

**HEALTH HUMANITIES & BIOETHICS**  
**SUMMARY OF PHASE 2 SELECTIVES**  
Monday, 8/29; 9/19; 9/26 & 10/17/22  
3:00 – 4:50 p.m.

**STUDENT ASSIGNMENT to Selectives:**

Students will be assigned through an on-line sign-up process. Students rank their top 3 choices from the 13 Selectives offered. The maximum enrollment in a seminar is 12.

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**Title of Selective:** Death & Dying: Courageous Conversations

**Instructor:** Michael L. Brennan, DNP, FNP

**Learning Objectives for this Selective:** By the end of these sessions, students will be able to:

HH&B 1: Reflect personally and professionally on values, emotions, beliefs, biases, and their impact on practices and interactions with patients, peers and others.

HH&B 2: Demonstrate a cognitive and emotional capacity to understand one's own values, beliefs and assumptions and those of others – patients, families, colleagues and communities.

HH&B 7: Communicate effectively and empathetically with patients, families, colleagues and others through close looking, close listening, and careful telling.

**Tool used to assess student learning:** A two-page reflective essay (poem or artwork also acceptable).

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will:

- Become more comfortable discussing death & dying with patients and families
- Become more aware of their own core values surrounding death & dying
- Have the opportunity to reflect on the death of a loved one
- Have the opportunity to “grapple with mortality.”

**Course Description:** In our death-denying culture, it is difficult to “get good at death.” Yet, as future physicians it is imperative to develop some comfort and confidence regarding end-of-life issues. In the vortex of thoughts, emotions, perceptions, hopes and fears that engulf dying individuals and their families during the dying process, the skilled physician-healer can play a pivotal role.

We will use books, films, guest presenters, and deep dialogue to penetrate to the heart of death, loss, and grief – and the role of the provider. While it is impossible to always say or do “the right thing”, we can all do better at developing our communication skills around death & dying. That is the focus of this selective.

**Required Materials to be Purchased by Students:**

*When Breathe Becomes Air*, Paul Kalanithi

*Blessing Our Goodbyes*, Kathie Quinlan

Student-led reflections on the readings in our first two sessions.

**Required Assignments:** A 2 page reflective essay on the death of a loved one, patient, or what one has learned from the seminar. A student-generated poem or piece of artwork is also acceptable. While not compulsory, students are encouraged to present their reflection aloud at the last class.

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**Title of Selective:** Hospital Gowns and Other Indignities

**Instructor:** Jacquelyn Howitt, MD

**Learning Objectives for this Selective:** By the end of these sessions, students will be able to:

HH& B 3: Think critically, creatively, and ethically about individual decisions, behaviors, and practices, as they relate to institutional culture and practices within healthcare systems

HH& B 5: Develop a respect for diversity of perspectives, values, identities, and cultural sensitivity in order to care attentively and compassionately for patients, families, and colleagues

HH& B 4: Apply humanities and arts-based knowledge and skills to care and advocate for patients, families and colleagues within the healthcare system and the community.

**Tool used to assess student learning:**

1. Evaluation of input and participation in each class discussion
2. Creative project presentation during the final session.

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Students will apply their awareness about patient vulnerability and cultural sensitivity for diverse populations in the hospital settings to improve their understanding and empathy and advocate on behalf of their patients and patients' families when misunderstandings arise.

**Course Description:**

It has been said that donning a hospital gown is akin to entering prison: losing one's clothes is the beginning of a process by which one loses independence. At its heart, this course will be about deepening an understanding of patient vulnerability. We will be using tools of Medical Humanities to explore often overlooked components of the hospital environment (such as art, music and noise, interior design) in order to increase awareness and to encourage a greater understanding of how the hospital setting itself can contribute to patient vulnerability. Course materials will include historical documents about hospitals and patient clothing, contemporary research on culturally-sensitive artwork, impacts of music and noise, and literature about body-shaming.

