



## NATIONAL ENDOWMENT FOR THE HUMANITIES

DIVISION OF EDUCATION PROGRAMS

### **Narrative Section of a Successful Application**

The attached document contains the grant narrative and selected portions of a previously-funded grant application. It is not intended to serve as a model, but to give you a sense of how a successful application may be crafted. Every successful application is different, and each applicant is urged to prepare a proposal that reflects its unique project and aspirations. Prospective applicants should consult the current guidelines, which reflect the most recent information and instructions, at <https://www.neh.gov/grants/education/humanities-connections>

Applicants are also strongly encouraged to consult with the NEH Division of Education Programs staff well before a grant deadline.

Note: The attachment only contains the grant narrative and selected portions, not the entire funded application. In addition, certain portions may have been redacted to protect the privacy interests of an individual and/or to protect confidential commercial and financial information and/or to protect copyrighted materials.

Project Title: *Implementing a Collaborative Medical Humanities Minor*

Institution: Georgetown University

Project Director: Lakshmi Krishnan, Nicoletta Pireddu, Daniel Marchalik

Grant Program: Humanities Connections Implementation Grants

**PROJECT NARRATIVE**

*Intellectual Rationale.* Health crises demand novel collaborations and transdisciplinary solutions. As COVID-19 spurs scientific action, it has also demonstrated the importance of the humanities as a global repository of historical, contextual, and creative knowledge and skill informing biomedical interventions. The humanities play an essential role in our pandemic response, from shaping health policy and communication to resource allocation, addressing racism, health disparities, and caring for vulnerable communities, understanding the experience of illness and suffering, providing a source of comfort, interpreting and making meaning from crisis, and imagining a post-pandemic world.<sup>123</sup> Public-facing interdisciplinary work by humanists and healthcare practitioners in our Georgetown and global communities illuminate what we share – individually and collectively— during this startling moment.<sup>456</sup> But the pandemic simply underscores the longstanding interconnection and interdependence between health and humanities. In her 2018 Jefferson Lecture, physician and narrative medicine innovator Rita Charon issued a call to arms, “we must rescue the body back from the sciences, who have kidnapped it.”<sup>7</sup> The field of medical humanities and, by extension, the Georgetown Medical Humanities Program, aims to do exactly this: to put medicine and the human body back in their social, cultural, and humanistic context by dissolving historical and counter-productive boundaries between science and the humanities.

This is the central aim of our proposed curricular initiative, a Medical Humanities Minor at Georgetown, and aligns with Georgetown University’s core mission and the Jesuit tradition of *cura personalis* (care of the whole person). It motivated the planning stage (funded by an NEH

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<sup>1</sup> Peckham, R. COVID-19 and the anti-lessons of history. *The Lancet*, Volume 395, Issue 10227, 850 - 852

<sup>2</sup> Jones DS. History in a Crisis – Lessons for COVID-19. *New England Journal of Medicine*. April 2020; 382:1681-1683

<sup>3</sup> Ostherr, K. Humanities As Essential Services. *Inside Higher Ed*. May 21 2020.

<sup>4</sup> Krishnan L. Ogunwole SM. Cooper LA. Historical Insights on Coronavirus Disease 2019 (COVID-19), the 1918 Influenza Pandemic, and Racial Disparities: Illuminating a Path Forward. *Annals of Internal Medicine*. 5 June 2020. <https://doi.org/10.7326/M20-2223>

<sup>5</sup> Marchalik D, Petrov D. Seeing COVID-19 through José Saramago's Blindness. *Lancet*. 2020;35(10241):1899. doi:10.1016/S0140-6736(20)31352-0

<sup>6</sup> Parsons, C  il  n. On Not Learning From Camus’ *The Plague*. *Los Angeles Review of Books*. April 23, 2020.

<http://blog.lareviewofbooks.org/essays/learning-camus-plague/>

<sup>7</sup>Charon, R. National Endowment for the Humanities 2018 Jefferson Lecture. <https://edsitement.neh.gov/media-resources/2018-jefferson-lecture-dr-rita-charon>

