### FALL SEMESTER - 2013

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Putting It Into Words: A Right-Brain Retrospective of Formative Moments in Medical School
HMN 742
Course Syllabus

Instructor: Kimberly Myers, PhD  
Office: C1743  
Phone: 717-531-8778  
E-Mail: krm16@psu.edu

Term: Fall 2013  
Class Meeting Days: M, TH  
Class Meeting Dates: August 26 – September 20, 2013  
Class Meeting Hours: 9:00 – 11:30 am  
Class Location: CI800  
Credits: 2.5  
Class Limit: 7

I. Welcome!

II. Purpose
The Humanities and Humanism in Medicine are a valued and emphasized in the curriculum at the Penn State College of Medicine. In the fourth year, every student participates in a required one month selective as a capstone experience. The purpose of each selective is to revisit themes and concerns of the medical humanities, many of which were introduced in the first year. From the vantage point of the fourth year, students apply clinical knowledge and experiences to a topic of their own choosing. Within each one month course, diverse strategies are used to reflect critically on the application of humanistic principles to the practice of medicine.

III. Course Overview
At this point in your career, you have learned to process what you observe in an analytical, linear, objective way; and fortunately, for both you and your patients, you do this quite well! This course gives you the freedom to step back from this process and take a radically different approach to your professional and personal life for the past three years—the difficult cases you've seen, the various patients you've cared for, the learning moments you've experienced (sometimes the hard way). After years of harnessing subjective impressions, this course now asks you to give them full rein and process them in a creative way so that your medical education will have been, in the end, holistic and well-rounded, cultivating both your left and your right brain.

This course is primarily a workshop during which each of you will create your own work and critique, in written and oral form, your colleagues’ original writing. This class is not designed to turn you into the next Atul Gawande (surgeon and essayist) or William Carlos Williams (general practitioner/pediatrician and poet) or Abraham Verghese (ID specialist and memoirist)—though my asking “why not?” led me to create assignments aimed toward the marketability and potential publication of your work. Rather, our overarching goal is to give you the satisfaction of transforming inchoate impressions into reconsidered, reworked, and refined pieces of original writing.

To produce good writing, one must read good writing. That said, while we will read and discuss works by established authors, we do so not so much to discuss their merits but rather to inspire you to create your own work and help you understand how to do so most effectively. Of course, I have also chosen the readings for their relevance to your medical education: you will learn some new biomedical content and (re) consider
issues of humanism, ethics, and professionalism through these texts, and you should use our meetings to discuss the clinical details and their implications.

The specific goals of this course are three-fold:

- To explore your own personal and professional development, "putting it into words" in a variety of literary genres
- To examine, through reading and discussion, the subjective experiences and creative perspectives of other medical professionals—what they write about, how they choose to convey their thoughts, and why they offer their reflections for certain readerships—as models for your own creative writing
- To work as a cohesive and supportive group of colleagues who
  - Respect the personal nature of issues we discuss
  - Read every colleague’s work conscientiously, with careful attention to both gestalt (the “forest”) and detail (the “trees”)
  - Invest time and energy considering how each piece of original writing could be sharper, better, more effective for its intended audience
  - Offer, via marginal notes and oral comments in class, both questions and constructive comments for the author to consider as s/he refines her/his work

Readings and Facilitations
Our readings are short and are available via Angel or as handouts.

For every meeting, each one of you will be responsible for initiating the discussion of a published text we have read and for initiating the discussion of at least one of the original works written by a colleague. For the latter, you need to plan some comments—about the work as a whole and about some of its specific details (e.g., point of view, images, words, tone, etc.)—that provide new lenses through which to view the original compositions and thereby enable the writer to leave class with concrete suggestions for potential revisions (re-envisioning) of his/her work.

Initiating a discussion of a particular piece of writing is first come, first served. Therefore, if you really enjoyed one work—or, conversely, if you particularly want to avoid initiating the conversation of a certain piece—you should launch forth on that piece of writing the minute class begins.

Note: It is the responsibility of each writer to submit electronically her/his works via course email by the time listed on the syllabus. Colleagues must print out these pieces and bring them to class the following day, complete with written feedback for the author.

Homework, Writings, Portfolios, and Submissions for Publication

Three kinds of homework are required for each meeting (after the first): an original writing, your written comments on the original writings of all six of your peers, and some short readings.

You will write at least one creative piece for each class meeting and revise these works, as you see fit, following our discussion of them. You will be multi-tasking as a writer-reader during this course: drafting new pieces every day; commenting on the works of others; and, based on our discussion of your original writings, refining your own individual pieces continuously throughout the month.

At the conclusion of the course, you will submit a portfolio containing all the required pieces of writing that we’ve collectively critiqued, including the multiple revisions for each piece.
You will also submit a portfolio of your written critiques of your colleagues’ works. Before you return their drafts to them, please photocopy the page with your marginal notes—as well as any summative note you might have generated on the computer—and save these in a separate folder.

A key requirement of this class is that you submit at least three pieces of original writing for publication. You must provide proof of submission in your final portfolio; typically, this will be in the form of a printout of an online submission, complete with an identification number.

IV. Course Objectives
See individual class session objectives.

V. Course Prerequisites
No prior experience in creative writing is necessary to do well in this course!

VI. Grading
Pass/Fail

Grades for this course are Pass / Fail. To earn a passing grade, you must fulfill all of the following requirements:

1. Be present for every class meeting.*
2. Read and reflect in writing on all assigned material before coming to class.
3. Draft and revise the required number of writings.
4. Return copies of your colleagues’ original writings to them with your marginal notes and, when applicable, a summative, word-processed comment.
5. Initiate discussion of specific works during each meeting.
6. Thoughtfully, respectfully, and actively listen and respond to your peers’ ideas during every class meeting.
7. Submit two portfolios—one containing multiple drafts of original works, and one containing copies of the critiques you provided your fellow writers. (Note: Please do NOT include your peers’ critique of your original pieces in the first portfolio; include only the originals—i.e., first draft and your revisions.)
8. Provide proof that you have submitted at least three pieces of original writing to the following publications:
   * A professional medical or creative journal (your best pieces)—e.g., JAMA, NEJM, Annals of Internal Medicine, Academic Medicine, BMJ, Pharos, Journal of Medical Humanities, The Bellevue Literary Review (see list at end of syllabus)
   * Wild Onions (at least two pieces; if these get accepted elsewhere, I will retract them from consideration for WO)

Note: Equal weight is placed on 1. quality of original composition (i.e., product) and 2. consistency in providing conscientious, specific feedback on colleagues’ writing and in revising one’s own work (i.e., process). It would also obviously be a great honor—and maybe even financially lucrative!—to have a piece selected for publication.

