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FOR THE
HUMANITIES

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SAMPLE PROPOSAL

This sample of the narrative portion from a grant is provided as an example of a funded proposal. It will give you a sense of how a successful application may be crafted. It is not intended to serve as a model. Every successful application is different, and each applicant is urged to prepare a proposal that reflects its unique project and aspirations. Prospective applicants are also strongly encouraged to consult with staff members in the NEH Division of Public Programs well before a grant deadline. This sample proposal does not include a budget, letters of commitment, or resumes. Please note that this document has been converted from a .pdf file, which may cause formatting errors. Images from the original document may have been removed.

Project Title: Humanities at the Heart of Health Care for Veterans

Institution: Maine Humanities Council

Project Director: Victoria Bonebakker

Grant Program: America's Historical and Cultural Organizations

Grant Type: Implementation, GI-50018-08

Humanities at the Heart of Health Care for Veterans

"When I read the book, life before and after changed. I had no idea of the horror, death and pain." VA hospital participant

I. Nature of Request

In 2008, after more than a decade of expansion, *Literature & Medicine: Humanities at the Heart of Health Care®*, a humanities reading and discussion program for health care professionals, will have been in 20 states and 119 health care facilities across the country, from Maine to Hawai'i, Florida to Montana. (A list of *Literature & Medicine* sites is in Att.13.) Now the Maine Humanities Council, the creator of *Literature & Medicine*, seeks to offer this innovative program to the staff at fifteen Veterans Administration hospitals and health care facilities (VA hospitals) through partnerships with state humanities councils. Our pilot programs in Maine and Vermont VA hospitals demonstrate that the impact of *Literature & Medicine* "is even more significant for the participants from veteran's facilities," where work and stress loads have been both changed and increased by the influx of severely wounded soldiers from Afghanistan and Iraq, and where their patients often face particularly severe physical and physic wounds[1]. Then, after evaluating the outcomes of the program in the VA setting, we will work with the Department of Veterans Affairs (DVA) to disseminate the program further to make a truly national impact. Its low cost relative to its power makes *Literature & Medicine* very efficient and the DVA is already very interested. (See letter from Dr. Ira Katz, DVA Deputy Chief Patient Care Services Officer for Mental Health in Att. 6)

Since 1997, *Literature & Medicine* has engaged health care professionals with literary texts, encouraging them to connect the world of medicine with the world of lived experience. It is a model public humanities program that takes the transformative power of the humanities into the heart of the workplace, directly affecting the way in which work is performed, and quite literally integrating the humanities with health care. The project fills a deeply felt need, much greater than we knew when we launched the project in a single hospital in Maine in 1997. The opportunity to reflect on their professional roles and relationships through the lens of literature, and to have the opportunity to share insights with colleagues, has proved to have a significant effect on the way participating health care professionals understand their work and their relationships with patients - and each other. Now in its 12th year, *Literature & Medicine* is a tested humanities-at-work program. Program participants in 2007 reported a great or medium increase in

Empathy for Patients – 73%
Interpersonal Skills – 60%
Communication Skills – 46%
Job Satisfaction – 55%
Cultural Awareness – 60% [2]

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[1] See letter fro m project evaluator, Dr. Bruce Clary in Att. 6; *See also*, Gwande, Atul, M,D.,M.P. H., "Casualties of War — Military Care for the Wounded from Iraq and Afghanistan", *The New England Journal of Internal Medicine*, Vol 351:2471-2475, No. 24, Dec 9, 2004.

[2] To measure the effect of *Literature & Medicine*, we have implemented a rigorous, multidimensional, logic model evaluation designed by Dr. Bruce Clary of the Muskie School of Public Service at the University of Southern Maine. The results of this evaluation substantiate the effect of the program on

It can offer measurable benefits to the health care professionals who care for our Veterans, and will therefore directly help Veterans as well.[3]

VA hospitals present the dedicated professionals who work there with one of the most challenging settings in health care. Not only are the resources of VA facilities under great strain, the needs and volume of their patients are increasing every day. The Veterans being served often struggle with post-traumatic stress disorder (PTSD), severe physical disabilities, substance abuse, chronic illness, homelessness, poverty and a system that at times is not able to meet their needs. Unfortunately, the Veterans' anger and frustration are often directed at those who care for them. The humanities can make a difference in this setting, as we have seen in the Maine and Vermont VA hospitals. As the Chief of Staff at Maine's Togus VA Medical Center wrote,

> "I have first hand knowledge of the value of this program to the staff of the VA Medical Center in Augusta, Maine. I am convinced that the reading and discussion of these works has enhanced our staff's empathy for the veterans we serve, and has reduced the potential of provider burn-out"[4]

A physician from the White River Junction, Vt., VA, a national trauma center, writes,

> "The *Literature & Medicine* group attracts a range of people at the hospital who might not have much opportunity to talk and reflect with one another. This is very important, especially as the VA is undergoing a lot of changes. We are all being tested and stressed in new ways as we move from treating a primarily geriatric population who faced combat years ago to veterans in their 20's, many with young families, who may only have been out of the war for a few weeks. This shift raises many ethical issues and demands a change in our approach. The *Literature & Medicine* group provides an outlet for us all to talk about these issues, and this is very helpful."

Eight state humanities councils new to work with VA hospitals (Arizona, California, Illinois, Massachusetts, Nevada, New Jersey, South Carolina and South Dakota) are eager to participate in this effort, in addition to Vermont and Maine. (Letters of support in Att.6.)[5] There is consensus among these councils that they want to do what they can, consistent with their mission, to address the needs of Veterans who have served, and still suffer for, their country. The Maine Council would provide training and technical assistance (as it has done over the past decade) but each humanities council would organize the VA program in its own state. With the requested grant, *Literature & Medicine* could be offered free to each of 15 VA hospitals for two years. (*There would be no transfer of funds to the VA, the VA hospitals, or its staff.)*

Because of the particular context and needs of health care professionals in VA hospitals, the Maine Humanities Council will adapt the established *Literature & Medicine* trainings and materials. Working with an Advisory Committee that includes the scholars and hospital staff who have participated in VA hospital programs, some of whom are Veterans themselves, (Advisory Committee, p.20) we will develop special syllabi, assemble a collection of readings into a "VA Reader" and identify ways in which discussion facilitation should be modified. These materials

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participants, confirming the anecdotal impressions of the program's powerful benefits. (See Dr. Clary's report in Att. 11)

[3] In 2002 the Maine Hospital Association cited the program as a patient-quality initiative on the basis that it benefits patients.

[4] Dr. Timothy Richardson's letter is in Att. 6.

[5] Three of these states are actually new to *Literature & Medicine* (California, Nevada and South Dakota) raising to a minimum of 22 the number of states where the program will be active.

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and approaches will be disseminated at two training institutes, a national conference, and regional meetings. This proposal seeks $399,508 over three years to support: 1) a residential training institute in the summer of 2009 for the three-person teams from each of fifteen VA hospitals - the humanities scholars who will serve as facilitators, VA hospital liaisons, and humanities council staff (a total of 50 people); 2) a major national conference in the spring of 2010 to publicize and disseminate the *Literature & Medicine* model and its results, and to encourage more VA hospitals to participate; 3) the implementation *and evaluation* of two six-month programs (one a year for two years – 2010 & 2011) at each of 15 VA hospitals in at least ten different states, with ongoing technical assistance provided by Maine Humanities Council staff; 4) continuing technical assistance to facilitate the implementation of this high quality humanities program nationally in both VA and other hospitals. (In addition to the training institute for which we seek funding here, Maine would raise support from other sources for a second, in 2011.) The total cost of the program over the three year period would be over $1.6 million. In 2008 groups will meet in 62 health care organizations across the country. Our goal with this grant, if it is awarded, is to add a minimum of another 15 VA hospitals.

In addition, during this three year period, as we evaluate the outcome of the program in the VA hospitals, we will develop a partnership with the DVA to explore ways to expand the number of VA hospitals reached. There is great interest in this potential, as indicated by the letter from Dr. Ira Katz, Deputy Chief, Patient Care Services, Veterans Health Administration, who wrote, "The Literature and Medicine project's documented success in helping health care professionals at VA Medical Centers . . . feel supported and revitalized in their work, suggests an innovative and effective way to help, and retain, staff and, in turn help them provide their patients with better care." (Att. 6) Therefore, we do not think it unrealistic to anticipate a partnership going forward.

