

**Supplemental Digital Appendixes:**  
**Introduction to Medicine (IMS) Session Overview,**  
**Sample Discussion Guides, and IMS Session Mapping to the**  
**Association of American Medical Colleges' (AAMC's) Tool for Assessing**  
**Cultural Competence Teaching (TACCT)**

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## Supplemental Digital Appendix 1: Full Overview of the Introduction to Medicine and Society (IMS) Sessions, Perelman School of Medicine at the University of Pennsylvania, 2015

### **BLOCK 1: FOUNDATIONS**

#### **Session 1: Building a Quality Discussion Space**

<b>Animating Questions</b>	<ul style="list-style-type: none"> <li>• Are safe spaces important?</li> <li>• What makes a space safe or unsafe?</li> <li>• How do we build safe spaces for one another?</li> <li>• How are safe spaces important in enabling the four doctoring relationships with self, patients, colleagues, and society?</li> <li>• What does it mean to listen well?</li> <li>• Why can sharing personal experiences be scary?</li> <li>• What does it mean to process an experience? What are the benefits of processing an experience with others?</li> <li>• How can we use this space to build skills for thinking and communicating that can be used in many situations in the future as medical students and doctors?</li> <li>• What makes a good doctor? How might being a good doctor differ for various specialties and practice settings, or even different scenarios?</li> </ul>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>1. To begin the process of becoming comfortable sharing in small group</li> <li>2. To decide upon a safe space contract.</li> <li>3. To begin to experience how self-reflection and sharing will facilitate discussion of the topics addressed in the course, and enable the four doctoring relationships (with self, patient, peer, and society). This session in particular will focus on peer-to-peer relationships.</li> </ol>
<b>Preparatory Materials</b>	Review and digest results of a “diversity” survey: prior to the course, students filled out an anonymous online survey about their life experiences. Relevant aggregated results are released to students and facilitators before each session to highlight diversity of experience within the class.
<b>Plenary Session</b>	Course director (MD)
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li>• <b>Doctoring Group Introductions:</b> Go-around in the large group (25 minutes)</li> <li>• <b>Introduction to the course:</b> Handout + brief verbal summary (10 minutes) (large group)</li> <li>• <b>Diversity of experiences survey results:</b> Large group popcorn (10 minutes) + large/medium group discussion (15 minutes)</li> <li>• <b>Generating a Safe Space:</b> Brainstorm (15 minutes) + followed by fears and reservations about small group (large group) + safe space contract discussion (large group) (15 minutes)</li> <li>• <b>How creating a safe spaces is important to being a good doctor:</b> medium/small group discussion (15 minutes)</li> <li>• <b>Closing go-around</b> (large group) (10 minutes)</li> </ul>

## Session 2: Culture, Cultural Humility and Structural Competence

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>Cultural Frameworks <ul style="list-style-type: none"> <li>What is culture? Who "has" it?</li> <li>How can I become aware of the way culture shapes my own habits, beliefs, and practices? How might other factors shape my habits, beliefs, and practices?</li> <li>How does culture intersect with other categories: race, gender, class, religion, etc.?</li> </ul> </li> <li>Culture and Power <ul style="list-style-type: none"> <li>Do I perceive a "default" culture?</li> <li>When is culture invisible?</li> <li>How does culture relate to power?</li> </ul> </li> <li>Cultural Humility <ul style="list-style-type: none"> <li>What does it mean to be competent in cultural exchanges in the clinic?</li> <li>What does it mean to bring humility to cultural exchange in the clinic?</li> <li>Can we recognize other people's cultures without stereotyping them? If so, how?</li> <li>What are the limits of putting ourselves "in the other person's shoes"?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>To develop a working understanding of "culture" that is applicable to our own experiences as much as to those of others.</li> <li>To compare and contrast three different approaches: "cultural competency," "cultural humility," and "structural competence."</li> <li>To explore and reflect on the cultural and structural aspects of all four of the doctoring relationships: doctor-self, doctor-patient, doctor-peer, and doctor-society.</li> <li>To explore the effects of interactions between people from different backgrounds and within different environments, particularly in the context of power differentials-situations in which one party has more power than the other. Consider the role that differences in culture and structure play in establishing power differentials between physicians and patients.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required:</u></p> <ul style="list-style-type: none"> <li>Summary of Metzl and Hansen on structural competence:  <a href="http://www.vanderbilt.edu/mhs/2014/02/mhs-director-jonathan-metzl-and-nyu-professor-helena-hansen-publish-an-article-on-structural-competency-in-the-journal-social-science-and-medicine/">http://www.vanderbilt.edu/mhs/2014/02/mhs-director-jonathan-metzl-and-nyu-professor-helena-hansen-publish-an-article-on-structural-competency-in-the-journal-social-science-and-medicine/</a></li> <li>Adichie, Chimamanda: "The Danger of a Single Story." (Video)</li> </ul> <p><u>Optional Additional Media:</u></p> <ul style="list-style-type: none"> <li>Metzl, Jonathan and Helena Hansen. 2014. "Structural Competence: Theorizing a New Medical Engagement with Stigma and Inequality." <i>Social Science &amp; Medicine</i> 103.</li> <li>Kleinman, Arthur and Peter Benson. 2006. "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It". <i>PLoS Medicine</i> 3(10): 1673-1676.</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>Write about your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke? What are you confused about?</li> <li>Write about a discussion or activity from the previous session (Building a Quality Discussion Space) that you would like to continue to explore.</li> </ul>
<b>Plenary Session</b>	Plenary: Medical anthropologist (PhD) or physician-anthropologist (MD/MD-PhD) with expertise in medical anthropology
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening activity:</b> Nags and Brags (10 minutes)</li> <li><b>A quick look back at the safe space contract and the interpersonal communication skills workshop:</b> quick reminders (large group) (5 minutes)</li> <li><b>"Body Ritual among the Nacirema":</b> Excerpt handout reading + discussion (medium group) (15 minutes)</li> <li><b>What is Culture?:</b> Video clip + self-reflective writing (solo) + discussion (medium group) (25 minutes)</li> <li><b>Culture Clash:</b> Video clip + cross-cultural encounters handout + discussion (medium group), includes peer-to-peer feedback on the group's use of the communication skills (30 minutes)</li> <li><b>Cultural Humility and Alternative Healing:</b> discussion (large group) (20 minutes)</li> <li><b>Closing Go-Around</b> (large group) (10 minutes)</li> </ul>

## Session 3: Narratives of Suffering and Illness

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>The Experience of Suffering <ul style="list-style-type: none"> <li>What does suffering mean to me?</li> <li>How do I face suffering?</li> <li>What kinds of suffering are externally visible? What kinds are invisible?</li> <li>Is there a difference between pain and suffering?</li> <li>What is the distinction between illness and disease?</li> <li>What does it mean to heal? Is this, or how is this, different than to cure?</li> <li>How do explanatory models for what happens in an illness matter?</li> </ul> </li> <li>Suffering and Communication <ul style="list-style-type: none"> <li>How is the experience of suffering different for different people? Or for the same person at different times? Under different circumstances?</li> <li>How do we ask about suffering? Is it different for various manifestations of suffering (e.g. spiritual vs physical)?</li> <li>How do we bear witness to suffering? Can telling and listening be a part of healing?</li> <li>How might more subjective forms of data (such as narratives) impact the practice of medicine?</li> <li>What would it look like to listen to others' narratives with humility?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>To reflect on what suffering means to us as individuals, appreciating the differences in how we each experience and express suffering.</li> <li>To explore the distinction between illness and disease as well as curing and healing.</li> <li>To practice using narratives to ask about, listen to, interpret, and cope with suffering and illness.</li> <li>To appreciate the role of narratives in empowering and uplifting those who are ill and/or suffering.</li> <li>To consider the role of listening and storytelling in the clinical encounter.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required:</u></p> <ul style="list-style-type: none"> <li>Rakoff, David. 2012. "Stiff as a Board, Light as a Feather". This American Life. (Audio)</li> </ul> <p><u>Choose at least one of the following:</u></p> <ul style="list-style-type: none"> <li>Broyard, Anatole. 1993. "Intoxicated by My Illness". In Intoxicated by My Illness, 1-8. Ballantine Books.</li> <li>Charon, Rita. 2011. "Honoring the Stories of Illness." TEDxAtlanta. (Video)</li> <li>Conway, Kathlyn. "The Cultural Story of Triumph." In Beyond Words: Illness and the Limits of Expression. University of Michigan Press. 14-24.</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>Write about your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke? What are you confused about?</li> <li>Write about a discussion or activity from the previous session (Culture, Cultural Humility, and Structural Competence) that you would like to continue to explore.</li> </ul>
<b>Plenary Session</b>	Plenary: Literary scholar (PhD) with expertise in narrative medicine
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening Go-Around</b> (5 minutes)</li> <li><b>The Body and Disease:</b> spoken word listening activity (5 minutes) + debrief (20 minutes) (small group)</li> <li><b>Personal experiences of weakness/suffering:</b> reflective writing prompt (5 minutes) + sharing/discussion (medium group) (20 minutes)</li> <li><b>Suffering, Expression, Culture, and Humility:</b> discussion (medium group); includes peer-to-peer feedback on use of the interpersonal communication skills (20 minutes)</li> <li><b>Talking About Suffering:</b> brainstorm (large group) (20 minutes)</li> <li><b>When I feel most powerful in my body:</b> self-reflective popcorn (large group) (10 minutes)</li> <li><b>Gender Diary Assignment Explanation</b> (5 minutes)</li> <li><b>Closing Go-Around:</b> Strategies for self-care (10 minutes)</li> </ul>

## BLOCK 2: STRATIFICATION, DIFFERENCE, AND DISPARITIES

### Session 4: Socioeconomic Class and Inequality

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>Understanding Class and Inequality <ul style="list-style-type: none"> <li>What does class mean to me? What might others mean when they use the word 'class'?</li> <li>Why might people be uncomfortable talking about class?</li> <li>How do people arrive at their class status?</li> <li>How did my class identity or class status shape my path to medical school? My life experiences in general? My health?</li> <li>How does class intersect with race, gender, sexuality, and disability?</li> <li>What impediments are there to talking about class? How can we open up discussions about class?</li> </ul> </li> <li>Class and Norms <ul style="list-style-type: none"> <li>What is economic class? What is social class? How are social class and economic class different? How are they connected?</li> <li>Are there benefits that come with being in a disadvantaged or marginalized group?</li> <li>What types of messages do we get about the ideal class to belong to (or behave as though we belong to)? Does this change in different contexts (with your friends from high school? At Penn Med? During the interview process?)?</li> </ul> </li> <li>Physicians, the Clinic, and Class <ul style="list-style-type: none"> <li>How do class inequalities affect the relationships among medical students, patients, and physicians?</li> <li>How do class inequalities shape a physician's relationship with society?</li> <li>How does class determine varying experiences with our healthcare system?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>To analyze our own explanations for hierarchies of class, race, generation, education, and citizenship.</li> <li>To explore chains of causation by which social determinants become individual experiences and evolve into population statistics.</li> <li>To examine how class and privilege are represented or reinforced among physicians and policymakers, and to consider how this may contribute to power differentials and varying interactions with health care systems.</li> <li>To explore how class plays out in the Perelman School of Medicine.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required:</u></p> <ul style="list-style-type: none"> <li>Glass, Ira. 2013. "Harper High School, Part One." This American Life. (Audio)</li> </ul> <p><u>Choose at least one of the following:</u></p> <ul style="list-style-type: none"> <li>Marmot, Michael. 2006. "Health in an Unequal World." <i>The Lancet</i> 368: 2081-2094.</li> <li>Del Toro, Natasha and Eskildsen, Joakim 2011. American Realities. (Photographs, Audio)</li> <li>Politizane. 2013. "Wealth Inequality in America." Youtube. (Video)</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>Reflect on the Self-Survey of Socioeconomic Class and Experience. How did you feel doing it? Were you surprised by any of the statements? Did you feel there were statements that were "left out"? Did any of the statements address other forms of difference in addition to class (e.g. race, gender, sexuality, etc.)? Did you notice anything you had not previously appreciated about yourself?</li> </ul>
<b>Plenary Session</b>	Plenary: Public Health Scholar (PhD) with expertise in class and inequality
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening Go-Around</b> (10 minutes)</li> <li><b>Personal Perspectives of Class:</b> Discussion of Self-Survey of Socioeconomic Class and Experience (small groups) (15 minutes)</li> <li><b>Class and Behavior - Rules and Expectations:</b> A clip from "The Wire" followed by discussion (large group) (25 minutes)</li> <li><b>Class and Health:</b> Two vignettes read aloud, followed by discussion (medium groups) (30 minutes)</li> <li><b>The Physician's Role in Promoting Social Change:</b> Discussion (large group) (20 minutes)</li> <li>Closing Go-Around (10 minutes)</li> </ul>

