**2018-19 Medical Humanities Seminars**

**for 1st Year Medical Students**

**THE ART OF OBSERVATION AND REPRESENTATIONS OF THE BODY IN VISUAL ART**

**Instructors**:Fatema Esaa, Y4 Medical Student, and Susan Daiss, M.A., MDiv, Senior Associate, Medical Humanities & Bioethics and Memorial Art Gallery

**Learning Objectives**:

* To learn a 5-question protocol for the observation of works of art
* To enhance observational skills by practicing with artwork from multiple cultures and time periods
* To practice describing and communicating their observations to others both orally and in writing
* To consider how the human body is represented in visual art across time and cultures

**Course Description**: The art of observation as a clinical skill cannot be overemphasized. It is a crucial step towards the synthesis and analysis of clinical information. However, we ultimately receive limited opportunity to practice this skill, as developing differential diagnoses and creating treatment plans often take precedence in clinical settings. In the study of medicine, one gains a unique appreciation for the human body. During the first two years of medical school especially, we study the human body as the center of many biological processes. What does the body mean outside of the walls of hospital?

In this seminar we will practice and refine our observational skills while studying works of art focused on the human body. We will step into the realm of analysis as we consider how the body is represented in health, illness and across time and cultures. Two classes may take place away from URSMD: potentially one at the Memorial Art Gallery and one at the George Eastman Museum.

**Required assignments**:

* Either a short weekly pre-reading OR written reflection
* Class participation
* Leading the class through the analysis of one piece of artwork of your choosing (last two classes)

**MEDICINE AND THE HOLOCAUST**

**Instructor**: Bernard Sussman, M.D. Professor, Medicine (Palliative Care) and Medical Humanities & Bioethics

**Learning Objectives for this Seminar**:

Students will:

1. Understand the history of Eugenics in the United States and its influence on German(Nazi) racial hygiene ideas and practices
2. Understand the essential role played by the medical profession in fulfilling the purposes of Nazi racial biological policy ( eugenics, euthanasia, genocide and medical experimentation)
3. Investigate the relevance of physician conduct in Nazi Germany to contemporary ethical controversies and issues. What moral instruction does the history of medicine in the Holocaust have for today?

**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 insight into the moral complexities of racially based medical practices in the United States as well as Nazi Germany. Students will be better able to assess the role of personal and social bias in assumptions about quality of life judgments in medical decision making. Students will be better able to consider the ethical complexities of contemporary controversies about allocation of medical resources, physician aid in dying and euthanasia and to apply knowledge of history of medicine during the Holocaust in considering these controversies.

# Course Description: This course will examine the American eugenics movement in the early 20th century as prologue to Nazi racial biology as well Germany’s program of eugenics. German racial biology theories changed the practice of medicine in Nazi Germany. The role of physicians in eugenic programs, euthanasia and genocide will be explored. The corruption of medical ethics and education in German universities will be studied. Medical experimentation in concentration camps and the influence of the Nuremberg Doctors’ trial on bioethics will be discussed. Most importantly, asking how knowledge of this history can instruct moral conduct of physicians today will be an essential aspect of the seminar format of the class.

**STORIES IN MEDICAL HISTORY**

**Instructor**: Richard A. Demme M.D., FACP, Associate Professor, Medicine (Nephrology) and Medical Humanities and Bioethics

**Learning Objectives for this Seminar**: Students will:

1. Discuss important figures in the history of medicine, and their contributions.
2. Review the development of ethics codes in medical research.

3. Discuss the difficulties historical figures have encountered in introducing new ideas and innovations in 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:

* Appreciate the evolving nature of standard of care in medicine over time
* Explore the introduction and responses of clinicians and others to new therapies in research or therapeutics.
* Recognize the challenges and barriers to advancing knowledge and changing practices in medicine

**Course Description:** The history of Medicine is replete with fascinating stories and narratives of heroes and heretics. These stories demonstrate the impact of individuals and innovations on medical knowledge about diseases, treatments, and practices.

Topics may include:

The Experiments of William Beaumont on the man with the hole in his stomach.

The Development of the Nuremberg Code.

The real story of the Tuskegee syphilis study, and the Guatemalan syphilis studies.