We return to the National Endowment for the Humanities because the NEH has best understood the importance of integrating humanities perspectives into health care, the site of some of the most intimate and fraught interactions between human beings. With NEH support, *Literature & Medicine* has become a truly national program, with an increasingly high profile. Our recent national conference (November, 2007), which examined the role of literature and writing in supporting health care professionals, attracted over 200 registrants from 28 states, and garnered accolades for being the first of its kind to explicitly integrate humanities with the practice of health care. We expect that *Literature & Medicine* will continue to spread through more mainstream health care facilities without additional support from NEH (E.g.,11 new sites are starting up in 2008.) However, a serious effort to embed the program in VA hospitals will need a kick-start. And it does seem appropriate, in 2008, to focus on the growing number of Veterans who are and will be requiring care, and to extend the benefits of *Literature & Medicine* to the health care professionals who serve them.

The stakes are high: already the Department of Veterans Affairs has identified 1500 Iraq and Afghanistan Veterans in homeless shelters. (It took Vietnam Veterans roughly a decade to unravel to this point.) In November, 2007, the Army reported that many of the soldiers returning from Iraq - 20% of active duty and up to 40 % of reservists - are in serious need of treatment for mental distress.[6] The health care

[6] *New York Times*, Nov 18, 2007, p. 33. *See also* Dr. Katz' letter, Att. 6.

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professionals at VA hospitals have incredible dedication to the Veterans whom they serve, but they are sorely tested: by lower pay, lower status among their peers, often dismal, under funded facilities, and their patients, whose severe and often chronic wounds and frustrations ricochet back to their health care providers. (See letters from Elizabeth Hart, M.D. and Margaret Duston, M.D. in Att. 6) Supporting these professionals is the most direct way to support the Veterans under their care, and to shore up the resources that are already in place, as these comments from VA hospital participants in Maine and Vermont indicate:[7]

> "I have been involved with Literature and Medicine for several years and am continually amazed at the depth of discussion in which our multidisciplinary group engages. I worked for many years in the public/private sector before coming to the VA and though I have no doubt the program is powerful in those settings, the ability to choose topics and readings which deal with the specific issues our veterans confront is clearly advantageous. *I appreciate that we cover the unique experiences [of] veterans that at times complicate their care and their provider's ability to care for them."* (Ital. added)

> "There is a lot of passion in our group....for doing the right thing for veteran patients....we learn from each other's perspectives. There is also the freedom of being open and passionate about our thoughts about the readings, while feeling we're in a safe environment. It gives us a strong sense of each other and of what each of us does in support of each other and of veteran patients."

> "I love the community it creates among the group...it has really helped with my sensitivity to cultural differences and biases and hopefully has helped me to be a more compassionate empathetic practitioner."

> "When I read [*Achilles in Vietnam*], life before and after changed. I had no idea of the horror, death and pain. This weekend a patient had a hard time releasing the deep pain he felt. I would not have understood that if not for this book."

> "I see a hospice patient who suffers from PTSD. It is extreme, and so it can be befuddling. But the discussion group helps me understand that this is a disease. . . . and helps me be present in whatever time I have."

> "*The Spirit Catches You* made me realize that I don't know a lot about people who come into my office. . . it made me realize the complexity of human beings coming in requesting my help. I don't think I'll ever look at a patient the same way again."

> "*Regeneration* really helped me with PTSD insights and care. This has made me less frustrated with patients and happier in my work."

NEH has really led the way with *Literature & Medicine*, and now that the program has proved both its value and its viability across the country, we hope that NEH will help us make it of greater benefit to our Veterans by making it possible to modify the program especially for VA hospitals, to immediately expand from two VA hospitals to fifteen, and to lay the foundation for a VA hospital program of truly national scope. Historically, this country's Veterans have been forgotten: Revolutionary War soldiers returned to their farms to find banks foreclosing on them because the money the government paid them was worthless. Civil War Veterans who sang Army songs to dramatize their need for work became know as "tramps," a term previously used to describe marching into war, or "hoboes" because they

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[7] Dr. Clary's letter on 2007 programs at White River and Togus demonstrate the impact. (Att.6).

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roamed lanes of rural America with hoes on their backs looking for work. In 1932, thousands of desperate and unemployed World War I Veterans camped out in Washington DC, seeking early payment of the "bonus" they were told to wait for until 1945. Today we see Vietnam as well as Iraq Veterans living on our streets. [8] *Literature & Medicine*, a simple yet profound, cost effective humanities program can help to make a difference - with support from NEH. Where else are the core practices of the humanities, exploring and interpreting the human experience and fostering cross-cultural understanding, so vital as in the field of health care, especially the care of our Veterans?

II. Introduction

Literature & Medicine takes the power of the humanities into the hospital, engaging health care professionals and allied staff with humanistic perspectives and insights that help them do their work better. Although medicine has made great technical progress, the quality of the interpersonal connections and communications at the heart of patient-caregiver interactions has generally declined, and this at a time when patients are often strangers, or of a different religion, economic status or cultural background.[9] Literature, however, allows participants to vicariously experience worlds outside of their own understanding, supplying vibrant and often profound accounts of illness, death and human relationships in all places and times.

Literature & Medicine demonstrates that the humanities can bridge enormous distances among people who, while working in the same physical space may be separated by significant professional, educational, and economic barriers. Group members come to know one another in new ways, and to become more appreciative of each other's perspectives. Some report a new awareness of personal biases that had interfered with good communication and patient care, and many come to understand the negative effect institutional hierarchies can have on effective communication. Others say that the connections with colleagues formed through their discussions of the readings help ease the sense of futility and isolation that had threatened to drive them out of their work. Many report increased respect for their colleagues in other disciplines and job descriptions, especially as between doctors and other personnel. (See Participant Comments in Att. 12)

Evaluating patients requires the skills exercised by careful readers: respect for language, adoption of alien points of view, integration of isolated phenomena -- whether physical findings or metaphors -- so that they suggest meaning, organization of events into a narrative, understanding one story in the context of others by the same teller, and alertness to the possibility of an unreliable narrator.[10] Thus *Literature & Medicine* expands professionals' ability to interpret their patients' illnesses and to care for them. Bodies as well as books require interpretation, and it is the humanities, the traditionally interpretive disciplines, that offer health care professionals an effective way of understanding their patients and their stories.

In compelling testimony about the power of reading and discussing literature, participants explain how *Literature & Medicine* led them to new insights and

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[8] Although Veterans constitute only 11% of the general adult population, they are 25% of the homeless. (National Alliance to End Homelessness, 2007).

[9] The Medical School Objectives Project discussed infra, p. 17, indicates the seriousness with which this issue is viewed within the medical community.

[10] A physician said, "Studying the literature reminds us to listen to [patients'] stories more closely. "

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perspectives about themselves, their patients, and their relationships with them. A physican wrote:

> "[C]linicians can improve our listening skills by reading. As we become more appreciative of the intimacy which patients grant us by sharing their stories, we become more compassionate listeners. By listening more attentively, we are able to provide care which is more patient-centered and more humane. We also improve our clinical skills. If we listen well, we get more accurate information and can provide better health care."

A nurse was even franker:

> "I was really burned out when I started this thing and I did not realize I had some of the biases that I had. And I think the readings helped me get some of them behind me a little bit. And I think I am a better nurse now and I am doing more that is good. I have my patience back and tolerance and a little better understanding of some people that I probably would have judged differently before."

In a particularly dramatic example of the program's impact, a physician explained how a reading, *The Scalpel and the Silver Bear,* by Lori Alvord, had helped her care for a Native American man who was dying:

> "This man had talked about hallucinations. My normal physician self, who didn't know, would have said, 'OK, I'll give you something for that.' But because of the readings I knew enough to ask if they were good or bad hallucinations. It turns out he had seen a bear coming to his bed at night, and that he was happy for the visions because the bear signified strength."

A nurse said,

> "The program really impacted my communication. The one reading about the little girl with epilepsy and how her family didn't understand. We have a lot of Spanish people and a lot of Vietnamese people around us every day and it makes me wonder now, did they understand? I have changed how I approach them and their understanding of their care."

Donald Hall's poems chronicling his wife's fatal illness remind participants of the vital role played by family members, and of the need to be sensitive to the pain and helplessness they feel in the face of an ill or dying loved one. Tillie Olsen's "Tell Me a Riddle" makes real the anguish and frustration that can be part of the aging process. Franz Kafka's *Metamorphosis* helps participants consider the ways in which injury and illness can transform, disfigure and isolate a person. Tolstoy's *The Death of Ivan Illych* helped a physician to more fully engage with a dying patient. Sensing he had unresolved feelings that were making it more difficult for him to let go of life, the physician initiated a conversation that helped both her patient and his daughter.

The transformation can be profound, as when a physician shared that he now understands that he has a role in the dying process:

> "I think that some of those discussions in the books, as well as my dealings with people [in the program], made me feel that those patients need you as much, if not more, going through the dying process- being there, holding their hand and making them just sort of feel that you care, even though you're helpless."