Humanities Connections Planning Grant, 2019-20) of a cross-campus, collaborative Medical Humanities Initiative drawing on faculty and expertise from Georgetown College and Georgetown University Medical Center. In the spirit of Professor Charon's provocative declaration, we request a Humanities Connections Implementation Grant in order to expand our work in two ways: 1) the creation and implementation of a Medical Humanities Minor, and 2) the expansion of the collaborative, cross-campus Georgetown Medical Humanities Initiative into a Program that is the first of its kind. At the end of the three-year Implementation Grant period, Georgetown will have an interdisciplinary Medical Humanities undergraduate minor offering team taught courses and mandating experiential learning toward a summative Capstone. The grant will further fund expansion of our pilot to a robust cross-campus Medical Humanities Program featuring Student Research Fellowships, a regular Medical Humanities Colloquium (open to the public), an open-access Medical Humanities website/digital platform with curricula and syllabi, student research and creative projects, and faculty development materials, and an international Medical Humanities Symposium. Our integrative approach strives to promote learning, development, and discovery at the intersection of the humanities, health, and healing.

Background: We began planning the Georgetown Medical Humanities Initiative in 2018 in response to the multifaceted challenges facing the humanities and medical sciences, including disciplinary siloes in undergraduate education, decreasing humanities majors, and a burnout epidemic amongst health professionals. A 2015 analysis from the American Academy of Arts and Sciences reveals significant decline in humanities bachelor's degrees over a decade, and nearly 10% in 3 years. Fewer than 12% of bachelor's degrees are now awarded in the humanities (compared to 37% in the sciences).<sup>8</sup> The humanities void is especially pronounced in students planning to attend medical school. According to the Association of American Medical Colleges, only 3.1% of 2019-2020 medical student applicants and 3.6% of medical school matriculants majored in the humanities (12.5% and 12.7%, respectively, if including social sciences).<sup>9</sup> Narrow

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<sup>8</sup> Indicators H. Bachelor's Degrees in the Humanities. 2017; <https://humanitiesindicators.org/content/indicatordoc.aspx?i=34>.

<sup>9</sup> AAMC. Table A-17: MCAT and GPAs for Applicants and Matriculants to U.S. Medical Schools by Primary Undergraduate Major, 2019-2020. [https://www.aamc.org/system/files/2019-10/2019\\_FACTS\\_Table\\_A-17.pdf](https://www.aamc.org/system/files/2019-10/2019_FACTS_Table_A-17.pdf)

disciplinary boundaries and specialization have created a broader fragmentation of curricula in higher education, identified in the recent consensus report from the National Academies of Sciences, Engineering, and Medicine, which describes “a broad, national groundswell of interest in developing approaches to integrated [STEM and humanities] education,” and recommends further effort be made to develop, disseminate, and research a variety of approaches to integrated education and its impact on students.<sup>10</sup>

It is also increasingly clear that the erasure of the humanities across undergraduate and medical education contributes to the epidemic of burnout seen at all levels of medical training. A multi-institutional survey of medical students suggests that exposure to the humanities is significantly correlated with positive personal qualities such as empathy, tolerance for ambiguity, self-efficacy, and reduction in adverse outcomes such as burnout.<sup>11</sup> Recent studies conducted by our group reveal the protective effect of reading against burnout in several separate cohorts: 39% decreased risk for a national cohort of palliative care providers and 59% decreased burnout risk for surgical trainees. This is particularly important given the well-documented sequelae of burnout such as career regret, increased medical errors, depression rates, and suicidality.<sup>1213141516</sup>

Pilot data from our own 2019 needs assessment (conducted amongst Georgetown College and School of Medicine (SoM) students and recent alumni) substantiated the critical value of such medicine and humanities integrative education. All participants reported that studying the humanities was a boon for pre-health and medical training, citing critical thinking, reflection, engagement with diversity and difference, balance, and wellness among their reasons for

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<sup>10</sup> National Academies of Sciences, Engineering, and Medicine. 2018. *The Integration of the Humanities and Arts with Sciences, Engineering, and Medicine in Higher Education: Branches from the Same Tree*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24988>.

<sup>11</sup> Mangione et al. Medical Students' Exposure to the Humanities Correlates with Positive Personal Qualities and Reduced Burnout: A Multi-Institutional U.S. Survey. *J Gen Intern Med*. 2018 May;33(5):628-634. doi: 10.1007/s11606-017-4275-8. Epub 2018 Jan 29.

<sup>12</sup> Dyrbye LN, Burke SE, Hardeman RR, et al. Association of Clinical Specialty With Symptoms of Burnout and Career Choice Regret Among US Resident Physicians. *JAMA*. 2018;320(11):1114-1130.

<sup>13</sup> Marchalik D, Krasnow RE, Padmore J, et al. “The Impact of Non-Medical Reading on Burnout in Palliative Care.” International Congress on Palliative Care 2018. Montreal, Canada.