The discovery of vitamins and deficiency diseases.

The story behind the Iditarod dogsled race, and the history of anti-vaccination campaigns.

Semmelweis, Lister, and Pasteur: Antisepsis and understanding infectious disease.

Ether Frolics—the development of anesthesia, and competition for “being the first” to use it.

Burke and Hare: 19th century Grave Robbers, and modern grave robbing.

Roentgen, and imaging the body—x-rays, sound waves, and magnetism.

**Required Assignments***:*

Each week we will discuss at least two related stories in the history of medicine. Topics will have 1 – 3 references: either short articles or book chapters. Each student will be assigned to review one of the references (article or short chapter) each week, and to contribute to the weekly conversation.

Students are allowed and encouraged to read any or all of the other references, if interested!

**INFORMED CONSENT: DO WE UNDERSTAND EACH OTHER?**

**Instructor**: Marianne Chiafery, DNP, PNP-C, MS Clinical Bioethics, Assistant Professor, SON & Medical Humanities & Bioethics

**Learning Objectives**: Students will:

1. Describe the historical basis for our current guidelines for informed consent, autonomy, and protection of vulnerable populations.
2. Develop critical thinking and effective communication techniques to assure the best possible process for obtaining informed consent for medical care.
3. Describe the process for assuring that refusal of medical treatment is informed.

**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: Learn and practice: capacity assessment, obtaining informed consent, and exploring reasons for informed refusal of treatment.

**Course Description**: Autonomy, informed consent and decision-making capacity are important concepts for the provision of ethical medical treatment and care and is a process that requires good communication and listening skills. In this course we will explore the historical basis for autonomy and informed consent and explore the challenges of obtaining informed consent for patients who lack capacity, such as minor children, those with a diagnosis of mental health problems, dementia and other vulnerable populations. The effects of culture on autonomy and consent will also be discussed. Learning methods include analysis and discussion of characters from film and literature, (“Wit” and “Still Alice” as well as group discussion of ethically challenging cases.

**Required assignments**:Students are required to arrange a time to attend a 2 hour visit to the Memorial Art Gallery art program for people with Alzheimer’s dementia. This experience will be coordinated with Susan Daiss.

**THE PERPLEXITY OF PAIN: THE MEDICINE, CULTURE, AND POLITICS OF SUFFERING**

**Instructor**:John Markman, M.D., Professor of Neurosurgery and Neurology

**Learning Objectives**:

* To study the biology, culture, history, politics, and psychology of physical suffering
* To explore participants’ personal experiences and potential biases with respect to pain
* To understand the challenges of clinical pain assessment and measurement
* To improve the diagnosis and treatment of acute and chronic pain by future clinicians

**Course Description**: Is pain subjective? How should chronic pain with no known biological cause be addressed? What role should the government play in regulating pain compensation and drug therapy? Is it true what critics say: that the development of opioids like OxyContin led to an overmedicated and addicted society?

Pain is a universal yet intensely personal experience, and questions like this have sparked fierce ideological debates. Pain is also the leading reason to seek medical care. Clinical judgments about pain are central to every patient encounter across all fields of medicine. No decisions in medicine are more complex than deciding which pains merit treatment and how much risk is worth taking to alleviate pain.

This seminar will be grounded in weekly video testimonials of patients suffering from pain conditions. Consideration of these cases will confront the political and inevitably, legal debates over who’s pain is “real,” how much pain they are in, and how much relief they deserve. The course will trace the story of pain throughout human history, giving special emphasis to the medical developments and shifting perspectives during the last 70 years in America. Through its exploration of the cultural milieu and illness experiences this seminar will offer a unique introduction to the modern approach to the clinical assessment and management of pain.

**Required assignments**:

* Review of weekly materials (reading, video, etc.)
* Class participation
* One 15 minute in class presentation
* Essay (3 page)

**HEALTH BEYOND HEALTHCARE**

**Instructor**: Theresa Green, PhD, MBA, Assistant Professor in Public Health Sciences, Director of Community Health Policy and Education at Center for Community Health

**Learning Objectives:**

* Participants will gain a deeper understanding of how health care delivery fits in a bigger picture of HEALTH, including population health management, policy, current events and culture
* Participants will explore the impact of social forces and policy change on the way they practice medicine
* Participants will learn how to engage the community on community health improvement initiatives including exploring community partners and discussing aspects of evaluation, IRB and implementation.