## Session 5: Race, Privilege, and Structural Bias

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>Race as a Category <ul style="list-style-type: none"> <li>What is race? How do we classify others and ourselves by race?</li> <li>How have my own life experiences and identities been shaped by race? How have those identities changed over time? How does my awareness and expression of racial identity change across settings?</li> </ul> </li> <li>Race as Privilege <ul style="list-style-type: none"> <li>What is racism?</li> <li>How does race manifest at the internal, interpersonal, and structural levels?</li> <li>What is racial privilege? How do race and racial privilege intersect with other kinds of privilege?</li> </ul> </li> <li>Race in Medicine <ul style="list-style-type: none"> <li>What does race mean in the science that we're learning?</li> <li>How does medicine use race as a category?</li> <li>Is race a scientific concept or a social concept? Both?</li> <li>Why do we care about a patient's race?</li> </ul> </li> <li>Communicating About Race <ul style="list-style-type: none"> <li>How do we talk about race?</li> <li>What are impediments to talking about race?</li> <li>What skills can we use to discuss identity?</li> <li>What are the limits of understanding others' experiences of race?</li> <li>How can we attempt to understand the experiences of people who have different racial identities?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>To examine the process of defining race (including how we classify ourselves and others by race) and to explore the status of race as a social category.</li> <li>To analyze how race operates at internal, interpersonal, and structural levels</li> <li>To acknowledge the limits of our understanding of others' experiences of race</li> <li>To think critically about the meaning of race in the context of the science we are learning (i.e. "race" as a medical categorization) in order to understand the reasons behind and limitations of this perspective</li> <li>To explore the ways in which racism can have significant health consequences, regardless of the biological status of race and independent of socioeconomic status.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required reading:</u></p> <ul style="list-style-type: none"> <li>Braun, Lundy, et al. "Racial Categories in Medical Practice: How Useful Are They?" <i>PLOS Medicine</i>. 2007.</li> </ul> <p><u>Choose at least two of the following:</u></p> <ul style="list-style-type: none"> <li>Chou, Rosalind and Feagin, Joe. 2008. "The Reality of Asian American Oppression."</li> <li>Johnson, Javon. 2013. "cuz he's black." Button Poetry (Video)</li> <li>Jones, Camara Phyllis. 2000. "Levels of Racism: A Theoretic Framework and a Gardener's Tale". <i>American Journal of Public Health</i> 90(8): 1212-1215.</li> <li>Lane-Fall M. Accommodating Bigotry. <i>JAMA</i>. 2014;311(2):139-140.</li> <li>Locke, Steve. 2011. "Why I Don't Want to Talk about Race". The Good Men Project.</li> <li>McIntosh, Peggy. 1989. "White Privilege: Unpacking the Invisible Knapsack".</li> <li>Rich, John. 2011. "Introduction" and "Kari in Pain". In <i>Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men</i>, 1-23. The Johns Hopkins University Press.</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>Write your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke?</li> <li>Write about a discussion or activity from the previous session (Socioeconomic Class and Inequality) that you would like to continue to explore.</li> </ul>
<b>Plenary Session</b>	Plenary: Social scientist (PhD) or legal scholar (JD) with expertise in race and medicine
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening Go-Around</b> (10 minutes)</li> <li><b>Beliefs and Judgment:</b> Introductory popcorn (15 minutes) (large group)</li> <li><b>Racial Experiences:</b> Racial experiences worksheet (10 minutes) (solo) + discussion (15 minutes) (small groups)</li> <li><b>What does "Race" Mean in Medicine?</b> Discussion (25 minutes) (medium groups; includes peer-to-peer feedback on the group's use of the communication skills)</li> <li><b>Race in the clinic:</b> Q&amp;A and discussion with preceptors (25 minutes) (small groups)</li> <li><b>Closing Go-Around</b> (5 minutes)</li> </ul>

## Session 6: Gender and Gender Norms

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>Understanding Gender and Sex <ul style="list-style-type: none"> <li>What is my gender identity? When and how has it been formed? Has gender shaped my personal experiences? Has my expression of gender changed over time? Does it change in different environments?</li> <li>What are sex and gender? What is the difference between them? How do we classify ourselves and others by gender? How do we understand gender? How many genders are there? How many sexes are there? How is gender different from sexual orientation and why might these two often be conflated? How can we ask others respectfully about their gender identity?</li> </ul> </li> <li>Gender and Power <ul style="list-style-type: none"> <li>How are gender classifications "built in" to our thinking?</li> <li>How do these classifications manifest among medical students, doctors, and patients? In what ways is gender important in a healthcare setting?</li> <li>What is gender-based violence? Why does it exist? How do gender distinctions lead to internal, interpersonal, and structural violence?</li> <li>How might gender bestow privilege in certain contexts? How do people's outer appearances shape access to privilege?</li> <li>What forces, situations, and environments lead individuals to suppress their gender identity?</li> <li>How does the built environment enforce a certain conception of gender?</li> </ul> </li> <li>Gender and Communication <ul style="list-style-type: none"> <li>What are the limits of understanding others' experiences of gender? How do we express humility while trying to understand others' experiences of gender?</li> <li>Practically, how do we safely discuss identity? How do we ask or learn about someone's identity?</li> <li>What clinical situations call for addressing gender or gender-based power? How might we navigate those situations?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>To examine different ways of understanding gender and sex.</li> <li>To explore how each of us expresses gender in different settings (home, work, family, social settings, public forums, etc.), how these gender expressions have been formed.</li> <li>To examine how we talk about gender, how that affects others, and how it shapes our own thinking.</li> <li>To analyze how gender and sex shape our varied experiences by impacting our environment, language, thinking, and privilege.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required:</u></p> <ul style="list-style-type: none"> <li>Gender Diary Assignment: Students are instructed to spend one day noticing and taking notes about gender.</li> <li>Porter, Tony. 2010. "A Call to Men". TED. (Video)</li> <li>Moss-Racusin, Corinne et al. 2012. "Science Faculty's Subtle Gender Biases Favor Male Students". PNAS.</li> </ul> <p><u>Choose at least one of the following:</u></p> <ul style="list-style-type: none"> <li>Moss, Emily Heist. 2012. "A Letter To The Guy Who Harassed Me Outside The Bar." Role Reboot.</li> <li>Ludden, Jennifer. 2011. "Ask for a Raise? Most women hesitate." NPR. (Audio)</li> <li>Brown, Anna. 2014. "Perceptions about women bosses improve, but gap remains." Pew Research.</li> <li>Tagliabue, John. 2012. "Swedish School's Big Lesson Begins With Dropping Personal Pronouns." NYTimes.</li> <li>Anderson, Melissa J. "Why Stereotype Threat Keeps Girls Out of Math and Science, and What to Do About It." The Glass Hammer.</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>Write your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke?</li> <li>Write about a discussion or activity from the previous session (Race, Privilege and Structural Bias) that you would like to continue to explore.</li> </ul>
<b>Plenary Session</b>	Plenary: Sociomedical scholar (PhD) with expertise in sex and gender
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening Go-Around</b> (5 minutes)</li> <li><b>Genderbread Person and Initial Definitions:</b> Presentation (5 minutes) (large group)</li> <li><b>Gender Diary Discussion:</b> Review of gender diary (20 minutes) (small group)</li> <li><b>Analyzing Sex and Gender in Medicine:</b> Handout and discussion (20 minutes) (medium group)</li> <li><b>Gender Identities, Assumptions, and Privilege:</b> Discussion (20 minutes) (medium group)</li> <li><b>Sexual Violence and Norms:</b> Discussion (20 minutes) (small group)</li> <li><b>Closing Go-Around:</b> (5 minutes)</li> </ul>

## Session 7: Introduction to LGBTQ Issues in Medicine

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>Understanding Sexuality <ul style="list-style-type: none"> <li>What is sexuality, and how does it differ from sex and gender? What are different ways of understanding sexuality? Are there distinct sexualities? Are there spectra of sexuality? How is sexuality formed? Can it change over time?</li> <li>What is the difference between sexual practices and sexual identity?</li> <li>Do I have a sexual identity? How has my sexuality been formed?</li> </ul> </li> <li>Sexuality, Relationship Models, and Privilege <ul style="list-style-type: none"> <li>How do I classify myself or others by sexuality, and what assumptions do I attach to these classifications? How do these classifications affect the dynamics among medical students, doctors, and patients?</li> <li>How do power gradients along lines of sexuality lead to internal, interpersonal, and structural violence? How do race, class, gender, and culture affect sexuality, and vice versa? What is sexual privilege and why does it exist?</li> <li>What do we mean when we say "normal"? What are different models for romantic and sexual relationships and how does our conception of "normal" suppress this diversity? Why and when might this be relevant in a clinical context?</li> </ul> </li> <li>Sexuality and Communication <ul style="list-style-type: none"> <li>What are the limits of understanding others' experiences of sexuality? How might an approach of cultural humility help us to speak with others about their experiences?</li> <li>Why might talking about certain sexualities, or sexuality in general, make me uncomfortable? How can I begin to become more comfortable? How do I recognize when I'm comfortable or uncomfortable with talking about sexual or romantic identity?</li> <li>How do I talk to others about sexuality?</li> <li>Why do we ask patients about their sexuality? When and how should we do so?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>To explore the ideas we have about the relationships between sexual identities, romantic attachments, relationship models, and sexual practices.</li> <li>To appreciate that there is a diversity of sexual practices and identities.</li> <li>To explore the effects of sexual privilege, power and violence</li> <li>To examine how our ideas about "normal" sexuality and "normal" relationships may affect our communication with our peers and patients.</li> <li>To gain experience talking about sexual practices and sexual identity and become more comfortable doing so in order to better engage and connect with our patients and peers.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required:</u></p> <ul style="list-style-type: none"> <li>Wright, iO Tillet. 2012. "Fifty Shades of Gay". TED Talk. (Video)</li> </ul> <p><u>Choose at least one of the following:</u></p> <ul style="list-style-type: none"> <li>Agrawal, Abha. 2008. "Lies to a Patient." <i>Annals of Internal Medicine</i> 148:707.</li> <li>Coyote, Ivan. 2010. "To all the kick ass, beautiful fierce femmes out there..."</li> <li>Mansh, Matthew, et al.. 2015. "Sexual and Gender Minority Identity Disclosure During Undergraduate Medical Education: "In the Closet" in Medical School."</li> <li>Bello, Maria. 2013. "Coming Out as a Modern Family." <i>New York Times</i>.</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>Write your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke?</li> <li>Write about a discussion or activity from the previous session (Sex, Gender, and Gender Norms) that you would like to continue to explore.</li> </ul>
<b>Plenary Session</b>	Plenary: Panel of LGBTQ patients moderated by a medical faculty member
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening Go-Around</b> (5 minutes)</li> <li><b>Teaching Point:</b> Gender vs Sexuality (10 minutes) (large group)</li> <li><b>Identity and language:</b> Glossary handout and brainstorm (20 minutes) (medium group)</li> <li><b>Sexual Normativity:</b> Popcorn (10 minutes) (large group) and debrief discussion (20 minutes) (medium group)</li> <li><b>Privilege and Violence:</b> Video (large group) and discussion (medium group) (30 minutes)</li> <li><b>Closing Go-Around:</b> (10 minutes)</li> </ul>