The VA hospital setting, while sharing many characteristics of other health care facilities, is also unique. All medical care providers deal with anger, depression, and substance abuse, but in VA hospitals these issues are even more central. An area of particular concern is the need to help Veterans' families cope with the effects of the gulf between the soldier's experience at and the norms at home; in fact, this is perhaps the most important topic for health care professionals in VA hospitals.[11] This

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[11](See, *e.g.*, 'War Torn Across America, Deadly Echoes of Foreign Battles", *New York Times*, Jan 13, 2008

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special context requires its own *Literature & Medicine* materials and approaches. As our project scholar explains,

> "When I first began facilitating at a VA hospital several years ago, I used a syllabus similar to the ones I had used in other non-VA facilities. Only gradually did participants help me understand the concerns that were most important to their work so that I could design programs that better reflected their particular concerns. I would welcome the opportunity to share what I have learned with others and to meet with veterans and with staff members at VA hospitals to learn new ways of meeting the particular needs of those who care for soldiers." (Letter in Att. 6)

Two participating physicians at the Maine VA explain the significant effect of *Literature & Medicine* (Letters of support in Att.6.):

> "It is my experience that it is even more difficult to stay true to one's ideals in the VA setting than in the private setting. ...The critical moment came for me a few years ago, when I decided I felt too isolated and estranged from my VA patients to continue to work in the system. However, before I discussed my resignation plans with my superiors, I "took a chance" and sat down in the "book club" meeting room. . . .This reading [Pat Barker's *Regeneration*] and the gentle exploring discussion which followed transformed my frustration with the Veterans who "just wouldn't let go" of war. It altered my insight into the physicians who cared for the soldiers. I began to see the consequences of unspeakable experiences and society's denial, and the power of tolerating and forgiving oneself. Blame was replaced with a dynamic vision of injury, regrowth, and resilience, for my patients and for me. I didn't resign and I continue in my VA practice some seven years later."
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> "As a physician and an administrator with over 20 years experience in the VA Healthcare system, I can attest to the importance of this program in enhancing understanding of what our Veterans have experienced and in increasing empathy for the what they have endured. . . . I have found literature an effective modality for informing and influencing our thinking. . . . [The *Lit & Med* program] was a valuable experience with the specific literature selected and, importantly, for the discussions centered on perspectives of individuals from differing professional disciplines."

A nurse at the Maine VA writes,

> "The discussions have also been a very valuable part of the experience because of the shared thoughts and feelings of other members of the group after we have all read the same book, poems or other materials presented. . . . The facilitators for all the groups I have participated in have been insightful, intelligent and absolutely essential for the group participants."

Several White River Junction participants say they value coming to know colleagues in new ways, and believe these changed relationships benefit their patients:

> "[T]he group encourages us to talk to and utilize staff that we may not normally reach out to for help or suggestions. I have found that I know a lot more of the staff, outside of my department, and a lot more about programs that exist in the hospital by participating in the literature group. I really like the fact that we have so many different areas of expertise in the room for discussions because you learn about how the different disciplines approach care and problem solve by what they identify as a point of discussion about the book or poem.
>
> "I hadn't thought about how many of the primary care folks would have seen my notes or psych testing reports but not know what I look like.....we now chat to and from the parking lots, in the halls or smile as we head in whatever direction we're going....and feel more supported when consulting about mutual patients as a result of the group. I've been able to assure traumatized patients who were referred to some of the group members for initial consults that they'd be in good hands."

For the past eleven years, *Literature & Medicine* has proved to be rewarding to participants, valuable for the host-institutions and compelling for the council staff members who implement the program. It also reaches a uniquely heterogeneous

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audience that is not typically served by humanities programs; indeed many participants say they had not read anything, except perhaps professional literature, since their undergraduate days, unless for pure escape. They often come to *Literature & Medicine* because they feel they have lost touch with the reasons that motivated them to enter the health care profession in the first place, and for many, the insights, the critical thinking and the self-reflection that humanities texts and scholar-led discussions encourage are what they need to reaffirm that commitment. Health care professionals, especially those in VA hospitals, are hungry for and desperately need this opportunity. As a Physician's Assistant from the Maine VA wrote in his letter of support (Att.6.)

> "This specialized population must be dealt with differently than the treatments provided by a local community hospital. I feel that the Literature and Medicine program has greatly increased our empathy and compassion. It must to be expanded to all VA hospitals and made available to all persons interested."

IV. <u>Program Description</u>

Imagine doctors, nurses, receptionists, trustees, administrators, lab techs and physician's assistants, books in hand, sitting in a hospital conference room, cafeteria or lounge. With the informed facilitation of a humanities scholar, they are discussing the novel, play or poem they have read, and reflecting together on what it means to them - as people, and as professionals engaged in the enterprise of health care. After eleven years of *Literature & Medicine*, we know that as a result of this deceptively simple practice participants develop

- better communication and interpersonal skills, for more effective and satisfying interactions with patients and colleagues;
- increased empathy for others;
- greater understanding that cultural and socio-economic perspectives and family history affect patient health and patient care; and
- greater satisfaction with their work, leading to less burn-out.

At the heart of *Literature & Medicine* are these 15 - 25 member groups that meet monthly for six months for discussions of humanities texts facilitated by a humanities scholar who has developed a syllabus especially for that group. Meetings are held in the evening and begin with supper, continuing with two hours of discussion about works of fiction, poetry, drama, and nonfiction that illuminate issues central to the participants: caring for people, whether they are well, sick or dying. This format allows participants to transition from their day, and creates a congenial space that invites them to step out of their professional roles, and share their reflections on texts that encourage them to explore the human dimensions of their work, examine the assumptions they bring to it, and draw connections between the language of medicine and disease and that of human experience.

With support from NEH, Maine has built a national *Literature & Medicine* infrastructure and a program identity. This has included the creation of a logo, a program brochure and posters appropriate for hospitals. All are designed so that partner states can add their own logo and contact information. (See Att. 14)

In 2004 Maine launched a *Literature & Medicine* e-newsletter, *Synapse*, http://www.mainehumanities.org/programs/litandmed/synapse/index_w04.html to connect *Literature & Medicine* states, their scholars and host sites, and to spread the

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word about the program. *Synapse* includes contributions and news from all partner states, reviews of relevant books and interviews with program participants. It has established itself as an important source of information. The 635 subscribers and number of "hits" indicate that it has a large and growing readership. (Sample pages are in Att. 14.)

Finally, Maine has supported the placement of (or written) articles about the program in a wide variety of national professional journals, most recently, in *ADVANCE for Nurse Practitioners* (July, 2004). National press coverage has included articles in the *Chicago Tribune*, May 1, 2007 and the New Jersey *Star-Ledger* March 7, 2006 and *Maine Biz*, Sept., 17, 2007. We have also made (or supported) presentations at national and regional conferences, such as the national conference of the Society for Arts in Health Care in Chicago (April, 2006). (List of publications. presentations and selected articles are in Att.14) These have proved very effective at gaining recognition within the health care community for both the program and the transformative power of the humanities. The *Literature & Medicine* anthology, *Imagine What It's Like*, to be published in June, 2008, will solidify this prominence.

The partnerships that Maine has developed since 2001 with 18 other state humanities councils are key to the success of *Literature & Medicine*. Our partner councils work with us to maintain *Literature & Medicine* as a high quality humanities program while at the same time expanding its reach. It is to this end Maine has also provided training (institutes, conferences and meetings), program materials and frequent communication. This proposal seeks funding to underwrite some of the costs of these activities specifically targeted at VA hospital programs. We will work with our Advisory Committee to ensure that we design the most appropriate humanities program possible for the VA hospital setting.

A. <u>2009 Summer Training Institute</u>

1. Introduction

The Maine Humanities Council has organized and held three residential training institutes, in 2002, 2004 and 2006. After the first, at which scholars and council staff members from seven states came together with scholars and health care professionals from Maine who had program experience, we learned that, with adequate groundwork, *Literature & Medicine* could successfully "travel." In 2004, with funding from the Society for Arts in Health Care/Johnson & Johnson Partnership, we included representatives from the participating health care institutions as well as scholars and council staff from 10 states in the training. The 2006 institute model was similar. The reaction to the all the institutes has been extremely positive:

> "This was one of the most intellectually stimulating and exciting experiences of my life.
>
> "This was a mind and attitude altering conference."
>
> "This institute is by far the best I have experienced: tremendously enjoyable and intellectually stimulating."
>
> "Wonderful conference. Beautifully organized, superb content and great people."
>
> "It was informative, stimulating and occasionally truly transforming."