**Required Materials to be Purchased by Students:** none

**Required Assignments:** There will be several short reading, viewing, and listening assignments for each session.

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**Title:** Inclusive Reflective Practice – Cultivating skills to enhance interpersonal effectiveness

**Instructor:** Kwasi Boaitey, LMSW, PCC, Director Culturally Responsive Management

**Learning Objectives for this Selective:** By the end of these sessions, students will be able to:

HH&B 1: Develop reflective practices to enhance personal and professional on values, emotions, beliefs, biases, and their impact on practices and interactions with patients, peers and others through an inclusive and equitable lens.

HH&B 3: Think critically, creatively and ethically about individual decisions, behaviors and practices, as they relate to institutional culture and practices within healthcare systems.

HH&B 5: Develop a respect for diversity of perspectives, values, identities, and cultural sensitivity in order to care attentively and compassionately for patients, families and colleagues.

**Tool used to assess student learning:** student presentation utilizing a reflective practice technique based upon a case study; multiple choice exam; written assignment based required materials discussing the rationale for reflective practice in clinical care

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will: engage in developing a reflective practice through the framework of cultural humility and restorative practices whereby enhancing inclusive interpersonal effectiveness skills to mitigate implicit bias, explicit bias, microaggressions, and macroaggressions.

**Course Description:** Students will develop and explore how to cultivate an inclusive reflective practice through the integration of their cultural experiences. Students will utilize cultural humility (an evidence based clinical framework developed to disrupt the impact of implicit bias and the resultant harm in medicine) and emotional intelligence skills to develop deliberate inclusive reflective practice. Students will gain an understanding of how relate and synthesize how cultural experiences effect meaningful responsive behaviors which can enhance or dampen his, her, or their success in the roles, relationships, and responsibilities in medical practice.

**Required Materials to be Purchased by Students:**

Just Medicine – A Cure for Racial Inequality in American Health Care by Dayna Bowen Matthew  
Emotional Intelligence 2.0 by Travis Bradberry & Jean Greaves  
Think Again by Adam Grant

**Required Assignments:** Utilizing materials provided, students will complete a research paper discussing the rationale for reflective practice in clinical care.

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**Title of Selective:** From the Carceral System to the Bedside: Providing compassionate and effective care to patients who are involved in the criminal legal system

**Instructor:** Diane S. Morse, M.D., Associate Professor of Psychiatry and Medicine; Director, Women’s Initiative Supporting Health, Center for Community Health and Prevention

**Medical Student Assistants:** Lauren Eisner, Antoinette Nguyen, Maryam Omran

**Learning Objectives for this Selective:** By the end of these sessions, students will be able to:

HH& B 1: Reflect personally and professionally on values, emotions, beliefs, biases, and their impact on practices and interactions with patients, peers and others.

HH& B 5: Develop a respect for diversity of perspectives, values, identities, and cultural sensitivity in order to care attentively and compassionately for patients, families and colleagues

HH&B 8: Practice medicine that reflects the BPS integration of biomedicine with attention to broader social, economic, cultural and eco-environmental and global circumstances by engaging in community and advocacy.

**Tool used to assess student learning:** Class participation and end of course narrative.

**Students will be able to** apply knowledge (personal and professional) and skills developed in this seminar to their work with patients, families, and colleagues in their healthcare teams. Specifically, students will: gain

an understanding of the various experiences of patients that have been in and out of the carceral system and the work that is being done in the Rochester area to support patients and families. Students will hear from experts in the field and those with lived experience regarding substance use disorder management, reproductive health, and trauma as they relate to justice system experience.

**Course Description:** Within a 90 mile radius of the city of Rochester, there are over thirty federal, state, and country prisons, jails, and immigrant detention centers, as well as county and state supervision in the form of probation, parole, and treatment courts. Due to the prevalence of mass incarceration in the United States, medical students will inevitably intersect with patients who are justice-involved during their careers. With an emphasis on including the voices of individuals with lived experience in the carceral system, and those who care for them, this selective will focus on understanding the health needs and experiences of people who are formerly and currently incarcerated in the Rochester area. We will pay special attention to the re-entry process and the various barriers that people face in terms of health, including but not limited to: the experience and management of substance use disorder during and after incarceration, reproductive healthcare including pregnancy and contraceptive care in the jail and prison system, and the process of re-entry. This selective will be co-taught with people who have lived experience in the carceral system and faculty, through the use of media, narrative, and patient interviews. Students will learn not only about health services for people who are formerly incarcerated, but routes for advocacy and further education. We will engage in dialogue and reflection regarding the roles of medical providers in the larger community in this mini-course.

