

Term Information

Effective Term Autumn 2024
[Previous Value](#) Summer 2012

Course Change Information

What change is being proposed? (If more than one, what changes are being proposed?)

We have revised the course to reflect the Goals and ELOs of the GEN Theme in Health & Wellbeing and are requesting that this course fulfill this GEN Theme.

What is the rationale for the proposed change(s)?

This course is a very popular and helpful course for pre-health students and will therefore will be a useful GE course allowing for an interdisciplinary approach to health and wellness.

What are the programmatic implications of the proposed change(s)?

(e.g. program requirements to be added or removed, changes to be made in available resources, effect on other programs that use the course)?

NA

Is approval of the request contingent upon the approval of other course or curricular program request? No

Is this a request to withdraw the course? No

General Information

Course Bulletin Listing/Subject Area English
Fiscal Unit/Academic Org English - D0537
College/Academic Group Arts and Sciences
Level/Career Undergraduate
Course Number/Catalog 3361
Course Title Narrative and Medicine
Transcript Abbreviation Narrative Medicine
Course Description Study of fictional and nonfictional narratives offering diverse perspectives on such medical issues as health, illness, aging, treatment, healing, wellbeing, and doctor-patient relationships.
[Previous Value](#) *Study of fictional and nonfictional narratives offering diverse perspectives on such medical issues as illness, aging, treatment, health and healing, and doctor-patient relationships.*
Semester Credit Hours/Units Fixed: 3

Offering Information

Length Of Course 14 Week, 12 Week
Flexibly Scheduled Course Never
Does any section of this course have a distance education component? No
Grading Basis Letter Grade
Repeatable No
Course Components Lecture
Grade Roster Component Lecture
Credit Available by Exam No
Admission Condition Course No
Off Campus Never
Campus of Offering Columbus, Lima, Mansfield, Marion, Newark, Wooster
[Previous Value](#) *Columbus, Lima, Mansfield, Marion, Newark*

Prerequisites and Exclusions

Prerequisites/Corequisites	Completion of GE Foundation Writing and Information Literacy course
<i>Previous Value</i>	<i>Prereq: 1110.01 (110.01) or equiv.</i>
Exclusions	
<i>Previous Value</i>	Not open to students with credit for 361.
Electronically Enforced	No

Cross-Listings

Cross-Listings

Subject/CIP Code

Subject/CIP Code	23.1499
Subsidy Level	Baccalaureate Course
Intended Rank	Freshman, Sophomore, Junior

Requirement/Elective Designation

General Education course:
Literature; Health and Well-being
The course is an elective (for this or other units) or is a service course for other units

Previous Value

General Education course:
Literature
The course is an elective (for this or other units) or is a service course for other units

Course Details

Course goals or learning objectives/outcomes	<ul style="list-style-type: none">• This course explores the crucial role that storytelling plays in encounters between caregivers and patients. The overarching argument in the course is that narrative competence enhances medical competence for both caregivers and patients.
<i>Previous Value</i>	
Content Topic List	<ul style="list-style-type: none">• Examination of the intersection between the domains of narrative and medicine.• Study of representations of medical issues in diverse genres and media, from a wide-range of perspectives (patient, advocate, caregiver, doctor, etc.)• Examination of social, technological, personal issues pertaining to health and wellness.
<i>Previous Value</i>	<ul style="list-style-type: none">• <i>Examination of the intersection between the domains of narrative and medicine</i>• <i>Study of diverse representations of medical issues</i>• <i>Examination of disease and its treatment and of our culture's attitudes toward these issues</i>
Sought Concurrence	No

COURSE CHANGE REQUEST
3361 - Status: PENDING

Last Updated: Vankeerbergen, Bernadette
Chantal
04/07/2024

Attachments

- 3361 GE form.docx: TAG Form
(Other Supporting Documentation. Owner: Hewitt, Elizabeth A)
- 3361 GE cover letter.docx: Cover Letter
(Other Supporting Documentation. Owner: Hewitt, Elizabeth A)
- Syllabus3361_GENTheme.docx: Revised Syllabus (4/7/24)
(Syllabus. Owner: Hewitt, Elizabeth A)

Comments

- See feedback email sent to department 02-26-2024
See feedback email sent to department 04-06-2024 RLS *(by Steele, Rachel Lea on 04/06/2024 12:02 PM)*

Workflow Information

Status	User(s)	Date/Time	Step
Submitted	Hewitt, Elizabeth A	01/31/2024 12:45 PM	Submitted for Approval
Approved	Hewitt, Elizabeth A	01/31/2024 12:45 PM	Unit Approval
Approved	Vankeerbergen, Bernadette Chantal	02/05/2024 11:23 AM	College Approval
Revision Requested	Steele, Rachel Lea	02/26/2024 04:28 PM	ASCCAO Approval
Submitted	Hewitt, Elizabeth A	03/18/2024 01:50 PM	Submitted for Approval
Approved	Hewitt, Elizabeth A	03/18/2024 01:51 PM	Unit Approval
Approved	Vankeerbergen, Bernadette Chantal	03/18/2024 02:05 PM	College Approval
Revision Requested	Steele, Rachel Lea	04/06/2024 12:02 PM	ASCCAO Approval
Submitted	Hewitt, Elizabeth A	04/07/2024 12:11 PM	Submitted for Approval
Approved	Hewitt, Elizabeth A	04/07/2024 12:11 PM	Unit Approval
Approved	Vankeerbergen, Bernadette Chantal	04/07/2024 12:25 PM	College Approval
Pending Approval	Jenkins, Mary Ellen Bigler Hanlin, Deborah Kay Hilty, Michael Neff, Jennifer Vankeerbergen, Bernadette Chantal Steele, Rachel Lea	04/07/2024 12:25 PM	ASCCAO Approval

