



SENATE COMMITTEE ON CURRICULAR AFFAIRS
COURSE SUBMISSION AND CONSULTATION FORM

Principal Faculty Member(s) Proposing Course

Name	User ID	College	Department
KELLEY JEAN WAGERS	kjw14	University College (UC)	Not Available

Academic Home: University College (UC)

Type of Proposal: Add Change Drop

Course Designation

(ENGL 162N) Communicating Care

Course Information

Cross-Listed Courses:

SOC 162N(UC) CAS 162N(UC)

Prerequisites:

Corequisites:

Concurrents:

Recommended Preparations:

ENGL 15; ENGL 30

Abbreviated Title: Communicating Care

Discipline: General Education

Course Listing: Inter-Domain

Special categories for Undergraduate (001-499) courses

Foundations

Writing/Speaking (GWS)

Quantification (GQ)

Knowledge Domains

Health & Wellness (GHW)

Natural Sciences (GN)

Arts (GA)

Humanities (GH)

Social and Behavioral Sciences (GS)

Additional Designations

Bachelor of Arts

International Cultures (IL)

United States Cultures (US)

Honors Course

Common course number - x94, x95, x96, x97, x99

Writing Across the Curriculum

First-Year Engagement Program

First-Year Seminar

Miscellaneous

Common Course

GE Learning Objectives

GenEd Learning Objective: Effective Communication

GenEd Learning Objective: Creative Thinking

GenEd Learning Objective: Crit & Analytical Think

GenEd Learning Objective: Global Learning

GenEd Learning Objective: Integrative Thinking

GenEd Learning Objective: Key Literacies

GenEd Learning Objective: Soc Resp & Ethic Reason

Bulletin Listing

Minimum Credits:	3
Maximum Credits:	3
Repeatable:	YES
Maximum Total Credits:	3
Department with Curricular Responsibility:	UC English (UC_UCEGL)
Effective Semester:	SP 2018
Travel Component:	NO

Course Outline

A brief outline or overview of the course content:

ENGL/SOC/CAS 162N: An introductory, integrative (GH/GS) approach to methods of communicating about health, illness, and care. Students will learn and practice using intellectual frameworks and field methodologies drawn equally from the humanities, with a focus on literary analysis, and social and behavioral science to better understand and perform ethically and effectively in a range of situations that centrally involve health communication.

A listing of the major topics to be covered with an approximate length of time allotted for their discussion:

*A full discussion of each topic, including major assignments and learning objectives, is available on the sample syllabus.

Hook Assignment (1 week)

Students will read a first-person essay on using the pain scale (a standard measure used in clinical settings to help patients communicate pain intensity). They will identify benefits and challenges of this measure and create and reflect on their own versions of the scale.

Unit 1 (Caring in Relative Terms and Imaginative Acts: 3 Weeks)

Students will learn, use, and question fundamental vocabularies as they begin to recognize the complexity of familiar health care interactions. Specifically, they will identify how imagination is defined and used in humanities and social and behavioral sciences, especially when people are called upon to understand and respond to health concerns.

Unit 2 (Subjects of Care: 3 weeks)

Students will investigate the subjectivity of illness and health. They will analyze first-person accounts of illness and health, write about their own experiences, and represent another person's experience by using interview techniques.

Unit 3 (Staging Care: 3 weeks)

Students will analyze the importance of setting and context in health care situations. Our texts and assignments will increase students' abilities to see the influence of "staging" in conversations about health, from the visible objects in a room to wider, less visible, social contexts and networks of relation.

Unit 4 (Seeing Others Through: 3 weeks)

Students will learn to navigate among multiple, differing perspectives and read unspoken visual cues in health care interactions with a focus on caregivers. In particular, they will investigate graphic medicine, which is the common term for comics and graphic texts that concern various health care practices, and create their own comic.

Capstone Assignment (2 weeks)

Students will work together through guided steps to write, perform, and analyze an interactive scene involving health care.

Course Description:

Communicating Care (ENGL/SOC/CAS 162N)

What do we talk about when we talk about health? Our states of well-being and illness are topics that, like the weather, drive our daily conversations, but we rarely have time to study and practice these vital exchanges. Spoken in emergency rooms or on long-distance calls, by medical professionals, family members, or strangers making small talk, the languages we use to share pain and recovery require our knowledge of long-established scripts and our willingness to improvise. By exploring how these encounters draw from and work as textual and dramatic performances, this course will guide students to achieve a new level of literacy in the most essential communicative art of caring. Students will analyze health conversations in literary texts, such as short stories, poems, memoirs, and graphic novels. They will explore real-life scenarios drawn from their own experiences, fieldwork, social science theories, and published case studies. Developing skills in the humanities (GH), they will see how subjective, often individual experience, historical perspectives, and creative expression help people to communicate about health and care.

Developing their abilities in the social and behavioral sciences (GS), they will see how theory provides insights to predict and understand health and practices of care, investigate objective perspectives and recognize the contributions of fieldwork and data-driven studies to analyzing and improving communication when health is a main concern. They will integrate these methodologies

especially to pursue these fields' common goals of making beneficial connections between individuals and groups, and managing private and public life.

The name(s) of the faculty member(s) responsible for the development of the course:

Name: KELLEY JEAN WAGERS (kjlw14)

Title:

Phone:

Address:

Campus: WS

City:

Fax:

Course Justification

Instructional, Educational, and Course Objectives:

This section should define what the student is expected to learn and what skills the student will develop.

Course Learning Objectives (These objectives are specific to Communicating Care, but written to correspond with selected General Education and GH/GS Knowledge Domain Objectives; for a full list of General Education and Knowledge Domain learning objectives please see the course syllabus.)

Students will:

- Use textual analysis and theoretical models to reasonably interpret health narratives and human behaviors within a variety of health care scenarios.
- Respectfully communicate their experiences, express their opinions, and listen to others as participants in a wide range of conversations about health and care.
- Synthesize methods of inquiry in the humanities and social sciences to respond to personal and societal health concerns.
- Describe how their personal experiences are embedded in historical contexts and social networks.
- Critically reflect on definitions of health, illness, and care to explain their subjectivity.
- Observe how physical locations impact health and care practices, and envision environments that can challenge hierarchies and facilitate open communication.
- Analyze and compare the perspectives people bring to health decisions or crises.
- Demonstrate empathy by explaining others' emotions or experiences within immediate interactions, and extend empathetic understanding to more distant people and groups.
- Identify how economic class and gendered, cultural, racial, and ethnic identities impact the languages and practices of care we use regularly and in times of crisis or conflict.

Evaluation Methods:

Include a statement that explains how the achievement of the educational objective identified above will be assessed. The procedures for determining students' grades should be specifically identified.

Students will be assessed according to the following grading breakdown. More complete grading criteria and a discussion of specific requirements for formal assignments are available on the sample course syllabus. Grades for individual assignments will use a version of the Boix Mansilla Grading Rubric for Integrative Writing.

Class Participation/Engagement: 25%

In-Class Writing Assignments: 10%

Written Homework Assignments: 10%

In-Class Quizzes: 5%

Formal Assignments (6 total): total of 50%

Formal Assignments:

UNIT ONE: Analytical essay identifying and discussing an act of imagination from both humanities and social science perspectives (3 pages; 15% of Assignments Grade)

- Use textual analysis and theoretical models to interpret health narratives and human behaviors within a variety of health care scenarios.
- Synthesize methods of inquiry in the humanities and social sciences to create new responses to personal and societal health concerns.

UNIT TWO: Mini-Memoir (3 pages; 10% of Assignments Grade) and Interview and "Work Up" Report (2 pages; 10% of Assignments Grade) about one's own and another person's health concern.