VII. Attendance
Attendance at all sessions is mandatory. Please schedule any exams and interviews accordingly.

VIII. Other
Although the time you will devote to this class is (appropriately) substantial, the length of this syllabus is very misleading. In order to clarify the complex logistics of the course, I’ve needed a lot more space than required for a typical syllabus!
The final class will last from 9am to 2pm to make up for the Labor Day Holiday

Notes: Items listed as “Due” are to be completed by the date indicated. You do not have to prepare ahead of time for items listed as “In class.”

I've listed the source* of some readings below for your convenience as you consider where you might submit your own writing for publication. Each piece is an example of what that particular journal values and is likely to accept. (Only those sources that accept “unsolicited” manuscripts are identified.)

*August 26 (M): ERAS and Personal Reflections

Objectives: At the end of this session, students will be able to
--Articulate some ways in which creative, reflective writing enhances medical practice
--Understand how analyzing texts contributes to narrative competence in clinical medicine
--Appreciate the practical efficacy of collaboration in the writing workshop format
--Determine the kind of details that create an effective, engaging ERAS
--Revise ERAS statements based on specific feedback from professor and colleagues

Due: readings (personal reflections by medical professionals, arranged according to source): see below written feedback on colleagues’ ERAS stems

Canadian Medical Association Journal:

The New York Times:
“Practicing Medicine Can Be Grimm Work,” Valerie Gribben (1 July 2011)

On Doctoring:
“The Practice,” William Carlos Williams

Annals of Internal Medicine: series “On Being a Doctor” and “Perspective”
“Exposed,” Scott Winner; (Annals 154:7 [5 April 2011], 503-04)
“On Humility,” Jack Coulehan; (Annals 153:3 [3 August 2010], 200-01)

Academic Medicine:
“Monkey See – Monkey Don’t,” Dan DeCotiis; (Academic Medicine 85:8 [August 2010], 1383)
“Big Bambu,” Joseph Gascho; (Academic Medicine’s “Medicine and the Arts” series 86:5 [May 2011], 610-11)

Wild Onions:
“Doing Nothing,” Benjamin Heatwole (Wild Onions XXIV [2010]: 12-13); First Place winner, The Doctors Kienle Competition in Literature
“Hard to Say,” Scott Winner (Wild Onions XXV [2011]: 14-15); First Place winner, The Doctors Kienle Competition in Literature

In class: introductions: course and colleagues
10:00—physician writer Scott Winner talks about the relationship between medicine and creativity. Discuss the readings in terms of what they do, how they do it, and why they are effective. Discuss colleagues’ ERAS.
Note: Email your revised ERAS by Tuesday, noon.

**August 29 (R): ERAS and Personal Reflections

Objectives: At the end of this session, students will be able to
-- Discriminate between effective and ineffective feedback
-- Comprehend the need to offer feedback in ways best suited to each individual writer
  (i.e., taking into consideration previous experience, knowledge base, natural talent, self-confidence, individual progress)
-- Understand why certain topics and writing styles appeal to editors/readers and result in publication
-- Draft a personal reflection essay

Due: Readings (personal reflections by medical professionals, arranged according to source): see below written feedback on (copies of) colleagues' ERAS

Readings:
(focus = stories, with or without a necessarily overt “point”)
“Provenance,” J.O. Ballard; (JAMA 301:2 [14 January 2009], 140-41)
“Perspective Shift,” Daniel Shapiro; (JAMA 279:7 [18 February 1998], 500)
“Waging Peace in the War on Cancer,” Thomas Edes; (JAMA 299:21 [4 June 2008], 2483)

New England Journal of Medicine (NEJM): series “Perspective”
(focus = a point, and “story” is secondary)
“Living Unlabeled—Diagnosis and Disorder,” Lisa Rosenbaum; (NEJM 359:16 [16 October 2008], 1650-53)
“Etiquette-Based Medicine,” Michael W. Kahn; (from the series “Perspective”: NEJM 358:19 [8 May 2008], 1988-89)

In class: Discuss colleagues’ revised ERAS. Discuss the readings in terms of what they do, how they do it, and why they are effective

Note: Email your Personal Reflection Essay (2.5 to 4 pages—12 font, 1-inch margins) by Tuesday, noon.

**September 5 (R): Imagist Poems and Haiku

Objectives: At the end of this session, students will be able to
-- Revise personal reflection essays based on feedback from professor and colleagues
-- Identify literary conventions of imagist poems and haiku
-- Enjoy debating why certain details and words are better suited than others for these genres
-- Draft imagist poems and haiku

Due: written feedback on (copies of) colleagues' original personal reflections

In class: Discuss colleagues' personal reflections
Introduction to imagist poetry and haiku
Discuss readings: imagist poems
“Between Walls,” William Carlos Williams
“This Is Just to Say,” William Carlos Williams
“The Red Wheelbarrow,” William Carlos Williams
“In a Station of the Metro,” Ezra Pound haiku (various, including.....)
“Therapeutic Triptych,” Jesse Gutnick (JAMA from the series
"Poetry and Medicine," 301 [11 March 2009], 1002
"The Procedure," Seth Ilgenfritz (The Pharos, Spring 2010: 48)

Note: Email your imagist poems (1) and haiku (3) by Friday, noon.

**September 9 (M): Free Verse poetry
Objectives: At the end of this session, students will be able to
--Revise imagist poems and haiku based on feedback from professor and colleagues
--Identify literary conventions of free verse poetry
--Appreciate the range and nuance of emotion that poetry can convey
--Practice various practical, systematic approaches to "decoding" poems
--Approach reading poetry with more confidence and greater enjoyment
--Draft a free verse poem

Due: written feedback on (copies of) colleagues' imagist poems and haiku

Due: readings (free verse poetry): Read all; focus on the five you think are most effective.
"Leather Bottle Stomach," Elisabeth Hyde
"The Man with the Empty Belt Loop," Joseph Gascho
"Talking to the Family," John Stone
"Lilacs in September," Katha Pollitt
"Chemotherapy," Sophie Cabot Black
"Outside," Michael Ryan
"Nurse's Pockets," Courtney Davis
"Cling Peaches," Terri Kirby Erickson
"Untitled," Heather Hill
"Night Call," J.O. Ballard
"One of Us," Joseph Gascho
"Echoes of a Doctor's Heart," Joseph Gascho

In class: discuss colleagues' imagist poems and haiku
Introduction to free verse poetry and discussion of readings

Note: Email your free verse poem by Tuesday, 3 p.m.