We want to thank the faculty reviewers from the Themes I Subcommittee of the ASC Curriculum Committee and the Theme Advisory Group for Health and Wellbeing for their feedback on our course proposal for English 3361. As requested, we are sending this cover letter describing the changes we have made in the proposal to respond to that feedback. In the interest of being thorough, we have reproduced the report from the reviewing faculty and, after each item, described our revisions. Additionally, to make our revisions easier to locate, we have highlighted changes in both the syllabus and TAG form.

The reviewing faculty did not vote on the proposal as they would like the following points addressed:

1. The reviewing faculty ask that the department review both the syllabus and the GEN Submission Form, as both seem to have communications with a colleague embedded within them, thus making it difficult for the reviewing faculty to understand the course proposer's intentions in certain areas.

Response: This comment was a reference to the nota bene on page 7 of the syllabus ("N.B. From this point forward, we will not be learning about new core concepts . . ."). Since the abbreviation, N.B., seems to be confusing, we have eliminated this.

2. The reviewing faculty ask that the department provide additional information about how the course's assignments, readings, assessments, and other activities engage with the health and wellbeing theme. While they recognize that the course schedule identifies "medical core concepts", the language does not clearly make the connection between medicine as a discipline and the study of health and wellbeing. To this end, the reviewing faculty suggest that the department consider the following revisions:
 - a. Include in the syllabus course goals that provide more information about the connection between the study of medical narratives and health and wellbeing.

*Response: We have revised the course goals to make this connection more explicit. The revised first paragraph reads as follows: In *Being Mortal: Medicine and What Matters in the End* (New York: Metropolitan Books, 2014), the physician Atul Gawande writes, "We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being." In *Narrative Medicine: Honoring the Stories of Illness* (New York: Oxford University Press, 2007), physician Rita Charon emphasizes the crucial role of storytelling in clinical encounters between caregivers and patients. Taking these physicians' statements as our starting points, we will investigate how the study of narrative by caregivers and patients can be a valuable means for caregivers to enable the well-being of their patients and for patients to become better advocates for their own well-being.*

- b. Include more information in the course schedule about how the medical concepts covered connect to health and wellbeing.

Response: The schedule now includes details for each week about how constructing dialogues among the primary narratives and the core concepts of narrative and of medical practice connect to issues about health and wellbeing.

- c. Provide full citations for the required texts listed in the syllabus so that students and the reviewers can better understand how these texts connect to health and wellbeing

Response: Done. In addition to bibliographic citations, the syllabus now includes descriptions of the texts and how they address issues of health and wellbeing. We have also moved up the list of texts in the document so that it appears before the Schedule. This move should make the additions to the schedule more easily intelligible.

3. The reviewing faculty ask that the department enhance their responses to the prompts for ELOs 3.1 and 3.2 on the GEN Submission Form. Specifically, they ask that the department provide examples of individual activities, assignments and assessments that will allow students to think critically about storytelling and analyze how narratives impact health and well-being outcomes via advanced and scholarly study, thus providing the students with opportunities to demonstrate mastery of the ELOs.

Response: We now offer greater detail about these matters for both ELOs 3.1 and 3.2

4. The reviewing faculty ask that the department add more details to the paragraph on pg. 2 of the syllabus that explains how the course meets the goals and ELOs of the GEN Theme: Health and Wellbeing category, especially regarding ELOs 1.1, 1.2, 2.1, and 2.2.

Response: Details added for those ELOs so that they match what's on the GEN Submission form.

5. The reviewing faculty ask that the department enhance their responses to the prompts for ELOs 1.1, 1.2, 2.1 and 2.2 on the GEN Submission Form. Specifically, they ask that the department provide examples of individual activities, assignments and assessments that will allow students to think critically about storytelling and analyze how narratives impact health and well-being outcomes via advanced and scholarly study, thus providing the students with opportunities to demonstrate mastery of the ELOs.

Response: Details added along with references to specific assignments and pointers to the elaboration under ELO 3.1

6. The reviewing faculty recommend identifying which of the required texts (syllabus pg. 5) are books that the students will need to purchase, and which are films that they will need to access.

Response: Done.

Again, we thank the reviewing faculty for their feedback, and we hope they find we have responded appropriately.

3361 Narrative and Medicine (3 credits)
Denney Hall 238 WF 11:10—12:30

Jim Phelan

Denney 452, phelan.1@osu.edu

Office hours: W 12:30—1:45; F 10:00—11:05 and by appointment

Description: In *Being Mortal: Medicine and What Matters in the End* (New York: Metropolitan Books, 2014), the physician Atul Gawande writes, “We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being.” In *Narrative Medicine: Honoring the Stories of Illness* (New York: Oxford University Press, 2007), physician Rita Charon emphasizes the crucial role of storytelling in clinical encounters between caregivers and patients. Taking these physicians’ statements as our starting points, we will investigate how the study of narrative by caregivers and patients can be a valuable means for caregivers to enable the well-being of their patients and for patients to become better advocates for their own well-being.