**Required Materials to be Purchased by Students:** None.

**Required Assignments:**

Pework:

- *Written narrative on experience of incarceration (poetry, narrative)*
- *Research paper*
- *Tutwiler Video*
- *Transitions Clinic Video*
- *College Beyond Bars (clips)*

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**Title of Selective:** Biopsychosocial innovation in education, care, research and community partnership. What does that mean?

**Instructor:** Zena Shuber, JD, Associate, Psychiatry

**Learning Objectives for this Selective:** By the end of these sessions, students will be able to:

HH&B 8: Practice medicine that reflects the BPS integration of biomedicine with attention to broader social, economic, cultural and eco-environmental and global circumstances by engaging in community and advocacy

HH& B 2: Demonstrate a cognitive and emotional capacity to understand one's own values, beliefs and assumptions and those of others – patients, families, colleagues and communities.

HH& B 3: Think critically, creatively and ethically about individual decisions, behaviors and practices, as they relate to institutional culture and practices within healthcare systems

**Tool used to assess student learning:** Students will be evaluated on a paper/project/video that reflects the future of the biopsychosocial approach that they would like to see in their practice of medicine.

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will:

- Become more aware of how the Biopsychosocial model can be used in care, education and research.
- Become more aware of the evolution of the model and ways to utilize it in their own career
- Have an opportunity to learn about the founders and leaders in the biopsychosocial movement and examine more closely its foundation and its use within a healthcare system practice and culture.
- Envision and contemplate the future of the biopsychosocial model.

**Course Description:** The department of Psychiatry celebrates its 75<sup>th</sup> anniversary with “biopsychosocial innovation” as its theme. This course will explore what that means today and in the context of the department’s and URMC’s history. This course will examine the BPS approach and UR’s role in its birth, and attempt to understand its staying power. We will explore what is next for the BPS approach to stay relevant and survey how the BPS can be used in new and innovative ways to advance clinical care, education, research, and relationships with the communities in which we live and work.

We will view and debate what BPS means today with the 75<sup>th</sup> Anniversary webinar series as a backdrop:

<https://www.urmc.rochester.edu/psychiatry/about/75th-anniversary/webinar-series.aspx>

**Required Materials to be Purchased by Students:** None

**Required Assignments:** Read excerpts from:

John Romano and George Engel: Their Lives and Work, J. Cohen & S. Brown Clark

The Evolution and Legacy of the Engel & Romano Work in Biopsychosocial Medicine, DS Morse, KR Johnson, J Cohen

**Title of Selective:** Into the Unknown: Narratives of Aging

**Instructor:** Katherine Schaefer, PhD. Associate Professor, WSAP.

**Learning Objectives for this Selective** (must include 3 Health Humanities Learning Objectives):

By the end of these sessions, students will be able to:

HH& B 1: Reflect personally and professionally on values, emotions, beliefs, biases, and their impact on practices and interactions with patients, peers and others in the context of discussions and reflections around aging and end of life.

HH& B 4: By drawing on analysis of and eliciting of narratives, apply humanities and arts-based knowledge and skills to care and advocate for patients, families and colleagues within the healthcare system and the community.

HH& B 5: Through discussion, analysis, and reflection, develop a respect for diversity of perspectives, values, identities, and cultural sensitivity in order to care attentively and compassionately for patients, families and colleagues

**Students in this course will complete; tools used to assess student learning:**

- Written reflection or narrative: Reflection on their own thoughts about aging and death and their own concerns might influence their choice of specialty or how they interact with patients OR their own “aging-based narrative” based on experiences with family or friends (choice of activity)
- Activity: classroom discussion-based analysis of multiple narratives on aging and death in society and how they influence spoken and unspoken perceptions around aging

