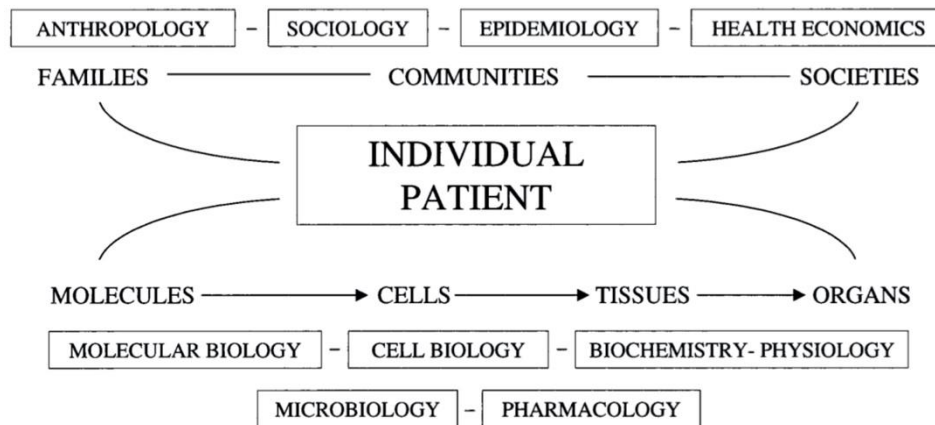


ARTSSCI 4CT3 / MEDICAL HUMANITIES INQUIRY  
(2019-20, TERM 2)

Class Time: Fridays 11:30-2:20 (MDCL 3022)  
Instructor: P.K. RANGACHARI ([chari@mcmaster.ca](mailto:chari@mcmaster.ca))  
Office Hours: Fridays 10:30-11:20 (MDCL 3022)

The patient is a common element in all medical systems (modern medicine, ayurveda, homeopathy, naturopathy, osteopathy etc.). This course will explore the domain of medical humanities from their perspective. That old-fashioned quaint term will be used rather than trendier ones such as clients or customers. The patient in any medical encounter occupies two intersecting worlds—the biological world of cells, tissues and organs and the social one of families, communities, societies. Though the disciplines that study the diverse worlds are distinct, this course will be placed in the central Arts Science tradition of blending these two worlds. I will assume that you are quite familiar with the physical, chemical and biological elements and will also draw upon other courses that you may have taken or will take, particularly Technology and Society.



There will be two parts to this course: (A) a Problem-based Learning Component (PBL) and (B) a Self-Directed Component.

**PBL COMPONENT:**

**PART 1:** This is based on an adaptation of the general principles of PBL to a larger class setting. The term “problem” is used loosely. Students will be provided incomplete information as prompts. The material will be drawn from a variety of sources, newspaper clippings, advertisements, published papers etc. As with all such courses, there will be both process and content elements

**Process:** The process elements are fairly generic. These are the ways and means by which you will function as both independent and shared learners in demonstrating that you have acquired the content elements mentioned below. You will be expected to search, synthesize, integrate information from a variety of sources, participate effectively in the class- room, present information clearly and assess that provided by others in a critical manner.

**Content:** By the end of this segment, you would have recognized the interplay between diverse social groups in the prevention, treatment and rehabilitation of the tuberculous patient; the problems faced by such patients in diverse settings and the role of different technologies.

Tuberculosis (TB) will be the focus for this component. The infected patient provides a suitable subject for a course in medical humanities. Whereas patients with diabetes, hypertension, arthritis or similar conditions are problems largely for themselves and those close to them, the infected patient is a concern for many others who fear that they too can get infected. This raises serious concerns amongst many and reveals the depths of both man’s humanity and inhumanity to their fellow man. There is also a strong local flavour. For decades, there was a functioning TB sanatorium in Hamilton that served not only the local population but hundreds of Inuit who were torn from their native environment and brought south. The condition is still present in underserved populations in this country as well as others. Further artists, poets and musicians (Orwell, Balzac, Keats, Chopin, Lawrence, Kafka, Modigliani to name just a few) suffered from the disease and their biographies bear rich testimony to the ravages wrought by this infection. In addition, a number of literary and musical works feature the condition (Thomas Mann’s *The Magic Mountain*, Andrea Barrett’s *The Air we Breathe*, Puccini’s *La Boheme*).

There will be a 3 -week cycle as described below.

**WEEK ONE:**

- All students meet/Problem distributed
- “Brainstorming”
- Issues raised
- Refined into Learning Tasks
- Groups formed to tackle specific tasks

**WEEK TWO (Interim week)**

- Groups work on their learning tasks
- Guest Lectures/Discussions on subsidiary material
- Opportunity for individuals to discuss their own projects

**WEEK THREE**

- Individual Groups present
- Distribute summaries to class
- Discussions
- Evaluation

Several problems will be discussed during this term.