We will pursue this investigation along two intersecting tracks. 1) We will develop expertise in telling and listening to stories, especially stories about health, illness, and medical treatment. 2) We will explore the efficacy of our developing expertise and the stories we study for promoting health and well-being. Among the questions we will explore are the following: How does narrative give us greater insight into health and illness, medical treatment, doctor-patient relationships, and more broadly the concept of well-being and its multiple manifestations? How do doctors’ perspectives and patients’ perspectives differ, and how can attention to storytelling help close those differences and thus enhance the health and well-being of both patients and doctors? In order to develop our narrative expertise, we will look at narrative in different media—drama, print (fiction and nonfiction), comics, and film—and consider core concepts of narrative (plot, character, space, time, perspective, dialogue, ethics, and aesthetics). We will also consider a range of medical conditions and issues from mortality to ethics, from cancer (illness and treatment) to mental health disorders. As we do, we will consider how they threaten health and well-being and how different responses to them can be more and less effective in dealing with those threats. Since the course is populated by students majoring in a great variety of disciplines, we will also be open to considering how our different disciplinary perspectives relate to each other: to what extent do they overlap, complement, or occasionally conflict with each other as we think about the nexus between narrative and medicine?

GEN Theme: Health and Well-Being

Goals:

1. Successful students will analyze an important topic or idea at a more advanced and in-depth level than in the Foundations component.

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2. Successful students will integrate approaches to the theme by making connections to out-of-classroom experiences with academic knowledge or across disciplines and/or to work they have done in previous classes and that they anticipate doing in future.

3. Students will explore and analyze health and wellbeing through attention to at least two dimensions of wellbeing. (e.g., physical, mental, emotional, career, environmental, spiritual, intellectual, creative, financial, etc.)

Expected Learning Outcomes:

ELO 1.1 Engage in critical and logical thinking about the topic or idea of health and well-being.

The course requires critical engagement with central question about health and well-being: how does knowledge about storytelling improve patients' satisfaction with their treatments and their outcomes and improve doctors' satisfaction with their jobs. This course builds knowledge and skills about the importance of storytelling in understanding health, well-being, medicine, and patient care through: 1) readings of foundational texts in narrative medicine; 2) discussions and analysis of these foundational texts during class sessions; and 3) a scaffolded set of written assignments that requires students to incorporate their study of health and well-being with narrative analysis.

ELO 1.2 Engage in an advanced, in-depth, scholarly exploration of the topic or idea of health and well-being.

Students will study the relationship between storytelling and well-being by reading scholarship about narrative medicine and narrative theory, and through the critical analysis of primary narratives about health, illness, treatment, and overall well-being. These primary source materials will include a wide range of genres (plays, comics, films, short stories, a novel, memoirs). Oral presentations, written assignments, mini-lectures and the "Narrative Theory Module" will provide students an opportunity for advanced knowledge of both the medical humanities and narrative theory, focused especially on health and well-being.

ELO 2.1 Identify, describe and synthesize approaches or experiences as they apply to health and well-being.

The course meets this ELO by constructing continuing dialogues among primary narratives and core concepts of narrative theory and of medical practice. All the assignments require students to engage in some aspect of this dialogue. Each unit in the course will require students to analyze the nature and functions of storytelling in health care contexts with special attention to how effective storytelling can positively influence health and well-being. All of our readings will provide opportunities for students to talk about their own real world experiences as storytellers, patients, caretakers, and healthcare providers.

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ELO 2.2 Demonstrate a developing sense of self as a learner through reflection, self-assessment and creative work, building on prior experiences to respond to new and challenging contexts.

The sequence of presentations and written assignments, as well as the feedback offered on them, help students develop as learners. Assignments are deliberately scaffolded so that students can track their own development.

ELO 3.1 Explore and analyze health and well-being from theoretical, socio-economic, scientific, historical, cultural, technological, policy and/or personal perspectives.

All the course readings provide various perspectives on health and well-being. Atul Gawande's *Being Mortal* analyzes problems in Western medicine's cultural assumptions about aging and mortality, assumptions that privilege technological rather than humane approaches to the end of life. Damon Tweedy's *Black Man in a White Coat* explores multiple dimensions of health, well-being, and racial disparities in health care. David Small's *Stitches* explores how health and wellbeing is often contingent upon the intersection of personal, technological, and socio-economic factors. Since almost all our primary and secondary readings approach health and well-being through numerous perspectives (theoretical, socio-economic, scientific, cultural, historical, etc.) class discussion of readings will allow extensive exploration and analysis of these themes.

ELO 3.2 Identify, reflect on, or apply strategies for promoting health and well-being.

As the syllabus indicates, this ELO will be prominent in every week of the course, because the questions we explore, based on the dialogue among the primary narratives and the core concepts of narrative and of medical practice, are ultimately directed toward identifying, reflecting on, and considering possible strategies for the promotion of health and well-being. The overarching argument in the course is that narrative competence enhances medical competence for both caregivers and patients. As such, throughout the course's readings, discussions, lectures, and assignments, students will be asked to think about how their work in narrative analysis and storytelling can affect positive outcomes for health and wellbeing for themselves and for others in their community.