- Activity: a role-playing exercise that asks them to listen deeply, identify themes, and engage with “patient” and “family” concerns around aging
- Short research presentation (~10 min) about how one psycho-social factor influences preferences around aging or end-of-life care in a population of their choice

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, students will be able to:

- Better articulate their own perceptions of the aging process and of end-of-life issues
- Interrogate multiple societal stereotypes around aging, including those that might appear within a healthcare context
- Recognize where their own psychology (fears, attitudes, etc.) might influence their perceptions and actions in a clinical encounter
- Identify areas where stronger cultural understanding could make them a stronger practitioner and practice listening and questioning skills as well as scholarly-literature-based research that can help them gain that stronger understanding

**Course Description:** Aging past retirement age is a complex process that involves some combination of physical, mental, emotional, and spiritual changes. How people think about aging itself, the concept of “successful aging,” or when and how to plan for or react to end-of-life issues is an intensely personal matter that nevertheless is embedded in multiple relationships and cultural contexts.

How does popular media and advertising affect how people think about “normal” aging? What causes the popular stereotypes around aging and what are the consequences of these stereotypes? How do people adjusting to a change of circumstances process the change? How does culture shape expectations and preferences around aging? What are the consequences when medical practitioners do not recognize the cultural overtones of patient preferences around aging and especially end of life issues? In this seminar, we will examine narratives of aging with the goal of developing a sharper appreciation of the psycho-social underpinnings of aging and developing the ability to listen and respond to key issues that may not be fully articulated.

**Required Materials to be Purchased by Students:** none: required readings will be linked on Blackboard via the library.

**Required Assignments:**

*Readings and viewings: We will use a range of readings and viewings that*

- Present complex narratives around aging from a range of cultural and role-based (e.g., family, hospice) perspectives
- Suggest questions for reflection and analysis
- Present complex aging-related scenarios for analysis and role-playing
- Investigate how cultural frameworks influence attitudes toward aging and end-of-life

*Assignments:*

- One “aging narrative” or reflective short paper
- Student- and instructor-guided discussion groups around readings
- Role play around eliciting and attending to concerns
- Presentation of one scholarly paper on how cultural factors influence preferences around aging or conversations between patients, families, and practitioners

**Title of Selective:** Psychiatric Autobiography

**Instructor:** Laurence B. Guttmacher, MD, Professor Emeritus, Psychiatry and Health Humanities & Bioethics; Kristina Mossgraber, COO, National Alliance on Mental Illness (NAMI) – Rochester.

**Learning Objectives for this Selective:**

By the end of these sessions, students will be able to:

HH& B4: Apply humanities and arts-based knowledge and skills to care and advocate for patients, families and colleagues within the healthcare system and the community.

HH& B5: Develop a respect for diversity of perspectives, values, identities, and cultural sensitivity in order to care attentively and compassionately for patients, families and colleagues.

HH& B7: Communicate effectively and empathetically with patients, families, colleagues and others through close looking, close listening, and careful telling.

Reinforce learning from *Mind Brain Behavior* course.

**Tool used to assess student learning:** After each session students will be asked to either write a response to the paper and discussion or to submit a creative work triggered by the session.

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will appreciate that recovery from mental illness is very much possible and those who have been labelled as mentally ill can offer a great deal to society. They will have an enhanced appreciation for being open to patient's stories.

**Course Description:** A disease is what an organ has; and illness is what a patient has. Understanding how a patient experiences their illness and what it means to them is expressed biomedically in the body, but is also deeply personal and foundational to the BPS approach to patient care. Students will learn about individual experiences of mental illness through the patient's own stories. All readings will come from autobiographical works written by those who have suffered mental illness. The readings will attempt to coordinate with MBB II which will be coincident with the beginning of the course. Readings will include Kay Redfield Jamison, Anthony Solomon, William Styron, and others. Participants will be expected to go over the reading and two students each week will be asked to make a brief presentation on the illness that we are addressing.