<sup>14</sup> Marchalik D, Brems J, Rodriguez A, et al. The Impact of Institutional Factors on Physician Burnout: A National Study of Urology Trainees. *Urology*. 2019;131:27-35. doi:10.1016/j.urology.2019.04.042.

<sup>15</sup> Shanafelt TD, Balch CM, Bechamps GJ, et al. Burnout and career satisfaction among American surgeons. *Ann Surg*. 2009;250(3):463-471.

<sup>16</sup> Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in Burnout and Satisfaction With Work- Life Balance in Physicians and the General US Working Population Between 2011 and 2014. *Mayo Clinic Proceedings*. 2015;90(12):1600-1613.

maintaining humanistic habits of mind even into their postgraduate careers. Furthermore, all stated that they would have enrolled in a Medical Humanities minor or major if it had existed when they matriculated. In a follow up 2020 survey to pre-health undergraduate students 157 out of 172 respondents (91%) expressed interest in a Medical Humanities minor (Attachment 4).

We launched our official planning phase in 2019 with the establishment of an inter-campus Medical Humanities Steering Committee. Drs. Krishnan, Marchalik, and Ortiz (Chair of English) convened faculty, administrators, and a student representative which meets regularly during the academic year. We have begun developing a “deep bench” of core and affiliated faculty (Attachment 2.C). With support from Georgetown and the NEH, we developed five 1-credit/one 3-credit pilot Medical Humanities courses and a SoM Deep Dive course in Spring and Fall 2020 (Attachment 2.D/E). In addition to the new medical humanities courses, we have also collected numerous courses under the “Medical Humanities” tag, allowing us to offer them as electives in addition to core content, and tap into the resources already existing at Georgetown (Attachment 2.D). The pilot Medical Humanities courses were co-taught by Arts and Sciences and Medicine faculty, featured undergraduate and medical student co-enrollment, and were oversubscribed within twenty-four hours of registration indicating strong student interest. Syllabi are highly interdisciplinary, involving inter-campus faculty collaboration, public and engaged humanities, journalism and scientific scholarship, and the work of community members, practitioners, and creative artists alongside traditional academic inquiry. Further details of such synergies can be found in attached course descriptions and syllabi (Attachment 2.E). Grassroots-level student input has been integral to curricular development from the initiative’s inception, and we continue to obtain their feedback as part of an ongoing qualitative study.

The emerging Medical Humanities Initiative has also prompted further collaboration and experiential learning for students outside the classroom. Some examples include shadowing palliative care physicians, mentored educational research on the medical humanities curriculum, archival work on 1918 influenza in Washington DC, oral histories of family members who survived past outbreaks, developing a podcast in partnership with the Gelardin Media Center,

making PPE (personal protective equipment) with Georgetown's Maker Hub and the SoM, and working with community organizations. This Fall we launch a call for proposals establishing research fellowships in the medical humanities; student products will be shared during the Spring semester. Further funding will allow us to expand our investment in student research and mentoring, particularly enabling us to support low income students in formative projects.

In 2019-20 we also launched a Medical Humanities event series. This ongoing series has fostered new connections with local and national collaborators including Howard University, the Georgetown SoM, Lannan Center for Poetics and Social Practice, Georgetown Maker Hub, and Laboratory for Global Performance and Politics. Invited speakers have included National Books Critics' Circle winner Harriet Washington (*Medical Apartheid*), and award-winning novelist Valeria Luiselli.<sup>17</sup> These events bring together students, educators, and community members who do not often get to inhabit the same spaces. Our existing support enabled us to create these assemblages at the intersection of humanities, medicine, and current issues, and further funding will allow us to build upon this auspicious roster to continue enhancing students' transdisciplinary formation.

Georgetown students are eagerly seeking out the medical humanities, viewing it as a way to bring their multidisciplinary interests in science and the humanities together. They describe how generative it is to be a part of a cross-campus classroom, that these viewpoints engage them in novel and exciting ways. Students are delighted when they learn of Medical Humanities core faculty who can mentor them on their research, career, and life trajectories. These undergraduate and medical students are hungry for the approaches, context, and networked understanding that the medical humanities offers. Similarly, faculty have enjoyed building collaborative relationships across disciplines and campuses. The robust faculty coalition that we have built in under two years testifies to their enthusiasm. These interactions have lent us all new and profound understandings of our own fields and re-oxygenated our teaching, mentorship, and

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<sup>17</sup> <https://humanities.georgetown.edu/medical-humanities-initiative/> and <https://humanities.georgetown.edu/news/medical-humanities-initiative-partners-with-georgetown-humanities-to-bring-harriet-washington-to-the-hilltop/>

clinical practice in important ways.