**Impact on Student**: This course will teach students how to look beyond health care delivery for addressing the needs of their patients. Students will learn the importance of advocacy, where to learn more about the health of their community, and how to develop community health improvement strategies to impact the population beyond medical care.

**Course Description:** This will be a dynamic and interactive seminar exploring aspects of health beyond the physician-patient interaction. What other things are influencing the health of your patients? We will explore policy decisions within and outside of health care that influence medicine, including the implications of the Affordable Care Act and other current political decisions. We will discuss non-medical aspects of health including housing, land use regulations, transportation, economic development, etc. We will draw from current films, news, Ted Talks and documentaries such as “Fed Up” and “Super-Size Me”, “Bowling for Columbine”, “Unnatural Causes”, “July 64”, and others. Students will use this course to learn how to impact health from outside the hospital walls, including identifying a problem and creating a path towards improvement through evidence based interventions, advocating for a policy or regulation, or engaging the community in action. We will re-connect with the world outside of care delivery by discussing relevant current events that impact health, joining health policy newsfeeds and/or webinars, and exploring advocacy by engaging policy leaders.

**Required assignments:** Come to class prepared, having completed all assignments which may include readings, webinars, viewing TedTalks, exploring the community, etc. Students will be required to keep up with current events and to share relevant current events in class. Class engagement and participation is a must.

**THE CONTEMPLATIVE MIND IN MEDICINE: MINDFULNESS-BASED STRESS REDUCTION FOR MEDICAL STUDENTS**

**Instructors**:Mick Krasner, M.D., Associate Clinical Professor, Medicine; Patricia Luck, MBChB, MPhil, MSc, Assistant Professor, Medical Humanities & Bioethics

**Exceptions to times/dates of seminar**:Wed evenings, 1/9, 1/16, 1/23, 1/30, 2/6 and 2/13, 6:00 – 8:30 pm,; and an all day mandatory session on Sat, Feb 9, 9:00 – 4:00 pm, at The Healthy Living Center, 46 Prince St, Rochester.

\*\*The Saturday session is an “all-day” session shared with a group of physicians and other health professionals taking a similar course simultaneously. It has been a highlight of the course in prior years. As stated above, it is also mandatory that you attend so please check your schedules and plan ahead before signing up.

**Enrollment Limit**: 10 students maximum

The Healthy Living Center location: <https://maps.google.com/maps?q=46+prince+street+rochester+ny&hl=en&hnear=46+Prince+St,+Rochester,+New+York+14607&gl=us&t=m&z=16>

**Learning Objectives**:

* Provide a forum for learning and experiencing meditation-based stress reduction skills
* Provide a supportive environment where medical students can examine and reflect on the experience of medical training as it is unfolding
* First-hand practical experience of mind-body skills that may provide the foundation for a “holistic” orientation to future patient care

**Course Description**: The practice of medicine in the 21st century is becoming increasingly complex. Physicians and physicians-in-training are challenged to balance the changing nature of the physician-patient relationship, which is increasingly more participatory, while remaining competent and knowledgeable about burgeoning technological advances in medical care.  Experiences during undergraduate medical education that promote self-awareness, self-observation, and self-regulation are helpful to meet these challenges.

Mindfulness-Based Stress Reduction is an approach that can provide some of the skills necessary to maintain “wellness” during this challenging period. It can also help oneself to connect more deeply to the unfolding of the experience of medical training in a way that can provide the basis for a lifetime of awareness and attentiveness, and enhance one’s effectiveness not only as a physician but also as a human being.

This course involves intensive in-class practice of meditation skills including: sitting meditation, walking meditation, and mindful movement (similar to Hatha Yoga). This is augmented by facilitated discussion and reflection on these meditative exercises, and a review of stress physiology, stress reactivity, and the effects of mindfulness-based interventions in health and disease. Supplemental readings and at home guided meditations deepen the experience and facilitate the application of mindfulness practice in everyday life.