## BLOCK 3: MEDICAL CULTURE AND THE SOCIAL ROLE OF THE PHYSICIAN

### Session 8: “Self-Control,” “Risk Behaviors,” and “Compliance”

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>1. “Self-Control” <ul style="list-style-type: none"> <li>• How much control do I have over my own behavior? Which structural forces prevent me from engaging in risk behaviors? How does my own experience of self-control and lack of self-control shape how I view others’ choices/behaviors?</li> </ul> </li> <li>2. Risk Behaviors <ul style="list-style-type: none"> <li>• What are risk behaviors? What structural forces make individuals more or less likely to engage in risk behaviors? What roles do education, wealth, race, culture, gender play in mediating risk behaviors? What role does stress play in mediating risk behaviors? What structural, interpersonal and internal forces cause stress? How can we ask and learn about the structural forces influencing another individual’s engagement in risk behaviors?</li> </ul> </li> <li>3. “Compliance” <ul style="list-style-type: none"> <li>• What are my emotional responses when I interact with someone engaged in risk behaviors like? How does the medical school curriculum shape how we view risk behavior? What are the possibilities and limits of patient education? How do we balance supporting our patients’ life choices and educating them about health risks? What would a cultural or structural humility approach look like in this context?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>1. To reflect personally upon the internal, interpersonal, and structural forces influencing our engagement and/or lack of engagement in various risk behaviors.</li> <li>2. To begin to analyze how socioeconomic status, race, culture, and gender intersect with engagement in risk behaviors such as smoking, drug and alcohol use, under-eating and overeating.</li> <li>3. To notice and explore how each of us responds emotionally and verbally to other people’s risk behaviors.</li> <li>4. To begin to develop skills to manage our emotional responses and to approach others with humility.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required:</u></p> <ul style="list-style-type: none"> <li>• Ofri, Danielle. 2013. <i>What Doctors Feel: How Emotions Affect the Practice of Medicine</i>, pp. 18-22.</li> </ul> <p><u>Choose at least one of the following:</u></p> <ul style="list-style-type: none"> <li>• Bourgois, Philippe. 1998. “Just Another Night in a Shooting Gallery.” <i>Theory, Culture, and Society</i> 15(20): 37-66.</li> <li>• Mol, Annemarie. 2009. “Living with Diabetes: Care beyond Choice and Control”. <i>The Lancet</i> 373: 1756-1757.</li> <li>• Brownell, Kelly et al. 2010. “Personal Responsibility And Obesity: A Constructive Approach to a Controversial Issue”. <i>Health Affairs</i> 29(3): 379-387</li> <li>• Bissell, Tom. 2010. “Video Games: The Addiction.” <i>The Guardian</i>.</li> <li>• Majdan, Joseph. 2010. “Memoirs of an Obese Physician.” <i>Annals of Internal Medicine</i>.</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>• Write your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke? What are you confused about?</li> <li>• Write about a discussion or activity from the previous session (Building a Quality Discussion Space) that you would like to continue to explore.</li> </ul>
<b>Plenary Session</b>	Plenary: Medical anthropologist (PhD) with expertise in injection drug use
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li>• <b>Opening Go-Around</b> (10 minutes)</li> <li>• <b>Health Choices Brainstorm:</b> Large group brainstorm (10 minutes)</li> <li>• <b>Structural Influences on Risk Behaviors:</b> Medium group discussions (30 minutes)</li> <li>• <b>Structure in the Clinic:</b> Medium group discussions (10 minutes)</li> <li>• <b>“Early Morning Injection”:</b> Large group discussion, video and popcorn (20 minutes)</li> <li>• <b>Risk Behaviors Discussion:</b> Small group discussion (20 minutes)</li> <li>• <b>Closing Go-Around</b> (10 minutes)</li> </ul>

## Session 9: Anatomy Lab, the Medical Gaze, and Medical Culture

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>The Anatomy Lab Experience <ul style="list-style-type: none"> <li>How am I responding (emotionally, psychologically, spiritually) to the experience of gross anatomy?</li> <li>How do I respond during lab, after lab, at home, with partners/friends/family, in my dreams?</li> <li>Is my response to gross anatomy consistent with my previous understanding of myself?</li> <li>How do I perceive my classmates responding to this experience, and how is that similar or different from what my classmates in this room share today?</li> <li>What are various forms of coping with the emotional experiences of anatomy?</li> <li>Am I finding support for and validation of my personal experience of anatomy lab?</li> <li>What forces (course design, mentors, built environment, career goals) shape my inner experience of gross anatomy?</li> <li>What does “respect” mean when working with cadavers?</li> </ul> </li> <li>The Medical Gaze <ul style="list-style-type: none"> <li>What does it mean to see like a doctor?</li> <li>How have anatomy lab, the LEAPP experience, pathology slides, clinical cases, and other aspects of medical education shaped the way we see?</li> <li>What are the benefits and drawbacks of developing a medical gaze? How might it change our relationships with patients?</li> <li>Can gaining knowledge close us off to other experiences? Close us off to awe?</li> </ul> </li> <li>Medical Culture <ul style="list-style-type: none"> <li>What is medical culture? Is there only one medical culture, or many?</li> <li>How can aspects of medical culture shape how we experience anatomy lab and see bodies and illness?</li> <li>As a medical student, am I thinking or acting in new ways that suggest I am joining a medical culture?</li> <li>What are some ways that medical culture could be helpful? Are there ways in which it is hurtful or counterproductive?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>To process the emotional, psychological, and/or spiritual dimensions of gross anatomy.</li> <li>To share personal experiences of gross anatomy, thereby overcoming generalized assumptions about “medical students” as a whole and illustrating interpersonal differences.</li> <li>To explore how anatomy lab, LEAPP, pathology slides, and clinical cases lead students to develop a “medical gaze” for seeing patients’ bodies.</li> <li>To begin analyzing the role and effects of the medical gaze and resulting medical culture on internal, interpersonal, and structural levels.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required reading:</u></p> <ul style="list-style-type: none"> <li>David, EM. Thoughts from Gross Anatomy. Ann Intern Med. 131:974-975, 1999</li> </ul> <p><u>Choose at least one of the following:</u></p> <ul style="list-style-type: none"> <li>Choi, Jack. “On the virtual dissection table.” TED Talk (Video)</li> <li>Montross, Christine. 2007. “Toll”. In <i>Body of Work: Meditations on Mortality from the Human Anatomy Lab</i>, Excerpt: 137-138.</li> <li>Shem, Samuel. <i>House of God. PAGES</i> (Excerpt)</li> <li>Charlton, Blake and Abraham Verghese. 2010. “Caring for Ivan Ilyich.” <i>Journal of General Internal Medicine</i> 25(1): 93–95. (Text)</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>Write about your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke? What are you confused about?</li> <li>Write about your own anatomy experience, or a time when you witnessed a doctor or other professional exhibiting “the medical gaze” or when you experience it yourself.</li> <li>Write about a discussion or activity from the previous session (Death, Faith and Meaning) that you would like to continue to explore.</li> </ul>
<b>Plenary Session</b>	Plenary: Medical historian (PhD) or narrative medicine scholar (MD) with expertise in the medical gaze
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening Go-Around:</b> Reflection on Medical Gaze experiences and/or assigned media (10 minutes)</li> <li><b>LEAPP Reflection:</b> Check-in to share students’ LEAPP experience to-date (15 minutes)</li> <li><b>Responses to Anatomy:</b> Self-reflective popcorn (10 minutes) + small group discussion (20 minutes)</li> <li><b>Exploring the Medical Gaze</b> (Large group): Helping students explore and process what it means to see like a doctor, using images from lecture. (30 minutes)</li> <li><b>The Role of the Medical Gaze</b> (Medium groups): Helping students process the idea of a medical culture and think about how it impacts their relationships as doctors, using a media prompt to begin the discussion (20 minutes)</li> <li><b>Closing Go-Around</b> (10 minutes)</li> </ul>

## Session 10: Death, Faith, and Meaning

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li>Death and Dying <ul style="list-style-type: none"> <li>What is death? How do we think about it (or not), and why do we give it such importance?</li> <li>What are our personal experiences with death, and how do these shape how we talk about it? How do we have end-of-life conversations?</li> <li>Do I fear death? Do I fear dying? How do I want to die? How do we cope with our experiences and fears concerning death?</li> </ul> </li> <li>Faith and Spirituality <ul style="list-style-type: none"> <li>What is my own personal framework for meaning and what role will it play in the care I provide? Are religious or spiritual ways of understanding the world important to me?</li> <li>What sustains faith? How can religious or spiritual views of the world – whether our own or our patients' – complicate, complement, or enhance the care we provide?</li> </ul> </li> <li>Death and the Values of Medicine <ul style="list-style-type: none"> <li>Is postponement of death a key value in medicine? Does the health system reflect a fear of death?</li> <li><i>What qualifies as a "good death"?</i> Might the values of medicine sometimes come into conflict with patients' or our own vision of a "good death"?</li> <li>How do medical students, patients, and doctors approach death in thinking, discussion, and action?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>Express and validate a diversity of experiences, fears, and coping mechanisms associated with death and the process of dying, drawing on our own encounters with these.</li> <li>Explore value judgments attached to death and its postponement, and how these values may instantiate themselves at personal, interpersonal, and structural levels.</li> <li>Appreciate the ways religious or spiritual sources of explanation and value might respond to needs, questions, and contexts of death and dying in powerful ways for many people.</li> <li>Identify areas where biomedical and spiritual worldviews may come into tension and where they may achieve synergy, and to consider what it means to respectfully discover and work within another's belief framework.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required:</u></p> <ul style="list-style-type: none"> <li>Gawande, Atul. 2010. "Letting Go: What Can Medicine Do When It Can't Save Your Life." The New Yorker, August 2.</li> </ul> <p><u>Choose at least one of the following:</u></p> <ul style="list-style-type: none"> <li>Radiolab. 2013. "The Bitter End." NPR. (Audio)</li> <li>Rose, Charlie. 2010. "[Interview with] Tony Judt." PBS. (Video)</li> <li>Kaufman, Sharon. 2006. "The Predicament: Death Becomes a New Kind of Problem" and "Death and Hospital Culture." From ... <i>And a Time to Die: How American Hospitals Shape the End of Life</i>. University of Chicago Press. (Text)</li> <li>Charlton, Blake and Abraham Verghese. 2010. "Caring for Ivan Ilyich." <i>Journal of General Internal Medicine</i> 25(1): 93–95. (Text)</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u> Write about your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke? What are you confused about?</p>
<b>Plenary Session</b>	Panel of palliative care providers (nurse, social worker, chaplain) moderated by a palliative care faculty member (physician)
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening Go-Around</b> (10 minutes)</li> <li><b>Meaning Frameworks Popcorn:</b> popcorn exercise (15 minutes) + full-group discussion (10 minutes)</li> <li><b>Thinking About Death:</b> individual reflective writing (10 minutes) + sub-group debrief (15 minutes)</li> <li><b>Death and the Values of Medicine:</b> video clip (5 minutes) + full-group discussion (30 minutes)</li> <li><b>Closing Wrap-Up</b> (10 minutes)</li> </ul>