- Respectfully communicate their experiences, express their opinions, and listen to others as participants in a wide range of conversations about health and care.
- Demonstrate empathy by explaining another person's emotions and experiences within immediate personal and professional interactions and extend empathetic understanding to more distant people and groups.
- Identify the ways that economic class and gendered, cultural, racial, and ethnic identities impact the languages and practices of care we use regularly and in times of crisis or conflict.

UNIT THREE: Visual text created by on-site observation of a "setting" where health communication takes place, with presentation and reflections (20% of Assignments Grade)

- Observe how physical locations impact health and care practices, and envision environments that can challenge hierarchies and facilitate open communication.
- Identify the ways that economic class and gendered, cultural, racial, and ethnic identities impact the languages and practices of care we use regularly and in times of crisis or conflict.

UNIT FOUR: Comic strip involving multiple perspectives on care giving (15% of Assignments Grade)

- Analyze and compare the perspectives people bring to health decisions and crises.
- Demonstrate empathy by explaining another person's emotions and experiences within immediate personal interactions and extend empathetic understanding to more distant people and groups.
- Identify the ways that economic class and gendered, cultural, racial, and ethnic identities impact the languages and practices of care we use regularly and in times of crisis or conflict.

CAPSTONE ASSIGNMENT: Script, performance, and reflections on an interactive scene involving health care (30% of Assignments Grade)

- All course learning objectives relevant.

Relationship/Linkage of Course to Other Courses:

This statement should relate the course to existing or proposed new courses. It should provide a rationale for the level of instruction, for any prerequisites that may be specified, or for the course's role as a prerequisite for other courses.

This introductory course does not require prerequisites, although first-year composition (English 15 or 30) is recommended as concurrent or advance preparation. This integrative general education course will prepare students for further study in the humanities, especially the study of literature, and the social and behavioral sciences, especially sociology. Students will gain foundational knowledge of intellectual frameworks and methods of inquiry in these fields, or should they pursue other fields, diversify their abilities beyond their majors.

Relationship of Course to Major, Option, Minor, or General Education:

This statement should explain how the course will contribute to the major, option, or minor and indicate how it may function as a service course for other departments.

The course will satisfy three credits of the six-credit General Education requirement. It may be used as a three-credit requirement for students who choose to satisfy General Education requirements using the Inter-domain category of integrative courses.

A description of any special facilities:

No special facilities needed.

Frequency of Offering and Enrollment:

Enrollment 25; offered no more than once per academic year.

Alignment with General Education Objectives

EFFECTIVE COMMUNICATION – the ability to exchange information and ideas in oral, written, and visual form in ways that allow for informed and persuasive discourse that builds trust and respect among those engaged in that exchange, and helps create environments where creative ideas and problem-solving flourish.

KEY LITERACIES – the ability to identify, interpret, create, communicate and compute using materials in a variety of media and contexts. Literacy acquired in multiple areas, such as textual, quantitative, information/technology, health, intercultural, historical, aesthetic, linguistic (world languages), and scientific, enables individuals to achieve their goals, to develop their knowledge and potential, to lead healthy and productive lives, and to participate fully in their community and wider society.

CRITICAL AND ANALYTICAL THINKING – the habit of mind characterized by comprehensive exploration of issues, ideas, artifacts, and events before accepting or formulating a conclusion. It is the intellectually disciplined process of conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action.

INTEGRATIVE THINKING – the ability to synthesize knowledge across multiple domains, modes of inquiry, historical periods, and perspectives, as well as the ability to identify linkages between existing knowledge and new information. Individuals who engage in integrative thinking are able to transfer knowledge within and beyond their current contexts.

CREATIVE THINKING – the capacity to synthesize existing ideas, images, or expertise in original ways and the experience of performing, making, thinking, or acting in an imaginative way that may be characterized by innovation, divergent thinking, and intellectual risk taking.

GLOBAL LEARNING – the intellectually disciplined abilities to analyze similarities and differences among cultures; evaluate natural, physical, social, cultural, historical, and economic legacies and hierarchies; and engage as community members and leaders who will continue to deal with the intricacies of an ever-changing world. Individuals should acquire the ability to analyze power; identify and critique interdependent global, regional, and local cultures and systems; and evaluate the implications for people's lives.

SOCIAL RESPONSIBILITY AND ETHICAL REASONING – the ability to assess one's own values within the social context of problems, recognize ethical issues in a variety of settings, describe how different perspectives might be applied to ethical dilemmas, and consider the ramifications of alternative actions. Individuals should acquire the self-knowledge and leadership skills needed to play a role in creating and maintaining healthy, civil, safe, and thriving communities.

What component(s) of the course will help students achieve the General Education Learning Objectives covered in the course? Provide evidence that students in the course have adequate opportunities to achieve the identified learning objectives.

KEY LITERACIES: For example, a section of the class invites students to learn, use, and question fundamental vocabularies as they recognize the complexity of familiar health care interactions. First, students will define key terms for the course: health, illness, and care. In discussions of their definitions, we will consider especially how imagination factors when we talk about our states of health and illness and practice various kinds of care. Second, using texts we read and class discussion, students will learn the basic terms that people who study literature and social behavior use to describe, analyze, and promote imaginative acts in general and when health is a primary concern. Third, students will compare and contrast these terms and interpretive processes by

using them specifically to analyze imaginative acts within health care situations depicted in our reading.

CRITICAL AND ANALYTICAL THINKING: For example, a section of the course develops students' abilities to analyze the importance of setting and context in health care situations. Texts and assignments will increase students' abilities to critically assess the influence of "staging" in conversations about health. As we investigate the physical locations, and the broader cultural contexts in which they are embedded, our texts and conversations will consider, in particular, the concept of hierarchy in medical settings.

INTEGRATIVE THINKING: Every component of this course is designed to help students achieve the objective of integrative thinking. At every level and in every assignment they will be offered opportunities to bring the tools and methods of inquiry in the humanities and inquiry in the social and behavioral sciences to bear on communication involving health, illness, and care.

SOCIAL RESPONSIBILITY AND ETHICAL REASONING: For example, students will develop their abilities in social and ethical reasoning by learning to navigate among multiple, differing perspectives and to read unspoken visual cues in health care interactions. To do so, they will primarily investigate graphic medicine, which is the common term for comics and graphic texts that concern and are occasionally used in various health care practices. Our focus will be on exploring the perspectives of caregivers, which will include medical professionals and family members and, especially, the interaction between these perspectives and roles. Students will gain practice and develop their capacities for imagining others' experiences and understanding how social contexts influence interactions. They will gain tools to comprehend and respond to conflict that can happen when people involved in care see it from different perspectives.

How will students be assessed to determine their attainment of the Learning Objective(s) of General Education covered in this course? This assessment must be included as a portion of the student's overall performance in this course.

KEY LITERACIES: Students will write a 3-page essay that identifies and analyzes a significant act of imagination they identify in a literary or sociological text. Essays will: (1) define the act of imagination, including its primary participants, the occasion, and the imaginative act itself; (2) explain the potential uses and dangers of employing imagination in this context; and (3) evaluate the effects – successful, unsuccessful, or partially so – of the imaginative act. Whether they choose a literary or sociological text, or one that combines both fields, they must make explicit use of at least one element of literary analysis and one element of sociological thinking we will have defined and discussed in the preceding weeks. Students also will compose a written reflection on their essays.

CRITICAL AND ANALYTICAL THINKING: Students will conduct, summarize, and reflect on a formal interview with a subject of their choice about that person's health. They may choose an intimate or unknown subject, such as a family member, coworker, or stranger, and they may focus on a specific incident or more generally address the interviewee's experiences. The class may compose together a "standard" series of questions for use in individual in-person interviews, and so consider the relationship between structured and semi-structured interviews. The written report will include a summary of the interview that offers a brief portrait (or "work up") of the interviewee by selecting information the student deems relevant. Students will be evaluated for their ability to elicit and understand explicit and implicit information, and their ability to critically reflect on the process especially by considering their choices in representing information about another person. Post-assignment conversation may include a discussion of the potential uses, for individuals or groups of people, of "data" they gathered through interviews, including the relationships between clinical and research settings.