**Required materials to be purchased by students**: Students should bring to class a Yoga mat or camping pad, and a blanket that can be folded to provide a cushion.  Handouts will be provided at each session, and audio CDs will be provided to guide the home practice.

**Required assignments**:Daily home meditation practice, approximately 20 minutes in duration, will be guided by audiotapes provided to the students.

**STUDYING PATHOGRAPHY: HOW WE TELL THE STORY OF ILLNESS**

**Instructor**: Kevin Boyd, MDiv, Assistant, Medical Humanities & Bioethics; Associate Director of Chaplaincy Services

**Learning Objectives for this Seminar**:

Students will:

1. Understand the four illness narrative genres and their interrelationships.
2. Understand and apply the strengths and limitations of these genres in interpersonal relationships and communication with staff, patients, and families.

**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: Develop a deeper appreciation for how people understand and tell their experience of illness. This course will give students additional interpersonal, interpretive skills to facilitate increased communication with patients, families, and colleagues. It will also assist in understanding some root causes of communication breakdown and conflict in the medical setting-namely when two genres of story are being used to describe the same experience.

**Course Description:** Using the work of Arthur Frank and Anne Hawkins we will explore 4 different genres of stories about illness (Restitution, Chaos, Journey, and Battle). We will examine each genre independently in terms of its core characteristics as well as inherent strengths and limitations. We will also put them into conversation with one another to appreciate the ways in which some modes of understanding can complement one another while others necessarily create conflict. We will engage film, poetry, literature, and television in our work together.

**Required Assignments***:* Students will read selections from Arthur Frank *The Wounded Storyteller* and Anne Hawkins *Reconstructing Illness* as well as a portion of the play *Wit*.

**LATINO HEALTH PART 1: CLINICAL COUNSELING AND MEDICAL WRITING**

**Instructor**:Francisco Gomez

**Latino Health Pathway**: This is the first of a three-part series required for students pursuing the Latino Health Pathway.

**Learning Objectives**:

* Develop conversational Spanish and medical Spanish skills through mock patient interviews with other members of the class.
* Develop the vocabulary and grammar to counsel a patient in Spanish (healthy behaviors, medication adherence, etc.) in a way that is understood to be professional, empathic, and non-judgmental.
* Practice writing home medication instructions and discharge instructions for a patient in layman’s terms.
* Practice taking a history and guiding a patient through the physical exam in Spanish
* Explore common disease process that affect Latino’s in the United States

**Course Description**: This course is designed for students in the Latino Health Pathway, which require prior admission. During this course, students will review verb conjugations within a medical context, while also focusing on medical vocabulary enhancement.  Students will practice taking a history and performing exams in Spanish via role playing. In addition, student will learn to provide written instructions for patients in Spanish. Class will be taught in Spanish.

**Required materials to be purchased by students**: "501 Spanish Verbs" by Kendris and Kendris (recommended)

**Required assignments**:Writing assignments and reading perquisites prior to class. Class participation is mandatory.

**MANAGEMENT OF “THE OTHER”: CASE EXAMPLES IN THE POWER OF STIGMA**

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

**Learning Objectives**:

* Deepen understanding of stigma as a social phenomenon as it relates to cultural norms, identity formation and community.
* Explore historical examples of stigmatized groups and how their social exclusion impacted framing of health/disease, including the sociopolitical response of the medical community.
  + Identify individual and social contexts of stigma.

**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 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 or research paper is expected.

**IT TAKES A VILLAGE: A MULTIDISCIPLINARY APPROACH TO TRAUMA-INFORMED CARE**

**Instructors:** Cihan Caglayan, Y2 Medical Student, Laura Cardella, M.D., Assistant Professor, Psychiatry and Pediatrics, and Abigail Kroening, M.D., Assistant Professor, Pediatrics (Development and Behavioral Pediatrics)

**Learning Objectives for this Seminar**:

1. Develop an understanding of early childhood trauma, its manifestations, and socioeconomic and cultural factors that contribute to it.
2. Observe and recognize behavioral manifestations of trauma.
3. Explore evidence-based strategies and local resources to address trauma in schools, communities, the juvenile justice system, and the clinical setting.