## Session 11: Physician Professionalism: Medicine, Social Ethics, and Advocacy

<b>Animating Questions</b>	<ol style="list-style-type: none"> <li><b>Idealism</b> <ul style="list-style-type: none"> <li>When things seem 'wrong' to me, how do I decide what issues to engage with and what to let go?</li> <li>What am I afraid of losing? How do I handle potential alienation?</li> <li>How do I maintain commitment to what matters to me in the face of pervasive structural forces?</li> <li>How do I hold on to my empathy?</li> </ul> </li> <li><b>Allyship and Support</b> <ul style="list-style-type: none"> <li>What does it mean to be an ally to someone? How can we practice allyship with each other?</li> <li>In what ways do we like to be supported? What does it mean to speak on someone's behalf and when is this appropriate?</li> <li>How do we advocate for our values while being sensitive to others' values? Are there times when well-intentioned efforts might make assumptions about what others need?</li> <li>How do I build personal and interpersonal support for myself and others? What are the barriers to affirming and supporting each other and how can we overcome these?</li> <li>In what ways are we not honest with each other? What is the relationship between vulnerability and support?</li> </ul> </li> <li><b>Advocacy</b> <ul style="list-style-type: none"> <li>What does it mean to advocate for patients? Can one advocate for individuals, groups, or both?</li> <li>Who is responsible for advocacy around patient issues?</li> <li>How can we empower patients to advocate for themselves?</li> <li>What are the social responsibilities of doctors? Of medical students?</li> <li>How do structural considerations broaden the definition of "medical ethics" beyond just the doctor-patient relationship?</li> <li>How might the practice of social medicine change across the generations?</li> <li>What power do we have as medical students? What power will we have? How do we best use that power?</li> </ul> </li> </ol>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>To explore how the power and social responsibility of being a physician extend from the individual doctor-patient relationship to broader society.</li> <li>To discuss tactics for building systems of personal and interpersonal support for ourselves and others.</li> <li>To explore challenges and possibilities for maintaining our values and ideals over the course of our medical education.</li> </ol>
<b>Preparatory Materials</b>	<p><u>Required:</u></p> <ul style="list-style-type: none"> <li>Stevenson, Bryan. 2012. "We Need to Talk about an Injustice". TED. (video)</li> </ul> <p><u>Choose at least one of the following:</u></p> <ul style="list-style-type: none"> <li>Lasagna, Louis. 1964. "Hippocratic Oath - The Modern Version".</li> <li>Roberts, Sam. 2015. "Irwin Schatz, 83, Rare Critic of Tuskegee Syphilis Study, Is Dead".</li> <li>Crisp, Nigel. 2010. Excerpt from <i>Turning the World Upside Down: the search for global health in the 21st Century</i>. 1-17.</li> <li>Turner, Tom. 2009. clip from "Doctor Diaries" (Video)</li> </ul> <p><u>Pre-Session Writing Assignment (250-500 words)</u></p> <ul style="list-style-type: none"> <li>Write about your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke? What are you confused about?</li> <li>Write about a time when you felt that you were an advocate for another person. You could also write about a time when you were prevented from being an advocate either by yourself or others.</li> <li>Write about a discussion or activity from the previous session (Anatomy Lab, the Medical Gaze, and Medical Culture) that you would like to continue to explore.</li> </ul>
<b>Plenary Session</b>	<p>Plenary: Panel of faculty members (MD)</p>
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li><b>Opening Go-Around</b> (10 minutes)</li> <li><b>Meanings of Advocacy:</b> discussion (30 minutes) (medium group)</li> <li><b>Solidarity:</b> The doctor/medical student experience (power shuffle) (30 minutes) + debrief (medium group) (20 minutes)</li> <li><b>Idealism:</b> Reflective writing: A Letter to Ourselves (individual) (20 minutes)</li> <li><b>Closing Wrap-Up</b> (10 minutes)</li> </ul>

## Session 12: Capstone Projects

<b>Animating Questions</b>	<ul style="list-style-type: none"> <li>• How has this semester been experienced by each of us?</li> <li>• How has our group developed?</li> <li>• What will each of us take away from this experience?</li> <li>• What will this group take away?</li> </ul>
<b>Learning Objectives</b>	<ol style="list-style-type: none"> <li>1. To present capstone assignments and to provoke meaningful dialogue and questions about the various projects.</li> <li>2. To debriefing the Capstone experience and Doctoring Semester (if time permits)</li> </ol>
<b>Preparatory Materials</b>	<ul style="list-style-type: none"> <li>• Students complete a capstone project, which is meant to be an opportunity for further exploration of their individual experience with the course as a whole or with a specific session. A wide range of interpretations and media (writing, visual art, dance, video) are accepted, however students are also provided with some specific prompts to facilitate their exploration.</li> </ul>
<b>Plenary Session</b>	None
<b>Small Group Session at a Glance</b>	<ul style="list-style-type: none"> <li>• <b>Opening Go-Around</b> (10 minutes)</li> <li>• <b>Capstone Presentations:</b> Go-around (140 minutes)</li> <li>• <b>Capstone/Semester Debrief:</b> Discussion--Optional (10 minutes) (large group)</li> <li>• <b>Closing Wrap-Up:</b> (10 minutes)</li> </ul>

## Supplemental Digital Appendix 2: Sample Small Group Facilitator/Discussion Guides, Introduction to IMS Sessions 6, 9, and 10, Perelman School of Medicine at the University of Pennsylvania, 2015

### Small Group Session #6: Gender and Gender Norms

#### Goals:

1. To examine different ways of understanding gender and sex.
2. To explore how each of us expresses gender in different settings (home, work, family, social settings, public forums, etc.), how these gender expressions have been formed.
3. To examine how we talk about gender, how that affects others, and how it shapes our own thinking.
4. To analyze how gender and sex shape our varied experiences by impacting our environment, language, thinking, and privilege.

#### Session at a Glance:

**Genderbread Person and Initial Definitions:** Presentation (large group)

**Gender Diary Discussion:** Review of gender diary (small group)

**Analyzing Sex and Gender in Medicine:** Seed quote handout and discussion (medium group)

**Gender Identities, Assumptions, and Privilege:** Discussion (medium group)

**Sexual Violence and Norms:** Discussion (small group)

#### Special considerations:

1. It will be important in this session to use precise language and to distinguish between sexual identity and gender identity. Facilitators should ensure that they are comfortable with these concepts and the distinctions between them ahead of time.
2. All gender identities are worth exploring and validating.
3. Make explicit to students that this session will not be covering transgender issues, and that this important topic will be covered in more detail in the spring Repro/Endo course.

#### Space:

1. Seating pre-assigned by facilitators (seating chart drawn up ahead of time, namecards placed at table prior to beginning of session).
2. On board: Cell phones, computers, and iPads off/away. Contact info, facilitator office hours.
3. On projector: Discussion questions for each activity
4. Bags/other possessions: In a pile on one side of the room.

#### Time:

1. The first three activities after the Go-Round should be completed, with the remaining two adjusted, shortened or omitted based on available time
2. This session has 10 minutes of extra time built in at the end.

### **Materials:**

1. Seat markers for each student
2. Sex and Gender Seed Quotes worksheet, one per person.

### **Preparation:**

#### **1. Students**

- Complete the Gender Diary Assignment, bringing a copy of your notes to the session. The instructions are as follows:

*Spend at least one day taking notes about gender. Try to notice when you find yourself thinking about gender, how you perform your gender, how important gender seems, etc. You will be asked to share your notes in the next small group. Some examples and things to consider are: Your choice of bathrooms, clothing, communication styles, performance of gender in different spaces (classroom, home, socializing, with patients, with peers, with superiors, etc), ability to feel safe (i.e. on an otherwise empty street), when you feel like a “man” or a “woman,” or neither, when you do or say something that would be strange for a person of a different gender to do or say.*

- Assigned syllabus material.

#### **Required Reading:**

- Porter, Tony. 2010. “A Call to Men”. TED.  
<[http://www.ted.com/talks/tony\\_porter\\_a\\_call\\_to\\_men.html](http://www.ted.com/talks/tony_porter_a_call_to_men.html)> (Video). *In this short but stirring talk, Tony Porter explores what it means to “act like a man” and how gender impacts men and boys.*
- Moss-Racusin, Corinne et al. 2012. “Science Faculty’s Subtle Gender Biases Favor Male Students”. *PNAS*. DOI: 10.1073/pnas.1211286109. *A randomized study finds that subtle biases against women impact how science faculty rate potential students.* [Attached]

#### **Choose one other assignment:**

- Moss, Emily Heist. 2012. “A Letter To The Guy Who Harassed Me Outside The Bar.” Role Reboot. <<http://www.rolereboot.org/culture-and-politics/details/2012-12-a-letter-to-the-guy-who-harrassed-me-outside-the-bar>>. *A blog post expressing one woman’s frustration with street harassment, “compliments,” and rape culture.*
- Ludden, Jennifer. 2011. “Ask for a Raise? Most women hesitate.” NPR. <<http://www.npr.org/2011/02/14/133599768/ask-for-a-raise-most-women-hesitate>> *Article about a study on perceptions of women who ask for a raise and how that may have consequences for a woman’s career.*
- Brown, Anna. 2014. “Perceptions about women bosses improve, but gap remains.” Pew Research. <<http://www.pewresearch.org/fact-tank/2014/08/07/perceptions-about-women-leaders-improve-but-gap-remains/>>. *Study suggesting that even women prefer a male boss.*
- Tagliabue, John. 2012. “Swedish School’s Big Lesson Begins With Dropping Personal Pronouns.” NYTimes. <<http://www.nytimes.com/2012/11/14/world/europe/swedish-school-de-emphasizes-gender-lines.html?pagewanted=all&r=0>>. *Article about how some preschools in*

*Sweden are approaching problems associated with gender-stereotypes and expectations by discouraging the use of gender pronouns.*

- Anderson, Melissa J. "Why Stereotype Threat Keeps Girls Out of Math and Science, and What to Do About It." The Glass Hammer. < <http://theglasshammer.com/2011/06/01/why-stereotype-threat-keeps-girls-out-of-math-and-science-and-what-to-do-about-it/>>. Article on study that suggests that just being reminded of one's gender and associated-expectations can have a huge impact in performance, for example on the standardized AP Calculus test.
- Impact Writing Assignment  
*Choose one of the following options to write about (250-500 words) and email it to your designated facilitator by noon on Wednesday*
  - Write your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke?
  - Write about a discussion or activity from the previous session (Race, Privilege and Structural Bias) that you would like to continue to explore.
- Attend the Plenary

## 2. **Facilitators:**

- Read, digest, and mark up lesson plan.
- Do the Gender Diary Assignment
- Determine who will be managing and lead facilitators for each activity
- Provide brief, meaningful feedback to students who submitted their Impact Writing Assignment.
- Have a seating chart prepared and assign seats at the beginning of the session.
- Have a plan for picking up session materials from Suite 100.

## **Animating questions:**

- Understanding Gender and Sex
  - What is my gender identity? When and how has it been formed? Has gender shaped my personal experiences? Has my expression of gender changed over time? Does it change in different environments?
  - What are sex and gender? What is the difference between them? How do we classify ourselves and others by gender? How do we understand gender? How many genders are there? How many sexes are there? How is gender different from sexual orientation and why might these two often be conflated? How can we ask others respectfully about their gender identity?
- Gender and Power
  - How are gender classifications "built in" to our thinking?
  - How do these classifications manifest among medical students, doctors, and patients? In what ways is gender important in a healthcare setting?
  - What is gender-based violence? Why does it exist? How do gender distinctions lead to internal, interpersonal, and structural violence?



- How might gender bestow privilege in certain contexts? How do people's outer appearances shape access to privilege?
- What forces, situations, and environments lead individuals to suppress their gender identity?
- How does the built environment enforce a certain conception of gender?
- Gender and Communication
  - What are the limits of understanding others' experiences of gender? How do we express humility while trying to understand others' experiences of gender?
  - Practically, how do we safely discuss identity? How do we ask or learn about someone's identity?
  - What clinical situations call for addressing gender or gender-based power? How might we navigate those situations?

### **Agenda:**

#### **Opening Go-Around (10 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Overview:** The goal is to open up the discussion space and engage the preparatory material or the plenary lecture.

**Format:** Go-around.

**Materials:** None.

**Description:** Each facilitator and student one positive thing (a "brag") and/or one negative things (a "nag") and then share one thing they learned in the plenary or in the preparatory materials and would like to explore further.

