physical harm • Ask students to articulate the specific lessons they learned from <i>Disclosure</i> and <i>Righteous Dopefiend</i> about how to responsibly create or consume representations of others' experiences • Bias in the medical record <ul style="list-style-type: none"> ○ Brief discussion of the language of medical records and translating the patient's words into the language of medicine. Think about the words that we use to describe what the patients tell us when we document: reports, states, admits to, denies and the implied bias. Ask the students what examples they can think of first ○ Display examples from Goddu and colleagues' article and have one student read each version of the medical record (https://pubmed.ncbi.nlm.nih.gov/29374357/) ○ Talk about the differences and how those differences might impact the perceptions of the medical team ○ Encourage the students to embody the experience of the patient based on the performance art we talked about last session ○ Publish the paper for students to review during session, highlight main finding of the study was that exposure to stigmatizing language was associated with more negative attitudes towards the patient and less aggressive management of the patient's pain • Vivid vignette <ul style="list-style-type: none"> ○ Review the "vivid vignette" approach designed within the VA system using the provided handout ○ Ask students to recall one patient that they got to know well at some point during medical school, and then write two sentences describing that patient. ○ The first sentence should be the typical sentence that they would use to describe that patient in the medical record or when giving report to another provider. The second sentence should be the vivid vignette they have created of the patient. ○ Have all students read their two sentences out loud to close
<p>15 minute break</p>
<p><u>Small group work:</u> (60 minutes)</p> <ul style="list-style-type: none"> • Rewrite the story of Rachel's experience in the Fassler reading with the objective of thinking through how the discriminatory behavior in this incident might have been disrupted • You can develop the existing characters/plot points in the original story, or introduce new characters/plot points • Have each student pick their own starting point, allow about ten minutes for writing, followed by discussion
<p><u>Closing class:</u></p>

(15 minutes)

- Remind students of shortened synchronous session for tomorrow and give an overview of the sustained piece assignment

Session 5: Suffering and structural violence

Materials needed:

N/a

Large group work:

(75-90 minutes)

- Discuss metaphors on structure
 - Have 3 students read their prep work pieces, summarize what they've said
 - Discussing using close reading
 - Ask:
 - How do these metaphors help you think about structural determinants of health?
 - About the origin of structure? About how you might reform structure?
- Discuss podcast poem (Bad Blood) and relate as applicable to other elements of readings (Farmer, podcast, UW archival documents)
- Draw connection between podcast opening story and vivid vignette exercise - introducing the storyteller's uncle as a human first, patient second and how that impacts how we think about the story. How might it have been different if we only heard the medial facts of the case?

Closing class:

(10 minutes)

- Shorter class session to allow open office hours and to allow 1:1 consult to discuss plans for and questions about sustained/capstone piece
- Discuss expectations for submission for Monday – students do not have draft work, just ideas for the type of work they would like to do. It's acceptable and even encouraged to submit more than one idea so that you don't get locked in to one idea too early, and allow yourself some space to explore!

Session 6: When doctors suffer

Materials needed:

N/a

- Introduction to thinking about musical narratives - practice close listening and using music to tell stories of suffering. The goal is practice using descriptive language as a way to apply NM close reading methods to music and talk about how music can be used to tell stories
- Warm up - Peter and the Wolf: I, II, VI (Prokofiev) Listen to the beginning of the piece where the animals are introduced
 - How did it feel to pay close attention to the music? Compare to other types of art we have discussed in the course
 - What did you notice about the different animals – duck, cat etc.
 - What moments struck you and why?