**Required Materials to be Purchased by Students:** None

**Required Assignments:** Students will be provided with PDF's of sections of autobiographical works.

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**Title of Selective:** From Looking to Seeing: Drawing as a Critical Tool to Build Observational Skills

**Instructors:** Susan Dodge-Peters Daiss, Senior Associate, Health Humanities and Bioethics; Dejan Pejovic, Artist, Creative Workshop of the Memorial Art Gallery

**Tool used to assess student learning:** The drawings created in the class serve to assess the students' learning.

**HH&B Learning Objectives for this Selective:** By the end of these sessions, students will be able to:

1. Develop a respect for diversity of perspectives, values, identities, and cultural sensitivity in order to care attentively and compassionately for patients, families and colleagues.
2. Reflect personally and professionally on values, emotions, beliefs, biases, and their impact on practices and interactions with patients, peers and others.

3. Demonstrate a cognitive and emotional capacity to understand one's own values, beliefs and assumptions and those of others – patients, families, colleagues and communities.

**Course Description:** In this four-session drawing class students will draw from professional nude models to build skills of observation and self-awareness. In the process of learning to render three-dimensional forms on a two-dimensional plane, students will strengthen eye-hand coordination; will learn to differentiate between salient forms and incidental details; and will learn to identify and correct visual assumptions that can lead to errors; and increase their comfort in the presence of diverse body types as they observe the human body in action in a variety of poses in motion and at rest.

Students receive individual attention from the instructor to improve their observational/drawing skills as well as participate in group critiques, learning to thoughtfully analyze and constructively express their assessments of each other's work.

**Students will be able to** apply knowledge (personal and professional) and skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will:

- Strengthen their eye-hand coordination;
- Increase their ability to differentiate between salient forms and incidental details;
- Increase their self-awareness to discern visual assumptions that can lead to errors and correct them early;
- Learn from instructor criticism to accept strengths as well as areas for growth;
- Learn to deliver thoughtful and constructive critiques to colleagues;
- Increase their comfort in presence of a diversity of body types.

**Required Materials to be Purchased by Students:** None; materials needed for the class will be provided.

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**Title of Selective:** *Why Don't They Trust Us?*

**Instructor:** Rev. Lawrence Hargrave, M.Div., Member URM Ethics Committee

**Learning Objectives for this Selective:** By the end of these sessions, students will be able to:

HH& B 1: Reflect personally and professionally on values, emotions, beliefs, biases, and their impact on practices and interactions with patients, peers and others

HH& B 3: Think critically, creatively and ethically about individual decisions, behaviors and practices, as they relate to institutional culture and practices within healthcare systems

HH& B 5: Develop a respect for diversity of perspectives, values, identities, and cultural sensitivity in order to care attentively and compassionately for patients, families and colleagues

**Tool used to assess student learning:** Evaluation of input and participation in each class session; Short written assignments

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will: gain broader insight regarding their personal views and biases that may present challenges in communicating with patients and peers from different backgrounds and/or worldviews.



**Course Description:** This course will offer readings, cases, videos, historical materials, class discussions, and classroom experiences to provide a context and understanding of factors that contribute to mistrust of care providers and/or care delivery systems.

**Required Book to be Purchased by Students:** *Medical Apartheid* by Harriet A. Washington, Doubleday 2006

**Required Assignments:** 2 page written reflection each week; 2-page review of required book

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**Title of Selective:** Management of “The Other:” Case Examples in the Power of Stigma

**Instructor:** Natalie Whaley, MD, MPH; Assistant Professor OB/GYN

**Learning Objectives for this Selective:**

By the end of these sessions, students will be able to:

**HH&B 1:** Reflect personally and professionally on values, emotions, beliefs, biases, and their impact on practices and interactions with patients, peers and others.

**HH&B 2:** Demonstrate a cognitive and emotional capacity to understand one’s own values, beliefs and assumptions and those of others – patients, families, colleagues and communities.

**HH&B 5:** Develop a respect for diversity of perspectives, values, identities, and cultural sensitivity in order to care attentively and compassionately for patients, families and colleagues

**HH&B 8:** Practice medicine that reflects the BPS integration of biomedicine with attention to broader social, economic, cultural and eco-environmental and global circumstances by engaging in community and advocacy.

