1. What courses are currently components of the structure? (Please specify whether these courses are offered in 2003-2004 or 2004-2005.)

All of the following courses and course components are offered 2004-5:

- a. Patient Stories/Doctor Stories a 12 week undergraduate honors seminar offered to freshman students at the University of California Irvine every 3-4 years (approximately 15 students enroll).
- b. Anatomy Creative Projects a two part (beginning/end of course) option for first year medical students to use humanities and arts to reflect on their experiences of the gross anatomy lab. Students who complete both projects receive a small number of credits toward passing the Gross Anatomy course (approximately 50 of 92 students participate each year)
- c. Patient Stories/Doctor Stories a 15 week selective (students must choose one of 10 possible courses) for first year medical students that uses literature about illness by doctors and patients to better understand the illness experience and the doctor-patient relationship (approximately 18 of 92 students participate each year).
- d. Doctor-Patient Creative Projects a required component of a longitudinal Clinical Experiences course. Each student uses humanities or arts to reflect on and express thoughts and emotions related to a difficult or memorable patient encounter. Students share and discuss projects in small group sessions (all 92 students participate).
- e. Reflective Reading and Writing for Medical Students an 8 session elective for 2nd and 4th year medical students that uses readings and writings to explore various issues in the doctor-patient/student-supervisor relationship in more depth (approximately 10 of 180 possible students participate).
- f. Pediatric Creative Projects a required component of the 3rd year pediatric clerkship. Students use arts and humanities to represent their thoughts and feelings about caring for sick children and their families. Students share and discuss projects in small group sessions (all 92 students participate).
- g. Art of Doctoring elective an 80 hour longitudinal elective for third and fourth year students that uses readings, role models, journaling, reflective practices, and a personal project to teach students how to deal with difficult emotions, and how to be more empathic and compassionate toward patients (approximately 25 of 180 students participate).
- h. Through the Patient's Eyes a track involving 20 4th year students. Students in this track may opt to add a humanities-based component to a required case presentation (approximately 1-5 students participate).
- i. Humanities Research elective a 2-week elective for students interested in conducting research in the humanities (approximately 1 student of 92 participates every 1-2 years).
- j. Balint Plus a 9 session required seminar in the family medicine residency program integrating literary readings with case-based discussions about difficult patients (about 20 of 30 residents participate).
- 2. Are these courses electives or required courses?

See above.

- 3. Why are they electives? Or Why are they required?
 Required course components are intended to provide modest exposure to the value of the humanities in promoting reflection and professionalism in the context of standard medical school courses. Elective courses allow students with a particular interest in medicine and humanities to explore this relationship in more depth.
- 4. If the course(s) require(s) writing to receive credit whether a letter grade or pass/fail what is the criteria upon which the students are given a grade? The entire medical school is on an Honors/Pass/Fail system. All humanities electives are only offered p/f. Criteria for a passing grade include attendance, completion of all assignments, and participation in group discussions.
 - 5. If the course requires a writing portion as part of the course curriculum, do students write drafts? Are they graded on their creativity or quality of writing? How is this course compared to a writing course in the English Department at the university? Are the basic guidelines of writing followed?

Almost all of both required and elective humanities courses and course components require some form of writing, whether creative (poetry, short stories) or reflective (critical incident essays, journaling). These writing assignments are not graded, but are given credit for completion. Our goals in these assignments may be somewhat different from those of the UCI English department in that our primary goals are to promote reflection, imagination, and authentic personal exploration. In addition, however, we also want to develop coherence, clarity of expression, and good communication skills, goals that I imagine would be shared by any English department.

- 6. Which courses have the most enrollment and why? The courses with the most enrollment are electives that are offered for credit toward graduation (the first year selective Patient Stories/Doctor Stories; the 3rd-4th year elective Art of Doctoring). In addition, positive word of mouth among students leads to high enrollment.
- 7. Which courses have the least enrollment and why? What has been done to interest more students to enroll in those courses, if any?

 The courses with the least enrollment must either be taken for transcript notation only, in addition to all the standard required courses (Reflective Reading and Writing, the 2nd, 4th year elective); or are highly specialized (Humanities Research elective), therefore having interest only to a very small number of students.
- 8. How are the facilitators of the medical humanities courses qualified in directing or teaching these classes? Do they have degrees in the areas they facilitate or is it a past hobby? What makes them experts in those areas? The facilitators of the medical humanities courses are all experienced medical educators, with advanced degrees in either medicine or a health-related field (psychology, philosophy, social work, nursing). However, other than a love of literature, the occasional undergraduate major in English literature, and participation in medical humanities continuing education presentations at professional conferences, the facilitators have no formal training in teaching humanities. However, we do not consider this a drawback, since we regard our medical humanities program not as teaching literature per se, but rather using literature to better understand complex intra and

interpersonal dynamics triggered by the experience of illness. Most of the above courses and course components are co-taught by an interdisciplinary team consisting of a physician (family medicine, internal medicine, pediatrics) and a non-physician (psychologist).

9. Why did you (and other facilitators) become involved in teaching medical humanities?

Love of literature and the arts was a significant factor. (See attachment for why I began to write poetry, which is also why I began to teach medical humanities). Teaching medical humanities allows me to move closer with my students to the patient's experience and to improve my understanding of the challenging aspects of doctor-patient interactions.

- 10. Why do you feel medical humanities is important to the curriculum? Medical humanities is an emotionally engaging, thought-provoking method for conveying knowledge about the complex interpersonal dynamics between doctors, patients, and family members; cultivating attitudes of empathy, compassion, respect, and altruism; developing skills of reflection, emotional resonance, curiosity, and communication.
 - 11. How have you benefited in being involved with the medical humanities program?

I am a happier, more satisfied teacher. I feel my relationships with students have become more authentic and more meaningful as a result of using this approach in my teaching. I've also gained tremendous intellectual stimulation from this work, and had the opportunity to meet and interact with a whole new set of fascinating and agreeable colleagues. Finally, I've been fortunate enough to have received some recognition in my specialty of family medicine for pioneering work in this area.

- 12. How do you evaluate a successful medical humanities program (or course)? The elective medical humanities courses use detailed evaluation forms (see attached) that assess both the impact of the course on the student and the instructors' teaching abilities. In addition, I evaluate my program as successful based on informal feedback from students; perceived growth in students; the quality of their written assignments and in-class comments; and their desire to pursue continued study in this area.
 - 13. Define what you would perceive as a successful medical humanities course(s) or program.

A successful medical humanities program would not be "quarantined" from the rest of curriculum, but rather would be seamlessly integrated into the regular four year course of study. To learn about anatomy, it would be just as likely to read a poem as to examine a bone. The patient chart would include not only a history of present illness, physical examination, a SOAP note, and treatment plan, but also a personal narrative by the patient, and perhaps a poem by an orderly, nurse, or physician about the patient. Attending physicians would model instructing patients to write a letter to their diabetes, while medical students would keep journals documenting their socialization experiences into medicine. The corridors and walls of the hospital wards would be filled with the photography, paintings, sculptures, and poems of students, physicians, patients, and staff. In the hospital courtyard a volunteer medical student orchestra would serenade off-duty nurses, residents, patients, and family members, while in a lecture hall cancer patients, students, and physicians attend a performance of the play Wit, about an

English professor dying of ovarian cancer. All this while compassionately and wisely addressing the medical needs of patients. Oh, what a wonderful world it might be!