**CURRICULUM DESCRIPTION**

**Introduction to Medical Humanities Program**

Welcome to the Medical Humanities Program: a lively learning community that aims to foster good medicine, health, and care. It examines the intersections of the human experience of health, wellbeing and illness; health care practices; relations between care receiver and caregiver; the impact of biotechnological advances on medicine and care, as well as the moral and political responsibilities of institutions and society with regard to care and medicine. Transcending the normative disciplinary boundaries of academia, this program engages numerous areas of study – from science, history, ethics, and philosophy, to anthropology, literature, religion, and art – in a dialogue that examines the meaning of health, wellbeing, and healing in relation to the individual and society. There is ever-growing demand for professionals who both understand and are able to synthesize the ethical, political, historical, cultural, and practical aspects of health care in order to influence the debate on good medicine and care. This particularly concerns the implementation, regulation, and dissemination of health care in everyday consulting rooms, on hospital wards, in residential care, and home care settings. Modern health care flourishes on scientific knowledge and evidence-based medicine, however, these late-modern features are also cause for concern. Presently, advances in science and technology often outpace our ability to understand and cope with new concepts and situations, and with the acceleration of life in general. Health care practitioners, patients and their (extended) families experience discomfort during their encounters with institutions and systems. Practitioners report diminishing morale and professional fulfilment, resulting in a particularly acute need for medicine, health, and care humanitarians. This program addresses these marked needs.

You will learn:

 • how to critically reflect upon medicine, health and society from an interdisciplinary humanities perspective.

• to relate concepts of medicine, health and care practices to questions of public debate and concern. • to deepen your perspective on (your own) practice by learning how to look through new theoretical lenses.

• how to reflect upon, analyze and reach informed decisions on complex ethical and moral questions

how to develop a rigorous view on the humanization of health care practices by connecting the literary, visual, and performative arts with medicine and care.

• about cultural norms, diversity and technological developments and how they shape views on health, medicine, and care.

• about health policy, knowledge production, and how these drive everyday practices of medicine and care.

You will also learn to analyze underlying ideas and ideologies of health policy and knowledge production.

• how to carry out rigorous (qualitative) research and write academic texts about your concerns and questions with regard to medicine and care. This includes finding your own voice and academic style.

**A workshop centering intersectionality to increase awareness of medical student bias**

**Workshop Description:**

Medical education is one of the institutions effected by diversity, equity, inclusion and bias. This session explores how diversity and implicit bias impact medical training, patient outcomes, and the delivery of care to historically marginalized communities and other populations. Mixing both didactics and participant interactivity, we should have a heightened awareness of how bias plays out in our profession, and what can be done to identify and eliminate bias in our patient and professional interactions.

**Workshop Objectives**

Define and recognize implicit bias​

Understand how implicit bias effects health care.​

Learn strategies for recognizing and addressing implicit bias in my patient care and other professional interactions.

QUESTIONNAIRES

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| Pre- and Post-Survey Questions and Scoring |
| Awareness | Q1. I understand how implicit bias is linked to health care outcomes.Q2. I am able to identify strategies for identifying implicit bias in my patient care and other professional interactions. | 1 = Less awareness5 = More awareness |
| Positive Bias | Q1. I tend to treat people the same regardless of race, gender, or sexual orientation.Q2. Many people cannot understand other cultures because they cannot understand their own culture. | 1 = Less bias5 = More bias |
| Pre-Existing Bias | Q1. Many of the current struggles that culturally diverse medical students face are self-inflicted and could be overcome with hard work.Q2. There is a tendency for most Americans no matter the race to view African Americans from a deficit base. Even though I try not to, this tends to be the case myself. | 1 = Less bias5 = More bias |
| Bias Towards Discussing Diversity | Discussions around differences tend to divide us more than unite us so we should just agree to coexist and not constantly hold discussion about race relations. | 1 = Less bias5 = More bias |
| Readiness to Change | Q1. I would like to make personal changes to deal with implicit bias in patient care. Q2. I feel confident that I can make the changes necessary to address implicit bias in patient care in my current medical school. | 1 = Less ready5 = More ready |

WORKSHOP GROUP ACTIVITY I: MEDICAL STUDENT CASE

You are a first-year medical student. You come from a household with a single mother, and you have two younger siblings. You worked throughout high school and college to help contribute to the household and your mother still expects that you will help with the finances when possible. Your siblings also rely on you for tutoring and for getting to some of their school events using your mother’s car. Otherwise, you utilize public transportation to get around.

Discuss with your colleagues how you will navigate the tasks below. You may utilize electronic resources to help.