*Fac note: One facilitator should model this and then pass the go-around to a student. If comments come up about the Gender Diary, let the students know that they will be discussing them in more detail later in the session.*

#### **Genderbread Person and Initial Definitions (5 minutes)**

**The lead facilitator is** \_\_\_\_\_.

**Overview:** This diagram provides a shared language for talking about the gender, biological sex, and sexuality.

**Format:** Large Group Presentation

**Materials:** Genderbread Person diagram on the projector

**Description:** The group takes a few moments to briefly outline some working definitions of terms relevant to this small group.

1. Briefly summarize the distinction between sex and gender, or ask a student volunteer to do so.
  - Gender: Refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.
  - Sex: refers to the biological and physiological characteristics that define men and women (sex chromosomes, genitalia, secondary sex characteristics, etc)
2. *Fac note: There are certainly limitations to this model and other ways to think about these things, this is*

*simply a place to start. Although the distinction and overlap between these two concepts could be a lengthy discussion, this particular time is meant to serve as a brief check-in about vocabulary. There is a more extensive discussion at the end of the lesson plan.*

### **Discussion of the Gender Diary (20 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Overview:** The goal of this discussion is to give students an opportunity to share their reactions to the gender diary assignment. Stereotypes explored in the brainstorm can be incorporated and further developed in this conversation as well.

**Format:** Small Group Discussion (3-4 students + facilitator)

**Materials:** Questions displayed using the projector.

**Description:** Students and facilitators break into small groups to discuss their reactions to the gender diary assignment with respect to the brainstorm.

1. *Fac note: Leave the brainstorm on the board for this activity.*
2. Initial discussion questions **[On the projector]**  
Within each small group, begin the discussion with these questions:
  - What was your experience keeping the gender diary?
  - When did you feel like you embodied “your” part of this binary?
  - When did you feel like you embodied the opposite part of the binary? When did you feel like the line was blurring?
  - When were you conscious of gender? When were you not?
3. Additional/subsequent questions
  - What surprised you about your classmates’ responses?
  - Is gender a binary? Are there other ways to think about it?
  - When do we notice gender? Are there times when gender is important but we are not conscious of it?
  - When does gender impact how we speak? Behave? Think?

### **Analyzing Sex and Gender in Medicine (20 minutes)**

**The lead facilitators are** \_\_\_\_\_.

**Overview:** This conversation is meant to explore our understandings of sex and gender in a medical context.

**Format:** Handout + Medium group discussion

**Materials:** Seed quote handout.

**Description:** Students and facilitators break into medium groups to have a discussion about the implications of sex and gender in medicine. Facilitators hand out copies of the seed quote handout.

1. Facilitators ask students to read the seed quotes from the handout.
2. Key questions:
  - How does medicine use sex as a category? Gender as a category? Is sex used in the same way in all of these excerpts?
  - In what ways does medicine inherit or reinforce broader cultural/historical notions of sex and gender? In what ways might this be problematic?

3. Questions for discussion: Why do we care about a patient's sex? Gender? When should physicians think about sex? Gender? Are there ways to clarify what we mean when we talk about sex or gender?

*Fac Note: The purpose of this activity is to highlight how sex, gender and gender norms impact practitioners and come into play in the workplace. We want students to discuss how sexism affects lived realities and the complications of definitions. This is an activity where students may benefit from facilitators sharing personal experience. As mentioned above, students will have a symposium in the spring on transgender issues. This session will not focus as much on clinical aspects of sex and gender.*

### **Sex and Gender Identities, Assumptions, Privilege (20 minutes)**

**The lead facilitators for each group are \_\_\_\_\_.**

**Overview:** The goal of this activity is for students to examine their perceptions of sex, gender; what they consider "normal" or not, why that may be; and how their lives are influenced by their gender.

**Format:** Small Group Discussion (7-8 students, with at least one facilitator per group)

**Materials:** None

**Description:** Participants consider norms, assumptions, and privilege.

**Questions for discussion (roughly 10 minutes per section):**

1. Assumptions and Norms
  - An MS3 on rotations remarks, "You know, I've noticed that surgeons and OB-GYNs have basically the same personality. People call the OB-GYNs "b-----s", but for the surgeons, they say, 'Oh, he's just being a surgeon.' What's up with that?" What is up with that?
  - Do you notice gendered differences when you and your classmates discuss "work-family balance"? For those who want children in the future, are there gendered differences in how this factors into career planning?
  - You overhear two classmates remarking this morning's lecturer was "a hottie." Would your reaction to this scenario depend on the gender of the classmates?
2. Privilege
  - Why is there an Elizabeth Blackwell society at Penn but no corresponding "men's" society?
  - *Fac note: This question is not meant to point out or critique the lack of a "men's" society, but rather to critically explore the reasons that these organizations exist.*
  - A heterosexual teenage patient has sex with numerous partners and is congratulated for it by their classmates. What gender do you think the patient has? What if they had been bullied or shamed for having numerous partners? Does this dynamic apply to MS1s as well?  
Do you think your gender impacts your ability to be heard in small group? To feel confident working on new material within a team?

### **Sexual Violence and Norms (20 minutes)**

**The lead facilitators for each group are \_\_\_\_\_.**

**Overview:** The goal of this activity is for students to examine the implications and complexities of sexual violence. Key concepts students will hopefully gain from the discussion are 1) Sexual violence encompasses a wide variety of experiences, of which rape is only one. 2) Cultural reinforcement and peer pressure may contribute to sexual violence. 3) Sexual violence is pervasive, and may likely affect people students are close to.

**Format:** Popcorn, followed by Medium Group Discussion (7-8 students, with at least one facilitator per group)

**Materials:** Paper and pen

**Description:** Small groups join to form two medium groups. Facilitator will first present data from the Diversity Survey and have students respond to the following Popcorn prompt: “When you saw this data, what was your reaction? What does this mean to you?” After the Popcorn responses are read students will break up into medium group.

**Questions for discussion:**

1. How would you define sexual violence? Does it include physical, emotional, verbal, power abuse? How does sex and gender come into play?
2. What might contribute to sexual violence?
3. Peer pressure: Have you ever experienced or witnessed an event that made you uncomfortable? What did you do? How did that make you feel?
4. How are colleges/universities addressing sexual violence? Is this adequate?

**Facilitators note:** Acknowledge that sexual violence is a complex, sensitive and multi-faceted issue, and that due to time constraints we will not be able to delve as deep as many students would like. Encourage students to attend the optional enrichment seminar on sexual violence.

### **Wrap-up Go-Around (5 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Format:** “Red, Yellow, Green” exercise.

**Description:** Each individual chooses a color to match their emotional state.

*Fac Note: This can serve as a good time to remind students you’re available outside of small group if they’d like to discuss anything further.*

1. Give students 30 seconds to gather their thoughts before starting the go-around, so that they can more fully listen to each other.

## Small Group Session #6: Gender and Gender Norms

### Handout 1

#### Sex and Gender in Medicine Seed Quotes

“Women are 70 % more likely than men to experience depression during their lifetime.”<sup>1</sup>

“A medical student is debating whether to specialize in orthopaedic surgery since it is traditionally a male-dominated field.”

“In 2014, 53% of medical school enrollees were male, 47% were female.”<sup>2</sup>

“During the study period [2000-2005], the proportion of women increased significantly ( $p < 0.001$ ) among USMG [US medical graduates] (43% to 47%), USMG applying to GS [general surgery] programs (27% to 33%), and USMG entering GS residencies (32% to 40%).”<sup>3</sup>

“The proportion of male graduating Ob/Gyn residents decreased from 46% to 23% ( $P < .001$ ) [from 1998-2003].”<sup>4</sup>

“The proportion of first authors who were women increased from 5.9 percent in 1970 to 29.3 percent in 2004 ( $P < 0.001$ ), and the proportion of senior authors who were women increased from 3.7 percent to 19.3 percent ( $P < 0.001$ ) during the same period.”<sup>5</sup>

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<sup>1</sup> “Depression.” NIMH RSS. N.p., n.d. Web. 12 Oct. 2014.

<sup>2</sup> <https://www.aamc.org/data/facts/>

<sup>3</sup> Davis, E. C., Risucci, D. A., Blair, P. G., & Sachdeva, A. K. (2011). Women in surgery residency programs: evolving trends from a national perspective. *Journal of the American College of Surgeons*, 212(3), 320-326.

<sup>4</sup> Gerber, S. E., & Sasso, A. T. L. (2006). The evolving gender gap in general obstetrics and gynecology. *American journal of obstetrics and gynecology*, 195(5), 1427-1430.

<sup>5</sup> Jagsi, R., Guancial, E. A., Worobey, C. C., Henault, L. E., Chang, Y., Starr, R., ... & Hylek, E. M. (2006). The “gender gap” in authorship of academic medical literature—a 35-year perspective. *New England Journal of Medicine*, 355(3), 281-287.

## **Small Group Session #9: Anatomy Lab, the Medical Gaze, and Medical Culture**

### **Goals:**

1. To process the emotional, psychological, and/or spiritual dimensions of gross anatomy.
2. To share personal experiences of gross anatomy, thereby overcoming generalized assumptions about “medical students” as a whole and illustrating interpersonal differences.
3. To explore how anatomy lab, LEAPP, pathology slides, and clinical cases lead students to develop a “medical gaze” for seeing patients’ bodies.
4. To begin analyzing the role and effects of the medical gaze and resulting medical culture on internal, interpersonal, and structural levels.

### **Session at a Glance:**

1. Opening Go-Around: Reflection on Medical Gaze experiences and/or assigned media
2. LEAPP Reflection: Check-in to share students’ LEAPP experience to-date
3. Responses to Anatomy (Self-reflective popcorn + medium group discussion): Helping students process their experiences with the anatomy lab
4. Exploring the Medical Gaze (Large group): Helping students explore and process what it means to see like a doctor, using images from lecture.
5. The Role of the Medical Gaze (Medium groups): Helping students process the idea of a medical culture and think about how it impacts their relationships as doctors, using a media prompt to begin the discussion

### **Special considerations:**

1. Many first-year anatomy students experience gross anatomy lab as an emotionally, psychologically and/or spiritually stressful event, but may not feel comfortable sharing negative thoughts or feelings about the course. Facilitators should model vulnerability and encourage an open space for sharing experiences and reactions. Listen for quick emotional summaries (e.g., “Pretty much I’m just grateful for this experience;” “I can’t believe this person donated their body”) and facilitate deeper discussion and self-reflection.
2. Carefully reinforce Speaking from Personal Experience. There may be a strong tendency in the group to generalize about “the way medical students see/experience/do” things. Encourage each student to examine how *they personally* respond. Reinforce that there are no ‘right’ feelings in response to dissection.
3. Some first-year students may have feelings of doing something ‘wrong’ in dissection – a sense that they have committed a violation. Other students may be reflecting intensely on their own lives and deaths. Still others may have recurrent nightmares, feel unable to go to lab, or be experiencing any number of other responses. Listen closely for students who are struggling. Come prepared to reach out to students and to connect them to other supports as needed.
4. The emotional experience of dissection may not be particularly salient for some students; it is important also to validate this experience and not imply that this represents a lack of empathy or insight.

### **Time:**

Timing for each of these activities is liberal to allow for the development of discussion. There may be extra time at the end of the session.