**September 12 (R): Academic Medicine: "Medicine and the Arts" and "Teaching and Learning Moments"
Objectives: At the end of this session, students will be able to
--Revise free verse poems based on feedback from professor and colleagues
--Understand the requirements for Academic Medicine's two series
--Explore explicit connections between various forms of art and medical practice
--Draft and essay for "Medicine and the Arts" and "Teaching and Learning Moments"

Due: written feedback on (copies of) colleagues’ free verse poems

Due: readings from Academic Medicine's two series

"Medicine and the Arts"
"The Course of a Particular," Wallace Stevens; and Commentary by David Gary Smith and William Koehler (Academic Medicine 84:8 [August 2009], 1076-77)
"Brain Damage," Pink Floyd; and Commentary by Paolo Fusar-Poli and Lorenzo Madini (Academic Medicine 83:8 [August 2008], 742-3)
"Synesthesia," Julie Borden; and Commentary by Barry Bub; (Academic Medicine 83:7 [July 2008], 660-61)
"Teaching and Learning Moments"
"Mistake Noted," Jason Zittel (Academic Medicine 87:8 [August 2012], 1090)

**Note:** Email your “Medicine and the Arts” or “Teaching and Learning Moments” by Friday, 5 p.m.

**September 16 (M): Flash / Micro Fiction**

**Objectives:** At the end of this session, students will be able to
--Revise “MATA” and “TLM” essays based on feedback from professor and colleagues
--Understand the literary conventions for various genres of short fiction
--Appreciate the challenge of synthesizing much information in few words
--Enjoy the “puzzle” of short fiction
--Understand how the title and the tone of a piece guide its meaning
--Utilize “gaps” and “silences” in texts to say what cannot be said in words
--Draft various genres of short fiction

**Due:** written feedback on (copies of) colleagues’ piece for Academic Medicine

**Due:** readings:
"Writing Flash Fiction," G. W. Thomas (www.fictionfactor.com/guests/flashfiction.html)
"Instructions for Crafting Very Short Stories" (pp.436-7)
"Exercises" to spark your ideas (p.438)
"The House on Mango Street," Sandra Cisneros
"Superhero," Shannon R. Wooden
"The Stories," Anne Sheetz and Mary Frye
(from the series “A Piece of My Mind”: JAMA 283:15 [19 April 2000], 1934)
"Years of Stories," Amy Christianson; (from the series “A Piece of My Mind”: JAMA 302:10 [9 September 2009], 1042)

"Dr. S.,” Sara Wasserman (from Wild Onions XXIII [2009]: 14): Second Place winner, The Doctors Kienle

"Private Emergency Department, India,” Sural Shah (from Wild Onions XXIII [2009]: 14): Third Place winner, The Doctors Kienle Competition in Literature

"4 YO Wisdom,” Brittney Irey (from Wild Onions XXIV [2010]: 14): Third Place winner, The Doctors Kienle

"Donor,” by J. A. Konrath
"The Empty Nest,” by Madeline Mora-Summonte
"Bigger Than It Looks,” Samuel J. Baldwin
"Visiting Hours,” Katrina Robinson
"Golden Years,” Edith Perlman
"Blessing,” Christina Kopp
"The Time Before the Last,” Marcus Sakey

**Note:** Email your flash or micro fiction (2 pieces) and a third piece in the genre of your choice (personal reflection, imagist poem, free verse poem, Academic Medicine piece, or flash fiction) by Tuesday, 3 p.m.
NB: Please remember that Thursday is a DOUBLE class, from 9:00-2:00 unless we also schedule a class on the previous Wednesday.

**September 19 (R): 9:00—2:00 Submission, Portfolios and Final Business**

*Objectives:* At the end of this session, students will be able to

--Revise short fiction based on feedback from professor and colleagues
--Understand how to submit creative writing for publication in professional journals
--Understand how to create effective portfolios of original writing and peer critique
--See how their creativity and powers focused reflection have grown during this course
--View themselves as physician writers and as part of a network of physician writers

*Due:* written feedback on (copies of) colleagues' original flash or micro fiction (2 pieces) and the third piece of their choice

*In class:* Discuss original flash and micro fiction and reprise genre
Discuss how to submit original work for publication
Discuss portfolio submission for course grades
Course evaluations

*Due:* Monday, September 23, 12 p.m., noon (in Humanities Department)

Please submit the following in separate *clipped envelopes*, labeled with your name and which portfolio the envelope contains.

1. Portfolio of Original Work:
   **Please label each enclosed assignment with due date, genre, and your name**
   **Paper clip drafts of each genre in descending order, with final draft on top and first draft on bottom.**
   I must be able to see—and see readily, easily—the modifications you've made in subsequent drafts. You must, therefore, indicate these changes in color on hard copies of your drafts—"mark them up," that is, so that I can track the evolution of your piece. It is NOT acceptable merely to make changes on a word-processed document without providing a hard copy mark-up.

2. Portfolio of Peer Critiques:
   **Photocopies of your comments on colleagues' original drafts (and any word-processed summative comments) should be stapled according to each assignment (i.e., all your comments on colleagues' free verse poems should be stapled in one packet; all your comments on colleagues' micro-fiction stapled in one packet, etc.)**

3. Submissions Packet:
   **Copies of cover letters (when appropriate), confirmation-of-submission codes, and photocopied “submission successful” forms from online submission (when appropriate)**
   *Note:* Each confirmation of submission should be stapled ON TOP OF the original piece you submitted.