<ul style="list-style-type: none"> ○ First we will play the introduction of the characters: Listen carefully and describe or draw what you hear, like describing the painting last week. For example, the bird might be described as: playful, bright, chirping, fast, allegro ○ Next, we will play the first 6 minutes of the story: Pay close attention to shifts in the story. Try to put to words what you hear. Is there a tempo change? Does another instrument enter? Is there dissonance? ● Examples of music telling stories of suffering ● <i>Strange fruit</i> (Abel Meeropol/Billy Holiday): https://www.youtube.com/watch?v=YbcZstt8ACY <ul style="list-style-type: none"> ○ What struck you? ○ What's going on in this song? ○ How would you describe the mood of this song? How do the melody and lyrics work together? ○ Highlight how her emotion comes through, timing - when does the song speed up? slow down? What makes the song so impactful ○ Connect to Tuskegee, art as a way to process trauma ○ When she would sing this song in the nightclub it would always be last, the lights would go out and she would be gone when she finished. She would not return for an encore ● Share historical context: ● Originally written by Abel Meeropol (Jewish high school English teacher) after seeing a photograph of the lynchings of Thomas Schipp and Abram Smith in 1930 ● Introduced to Billie Holiday in 1939 - originally she did not want to perform it due to fear of retaliation, but it reminded her of her father who died of complications of lung disease because he was denied medical care due to being a black man
<i>Optional or alternative musical narrative</i>
<ul style="list-style-type: none"> ● <i>Surface Pressure</i> (Lin-Manuel Miranda/Jessica Darrow): https://www.youtube.com/watch?v=tQwVKr8rCYw <ul style="list-style-type: none"> ○ How would you describe the mood of this song? ○ How do the tempo and rhythm convey emotion? ○ What might this song have to do with medical school? Are there lyrics that illustrate the good doctor paradigm? ○ Luisa was inspired by Lin-Manuel Miranda's sister. How might you respond to her at the end of the song? Draw parallels between shift in tone in both songs ● This song can be used effectively as a bridge into the later large group work on the themes of suffering and isolation that appear in the pieces authored by medical students
<i>15 minute break</i>
<p><u>Small group work:</u> (45 minutes)</p> <ul style="list-style-type: none"> ● Discuss students' ideas for their sustained piece: <ul style="list-style-type: none"> ○ Their motivations: self-development, advocacy/raising awareness, etc. ○ What mode of expression they are thinking of using. Are they drawing on a strength? Developing a new skill? How does the mode of expression fit with the motivation? ○ Preliminary thoughts on how they plan to realize the idea they want to convey through the medium they have chosen ○ Encourage them to consider submitting work to a public forum on completion
<u>Large Group work:</u>

(30 minutes)

- Discuss Tweedy and Ellis pieces
- Harm of "equality" without "equity" (Tweedy) after Separate-but-Equal laws struck down
- Hardship of single individuals being asked to represent the larger group of underrepresented group members; risk of harsh judgment, retaliation and loss of equitable benefits
- Repercussions of speaking out
- How are Tweedy and Ellis each "othered" by people in their narratives? "Are you here to fix the lights?" (Tweedy). How is the metaphor of being an imposter used? (Ellis) How do they represent feeling included and excluded? What are the reverberations of their experiences of discrimination?
- Note explicitly that these pieces help us bridge from attention and representation into talking about *affiliation* -- we can practice some of the skills of close reading, etc., but the aim for this discussion is to think about how the writing and reading of these works generates community with fellow healthcare providers, and how the affiliations created will depend on the positionality of the reader
 - What choices have the authors made about how to represent their experiences?
 - Who do you think the intended audiences are for these pieces?
 - How might different audiences attach to different parts of these pieces?
 - How did you respond to reading pieces about doctors/medical students writing about their experiences in their role as trainees, rather than in their role as providers?
 - What needs/desires are satisfied or left unsatisfied by reading these pieces? What do you feel moved to do as a result of reading these pieces?

Closing class: (15 minutes)

- Remind students that they should post some draft materials of their sustained piece for tomorrow's workshopping session
- Remind them that these do not need to be complete drafts – they may be sketches, a sample of a poem to test out the format, a beginning of a story, etc

Session 7: Accompanying suffering

Materials needed:

N/a

Large group work:

(45 minutes)

- "Accompanying suffering" pair work
- Give students clear instructions about what to expect, how to spend their time in pairs
- Break students into pairs:
 - "Tell your partner about a difficult time."
 - Each person shares for 3 minutes without interruption. This story can be about any difficult time that matters to you and that you want to share. It doesn't have to be the most difficult thing you've ever experienced; an everyday frustration is fine:
 - *Examples: Difficulty completing a puzzle, difficulty in a relationship, difficulty in clinical care or medical school, difficulty with a decision*
 - 3 mins: First person tells story, other person listens
 - 3 mins: Other person tells story, other person listens
 - 8 mins: Each person writes down what they heard in their partner's story