The need for creative, transdisciplinary collaboration has become more apparent than ever during our current global crisis. This support will allow us to expand the humanities' role in undergraduate education, offer a fresh vantage point on their contemporary work, and bring traditionally humanistic habits of critical inquiry, skepticism, and intellectual inquiry to students not typically exposed to them, with the broader purpose of developing the whole person. By expanding pedagogy and partnerships, and fostering research and community engagement, the Georgetown Medical Humanities Minor and Program will serve as an institutional blueprint for an integrative and collaborative interdisciplinary initiative.

*Content and Design.* During the three-year Implementation Grant period, we plan to scale up our planning phase activities for the implementation of a Medical Humanities Minor by 1) creating new courses, 2) expanding pilot courses and incorporating experiential learning, and 3) developing a portfolio of internships and experiential opportunities for the Minor

Practicum/Capstone. We will simultaneously extend other arms of the Medical Humanities Initiative: 1) convert Medical Humanities Speaker Series into a regular Colloquium, 2) establish an annual Medical Humanities Research Fellowship for undergraduates, graduate, and medical students, 3) build a website for visibility, dissemination of curricular and faculty development materials, resources for public-facing scholarship, and student Capstone and Fellowship output, 4) launch an International Medical Humanities Symposium.

We anticipate our implementation work will occur across these multiple domains:

**Interdisciplinary Minor in Medical Humanities:** The interdisciplinary minor in Medical Humanities will require six total courses (three core courses and three electives),<sup>18</sup> and is designed to provide students with a firm foundation in the field. At the introductory level (MHUM 101) it will familiarize students with broad and fundamental concepts in medical humanities while simultaneously encouraging students to develop their own vertical interests and expertise through

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<sup>18</sup> Core courses designated with \*

electives. These more profound questions will be engaged in the core research sequence which provides training in research methods (MHUM 350), requires experiential learning in the form of a Practicum, and culminates in a Senior Capstone Seminar (MHUM 401). The Capstone will establish their abilities as scholars in the medical humanities, using their transdisciplinary knowledge to address a unique research question, challenge, or unmet need. This curriculum requires a mix of revision/expansion, incorporation of experiential learning, and new development, and will be iteratively refined by a team of core faculty drawn from over 10 disciplines and drawn from guiding texts indicated in Attachment 3 to support program goals in Attachment 2.B. ***Courses to be Expanded/Revised:*** MHUM 101\* (Introduction to Medical Humanities): Dr. Lakshmi Krishnan (Medicine & English). This foundational course introduces students to the interdiscipline, exploring how medicine and mystery share a vocabulary of observation, evidence, and critique while relying on narrative to construct personal, scientific, social, and cultural meaning. In expanding from the pilot (1) to a full (3) credit, Dr. Krishnan will incorporate active, experiential learning in the form of team-based problem solving (clinical and ethical case narratives), peer collaboration and critique through a grant-writing workshop and “pitch your research” presentation, field trips to archives and museums, student contributions to a course blog and digital archive, and engagement with archival research and primary data collection for final projects. Sources include *Health Humanities Reader* (ed. Friedman, Wear, Jones), *Medical Detectives* (Berton Roueché), *Diagnosis* television series (Lisa Sanders), *The Conjure-man Dies* (Rudolph Fisher), Sherlock Holmes (Arthur Conan Doyle) “Talma Gordon” (Pauline Hopkins), *The Birth of the Clinic* (Michel Foucault), *Doctors’ Stories* (Kathryn Montgomery), case narratives (*Lancet* and *New England Journal of Medicine*), and guest appearances by community clinicians, patients, journalists, creative artists, and scholars. The course fulfills a Georgetown College Humanities: Art, Literature and Cultures core as well as a Core: Diversity (Domestic) requirement. MHUM 105 (Pandemics: Texts and Contexts): Dr. Lakshmi Krishnan & Dr. Timothy Newfield (History & Biology). Drs. Newfield/Krishnan will revise and expand Krishnan’s original 3-credit elective “Pandemics: Texts and Contexts,” using a team-teaching model to examine specific historical outbreaks vis-à-vis



medical and cultural texts. Revision will highlight the professors' wide expertise and introduce students to multiple disciplinary methods relevant to the medical humanities through a mix of lecture, seminar-style discussion, and group experiential learning activities including historical epidemiology and phylogenetics. Sources include Steven Johnson's *The Ghost Map*, Visual Representations of the Third Plague Pandemic,<sup>19</sup> Ling Ma's *Severance*, David Arnold's *Colonizing The Body*, and Nancy Tomes' *The Gospel of Germs*. The course will fulfill a Georgetown College Humanities: Art, Literature and Cultures core as well as a Core: Diversity (Global) requirement.