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Some key targets for publication: journals (and series, where applicable)

*Journal of the American Medical Association:*
  "Poetry and Medicine" (original poetry)
  "A Piece of My Mind" (personal reflections)
* Annals of Internal Medicine:
  "Ad Libitum" (original poems and maybe short prose)
  "On Being a Doctor" (personal reflections)
  "On Being a Patient" (personal reflections)
  "The Literature of Medicine" (recommendations for reading)

* New England Journal of Medicine:
  "Perspective" (at the beginning of each issue; essay can be issue-based or personal)
* The Lancet: original poetry, articles on medicine and art and medicine and literature

* Academic Medicine:
  "Medicine and the Arts" (an excerpt from literature, a poem, a photograph, lyrics, visual art) with a commentary on the relevance of the work to medicine and medical education
  "Teaching and Learning Moments" (first-person, informal narrative in which the author relates an experience or idea that provides a lesson applicable to medical education; can also be a commentary on a piece of art by you that appears on the cover of the journal)
  "Perspectives" (offer a well-supported observation about one or more issues, propose and support a new hypothesis, or theorize the implications of as-yet unimplemented innovations)

* The Arnold P. Gold Foundations Humanism in Medicine Essay Contest: 1000 words or fewer; topic changes each year; deadline is first week in April. Open only to medical students. Winning pieces are published in Academic Medicine. Cash prizes for top three. [www.humanism-in-medicine.org](http://www.humanism-in-medicine.org)

* Yale Journal for Humanities and Medicine (prose and poetry)

* American Journal of Medicine: reviews of books in "Reading for Survival" section; literary pieces in "Medicine, Science and Society" section
* Medical Humanities: book, film, art reviews; personal viewpoints; original poetry and prose relevant to the experience of illness

* Hektoen International: An Online Journal of Medical Humanities (poetry, short fiction, art [in any medium], essays, personal narratives, scholarly articles)

* Atrium: theme-related (check upcoming calls for submissions) usually not fiction or poetry, rather articles on the theme (Northwestern University Medical Humanities & Bioethics Program)

* Canadian Medical Association Journal: poetry, fiction, creative non-fiction, photography

* Bellevue Literary Review: prose and poetry broadly and creatively related to the themes of health, healing, illness, the mind, and the body

* Appendix: A Journal of the Medical Humanities (co-published by the medical schools of Columbia University and Ben-Gurion University; genres are fiction, essays, nonfiction, poetry, visual arts)

* Ars Medica (published via Mount Sinai Hospital in Toronto; genres are fiction, poetry, illustrations, and photography)

* Pharos (published by Alpha Omega Alpha Honor Medical Society [you do NOT have to be a member]; genres are essays, poems, photography/poetry combinations)

* The Journal of General Internal Medicine: "Text and Context" (excerpts from literature and an accompanying essay discussing the meaning of the work and linking it to the clinical or medical education literature)
* “Materia Medica” (personal narratives, essays, short stories, poems)

* The Examined Life: A Literary Journal of the University of Iowa Carver College of Medicine fiction, non-fiction and poetry www.theexaminedlifejournal.com

* Reflexions (Columbia University Medical Center): poetry, prose and visual art. Deadline Dec. 1. cumc-reflexions@columbia.edu

* Abaton (Des Moines University): poetry, essays, art, and photography

* Health Affairs: section “Narrative Matters” (personal stories with broader message; reflections on implications of personal experience that connect to policy)

* The Journal of Clinical Oncology (“The Art of Oncology” series)

* Journal of Radiology Nursing

* The Healing Muse (thehealingmuse.org)

* Journal for Learning through the Arts: section on “Literature and the Arts in Medical Education”<http://escholarship.org/uc/cita_lie>

* Pulse: Voices from the Heart of Medicine (published via Albert Einstein COM; genres are engaging, first-person stories about giving or receiving health care, poems)

* Cell 2 Soul: (ideas, essays, poems, stories, humor, relating to the humanities and their interaction with healthcare)

Penn State COM publications
Wild Onions: (poems, personal essays, short stories, photography, visual art)
24/7/365: (original articles, papers presented at scholarly conferences, essays, poetry, creative writing)

Periodic Competitions for creative writing (check updates each year)
Humanism in Medicine Essay Contest presented by the Arnold P. Gold Foundation (for MSs); see above
William Carlos Williams Poetry Competition (Northeastern Ohio Universities Colleges of Med and Pharm)
Deadline = December 31
The Physician-Patient Relationship Essay Contest (Dr. Shoshanah Trachtenberg Frackman Program in Biomedical Ethics at Albert Einstein College of Medicine) $1000 for top essay of up to 2500 words. Deadline = December 15.
Journal of Medical Humanities (poetry competition)
Annals of Internal Medicine (poetry competition)
Medical Economics (Young Doctor Writing Contest)
Michael E. DeBakey Medical Student Poetry Award (Baylor College of Medicine) cash prizes for top three Deadline for submission: December 31. (see me for postal submission address)
Harmony (The University of Arizona College of Medicine) http://humanities.medicine.arizona.edu Hippocrates Prize Awards (www.hippocrates-poetry.org) There’s a charge to submit, but big cash winnings Phoros Poetry Competition (http://www.alphaomegatalpha.org/poetry_competition.html)
Deadline = January 31
Helen H. Glaser Student Essay Awards (via Alpha Omega Alpha) Deadline = January 31
Richard Selzer Prize of $1000 (via Abaton) essays and short stories of up to 5000 words. Deadline = July 1
Other venues to explore

*International Journal of User-Driven Healthcare*
*Journal of Evaluation of Clinical Practice*
*The Journal of Healthcare, Science and the Humanities* (a Navy Medicine publication)
*Disability Studies Quarterly*
*The Permanente Journal*

**Note to Students with Disabilities**
Penn State Hershey welcomes students with disabilities into the College of Medicine’s educational programs. If you have a disability-related need for reasonable academic adjustments in this course, please contact Heather Manning, Disability Services Coordinator, CI747J, 717-531-283693. For further information regarding PSU’s Office of Disability Services, please visit their web site at www.equity.psu.edu/ods/. Please notify your instructor as early in the course as possible regarding the need for reasonable academic adjustments.
Education in Palliative & End-of-Life Care (EPEC)  
HMN 741  
Course Syllabus

Instructor: J.O. Ballard, M.D.  
Office: C1743  
Phone: 717-531-8778  
E-Mail: jballard@hmc.psu.edu  
Term: Fall 2013  
Class Meeting Days: T,TH  
Class Meeting Dates: September 23–October 18, 2013  
Class Meeting Hours: 9:00-11:30AM  
Class Location: C1800 (or as announced)  
Credits: 2.5  
Class Limit: 12

I. Welcome!

II. Purpose
The Humanities and Humanism in Medicine are a valued and emphasized in the curriculum at the Penn State College of Medicine. In the fourth year, every student participates in a required one month selective as a capstone experience. The purpose of each selective is to revisit themes and concerns of the medical humanities, many of which were introduced in the first year. From the vantage point of the fourth year, students apply clinical knowledge and experiences to a topic of their own choosing. Within each one month course, diverse strategies are used to reflect critically on the application of humanistic principles to the practice of medicine.