**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:

1. Recognize manifestations of trauma and understand how prior trauma influences an individual’s health, academic, and legal outcomes.
2. Incorporate their understanding of trauma and evidence-based interventions into trauma-informed clinical encounters.
3. Connect patients who have experienced trauma to appropriate providers/ community resources in Rochester.
4. Have increased confidence in approaching patients with a history of trauma.

**Course Description:** In this seminar, students will explore definitions, manifestations, and consequences of trauma (with a focus on ages 0-18) through multiple lenses: social work, psychiatry, psychology, education, juvenile justice, and community work. Students will connect prior knowledge and experience with new understanding through reflection and group discussion as well as through observation and interaction with individuals who have experienced trauma. Multiple sessions will take place outside of URMC (ex: Mt. Hope Family Center, Monroe County Hall of Justice Children’s Center, School 17, Center for Youth) so that students can understand trauma and trauma-informed care through experiential learning.

**Required Assignments**: Students will be required to submit a written reflection (one paragraph) after each session.

**BEYOND BOUNDARIES: WHERE SPIRITUALITY AND MEDICAL NARRATIVE INTERSECT**

**Instructor**: Chaplain Robin Y. Franklin, SMH

**Co-Instructor**:Jessica C. Shand, M.D., Assistant Professor, Pediatric Hematology-Oncology

**Learning Objectives**:

* To engage one’s own spirituality- through a written reflection , reading and group discussion- and identify how it affects personal and professional interactions.
* To explore ways to address spirituality with patients, including during medical history-taking.
* To explore the interface of spirituality and medical practice in themes of suffering, lamentation and dying, and apply them to interactive medical case studies.
* To participate in, and reflect on, an interprofessional approach to patient interactions, which includes spiritual care.
* To understand the breadth and purpose of spiritual care professionals and how to integrate them into clinical practice.

**Course Description**: In this interprofessional seminar, students will explore the role of spirituality in the physician-patient relationship, where “spirituality” is defined as a broad concept including diverse perspectives. The course will incorporate reflective, didactic, case-based, and experiential learning to explore questions including “What can the role of spirituality be in the physician-patient relationship?”, “Should I bring up spiritual matters with patients, and under what circumstances?” and “What if my patient wants me to pray?”. The course will integrate reflective and practicum experiences. The reflective phase will explore chaplain and physician perspectives on 1) the relationship- and distinction- between religion and spirituality, and 2) identifying one’s spiritual autobiography as personally defined and experienced. The practicum phase will have participants shadow Chaplain Residents to gain an understanding of chaplaincy visits, attend interdisciplinary patient rounds attended by physicians and chaplains, and witness physician perspectives on spiritual integration across the spectrum of medical training. Syntheses of these experiences will be written up in case (verbatim) study format and brought in for feedback with the Chaplain Resident and, where applicable, physician with whom you visited.

**Required materials to be purchased by students**: John R. Peteet MD and Michael N. D’Ambra MD., *The Soul of Medicine: Spiritual Perspectives and Clinical Practice* (Baltimore, MD: Johns Hopkins University Press, 2011).

**Required assignments**:See Course Description above.

**HISTORY OF PSYCHIATRY IN AMERICA: GOOD INTENSIONS GONE BAD?**

**Instructors**:Laurence B. Guttmacher, M.D., Clinical Professor, Psychiatry and Medical Humanities & Bioethics; Robert Riley, M.P.H., Adjunct Instructor, Medical Humanities & Bioethics

**Learning Objectives**:

* To consider critically a number of key accepted theories and treatments offered in Psychiatry, and understand them in their historical context
* To reflect on the ways in which an accepted theory and/or practice may become ultimately discredited as new technology, new scientific or empirical knowledge emerges
* To understand the ways in which diagnosis, treatment, and theories as to underlying causation are often socially and culturally dependent
* To recognize the cyclic features of certain approaches within the field of psychiatry: from categorical to individual diagnosis; from institutionalization to deinstitutionalization of the mad; from mindlessness to brainlessness; from theological to secular understanding of patients
* To learn about some key figures in the history of psychiatry
* To learn about the history of psychiatry in Rochester

**Course Description**: American psychiatry, as other branches of medicine, has undergone significant shifts, from moral treatment to the ascendancy of biological psychiatry; from community based treatment to institutionalization to deinstitutionalization; from mindlessness to brainlessness and back.  These changes typically reflect wider historical changes. We will tackle a new topic each week with participants asked to read a brief primary article surrounding the issue being studied.