INTEGRATIVE THINKING: Students will create, analyze, and present a series of photographs (using their own smart phones or iPads available through the campus library) of a setting in which a conversation about health might take place. Again, choices may vary widely, from intimate home spaces, to nursing homes, to clinical settings, depending on the students' interests and access. (Extreme care will be taken to protect patient privacy.) Integrating methods drawn from literary and sociological study, students will analyze this setting to explore its potential for (1) directing movement and exchange between individuals; (2) influencing emotion, such as through color and light; and (3) encouraging or limiting access to health care; and (4) establishing, maintaining, or changing any social hierarchy. They'll be encouraged to reflect on cultural assumptions that may be embedded in physical locations, and they'll reflect on the process of their ethnographic study, including the impact their presence – as a researcher – may have made on a scene or how it is framed in their photographs.

SOCIAL RESPONSIBILITY AND ETHICAL REASONING: Students will create a multi-panel comic strip (1-2 pages) that tells the story of a significant interaction concerning health, illness, and care. They may draw from their own experience or a scene from one of our course readings. While their creativity will be encouraged, they will have to meet some basic requirements. Their comic strip should: (1) Depict an intimate, interpersonal scene that taps into a social (institutional or cultural) health issue; (2) Invite readers to occupy or recognize at least two different perspectives within the story; (3) Use both words and images to tell a narrative that includes a beginning, middle and end; (4) Use humor at any level, including wordplay or irony, as part of the story. Student work will not be evaluated for artistic achievement, but rather for students' abilities to use visual and verbal languages to convey a meaningful scene that analyzes participants' different perspectives and demonstrates their abilities to recognize, value, and navigate among multiple, conflicting perspectives.

General Education Domain Criteria

General Education Designation: Inter-Domain

GH Criteria

Explain the methods of inquiry in humanities fields and describe how the contributions of these fields complement inquiry in other areas

Demonstrate competence in critical thinking about topics and texts in the humanities through clear and well-reasoned responses

Critically evaluate texts in the humanities— whether verbal, visual, or digital— and identify and explain moral or ethical dimensions within the disciplines of the humanities

Demonstrate knowledge of major cultural currents, issues, and developments through time, including evidence of exposure to unfamiliar material that challenges their curiosity and stretches their intellectual range

Become familiar with groups, individuals, ideas, or events that have influenced the experiences and values of

different communities

What components of the course will help students achieve the domain criteria selected above?

In-class activities and formal assessments will introduce students to the key vocabularies and analytical methods of literary analysis in association with the key vocabularies and analytical methods in the social and behavioral sciences. These activities include the analytical reading and oral discussion of literary texts, such as a memoir, short stories, drama, and some poetry, as well as students' composition of their own mini-memoir and script. They will analyze and critically evaluate various types of literature from different historical periods and perspectives as well as express their own experience and opinions in their creative compositions. Because they will develop these skills simultaneously and in connection to similar skills drawn from the social and behavioral sciences, they will be able to recognize the specific contribution of humanistic inquiry in relation to social scientific research.

GS Criteria

- Explain the various methods of inquiry used in the social and behavioral sciences and describe how the contributions of these fields complement inquiry in other areas
- Identify and explain major foundational theories and bodies of work in a particular area of social and behavioral sciences
- Describe the ways in which many different factors may interact to influence behaviors and/or institutions in historical or contemporary settings
- Explain how social and behavioral science researchers use concepts, theoretical models and data to better understand and address world problems
- Recognize social, cultural, political and/or ethical implications of work in the social and behavioral sciences

What components of the course will help students achieve the domain criteria selected above?

In-class activities and formal assessments will introduce students to basic components of sociological theory, sociological methodology, and social context. These areas will be explored alongside the key vocabularies and analytical methods in literary analysis. In particular, the course topic and connection with the humanities and literature provides occasion for students to gain special fluency with social constructionism and symbolic interactionism. Students will read about and apply these methods to situations they observe. Key methodologies, including fieldwork practices, interviewing techniques and ethics, will be part of formal and informal activities in which students practice these methods. Students will have many opportunities to attend to social context, including, in particular, their study of physical and environmental factors that affect, sometimes subtly, communication about health and decisions based on these conversations. Additionally, the integration with humanities for this study provides opportunity for students to consider health communication over time rather than just in the present moment.

Integrative Studies

Explain how the intellectual frameworks And methodologies of the two Knowledge Domains will be explicitly addressed in the course and practiced by the students.

This course brings together the intellectual frameworks and disciplinary methods of humanities and social and behavioral sciences to help students communicate about the vital topics of health, illness, and care. The combination of disciplines will develop students' abilities to understand how conversations about health unfold, and to participate in these exchanges with a clearer sense of the scope, context, and ethical responsibilities of their acts. Specifically, by using approaches drawn from literary study students will recognize historical roles and scripts these encounters involve, develop strategies for adaptations and improvisations, navigate multiple perspectives on a crisis, and recognize how subjective experiences and opportunities for personal and creative expression are central to communication about health. By using approaches drawn from social science study, including sociological and communication theory, students will learn about and understand the power of theoretical models to understand and predict behavior, develop strategies for further fieldwork and research that develop and challenge these models, recognize the broad social structures that sometimes underlie an acute or personal crisis, and recognize the benefits and limits of objective analysis and quantitative analysis in many types of scenarios in which people communicate about health, illness, and care. Students will bring the tools of literary and social science study together to communicate with a deeper understanding of how their personal experiences involving health, illness, and care are embedded in historical and social networks.

Demonstrate that each Of the two domains will receive approximately equal attention, providing evidence from course topics, assignments, or other course components, and that students will integrate material from both domains.

All course materials and assignments are selected and designed to integrate with equal inclusion both knowledge domains. For example, students may read a memoir written by a neurosurgeon and poetry enthusiast, and/or they may study the work of sociological theorists who use literary terms and analysis of dramatic performance to describe and evaluate social interaction. They may read a Pulitzer Prize-winning play about cancer treatment endured by an English professor written by a health clinic volunteer. For every assignment, students will consider how key terms and methods, such as the work of "imagination," factor similarly and differently in literary and social and behavioral science fields.

This list of more specific descriptions of a few sample assignments should give a sense of the integrative possibilities and balance of specific assignments and the course overall: Drawing from newspapers provided in class for an in-class activity, students will find and evaluate instances of figurative language used in a health-related article and debate whether metaphors help people understand suffering they do not experience, and/or distort experiences of illness. For longer-term formal assessment, students will apply theoretical perspectives directly to an encounter described in a short story and they will apply some literary terms, especially plot, character, and figurative language, to the scenarios of "contested illness" in a theoretical essay. For a capstone project, students will write, perform, and analyze an interactive scene involving health care. The primary goals of this assignment are for students to demonstrate their increased abilities to understand how methods of inquiry in humanities and social and behavioral sciences can help them respond meaningfully, respectfully, and self-consciously to a social situation that primarily concerns health care.

Briefly explain the staffing plan. Given that each Inter-Domain course is approved for two Knowledge Domains, it will be taught by an instructor (or instructional team) with appropriate expertise in both domains.

This course may be staffed by a single faculty member who has basic fluency in the disciplinary frameworks and methods of inquiry in social and behavioral science and literary study, or it may be team taught by two instructors in the integrated fields.

Because the course is organized to help students acquire basic literacy (key terms and methods) in the two fields and then practice using them together in a specific context (health communications) it is not necessary for the instructor to be a master in both fields. However, an instructor in English should have a strong working knowledge of sociological research and an instructor in sociology or communication arts and sciences should have a strong working knowledge of literary analysis and written communication. Qualifications include a basic knowledge of theoretical models and data gathering methods in social science research and a basic knowledge of literary analysis and writing instruction.