III. Course Overview
The EPEC curriculum, developed with the support of the Robert Wood Johnson Foundation in association with the American Medical Association and Northwestern University, teaches core competencies to physicians and other health care professionals caring for patients near the end of life (EOL). A series of small-group interactive sessions utilize didactic presentations, case scenarios (video), problem-solving exercise and role-playing to study strategies for dealing with EOL issues and providing humane care to the dying.

Topics covered in the course are:
- Inter-professional Communication in EOL Care (joint sessions with nursing students)
- Giving Bad News
- Cultural Context of Death
- Goals of Care
- Advance Care Planning
- Common Physical Symptoms
- Pain Management
- Dying & Death in Literature
- Spirituality and Suffering
- Sudden Illness
- Physician-assisted Suicide
- Withholding and Withdrawing Treatment
- Last Hours of Living
Reading lists are for each session. Assigned readings include a course manual and portions of two books, which are provided.

IV. Course Objectives
To teach the core clinical competencies involved in providing high quality EOL care so as to enhance healthcare provider skills and confidence in dealing with end-of-life issues; and improve patient-provider relationships and patient/family satisfaction with end-of-life care.

See additional objectives per each session.

V. Course Prerequisites
None

VI. Grading
Pass/Fail
Students are evaluated in the basis of the quality of their participation in discussion, two brief reflective essays and on their formal presentation of one course topic.

VII. Attendance
Sessions will meet for 2¾ hrs on Tuesdays and Thursdays. Attendance at all 8 sessions is mandatory unless an excused absence is granted by the instructor and the Office of Medical Education.

VIII. Other
1. Gaps in End-of Life Care
   - Introduce the EPEC curriculum
   - Describe the current state of dying in America
   - Contrast the current state with the way people with to die
   - Explore ways of improving the deficiencies in end-of-life care

2. Inter-professional Education in End-of-Life Care (joint session with nursing)
   - Describe how physicians and nurses might see patients and their illnesses from different perspectives
   - Explore gaps in areas of communication between physicians and nurses in caring for patients at end-of-life
   - Describe how inter-professional communication and collaboration between health care providers can be enhanced and the patient/family experience of care can be improved.

3. Communicating Bad News
   - Know why communication of bad news is difficult for the physician and patient
   - Practice delivering bad news to simulated patients
   - Understand how diverse cultural, ethnic and religious heritage can modify the reception of bad news

4. Goals of Care
   - Define the range of goals at end-of-life and how goals interrelate and change over time
   - Discuss how to negotiate reasonable goals of care, using language effectively
   - Discuss how to communicate prognosis and uncertainty
   - Understand how to tell the truth and identify reasonable hope
   - Discuss how to identify goals of care when patients lack capacity

5. Advance Care Planning
   - Define the elements of advance care planning and explain its importance
• Define the role of patient, proxy, physician and others
• Identify pitfalls and limitations in advance care planning
• Describe the steps involved in the advance care planning process
• Define substituted judgment and best interests standards and the PA law regarding the choice of decision maker for patients lacking decision making capacity

6. Death and Dying in Literature
   • Read and discuss “The Death of Ivan Ilyich” by Leo Tolstoy
   • Identify in this novella: elements of doctor/patient relationship, family relationships, pain and suffering, palliation, spirituality and transcendental issues

7. Depression, Anxiety, Delirium
   • Identify depression, anxiety, and delirium in patients facing the end of their lives
   • Describe approaches to manage each symptom

8. Common Physical Symptoms
   • Outline general guidelines for, and develop skills for, non-pain symptom management
   • Describe how the principles of intended/unintended consequences and double effect apply to symptom management

9. Pain Management
   • Compare and contrast nociceptive and neuropathic pain
   • Identify the steps of analgesic management
   • Describe alternate routes of delivery
   • Be proficient in converting between opioids while maintaining analgesia
   • Understand the role of adjuvant analgesics agents
   • Outline adverse effects of analgesics and their management
   • List barriers to pain management

10. Physician-Assisted Suicide
    • Define physician assisted suicide and euthanasia
    • Describe their current status in the law
    • Identify the root causes of suffering that prompt requests
    • Outline a 6-step protocol for responding to requests

11. Sudden Illness
    • Describe the features of sudden illness that require special skills
    • Learn to communicate effectively in the face of sudden illness
    • Learn how to guide decision making in the face of sudden illness
    • Explain the benefits and risks of time-limited trials

12. Withdrawing and Withholding Therapy
    • Explain the principles of withdrawing and withholding therapy
    • Apply the principles to the withdrawing and withholding of
      - Artificial feeding, hydration
      - Ventilation
      - Cardiac resuscitation

13. Last Hours of Living
    • Assess and manage the pathophysiologic changes surrounding the dying process
    • Prepare and support the patient, family and caregivers
    • Identify and manage initial grief reactions
**Note to Students with Disabilities**

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Jazz and the Art of Medicine
A Course in Improvisational Communication Skills
HMN 797F
Course Syllabus

Instructor: Paul Haidet, M.D.
Office: CG603
Phone: 717-531-8161
E-Mail: phaidet@hmc.psu.edu

Term: Fall 2013
Class Meeting Days: T,TH
Class Meeting Dates: September 23-October 18, 2013
Class Meeting Hours: 9:00 - 11:30am
Class Location: C1818
Credits: 2.5
Class Limit: 8

I. Welcome!

II. Purpose
The Humanities and Humanism in Medicine are a valued and emphasized in the curriculum at the Penn State College of Medicine. In the fourth year, every student participates in a required one month selective as a capstone experience. The purpose of each selective is to revisit themes and concerns of the medical humanities, many of which were introduced in the first year. From the vantage point of the fourth year, students apply clinical knowledge and experiences to a topic of their own choosing. Within each one month course, diverse strategies are used to reflect critically on the application of humanistic principles to the practice of medicine.

III. Course Overview
This course is designed to help students think about and develop additional skills (beyond those they already have) in medical communication processes. Much of the teaching of communication skills in medical school focuses on basic skills in isolation (e.g., what questions to ask when, how to break bad news, etc), rather than helping students to translate these skills into the messiness, uncertainty, and time pressure of actual medical practice. This latter translation can be seen as a "meta" skill — i.e., that of developing one's ability to improvise, using basic skills and applying them in unique and creative ways in actual practice.