<ul style="list-style-type: none"> ▪ No right way to do this: Describe the chronology of events, making note of important details ▪ Also ok to add interpretation, meaning, or perceptions about what the person might have experienced in the scenario, where appropriate ○ <i>10 mins</i>: Partners share what they wrote <ul style="list-style-type: none"> ▪ Each person should read aloud what you wrote about the other person's story ▪ Discuss what this was like to hear your story reflected ○ Large group share of what it was like to have your story heard & then shared back to you
<p><u>Small group work:</u> (45 minutes)</p> <ul style="list-style-type: none"> • First workshopping session for sustained piece drafts • If prose/poetry, have students read their work out loud. If visual art, allow at least one minute for the students to look at the piece before beginning discussion, and ask the presenting student to hold off on telling the group about the piece until others have had time to form a first impression. <ul style="list-style-type: none"> ○ What's going well for you with this project? ○ Where are you feeling stuck? ○ Where could we help you? ○ What bits do you want specific feedback on?
<p><i>15 minute break</i></p>
<p><u>Large group work:</u> (30-40 minutes)</p> <ul style="list-style-type: none"> • Discussion of "Sundowning" <ul style="list-style-type: none"> ○ How does the graphic novel/comic format impact you differently than reading fiction or looking at a drawing? What does it give us that words or images on their own don't? ○ How did the author portray her relationship with her father? How do you think she feels about him? How do you as the reader feel about the father and his comments? ○ What kinds of suffering were represented in the piece, and do you think the author did so successfully? ○ How might you react to a caregiver who told you about suffering like this? • Discussion of "Gifts of the body" <ul style="list-style-type: none"> ○ What did you think of these readings?/How did they make you feel? Were the pieces beautiful/off-putting/strange/touching? ○ What did you think about how the home health aide related to her clients and their bodies? ○ What do you think about how intimacy is portrayed in the two pieces? What are some examples? ○ How did the author portray her own humanity and that of her clients? What are some examples? ○ Do you think a doctor would be able to relate to a patient the way the author could? Why or why not?
<p><u>Closing class (10 minutes):</u></p> <ul style="list-style-type: none"> • Remind students that tomorrow will be a shortened class session to give them extra time to work on their sustained pieces. There will be no workshopping for tomorrow, and the expectation is that they will have a nearly completed draft by Thursday for a final workshopping session • Encourage them to make use of office hours to help them get unstuck if they are not making good progress

Session 8: The violence of medicine
<p><u>Materials needed:</u> Handout: SOCC cheat sheet (Appendix E)</p>
<ul style="list-style-type: none"> • When everyone arrives, introduce the activity for small group (analyzing primary sources), then move to small group
<p><u>Small group work:</u> (40 minutes)</p> <ul style="list-style-type: none"> • Students practice historical skills by each examining a document carefully using the SOCC sheet and then talking about what they can collectively learn from those documents
<p><u>Large group work:</u> (30 minutes)</p> <ul style="list-style-type: none"> • Medical Bondage is about J Marion Sims, whose statue was removed from Central Park in NYC only within the last few years • Questions for discussion might include: <ul style="list-style-type: none"> ○ How did medicine serve the interests of slavery? ○ How did medicine benefit from its relationship to slavery? ○ How did the economics of slavery and the medical profession mutually reinforce each other in early America? ○ How do the careers of individual physicians such as Archer, McDowell, Mettauer, and Sims illustrate these broader dynamics? ○ How did competition between midwives and doctors shape the field of gynecology? ○ How did doctors and scientists contribute to beliefs about differences between white and Black bodies and how they should be treated? About male and female bodies? ○ What questions about this period of history are unanswerable because of the kinds of sources we do (or don't) have? ○ How does modern medicine (and medical trainees) benefit from current systems of oppression/violence? ○ How might physicians practicing today live in relationship with this history?
<p><u>Closing class:</u> (5 minutes)</p> <ul style="list-style-type: none"> • Remind students of final workshopping session tomorrow

Session 9: Seeing past suffering
<p><u>Materials needed:</u></p> <ul style="list-style-type: none"> • Close reading cheat sheet (Appendix F)
<p><u>Large group work:</u> (45-50 minutes)</p> <ul style="list-style-type: none"> • Analysis of the poem <i>What you Mourn</i> by Sheila Black: https://teachersandwritersmagazine.org/wp-content/uploads/2018/04/Sheila-Black-What-You-Mourn.pdf • Use close reading cheat sheet from first session to structure discussion • Discussion of <i>Crip Camp</i> alongside <i>What You Mourn</i> <ul style="list-style-type: none"> ○ How do the poem and the documentary each approach discussing human dignity? ○ How do they portray human experience and its value?
<p>15 minute break</p>
<p><u>Small group work:</u></p>

(30-45 minutes)

- Workshopping sustained pieces – each student is given the opportunity to present their piece to the small group and seek feedback on areas they feel stuck and highlight changes they have made
- This is the final chance to receive input that can help students polish these pieces before submitting a final version tomorrow
- In order to make sure students all receive adequate attention to their work (and to get fresh eyes on that work), we have often recruited additional facilitators for this part of the session. Doctoral students from our English department’s literary studies program have been excellent in this role of providing feedback and facilitating feedback sessions.