More specifically, the course may be staffed by faculty members in English, HD FS, Sociology, Communication Arts and Sciences, Nursing, or a combination of these fields. The course is designed so that no direct experience within the medical profession is required for the primary instructor or instructors, but collaboration with campus or local medical professionals (such as faculty members in Nursing) is certainly desirable.

Describe the assessments that will be used to determine students' ability to apply integrative thinking.

In general, formal assessments will be designed to measure students increasing mastery of key vocabularies drawn from literary and social scientific inquiry; to recognize where key terms resonate across these vocabularies; to apply key methods of inquiry, including fieldwork and literary analysis, drawn from both disciplines in situations that centrally involve health concerns; and to use these disciplinary tools and methods to analyze modes of communication in performances concerning health, which they will both observe and create. All assessments, including analytical essays, reflective writing, fieldwork observations, and creative work will measure the students increasing abilities to use tools drawn from both fields in connection.

For example, in one unit of the course students will investigate the subjectivity of illness and health. The formal assessment that concludes this unit includes the students' dual composition of a two-page "mini-memoir" in which they write about a moment when their perception of themselves changed as a result of a health concern and a two-page "write-up" for which they will conduct an interview with another person about a health concern. The assessment measures students' abilities to critically employ methods of investigation in the two fields, literary studies and sociological science, independently and in concert. Drawing from study in the humanities, students will develop and evaluate methods of creating an autographical "self" in speaking and writing to share an experience of illness. Drawing from study in social and behavioral science, they will develop and evaluate methods of interviewing to recognize the role that an audience, especially of medical professionals but also family and friends, plays in shaping a patient's identity. By integrating these methods, they will demonstrate their abilities to explain how subjective experience factors in clinical settings, but also in less formal conversations about health.

Campuses That Have Offered () Over The Past 4 Years

semester	AB	AL	BK	BR	BW	CR	DS	ER	FE	GA	GV	HB	HN	HY	LV	MA	NK	PC	SH	SL	UP	WB	WC	WS	XC	XP	XS	YK
----------	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

UPLOADED DOCUMENTS FOLLOW:

Course Title: Communicating Care

Course Abbreviation and Number: ENGL/SOC 162N

Credits: 3

Prerequisites: None

Course Attributes: Undergraduate General Education Inter-Domain Course (N)

Course Developer:

Kelley Wagers, Ph.D.

Associate Professor of English

Penn State Worthington Scranton

Primary Consultant:

Rebecca Volpe, Ph.D.

Vice Chair for Education and Assistant Professor, Department of Humanities

Director, Clinical Ethics Consultation Service

Penn State College of Medicine

Milton S. Hershey Medical Center

Secondary Consultants:

Raymond Petren, Ph.D.

Assistant Professor of Human Development and Family Studies

Penn State Worthington Scranton

James Hart, M.S.

Instructor in Communication Arts and Sciences

Penn State Worthington Scranton

Michael Green, Ph.D.

Professor, Departments of Humanities and Medicine

Penn State College of Medicine

Course Description

What do we talk about when we talk about health? Our states of well-being and illness are topics that, like the weather, drive our daily conversations, but we rarely have time to study and practice these vital exchanges. Spoken in emergency rooms or on long-distance calls, by medical professionals, family members, or strangers making small talk, the languages we use to share pain and recovery require our knowledge of long-established scripts and our willingness to improvise. By exploring how these encounters draw from and work as textual and dramatic performances, this course will guide students to achieve a new level of literacy in the most essential communicative art of caring.

Together we will analyze health conversations in literary texts, including memoirs, a play, and a graphic novel, as we explore real-life scenarios drawn from fieldwork, sociological theories, published case studies, and students' experiences. We'll craft more conventional essays in which we analyze texts and reflect on experiences, but we'll also write letters and set stages, conduct interviews, and draw comics (*stick figures will count!*). In the end, students will create and perform a scenario that engages with many of the strategies we explore for communicating about health and practicing care.

Integrative Design

Students will achieve learning objectives related equally to the humanities (GH) and social and behavioral sciences (GS). By developing skills in the humanities, they will see how subjective, often individual experience, historical perspectives, and creative expression help people to communicate about health and care. Developing their abilities in the social and behavioral sciences, they will see how collective life, including the impact of familial and cultural groups and institutional settings, shapes experiences of health and practices of care. They'll investigate objective perspectives and recognize the contributions of fieldwork and data-driven studies to analyzing and improving communication when health is a main concern.

While we will remain attentive to distinctions between these methods of inquiry and expression, all of our texts and assignments will develop students' abilities to: (1) use these frameworks *simultaneously*; and (2) recognize *connections* between two fields of knowledge and inquiry that, despite different vocabularies, centrally involve imaginative, critical, and ethical thinking. We'll use these methodologies together to pursue their common goals of making beneficial connections between individuals and groups, and moving between private and public life. After this course, students will be better equipped to responsibly navigate everyday social life and confront personal crises. In other words, they'll bring their classroom achievements home.

Required Texts:

1. Bird, Chloe, et al. *Handbook of Medical Sociology*. Vanderbilt UP, 2010.
2. Kalanithi, Paul. *When Breath Becomes Air*. Random House, 2016.
3. Edson, Margaret, *Wit*. Dramatists Play Service, 1999.
4. Fies, Brian. *Mom's Cancer*. Abrams, 2005.

Grading Breakdown:

Participation: 25%

In-class assignments: 10%

Homework assignments: 10%

Quizzes: 5%

Formal Assignments (6 total): total of 50%

1. (Unit 1) Analytical essay (3 pages; 15% of Assignments Grade)
2. (Unit 2: Part 1) Mini-Memoir (3 pages; 10% of Assignments Grade)
3. (Unit 2: Part 2) Interview and "Work Up" Report (2 pages; 10% of Assignments Grade)
4. (Unit 3) Visual text, with presentation and reflections (20% of Assignments Grade)
5. (Unit 4) Comic strip (15% of Assignments Grade)
6. (Capstone Assignment) Script, performance, and reflections (30% of Assignments Grade)

Learning Objectives:

General Education (GE)

Knowledge Domains (GH/GS)

Course Objectives (CO)

(Please see chart of related learning objectives on next page.)