With this proposal, we seek funding for a training institute in June, 2009, especially for VA hospital staff, scholars who will work with them, and the staff from humanities councils organizing the VA programs. The institute will prepare 15 new

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scholars for 13 new plus 2 returning VA hospitals in at least 10 states to launch the *Literature & Medicine* program, for approximately 50 institute participants, including institute faculty and Maine council staff. This will take the program to 13 new VA hospitals and solidify in the two existing sites in 2010. In 2010 alone, with an average of 20 participants per program, at least 300 VA health care professionals, and the countless patients they touch, will benefit from the *Literature & Medicine* experience,

2. Scholar Training

Do scholars need to be trained? The short answer is yes, and even very experienced humanities scholars tell us that the institute is invaluable. "The MHC's Training Institute is an essential component of the enterprise, and is needed to ensure that expansion does not result in dilution of the program's excellence." (Letter from Mark Schenker, Associate Dean, Yale College, in Att.6) Our experience in Maine, where the "training" of scholars originally ranged from learning-by-doing to sketchy, underlined the need for a fuller and more focused preparation program. We ask a lot of our scholars: the setting, the participant demographic and the materials are all new to most, *and* we want the *Literature & Medicine* experience to have a direct impact on the participants' professional lives. All of this is particularly true in the VA hospital setting. The institute will provide scholars with three days of structured opportunities to experience *Literature & Medicine* discussions as both participants and facilitators, to become familiar with a broad range of appropriate texts, and to design a syllabus for a six-session *Literature & Medicine* program in the VA setting. (Institute schedule is in Att.15) They will learn from peers who have grappled with the relevant issues and ideas, including scholars and health care professionals who have experience with the program in VA hospitals.

The teaching experience of a typical academic takes place in settings where the lines of authority are clearly delineated: whether in a classroom of 20-year-olds, or in a community group of adults, the scholar is the accepted "expert." Although a *Literature & Medicine* group consists of a variety of health care providers, administrators and trustees, it typically brings with it a hierarchy, with the physicians at the top. Within this hierarchy, physicians are the experts, and they are not accustomed to being questioned; further, the culture in which they and other health care providers work does not welcome ambiguity or tentativeness, and does not often publicly acknowledge mistakes.

The work of the scholar is to establish a different kind of setting, one where all voices are equal, where it's all right *not* to be an expert, where ambiguity is accepted, where tentative interpretations are encouraged, where participants feel free to challenge each other, and where the possibility of mistakes can be looked at and discussed. Scholars must be alert to dynamics of power and be prepared to defuse them, including the not infrequent situation of an overly dominant voice (or two) in the group. Scholars must remember they are facilitators, and not to fall into the role of teachers. *Literature & Medicine* participants, as is typical for adult learners, want to be approached as colleagues, and encouraged but not forced into new insights. By being careful listeners, the scholars can model the effectiveness of that skill, which for health care professionals is a key component of effective patient care.

Of course these issues can arise in any setting, but because an explicit goal of the program is to help health care professionals learn to listen to, value, and understand different perspectives, the dynamics that tend to silence certain members of the group must be explicitly exposed. Working with the group to establish

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ground rules at the outset is a common and often successful practice, but the facilitator might still need other techniques for eliciting all opinions and viewpoints. Examples include a brief period of writing responses to a reading, which are then read aloud to the group; asking a quiet group member to read particular passages aloud and then asking for responses; questioning strategies that deepen a particular moment; a willingness to ask those who have been silent to join the conversation, and to remind those who dominate the discussion, that all voices need to be heard. All of this constitutes good pedagogy, of course, but the institute will serve to remind and emphasize its importance, and even more significantly, will give participants the opportunity to learn from experienced *Literature & Medicine* scholars what has worked – or not worked – for them, and why, *and* to practice what they have learned. Talking with the VA hospital health care professionals at the institute, scholars will learn about the issues they face in their work, and learn directly what *Literature & Medicine* can bring to them.

a. Institute Program: Discussions

The first two small group discussions will be facilitated by the experienced *Literature & Medicine* scholars serving as summer institute faculty, and as with all discussions at the institute, they will conclude with some time to reflect on the process. Subsequent discussions will be facilitated by "new" scholars, so that by the end of the institute they will have had the opportunity to practice in this role. At the end of each discussion session, to provide everyone with further insight and understanding, the small group will reflect on the process, on whether the discussion was successful in bringing out the issues that the project hopes to illuminate, and why or why not, and on the balance between the purely literary and a broad exploration of the human condition.

b. Institute Program: Readings

Each *Literature & Medicine* group is different, each institution has different concerns, and first year groups aren't ready for the same texts that third year groups can handle. These reasons, and the fact that scholars who design their own syllabus (in concert with humanities council staff and hospital liaisons) have a greater investment in the program are why we do not make use of "canned" syllabi. It is also why *Literature & Medicine* materials can offer a challenge, again, particularly in the unique setting of the VA hospital.

Because the best syllabi include a variety of readings drawn from a range of literary genres, history and sociology, a scholar grounded in a single discipline is not likely to be an "expert" in regard to all the materials, either on a text-by-text basis or in the context of building a syllabus. The institute gives scholars an opportunity to review and discuss a wide variety of relevant texts with their colleagues, and hands-on experience crafting a syllabus. Because the hospital member of the "team" will also be at the institute, scholars will be informed about particular issues or topics they might want to emphasize in the readings while they are working on their syllabus. In the case of VA hospitals, they will want to learn about texts that are particularly relevant to the issues faced there: For example, "Where I'm Calling From" by Raymond Carver and "My Papa's Waltz" by Theodore Roethke on substance abuse; Sophocles' *Philoctetes*,Tim O'Brien's *The Things They Carried* and Franz Kafka's *Metamorphosis* to better understand Veterans' anger and frustration.

Our project scholar has found that the best discussions are often based on texts that show the effects of war in different historical or cultural contexts, allowing participants to focus on what seems to be universal and what seems to be new. She

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has successfully used *Ceremony*, by Leslie Silko, about a traumatized Native American WWII veteran who is restored by the healing rites of his community, and *March*, by Geraldine Brooks, that imagines the Civil War experience of the father from Alcott's *Little Women*. "Compared with *Little Women*, this offers an excellent chance to discuss the difficulty of crossing the divide between a soldier's experience and that of the domestic experience," as does Erich Maria Remarque's brilliant *The Road Back*, the all but unknown sequel to *All Quiet on the Western Front*.

Patients with traumatic brain injuries, more common in VA hospitals than elsewhere, can be difficult to care for. After reading and discussing *Where is the Mango Princess?* a memoir by Cathy Crimmons, whose husband survived and lived with such an injury, a participant said that the book and the discussion were far more helpful than the workshop she had taken on the same topic. "The narrative context really helps me to understand." Other texts might include *The Iliad*, Pat Barker's *Regeneration* and Jonathan Shay's *Achilles in Vietnam* for PTSD; Adam Hazlett's stories in *You Are Not A Stranger Here* and the poetry of Jane Kenyon for depression. (Syllabi from VA Hospitals are in Att.15)

Literature & Medicine programs usually include a variety of short readings in addition to longer texts because it is an extremely effective way to present multiple perspectives and introduce a range of voices on an issue, as well as to incorporate a mix of literary genres within a realistic amount of reading. The institute readings will be chosen to model this approach, with excellent examples of the wide variety of genres that are used in *Literature & Medicine*, and a demonstration of ways that they can be combined. We will supply scholars with a "VA Reader" of appropriate short pieces.

In addition to the VA Reader, our anthology, *Imagine What It's Like: A Literature & Medicine Anthology*, will be available. To be published by the University of Hawai'i Press in June, 2008, the anthology is designed specifically for heterogeneous groups of health care professionals The 650-page collection brings together a variety of genres from a wide range of people and places to illuminate the intimate connections and contradictions patients and practitioners experience as they encounter sickness, disability, and the elusive nature of healing. Although not specifically designed for the VA hospital context, it contains many readings that have been used in the Maine and Vermont VA hospitals, and that will be appropriate for the new VA hospital programs.[12]

c. Institute Program: Syllabus

A panel of scholars will introduce the broad questions of syllabus design, including the pros and cons of different kinds of genres – imaginative works, for instance, versus memoir, or historical accounts versus poetry. There will also be consideration of approaches to the texts that stress connections to the project's goals -- the analysis of narrative and narrative process, the negotiation between the reader and writer, and the juggling of different perspectives, and of specific texts in the context of the variety of topics that might be raised - chronic disease, life cycles, physical and psychic injury, death, family relations – and in the context of a variety of perspectives - patients' and caregivers' and diverse groups and cultures.

The syllabus workshop will offer scholars the opportunity to draft a syllabus for a six-session VA hospital *Literature & Medicine* program with the help of institute

[12] The cover, introduction and table of contents are in Att. 14. All existing anthologies are focused on either physicians or nurses, or particular issues, such as aging or mental health.