**Tool used to assess student learning (**

1. Evaluation by their active participation, engagement in discussion. In each session
2. Written reflection (2 – 3 pages) due at the end of the seminar
3. Facilitate class discussion on topic of student’s choice

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will: By examining how stigma is generated via societal values and considering how it contributes to conscious and unconscious bias, students will learn how stigma impacts the healthcare experiences and health-seeking behaviors of stigmatized groups. This exploration will help learners gain insight into how to best communicate with individual patients and how to advocate for patient-centered care in our health systems and beyond.

**Course Description:** Stigma is a powerful social phenomenon that involves naming “the other” by marking a particular circumstance or quality that is shameful and assigning labels to individuals or groups of people. The health outcomes of individuals or groups stigmatized by their differences, have suffered as a result. These include people with leprosy, disabilities, obesity, substance use disorders, mental illness, sexually transmitted infections, HIV, pregnant women, the LGBTQ population, and incarcerated people. Through historical and contemporary examples of stigma, this seminar will explore how stigma operates and help physicians-in-training to consider the effects of stigma on their own clinical decision-making and ability to relate with patients to create compassionate, non-judgmental therapeutic alliances.

**Required Materials to be Purchased by Students:** None

**Required Assignments:** Students are expected to prepare for sessions by reading and reflecting on assigned materials, which will include fictional works, historical analysis and works on social theory. Students will facilitate one class discussion on a given or chosen topic/question. A final 2-3 page reflective essay is expected.

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**Title of Selective:** Innovation and Reducing Health Disparities: Medical entrepreneurship as a vehicle toward reducing health disparities

**Instructor:** Benjamin George, MD, Assistant Professor, Neurosurgery

**Medical Student Assistants:** Daniel LeHane, Shalini Shah

**Learning Objectives for this Selective:** By the end of these sessions, students will be able to:

HH&B 1: Reflect personally and professionally on values, emotions, beliefs, biases, and their impact on practices and they relate to institutional culture and practices within healthcare systems. (HH&B1; HH&B3; HH&B8)

To prompt students to think about ways in which healthcare disparities can be reduced through understanding of the healthcare ecosystem and medical entrepreneurship.

To provide students with a basic understanding of the fundamental economic forces at play in the US health system.

Prompt students to think about the ways in which healthcare delivery is inefficient in its current form and what are some of the ways in which this can be improved.

(LOs: HH&B1; HH&B3; HH&B8)

**Tool used to assess student learning:** Students will be assessed by

- 1) individual or group in-class presentations
- 2) discussion on assignment readings etc.
- 3) small written assignments
- 4) active participation in all four sessions to demonstrate content knowledge

**Students will be able to** apply knowledge about healthcare disparities within a healthcare healthcare ecosystem and medical entrepreneurship to address these disparities in practice.

**Course Description:** In this selective, we will explore practical ways that medical entrepreneurship can improve outcomes in marginalized patient populations. We will analyze the current healthcare system and various methods of delivering health care, such as value-based healthcare, to provide better access to underserved populations. This will include learning about the barriers that prevent underserved populations from receiving optimal medical care. Then, we will create an entrepreneurial framework of how to take ideas into practice, starting in medical school and beyond. Students will give short PBL-style “learning objective” presentations on current events or policy related to the class discussion. Each week a different guest speaker will lead a discussion

**Required Materials to be Purchased by Students:** none

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**Title of Selective:** Graphic Medicine from education to hope

**Instructor:** Kriota Willberg MFA-IA, LMT, cartoonist, artist-in-residence in The Master Scholars Program in Humanistic Medicine at NYU Grossman School of Medicine

**NOTE:** Students will attend all session in person as a group; the Instructor will be on Zoom.

**Learning Objectives for this Selective:**

HH&B 7: Communicate effectively and empathetically with patients, families, colleagues and others through close looking, close listening, and careful telling.

HH&B 3: Think critically, creatively and ethically about individual decisions, behaviors and practices, as they relate to institutional culture and practices within healthcare systems.

HH&B 4: Apply humanities and arts-based knowledge and skills to care and advocate for patients, families and colleagues within the healthcare system and the community.

**Tool used to assess student learning;** Evaluation with verbal feedback on student in-class comic-making exercises, will be used to assess learning and monitor progress.