MHUM 121 (Ethics of Human Subjects Research): Dr. Michael Pottash (Palliative Care & Clinical Ethics). Due to high student demand for clinical ethics courses, Dr. Pottash will expand the 1 credit pilot to a 3 credit. The course engages the following questions: What makes clinical research ethical? How do we balance protecting research subjects while granting people access to cutting edge therapies? Students will examine the history of research with human subjects and past mistakes, touching on timely questions raised by the COVID-19 pandemic including incorporating investigational therapies into clinical practice and the use of challenge studies for vaccine development. The course will culminate in a fully experiential, summative project: students conducting a mock institutional review board meeting to evaluate a controversial research protocol. Sources include Harriet Washington's *Medical Apartheid*, Susan Reverby's *Examining Tuskegee*, and bioethics and clinical ethics case studies, among others. **New Courses:** MHUM 350\* (Methods in Medical Humanities): This is a new, junior-level intensive core on transdisciplinary research methods used in medical humanities. Team taught by Dr. Marchalik and core faculty (Hartmann-Villalta, Forna, Langley, Pedrick, Acres), it will be offered as a 1-credit pilot course in Spring 2021 with a plan to expand to a full 3-credit during implementation year 1. The course's goals are to introduce students to the diverse and often concomitant methods utilized in the field through team teaching with diverse content experts: 1) traditional disciplinary methods i.e. textual and historical analysis, archival research, ethnography, interviews and surveys, and quantitative methods; 2)

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<sup>19</sup> <https://www.repository.cam.ac.uk/handle/1810/275905>

transdisciplinary methods i.e. public and engaged humanities, digital health humanities, health and social justice studies, and community-based participatory research. The students will then generate original lines of inquiry through the development of individual research projects: framing research questions, conducting literature reviews, collecting and critiquing data or discourse, experiential learning via fieldwork or community engagement through a Practicum, and, during their Senior Capstone, presenting research findings. Sources include *Research Methods in Medical Humanities* (eds. Craig Klugman, Erin Gentry Lamb), *The Principles and Practice of Narrative Medicine* (eds. Rita Charon et al), *Methods in Medical Ethics* (eds. Jeremy Sugarman & Daniel Sulmasy).

Practicum: Implementation funding will help cultivate a “Practicum/Special Topics” portfolio. We will continue to identify opportunities for student experiential learning across campuses and DC community partners (ex. HOYA free clinic, Lombardi Cancer Center, National Gallery of Art, Howard University’s Community Association or Moorland-Spingarn Archives, DC public schools, Folger Library). In conjunction with core faculty mentors and the Program Director, students will develop a research question during their junior Methods course and— via the Practicum — perform “fieldwork” in this area during the summer or academic year. This will then be used toward the Senior Capstone, and can be supported by Medical Humanities Student Fellowships. MHUM 401\*

(Senior Capstone Seminar in Medical Humanities): This is a new senior level core. It will be co-led by medical humanities core faculty members and will allow students to apply the knowledge and skills acquired in their preceding courses to an original, summative project in medical humanities.

It will provide them with a shared learning environment in which to develop, workshop, and present their work, bringing their diverse disciplinary commitments into conversation with each other, as well as a forum for engagement with each other’s mentors, scholarly, and community partners. We anticipate that many of these Capstone projects will be published in academic or media outlets, in addition to our own website/digital archive and undergraduate research symposium.

MHUM 301 (Death in America): Dr. Hunter Groninger (Palliative Care/Comparative Literature): This is a new junior level elective exploring the subject of death in America.