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faculty and fellow group members. This process will emphasize the complexity of creating a *Literature & Medicine* syllabus and yield a group of facilitators well prepared to handle the challenges they will face.

We will establish a "reading room" at the institute, with a large selection of texts for scholars to become familiar with, and several copies of a binder containing all of the syllabi from previous *Literature & Medicine* groups, including of course those from the Maine and Vermont VA hospitals. (See syllabi in Att. 15) We will also introduce Maine's on-line annotated *Literature & Medicine* bibliography. (http://mainehumanities.org/programs/litandmed/lm_bibliography-register.html)

Our experience has shown that interested scholars are not only equal to the challenges *Literature & Medicine* poses, but actually attracted to them. In fact, with the pressure on many to become more interdisciplinary in their undergraduate teaching and, in some cases, in their scholarship as well, the opportunity to learn and practice interdisciplinary approaches is welcomed. The result of the institute will be at least 15 more knowledgeable, well-trained scholars, syllabi-in-hand, prepared to take *Literature & Medicine* to 15 VA hospitals across the country.[13] Scholars who do attend the summer institute will be asked to commit to facilitating *Literature & Medicine* programs for at least three years.

3. Hospital and Council Staff Training

All institute participants will take part in the small group discussions of assigned literature, the central *Literature & Medicine* activity. However, when scholars are working on syllabus construction, hospital representatives will be learning about the nuts and bolts of running the program. For these sessions, presenters will include experienced hospital liaisons and council staff from across the country as well as the two VA hospitals currently participating in the program so that those from states new to the program will learn from people in similar positions. (Letters of commitment are in Att.6) We have found that hospital liaisons, be they chief medical officers, librarians or staff development personnel, can find the idea of organizing the program intimidating. Therefore, because *Literature & Medicine* is impossible to mount without strong and effective in-hospital partners, it is crucial to review in detail exactly what is required, and to have ample time to answer questions and discuss troublesome issues. Hospital liaisons find it particularly helpful to hear from each other, and the institute will be an opportunity for this exchange.

Staff from participating councils will learn about the technical assistance role they will need to play, and their experienced colleagues will share what they have learned about what is necessary for a successful program. Humanities council program staff are quite literally the linchpins of the program, functioning as proactive intermediaries between hospital liaisons and scholars, checking in with them both on a regular basis, and periodically visiting the groups.

In preparation for a program, council staff identify scholars and work with them to develop a syllabus for each group; they also work with hospital liaisons, advising on recruitment, publicity, funding, room choice and scheduling. In many states, council staff organize public events such as readings or conferences to inform

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[13] The individual humanities councils will choose which scholars to invite. Our experience suggests that scholars with broad intellectual interests, who read widely and have demonstrated success working with public audiences, are the best *Literature & Medicine* facilitators. Maine and our veteran humanities council-partners have involved scholars from fields as diverse as French literature, sociology, English literature, history and medicine who have proved to be thoughtful and skilled at designing appropriate syllabi and facilitating compelling discussions

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and advocate for the program, and of course they work on fundraising. At the conclusion of each program they make sure that the evaluation process has been completed properly. All of this will be discussed at the institute. Hospital liaisons and council staff will also be provided with a *Literature & Medicine* manual, focused on the nuts and bolts of organizing a successful program, that includes communication materials such as posters, program descriptions and sample letters. (The table of contents and sample pages are in Att. 14.)

4. Institute Faculty & Speakers (Letters in Att.6; CVs in Att. 5)

Faculty:

- **Suzanne Brown,** Ph.D., Visiting Assistant Professor of English, Dartmouth College
- **Amy Levin**, Ph.D., Professor of English, Northern Illinois University
- **Laurie Quinn**, Ph. D., Associate Dean of Academic Affairs, Granite State College
- **Mark Schenker**, Ph.D., Yale College, Dean of Academic Affairs

Speakers:

- **Betsy Burtis**, MA, Southern New Hampshire Health System, Manager, Training and Development
- **Margaret Duston**, M.D., Togus VA Hospital program participant and Veteran
- **Daniel Hamilton**, P.A., Togus VA Hospital hospital liaison and Veteran
- **Betsy Hart**, M.D., Togus VA Hospital facilitator
- **Dina McKelvey**, MLS, Health Sciences Librarian, Maine Medical Center liaison
- **Katherine Montgomery**, Ph.D., Professor of Medicine, Humanities & Bioethics; Professor of Medicine; and Director of the Medical Ethics and Humanities Program at Northwestern University's Feinberg School of Medicine
- **Rev. Leo Joseph O'Keeffe**, Chief, Chaplain Services, White River Junction VA Hospital, hospital liaison and Veteran
- **Larissa Vigue Picard** M.A., Director of Community Programs, Vermont Humanities Council
- **Department of Veterans Affairs** representative TBD

B. National Conference, 2010

We plan to hold a major national conference in the spring of 2010 to highlight *Literature & Medicine* in Veterans Hospitals, to explicate its goals, to energize and inspire potential and current participants and to focus on the nuts and bolts of the program. Our Advisory Committee will help us shape the conference, which we hope to hold in the Washington, D.C. area, to both to highlight its focus on Veterans and to improve access. Jonathan Shay, M.D., Ph.D., author of *Achilles in Vietnam: Combat Trauma and the Undoing of Character* and *Odysseus in America: Combat Trauma and the Trials of Homecoming*, and a 2007 MacArthur Fellow, will be the keynote speaker. Dr. Shay has treated Veterans as a clinical psychiatrist at the Department of Veterans Affairs Outpatient Clinic in Boston since 1987. His books, tracing the parallels between the warriors Achilles and Odysseus and the situation of modern-day soldiers, have been central texts in the *Literature & Medicine* program, in both VA and non VA hospitals, where they have deepened participants' understanding of the effects of warfare on the individual. As Dr. Shay has said, when Iraq vets speak, he "hears echoes of the same loss and anger that have wounded generations of soldiers, all the way back to ancient Greece. " I his letter of commitment he writes, "In order

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to help veterans, we need to provide support for those who are their main resource for care and hope—the dedicated health care professionals who work in the VA medical system. This program has been proven to do that." (Letter in Att. 6.)

The conference will serve as a recruiting tool as well as an occasion for experienced VA hospital participants to share their experiences and learn from one another. Because the conference will take place almost a year after the 2009 institute, and one year of the program in the new sites, it will also serve as an important opportunity for hospital representatives to check in with one another in person on program content, evaluation process and results, impact, and any problems that have arisen. (By the time of the conference the program will have taken place in all 15 VA hospitals.) In addition to the keynote presentation, there will be a variety of small group sessions that offer a taste of the *Literature & Medicine* experience, that examine the best ways to implement a program, and that explore new ideas, texts and methods. Presenters will include program participants from VA hospitals across the country – scholars, hospital liaisons and council staff as well as members of hospital groups.

C. Regional and National Meetings and Other Technical Assistance

Because the success of *Literature & Medicine* in a given state depends heavily on the commitment of the council staff member responsible for the program, periodic meetings of these staff members are very important. They are occasions for sharing ideas, problem solving and inspiration. Maine has convened council staffs at several New England regional meetings, and at the annual national meetings of the Federation of State Humanities Councils. We will continue these, and ask partner states to co-host regional meetings so that they are more centrally located. Maine Council staff also travels to provide mini-training and orientation, and in the past six months has done so to support the program in Illinois and Florida.

In addition to these structured occasions, the on-going technical support that Maine has provided via telephone and email has been key to maintaining both the quality and the dynamism of the program. We will continue to work this way with all of our partner councils, especially for the first year of each state's participation.

If this proposal is funded, the grant will cover the costs for 15 six-session VA hospital groups for two years, averaging about $6000 for scholar stipend and travel, books and meals for 25 participants.[14]

D. History of *Literature & Medicine*

Literature & Medicine was developed by a diverse group of health care professionals and scholars from Maine, and first piloted at one Maine hospital in 1997. In 1998 Maine received a planning and then in 1999 an implementation grant from the NEH for a statewide program. During the first year of the implementation grant, *Literature & Medicine* groups took place in ten Maine hospitals, and as of the end of 2007 the program has been in 27 of Maine's 38 hospitals, most for 5 or more years. There was more interest than we had anticipated, and relatively little attrition, even though hospitals have been required to assume a larger and larger share of the program costs. (Some hospitals skip a year now and then.)

Thanks to two subsequent grants from the NEH in 2001 and 2004, we were able to share what we had learned with 18 additional state councils, their scholars and

[14] Maine requests additional support for staff and administrative costs for organizing and implementing the planned activities , creating the materials and providing ongoing technical assistance.