Large group work:

(30-45 minutes)

- Discuss Hysterical!
 - Use of humor in this piece, in relationship to use of humor in *Crip Camp*
 - Use of the senses to incorporate specific detail. How does that add to the experience as a reader?
 - Thoughts on her medical encounter?

Closing class:

(10 minutes)

Session 10: Bearing witness as a call to action

Materials needed:

N/a

Large group work:

(90 minutes)

- Discuss prep work materials (reading, song, photos) (30 min)
- Sharing final pieces (40 mins)
 - Invite students to share their pieces with the larger group
 - Talk about how their projects evolved
 - Discuss what it felt like to deeply engage with a creative process.
 - Encourage students to think about integrating creativity into their residency training and future practice.
- Short writing or drawing exercise (10 mins):
 - Forecast application of what you have learned in your future work as physician-- spend 5 minutes drawing representation of responses (or writing responses) to these questions:
 - What of these tools have you found that you would use?
 - In what way would you use them in the future?

Closing, goodbyes:

(10 minutes)

- Everyone share:
 - One thing that was valuable or you will take with you
 - Gratitude

Appendix E: Analysis “Cheat Sheets” for Students & Facilitators

Close reading cheat sheet	
Frame	<ul style="list-style-type: none"> • When and where was this work created? • What is included in the story and what is left out? • How do these processes of selection and emphasis contribute to your understanding on the situation being described?
Form	<ul style="list-style-type: none"> • Does the work follow a particular genre, such as fable, mystery, romance, memoir? • How is the story divided up into chapters/paragraphs/panels? • What is the narrative vantage point (from one individual’s point of view, or an all-seeing narrator)?
Time	<ul style="list-style-type: none"> • What are the temporal boundaries of the work (i.e. where does it begin and end)? • Does the work jump around in time (e.g., moving between past and present)? • Where does the narrative speed up and where does it slow down?
Plot	<ul style="list-style-type: none"> • How do the events of the narrative fit together to convey a meaning? • What are the turning points (or climaxes) in the plot? • How are the conflicts within the plot resolved?
Need/desires	<ul style="list-style-type: none"> • What needs or desires might have motivated the author/artist to create this work? • What needs or desires of your own are satisfied by reading/viewing this work? • What do you feel moved to do (or not do) as a result of reading/viewing this work?

Adapted from Rita Charon (2008) *Narrative Medicine: Honoring the Stories of illness*. New York: Oxford University Press.

Visual thinking strategies cheat sheet	
1. What is going on in this artwork?	This question asks for your first impressions of the meaning of the work. It asks you to go beyond just identifying the recognizable objects in the work (e.g., a woman and a child rendered in blue/gray tones) and to describe the meaning you are attributing to that arrangement of objects (e.g., a mother is comforting her child; the mood of the painting is sad).
2. What do you see that makes you say that?	This question asks you to provide evidence to support your impression. You may not know why you had the response you did, so now is the time to unpack and articulate it (e.g., the long hair makes me think that the person is a woman; the closeness of their bodies makes me think they have a familial relationship; the clenched hand of the child makes me think the child is distressed; the muted colors and blue/gray tones contribute to a sad mood). This question also helps you communicate what you are seeing in a way that makes it accessible to others in the group.
3. What more can you find?	This question asks you to reconsider your first impression. As you begin to unpack the evidence for your impression, you will begin to see that it is probably open to other interpretations (e.g., long hair does not necessarily mean that the person is a woman; the clenched fist could indicate anger rather than sadness; the blue/gray tones may suggest a scene that is unfolding at night rather than a scene that is sad). Going back to observe other details of the work and considering the impressions/evidence that others have put forward allows you to form new impressions and appreciate the ambiguity of the possible meanings of the work.
Ideally, a discussion will iterate through this sequence of questions many times. Repeated use of this sequence reinforces the idea that no matter how quickly we think we grasp something, further observing and reflecting often enlarges or changes first thoughts.	