This component will be assessed by all students writing a Problem Summary including a Log Book (SEE LATER):

**EVALUATION SECTION:**

ITEM	% FINAL GRADE	COMMENTS
PBL SUMMARIES	25	Individual (due March 20)
PARTICIPATION	15	Individual (due March 20)
PATIENT ENCOUNTER	40	Group (due April 3 <sup>rd</sup> )
BOOK REVIEW/OP-ED	20	Individual (due Feb 28)

**PBL ASSESSMENT** (40 marks):

**PROBLEM SUMMARIES** (25 MARKS):

Each Student will submit a clear written report of their learning from the problems discussed. This will have two parts (a) a brief summary of the specific items that were discussed in the class during the sessions and (b) a personal commentary on issues that were of particular interest. The report **MUST** be accompanied by annotated references.

**PARTICIPATION (15 MARKS):** This will take the form of a logbook that every student is expected to keep that documents their contributions to the learning of others in the Group sessions. This should be as specific as possible. These logbooks will be assessed by the instructor. Details will be provided later.

### **SELF -DIRECTED LEARNING OPTIONS (60 MARKS):**

The field of medical humanities is vast. The self-directed component gives you an opportunity to explore aspects that are of particular interest. You will demonstrate the extent of your learning through diverse assessments shown below. These include both **GROUP** and **INDIVIDUAL** projects.

**GROUP PROJECT: PATIENT ENCOUNTERS (40 MARKS):** You will form Groups (3-4 students). Each group will adopt the persona of a patient with a chronic illness. They face multiple problems that lead them to interact with a wide range of individuals with expertise in diverse domains. These interactions provide fertile field for exploration. You can opt to be a patient (any age, gender) with any such ailment (some examples include rheumatoid arthritis, diabetes, hypertension, cystic fibrosis, Parkinsonism, IBD, IBS, etc.).

You will describe your encounter with any one of the following individuals:

Caregiver/ Alternative Health Care Provider/ Nurse/ Physiotherapist/ Insurance Agent/ Lawyer/ Pharmacist/ Occupational Therapist/ Journalist

There will be two parts to this exercise—(a) A description of the encounter—this can take multiple formats—a conversation, a narrative, a series of letters, a diary, an audio-recording and (b) a clear succinct description of the clinical condition itself, explaining the signs and symptoms experienced by the patient (yourself).

**INDIVIDUAL PROJECTS:** You can select from **one** of the following options

- (a) **BOOK REVIEWS (20 MARKS):** A large number of books (both fiction/non-fiction) deal with diverse illnesses which describe patient encounters. You can learn much from reading and reviewing such books. A sample list dealing specifically with TB is give at the end.

**Assessment:** The following rubric will be used: **Content/Style/ (15marks)**. The review must clearly state the bibliographic information, comment on the subject matter and style of writing. **Critical Assessment (5 marks)**-including personal assessment of the book, comments on its relevance to the course and overall significance.

- (b) **OP-EDS (20 marks):** You will write an opinion piece on ANY contentious issue in either medical education or patient care. The contentious issue must be clearly stated, and the conflicting views discussed. You must clearly take a specific position on this issue and justify your point of view. This piece must be adequately referenced. The 3 elements that will be assessed are Content (10), Clarity (5), Corroboration (5).

**REQUIRED READINGS:** One of the significant elements of an inquiry course is the fostering of skills to search, synthesise and integrate information from diverse sources. Thus, there is **NO** textbook for this course or required readings, though several **suggestions** will be provided. With specific reference to the PBL component, several books that deal with the more human aspects of TB are given below along with their call numbers in the library catalogue (see below). Many more books can be traced through the catalogue.

Partial list:

Thomas Mann *The Magic Mountain* ( PT 2625.A44 Z313)

Andrea Barrett *The Air we Breathe*

Betty MacDonald: *The Plague and I* (WZ 100.M15)

Maureen Hull: *The View from a Kite* (PS 8565 .U528 V54 2006)

Shawn Selway: *Nobody here will Harm You* (WF 11 DC2 .S469N 2016)

Katherine McCuaig: *The Weariness, the Fever and the Fret: The Campaign against Tuberculosis in Canada* (WF 11 DC2 .M117W 1999)

Grygier, Pat Sandiford: *A Long Way from Home: The Tuberculosis Epidemic among the Inuit* (available as an e-book, McMaster Library)

For the Patient Encounters project, students should consult standard textbooks (a large number are available through our library system) for information about the specific clinical condition they choose to explore. In addition, many organisations that deal with specific conditions (CF, Crohn’s and Colitis, Arthritis, Multiple Sclerosis etc) have excellent websites that provide useful information for patients.