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hospital partners. These grants allowed Maine to offer residential training institutes for scholars and council staff members from these states, as well as workshops and conferences, some of which were funded by other sources. Since then, as described above, we have also provided ongoing technical support and program materials. As of 2008, Missouri is also hosting a program, bringing the total to 20 states.

IV. The Audience

A. The Health Care Context

Many medical schools are turning to literature to help future physicians develop the human competencies they will need to better comprehend illness and treatment from patients' points of view. *Literature & Medicine* uses literature to offer a diverse group of practicing health care providers — who typically have not had the benefit of more recent approaches to medical education - the opportunity to develop their skills of narrative construction and interpretation, to expand their understanding of the human experience of illness and death, and their ability to communicate with their patients and colleagues.

This is not an effort to substitute a "humanist" health care professional for one grounded in science. It would be madness to reject the knowledge and technology of medical science, but the scientific way of knowing does not need to exclude others. The patient as well as the disease has a story, and both need to be heard and understood.

Eric Cassell, M.D. wrote in *The Healer's Art*, "The entire thrust of medical history, to say nothing of current practice and technological power, mitigates against medicine, as a profession, seeing its mission primarily in terms of persons." But we can also trace through the history of medicine a strong countervailing perspective, one that gives the patient the same prominence as the disease. American medicine in particular has always tried to keep the human touch and empathic communication within its sphere, and the literature is replete with evidence that many physicians considered the whole person *and* that person's world as important as the disease. Nonetheless, we still recognize the problem that Wilfred Trotter described in the late 1930's: "The ordinary patient goes to his doctor because he is in pain or some other discomfort and wants to be comfortable again. The doctor on the other hand wants to discover the pathological condition and control it if he can. The two are thus to some degree at cross purposes from the first . . .[and] *this divergence of aims is likely to become more and more serious as the case goes on.*" (Emphasis added.) The language of science, its worldview and its mode of thought, conspire to devalue the person, so that too often it is a disease, not a patient that is at the center of a medical event. Emphasis on the disease rather than the patient also excludes the patient's social context: the family, friends, and co-workers who are affected by the patient's experience, and whose reactions may shape the dynamics of care and its outcome. Against this background it's not surprising that providers and patients have difficulty communicating with one another; as a member of our first Planning Group, a Pastoral Counselor at Maine's largest medical center, said, "They do not speak the same language."

The Association of American Medical Colleges' *Medical School Objectives Project* (MSOP) is a response to this situation. As Report I on Learning Objectives for Medical Student Education, states , "For more than a quarter of a century the medical profession and the society at large have perceived the goal of medicine to be largely the cure of disease; to a great extent, all other aspects of medicine have been

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subordinated to this purpose. . . . Our society now recognizes the need for a broader view and wants doctors who can and will attend equally well to all aspects of health care." To meet these concerns the report identifies four objectives for medical school education; three out of the four of these objectives are addressed by *Literature & Medicine*:

- Physicians must be altruistic - respect the dignity of patients as persons; seek to understand the meaning of the patients' stories in the context of the patients' beliefs, and family and cultural values; avoid being judgmental; continue to care for dying patients even when disease-specific therapy is no longer available or desired; understand the roles of other health care professionals and of the need to collaborate with them; recognize and accept limitations in one's knowledge and clinical skills.
- Physicians must be skillful - able to obtain from patients an accurate medical history that contains all relevant information, including issues related to age, gender, and socio-economic status; able to communicate with patients and their families about all of their concerns regarding the patient's health and well being.
- Physicians must be dutiful - must understand the economic, psychological, occupational, social, and cultural factors that contribute to the development and/or perpetuation of conditions that impair health; must collaborate with other health professionals.

It has often been noted that the medical profession is not a happy one. As a group, doctors have high rates of divorce, alcoholism and drug addiction, and the highest suicide rate of any profession. And since managed care, things have gotten worse, especially for physicians who have experienced a considerable loss of control over the decision making process. Recently a majority of practicing doctors surveyed said they would not encourage their children to go into medicine. Some argue that the source of this alienation lies in large part in the discrepancy between what doctors are trained to do - cure disease - and the real world, where they are asked to heal people. In her *Doctors' Stories*, Katherine Hunter (now Montgomery) reaches a similar conclusion: "The [diagnostic] tradition works well in difficult and puzzling cases and is useful in advancing the knowledge of etiology and therapeutics, but it is insufficient for long-term patient care and for the cultivation of interest in the problems of general practice. Scientific advances augment and reinforce the diagnostic tradition; by contrast, chronic illness and dying tend to be 'uninteresting' to many physicians because they do not."

The field of medical humanities is growing nationally, and the integration of humanities literature into medical education becoming commonplace[15]. There is growing recognition that health care providers need to connect science and medical technology with lived experience in order to deliver effective patient care, and that literature offers vicarious experiences that can broaden and deepen caregivers' understanding of themselves and others. But most medical humanities programs are directed at physicians and/or medical and nursing students. Therefore, although *Literature & Medicine* is part of a larger movement, it is also unique: as the only

[15] E.g., The Center for the Study of Medical Ethics and Humanities, Duke University, The Center for Literature, Medicine and the Health Care Professions, Hiram College (primarily bio and medical ethics), University of Texas Medical Branch Institute for Medical Humanities.

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national program for practitioners, the only one that involves a *heterogeneous* mix of practitioners, and the only one in an organizational - and practice - setting where there is the potential to significantly influence the relationships between the participants, as well as with their patients.

B. *Literature & Medicine* Participants

Why do health care providers participate in *Literature & Medicine*? A nurse wrote, "I have been working in the ER and felt like I had lost my own humanity. I wanted to relearn how to think and talk." A doctor wrote, "We just feel beat up the past few years. We desperately need something that will allow us to explore our feelings and thoughts together, and remind us of the reasons we're still in medicine." Another said, "[T]he discussions that occur in these groups are rejuvenating for providers; ultimately, if we are less depleted by our stressful work environments, we have more to give to our patients."

As the judges who awarded *Literature & Medicine* the Federation of State Humanities Councils' 2003 Schwartz Award wrote, the health care professions are a curiously underserved audience. Most participants have not been readers of literature, and for many reading for pleasure was typically viewed as an escape. Thus when a participant (nurse) writes, "This has helped me see medical issues through other people's eyes; it has broadened my thinking and horizons" it is significant.

Literature & Medicine gives participants an opportunity to examine what they do in health care and what their work has done to them, stimulating reflection about who they are in relation to what their profession calls upon them to do. Under siege from cost cutters and the public alike, caregivers' area of comfort is diminishing. This project helps to expand the area within which caregivers feel comfortable by increasing their sense of connection to those they serve and work with. Reading and discussing literature is a means of considering and reflecting upon one's own story and the influences of one's own situation or environment. Increased self-knowledge can help health care professionals to recapture their satisfaction with their work. One participant said,

> "I was really burned out and I was feeling like I was at the point of leaving oncology. And there was one story in particular about an AIDS patient and the doctor feeling like he had nothing to offer and sometimes we feel like we don't have anything to offer. That is how I felt. Now I feel connected and feel like I'm not so alone and I really needed that. I feel like this group has probably kept me in oncology, and I have been able to share when I see others go through these burn out symptoms. "

Another said,

> "I think discussing these issues is so important a way to prevent burnout, enhance relationships, enhance care because of self-awareness."

Facilitators too have seen the program's salutory effect on morale born of "hearing about one another's passionate commitments to healing . . . [that]run deep but . . . are all too often obscured in the dailiness of hospital routine."

As emphasized above, one of the unique characteristics of *Literature & Medicine* is its inclusion of diverse members of the health care community. The ideal group includes nurses, physicians, trustees, administrative staff from all levels, and allied staff such as physical therapists, pharmacists and physician assistants. The mix breaks down hierarchies, engenders mutual respect and broadens perspectives.

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It is not too much to claim that *Literature & Medicine* has had a significant impact: participants have literally changed the way they practice. As described by one physician,

> "[T]he book discussions have changed my practice. I know that. I've slowed down. That makes me less efficient for the HMO, I guess, but a better listener and not as rigid in my approach."

The program can also affect the institution and its culture. A nurse reported that physicians in the group had developed new respect for her, transforming their working relationships. Another nurse said, "The seminars helped foster communication across the hierarchy of medical culture, which was great and much needed." A librarian wrote:

> "Surgeons commune with nurses from our long-term care facility; secretaries speak with equal voice to administrators; laboratory technicians give their viewpoint to obstetricians. In short, [Literature & Medicine] has greatly improved communications among participating employees, and has also improved communications with patients."