Proposed Topics: This will be a consumer driven course.  A series of topics are available including:The Early Asylum Movement**;** Lobotomy**;** Adolph Meyer and Focal Sepsis;  Eugenics;  ECT and Malarial Treatment of General Paresis;  The Evolution of the State Hospital using Rochester Psychiatric Center as a case example; The Anti-psychiatry Movement; The Development of Various Psychopharmacologic Agents; The History of Rochester Psychiatric Center;  Psychiatric Testimony During The Trial of Jack Ruby; Three Generations of the Guttmacher Clan and Changes in Psychiatric Training Over the Last 90 Years; Psychiatry and Medicine Under the Nazis; etc.  The class will vote to express their interest.

**Required assignments**:PDF's of primary literature will be distributed and read before each session.

TBA

**THE UNCERTAIN EXPERT: THE ROLE OF DOUBT IN MEDICINE**

**Instructor**: Kevin Boyd, Assistant, Medical Humanities & Bioethics; Associate Director of Chaplaincy Services

**Learning Objectives for this Seminar**:

Students will:

1. To encounter and reflect upon the role of doubt in relationship to expertise
2. To more fully understand a student’s own clinical decision-making process

**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: Find themselves confronted directly with the uncomfortable element of doubt and uncertainty in the clinical context. Specifically, we will engage the question of how to be an Uncertain Expert-a reflective practitioner who can still acknowledge the limits of current medical science and technology without surrendering his/her expertise. Essentially, we’ll try and learn how and when saying, “I don’t know” is actually a helpful thing to do.

**Course Description:** In her book *A Condition of Doubt*, Catherine Belling makes the compelling argument that part of the reason that so-called hypochondriacs are so confounding to clinicians is because they push against the role of certainty and doubt in medicine. It is, in her words, “a condition of knowledge that exceeds medicine’s classification of health and disease.” Ultimately, we are forced to admit that our tests and our scans do have limitations in their sensitivity and potentials for false positives (and negatives.) In this course we will engage in a series of discussions:

What to do when you doubt your eyes - a conversation with a radiologist

What to do when you doubt the numbers - a conversation with a researcher

What to do when you doubt the right thing to do - a conversation with an ethicist

What to do when you doubt the conventional wisdom - a conversation with a geriatric oncologist

We will also engage in clinical shadowing of a geriatric oncology clinic as well as a conversation with a palliative care physician about the role of uncertainty in his work.

**Required Assignments***:* Shadow clinicians at Highland geri-onc clinic

**INTRODUCTION AND IMMERSION IN INTEGRATIVE, COMPLEMENTARY AND ALTERNATIVE MEDICINE**

**Instructor**:Joanne Wu, M.D., E-RYT, CHHC, CET, Adjunct Professor, Medical Humanities& Bioethics

**Learning Objectives**:

1. To learn about integrative, complementary and alternative medicine from a biopsychosocial perspective
2. To better understand the Rochester community and culture in order to serve as caring physicians who are able to heal holistically
3. To help students gain emotional and social intelligence in order to care for a diverse population

**Course Description**: Integrative, Complementary and Alternative medicine is a model focused on treating a whole person through understanding of quality of life medicine, lifestyle medicine, traditional allopathic medicine and complementary approaches that can be safely integrated into tailored patient treatment plans. This seminar will be focused on experiential, didactic and hands-on with collaboration from respected holistic healers in the Rochester community. There is a variety of topics we will cover on an introductory level. No prior experience is necessary. By the end of this seminar, you will understand many therapeutic approaches and modalities. You will learn how to improve self-care as well as translate the knowledge to your future clinical practice. Dr. Wu’s website: [www.Fit2bWell.com](http://www.Fit2bWell.com)

**Required assignments**:Field trips to various CAM locations.

**DRAWING AND SEEING: SHARPEN YOUR OBSERVATIONAL SKILLS AS YOU SHARPEN YOUR PENCILS!**

**Instructors**: Faculty of Creative Workshop of the Memorial Art Gallery

**Location**: Memorial Art Gallery, 500 University Ave, Rochester

**Enrollment Limit**: 8students maximum

**Learning Objectives**:

* Learn and practice basic drawing techniques to enhance observational skills;
* Experience the benefits of critiquing individual growth in a group setting.

