



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 Humanities Initiatives at Hispanic-Serving Institutions application guidelines at

<http://www.neh.gov/grants/education/humanities-initiatives-hispanic-serving-institutions>

for instructions. 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:** Narrative in Tandem: Creating New Medical and Health Humanities Programs  
**Institution:** University of California, Riverside  
**Project Director:** Juliet McMullin  
**Grant Program:** Humanities Initiatives at Hispanic-Serving Institutions

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Participating UCR Faculty

Presenting Scholars

Juliet McMullin (Anthropology), Project Director  
 Tiffany Ana López (Theater), Co-Director  
 Paul Lyons (School of Medicine), Co-Director  
 Cliff Trafzer (History)  
 Goldberry Long (Creative Writing)  
 Rickerby Hinds (Theater)  
 TS Harvey (Anthropology)  
 Chikako Takeshita (Women’s Studies)  
 Michael Nduati (School of Medicine)  
 Katherine Sweeny (Psychology)

Arthur W. Frank  
 Johanna Shapiro  
 Michael John Garcés  
 Virginia Grise  
 Michael Green  
 Mary-Jo Delvecchio Good  
 Seth Hannah Donal

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## Summary

The University of California, Riverside (UCR), a Hispanic-Serving Institution (HSI), proposes to establish a health humanities program, mutually complementary with the training of health professionals at the new UCR School of Medicine (SOM), the first new Medical School in California in more than 40 years. The timely co-establishment of an HSI health humanities program with a new medical school offers a rare opportunity to improve doctor-patient interactions through the humanities with a medical school that emphasizes a physician workforce committed to wellness and health for the underserved regions of Riverside and the Inland-area communities.

With a specific focus on the role of narrative in healing contexts, this proposal, *Narrative in Tandem: Creating New Medical and Health Humanities Programming*, seeks to develop an engaged conversation between faculty of the humanities and medicine around the cultural, economic, historical, and philosophical complexities of health and medical encounters. A focus on narrative recognizes communication tools that help doctors and patients better understand one another. These tools go beyond verbal communication. A symptom may be spoken but the severity, psychological effect, and sheer complexity of a disorder engage a breadth of human expression and communication. Doctors and patients benefit from understanding how this spectrum informs the ways we interpret feelings of pain, relate to or understand each other through enacted communication, and visualize, connected storytelling, and reflect on symptoms and interactions through written expression.

*Narrative in Tandem* is organized around understanding and practicing narrative in the humanities and medicine through three approaches to thinking about conveying, expressing, and understanding the symptom; enacted communication, visualizing, and writing. We define “the symptom” to include medical and social conditions that impact health experiences from patient/provider interactions to connections with individuals and communities not physically present in the encounter. Over the course of two years, twelve faculty participants from disciplines across the College of Humanities, Arts and Social Sciences and the School of Medicine will explore these issues through intersecting activities that are designed to:

- 1) contribute to the faculty’s knowledge of narrative in health and medicine;
- 2) develop a set of narrative skills, including course syllabi and educational activities that can be applied in humanities and medical education and programming;
- 3) compile seminar discussions to contribute to a larger strategy about integrating humanities and medicine; and
- 4) create the foundation for establishing a vibrant health humanities program on the UCR campus.

**Intellectual rationale.** The University of California, Riverside (UCR), a Hispanic-Serving Institution (HSI), is in a unique position to strengthen and enrich humanities programming and, in concert with the new medical school, build a new program in health humanities. UCR is the 8th most diverse campus in the nation and the most diverse campus in the state of California. In August of 2013, the campus will admit its first class to the UCR School of Medicine (SOM), the first comprehensive public medical school in the state of California in more than 40 years. The establishment of a strong health humanities program will help train technically advanced professionals who also are creative, agile, and compassionate thinkers. Medical encounters can be challenging, particularly when physicians and patients have narratives informed by highly variable backgrounds. *Narrative in Tandem: Creating New Medical and Health Humanities Programming* seeks to develop an engaged conversation between humanities and medical faculty addressing the cultural, economic, historical, and philosophical complexities of obtaining and providing health care by focusing on the role of narrative and storytelling.

Arthur Frank (2010) has argued that illness marks a moment when humans need stories the most. The situation of a health crisis dramatically shifts one's sense of self and how life is supposed to proceed. The sharing and analysis of narrative can provide a means to navigate through illness and yield stories that give language and understanding, two things that illness often thwarts. The topic of medical and health narratives interests large audiences, including scholars, health care providers, community members and educators, because it focuses on reflection about conditions of suffering, medical solutions, and improved quality of life, and explores the value of what it means to be human (Edgar and Pattison 2006; Green and Myers 2010). This work necessarily crosses various disciplines to refine perceptions of the self, the body, and community. The focus on narrative illuminates the ways storytellers use a range of

disciplines to create and produce discourses about illness and the level of events that compel storytellers to access modes that traverse verbal, gestural, visual, and written approaches.