In a sense, such real-time translation of basic communication elements is what jazz musicians do when they play together. Like medicine, jazz encompasses a number of basic musical building blocks that need to be applied during the unscripted and emergent environment of the bandstand. Budding jazz musicians spend years developing not only their knowledge of the common jazz scales and songs, but also their ability to use what they know to create something new and engaging with each performance. In this course, we will examine some of the things that jazz musicians do with respect to improvisation, and, through discussion, reflection, and practice, create our own personal plans for continually practicing and building communicative skill as we practice medicine in our respective fields.

IV. Course Objectives
At the end of this course, students will be able to:
a) Demonstrate increased adaptability in the medical encounter
b) Articulate specific aspects of the voice they will work to develop as doctors
c) Incorporate elements of space, paraphrasing, and understanding patient perspectives into their own communication behaviors

d) Be perceived by patients as "good listeners"

V. Course Prerequisites
Successful completion of all third year core clerkships.

VI. Grading
The course is pass/fail.

VII. Attendance
Attendance at each of the course activities and completion of homework assignments is required for a passing grade.

VIII. Other

Course Activities
There will be several types of activities that we will pursue in this course:

1. There will be 4 classroom sessions from 1-3:30 on October 25, Nov 1, Nov 8, and Nov 13. All in-class sessions will be in C-1800.
   b. Session 2 (Nov 1): Conversations: Listening for Meaning
   c. Session 3 (Nov 8): Finding Your Voice
   d. Session 4 (Nov 13): Mastering Space

2. Practice is critical to developing communication skill. There will be two opportunities to practice:
   a. Two 20-minute interviews with a standardized patient (one at the beginning and one at the end of the course) The dates we have reserved the simulation center and the SP for this exercise are the morning/afternoon of October 24, and the afternoon of November 15. Everyone will have a 20 minute window during those afternoons.
   b. Each student will attend a clinic in the specialty they are going into for a half day on two occasions (one during a window of oct 29-31, and the second during a window between nov 5-7). These windows are important, since they come at a specific time during the sequence of in-class sessions.

Textbook
The "text" for the course will be the 1959 album "Kind of Blue" by the Miles Davis Quintet. If you want to purchase or download this easily findable recording, you will impress all of your friends with the "sophisticated new music" that you are grooving to. If you are NOT sure you want to buy some crazy old-guy jazz album, I will have CDs for students to sign out during the first class session.

Homework
Homework: There will be some readings for each session, and some short reflective writing assignments for the course. There will be a final paper due at the end of the course on Nov 16, based on experiences during the course and your final session with the standardized patient. These writing assignments will be relatively short, and are intended to foster creative thinking, rather than being busywork. The readings to be done prior to each session will be posted on Angel.

What I Expect From You
On one level, this course is intended to challenge common assumptions about the medical encounter. In order to do so, our conversations will be that much better if all come with an open mind and willing to listen deeply to each other, try out new ideas, and play with the concepts that emerge during our discussions. I expect all to "show up" not only physically, but mentally as well.

**What You Can Expect from Me**
As your "instructor," I see my main task as helping to create a space in which it is safe to share, discover, and find new meanings in your work on your own communication skills. I stand ready to do so, and commit to managing the logistics of the course and course activities so that they do not get in the way of everyone's progress. I am available to meet one-on-one at any point in the course if you would like to discuss any aspects with me—Mandy McCaffery keeps my schedule, and can set up appointments with me if needed.

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Finding ‘Right’ Answers:
Solving Ethical Dilemmas in Medical Practice
HMN 753
Course Syllabus

Instructor: Rebecca Volpe, Ph.D.
Office: C1743
Phone: 717-531-8778
E-Mail: rvolpe@hmc.psu.edu

Term: Fall 2013
Class Meeting Days: T,TH
Class Meeting Dates: October 21 – November 15, 2013
Class Meeting Hours: 1:00 – 3:30 pm
Class Location: C1800
Credits: 2.5
Class Limit: 16

I. Welcome!

II. Purpose
The Humanities and Humanism in Medicine are a valued and emphasized in the curriculum at the Penn State College of Medicine. In the fourth year, every student participates in a required one month selective as a capstone experience. The purpose of each selective is to revisit themes and concerns of the medical humanities, many of which were introduced in the first year. From the vantage point of the fourth year, students apply clinical knowledge and experiences to a topic of their own choosing. Within each one month course, diverse strategies are used to reflect critically on the application of humanistic principles to the practice of medicine.

III. Course Overview
This course aims to teach ethics methods: How do you do ethics? More specifically, how do you do clinical ethics in a systematic fashion that will increase the probability of arriving at right answers? This course teaches four different ways of thinking about ethical dilemmas and arriving at reasoned answers. The goal is to apply a systematic framework to ethical dilemmas in order to de-mystify the process and empower students to reach their own right answers.

The foundational course goal is to teach students how to apply a systematic framework to ethical dilemmas, and then to use that framework to reach a reasoned answer. Additional goals include:

- Ensure that students master four methods for moral reasoning: Principlism, Virtue Ethics, Casuistry, and SFNO
- Develop students’ ability to use course concepts in thinking and problem solving
- Further students’ interpersonal and team interaction skills
- Cultivate an environment of curiosity, collaboration and open-mindedness

Method. This course is, in design and in practice, a seminar whose purpose is to foster an intellectual community of scholars working together toward common goals. One of the most important components of a good education is learning how to articulate, discuss, and debate ideas aloud. Therefore, while I will provide basic information and respond to your ideas, you will generate the majority of the rigorous discussion that constitutes each class meeting.
IV. Course Objectives
See individual class session objectives.

V. Course Prerequisites
Successful completion of all third year core clerkships.

VI. Grading
Pass/Fail
Your grade in this course will be based on three components:
1. Participation (40%)—attendance at all class sessions is required
2. Papers (50% total; 10% for each of five papers)
   a. Each Thursday a 1-page analysis is due. You will use the method of the week to analyze a case
   b. On the final day of class, an additional 1-page paper is due
3. In-class presentation (10%)
   a. Eight (8) minutes in length, on a topic of your choosing

The views you express in class and in your papers are ‘safe.’ That is to say, if you express an opinion that is unpopular with your colleagues, or that I personally disagree with, it will in no way affect your grade. What I am looking for, much more than your conclusion, is the reasoning you used to reach your conclusion.