Participants will explore historical, artistic, literary, sociological, and anthropological viewpoints of

death and dying through a variety of media generated by scholars, artists, and everyday people. Beginning with a history of the American death certificate and moving through the "Before I Die" global art project, this course will examine what it means to die today, and in parallel, what it means to live. It will feature guest faculty from literature and medicine, bioethics, visual arts and performance studies, and the founder of the Zen Hospice Project. ***Additional Components:***

Existing Medical Humanities Electives: The core courses will anchor a curriculum supported by a variety of affiliated/cross-listed elective courses. Students will be able to choose complementary courses within their disciplinary/thematic interests and approved by the Faculty Director to align with their research sequence and post-graduation aspirations. In addition to Medical Humanities electives, students will be able to apply those from other programs and departments. Numerous courses at Georgetown explore intersection of science, medicine, and the humanities; a number of them are now cross-listed in medical humanities. The Director and the Faculty Executive Committee will continue to track relevant course offerings that satisfy minor requirements and/or could be cross-listed as Medical Humanities, repeating or expanding existing 1-credit offerings (MHUM 102- Medical Non-Fiction & Journalism, MHUM 103- Living & Dying, MHUM 122- The Problem of Suffering) where relevant, and assisting faculty in revising appropriate courses to fall under the Medical Humanities. Students will have minor course plans and will meet consistently with the Director to ensure these are regularly updated. Medical Humanities

Pedagogical and Mentorship Networks: An important pedagogical feature of the medical humanities minor is that it brings humanistic methods into conversation with scientific ones. For example, it draws heavily on central humanities practices such as primary and archival source acquisition and research, oral and testimonial histories, multimodal forms of reflective and critical writing, and creative projects such as digital and audiovisual media. At the same time, our courses incorporate STEM and social sciences skills and methods: exposure to quantitative and behavioral sciences approaches, grant writing and proposal development, collaborative, case-based, and team-based learning, and internships. We also intend the core research sequence and integrated courses to become a node around which mentorship networks can form: for example, enriched classrooms

where medical and undergraduate students work together, generating mentorship “families” and peer mentorship relationships where faculty mentors work with both undergraduate and graduate students, and collaborative medical humanities “labs.” This dynamic series offers an integrated and novel curriculum that gives students expertise in the medical humanities while delivering the flexibility to explore within and in connection with the field, and the opportunities to apply their knowledge and skills to real-world, public issues.

Though the core and elective Medical Humanities courses are intended to be taken together as part of the minor’s integrated curriculum, they can also stand alone, introducing a broad array of students to the medical humanities and increasing humanities offerings that intersect with science and medicine. Many of the medical humanities courses already fulfil a number of curricular requirements, including the College’s Humanities: Arts, Literature, and Cultures (HALC) and Engaging Diversity (Domestic and Global), and the School of Medicine’s Journeys Curriculum.

In addition to the implementation of the Medical Humanities Minor, this grant will allow further expansion of our Initiative into a Program. **Medical Humanities Research Fellowships and Summer Scholar Program:** This will enable us to durably fund undergraduate and medical student research undertakings in the academic, public-facing, and community realms. By providing a stipend allowing students to conduct independent research/field work during the academic year or summer, this will seamlessly integrate with the minor core research sequence and the mission of the minor and Initiative at large. This research can then be applied toward their Capstone project and enhance students’ experiential learning and intramural research experiences. It will also be open to non-Medical Humanities minors, furthering the reach and impact of the program. We will also fund those taking unpaid internships, supporting research and experiential learning opportunities for low-income students. **Medical Humanities Colloquium:** Building on our pilot Event Series, we will establish a regular Medical Humanities Colloquium (open to the public). We will invite broad array of scholars, creative artists, and thinkers, engage in generative cross-campus and community collaboration, and develop Georgetown’s Medical Humanities Program as a global cultural hub in Washington, DC. This Colloquium will run at least 2 events per academic semester,

and serve as a locus for student engagement, student/faculty interaction, faculty development, and community enrichment. **Medical Humanities Website and Digital Archive:** Starting in the first year, we plan to enlarge our website-in-development into an open-access medical humanities repository.<sup>20</sup> These will include faculty and student biographies to facilitate mentorship and collaboration, curricular materials/syllabi, faculty development materials, student and faculty original research, and public-facing scholarship. **Medical Humanities Symposium:** During the third year, we will host an international medical humanities symposium in collaboration with the Humanities Initiative and Georgetown University Medical Center and SoM. We will invite international scholars in relevant fields, provide students and faculty the opportunity to present their work, and showcase the outcomes of our six-year process of piloting and implementing a cross-campus Medical Humanities Program.