### **Materials:**

1. **Sheets of blank paper** for the popcorn exercise.
2. Powerpoint presentation with the Medical Gaze Part I Slideshow
3. Video clip to prompt final discussion

### **Preparation:**

#### 1. Students

- Complete assigned syllabus material

#### Required Reading

- David, EM, Thoughts from Gross Anatomy. Ann Intern Med. 131:974-975, 1999. [Attached]. *Dr. David describes some of his experiences associated with the anatomy lab, both inside and outside of medical school. He states that the act of human dissection may very well be the one event that distinguishes physicians from non-physicians in a very real way.*

#### Choose at least one of the following:

- Choi, Jack. "On the virtual dissection table"  
[http://www.ted.com/talks/jack\\_choi\\_on\\_the\\_virtual\\_dissection\\_table](http://www.ted.com/talks/jack_choi_on_the_virtual_dissection_table). *Jack Choi describes amazing technology – a virtual dissection table - that he states allows students to “experience the dissection” without a human cadaver. But his riveting presentation raises the question – Are these virtual interactions sufficient to capture the totality of the anatomy lab experience?*
- Montross, Christine. 2007. "Toll". In *Body of Work: Meditations on Mortality from the Human Anatomy Lab*, Excerpt: 137-138. [Full essay attached] *A poet and student at Brown Medical School describes how images and sensations from dissection enter her life at home with her partner, her thoughts about her own body, and her dreams.*
- Watson, Katie. Gallows Humor in Medicine. *Bioethicist and Second City improv comedienne Katie Watson explores the role of humor for physicians and examines whether joking improves or impairs patient care and physician well-being.*

- Impact Writing Assignment

Choose one of the following options to write about (250-500 words) and email it to your designated facilitator by 9:00 AM on Wednesday.

- Write about your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke? What are you confused about?
- Write about your own anatomy experience, or a time when you witnessed a doctor or other professional exhibiting “the medical gaze” or when you experience it yourself.
- Write about a discussion or activity from the previous session (Death, Faith and Meaning) that you would like to continue to explore.

- Attend the plenary

## 2. Facilitators:

- Read, digest, and mark up lesson plan.
- Determine who will be managing and/or lead facilitators for each activity
- Provide brief, meaningful feedback to students who submitted their Impact Writing Assignment.
- Have a seating chart prepared and assign seats at the beginning of the session.
- Have a plan for picking up session materials from Suite 100.

## Animating questions:

### 1. The Anatomy Lab Experience

- How am I responding (emotionally, psychologically, spiritually) to the experience of gross anatomy?
- How do I respond during lab, after lab, at home, with partners/friends/family, in my dreams?
- Is my response to gross anatomy consistent with my previous understanding of myself?
- How do I perceive my classmates responding to this experience, and how is that similar or different from what my classmates in this room share today?
- What are various forms of coping with the emotional experiences of anatomy?
- Am I finding support for and validation of my personal experience of anatomy lab?
- What forces (course design, mentors, built environment, career goals) shape my inner experience of gross anatomy?
- What does “respect” mean when working with cadavers?

### 2. The Medical Gaze

- What does it mean to see like a doctor?
- How have anatomy lab, the LEAPP experience, pathology slides, clinical cases, and other aspects of medical education shaped the way we see?
- What are the benefits and drawbacks of developing a medical gaze? How might it change our relationships with patients?
- Can gaining knowledge close us off to other experiences? Close us off to awe?

### 3. Medical Culture

- What is medical culture? Is there only one medical culture, or many?
- How can aspects of medical culture shape how we experience anatomy lab and see bodies and illness?
- As a medical student, am I thinking or acting in new ways that suggest I am joining a medical culture?
- What are some ways that medical culture could be helpful? Are there ways in which it is hurtful or counterproductive?

## Agenda:

### Introductory Go-Around (15 minutes)

The managing facilitator is \_\_\_\_\_.

**Overview:** The goal of this session is to get the students to reflect on how they are coming to see patients.

**Format:** Go-around

**Description:** Each student is asked to share an experience they have had with the “Medical Gaze” to date, or their reaction to any of the assigned media.



### **Sharing LEAPP Experience (15 minutes)**

The managing facilitator is \_\_\_\_\_.

**Overview:** The goal of this session is to get the students to reflect briefly on their LEAPP experience to-date.

**Format:** Small group (3-4 students with a facilitator)

**Description:** Each student is asked to briefly describe their LEAPP patient and then share an anecdote, an experience or something they have learn from the patient that is informative or instructive of who the patient is or the life issues he or she is facing.

*Fac. Note: If the students have not met their LEAPP patient they can talk about their Elder Home care visit or an experience from their service in one of the student-led community clinics.*

### **Cadaver Popcorn (10 minutes)**

The managing facilitator is \_\_\_\_\_.

**Overview:** The goal here is to get students' thoughts on anatomy lab on the table.

**Format:** Popcorn

**Description:**

1. **On the board/projector**
  - Prompt (read aloud by facilitator): "Write down two or three ways that you see your cadaver."
2. Distribute blanks, write for 3 minutes; then crumple, redistribute, and read anonymously.
3. *Fac note: Facilitators participate in this exercise as well. Feel free to reflect back on your own anatomy lab experience and (if you wish) write in the present tense to conceal your identity.*

### **Responses to Anatomy Small Group (20 minutes)**

The managing facilitator is \_\_\_\_\_.

**Overview:** The goal here is to process the experiences brought up in the popcorn, and other emotionally recent ones that the students may have on their minds.

**Format:** Medium group (6-7 students with a facilitator)

**Description:**

1. You may begin by having each person share for a few minutes while others practice active listening, if this feels productive. Alternatively, you may have students begin with reactions to the popcorn contributions. Either way, you can then address the questions below.
2. Questions:
  - Responses to Anatomy Lab: Has the anatomy lab affected you? How? How are you responding (emotionally, psychologically, and/or spiritually) to the experience of gross anatomy? How do you respond during lab, after lab, at home, with partners/friends/family, in your dreams? Are you surprised by your emotional response to anatomy lab? Worried? Hopeful?
  - Discussing Responses: Do you feel supported and validated when you try to discuss your anatomy experience with your classmates and/or faculty? With friends and/or family? What kinds of support do you feel you need? How can we build support for each other? What are different ways of seeing a cadaver and how do they relate to the emotional experience of anatomy lab?
  - Other: Issues that seem particularly important for your group based on the popcorn contributions or other student comments.

- *Fac Note: Students may respectfully respond to the things that other group members share, but it should not be an opportunity to discuss or judge their experiences.*

### **The Medical Gaze, Part I (15 minutes)**

**The lead facilitator for this activity is \_\_\_\_\_.**

**Overview:** The goal here is to begin discussing what it means to see like a doctor by discussing images from anatomy labs and medical school lectures.

**Format:** Large Group Images and Discussion

**Description:**

1. Facilitators display the slideshow of images from lectures and anatomy labs past and present.
2. Images are discussed in the large group. The point of this exercise is to have students explore the multiple ways of seeing in medicine.
3. Questions of discussion:
  - What are your first thoughts, reactions, questions, etc. to each image?
  - What do we see in these images? A patient? A disease? An organ? A cadaver? A person?
  - How does it feel to look at these images?
  - Can you feel a connection to the patients through these images alone?
2. *Fac. Note: The **medical [or clinical] gaze** refers to the socialization of medical trainees where they develop a reductionist mindset in which they come to see a patient as a disease or in terms of molecular, cellular, tissue and/or organ dysfunction. See, <http://p.blogspot.com> for a succinct overview of the medical gaze and its effect on doctoring interactions.*

### **The Medical Gaze, Part II (15 minutes)**

**The lead facilitators for each large group are \_\_\_\_\_.**

**Overview:** The goal here is to continue discussing what it means to see like a doctor and how medical school influences one's view. To the extent possible, try to fold the previous discussion into this one; the goal is to think about some of the patterns of seeing in the previous exercise in a more conceptual way.

**Format:** Medium Group Discussion (6-7 students with facilitators)

**Description:**

1. Continue the discussion of the medical gaze in medium groups using the following questions:
2. Questions for discussion: What do we mean by the "medical gaze?"
  - What does it mean to see like a doctor? How is seeing like a doctor different than other ways of seeing?
  - How has medical school (LEAPP, anatomy lab, pathology slides, clinical cases) changed how I see and experience these images? Other people's bodies? My own body?
  - Is it desirable to think of the body parts in these images as people – with life stories and families and friends – while we use them as learning tools? Is it possible to do so?
  - What cultures shape how we view these images? Medical cultures? Other cultures?

### **The Role of the Medical Gaze (20 minutes)**

**The lead facilitators for the medium groups are \_\_\_\_\_.**

**Overview:** The goal here is to use a video clip from the pilot episode of the popular TV show *Scrubs* to prompt a discussion on how the medical gaze may affect physicians (and physicians-to-be) and their relationship with their colleagues, selves, patients, and larger communities.

**Format:** Medium Group Discussion (6-7 students with facilitators)

**Description:**

1. Play the video clip from the pilot episode of *Scrubs*
2. Use the clip to prompt a discussion on medical culture and the medical gaze, and whether the medical gaze can ever serve a necessary or positive purpose and when it goes too far.
3. Invite students to think about the ways that a medical gaze or a medical culture might shape their relationships as doctors. Students should be encouraged to draw on the preparatory reading and video assignments and/or to speak from their personal experiences in medical school. Students may wish to consider include anatomy, pathology images, clinical scenarios, and LEAPP.
4. Questions for discussion:
  - General Impressions: Whether from your time in med school or from previous experiences, what do you understand to be elements of “medical culture”? Are there multiple medical cultures?
  - A Medical Way of Knowing:
    - What are the benefits and drawbacks of developing a medical gaze? How does this relate to the idea of “medical culture”? How does seeing and thinking like a doctor require us to accept certain knowledge and/or reject other knowledge?
    - **Is the medical gaze necessary for physicians to protect themselves from daily exposure to trauma? How might humor play a role in this?** (Students may want to reference Waston’s Gallows Humor article or the use of humor in the *Scrubs* clip.)
    - Can gaining knowledge close us off to other experiences? Close us off to awe? Can it also open us up to new experiences? When might the medical gaze be appropriate?
  - Medical Culture and Doctoring Relationships: How might the medical gaze affect our relationships with patients? With our peers? With communities? With ourselves?
  - Anatomy: How has the experience of anatomy lab contributed to the building of a “medical culture”? (*Consider: The language you use to talk about the cadavers, the tone you use to talk about the cadavers, the physical space of the anatomy lab, the interpersonal space of the anatomy lab.*)
  - LEAPP: One of the goals of LEAPP is to allow the student to experience medicine through the patient’s eyes. How has LEAPP influenced your experience of ‘the medical gaze’?
5. Other Questions to Consider: These questions relate back to previous sessions, and may be of particular interest to some groups
  - Suffering: Reflecting back on the third small group session (Narratives of Suffering and Illness), has medical school changed your relationship to suffering? (*Consider: pathology cases, the suffering of patients, the suffering of family/friends*)
  - Structural Factors: What kinds of economic and “system” pressures make it harder to avoid seeing patients through a certain kind of gaze? (*Fac note: This is a great place to bring in some of your clinical experience, particularly what you do to try to avoid “the tyranny of the RVU”, so to speak. If possible, please try to present these tidbits in ways that can help students to glimpse clinical reality and start to reflect on/discuss it from their current vantage point.*)

**Wrap-Up Go-Around (10 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Overview:** Students and facilitators participate in “Red, Yellow, Green”. *Along with their color, ask students to share something that they learned, were provoked by, or think differently about.*

**Format:** Go-around

**Description:** Please remind students that they can, as always, approach facilitators after class or via email to discuss anything that happens in small group.

## Small Group Session #10: Death, Faith, and Meaning

### Goals:

1. To express and validate a diversity of experiences, fears, and coping mechanisms associated with death and the process of dying, drawing heavily on our own encounters with these.
2. To explore value judgments attached to death and its postponement, and how these values may instantiate themselves at personal, interpersonal, and structural levels.
3. To appreciate the ways religious or spiritual sources of explanation and value might respond to needs, questions, and contexts of death and dying in powerful ways for many people.
4. To identify areas where biomedical and spiritual worldviews may come into tension and where they may achieve synergy, and to consider what it means to respectfully discover and work within another's belief framework.