<p>(GE) KEY LITERACIES – the ability to identify, interpret, create, communicate, and compute using materials in a variety of media and contexts. Literacy acquired in multiple areas, such as textual, quantitative, information/technology, health, intercultural, historical, aesthetic, linguistic (world languages), and scientific, enables individuals to achieve their goals, to develop their knowledge and potential, to lead healthy and productive lives, and to participate fully in their community and wider society.</p>	<p>(GE) INTEGRATIVE THINKING – the ability to synthesize knowledge across multiple domains, modes of inquiry, historical periods, and perspectives, as well as the ability to identify linkages between existing knowledge and new information. Individuals who engage in integrative thinking are able to transfer knowledge within and beyond their critical contexts.</p>	<p>(GE) CRITICAL AND ANALYTICAL THINKING – the habit of mind characterized by comprehensive exploration of issues, ideas, artifacts, and events before accepting or formulating a conclusion. It is the intellectually disciplined process of conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action.</p>	<p>(GE) SOCIAL RESPONSIBILITIES AND ETHICAL REASONING – the ability to assess one’s own values within the social context of problems, recognize ethical issues in a variety of settings, describe how different perspectives might be applied to ethical dilemmas, and consider the ramifications of alternative actions. Individuals should acquire the self-knowledge and leadership skills needed to play a role in creating and maintaining healthy, civil, safe, and thriving communities.</p>
<p>(GH) Explain the methods of inquiry used in humanities fields and describe how the contributions in these fields complement inquiry in other areas. (GS) Explain the methods of inquiry used in social and behavioral science and describe how the contributions in these fields complement inquiry in other areas.</p>		<p>(GH) Demonstrate competence in critical thinking about topics and texts in the humanities through clear and well-reasoned responses. (GS) Describe the ways in which many different factors may interact to influence behaviors and/or institutions in historical or contemporary settings.</p>	<p>(GH) Critically evaluate texts in the humanities—whether verbal, visual, or digital—and identify and explain moral or ethical dimensions within the disciplines of the humanities. (GS) Recognize social, cultural, political and/or ethical implications of work in the social and behavioral sciences</p>
<p>(CO) <i>Students will:</i></p> <ul style="list-style-type: none"> • Use textual analysis and theoretical models to reasonably interpret health narratives and human behaviors within a variety of health care scenarios. • Respectfully communicate their experiences, express their opinions, and listen to others as participants in a wide range of conversations about health and care. 	<p>(CO) <i>Students will:</i></p> <ul style="list-style-type: none"> • Synthesize methods of inquiry in the humanities and social sciences to respond to personal and societal health concerns. • Describe how their personal experiences are embedded in historical contexts and social networks. 	<p>(CO) <i>Students will:</i></p> <ul style="list-style-type: none"> • Critically reflect on definitions of health, illness, and care to explain their subjectivity. • Observe how physical locations impact health and care practices, and envision environments that can challenge hierarchies and facilitate open communication. • Analyze and compare the perspectives people bring to health decisions or crises. 	<p>(CO) <i>Students will:</i></p> <ul style="list-style-type: none"> • Demonstrate empathy by explaining others’ emotions or experiences within immediate interactions, and extend empathetic understanding to more distant people and groups. • Identify how economic class and gendered, cultural, racial, and ethnic identities impact the languages and practices of care we use regularly and in times of crisis or conflict.

(GE) = General Education Learning Objective (2-4 required for Integrative Courses)

(GH) = Humanities Domain Learning Objective (3 required for Integrative Courses)

(GS) = Social and Behavioral Science Domain Learning Objective (3 required for Integrative Courses)

(CO) = Communicating Care Course Learning Objectives

“Hook” Assignment Week One

Required Text: Eula Biss, “The Pain Scale” (2005) (essay)

Secondary Articles:

“Intensity of Chronic Pain – The Wrong Metric?” (research/opinion article; November 2015)

<http://www.nejm.org/doi/full/10.1056/NEJMp1507136>

“Opioid Crisis: Scrap Pain as 5th Vital Sign?” (news article; April 2016):

<https://www.medpagetoday.com/publichealthpolicy/publichealth/57336>

Hook Assignment: Students will discuss Biss’s essay and then create and reflect on their own versions of a pain scale.

Description: In Biss’s creative nonfiction essay, a first-person narrator suffers from an undiagnosed illness. She tries to use a pain scale (a standard numerical and visual tool used to help patients quantify and communicate levels of pain, usually for medical professionals) to describe her pain to her father, a doctor, herself, and her readers. Biss’s essay is useful for an initial assignment because it brings together, sometimes uncomfortably, medical evaluation and creative expression and explicitly considers relationships between individual and social life. The essay addresses key topics, such as the subjective experience of illness, the multiple perspectives individuals bring to bear on health care scenarios, the tension and overlap between narratives and measurements as means of expression, and the difficulty of communicating given these different perspectives and methods.

This “hook” assignment provides students with a model and active practice integrating humanities and social and behavioral science. Drawing from the humanities, they will begin to adopt historical and subjective perspectives and practice analyzing and using symbols. Drawing from the field of social and behavioral science, they will begin to use quantitative measures and describe social interactions involved in different relationships. Most importantly, by integrating these approaches, they will start to discover tension between two fields of knowledge (humanities and social sciences) in the specific case of a health concern and find ways that drawing from both can help people express and receive vital information. They may, for example, consider the combined work of qualitative and quantitative analysis, or discuss what kind of information can be better conveyed in narratives, measurements, or a combination of both. They might talk about similarities involved in the work of designing an essay or a survey with a reader in mind. They will be empowered – from the start of the class – to recognize *real* problems in health care (how to quantify pain; how to use a standard measure to express a singular experience; how to use storytelling, in verbal and graphic form, to share an experience) and come up with their own solutions.

Step One: Essay Discussion

After reading Biss’s essay, students will respond to it in low-stakes free writing and verbally. In a facilitated discussion, they will identify the multiple fields of inquiry that Biss’s narrator brings to the problem of describing her pain in a way that feels right to her and makes sense to other people. They will consider the benefits and shortcomings of the standard pain scale and brainstorm some

ways of overcoming them by making changes to the scale. Questions for students to consider include: *What are some effective uses of a standard pain scale? What are some problems with a standard pain scale? What are some ways of improving the scale so that it overcomes some of these problems?* As part of the discussion, the instructor will point out moments when students naturally use methods drawn from a humanities or social and behavioral science perspective. The discussion will touch on benefits and limitations of these approaches and, especially, using them together, as the essay and the scale itself both do.

Step Two: Group Work

In small groups, students will draft their own, revised pain scales that address some limitations raised in Biss's essay and our discussion. Their scales will be designed to serve the same purpose as the standard scale: to help people tell someone else how much something hurts. Students will be encouraged to be creative, but required to: (1) include some kind of ranking system for pain; (2) use images and verbal descriptions that distinguish between levels, stages, or kinds of pain; (3) reflect on the practical uses of their scales in informal writing and discussion. They'll consider in what kinds of settings, such as clinics, hospitals, or office visits, during what circumstances, and for what types of patients their scales may be particularly useful or less effective. Current articles in which medical professionals discuss the status of the pain-intensity scale in the medical community, in particular in light of the contemporary opioid crisis, might be made available to students before or after the assignment to bring their work to bear on an urgent and familiar health situation.

Primary Learning Objectives Related to the "Hook" Assignment:

(GE) INTEGRATIVE THINKING – the ability to synthesize knowledge across multiple domains, modes of inquiry, historical periods, and perspectives, as well as the ability to identify linkages between existing knowledge and new information. Individuals who engage in integrative thinking are able to transfer knowledge within and beyond their critical contexts.

(GH/GS) Explain the methods of inquiry used in humanities fields and social and behavioral science and describe how the contributions in these fields complement inquiry in other areas.

(CO) *Students will:*

- **Synthesize** methods of inquiry in the humanities and social sciences to respond to personal and societal health concerns.
- **Describe** how their personal experiences are embedded in historical contexts and social networks.

Unit One: Caring in Relative Terms and Imaginative Acts (Weeks Two-Four)

Unit Summary: The first three-week section of the class invites students to learn, use, and question fundamental vocabularies as they recognize the complexity of familiar health care interactions. First, students will define key terms for the course: health, illness, and care. In discussions of their definitions, we will consider especially how imagination factors when we talk about our states of health and illness and practice various kinds of care. Second, using texts we read and class discussion, students will learn the basic terms that people who study literature and social behavior use to describe, analyze, and promote imaginative acts in general and when health is a primary concern. Third, students will compare and contrast these terms and interpretive processes by using them specifically to analyze imaginative acts within health care situations depicted in our reading.

We'll begin this third step, which involves higher-level integration of vocabularies and processes in two knowledge domains, by making general observations. We might discuss how people who study the humanities and the social and behavioral sciences commonly try to understand relationships between individual and social life, or that they develop different, but related, strategies for breaking human interactions into component parts and studying how they work together. These general comparisons then will lead to a more focused discussion of empathetic imagination as a critical facility for work in the humanities and the social and behavioral sciences and its special relevance for encounters that centrally concern health, illness, and care. By the end of this unit, students will see their own definitions of key terms – health, illness, and care – reflected in academic discourses and uncover commonalities and distinctions between vocabularies and analytical processes in our two fields of study.