Adapted from Yenawine (2013) *Visual Thinking Strategies*. Cambridge: Harvard Education Press.

Primary source analysis

To help guide discussion of primary sources, we used Elise Fillpot's (2009) "Source, Observe, Contextualize, Corroborate: Document Analysis Guide." The guide can be found here: <https://www.bringinghistoryhome.org/assets/bringinghistoryhome/socc%20document%20analysis%20worksheet.pdf>

Vivid vignettes

A "vivid vignette" one sentence description of a patient that encapsulates their aspirations and obstacles to achieving those aspirations. It's a tool originally developed by the Homeless Aligned Patient Aligned Care Team at the VA West Los Angeles Healthcare Center to promote humanism in medicine.

The vivid vignette is intended to replace the standard age/race/gender sentence that is typically used in healthcare settings to introduce a patient. Letting patients know that you are using the vivid vignette reassures the patient that you see him or her as a person, not simply a diagnosis. It also helps you and your colleagues to see the patient more vividly as a person, and to see your interactions with the patient as part of an evolving story, one in which you may become an important character.

How to construct a vivid vignette:

1. Ask the patient open-ended questions to discover their aspirations and obstacles
 - a. "What matters to you?", "What brings you joy?"
 - b. "What gets in the way of you attaining your goals?"
2. Distill this information into a one sentence summary
3. Tell the patient how you will use the vignette and share what you have written with them
 - a. "Our team will meet frequently to discuss how to help you. I want to make sure everybody knows who I am talking about when I bring up your name. I'm thinking of introducing you as follows. What do you think?"
4. Revise the vignette with the patient's input
 - a. A patient beams at the thought of returning to his artwork and you say, "You'd love to be known as the artist, not the addict."

Examples of vivid vignettes:

- 7-year-old who loves soccer and video games currently in the hospital with respiratory distress from asthma flare.
- 55-year-old who dreams of fishing with a dog by his side, but struggles to care for his mother with dementia, while managing his hypertension and type 2 diabetes.

The instructions on how to write a vivid vignette was adapted from the Supplemental Materials for "The Humanism Pocket Tool for Patients with Challenging Behaviors" by Soh, et al. The humanism pocket tool for patients with challenging behaviors. *Ann Fam Med.* 2018;16(5):467.

Appendix F: Sustained/Capstone Assignment & Scoring Rubric

Sustained piece / Capstone project rubric (20% of total grade, 5 points)

Sustained piece / Capstone project: Over the second half of the course, students will create one sustained piece of writing or artwork, taking time to plan, draft, and revise this work. The format and length of this work is up to the student, but the work must be substantially more polished compared to the quality of pre-class assignments. Students will also be required to bring drafts into seminar sessions during the second week.

	Satisfactory (1 point each)	Unsatisfactory (0 points each)
Style and voice	Work demonstrates a purposeful deployment of language, imagery, and syntax; the unique perspective and style of the author is evident.	Words are misused or inappropriate for the work; little variety in word choice or sentence structure; imagery is clichéd; spelling or grammar errors interfere with comprehension.
Structure	Work maintains a clear focus and the elements make sense as a coherent whole; appropriate transitions are used; thoughtful choices are made about where the story begins, how it builds, and concludes.	Elements of the work are disjointed; work begins or ends abruptly; elements of the work do not build to a logical conclusion.
Revision	Author provides a reasonably complete draft for in-class workshop; feedback is incorporated into the final work; a clear development is evident when draft work and final work are compared.	Work provided for in-class workshop is underdeveloped, making it difficult for peers/instructors to provide feedback; draft work and final work are substantially similar indicating a lack of development.
Insight	Work provides insight into issues such as power dynamics, ethical issues, and bias in medicine; work demonstrates efforts to understand how positionality matters to medicine.	Work avoids addressing challenging or emotional topics such as power dynamics, ethical issues, and bias in medicine; author/artist assumes that their experiences of medicine are universal.
Respect for lived experiences	Work challenges stereotypes about providers or patients; respect for patients and their lived experiences is evident through the work.	Work relies on stereotypes about providers or patients; work denigrates patients' actions, interpretations, or experiences.

Total points possible: 5