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| **Mother’s Annual household income: $52,000.00****Members in household: 4 (Your mother, your two younger siblings, and you)****Personal monthly budget: $1800.00** |
| **Budgeting - How much would you allot for each of the following?** |
| Room and board - or - Rent and utilitiesFood and snacksBooks study guides and suppliesTransportation (car or public) | Phone and internetEntertainmentPersonal (clothing, laundry, toiletries)Miscellaneous (e.g. money for family). |
| *How do you prioritize your budget?* *Once you select housing, how do you plan to get around? If public transportation is an option, how would you travel your residence to the office or hospital?* *What resources do you use for your study materials?**If you needed extra money, what resources would you utilize?* |
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| **Your advisor has suggested that you either participate in a research program or find a mentor to shadow during the summer after your first year.** *Do you have mentors? How did you identify and develop relationships with these mentors?**Did you need certain resources to connect with these mentors (e.g. travel money, social networks)?* *How do you find a mentor?**What steps do you need to take to set up the mentorship?**Do your available resources play a role in your decisions?* |
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| **Your school sponsors a mission trip every year for medical students, and you have signed up for the interest group.***How do you select your elective activities? What resources do you need to participate in your electives?**If you wanted to participate in a mission trip, what kinds of resources would you need?* |
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| **You have an interest in Orthopedic surgery, however you realize this will mean many more years of education and training.***Do finances play a role in your career decisions? Has financial debt influenced your decision to become a physician or your choice of medical specialty?* |

Understanding Economic Diversity and Wealth Privilege – Small Group Discussion [Moderator]

Medical school matriculants often come from middle- and upper-income families across racial and ethnic groups. Compared with their peers, Black or African American (31%), Hispanic or Latino (29%), and Asian (16%) matriculants are more likely to have parents with a combined gross income under $50,000. Culture is an important part of belonging. Learners who come from less financially advantaged backgrounds may have less access to social networks and educational resources.

This exercise is to expose medical students to how limitations in financial means may affect medical school choices and options. Groups of 4-5 students should work together. They have 10-15 minutes to come up with a budget, find out how to get from an apartment to work, pay for books and transportation, etc. Alternatively, you may assign subgroups to work through each task and then discuss together at the end. Participants should be allowed to utilize their electronic devices to research information.

Refrain from making judgements about having resources – the goal of the exercise is to allow participants to become aware of how resources may affect the medical school educational experience.

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| **Questions for Group Discussion (Italicized)** |
| **Budgeting***What resources are available for you to meet your budgetary needs (e.g. grants, savings, family contributions, scholarships and employment)? Would some of your options be limited by your income or your families’ income?**Did you receive help in figuring out the financial aid process? Were you able to discuss this with a family member, friend, or mentor?**Do you have obligations outside of your budget (e.g. family, friends, health care) that impact your education?* |
| **Networking and Mentoring***Do you have mentors? How did you identify and develop relationships with these mentors?**Did you need certain resources to connect with these mentors (e.g. travel money, social networks)?* *How do you find a mentor?**What steps do you need to take to set up the mentorship? How comfortable did you feel reaching out to develop a relationship with a mentor?* *Do your available resources play a role in your decisions?*Encourage participants to think about their own social networks and discuss what resources they use currently. This may differ based on the student or student group. |
| **Electives***How do you select your elective activities? Do your resources (including time, family obligations, etc) affect your choices?**What resources do you need to participate in your electives?**Does participation in certain electives play a favorable role in your residency application?**If you wanted to participate in a mission trip, what kinds of resources would you need?* |
| Students with more debt weigh their income potential more heavily when making career plans, and they are more likely to switch their preference for a primary care career to a high-income specialty career over the course of medical school. 58% of graduating family medicine residents have more than $150,000 of educational debt, and 26% have more than $250,000 debt.*Would this student be likely to have school loan debt? Why or why not?* *How do your options and obligations influence your career choices?* |

References:

1. Anderson A, Brown Speights JS, Bullock K, Edgoose J, Ferguson W, Fraser K, Guh J, Hampton A, Henderson D, Lankton R, Martinez-Bianchi V, Ring J, Roberson K, Rodgers D, Saba GW, Saint-Hilaire L, Svetaz V, White-Dave T, Wu D. Toolkit for teaching about racism in the context of persistent health and healthcare disparities. STFM Resource Library. https://connect.stfm.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=cf40991e-96e9-3e15-ef15-7be20cb04dc1&forceDialog=0. Accessed January 31, 2022.
2. Phillips J. The Impact of Debt on Young Family Physicians: Unanswered Questions with Critical Implications. J Am Board Fam Med. 2016, 29(2) 177-179. doi: https://doi.org/10.3122/jabfm.2016.02.160034
3. Phillips JP, Petterson SM, Bazemore AW, Phillips RL. A retrospective analysis of the relationship between medical student debt and primary care practice in the United States. Ann Fam Med 2014; 12:542–9. Doi: 10.1370/afm.1697

WORKSHOP GROUP ACTIVITY II: PRIVILEGE WALK

To examine unearned privilege based on race, gender, sexual orientation, religion, ability, etc.