Year 1 will be devoted to curriculum design and revision, reinforcing and broadening partnerships on campus, reaching out to community partners for internships and public-facing collaborations; developing the web resource; and consolidating the invited speakers' series. Year 2, we will continue this work, but also evaluate the results and adjust/revise where necessary; we will begin to disseminate our pedagogical work through conferences and publications, involving students in this process, and designing an undergraduate symposium in Medical Humanities. We will also design a faculty development series with faculty from and outside Georgetown. In Year 3, we will continue this iterative work, in addition to launching both the undergraduate symposium and an international symposium on Medical Humanities.

*Collaborative Team. Directors:* **Lakshmi Krishnan, MD, PhD** is a physician, historian of medicine, and medical humanities scholar in the Depts. of Medicine and English at Georgetown, and Faculty Director of the Medical Humanities Program, with broad experience developing interdisciplinary medical humanities courses including at Oxford, Johns Hopkins, and Duke. She will be responsible for directing the program, course development, teaching (including MHUM

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<sup>20</sup> <https://humanities.georgetown.edu/medical-humanities-initiative/>

101, Pandemics, Senior Capstone), student mentorship, developing intellectual content, and cross-campus and community partnerships. **Daniel Marchalik, MD, MA** is a urologist and the Medical Director for Physician Well-Being at MedStar Health. He runs the Literature and Medicine Track, chairs the committee of Medical Student Well-being at GUSOM, and serves as Associate Director of the Medical Humanities Program. He writes a monthly Literature and Medicine column for *The Lancet*. He will be responsible for teaching (MHUM 102, and co-teaching MHUM 350), identifying and recruiting key stakeholders at the Georgetown medical campus, and helping plan out the integration of their expertise into undergraduate coursework. **Nicoletta Pireddu, PhD** is the Inaugural Director of the Georgetown Humanities Initiative and Professor of Italian and Comparative Literature. She brings wide expertise in comparative literature, ethnography, transnational identities and intellectual history, along with acclaimed educational skills (Dean's Award for Excellence in Teaching and FLL Distinguished Service Award). She will be responsible for integrating the Medical Humanities Program within the Humanities Initiative, developing university and community partnerships, and contributing pedagogical and content expertise. Core and Affiliated Faculty. In addition to the project directors, fifteen faculty members have agreed to serve as core faculty, and ten faculty members will serve as affiliated faculty on this project (Attachment 2.C).

*Institutional Context and Resources.* Georgetown University is a leading academic and research center, and the Medical Humanities Minor/Program sutures together traditional strengths of the institution: research and teaching in the humanities, and medical education and care. The terrain at Georgetown is fertile for such interdisciplinary efforts. There is significant institutional and grassroots will toward establishing the Medical Humanities Minor and Program, with enthusiastic support from Provost Groves, Georgetown College Dean Celenza, and Executive Dean of the School of Medicine Heulton. We have strong faculty buy-in and student interest, and collaborate with other interdisciplinary programs including the Lombardi Cancer Center Arts and Humanities

Program,<sup>21</sup> Film and Media Studies, African-American Studies, American Studies, and Science, Technology, & International Affairs (STIA). Our work contributes to emerging and ongoing Georgetown programs and a commitment to *cura communitatis* (care of the community) in addition to *cura personalis*. These include the recently launched university-wide Humanities Initiative (Dr. Pireddu is its Inaugural Director),<sup>22</sup> the multidisciplinary Institute for Racial Justice, Georgetown Law Center's Health Justice Alliance, and long-running Literature and Medicine (Dir. by Dr. Marchalik) and Health Justice tracks in the School of Medicine.<sup>23</sup> *Impact & Dissemination*. The creation of a medical humanities minor and expansion of a Medical Humanities Program would have significant impact on Georgetown, and provide an institutional blueprint for integrating the humanities and STEM in higher education at the national level. It also closes the gap between Georgetown Main and Med campuses; though occupying the same space, very little collaboration has historically taken place between the two entities. Medical Humanities opens up novel mentorship, experiential, and partnership opportunities for both students and faculty. It will also enhance the well-being of pre-health students, a cohort at high risk for early burnout, and provide balance. Finally, it aims to change the patient/clinician encounter from a grassroots level, by shaping the training of health care professionals at the critical pre-health stage.

In 2019, GU produced 170 medical school applicants. Based on initial data, we estimate that this program appeals to roughly 25% of the 170 students (10.3% of the graduating class, approximately 1650 Baccalaureate degrees awarded) that apply to medical school annually at GU. At the same time, we estimate that the program may appeal to 1-2% of all GU undergraduate students (class size 1,500). Therefore, the program could impact up to 75 students per year and up to 300 students per 4-year cycle.