VII. Attendance
Class attendance is required. Students may have up to 2 excused absences.

VIII. Other
WEEK 1: PRINCIPISM + AUTONOMY/PATERNALISM

Session 1: Principism

Objectives
After studying the assigned materials and attending the session, the student will:
- Articulate the nature, goals and impetuous of the course
- Defend their own opinion about whether there are ‘right answers’ in ethics
- Describe Principism as a moral method, including its strengths and limitations

In-class Activities:
- Introductions (to course, each other)
- Mini-lecture: overview of Principism
- Discussion questions to consider while reading—discussion
- Group discussion: Treatment refusal in an emergency

Required Readings

Discussion Questions to Consider While Reading:
• Is Principilism an intuitive process for you? Does the ‘ specification and balancing’ of principles help you choose which principles should outweigh other principles?
• What critique, if any, of Principilism do you find most persuasive?
• Do you think any one of the principles should have more weight than the others? If so, why? Which one?

Session 2: Autonomy

Objectives
After studying the assigned materials and attending the session, the student will:
• Describe the meaning, importance, and limits of respect for patient autonomy
• Explain the elements of informed consent, and its relationship to autonomy
• Utilize Principilism to resolve an ethical dilemma

In-class Activities:
• Discussion questions to consider while reading—discussion
• Mini-lecture: advanced autonomy questions
• Whole-class discussion of Galanás case

Required Readings
• ACE Capacity Evaluation
• Homework case: Galanás

Discussion questions to consider while reading
• Are there limits to what patients can ask providers to do (e.g., Galanás case)? If so, what are they? Who decides where the line is?
• How far does a provider’s obligation to facilitate a patient’s autonomy go?
• Is it appropriate to invoke therapeutic privilege with a patient who has decision-making capacity? If so, under what circumstances?
• What is the relationship between the law and ethics in terms of autonomy?

Writing Assignment
• Using the Principilism framework, write a 1-page analysis of the Galanás case, arriving at a ‘ right’ answer. Your paper should include a clear articulation of the ethical dilemma near the beginning of the analysis (please underline it).

WEEK 2: VIRTUE ETHICS + WITHHOLDING/WITHDRAWING AND PAS

Session 3: Virtue Ethics

Objectives
After studying the assigned materials and attending the session, the student will:
• Describe Virtue Ethics as a moral method, including its strengths and limitations
• List and define commonly cited virtues in medicine
• Compare and contrast Virtue Ethics with deductive methods (e.g., Principilism) of medical ethics

In-class Activities
• Mini-lecture: Overview of virtue ethics
• Discussion questions to consider while reading—discussion
• Student Presentations [see list of topics in ‘Presentation Guide’]
  Student: [name]
  Student: [name]
  Student: [name]
  Student: [name]
  Student: [name]

Required Readings
• Volpe, RL. Philosophy Terminology.

Discussion questions to consider while reading
• Can virtue ethics stand alone as a method for resolving ethical dilemmas, or does it need to be paired with another method (e.g., Principlism) in order to be effective?
• Can virtue be meaningfully taught?
  If not, does this mean that the un-virtuous among us cannot use virtue ethics to resolve ethical dilemmas?
• Does the ethic of care resonate with you? Do you find that when you resolve ethical dilemmas you tend to think about relationships and emotion, or do you focus on rules and rights? How is this significant? Based on your answer, what do you personally need to keep in mind as you make ethics decisions?

Session 4: Withholding/withdrawal and PAS

Objectives
After studying the assigned materials and attending the session, the student will:
• Describe why there is no ethical distinction between withholding and withdrawing life-sustaining medical treatment (LSMT)...
• ...and also explain why it often feels as though there is a difference.
• Formulate coherent reasons for or against withdrawing low-burden LSMT
• Utilize Virtue Ethics to resolve an ethical dilemma

In-class Activities
• Discussion questions to consider while reading—discussion
• Mini-lecture: withholding/withdrawing
• Whole-class discussion of Bishop P case

Required Readings
• Battin, M.P. (2003). Euthanasia: The way we do it; The way they do it. In Ethical Issues in Modern Medicine, Ed by Steinbock et al., p 401-409.

• Homework Case: Bishop P

Discussion questions to consider while reading
• Do you think greater justification should be required for withholding a treatment than withdrawing it?
• In the Wendland case, the court ruled, “...a conservator may withhold or withdraw life-sustaining treatment for the purpose of causing [the patient’s death]’ only if there is clear and convincing evidence...”
  What is our purpose when we withdraw LSMT? Is it to cause the patient’s death? To facilitate a comfortable death? To withdraw a burdensome intervention? To remove a barrier to natural death? Does our purpose (intention) matter?
• How would the ethic of care guide you in the cases from the reading?

Writing Assignment
• Using the Virtue Ethics framework, write a 1-page analysis of the Bishop P case, arriving at a ‘right’ answer. Your paper should include a clear articulation of the ethical dilemma near the beginning of the analysis (please underline it).

WEEK 3: CASUISTRY + SURROGATE DECISION MAKING

Session 5: Casuistry

Objectives
After studying the assigned materials and attending the session, the student will:
• Describe Casuistry as a moral method, including its strengths and limitations
• Compare and contrast Casuistry with deductive methods (e.g., Principilism) of medical ethics
• Utilize Casuistry to resolve an ethical dilemma

In-class Activities
• Mini-lecture: Overview of casuistry
• Discussion questions to consider while reading—discussion
• Student Presentations [see list of topics in ‘Presentation Guide’]
  Student: [name]
  Student: [name]
  Student: [name]
  Student: [name]
• Closure: Pennsylvania state law related to surrogate decision-making (to inform Ms. Jenny analysis)

Required Readings
• Summary of court cases related to surrogate decision-making

Discussion questions to consider while reading
• Are there similarities between casuistry and virtue theory with regard to the relationship to principles?
• In today’s pluralistic society, is casuistry a more realistic approach than ‘theory-rich’ perspectives, given that casuistry is ‘theory-modest’?
• What is the relationship of principles to cases for the caustic?

Session 6: Surrogate Decision Making
Objectives
After studying the assigned materials and attending the session, the student will:

- Evaluate what decisions should be within the purview of a surrogate decision-maker
- Outline standards for surrogate decision-making
- Utilize Casuistry to resolve an ethical dilemma

In-class Activities
- Discussion questions to consider while reading—discussion
- Mini-lecture: surrogate decision-making
- Whole-class discussion of Ms. Jenny case

Required Readings
- Homework Case: Ms. Jenny

Discussion questions to consider while reading
- Do you think it's possible to engage in substitute-judgment decision-making for never-competent people?
- What are some shortcomings with using surrogate decision-makers?
- Given the stickiness of quality of life assessments, how should we guide surrogate decision-makers who need to make 'best interests' judgments?