Texts:

- Held, Virginia. "Care as Practice and Value," from *The Ethics of Care* (2006) (philosophy)
- Hemingway, Ernest. "Indian Camp." (1925) (short story)
- Conrad, Peter and Kristin Barker. "The Social Construction of Illness." (2010) (social theory/policy)
- Mills, C. Wright. From *The Sociological Imagination*. (1959) (social theory/practice)
- Sontag, Susan. "Illness as Metaphor." (1978) (essay)

Sample in-class and homework activities:

1. *Definition Practice:* Students will develop personal definitions of "health," "illness" and "care." They will write their own Hippocratic Oaths. They also will define basic literary terms, such as plot, figurative language, point of view, and character and consider their relevance to the vocabulary of health care they are developing. They will learn to recognize different levels (micro and macro) of sociological study and begin to identify some basic theoretical models, including social construction and symbolic interactionism, with particular relevance to health care culture. Each discussion will address how using these vocabularies can inspire imagination.
2. *Analysis Practice:* Drawing from newspapers provided in class, students will find and evaluate instances of figurative language used in a health-related article and debate

whether metaphors help people understand suffering they do not experience, or distort experiences of illness. Using newspapers or access to other media, they also may develop a list of health-related issues that could be profitably studied according to the theoretical models we discuss.

3. *Integration Practice*: They will apply Conrad and Barker's and/or Mills's theoretical perspectives directly to the encounter described in Hemingway's story. They will apply some literary terms, especially plot, character, and figurative language to the scenarios of contested illness discussed in Conrad and Barker's essay. They will critically evaluate these applications. In class discussion they will identify corresponding acts of imagination described or inspired by each of the texts we read together.

Formal Assessment #1:

One way of defining "imagination" is the capacity to form a concept or image of something that is not immediately (or sometimes ever) present to one's senses. This ability is important not only to study in the humanities, especially literary study, since readers must imagine places, people, and experiences, but also to social and behavioral science. Despite the scientific emphasis on objective observation, sociologists, too, need imagination, for example, to link personal experience to broader social structures, to "see" patterns, and to comprehend the abstract or invisible social forces that affect individuals. The imaginative capacity is especially relevant to conversations about health, illness, and care, since all participants are often called upon to grasp that which they cannot themselves see, feel, hear, smell, or touch.

For this assignment, students will write a **3-page essay that identifies and analyzes a significant act of imagination described in or inspired by one text** we study together in this unit. Student essays will: (1) define the act of imagination they are investigating, including its primary participants, the occasion, and the imaginative act itself; (2) explain the potential uses and dangers of employing imagination in this context; and (3) evaluate the effects – successful, unsuccessful, or partially so – of the imaginative act. Whether they choose a literary or sociological text, or one (like Sontag's) that combines both fields, they must make explicit use of at least one element of literary analysis and one element of sociological thinking we will have defined and discussed in the preceding weeks. Students also will compose a written reflection on their essays.

Primary Learning Objectives Related to Unit One:

(GE) KEY LITERACIES – the ability to identify, interpret, create, communicate, and compute using materials in a variety of media and contexts. Literacy acquired in multiple areas, such as textual, quantitative, information/technology, health, intercultural, historical, aesthetic, linguistic (world languages), and scientific, enables individuals to achieve their goals, to develop their knowledge and potential, to lead healthy and productive lives, and to participate fully in their community and wider society.

(GE) INTEGRATIVE THINKING – the ability to synthesize knowledge across multiple domains, modes of inquiry, historical periods, and perspectives, as well as the ability to identify linkages

between existing knowledge and new information. Individuals who engage in integrative thinking are able to transfer knowledge within and beyond their critical contexts.

(GH/GS) Explain the methods of inquiry used in humanities fields and social and behavioral science and describe how the contributions in these fields complement inquiry in other areas.

(CO) *Students will:*

- **Use textual analysis and theoretical models** to interpret health narratives and human behaviors within a variety of health care scenarios.
- **Synthesize methods** of inquiry in the humanities and social sciences to create new responses to personal and societal health concerns.
- **Demonstrate empathy** within immediate personal and professional interactions and extend empathetic understanding to more distant people and groups.

Unit Two: Subjects of Care (Weeks Five-Seven)

Unit Summary: In this unit, students will investigate the subjectivity of illness and health. They will analyze first-person accounts of illness and health, write about their own experiences, and represent another person's experience. The previous section (Unit One) primarily developed students' knowledge of terms used in the humanities and social and behavioral sciences. This section focuses on their abilities to critically employ methods of investigation in these fields independently and in concert. Drawing from study in the humanities, students will develop and evaluate methods of creating an autobiographical "self" in speaking and writing to share an experience of illness. Drawing from study in social and behavioral science, they will develop and evaluate methods of interviewing to recognize the role that an audience, especially of medical professionals but also family and friends, plays in shaping a patient's identity. By integrating these methods, they will learn to explain how subjective experience factors in clinical settings in particular, but also in less formal conversations about health.

Texts: Woolf, Virginia. "On Being Ill" (1930) (essay)
 Brottman, Mikita. "DSM-IV 300.30" (interview)
 Crosby, Christina. *A Body, Undone* (2016) (memoir; single chapter)
 Kalanithi, Paul. *When Breath Becomes Air* (2016) (memoir)
 Klass, Perri. "Invasions" (1987) (reflection)
 Stryker, Sheldon and Peter J. Burke, "The Past, Present, and Future of Identity Theory" (2000) (summary of sociological theory)
 Rier, David A. "The Patient's Experience of Illness" (2010) (sociological literature review)

Sample in-class and homework activities:

1. *Practice articulating a "self":* Students will draw from their experience or imagination to write a brief letter to anyone they choose—a family member, doctor, stranger, friend—about a health concern in a first-person voice. They may describe physical sensations and/or emotional experience; the point is to offer an intimate account of any kind of illness with a specific audience in mind. Aware that their writing will be shared before they begin, students will then exchange letters. The second student will complete a response written as if he or she were the recipient of the letter. This work, which is an adaptation of a common fiction writing exercise and a therapeutic strategy, is useful because it challenges respondents to occupy unfamiliar positions and informs the letter writers about their self-representation in a certain scenario from a disinterested party. Students will share their responses with the original writer, and reflect together on the experience. Discussion will focus on how one's sense of identity changes in discussions of health and illness, the impact an imagined audience has on subjective expression, and feelings that arise from the sense of a "successful" or "unsuccessful" communication. Drawing from our readings, we also will discuss the issues and methods of representing a gender, race, and economic class as a part of self-presentation.
2. *Practice hearing "others":* Drawing from readings and their own experiences as subjects of medical inquiry, students will practice interviewing people about health and illness. We also

may organize class visits from the training staff and/or students involved in the Clinical Skills and Simulation Center at the local Geisinger Commonwealth Medical College. The center trains standardized patients (people who have been trained to portray patients according to consistent behavior in a medical situation) as part of a clinical skills program for medical students. The visit will allow the class to discuss giving and receiving in-take information from medical professionals' perspective. Discussion will encourage students to consider the ethical dimensions of making medical records. They will develop their understanding of the experience of crafting the story of a patient's illness, including representations of gender, race, and class, in a clinical setting.

Formal Assessments #2 and #3:

Mini-Memoir (3 pages): **Students will write a brief first-person memoir** detailing a change in their perception of themselves at a time in their lives when health or illness became a central issue. Students will be encouraged to be creative, but the assignment will not be graded for poetic or expressive style beyond basic clarity. The goals are for them to notice and reflect on how they shape their identities and represent themselves according to categories of illness and wellness, and to gain insight into how memoirs are formed through this kind of inquiry into a "self" made by writing. Post-assignment discussion may include the relationships between personal narratives and theoretical accounts of identity formation and change.