### Session at a glance:

1. **Meaning Frameworks Popcorn:** popcorn exercise + discussion (large group)
2. **Thinking About Death:** self-reflective writing (individual) + debrief (small group)
3. **Death and the Values of Medicine:** video clip + discussion (large group)

### Special considerations:

1. The topics covered in this session can be very emotionally charged for some students. Leave room for this emotion to exist in the discussion space, but also be ready to refer students to resources for further support (e.g. meeting with facs outside of class) as necessary. Make sure students know such resources are available to them.
2. Extra care should be taken to make the space safe and affirming. Tokenizing or asking students of a particular faith or spiritual background to speak for others should be strictly avoided. All students should be included in the discussion.
3. Facilitators should encourage the group to focus on the diversity of contexts and values that lead people to different decisions and emotions in the face of their own deaths or that of a loved one. This session is not meant to be a discussion of the legal issues surrounding the end of life (those issues are covered elsewhere in the medical school curriculum).
4. **Chaplains** will be assigned to each Doctoring group and will participate as equal contributors to the discussion space.

### Space:

1. On projector: Discussion questions for each activity.

### Materials:

1. **Blank paper and pens** for popcorn activity.
2. **Video Clip:** PBS Frontline episode, "Being Mortal."

## **Preparation:**

### **1. Students:**

- Complete assigned syllabus material

#### Required Reading

- Gawande, Atul. 2010. "Letting Go: What Can Medicine Do When It Can't Save Your Life." The New Yorker, August 2. **[Attached]** *Gawande, a surgeon, writes that modern medicine is good at staving off death with aggressive interventions—and bad at knowing when to focus, instead, on improving the days that patients with terminal illnesses have left. Ultimately, he suggests, the problem with the way we deal with death today is that we have forgotten what it means to die.*

#### Choose at least one of the following

- Radiolab. 2013. "The Bitter End." NPR. <<http://www.radiolab.org/blogs/radiolab-blog/2013/jan/15/bitter-end/>> (Audio). *When it comes to the critical question of what to do when death is at hand, there seems to be a gap between what we want doctors to do for us and what doctors want done for themselves. An hour from RadioLab on this tension.*
- Rose, Charlie. "[Interview with] Tony Judt." <<http://www.charlierose.com/view/interview/11185>> (Video). *Journalist Charlie Rose interviews writer Tony Judt shortly before the latter's death from Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease).*
- Kaufman, Sharon. 2006. "The Predicament: Death Becomes a New Kind of Problem" and "Death and Hospital Culture." In *And a Time to Die: How American Hospitals Shape the End of Life*, 21-60. University of Chicago Press. *Why is it that when a vast majority of Americans say they want a peaceful death at home, only a minority gets it? Kaufman presents a narrative-based analysis of how hospital care changes the experience of dying in the U.S.*
- Charlton, Blake and Abraham Verghese. 2010. "Caring for Ivan Ilyich." *Journal of General Internal Medicine* 25(1): 93–95. *The actions of an uneducated peasant caring for his dying master demonstrate the struggle in helping a dying patient find meaning and resolution before death. Through this creative analysis on Leo Tolstoy's The Death of Ivan Ilyich, we learn how cultural values and social barriers present obstacles in providing solace for the dying and how medical students may be particularly suited to transcending these problems.*
- Impact Writing Assignment  
Choose one of the following options to write about (250-500 words) and email it to your designated facilitator by 9:00 AM on Wednesday.
  - Write about your reactions to one or more of the syllabus media assignments. How did it make you feel? What thoughts did it provoke? What are you confused about?
  - Write about a discussion or activity from the previous session (LGBTQ Issues in Medicine) that you would like to continue to explore.

- Attend the plenary

*This will take the form of a panel discussion involving members of the palliative care team of the Hospital of the University of Pennsylvania. Our panel will discuss shared experiences caring for a patient at the end of life that were powerful and moving.*

## 2. Facilitators:

- Read, digest, and mark up lesson plan.
- Determine who will be managing and/or lead facilitators for each activity
- Provide brief, meaningful feedback to students who submitted their Impact Writing Assignments.
- Have a seating chart prepared and assign seats at the beginning of the session.
- Have a plan for picking up session materials from Suite 100.

## Animating questions:

### 1. Death and Dying

- What is death? How do we think about it (or not), and why do we give it such importance?
- What are our personal experiences with death, and how do these shape how we talk about it? How do we have end-of-life conversations?
- Do I fear death? Do I fear dying? How do I want to die? How do we cope with our experiences and fears concerning death?

### 2. Faith and Spirituality

- What is my own personal framework for meaning and what role will it play in the care I provide? Are religious or spiritual ways of understanding the world important to me?
- What sustains faith? How can religious or spiritual views of the world – whether our own or our patients’ – complicate, complement, or enhance the care we provide?

### 3. Death and the Values of Medicine

- Is postponement of death a key value in medicine? Does the health system reflect a fear of death?
- *What qualifies as a “good death”?* Might the values of medicine sometimes come into conflict with patients’ or our own vision of a “good death”?
- How do medical students, patients, and doctors approach death in thinking, discussion, and action?

## Agenda

### Opening Go-Around (10-15 minutes)

The managing facilitator is \_\_\_\_\_.

**Overview:** The goal here is to jump-start the discussion space by soliciting reactions to the preparatory material or plenary. [Two chaplains will be joining the group; please ask them to introduce themselves and speak briefly about their work and role in health care].

**Format:** Go-around

**Materials:** None

**Description:** Each facilitator and student shares one positive thing (a “brag”) and/or one negative thing (a “nag”), as well as something they learned in the plenary or in the preparatory materials and would like to explore further.

### **Introductory Popcorn: Meaning Frameworks Discussion (25 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Overview:** This popcorn allows the group to think about reflect on (1) the ways they find meaning in both life and death and (2) their own reactions to the way others find meaning in their lives and deaths.

**Format:** Large group popcorn

**Materials:** Blank sheets of paper

**Description:** Students will write for 5 minutes, and then read out loud for 10. The large group may then discuss responses for 10 minutes with guidance from both the chaplains.

*Fac note: You might remind students to be conscious that everyone has different perspectives and that we all approach this topic with varying degrees of certainty and conviction. For some, this may be an opportunity to talk about religious or spiritual beliefs and practices. Others may have different ways of deriving meaning.*

1. **On the projector:** Prompt (read aloud by facilitator): In what ways do you find meaning?
2. When each student has had a chance to write something down, shuffle the answers, and pass one to each group member.
3. Moving around the room in a circle, each student reads one item at a time until there are no more items to be read.
4. The large group then turns to a discussion around the following questions:
  - a. Some people find meaning in religious or spiritual traditions. Others in community. Others in raising children. Others in financial wealth. Others in pleasure. Others in romantic love. Do you have visceral reactions to any of these sources of meaning? Do any of these seem more or less legitimate than others? If so, why?
  - b. How do you feel about talking to patients about religion, spirituality, and/or meaning? Talking to peers or colleagues? Why do you think you feel this way?

### **Reflective Writing Prompt (10 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Overview:** The goal of this activity is to have students begin to reflect on their own relationships to death, through drawing from their own experiences.

**Format:** Reflective writing

**Materials:** Blank sheets of paper

**Description:**

1. Students will write in response to the following prompt. **On the projector/board:** Write about a time you were near death.
2. Students will spend 5-8 minutes writing. Facilitators should ask the students to finish their sentences as the time limit approaches.
3. *Fac note: You might want to let students know that the phrase 'near death' is intentionally vague. We want to encourage them to describe a time when they were close to their own death or a time when they witnessed the death or dying of someone close to them. If they have not had an experience like this, they can write about another experience that made them reflect on the meaning of death.*



### **Debrief of Reflective Writing Exercise (20 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Overview:** The goals of this activity are (1) to provide students with a space to share and process the memories, thoughts, and emotions the reflective writing activity generated, (2) to practice mindfulness, and (3) to discuss students' different ideas about what qualifies as a "good death."

**Format:** Small groups (3-4 students + facilitator)

**Materials:** None

**Description:**

1. *Fac note: the chaplains may circulate or join small groups during this discussion with the expectation that they will move to another small group for the next section of the lesson plan.*
2. Students will break into small groups and have the opportunity to share their written responses.
3. Each student will be encouraged to take a turn sharing his or her reactions to the reflective writing prompt for a few minutes.
4. **On the projector/board:** Imperative question: What qualifies as a "good death" to me?
5. *Fac note: facilitators will pose this question once all of the students have had the opportunity to share their reflections. Although responses to this question will demonstrate diversity, facilitators should mention that everyone has different ideas about what 'good death' means. Each perspective should be validated. In addition to mindfulness, facs can encourage the use of **validating** or **reflecting emotions**, as well as any other relevant skills during this activity.*

### **Death and Values of Medicine Discussion (35 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Overview:** Now that students have talked about their personal thoughts about death and dying and understood some of the frameworks that shape these ideas and beliefs, this activity offers students an opportunity to discuss death in relation to medical culture.

**Format:** Watch video and have discussion in large group

**Materials:** PBS Frontline episode, "Being Mortal"

**Description:**

1. *Fac note: this conversation should not be focused on the particulars of legal, political, or economic implications of end-of-life care. These are important topics that will be addressed in future courses.*
2. **On the projector:** A video clip from the PBS Frontline episode, "Being Mortal," based on Atul Gawande's recent book about how medicine can improve quality of life during individuals' last months and days. Click on the following link to view the clip. LINK (17:15-23:40; <http://www.pbs.org/wgbh/pages/frontline/being-mortal/>)
3. Then discuss the video excerpt in a large group. Discussion questions:
  - What are the values of medicine? How might the values of medicine be compatible with notions of a "good death"? Do the values of hospice and palliative care differ from those of other medical specialties?
  - Is prolonging life the most important goal in medical care? When is that the most important goal? When isn't it? Does this vary across different medical contexts? Under what circumstances do you think you would personally value length of life over any other goal of medical treatment? Under what circumstances would you value some other goal?

- Reflecting on our previous discussions in this session, can you think of instances where other values within medicine and outside of it might come into conflict with some of our ideals of a 'good death'?
  - Do you think you'll change when, as a healthcare provider, you encounter death on a daily or weekly basis? If so, how?
4. *Fac note: Faculty and chaplain guests may feel compelled to weigh in here with personal experience. This is welcome so long as the conversation is not dominated by a single participant's story.*

#### **Wrap-up go-around (10 minutes)**

**The managing facilitator is** \_\_\_\_\_.

**Overview:** Participants and facilitators participate in “Red, Yellow, Green” and share a reaction to practicing communication techniques. *Along with the color, ask students to share something that they learned, were provoked by, or think differently about.*

**Format:** Go-around

**Description:** Please remind students that they can, as always, approach facilitators after class or via email to discuss anything that happens in small group.

### Supplemental Digital Appendix 3: Mapping of 2015 IMS Course Sessions to Knowledge, Skills, and Attitudes Included in the Association of American Medical Colleges' Tool for Assessing Cultural Competence Teaching (TACCT)

DOMAINS	COMPONENTS (Knowledge=K, Skills=S, Attitudes=A)	RELEVANT IMS SESSIONS
<b>DOMAIN I</b> Cultural Competence Rationale, Context, and Definition	<b>K1. Define race, ethnicity, and culture</b>	Session 2: Culture, Cultural Humility, and Structural Competence
	<b>K2. Identify how race and culture relate to health</b>	All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
	<b>K3. Identify patterns of national data on disparities</b>	All sessions in Part II (Stratification, Difference, and Disparities)
	<b>K4. Describe health data with immigration context</b>	Session 4: Socioeconomic Class and Inequality
	<b>S1. Discuss race &amp; culture in the medical interview</b>	All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
		<i>Also covered in subsequent doctoring courses</i>
	<b>S2. Use physician assessment tools</b>	Session 8: "Self-Control", "Risk Behaviors", and "Compliance"
		<i>Also covered in subsequent doctoring courses</i>
	<b>S3. Concretize epidemiology of disparities</b>	Session 4: Socioeconomic Class and Inequality
	<b>A1. Describe own cultural background and biases</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
	<b>A2. Value link between communication &amp; care</b>	Built into lesson planning and facilitation for all small groups
		Built into lesson planning and facilitation for all small groups
		<i>Also covered in subsequent doctoring courses</i>
	<b>A3. Value importance of diversity in health care</b>	All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups

*Source:* The domains and components columns are based on Association of American Medical Colleges (AAMC). Cultural Competence Education. Washington, DC: AAMC; 2005. [https://www.aamc.org/download/54344/data/tacct\\_pdf.pdf](https://www.aamc.org/download/54344/data/tacct_pdf.pdf) Accessed July 28, 2016.