GEL Literature

Goals

Students evaluate significant texts in order to develop capacities for aesthetic and historical response and judgment; interpretation and evaluation; and critical listening, reading, seeing, thinking, and writing.

Expected Learning Outcomes

1. Students analyze, interpret, and critique significant literary works.

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2. Through reading, discussing, and writing about literature, students appraise and evaluate the personal and social values of their own and other cultures.

Our readings, lectures, discussions, and assignments in this class will develop your skills in literary analysis, interpretation, and critical reading and writing. You will read significant works of literature and consider the relationship between narrative and medicine in a variety of contexts (personal, institutional, societal, global).

Texts Required for Purchase: other, shorter texts will be provided via Carmen/Canvas:

- Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (New York: Oxford UP, 2007). The book that launched the narrative medicine movement, whose first principle is that understanding how stories work can enhance the well-being of patients and caregivers.
- Margaret Edson, *Wit* (New York: Farrar, Straus, and Giroux, 1999) play; we will also study *the HBO film*, directed by Mike Nichols and starring Emma Thompson (2001), but it is not required for purchase since it's available via OSU streaming services. Both texts explore how medical researchers' goals can impair the health and well-being of their patients.
- David Small, *Stitches* (New York: W.W. Norton, 2009), graphic memoir. A coming-of-age narrative that explores the relations between parents and children, mental illness, medical technology, and physical disease.
- Brian Fies, *Mom's Cancer* (New York: Abrams ComicArts, 2006), graphic memoir. An exploration by a son of his family's response to his mother's diagnosis of terminal cancer that considers how the goal of well-being factors into the family's collective decision-making.
- Atul Gawande, *Being Mortal: Medicine and What Matters in the End* (New York: Metropolitan Books, 2014), nonfiction narrative essay. A major study about how dominant attitudes toward end-of-life experiences work against the health and well-being of both the elderly and their loved ones.
- Paul Kalanithi, *When Breath Becomes Air* (New York: Random House, 2016). A print memoir that asks fundamental questions about illness, well-being, and ultimately the meaning of life.
- Damon Tweedy, *Black Man in a White Coat: A Doctor's Reflections on Race and Medicine* (London: Picador, 2015). A print memoir about how assumptions about race work against the health and well-being of both Black doctors and patients.
- Ian McEwan, *The Children Act* (New York: Knopf, 2014). A novel that raises ethical questions about conflicts between religious beliefs and the physical health and well-being of patients, and about the role of the legal system in adjudicating such conflicts.

Class Calendar/Schedule

Syllabus/ English 3361/Narrative and Medicine

Unit I: Obstacles to Health and Well-Being in the Medical System; Narrative as Strategic Solution

Week 1

Wednesday, August 21: **Introduction: Getting to Know Each Other; And What Kind of a Course will we have?**

Friday August 23: Charon, Chapter 1 pp. 3-16;

If doctors and patients don't connect, what are the consequences for health and well-being on each side? How might training in telling and listening to stories be beneficial for both caregivers and patients? Sign up for oral presentations; short story: Richard Selzer "Brute"

Week 2

Wednesday, August 28: Edson, *Wit*; Charon, Chapter 2, pp. 17-38;

Narrative Core concept: Dialogue/Voice; Medical Core Concept: Intersubjectivity

Friday, August 30: Edson, *Wit*; Charon, Chapter 3, pp. 39-63, Narrative Core concept: Character;

This week we'll use Edson's play to put the narrative and medical core concepts in dialogue with each other by exploring these questions: What's the difference between listening and heeding? How does being heard (or "seen") in a clinical setting contribute to one's well-being?

What does it mean for a doctor to understand a patient and vice versa? How does this question relate to one about understanding the characters in Edson's play?

Week 3

Wednesday, September 4: *Wit*, film. Narrative Core Concept: Plot/Progression; Medical Core Concept: Decision-Making

Friday, September 6, *Wit*, film, continued. Core Concept: Time; Medical Core Concept: Ethics

This week we'll use the film to put the core concepts in dialogue with each other by exploring these questions: How does Nichols shape the raw material of Vivian Bearing's experience of ovarian cancer and treatment into a coherent story of her change over time? How do some of the key plot points highlight convergences and divergences in her decision-making and that of her doctors? What are the ethical judgments you make of their respective decision-making when you apply Gawande's principle that the goal of medicine is to enable well-being?

Unit II: Illness, Treatment, and Relationships: Scientific, Cultural, Socio-Economic, and Personal Perspectives

Week 4

Wednesday, September 11: *The Children Act*, pp.1-91; Core Concept: Audience; Medical Core Concept: Challenges to Science

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Friday, September 13: *The Children Act*, pp. 92-175 Core Concept: Perspective/Point of View; Time. Medical Core Concept: Perspective Taking. First paper assigned.

This week we'll use McEwan's novel to put the core concepts in dialogue with each other by exploring the following questions: what are the different conceptions of well-being underlying the religious belief that medical interventions violate the body and the secular belief that medical interventions are sometimes necessary? How does the novel encourage its audience to take on these different conceptions? How might this experience in perspective-taking inform doctors' and patients' relations with each other?