Interview & "Work-Up" (2 pages): **Students will conduct, summarize, and reflect on a formal interview** with a subject of their choice about that person's health. They may choose an intimate or unknown subject, such as a family member, coworker, or stranger, and they may focus on a specific incident or more generally address the interviewee's experiences. The class may compose together a "standard" series of questions for use in individual in-person interviews, and so consider the relationship between structured and semi-structured interviews. The written report will include a summary of the interview that offers a brief portrait (or "work up") of the interviewee by selecting information the student deems relevant. Students will be evaluated for their ability to elicit and understand explicit and implicit information, and their ability to reflect on the process especially by considering their choices in representing information about another person. Post-assignment conversation may include a discussion of the potential uses, for individuals or groups of people, of "data" they gathered through interviews, including the relationships between clinical and research settings.

Primary Learning Objectives Related to This Unit:

(GE) KEY LITERACIES – the ability to identify, interpret, create, communicate, and compute using materials in a variety of media and contexts. Literacy acquired in multiple areas, such as textual, quantitative, information/technology, health, intercultural, historical, aesthetic, linguistic (world languages), and scientific, enables individuals to achieve their goals, to develop their knowledge and potential, to lead healthy and productive lives, and to participate fully in their community and wider society.

(GE) INTEGRATIVE THINKING – the ability to synthesize knowledge across multiple domains, modes of inquiry, historical periods, and perspectives, as well as the ability to identify linkages between existing knowledge and new information. Individuals who engage in integrative thinking are able to transfer knowledge within and beyond their critical contexts.

(GE) SOCIAL RESPONSIBILITIES AND ETHICAL REASONING – the ability to assess one’s own values within the social context of problems, recognize ethical issues in a variety of settings, describe how different perspectives might be applied to ethical dilemmas, and consider the ramifications of alternative actions. Individuals should acquire the self-knowledge and leadership skills needed to play a role in creating and maintaining healthy, civil, safe, and thriving communities.

(GH/GS) Explain the methods of inquiry used in the humanities and social and behavioral science and describe how the contributions in these fields complement inquiry in other areas.

(GH) Critically evaluate texts in the humanities—whether verbal, visual, or digital—and identify and explain moral or ethical dimensions within the disciplines of the humanities.

(GS) Recognize social, cultural, political and/or ethical implications of work in the social and behavioral sciences.

(CO) *Students will:*

- **Respectfully communicate** their experiences, express their opinions, and listen to others as participants in a wide range of conversations about health and care.
- **Synthesize methods of inquiry** in the humanities and social sciences to respond to personal and societal health concerns.
- **Demonstrate empathy** by explaining another person’s emotions and experiences within immediate personal and professional interactions and extend empathetic understanding to more distant people and groups.
- **Identify how economic class and gendered, cultural, racial, and ethnic identities impact** the languages and practices of care we use regularly and in times of crisis or conflict.

Unit Three: Staging Care (Weeks Eight-Ten)

Unit Summary: Building on students' abilities to use imagination in conversations about health (Unit One), and their enhanced abilities to reflect on their personal experience and consider the methods and stakes of communicating on behalf of others (Unit Two), this section of the course develops their abilities to analyze the importance of setting and context in health care situations. Our texts and assignments will increase students' abilities to see the influence of "staging" in conversations about health – from the visible objects in a room to wider, less visible, social contexts and networks of relation. As we investigate the physical locations, and the broader cultural contexts in which they are embedded, our texts and conversations will consider, in particular, the concept of hierarchy in medical settings. We'll consider the nature and evaluate the advantages and disadvantages of hierarchies within the history of the health care profession (such as among staff positions, specialties, and according to gendered, racial, and/or ethnic identities), the hierarchical relationships between health care providers and patients, and the relative weight given to categories of illness or types of treatment, for example.

Texts: Du Bois, W.E.B. from *The Philadelphia Negro* (1899) (sociological study/fieldwork)
 Edson, Margaret, *Wit* (1999) (play script and film)
 Anspach, Renee R. "Gender and Health Care" (2010) (sociological literature review)
 Goffman, Erving. "Social Life as Drama" (1956) from *The Presentation of Self in Everyday Life* (sociological theory)
 Album, Dag. "Close Strangers: Patient-Patient Interaction Rituals in Acute Care Hospitals" (2010) (sociological fieldwork)

Sample in-class and homework activities:

1. *Health Privilege Activity:* This "teaching with movement" method developed by Indiana University scholars asks students to recognize how social and economic privilege affects health care. Students stand together and then take steps closer or away from a "healthy heart" based on privileges (neighborhood sidewalks, access to doctors, insurance, food) they may or may not have had. Our follow-up discussion will concern their changed perceptions about their own and others' surroundings with respect to health.
2. *Fieldwork/ethnography practice:* After practice in class, students will visit and describe a health facility, such as a campus nurse's office, clinic, emergency room, or home care setting to which they have access. Nursing students, for instance, who already have access to a health care facility through clinical work or residency may choose to describe a "backstage" environment, but they'll be instructed to leave out any names or other private information about institutions or individuals. Other students may visit and describe any number of more public places, including a grocery store pharmacy, public senior center, a student practice clinic on campus, or an exterior entrance to a clinic or hospital. Or, they may consider a private setting, such as a bedroom or family room at home.

Formal Assignment #4:

Students will **create, analyze, and present a series of photographs** (using their own smart phones or iPads available through the campus library) of a setting in which they imagine a conversation about health might take place. Again, choices may vary widely, from intimate home spaces, to nursing homes, to clinical settings, depending on the students' interests and access. Extreme care will be taken to protect privacy. For example, students with access to any clinical settings who choose to photograph them will be required to receive permission from a supervisor and photograph empty "stages" without patients present. Students will analyze this setting to explore its potential for (1) directing movement and exchange between individuals; (2) influencing emotion, such as through color and light; (3) encouraging or limiting access to health care; (4) establishing, maintaining, or changing any social hierarchy. Their oral presentation will highlight discoveries as they read the place and a brief reflective piece will explain what surprised them in the activity and connect their work to our common texts. They'll be encouraged to reflect on cultural assumptions that may be embedded in physical locations, and they'll reflect on the process of their ethnographic study, including the impact their presence – as a researcher – may have made on a scene or how it is framed in their photographs.

Primary Learning Objectives Related to this Unit:

(GE) INTEGRATIVE THINKING – the ability to synthesize knowledge across multiple domains, modes of inquiry, historical periods, and perspectives, as well as the ability to identify linkages between existing knowledge and new information. Individuals who engage in integrative thinking are able to transfer knowledge within and beyond their critical contexts.

(GE) CRITICAL AND ANALYTICAL THINKING – the habit of mind characterized by comprehensive exploration of issues, ideas, artifacts, and events before accepting or formulating a conclusion. It is the intellectually disciplined process of conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action.

(GE) SOCIAL RESPONSIBILITIES AND ETHICAL REASONING – the ability to assess one's own values within the social context of problems, recognize ethical issues in a variety of settings, describe how different perspectives might be applied to ethical dilemmas, and consider the ramifications of alternative actions. Individuals should acquire the self-knowledge and leadership skills needed to play a role in creating and maintaining healthy, civil, safe, and thriving communities.

(GH/GS) Explain the methods of inquiry used in the humanities and social and behavioral science and describe how the contributions in these fields complement inquiry in other areas.

(GH) Critically evaluate texts in the humanities – whether verbal, visual, or digital – and identify and explain moral or ethical dimensions within the disciplines of the humanities.

(GS) Recognize social, cultural, political and/or ethical implications of work in the social and behavioral sciences.

(CO) *Students will:*

- **Observe how physical locations impact** health and care practices, and envision environments that can challenge hierarchies and facilitate open communication.
- **Identify how economic class and gendered, cultural, racial, and ethnic identities impact** the languages and practices of care we use regularly and in times of crisis or conflict.