A receptionist talked about how she realized that as the first person patients encountered upon entering the hospital, she could help set the tone of their experience; the realization helped her understand the important role she played on the health care team. This kind of insight was validated by a Chief Medical Officer who called the program the best team building activity his hospital had ever had. A physician who had never accepted the problem of medical errors began citing a *Literature & Medicine* text to his colleagues as the reason his own thinking on the issue had changed. Another participant said,

> "This project is very valuable. I have learned so much about human frailty and how we deal with it in our structured environment. I believe that this is vitally important to everyone and I would like to see more of it throughout health care."

A hospital administrator wrote:

> "My expectations for increased communications, better understanding of health care issues, need to change, creative ideas for improving care were exceeded. The participants expressed gratitude and awe for what the seminar brought to them and how the concepts discussed changed their behavior and way of thinking about others/ patients."

V. Organizational History

The Maine Humanities Council brings decades of experience to the work of bringing people together around books, and it has a network of public humanities scholars. Our mission is to engage the people of Maine with the power and pleasure of ideas, and our audiences include childcare providers, public school teachers, incarcerated adults and youth, professionals and retirees, community library patrons, newly literate adults, including recent immigrants and refugees, as well as health care providers. Most of our programs are designed to bring people, books and humanities scholars together. This year's operating budget (2007-2008) is $1,800,000.

The humanities councils that partner with Maine to implement *Literature & Medicine* in their own states have a similar breadth of experience and connections. We all know how to work with the scholar/facilitators to shape program syllabi that offer hospital participants a window on others, and encourage reflection upon themselves. As set forth in their letters of commitment, *Literature & Medicine* fits seamlessly into their programs. (Att.6)

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VI. Project Team

Key Project Staff

Victoria Bonebakker, JD, Associate Director of the Maine Humanities Council, and project director of *Literature & Medicine* since its inception, will continue in this role, overseeing both the planning and implementation of the project, working with lead scholar Suzanne Brown and Project Coordinator Elizabeth Sinclair. During her eight year tenure as Director of the Maine Collaborative for Education in the Arts & Humanities, she planned and directed (or oversaw) the implementation of six NEH-funded summer institutes for teachers. She was also the project director for the Humanities Council's 1997 Midwife's Tale project, a multi faceted project that included 1000 participants over a three day period. Ms. Bonebakker has made presentations about *Literature & Medicine* at national conferences from San Diego to Virginia, and is the author of an invited article about the program in *Academic Medicine*, Vol.78, No.10 (October, 2003). (Her CV is in Att.5)

Suzanne Brown, Ph.D., Project Director, who attended the first *Literature & Medicine* training institute in 2002, has served as a facilitator since then at 6 different program sites in Vermont and New Hampshire, including the White River Junction VA hospital where she has facilitated the program for 4 years. A Visiting Assistant Professor of English at Dartmouth College since 1990, her research and literary interests are contemporary American literature and literary theory, particularly genre theory and the theory of the short story. An experienced facilitator of a variety of public humanities programs, Professor Brown's interests and background suit her well for *Literature & Medicine* in VA hospitals. (Her CV is in Att. 5)

Bruce Clary, Ph.D., Professor of Public Policy and Management and Senior Research Associate at the Edmund S. Muskie School of Public Service, University of Southern Maine, where he co-ordinates the graduate program in nonprofit management, serves as the outside evaluator for this phase of the *Literature & Medicine* project. He will modify the evaluation design for VA hospitals, set up the measurement protocols, analyze the resulting data and write a report. (His CV is in Att. 5)

Elizabeth Sinclair will continue as Project Coordinator. She has been extremely successful at organizing and administering the myriad of details involved with the program, and has served very successfully as a liaison between scholars and hospitals and with staff from other state humanities councils. Ms. Sinclair is also the editor of *Synapse*. (Her CV is in Att.5)

Advisory Committee *(in addition to key project staff)*

(Letters of commitment in Att. 6)

- **Enoch Albert**, RN, Togus Veterans Hospital participant
- **Phoebe Stein Davis**, Ph. D., Illinois Humanities Council staff
- **Margaret Duston**, M.D.,Togus VA Hospital participant and Veteran
- **Daniel Hamilton**, P.A., Togus VA Hospital participant and Veteran
- **Peter Harris**, Ph.D., Professor of English, Colby College, facilitator at Togus VA Hospital
- **Betsy Hart**, M.D., facilitator at Togus VA Hospital
- **Ira Katz**, MD, Deputy Chief Patient Care Services, Veterans Health Administration
- **Katherine Montgomery**, Ph.D., Professor of Medicine, Humanities & Bioethics; Professor of Medicine; and Director of the Medical Ethics and Humanities Program at Northwestern University's Feinberg School of Medicine

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- **Elizabeth Mott**, MA, Program Officer, New Jersey Humanities Council
- **Rev. Leo Joseph O'Keeffe**, Chief, Chaplain Services, White River Junction VA Hospital participant and Veteran
- **Larissa Vigue Picard** M.A., Director of Community Programs, Vermont Humanities Council
- **Timothy Richardson**, MD. Togus VA Hospital Chief of Staff and participant
- **Alice Savage,** M.D., Togus VA Hospital participant
- **Mark Schenker**, Ph.D., Associate Dean,Yale College, experienced *Literature & Medicine* facilitator.
- **Jonathan Schwartz**, M.D., White River Junction VA Hospital participant

VII. Work Plan and Timeline

Regardless of the fate of this proposal, we will complete the items indicated in plain type. **In addition, if this proposal is funded, we will be able to implement the plans indicated in bold face.**

2008

Winter/Spring

- 62 *Literature & Medicine* programs take place across the country; MCH staff provides technical assistance as required.
- Fundraising
- Publication of Volume 4, No. 1 of e-newsletter, *Synapse*
- Administer evaluations, convene focus groups, write report

Summer

- Development of *Literature & Medicine* Wiki site to facilitate exchange of readings, discussion, questions and ideas.
- Publication of the *Literature & Medicine* anthology
- Fundraising
- Update *Literature & Medicine* on-line bibliography

Fall/Winter

- **Notification from NEH**
- Meeting of *Literature & Medicine* partners at Federation Conference
- Publication of Volume 4, No 2 of *Synapse*
- Fundraising
- **Convene Advisory Committee and plan for 2009 *Literature & Medicine* training institute, and creation of VA Hospital Reader.**
- **Plan for Spring 2010 national conference**
- MCH staff works with hospital liaisons and facilitators on continuing *Literature & Medicine* programs

2009

Winter/Spring

- *Literature & Medicine* programs take place across the country
- **Convene Advisory Committee and continue to plan for summer training institute; revise program manual; finalize VA Reader**
- **Discussions with Department of Veterans Affairs re partnership**
- **Plan for Spring 2010 national conference**
- Fundraising
- Administer evaluations and convene focus groups

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Summer

- **Organize and hold *Literature & Medicine* training institute for VA hospital teams**
- Update on-line bibliography

Fall/Winter

- **Consult with new partner states' council staff to assist with programs in their respective VA hospital sites**
- **Convene Advisory Committee and continue to plan for Spring 2010 national conference**
- **Publication of Volume 5, No 1 of *Synapse***
- Meeting of *Literature & Medicine* partners at Federation Conference
- MHC staff works with hospital liaisons and facilitators on continuing *Literature & Medicine* programs

2010

Winter/Spring

- *Literature & Medicine* programs continue around the country **(number will depend upon funding)**
- **Inauguration of *Literature & Medicine* in 13 new VA hospitals (2 continuing)**
- **Continue planning and hold national conference in May**
- **Administer evaluations and convene focus groups**
- **Continue discussions with Department of Veterans Affairs re partnership**

Summer

- **Update on line bibliography**
- **Fundraise for 2011 training institute**

Fall/Winter

- **Publication of Volume 5, No 2 of *Synapse***
- Meeting of *Literature & Medicine* partners at Federation Conference
- **Plan for 2011 training institute/fundraise**

2011

Winter/Spring

- **Continue planning and recruit for 2011 training institute**
- MHC staff work on continuing *Literature & Medicine* programs
- **Administer evaluations and convene focus groups; convene**
- **Advisory Committee to review evaluation results of VA hospital program**

Summer

- **Organize and hold *Literature & Medicine* training institute**
- **Update on-line bibliography**

Fall/Winter

- **Consult with new partner states' council staff to assist in mounting first year of the program in their respective states**
- **Publication of Volume 5, No 1 of *Synapse***
- Meeting of *Literature & Medicine* partners at Federation Conference
- MHC staff work on continuing *Literature & Medicine* programs **(number will depend upon funding)**

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VIII. Fundraising

As indicated above, the major support that the NEH has given to this program has been leveraged by over 2 to 1 by Maine and its *Literature & Medicine* partners.[16] Thus we believe it is entirely realistic to predict the level of match that is projected in the budget (c. $1,200,000) if this proposal is funded. Most *Literature & Medicine* sites in most states are funded with little or no NEH support[17] In addition, given the great interest in the program demonstrated by the Department of Veterans Affairs, and armed with a rigorous, logic model based evaluation of the program outcomes, we expect to be able to develop a true partnership to implement a truly national program in VA hospitals. Although *Literature & Medicine's* successes are becoming more and more evident, and we're turning "nonbelievers" into believers, the strength of the program is in the experience. We come to NEH, therefore, to make it possible for the *Literature & Medicine* experience to take place on a larger scale in order to lay the ground work for more and ongoing support.