Week 5

Wednesday, September 18: *The Children Act*, pp.176-221. Space Medical Core Concept: Contexts of Treatment

Friday, September 20: *Stitches*, pp. 1-168. Core Concepts: Image &Text; Medical Core Concept: Imagining Outcomes

This week we'll use the two narratives to put the core concepts in dialogue with each other by exploring the following questions: How do the different locations of key interactions in each narrative influence decision-making? How might this focus on space inform doctors' and patients' approaches to the spaces where they meet (clinics, exam rooms, hospitals, etc.)? How does the visual representation of events in *Stitches* enhance audiences' understanding of David Small's experiences? How does visual representation work in medical encounters—X-Rays, diagrams, etc.--and when do such representations enhance well-being and when do they impede it?

Week 6

Wednesday, September 25: *Stitches*, pp.168-336 Core Concept: Fictionality; Medical Core Concept: Hypotheses in Diagnosis

Friday, September 27: The same subjects continued. First paper due

This week we'll use Small's memoir to put the core concepts in dialogue with each other by exploring the following questions: how does Small's inventions of scenes that didn't actually occur (either as things that could have happened but didn't, or as alternative ways of telling about what did happen) contribute to his processing of his experience and his audience's understanding of it? How might such hypotheticals and other inventions be relevant in doctor-patient encounters? How can a doctor's laying out possible outcomes of treatment contribute to a patient's well-being?

Week 7

Wednesday, October 2: Saunders, "Escape from Spiderhead" Core Concept: Character Narration; Medical Core Concept: Perspective Taking revisited

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Friday, October 4: *White Man in a Black Coat*, pp. 1-152 Core Concept: Ethics; Medical Core Concept: Ethics

This week we'll use these two narratives to do a deeper dive into previously considered core concepts. The two narratives are first-person accounts, and Saunders uses an unreliable narrator. In addition, both narratives depict character-character interactions that have an important ethical dimension. Consequently, we'll explore the following questions: how do we determine the reliability or unreliability of a narrator? Is there ethical value in adopting the perspective of an unreliable narrator? How do doctors and patients negotiate encounters in which the reliability of one or the other is in question? What role do assumptions about racial and other kinds of differences play in such negotiations? How can those assumptions contribute to or impede the promotion of well-being?

Week 8

Wednesday, October 9: *White Man in a Black Coat*, pp. 153--247 Core Concept: Segmentivity; Medical Core Concept: Health Disparities

Today we'll use Tweedy's narrative to put the core concepts in dialogue with each other by asking the following questions: how does his organization of the memoir allow him to add layers to his treatment of the central theme about the links between race and health disparities? Does he enhance or detract from the efficacy of his narrative by saving his recommendations for change until the final chapter? How might implementing those recommendations promote health and well-being for Black patients, and for other patients from minority or underserved communities? What other recommendations would you want to make?

Friday, October 11: NO CLASS AUTUMN BREAK

Unit III: Mortality: Scientific, Technological, Cultural, and Personal Perspectives

From this point forward, we will not be learning about new core concepts in narrative, but will be exploring how these core concepts enrich our understandings of the readings and their relevance to health and well-being.

Week 9

Wednesday, October 16: Gawande, *Being Mortal*, pp.1-110

Friday, October 19: Gawande, *Being Mortal*, pp. 111—191

Overarching questions: Do you agree that Gawande's analysis of current attitudes toward mortality and of standard approaches to end-of-life treatment work against medicine's goal of enabling well-being? Why or why not?

Week 10

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Wednesday, October 24: Gawande, *Being Mortal*, pp. 192--264

Friday, October 26: Kalanithi, *When Breath Becomes Air*. pp. 1-116

Overarching Questions: Both the last third of Gawande's book and the first half of Kalanithi's offer "experiential knowledge" of what it's like to face mortality and what counts as a healthy response to it. How are they similar and different? Do you find one's account to be more rooted in a commitment to "enabling well-being" than the other's? How does the way they tell their stories influence your response?

Week 11

Wednesday, October 31: Kalanithi, *When Breath Becomes Air*, pp. 117-225

Overarching Questions: Once Kalanithi knows that he will die from his lung cancer, he makes two huge decisions: to have a child and to write this book. Whose well-being is he promoting with these choices? What are your ethical judgments of them.

Friday, November 1: Visit to Medical Heritage Center (Prior Hall, Fifth Floor, 376 W. 10th Avenue)

Purpose: to provide perspective on the history of medical treatment and its goals.

Week 12

Wednesday, November 6: Fies, *Mom's Cancer*, pp. 1-60

Friday, November 8: Fies, *Mom's Cancer*, pp. 61-128

Overarching Questions: How does Fies depict the family's response to "Mom's" cancer? How does he depict her? Her caregivers? What are the larger points about health and well-being that you take away from his memoir?