**Course Description**: Drawing is a learnable skill, with benefits that include improving eye-hand communication, as well as basic skills in observation. While the focus in on individual growth with personal attention from the instructor(s), the class will also engage in group critiques in which the individuals will learn from their classmates. The class will be led by artists on the faculty of the Creative Workshop and held at the Memorial Art Gallery.

**Required materials to be purchased by students**: Basic drawing materials will be supplied. Students are asked to buy a portfolio for their drawings.

**Required assignments**:While additional drawing time is not required in the class, optimal benefit is achieved by drawing 2-4 times a week in addition to class time. Suggested drawing assignments will be given by the instructor weekly.

**DEAF HEALTH PART 1: AN INTRODUCTION TO DEAF LANGUAGE AND CULTURE**

**Pathway Director/Co-Instructor:** Jason M. Rotoli, M.D., Assistant Professor, Department of Emergency Medicine

**Instructor:** Thomas Coughlan

**Learning Objectives:**

* To gain an introductory exposure to basic American Sign Language
* To gain an introductory exposure the culture of the Deaf population through relevant assigned readings, out of class DVD, interaction with local guest speakers, and/or community events
* To learn the basic foundations of American Sign Language as a conduit for understanding Deaf culture and interacting with Deaf patients, and to formulate an approach for further study of the language
* To become aware of interpreting resources specifically at Strong Memorial Hospital for Deaf patients and how to access these resources
* To gain an introductory exposure to challenges Deaf or hard of hearing patients face when interacting with the healthcare system, specifically with regard to deaf health, health literacy, and healthcare interpreting

**Knowledge Application:**

* The development of basic communication skills in ASL will allow direct communication with the Deaf community
* Being to engage an underrepresented community who lack access to health information and health care through knowledge of Deaf language and culture
* By developing an awareness of the characteristics of the Deaf community, the student can begin to draw similarities and differences to other underrepresented communities

**Pre-requisites:** Students will be required to learn/read about the following *prior* to the start of the first class:

* ASL ABCs
* ASL Numbers 1-20
* History of ASL- <http://www.lifeprint.com/asl101/pages-layout/evolutionofsignlanguage.htm>

Resources will be provided upon registering for the course.

**Course Description:** This seminar is a first initiative to bring into the medical curriculum a focus on the Deaf community at Rochester and to provide medical students with a platform to gain exposure of and pursue a personal interest in the Deaf community. The seminar will focus on two aspects: Culture and Language.  These concepts and skills will be used to build knowledge and understanding in Deaf Health Seminar, Part 2 and 3.

The Cultural aspect of the seminar aims to foster appreciation for psycho-social and linguistic diversity in the Deaf community. Local Deaf community members and advocates will come to talk about their experiences and what it means to them to be a part of the Deaf community.  Students will be given opportunities to attend events in the Deaf community and experience a context for the ASL they have learned. Movies illustrating Deaf culture may also be shown. The instructor may substitute a scheduled class for attendance at a Deaf community event or site visit during the same class time frame or an alternative time.

The language aspect of the course assumes no previous significant knowledge of ASL, and will include the instruction of ASL by a Deaf individual with expertise in teaching ASL. The language component of this seminar will focus on basic structure of ASL and introduction to conversations with relevance to medical interviewing.  Students will be provided a linguistic perspective on ASL, explaining the contrast between "sign language" and "signed English." Student proficiency level will be assessed mid way through and at the end of the seminar. Learning of ASL will be supported by self-directed activities/practice between sessions.

**Optional materials to be purchased by students:** “Signing Naturally” Level 1 Workbook, Smith, Lentz, Mikos, Dawn Sign Press, ISBN 0-915035-20-0.

**Required assignments:** A handout of each language lesson with ASL vocabulary will be provided via Blackboard. Occasional assignments will include watching an out of class movie, short Deaf history readings, or writing short reflective paragraphs.