Writing Assignment
- Using the Casuistry framework, write a 1-page analysis of the Ms. Jenny case, arriving at a 'right' answer. Your paper should include a clear articulation of the ethical dilemma near the beginning of the analysis (please underline it).

WEEK 4: SFNO + FUTILITY

Session 7: So Far No Objections (SFNO)

Objectives
After studying the assigned materials and attending the session, the student will:

- Describe SFNO as a moral method, including strengths and weaknesses
- Investigate how the SFNO approach is similar to Principlism
- Utilize the SFNO model to resolve an ethical dilemma

In-class Activities
- Mini-lecture: Overview of SFNO
- Discussion questions to consider while reading—discussion
- Student Presentations [see list of topics in 'Presentation Guide']
  
  Student: [name]
  Student: [name]
  Student: [name]
  Student: [name]
  Student: [name]
Required Readings


Discussion questions to consider while reading

- Is the SFNO method at a different level of analysis than the other moral methods we’ve considered?
- SFNO is a common denominator approach—is this similar to any of the other moral methods we’ve learned?
- The SFNO approach puts information into four conceptual buckets (much like principlism) and then articulates a process for resolving conflicts (again, much like principlism). Which method do you prefer? Why?
- The process for resolving conflicts between competing stakeholders, facts or norms is complex. Is it too complicated to be practical?

Session 8: Futility

Objectives

After studying the assigned materials and attending the session, the student will:

- Define futility, including the features that often illicit disagreement
- Utilize the SFNO model to resolve an ethical dilemma
- Appraise the strengths and weaknesses of all four moral methods: Principlism, Virtue Theory, Casuistry and SFNO

In-class Activities

- Discussion questions to consider while reading—discussion
- Mini-lecture: Futility
- Whole-class discussion of N.J. case
- Evaluation of all four models; which is best?

Required Readings

- Homework Case: N.J.

Discussion questions to consider while reading

- Who gets to decide what the goals of treatment are? Is it purely up to the family/patient? Do health care providers have a say?
- In practice, how will you determine whether something is ‘virtually certain’?
- Do you think that Truong engaged in child abuse when he attempted futile CPR?
- How does resource allocation come into play with futile treatment?
- Is it ethical that Truong essentially used the patient to appease the psychological needs of the family? On what basis?

Writing Assignments

- Using the SFNO framework, write a 1-page analysis of the N.J. case, arriving at a ‘right’ answer. Your paper should include a clear articulation of the ethical dilemma near the beginning of the analysis (underline it).
- Write a one-page paper where you choose your favorite moral method and defend your choice. This can be done in a variety of ways, including but not limited to:
Exploring the advantages and disadvantages of your favorite method
Comparing and contrasting your favorite method with other methods
Comparing the methods using criteria you think are important for a good moral method to include.

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Photography and Medicine
HMN XXX
Course Syllabus

Instructor: Dan Shapiro, Ph.D.
Office: C1743
Phone: 717-531-8779
E-Mail: dshapiro@hmc.psu.edu

Term: Fall 2013
Class Meeting Days: M, W
Class Meeting Dates: October 21 – November 15, 2013
Class Meeting Hours: 1:00 – 3:30 pm
Class Location: CI800
Credits: 2.5
Class Limit: 12

I. Welcome!

II. Purpose
The Humanities and Humanism in Medicine are a valued and emphasized in the curriculum at the Penn State College of Medicine. In the fourth year, every student participates in a required one month selective as a capstone experience. The purpose of each selective is to revisit themes and concerns of the medical humanities, many of which were introduced in the first year. From the vantage point of the fourth year, students apply clinical knowledge and experiences to a topic of their own choosing. Within each one month course, diverse strategies are used to reflect critically on the application of humanistic principles to the practice of medicine.

III. Course Overview
This course focuses on both making and analyzing photographic images. By the end of this course you will have a working knowledge of technical aspects of photography, an understanding of the role of photography in the growth of medicine and understand the use of photography in most public health movements. Additionally, the act of creating images will influence how you see patients and their environments.

To take this course, you needn’t have ever held or used a camera, taken any art courses, or analyzed a photograph before. You will be taking many photographs as part of the course. You can use your own camera, your phone, or borrow one of ours.

IV. Course Objectives
1. Students will describe the intertwined relationship between photography and medicine from the mid 1800’s to date.
2. Students will review and analyze the work of major portrait and medical photographers with a focus on the lifestyles and circumstances revealed in the images
3. Students will use the major technical elements of photography including lighting, aperture, speed, composition, film speed, focus, depth of field, and other common digital camera settings to create their own images.
4. Students will analyze the ethical issues inherent in creating, editing, storing, and sharing patient related images.
5. Students will list uses of medical photography in public health movements in the Unites States and abroad
6. Students will explore the historic images from their chosen specialty and analyze what the images reveal about the focus, challenges, strengths, and limitations of the field.
V. Course Prerequisites
   None

VI. Grading
   The course is Pass-Fail but you must attend and participate in all classes to pass.

VII. Attendance
   Must attend and participate in all classes to pass.

VIII. Other
   Assignments will include analyzing and taking photographs.

   Discussion: Discussion and analysis and learning to use cameras will take a significant portion of the class
time. Participation is required to pass the course.

   There will be photography assignments after each class period including taking “detail” photographs, a
portrait, a wide angle shot of an institution, an inside shot of a medical space, and an artistic or blended shot.

Class Meeting Dates

After the first session, each of the following 5 sessions will include a short lecture followed by analyzing one
another’s images and the images of major photographers and photojournalists.

   1/6 Orientation to the camera: speed, composition, film speed, focus, depth of field. Orientation to
   language of art analysis: Composition, texture, light, vanishing point, movement, depth, color,
tone, noise.

   1/8 Ethical issues inherent in creating, editing, storing, and sharing patient related images.

   1/13 The role of photography in public health movements

   1/15 Major portrait and medical photographers

   1/20 Playing with light

   1/22 Studio vs street photographers

   1/27 Black and white vs color. Advanced techniques: HDR

   1/29 Student gallery show and selections for Wild Onions Submissions

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disability-related need for reasonable academic adjustments in this course, please contact Heather Manning, Disability
Services Coordinator, CI747J, 717-531-283693. For further information regarding PSU’s Office of Disability Services,
please visit their web site at www.equity.psu.edu/ods/. Please notify your instructor as early in the course as possible
regarding the need for reasonable academic adjustments.