Unit IV: Presentations

Week 13

Wednesday, November 13: Student Presentations

Friday, November 15: Student Presentations

Week 14

Wednesday, November 20, Presentations

Friday November 22, Presentations

Week 15

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Wednesday, November 27 THANKSGIVING BREAK No Class

Friday, November 29 THANKSGIVING BREAK No Class

Week 16

Wednesday, December 4 Presentations

Monday, December 10 Final Papers Due

Grading: All assignments are based on research into how students learn as well as my own experience of teaching for more than 30 years

Attendance and Participation: 10%

Oral Presentation I: English 3361 in the Real World: A Narrative of Medicine 10%

Oral Presentation II: Agenda Setting: Core Concepts and Medical Narratives 10%

Quizzes: 10%

First Paper: 25%

Presentation: 10%

Final paper: 25%

Attendance and Participation: The old adage has it that 90% of success is just showing up. That adage doesn't wholly apply in this course, but showing up and participating can get you an easy 10% toward your final grade—and I trust that your critical thinking skills are sharp enough for you to see that you should take advantage of this policy. The course will be run discussion-style, which means that your presence and your ideas will be crucial to its success. I expect you to attend every class and to be fully prepared: to have done the day's readings, **to bring them with you**, and to be ready to share your thoughts about those readings. *You should think of your texts as essential technological devices for success in the course: they are simultaneously the platforms and the apps by which you access and interact with the fundamental elements of the course. Just as you feel unprepared to face the day if you don't have your cell phone, tablet, and/or laptop, you should feel unprepared if you don't have your texts.* **N.B. Therefore, you will be marked absent if you do not have your texts with you.** Some days I will go around the room asking for responses. If you have nothing to contribute, your participation grade will suffer. Other days we will engage in small group discussions. If you are absent, you will be unable to contribute to any group, and that, too, will negatively affect your participation grade.

Given this emphasis on attendance and participation, we will also have a "no digital devices" policy. Smart phones, IPADs, and their apps are all designed to draw your attention to them rather than to the people that you are in the same room with. The best way to combat this design is the no devices policy. We can all survive for 80 minutes without checking our devices.

If you have to miss class (e.g., for a serious illness), please let me know in advance. Missing more than two or more classes will negatively affect your attendance/participation grade. Missing five classes means you cannot receive more than 5 points in your

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attendance/participation grade. If you miss six or more classes you will be in serious danger of failing the course.

Apart from these necessary evils related to grades, I've established this policy because I know from experience that the success of the course will depend on our developing a productive intellectual community, one in which we can rely on and support each other even as we challenge ourselves to think harder and deeper. I am committed to making the classroom be a place you want to come twice a week, but long experience has taught me that I can't do that without your help.

Oral Presentation I: Narrative Medicine in the Real World

Beginning with class on Wednesday, August 28, we will typically start class with some oral presentations. One will be a short narrative (between 300 and 500 words) about some character's encounter with some aspect of illness, medicine, or treatment. That character could be you, a family member, a friend, or a fictional character. **The story should be shaped so that it has a purpose beyond the recounting of its events, and it should foreground one of the core concepts of narrative (see the list in the above schedule) and one of the core concepts of medicine and make your treatment of those core concepts serve the narrative's larger purpose.** One important goal of this series of presentations is to expand the database of narratives in the course by allowing you to bring in stories that you think it is important for the class to hear and discuss. Since our goal is expansion of the database, your story need not be related to the medical issues in the reading for the day's class, though of course it may be. Similarly, you need not limit yourself to the core concept listed for the day your story is due. **You must post the narrative to our Carmen site by noon on the day before you present it to the class so your classmates can read it in advance of class and come prepared to discuss it.**

Oral Presentation II: Core Concepts of Narrative Theory and Medical Narratives

In the second presentation, one of you will identify a passage from the day's reading (a paragraph or two or a stretch of dialogue; a set of panels from the graphic narratives; a scene in the film), explain why you've chosen the passage, and offer a brief analysis of how the passage is relevant to one of the core concepts of narrative theory and to one of the core concepts of medicine along with two questions that follow from your analysis. Not counting the passage itself, the word limit here is approximately 350. **Again, you must post your agenda setting on Carmen by noon the day before your presentation, so your classmates can read it in advance of class and come prepared to discuss it.** From August 28 through October 9, I have designated the core concept(s) I want you to focus on. From October 10 to the end of the course, you can choose which core concept you want you to focus on.

I will use your presentations and our subsequent discussions as I build a **Narrative Theory Module** on Carmen site. More specifically, after each class between August 28 and October 9, I will consolidate our discussion into a post about the core concept. After October 9, I will revise and add to the Narrative Theory Module as necessary. You will then be able to consult this Module as we continue with our reading—and as you write your two longer papers.

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Quizzes: There will be quizzes on the reading, including the reading of the Narrative Theory Module, at least once a week typically on Fridays, beginning on Friday August 23. Quizzes cannot be made up, but I will drop your lowest score in calculating your final credit for the quizzes.

First Paper: This paper will ask you to extend the work we will be doing in our class sessions by working with the Narrative Theory Module and the narratives we'll be reading.

Presentation III and Second Paper: In connection with the final paper, you will also do an oral presentation of your work-in-progress. **Both the presentation and the final paper will be collaborations.** That is, you will work with a partner (perhaps two) on the presentation and on the paper. I believe that this format will help each of you learn more than working alone and that it will give you good experience for many jobs. The feedback on the presentation should help you write a better final paper. I will consult with you about a plan for ensuring that the presentations lead to discussion.