IX. Evaluation

The evaluation that the project evaluator, Dr. Bruce Clary, has developed is based on the logic model developed by the Kellogg Foundation, supplemented by evaluation questions and methods tailored to *Literature & Medicine*. It yields a rigorous and multi-dimensional evaluation of the program that convincingly describes its significance.[18] For purposes of the VA program, Dr. Clary would revise the existing evaluation to extend its focus to the issues specific to this setting.

A logic model is a framework that organizes the basic elements of a program: its goals, resources, activities, outputs, outcomes and impacts. From an evaluative perspective, it explicitly links program goals and effects *and* provides a way to relate program activities and services to those effects. Using the logic model framework as a base, Dr. Clary drafted questions and identified methodologies to evaluate the program's outcomes and impacts.

The identified goals are drawn from the program's history, and represent not only the focus of the Maine Humanities Council, but also that of health care practitioners involved in the program. These hold true for the VA setting.

- Reflect on responsibilities as health care professionals
- Increase satisfaction with work
- Explore the quality of professional and patient communication
- Integrate humanities with health care
- Introduce a variety of perspectives on health care
- Communication across professional roles within health care system

The resources (input), activities and services (output) elements of the logic model relate to what goes into and what goes on in a program. The resources are the ingredients of a program, such as staff, materials, equipment, etc. Assessment of the resources lays the groundwork for evaluating whether the program activities, such as

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[16] As of 12/31/07, *Literature & Medicine* has received $765,387 from NEH, and generated an additional $1,548,994. Funders include Anthem Blue Cross/Blue Shield, The Bingham Program, Blue Cross/ Blue Shield of Massachusetts, CIGNA, Johnson & Johnson/ Society for the Arts in Healthcare Partnership, Maine Community Foundation, Maine Hospital Association, Maine Medical Association, New Hampshire Medical Society, Prince Foundation and Kenneth B. Schwartz Center .

[17] In Maine, hospitals and group members pay for about 75% of the out-of-pocket costs, and also donate staff time and meeting space. This is the typical model.

[18] His report is in Att.10.

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the training institute, reflect the goals of the program. This process analysis asks whether the program inputs and activities are linked to its goals in a way that makes it possible to accomplish the intended outcomes.

Outputs, or program services, are the first of the "intended results" in the logic model adapted for *Literature & Medicine*. They are the program's direct product: the reading and discussion groups. The evaluation questions focus on the assessment of program services by staff and participants, including readings, program discussions (and facilitation), administration (hospital liaisons, scholars, humanities council staff), scheduling and organization, group membership, and setting.

The Outcome element of the model asks how individual participants have been affected by the program, if at all. In the context of *Literature & Medicine*, this category includes factors that reflect their basic attitudes and behaviors. Many relate to the participants' professional roles, but they are broader as well, reflecting an orientation toward self and others, e. g. empathic behavior, interpersonal relations, and communication. Dr. Clary reviewed available measurement instruments to identify those that provide valid and reliable measures of individual outcomes, and modified them to suit *Literature & Medicine*. An internet survey is administered to the participants to assess any changes in these areas due to their involvement in the program. Using an internet survey service makes both the collection and the analysis of the data far more efficient than it would be otherwise.

The Impact element of the logic model focuses on aggregate, not individual-level effects of a program, or, in this context, the health care organization. To examine this element, qualitative strategies are employed: focus groups and mini-case studies. (In social science research, the qualitative approach is often preferred when examining the context within which individuals function.) The focus groups have been led by Dr. Clary at sites in two states, using questions developed by Dr. Clary and council staff to explore the impact of the program upon the participants' roles in their health care organization, and changes that may have occurred in their organization as a result of their involvement with the program. Attention is paid to dimensions such as patient/care giver relationship, team building and peer support.

To capture the rich anecdotal evidence that participants in the *Literature & Medicine* can provide, the internet survey asks for answers to 4-5 open ended questions, which together constitute a mini-case study. These ask participants to report on any "critical event" that has occurred in their workplace where they believe their experience in the program helped to shape their response.[19] They are asked to outline the situation, their response, and what difference the program made.

These cases are analyzed by Dr. Clary with a technique called "content analysis." He has developed a coding framework to analyze major themes that appear in the responses. This approach allows for the identification of the major themes of the cases as well as the frequency with which these themes emerge.

The combination of the interviews, observation, document review, surveys, focus group results and case studies yield a complex picture of the outcomes and impacts of *Literature & Medicine* that Dr. Clary has analyzed to produce his reports to date. This protocol will be followed for the VA hospital program, but as stated

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[19] Over the course of the *Literature & Medicine* program, we have collected a lot of anecdotal evidence from participants about specific events that illustrate how the program positively affected their professional lives. In organizational literature, this is referred to as "critical events" data.

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above, the survey instrument (and focus group questions) will be extended to encompass the unique issues encountered by health care professionals in that setting.

X. Conclusion

This is a program in which the humanities make a case for themselves, and that is why we are coming to the National Endowment for the Humanities for support. The NEH understands the transformative power of the humanities, and the importance of content. *Literature & Medicine* is winning a place for the humanities at the center of workaday lives, where they belong. The power of the humanities to help us understand ourselves and others more completely needs to be integrated into our work lives, not pushed to the margins as an evening's entertainment or as enrichment for our retirement years. Where else can the core practices of the humanities, that explore and interpret the human experience and foster cross-cultural understanding, be so vital as in the field of health care, especially the care of our Veterans? Given the growing number of participants at our current VA hospitals, who somehow find the time to take part in *Literature & Medicine* in spite of the incredible demands they already have on their time, it's clear the program has great resonance as well as impact; we believe that it has and can continue to make a significant difference, for the caregivers, their patients, and their patients' families.

For every health care professional who becomes more aware of the issues of narrative and perspective when communicating with patients, hundreds if not thousands of patients will be affected. In addition, as we have discovered from the program participants themselves, as they connect more deeply with their patients' human experiences, and with their colleagues, they find their work more fulfilling.

Literature & Medicine has been designed to have long-term and far reaching effects, and all of its components have been planned with that goal in mind. Through our existing and future humanities council partners, web site, presentations at conferences, and articles in national publications, we will continue to disseminate the program's model and materials. Enlisting the DVA as an active partner will ensure the vitality of *Literature & Medicine* throughout the VA system.

Work place audiences in general, and health care providers in particular, are, as a group, new audiences for NEH; certainly this is true of VA hospital staff. Further it is a very mixed audience. Expansion into VA hospitals will provide a basis and a model for other public humanities programs that reach into people's work lives to benefit both them and those they serve.

Finally, the project has been collaborative since the outset, bringing into the planning process a wide range of groups and organizations, and successfully calling upon hospitals to become active collaborators in the organization and support of the program. We will do this with VA hospitals and with the Department of Veterans Affairs itself. (We stress again that no NEH funds would be transferred to the DVA or its facilities.) Thus *Literature & Medicine* meets squarely the NEH criteria for national significance and impact, new audiences and collaboration. Given the underfunding and negative media coverage of VA hospitals that have exacerbated morale problems at these institutions, this project is particularly timely and needed.

> "Gathering people of many disciplines within the VA to share in this exploration [of literature] deepens their compassion and understanding of patients, broadens their perspectives, builds collegiality, and helps participants feel supported, relieving burnout. This can only help improve the quality of the care for veterans." (Letter from Dr. Shay, Att. 6)

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Special Requirements

Public Accessibilty and Admission

The activities and events that are part of this project are not "public" in the full sense of the word. The training institute is for specific scholars, humanities council staff and host VA hospital coordinators (liaisons). The reading and discussion groups that are at the heart of the project are for health care professionals within the participating VA institutions. These will be offered free of charge. The conference will be somewhat more of a public event, geared toward health care for veterans. Any fee for the conference would simply cover the costs, and is reflected as match in the budget. That said, all sites will be fully physically accessible.

Walkthrough for exhibitions: N/A

Travel schedules: N/A

Publications: N/A

Public Programs: N/A
See above

Oral Histories: N/A

Audiovisual and/or multimedia formats: N/A

Conservation treatment: N/A