GIVEN BELOW is a tentative schedule. The essence of PBL is flexibility—so the sessions can be altered to suit any contingencies that arise. There will be occasional guest lectures during the term.

#### TIMELINES

DATE	ACTIVITY
Jan 10	INTRODUCTION
Jan 17	PBL
Jan 24	PBL
Jan 31	PBL
Feb 7	PBL
Feb 14	PBL
Feb 21	BREAK NO CLASSES
Feb 28	PBL / INDIVIDUAL PROJECTS DUE
Mar 6	PBL
Mar 13	PBL
Mar 20	PBL SUMMARIES/LOG BOOKS DUE
Mar 27	GROUP DISCUSSIONS
Apr 3	Wrap Up -GROUP REPORTS TO BE SUBMITTED

**IMPORTANT ELEMENTS:** I want to explain at the outset my attitude towards marks so that there is no confusion. There is a popular notion that students start with a 100% and **lose** marks. I do not subscribe to that notion. **You start with ZERO and start accumulating them.** I will give comments but once a mark has been given, I will not change it **UNLESS** there is a calculating error. Changing a mark for one student is quite unfair since it penalizes the ones who have not come forward for whatever reason. **I will not entertain ANY discussions on that**

**score.** If you feel strongly that the mark you have received is not appropriate, **you will follow official procedures to have your marks re-assessed.** Conversion from percentages to letter grades will follow the standard McMaster procedure.

%	Letter	%	Letter	%	Letter	%	Letter	%	Letter
90-100	A+	77-79	B+	67-69	C+	57-59	D+	0-49	F
85-89	A	73-76	B	63-66	C	53-56	D		
80-84	A-	70-72	B-	60-62	C-	50-52	D-		

**DEADLINES:**

By not penalizing late submission, teachers do injustice to those who follow them. Also, the Registrar’s Office and the calendar constrain us. If you fail to meet the deadlines (see above), I will simply dock 4 marks off the final grade.

**Master Policy on Academic Integrity**

You are expected to exhibit honesty and use ethical behaviour in all aspects of the learning process. Academic credentials you earn are rooted in principles of honesty and academic integrity. Academic dishonesty is to knowingly act or fail to act in a way that results or could result in unearned academic credit or advantage. This behaviour can result in serious consequences—e.g., the grade of zero on an assignment, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university. It is your responsibility to understand what constitutes academic dishonesty. For information on the various types of academic dishonesty, please refer to the Academic Integrity Policy, located at: <http://www.mcmaster.ca/academicintegrity>  
 The following illustrates only three forms of academic dishonesty: 1) Plagiarism—e.g., the submission of work that is not one’s own or for which other credit has been obtained. 2) Improper collaboration in group work. 3) Copying or using unauthorized aids in tests and examinations.

**ATTENDANCE:** Since most sessions are interactive, I expect students to attend. For absences, please see section on MSAF below.

*McMaster Student Absence Form (MSAF):*

In the event of an absence, students should review and follow the Academic Regulations in the Undergraduate Calendar “Requests for Relief for Missed Academic Term Work.” Please consult the MSAF statement on our website (<https://artsci.mcmaster.ca/current-students/requests-2/>) and direct any questions or concerns to Shelley Anderson or Madeline Van Impe in the Arts & Science Program Office.

*Academic Accommodation of Students with Disabilities:*

Students who require academic accommodation must contact [Student Accessibility Services \(SAS\)](#) to make arrangements with a Program Coordinator. SAS can be contacted by phone 905-525-9140 ext. 28652 or email [sas@mcmaster.ca](mailto:sas@mcmaster.ca). For further information, consult McMaster University’s [Academic Accommodation of Students with Disabilities](#) policy.

**Academic Accommodation for Religious, Indigenous, or Spiritual Observances (RISO) Statement**

*Academic Accommodation for Religious, Indigenous, or Spiritual Observances (RISO):*

Students requiring academic accommodation based on religious, indigenous, or spiritual observances should follow the procedures set out in the RISO policy. Students requiring a RISO

accommodation should submit their request to their Faculty Office (i.e. to Shelley Anderson or Madeline Van Impe in the Arts & Science Program Office) normally within 10 working days of the beginning of term in which they anticipate a need for accommodation or to the Registrar's Office prior to their examinations. Students should also contact their instructors as soon as possible to make alternative arrangements for classes, assignments, and tests.

### **Email Contact and Student Responsibility Statement**

*Please Note:*

The instructor and university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances (e.g., severe weather, labour disruptions, etc.). Changes will be communicated through regular McMaster communication channels, such as McMaster Daily News, A2L, and/or McMaster email. It is the responsibility of students to check **their McMaster email** and course websites regularly during the term and to note any changes. Announcements will be made in class and by using the course email distribution list.