Later in the course I will give you more details about the papers and the presentations. But here are a few general requirements for writing the papers.

1. You must prepare your papers on a word processor so that they can be uploaded to our Carmen site. You must also double-space them and stay within the word limits announced in the prompts.
2. Assignments are due on the day listed on the prompt. Late assignments will be penalized one-half grade for each day late.
3. I expect your writing to be up to the standard for an upper-division college course: clear at the sentence level, coherent at the level of overall argument, and grammatically correct. If you need help with your writing, I encourage you to come see me and/or go to the University Writing Center <http://cstw.osu.edu/writingcenter>

Class cancellation policy: In the extremely unlikely event that I have to cancel class, I will notify you as soon as possible via e-mail, and request that a note be placed on the door. In addition, I will contact you as soon as possible following the cancellation to let you know what will be expected of you for our next class meeting.

Academic Misconduct: It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term "academic misconduct" includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct <http://studentlife.osu.edu/csc/>.

Disability Services: The university strives to maintain a healthy and accessible environment to support student learning in and out of the classroom. If you anticipate or experience academic barriers based on your disability (including mental health, chronic, or temporary medical conditions), please let me know immediately so that we can privately discuss options. To establish reasonable accommodations, I may request that you register with Student Life Disability Services. After registration, make arrangements with me as soon as possible to discuss your accommodations so that they may be implemented in a timely fashion.

If you are isolating while waiting for a COVID-19 test result, please let me know immediately. Those testing positive for COVID-19 should refer to the [Safe and Healthy Buckeyes site](#) for resources. Beyond five days of the required COVID-19 isolation period, I may rely on Student Life Disability Services to establish further reasonable accommodations. You can connect with them at slds@osu.edu; 614-292-3307; or slds.osu.edu.

Religious accommodations. Ohio State has had a longstanding practice of making reasonable academic accommodations for students' religious beliefs and practices in accordance with applicable law. In 2023, Ohio State updated its practice to align with new state legislation. Under this new provision, students must be in early communication with their instructors regarding any known accommodation requests for religious beliefs and practices, providing notice of specific dates for which they request alternative accommodations within 14 days after the first instructional day of the course. Instructors in turn shall not question the sincerity of a student's religious or spiritual belief system in reviewing such requests and shall keep requests for accommodations confidential.

With sufficient notice, instructors will provide students with reasonable alternative accommodations with regard to examinations and other academic requirements with respect to students' sincerely held religious beliefs and practices by allowing up to three absences each semester for the student to attend or participate in religious activities. Examples of religious accommodations can include, but are not limited to, rescheduling an exam, altering the time of a student's presentation, allowing make-up assignments to substitute for missed class work, or flexibility in due dates or research responsibilities. If concerns arise about a requested accommodation, instructors are to consult their tenure initiating unit head for assistance.

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A student's request for time off shall be provided if the student's sincerely held religious belief or practice severely affects the student's ability to take an exam or meet an academic requirement and the student has notified their instructor, in writing during the first 14 days after the course begins, of the date of each absence. Although students are required to provide notice within the first 14 days after a course begins, instructors are strongly encouraged to work with the student to provide a reasonable accommodation if a request is made outside the notice period. A student may not be penalized for an absence approved under this policy. If students have questions or disputes related to academic accommodations, they should contact their course instructor, and then their department or college office. For questions or to report discrimination or harassment based on religion, individuals should contact the [Office of Institutional Equity](#). **Policy: [Religious Holidays, Holy Days and Observances](#)**

Mental Health. As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student's ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life's Counseling and Consultation Service (CCS) by visiting ccs.osu.edu or calling [614-292-5766](tel:614-292-5766). CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on call counselor when CCS is closed at [614-292-5766](tel:614-292-5766) and 24 hour emergency help is also available 24/7 by dialing 988 to reach the Suicide and Crisis Lifeline.

Thoughts for the course:

The desire to take medicine is perhaps the greatest feature that distinguishes man from animals. –Sir William Osler

The desire to tell and listen to stories is perhaps the greatest feature that distinguishes humans from animals. –Anonymous

Briefly describe how this course connects to or exemplifies the concept of this Theme (Health & Wellbeing).

This course explores the crucial role that storytelling plays in encounters between caregivers and patients, and, thus, how acquiring knowledge about how stories work and developing skills in telling and listening to stories can improve the health and wellbeing outcomes of both caregivers and patients.

ELO 1.1 Engage in critical and logical thinking about the topic or idea of health and well-being.

The course will require students to critically engage with a central question about health and well-being: how can knowledge about storytelling—the way it works and its importance in medical encounters—improve the doctors' satisfaction with their jobs, patients' satisfaction with their treatments and their outcomes? More specifically, this course builds knowledge and skills about the importance of storytelling in medicine, patient care, healthcare, and wellbeing through: readings of foundational texts in narrative medicine and of medical narratives; applications of the knowledge in the foundational texts in the analysis of the primary texts in discussion during class sessions and through a scaffolded set of written assignments. (Oral Presentations I and II; First Paper, Presentation III and Final Paper).

ELO 1.2 Engage in an advanced, in-depth, scholarly exploration of the topic or idea of health and well-being.