Unit Four: Seeing Others Through (Weeks Eleven-Thirteen)

Unit Summary: In this unit, students will learn to navigate among multiple, differing perspectives and read unspoken visual cues in health care interactions. To do so, they will primarily investigate graphic medicine, which is the common term for comics and graphic texts that concern and are occasionally used in various healthcare practices. Our focus will be on exploring the perspectives of caregivers, a development which complements our previous work on the significance of subjectivity of illness and health (Unit Two). Caregivers will include medical professionals and family members and, especially, the interaction between these perspectives and roles. In this unit, students will gain more practice integrating theoretical models and creative narratives to develop their capacities for imagining others' experiences (Unit One) and understanding how social contexts, including physical surroundings and professional or family hierarchies, influence interactions (Unit Three). They will gain tools to comprehend and respond to conflict that can happen when people involved in healthcare see it from different perspectives. Finally, they will be able to explain the usefulness of graphic medicine, including the exchange between visual and verbal modes of communication, the ability to recognize conflicting messages and implicit clues in medical conversations, and the uses of humor, to help people to study, provide, and receive care.

Texts: Nurse Jackie (Episode 5, "Daffodil," 2009) (television show)
 Foer, Jonathan Safran. "A Primer for the Punctuation of Heart Disease" (2002) (short story)
 Fox, Elaine. "Crossing the Bridge: Adaptive Strategies Among Navajo Health Care Workers" (2001) (fieldwork/sociological study)
 Nelson, Maggie. "At the Hospital for Special Care" (2004) (poem)
 Fies, Brian. *Mom's Cancer* (2005) (graphic novel; web comic)
 Roland, John S. "Cancer and the Family: An Integrative Model" (2005) (sociological theory)

Sample in-class and homework activities:

1. *In-class tableaux:* Students in small groups will stage "freeze-frame" scenes in which they occupy certain roles and then analyze how body language and gesture affect communication. Photographs of these tableaux can be projected in the classroom to facilitate group analysis.
2. *In-class "comic jam:"* In groups, students will compose a collective graphic narrative in response to a basic scenario offered in a selection of prompts. Each student will have five minutes to draw and annotate a panel that adds to the story. Discussion following this activity will focus on the utility of narrative form (beginning, middle, and end) to convey a health situation and on crafting a consistent visual style whatever their artistic ability. Students should have some level of success in these elements, despite the quick composition, and should see some areas for improvement. They'll gain confidence in their ability to develop the longer project that concludes this unit.
3. *Artist/Art Therapist Visit:* If possible, a local artist and art therapist will visit the class to give some very basic instruction on drawing, and share some ideas about how to craft

perspective and motion in drawings. This visit will introduce students to drawing craft and allow them to speak to a professional who uses art in a clinical setting.

Formal Assignment #5:

Students will **create a multi-panel comic** (1-2 pages) that tells the story of a significant interaction concerning health, illness, and care. They may draw from their own experience or a scene from one of our course readings. While their creativity will be encouraged, they will have to meet some basic requirements. Their comic strip should: (1) Depict an intimate, interpersonal scene that taps into a social (institutional or cultural) health issue; (2) Invite readers to occupy or recognize at least two different perspectives within the story; (3) Use both words and images to tell a narrative that includes a beginning, middle and end; (4) Use humor at any level, including wordplay or irony, as part of the story. Student work will not be evaluated for artistic achievement, but rather for students' abilities to use visual and verbal languages to convey a meaningful scene that analyzes participants' different perspectives.

Primary Learning Objectives Related to this Unit:

(GE) **CRITICAL AND ANALYTICAL THINKING** – the habit of mind characterized by comprehensive exploration of issues, ideas, artifacts, and events before accepting or formulating a conclusion. It is the intellectually disciplined process of conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action.

(GE) **SOCIAL RESPONSIBILITIES AND ETHICAL REASONING** – the ability to assess one's own values within the social context of problems, recognize ethical issues in a variety of settings, describe how different perspectives might be applied to ethical dilemmas, and consider the ramifications of alternative actions. Individuals should acquire the self-knowledge and leadership skills needed to play a role in creating and maintaining healthy, civil, safe, and thriving communities.

(GH) Critically evaluate texts in the humanities – whether verbal, visual, or digital – and identify and explain moral or ethical dimensions within the disciplines of the humanities.

(GS) Recognize social, cultural, political and/or ethical implications of work in the social and behavioral sciences.

(CO) *Students will:*

- **Analyze and compare the perspectives** people bring to health decisions and crises.
- **Demonstrate empathy** by explaining another person's emotions and experiences within immediate personal interactions and extend empathetic understanding to more distant people and groups.
- **Identify how economic class and gendered, cultural, racial, and ethnic identities impact** the languages and practices of care we use regularly and in times of crisis or conflict.

Performing Care: Putting It All Together (Weeks Fourteen-Sixteen)

Unit Summary: This final unit will develop the “workshop” elements of the class as students work together through guided steps to develop their final project, which is detailed below.

Formal Assignment #6: Capstone assignment:

Students will **write, perform, and analyze an interactive scene** involving health care. The primary goals of this assignment are for students to: (1) demonstrate their increased abilities to understand how methods of inquiry in humanities and social and behavioral sciences can help them respond meaningfully, respectfully, and self-consciously to a social situation that primarily concerns health care; and (2) inspire their classmates to use these tools to analyze and reflect on a health problem according to its overlapping individual, interpersonal, institutional, and cultural significance.

The project will include these components:

1. *Team Project:* A written and performed script of a conversation about a health concern. The scene should be about 10 minutes long. It must have least two, but no more than three, central characters who play clearly defined roles in relation to each other. The script should be dialogue driven – propelled by words – but also include physical gestures and indicate specific (room, building, institution) and general (national, cultural) settings. Students may perform live for the class or record and play the performance. They may define health “concern” in any way and develop the plot of the scene through a climax and resolution or use an open ending.

Requirements: The scene must incorporate at least two elements of literary expression, such as a shifting point of view, figurative language, or plot disturbance such as a flashback, first introduced in Unit One and developed throughout the course. Students might, for example, weave imagery or symbolic language into an explanation or description, or use an analogy in their dialogue. They might simply help a character express herself using a quotation from a literary work. The scene also must clearly draw upon a theoretical model for human behavior, especially those introduced in Unit One and Three and developed throughout the course. Characters should reveal factors that influence their behaviors and/or show how they operate within a social group, such as a family, or a professional or cultural environment. Scenes might, for example, show how people succeed or fail to overcome a block in communication across cultures, identify or navigate a hierarchical relationship, acknowledge the cultural construction of an apparently given fact, or allow a character to challenge assumptions about “types” of people or illnesses.

2. *Individual Reflective Essay:* Each student will write a reflective essay (2 double-spaced pages) on their group script that identifies the key methods of analysis from each knowledge domain (humanities and social and behavioral sciences) that they intentionally wrote into the script. The essay must weigh in on how these methods complement each other to help them understand a site of conflict, come up with ways to communicate across a difference,

or develop a plan for future action. In other words, the essay should answer the question: What tools drawn from literary study and social and behavioral science can help people understand, talk about, and begin to address the problem dramatized in the script?

3. *In-Class Response*: In addition to active participation in general discussions following classmates' scenes, students will be responsible for writing one more detailed response to another group's performance based on a question the group poses. Each performing group will have written and presented this question for the students to answer. Questions may be interpretive (*What's the central conflict from the patient's perspective? What does the nurse's "gallows humor" do to the situation?*); analytical (*How do "props" influence behavior? How would you describe the relationship between nurses and doctors in the scene? How does the patient's cultural identity or gender seem to influence others' responses to her?*); methodological (*What interview techniques might have worked better for the ER staff? What imaginative work could help participants to better understand or empathize with each other?*); or comparative (*What other situations might the scene help you see differently?*).

All learning objectives are relevant to the capstone assignment.