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will:

- Improve observational skills and mindfulness during clinical encounters through the close reading and analysis of nonverbal and visual communication techniques.
- Recognize and potentially implement the use of graphic medicine in the education of patients, their families, and other healthcare professionals.
- Develop empathy and recognize multifactoral elements of patient care by analyzing the dynamics of the healthcare experience through the eyes of doctors, patients, and others via visual narratives.
- Improve communication skills through the study (and creation) of their own graphic narratives.

**Course Description:** Graphic medicine is the comics genre intersecting with topics in health, medicine, and the experience of illness. This diversely structured storytelling medium can be used to educate; promote analysis of, and reflection on the dynamics of patient care; and build empathy between healthcare providers and patients. Reading comics and in-class writing and drawing exercises will consist of comic-making techniques that build critical thinking, creative expression, nonverbal communication, and problem-solving skills. Topics will include comics as an educational medium; patient trust and autonomy; burnout; and defining hope. Come to class ready to draw! No previous experience with drawing or writing comics is required.

**Required Materials to be Purchased by Students:** As we will be making comics during class time, you must attend our online classes with drawing supplies, and have a firm drawing surface and a light source available for in-class exercises.

You can be creative with whatever drawing materials you have at hand. A basic class drawing kit could include vital items such as paper, pencils, and an eraser. Additional kit supplies could include a sketchbook, a black pen or marker, and colored pencils or markers, or crayons. Or you are welcome to use a digital drawing program for tablet or computer. A suggested supply list will be available for download.

**Required Assignments:**

Reading assignments must be read in preparation for each lesson. Although we will be attending classes virtually, in-class participation in discussion of the assigned reading as well as performing drawing and writing exercises are required components of the course.

At the end of (or possibly during) each class, students will send images of their drawings to the instructor for feedback. Drawings can be sent as jpegs or pdfs.

At the end of the workshop series, students are requested to self-curate and submit at least 2 examples of their in-class or *optional* homework drawings and/or comics for sharing online as documentation of the class.

Students are required to fill out a permissions form regarding the potential sharing (or not) of their drawings and/or comics by the third class of the course.

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**Title of Selective:** Hearing the Hospital: Mapping Medical Soundscapes

**Instructor:** Bronwen McVeigh, MS Medical Humanities, PhD student, Eastman School of Music

**Learning Objectives for this Selective:**

HH&B 4: Apply humanities and arts-based knowledge and skills to care and advocate for patients, families and colleagues within the healthcare system and the community.

HH&B 6: Collaborate with healthcare professionals and colleagues to engage with diverse perspectives and expertise from others.

3. HH&B 7: Communicate effectively and empathetically with patients, families, colleagues and others through close looking, close listening, and careful telling.

**Tool used to assess student learning:** Students will complete a soundscape project with a short written reflection.

**Students will be able to** apply knowledge (personal and professional), skills developed in this seminar to their work with patients, families, colleagues in their healthcare teams. Specifically, student will: be more aware of the sensory aspects of clinical spaces. Students will hone their listening skills and consider various interventions in hospital soundscape design. The course's focus on listening strategies will allow students to better engage with patients, families, and colleagues. Moreover, a nuanced understanding of the acoustic environments of clinical spaces will allow students to be more sensitive to patient needs.

**Course Description:** From the bustle of bodies moving through clinical environments to the constant thrumming of medical machines, sound plays an enormous role in the sensory experiences of patients and healthcare workers alike. In this selective course, students will explore the concept of the soundscape as it applies to hospital design. We will begin by discussing how scholars in sound studies practice deep listening, paying particular attention to ways in which they document the sonic qualities of the environments they study. In the following weeks, students will read and discuss studies and proposed interventions intended to ameliorate anxiety caused by hospital noise. For most classes, we will meet in different locations around URMC as we create our own recordings (visual or auditory) of the soundscape of URMC.

**Required Materials to be Purchased by Students:** All required materials are either accessible for free through the University of Rochester or they will be posted to blackboard.

**Required Assignments:** Weekly reading, short reflections, and a final soundscape project.

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4/29/22