This program will also have broader impact for the innovative development and application of 1) integrated undergraduate and graduate/medical student classrooms, 2) team teaching with medical and Main campus faculty 3) student research empowerment to develop creative, public-

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<sup>21</sup> <https://lombardi.georgetown.edu/artsandhumanities/>

<sup>22</sup> <https://humanities.georgetown.edu/>

<sup>23</sup> <https://som.georgetown.edu/medicaleducation/longitudinal-academic-track/lamt/>

facing, and community-based projects 4) opportunities for cross-campus research, mentorship, and partnership, and 5) increasing Georgetown's role in and engagement with its greater DC community and as a model of integrated pedagogy and scholarship for other institutions. We have developed a critical mass of core junior and senior faculty, with the commitment to sustain the minor. We also anticipate potential for expansion into a major, as well as further expansion of the Medical Humanities Program. This work will be disseminated through our open-access website, presentations at the American Council of Learned Societies, American Society for Bioethics and Humanities, Modern Languages Association, academic and mass media publications, Undergraduate and International Medical Humanities Symposia, and external invitations to collaborate with other health and medical humanities programs.

*Evaluation.* The project will be evaluated through quantitative and qualitative methods including student grades/projects, student and faculty surveys, focus groups, quantitative metrics (i.e. burnout, quality of life, perceived stress scales, etc), and iterative curriculum reviews. Pilot program evaluations are already ongoing as mixed methods analyses of surveys (led by core faculty with student mentees). **1) Student Surveys.** End-of-semester surveys will focus on student understanding of medical humanities, relationship to interdisciplinary methods, engagement with healthcare issues through the humanities and social sciences, relationship to mentors and community partners, and impact on future career plans. **2) Longitudinal Reflection.** Each core will include pre- and post-course reflection exercises which will become part of a longitudinal series. **3) Student Research Portfolios and Outcomes.** Students will keep research portfolios and we will also keep track of their outcomes over time (i.e. publications, conference papers, creative projects, leadership roles, community partnerships and development, etc). **4) Faculty Surveys, Interviews, and Development.** We will solicit dynamic feedback from faculty on their courses: i.e. interdisciplinary content, team teaching, guest lectures, student engagement. These results will be collated by the Metrics sub-committee of the Medical Humanities Initiative and developed into an executive summary to be shared with internal stakeholders as well as to solicit feedback from established interdisciplinary programs at other institutions.



### Attachment 3. Guiding Texts and Resources

*Selected texts and resources used in creating and reshaping the Medical Humanities Minor curriculum*

- Auerbach et al. *Qualitative Data: An Introduction to Coding and Analysis*. New York UP, 2003
- Altschuler, S. *The Medical Imagination: Literature and Health in the Early United States*. UPenn, 2018.
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- Huisman F and Warner JH. eds. *Locating Medical History: The Stories and Their Meanings*. Baltimore, Maryland, The Johns Hopkins University Press, 2005.
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- Jones, Absalom and Richard Allen. *A narrative of the proceedings of the black people during the late awful calamity in Philadelphia in... 1793, and a refutation of some censures thrown upon them in some late publications*. Philadelphia, 1794.
- Jones, T., Wear, D., & Friedman, L. D. (Eds). *Health humanities reader*. Rutgers University Press, 2014.
- Judd, B. *Patient: Poems*. Black Lawrence Press, 2014.
- Kalanithi, Paul. *When Breath Becomes Air*. First edition. New York: Random House, 2016.

- Klugman, C and Lamb EG (Eds). *Research Methods in Medical Humanities*. Oxford UP, 2019.
- Laennec, RTH. *De l'Auscultation Médiante*. Paris, 1819.
- Lam, Vincent. *Bloodletting & Miraculous Cures: Stories*. Anchor Canada, 2009.
- Le Fanu, S. *Passage in the Secret History of an Irish Countess*, 1838.
- Leroux, G. *Le mystère de la chambre jaune*, 1907.
- Lorde, Audre. *The Cancer Journals*. San Francisco: Aunt Lute Books, 1997
- Ma, Ling. *Severance*. New York: Farrar, Straus and Giroux, 2018.
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- Osther, Kirsten. *Cinematic Prophylaxis: Globalization and Contagion in the Discourse of World Health*. Duke University Press, 2005.
- Otis, Laura. *Membranes: Metaphors of Invasion in Nineteenth-century Literature, Science, and Politics*. JHU Press, 1999.
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