 OBJECTIVES - Participants will be able to:

Recognize that privilege is unearned and recognize the diversity present within the group

Explain different types of privilege

Recognize the importance of not making assumptions

Recognize the value of diversity

TIME: 30 - 45 minutes. Can be shortened if needed by using fewer statements

GROUP SIZE: 15 or more (ideally)

MATERIALS: List of Statements

INSTRUCTIONS:

Setup: Check the activity area for hazards, such as bags and chairs. The ideal activity area will be quiet, away from distractions and in a large enough space for the group size you have.

Introduction: It is important to create a safe environment and establish ground rules. *Explain that once the activity and discussion are over, while the general activity may be discussed the specifics of the activity, and specific details of participants responses may not be discussed.* Explain that everyone will stand in a circle (or line) with people on either side of them. A series of statements will be read out to the group, and they will respond by either taking steps forwards, backwards or remaining stationary as each question pertains to them. Explain to participants that this activity is meant to challenge them - however, it is important that they feel safe, therefore participants may remain stationary if they are uncomfortable moving forward or backward on any question asked.

*No one other than the facilitator may speak during the activity.*

Activity:

Move participants to the space where the activity will take place. Create transition by asking them to remain silent as they move to the activity space. facilitator will then begin reading the statements aloud, pausing for a few seconds after each statement.

Statements:

* If you have attended private school, take one step forward
* If you studied the history and culture of your ethnic ancestors in elementary and secondary school, take one step forward
* All those who come from, or whose parents came from rural areas, take one step back
* If you had negative role models of your particular identity (religious affiliation, gender, sexual orientation, class, ethnicity) when you were growing up, take one step back
* If school is not in session during your major religious holidays please take a step forward
* All those with immediate family members who are doctors, lawyers, or "professionals", take one step forward
* If you can turn on the television or open the front page of the paper and see people of your ethnicity or sexual orientation widely represented, please take one step forward
* All of those who ever got a good paying job because of a friend or family member, please take one step forward
* All those who have never been told that someone hated them because of their race, ethnic group, religion or sexual orientation, take one step forward
* All those who were given a car by their family, take one step forward
* If you can walk down the street holding hands with your partner without fear, please take one step forward
* All those raised in homes with libraries of both children’s and adult books, please take on step forward
* If you have difficulty finding products for your hair or someone to cut your hair, please take one step back
* All those with parents who completed college, take one step forward
* All those who were told by their parents that you were beautiful, smart and capable of achieving your dreams, take two steps forward
* If your parents had to sit you down when you were young and explain to you “this is what people might call you, and this is how they may treat you, and this is how you should deal with it" because they knew you were going to encounter it and because it was an important issue in your family and community, take one step back
* If, prior to your 18th birthday you took a vacation outside the US, not including Mexico, take a step forward
* If you can easily find public bathrooms that you can use without fear, please take one step forward
* If you can go into a supermarket and easily find staple foods which fit into your cultural traditions, please take one step forward
* If you were afforded the opportunity to attend summer prep courses at a local community college before going to university, please take one step forward
* If you can arrange to be in the company of people of your identity (religious affiliation, gender, sexual orientation, class, ethnicity) most of the time on campus, please take one step forward
* All those who have ancestors who, because of their race, religion or ethnicity, were denied voting rights, citizenship, had to drink from separate water fountains, ride in the back of the bus, use separate entrances to buildings, separate restrooms, were denied access to clubs, jobs, restaurants, were precluded from buying property in certain neighborhoods, take one step back
* For every dollar earned by white men, women earn only 72 cents. African American women earn only 65 cents; and Hispanic women earn only 57 cents to the dollar. All white men please take 2 steps forward

Evaluation: Circle up (sitting or standing) and process the activity as a group. Questions to ask the group include:

* How did it feel to take part in the activity?
* What did you observe?
* What were you aware of?
* How did it feel to take steps forwards?
* How did it feel to take steps backwards?
* How did it feel to be left behind as people took steps away from you?
* How did it feel to move forward and leave others behind?
* How did it feel to be in the front?
* How did it feel to be in the back?
* What was the point of this activity?
* How can you apply what you learned here?

References:

1. Anderson A, Brown Speights JS, Bullock K, Edgoose J, Ferguson W, Fraser K, Guh J, Hampton A, Henderson D, Lankton R, Martinez-Bianchi V, Ring J, Roberson K, Rodgers D, Saba GW, Saint-Hilaire L, Svetaz V, White-Dave T, Wu D. Toolkit for teaching about racism in the context of persistent health and healthcare disparities. STFM Resource Library. https://connect.stfm.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=cf40991e-96e9-3e15-ef15-7be20cb04dc1&forceDialog=0. Accessed January 31, 2022.