Students will address the central question by drawing on readings from the narrative medicine movement and the findings of narrative theory and by analyzing primary narratives about health, illness, treatment, and overall well-being. Our readings include a wide range of primary narratives (plays, comics, films, short stories, a novel, memoirs) that we will study with advanced techniques of narrative theory and scholarly essays about narrative and medicine. Oral presentations, written assignments, mini-lectures and the "Narrative Theory Module" will provide students an opportunity for advanced knowledge of the medical humanities, focused especially on health and well-being. For illustrative examples, see the discussion of ELO 3.1.

ELO 2.1 Identify, describe and synthesize approaches or experiences as they apply to health and well-being.

The course meets this ELO by constructing continuing dialogues among primary narratives and core concepts of narrative theory and of medical practice. All the assignments require students to engage in some aspect of this dialogue. Each unit in the course will require students to analyze the nature and functions of storytelling in health care contexts with special attention to how effective storytelling can positively influence health and well-being. All of our readings will provide opportunities for students to talk about their own real world experiences as storytellers, patients, caretakers, and healthcare providers. The first oral presentation

assignment on "Narrative Medicine in the Real World" explicitly requires students to make connections between the course and out-of-classroom experiences. Likewise, the final paper asks the students to synthesize what they've been learning about how narrative works in an extended analysis of a medical narrative.

ELO 2.2 Demonstrate a developing sense of self as a learner through reflection, self-assessment and creative work, building on prior experiences to respond to new and challenging contexts.

The sequence of presentations and written assignments, as well as the feedback offered on them, help students develop as learners. Assignments are deliberately scaffolded so that students can track their own development.

ELO 3.1 Explore and analyze health and well-being from theoretical, socio-economic, scientific, historical, cultural, technological, policy and/or personal perspectives.

- All the course readings provide various perspectives on health and well-being. For example, Atul Gawande's *Being Mortal* analyzes problems in Western medicine's cultural assumptions about aging and mortality, assumptions that privilege technological rather than humane approaches to the end of life, and the book offers some possible solutions. Damon Tweedy's *Black Man in a White Coat* explores multiple dimensions of what it's like to be Black-in-Medicine, whether as a doctor or a patient, thus providing a fresh angle on racial disparities in health care. Margaret Edson's *Wit* dramatizes the negative consequences for patients when well-intentioned doctors became so invested in their research that their patients become data rather than people. David Small's *Stitches* explores how health and wellbeing is often contingent upon the intersection of personal, technological, and socio-economic factors.
- Class discussions of readings will also cover all of these perspectives as the primary narratives make one or more of them especially salient.
- The assignments all require students to analyze health and wellbeing from one or more of these perspectives. Oral Presentations I and II analyze health and well-being through theoretical and personal perspectives. Sometimes socio-economic and cultural perspectives come into play as well.
- Oral Presentation I, "Narrative and Medicine and the Real World," requires students to think critically about how they will craft a story of illness, which core concepts of narrative and of medicine they find especially salient for their story, and what larger takeaways about health, illness, treatment and well-being they want to offer.
- Oral Presentation II, "Core Concepts of Narrative Theory and Medical Narratives," requires students to draw on what they're learning about these core concepts as they critically analyze some aspects of our primary narratives. For example, a student presenting on Tweedy's *Black Man in a White Coat* could focus on how in his first chapter he juxtaposes his perspective against that of his white medical school teacher, who asks him during a break in class, "Are you here to fix the lights?" as a way of

highlighting the effects of racism not only on Tweedy's own well-being but on the larger "health" of medical practice in the U.S.

- Class discussions of readings range across these perspectives as the primary narratives make one or more of them especially salient.
- The first paper is grounded in the same principles as Oral Presentation II and the class discussions, but it requires a more extended engagement with a primary narrative, core concepts, and the relevant perspectives. For example, a student might write about how David Small's integration of fictionality into his nonfictional narrative allows him to capture aspects of his experience and to thematize their broader socio-cultural meanings in ways that staying within the constraints of nonfictional narrative would not.
- Oral Presentation III and the Final Paper provide a mechanism for the development of a deeper inquiry into one or more of the narratives, the core concepts, and the perspectives. The Oral Presentation functions as a rough draft of the Final Paper. For example, a student could use all three assignments to gradually lay out an in-depth discussion of how Gawande integrates scientific, technological, cultural, and personal perspectives in his problem-solution argument. Or a student might focus on separate chapters of Tweedy's book in each assignment and build toward an overarching analysis of his method of moving from personal experience to findings in medical research to cultural perspectives on socio-economic status and racial differences. Or a student might link key scenes in Edson's play with her exploration of how scientific ends (the pursuit of knowledge about cancer) can override the physician's primary responsibility to the well-being of their patients.

ELO 3.2 Identify, reflect on, or apply strategies for promoting health and well-being.

As the syllabus indicates, this ELO will be prominent in every week of the course, because the questions we explore, based on the dialogue among the primary narratives and the core concepts of narrative and of medical practice, are ultimately directed toward identifying, reflecting on, and considering possible strategies for the promotion of health and well-being.

The overarching argument in the course is that narrative competence enhances medical competence for both caregivers and patients. As such, throughout the course's readings, discussions, lectures, and assignments, students will be asked to think about how their work in narrative analysis and storytelling can affect positive outcomes for health and wellbeing for themselves and for others in their community.