DOMAINS	COMPONENTS (Knowledge=K, Skills=S, Attitudes=A)	RELEVANT IMS SESSIONS
Domain II Key Aspects of Cultural Competence	K1. Describe historical models of health beliefs	Session 3: Narratives of Suffering and Illness Session 8: "Self-Control", "Risk Behaviors", and "Compliance" Session 9: Anatomy Lab, the Medical Gaze, and Medical Culture Session 10: Death, Faith, and Meaning
	K2. Recognize patients' healing traditions & beliefs	Session 2: Culture, Cultural Humility, and Structural Competence Session 3: Narratives of Suffering and Illness Session 8: "Self-Control", "Risk Behaviors", and "Compliance" Session 10: Death, Faith, and Meaning
	K3. Describe cross-cult.communication challenges	Session 2: Culture, Cultural Humility, and Structural Competence Built into lesson planning and facilitation for all small groups <i>Also covered in subsequent doctoring courses</i>
	K4. Demonstrate knowledge of epidemiology	Session 4: Socioeconomic Class and Inequality
	K5. Describe population health variability factors	Session 4: Socioeconomic Class and Inequality
	S1. Outline a framework to assess communities	Session 1: Introduction to Medicine and Society Session 2: Culture, Cultural Humility, and Structural Competence Session 4: Socioeconomic Class and Inequality Session 11: Medicine, Social Ethics, and Advocacy Session 12: Capstone Project Presentation
	S2. Ask questions to elicit patient preferences	Built into lesson planning and facilitation for all small groups <i>Also covered in subsequent doctoring courses</i>
	S3. Elicit information in family-centered context	All sessions in Part I (Foundations of Medicine and Society) Built into lesson planning and facilitation for all small groups <i>Also covered in subsequent doctoring courses</i>
	S4. Collaborate with communities to address needs	Session 4: Socioeconomic Class and Inequality Session 8: "Self-Control", "Risk Behaviors", and "Compliance" Session 11: Medicine, Social Ethics, and Advocacy Session 12: Capstone Project Presentation
	S5. Recognize institutional cultural issues	Session 2: Culture, Cultural Humility, and Structural Competence All sessions in Part II (Stratification, Difference, and Disparities) All sessions in Part III (Medical Culture and the Physician's Social Role)
	A1. Exhibit comfort when discussing cultural issues	Built into lesson planning and facilitation for all small groups <i>Also covered in subsequent doctoring courses</i>
	A2. Listen nonjudgmentally to health beliefs	Built into lesson planning and facilitation for all small groups <i>Also covered in subsequent doctoring courses</i>
	A3. Value & address social determinants of health	Session 4: Socioeconomic Class and Inequality All sessions in Part II (Stratification, Difference, and Disparities) Session 11: Medicine, Social Ethics, and Advocacy Built into lesson planning and facilitation for all small groups
	A4. Value curiosity, empathy, and respect	All sessions in Part I (Foundations of Medicine and Society) All sessions in Part II (Stratification, Difference, and Disparities) All sessions in Part III (Medical Culture and the Physician's Social Role) Built into lesson planning and facilitation for all small groups

DOMAINS	COMPONENTS (Knowledge=K, Skills=S, Attitudes=A)	RELEVANT IMS SESSIONS
DOMAIN III Impact of Stereotyping on Medical Decision- Making	K1. Describe social cognitive factors	Session 2: Culture, Cultural Humility, and Structural Competence
		Session 3: Narratives of Suffering and Illness
		Session 5: Race, Privilege, and Structural Bias
		Session 6: Gender and Gender Norms
		Session 7: LGBT Issues in Medicine
		Session 8: "Self-Control", "Risk Behaviors", and "Compliance"
		Session 9: Anatomy Lab, the Medical Gaze, and Medical Culture
		Session 10: Death, Faith, and Meaning
	K2. Identify physician bias and stereotyping	Session 2: Culture, Cultural Humility, and Structural Competence
		Session 4: Socioeconomic Class and Inequality
		Session 5: Race, Privilege, and Structural Bias
		Session 6: Gender and Gender Norms
		Session 7: LGBT Issues in Medicine
		Session 8: "Self-Control", "Risk Behaviors", and "Compliance"
		Session 9: Anatomy Lab, the Medical Gaze, and Medical Culture
		Session 10: Death, Faith, and Meaning
	K3. Recognize physicians' own potential for biases	Built into lesson planning and facilitation for all small groups
		<i>Also covered in subsequent doctoring courses</i>
		Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part II (Stratification, Difference, and Disparities)
		Session 8: "Self-Control", "Risk Behaviors", and "Compliance"
		Session 9: Anatomy Lab, the Medical Gaze, and Medical Culture
	K4. Describe the physician-patient power imbalance	Session 10: Death, Faith, and Meaning
		Built into lesson planning and facilitation for all small groups
		<i>Also covered in subsequent doctoring courses</i>
		All sessions in Part I (Foundations of Medicine and Society)
	K5. Describe physician effect on health disparities	All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
		All sessions in Part I (Foundations of Medicine and Society)
	K6. Describe community partnering strategies	All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
		Session 2: Culture, Cultural Humility, and Structural Competence
		Session 11: Medicine, Social Ethics, and Advocacy
		Session 12: Capstone Project Presentation

DOMAINS	COMPONENTS (Knowledge=K, Skills=S, Attitudes=A)	RELEVANT IMS SESSIONS
<b>DOMAIN III</b> Impact of Stereotyping on Medical Decision- Making	<b>S1. Demonstrate strategies to address/reduce bias</b>	Built into lesson planning and facilitation for all small groups
	<b>S2. Describe strategies to reduce physician biases</b>	Built into lesson planning and facilitation for all small groups
	<b>S3. Show strategies to address bias in others</b>	Built into lesson planning and facilitation for all small groups
	<b>S4. Engage in reflection about own beliefs</b>	Built into lesson planning and facilitation for all small groups
	<b>S5. Use reflective practices when in patient care</b>	Built into lesson planning and facilitation for all small groups
	<b>S6. Gather and use local data as in HP2010</b>	Session 3: Narratives of Suffering and Illness
		Session 4: Socioeconomic Class and Inequality
		Session 11: Medicine, Social Ethics, and Advocacy
		Session 12: Capstone Project Presentation
	<b>A1. Identify physician biases that affect clinical care</b>	All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
	<b>A2. Recognize how physician biases impact care</b>	All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
	<b>A3. Describe potential ways to address bias</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
	<b>A4. Value the importance of bias on decision-making</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
	<b>A5. Value the need to address personal bias</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups

DOMAINS	COMPONENTS (Knowledge=K, Skills=S, Attitudes=A)	RELEVANT IMS SESSIONS
<b>DOMAIN IV</b> Health Disparities and Factors Influencing Health	<b>K1. Describe factors that impact health</b>	Session 3: Narratives of Suffering and Illness All sessions in Part II (Stratification, Difference, and Disparities)
	<b>K2. Discuss social determinants on health</b>	All sessions in Part II (Stratification, Difference, and Disparities)
	<b>K3. Describe systemic &amp; medical encounter issues</b>	Built into lesson planning and facilitation for all small groups
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
	<b>K4. Identify and discuss key areas of disparities</b>	All sessions in Part II (Stratification, Difference, and Disparities)
		Built into lesson planning and facilitation for all small groups
	<b>K5. Describe elements of community experiences</b>	All sessions in Part I (Foundations of Medicine and Society)
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
	<b>K6. Discuss barriers to eliminating health disparities</b>	Session 4: Socioeconomic Class and Inequality
		All sessions in Part II (Stratification, Difference, and Disparities)
		Session 11: Medicine, Social Ethics, and Advocacy
		Built into lesson planning and facilitation for all small groups
	<b>S1. Critically appraise literature on disparities</b>	All sessions in Part II (Stratification, Difference, and Disparities)
	<b>S2. Describe methods to identify community leaders</b>	Session 11: Medicine, Social Ethics, and Advocacy
		Session 12: Capstone Project Presentation
		Built into lesson planning and facilitation for all small groups
	<b>S3. Propose a community-based health intervention</b>	Session 11: Medicine, Social Ethics, and Advocacy
		Session 12: Capstone Project Presentation
		Built into lesson planning and facilitation for all small groups
	<b>S4. Strategize ways to counteract bias</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
	<b>A1. Recognize disparities amenable to intervention</b>	Session 11: Medicine, Social Ethics, and Advocacy
		All sessions in Part II (Stratification, Difference, and Disparities)
		Session 12: Capstone Project Presentation
		Built into lesson planning and facilitation for all small groups
	<b>A2. Realize the historical impact of racism</b>	Session 5: Race, Privilege, and Structural Bias
	<b>A3. Value eliminating disparities</b>	Session 11: Medicine, Social Ethics, and Advocacy
		All sessions in Part II (Stratification, Difference, and Disparities)
		Session 12: Capstone Project Presentation
		Built into lesson planning and facilitation for all small groups



DOMAINS	COMPONENTS (Knowledge=K, Skills=S, Attitudes=A)	RELEVANT IMS SESSIONS
<b>Domain V</b> <b>Cross-Cultural</b> <b>Clinical Skills</b>	<b>K1. Identify community beliefs &amp; health practices</b>	Session 3: Narratives of Suffering and Illness
		Session 8: "Self-Control", "Risk Behaviors", and "Compliance"
		Session 10: Death, Faith, and Meaning
		Session 11: Medicine, Social Ethics, and Advocacy
		Session 12: Capstone Project Presentation
	<b>K2. Describe cross-cultural communication models</b>	Session 9: Language Barriers and Medicalese
		Built into lesson planning and facilitation for all small groups
		<i>Also covered in subsequent doctoring courses</i>
	<b>K3. Understand physician-patient negotiation</b>	Session 3: Narratives of Suffering and Illness
		Session 8: "Self-Control", "Risk Behaviors", and "Compliance"
		Session 10: Death, Faith, and Meaning
		Built into lesson planning and facilitation for all small groups
	<b>K4. Describe the functions of an interpreter</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		<i>Also covered in subsequent doctoring courses</i>
	<b>K5. List effective ways of working with interpreter</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		<i>Also covered in subsequent doctoring courses</i>
	<b>K6. List ways to enhance patient adherence</b>	Session 8: "Self-Control", "Risk Behaviors", and "Compliance"
	<b>S1. Elicit a culture, social, and medical history</b>	All sessions in Part I (Foundations of Medicine and Society)
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
		<i>Also covered in subsequent doctoring courses</i>
	<b>S2. Use negotiating and problem-solving skills</b>	Built into lesson planning and facilitation for all small groups
		<i>Also covered in subsequent doctoring courses</i>
	<b>S3. Identify need for &amp; collaborate with interpreter</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		<i>Also covered in subsequent doctoring courses</i>
	<b>S4. Assess and enhance patient adherence</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		Session 8: "Self-Control", "Risk Behaviors", and "Compliance"
		Built into lesson planning and facilitation for all small groups
	<b>S5. Recognize and manage the impact of bias</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
	<b>A1. Respect patient's cultural beliefs</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups
	<b>A2. Acknowledge the impact of physician biases</b>	Session 2: Culture, Cultural Humility, and Structural Competence
		All sessions in Part II (Stratification, Difference, and Disparities)
		All sessions in Part III (Medical Culture and the Physician's Social Role)
		Built into lesson planning and facilitation for all small groups