From a medical and social science perspective, the role of narrative medicine has increasingly taken on systematic interdisciplinary interest over the past 30 years. The majority of this interest revolves around narratives that elaborate on suffering (Frank 2010), reveal the cultural and political context of suffering (Kleinman 1989), or teach physicians to affiliate with the stories that patients tell (Charon 2006). *Narrative in Tandem* aims to draw and build upon that conversation by examining a diversity of humanistic methodologies in the context of medicine and health including medical school education.

Our **primary audience** is scholars in the humanities and school of medicine faculty. Specifically, participating faculty will lead or co-lead seminars, discuss the proposed content and develop new work, explore practices, and envision programming designed to bridge the humanities and medicine thus establishing the infrastructure for a health humanities program through the vehicle of narrative.

Guest speaker presentations will be open to UCR faculty, students, and the general public. As one of the nation's most diverse college campuses, and ranked first in the nation for student engaged community service, our students are particularly interested in addressing the biology of medicine and the human aspects related to community in a local and global context. Health humanities research, investigations, programming, and faculty collaborations will play a major role in advancing these interests and the overall training and advancement of all. Thus, a secondary audience will include the larger campus and surrounding community.

**Content and design.** *Narrative in Tandem* is organized around examining narrative in the humanities and medicine through three approaches to conveying, expressing, and understanding

“the symptom.” “The symptom” is defined to include both medical and social conditions impacting health experiences from patient/provider interactions to connections with individuals and communities not physically present in the encounter. Over the course of two years, participants from disciplines in the humanities, social sciences, and medicine will explore these issues through intersecting activities designed to: 1) contribute to knowledge of narrative in health and medicine; 2) develop narrative skills, including course syllabi and activities that can be applied in humanities and medical education; 3) compile seminar discussions to contribute to a larger strategy about integrating humanities and medicine; and **4) create the foundation for establishing a vibrant health humanities program at UCR.**

Each seminar will be held on the UCR campus with faculty members and guest speakers engaging in discussions after each presentation. All seminars will be co-lead by a featured guest speaker and presenters from each discipline of the humanities and medicine. Participating faculty will prepare in advance with selected readings in the humanities and medicine (see Appendix A). Seminar topics focus on the three approaches to the symptom and build sequentially, beginning with a focus on the symptom as something that is conveyed through enacted communication and can be read, articulated, and explored in various scenarios and contexts; seminars then focus on fostering writing about illness and other matters of health crisis impacting patients, providers, and community; finally seminars focus on visual storytelling and ethnography not only to clarify communication but also to visualize and recognize broader community connections that are part of the narratives that physicians, individuals, and communities tell regarding illness.

To achieve these goals, eight seminars and a culminating conference will occur during the two years. **Year One** will begin with a general discussion that frames the role of narrative medicine and the humanities. Specific topics will explore enacted communication in a medical

context, visualizing illness, and writing about and through health crisis. While many medical humanities programs begin with a focus on reflective writing, we will begin with the symptom as something that is conveyed through enacted communication and explore how to better practices of reading the symptom through engagement with both spoken and non-verbal modes of communication. This will assist in the circumvention of communication barriers that might otherwise prevent and deter clinical interactions between physicians and patients. The second topic, writing about and through health crisis, examines the use of reflective writing, allowing physicians and patients an opportunity to understand more deeply clinical interaction and its affect on communication and treatment. The third focus is on visualizing illness in the community. This topic will examine both the use of storytelling and narrative to convey illness and clinical encounters affecting health and the development of practices that teach medical students how to visualize the community in which their clinic exists. After the completion of these framing discussions, **Year Two** will focus on specific issues, such as diabetes, trauma, and health inequalities, prevalent in the patient population of the Inland Empire. We will conclude with a conference that presents faculty conversations developed during the seminars. At the conference faculty will workshop papers that would contribute to individual publications and/or an anthology of essays inclusive of diverse types of cross-disciplinary work (non-textbook), and other research around the integration of humanities and medical schools.

**Topic 1: The Importance of Narrative in Humanities and Medical Education (seminar 1).**

The first seminar will address some of the theoretical, methodological and analytical approaches for the importance of narrative and storytelling as an essential part of the human experience and the need to better understand and practice medicine. The first guest speaker is Dr. Arthur W. Frank, University of Calgary. Dr. Frank is one of the leading figures in the area of socio-

narratology particularly as it relates to medical education. Seminar participants will use his recent book *Letting Stories Breathe: A Socio-Narratology* (2010) as a key text to examine the ways that humans use stories as “companions,” motivating and creating barriers to make sense of social and physical experiences. His book raises questions related to the “capacities of stories,” addresses issues of perspective, and considers how stories guide ethical behavior. Participants will also read Rita Charon’s *Narrative Medicine: Honoring the Stories of Illness* (2006), an essential text in the field of narrative medicine that will facilitate conversations about the role of narrative in medical education including what has been done thus far.

**Topic 2: Enacted Communication in a Medical Context (seminar 2).** The second seminar will focus on the role of enacted communication in the context of medical education and explore central tools, role-playing, improvisation, and theater games that are devoted to facilitating communication across cultures and differences. Other points of focus on enacted communication include: reading the body and navigating crisis; directing through the complex scenarios of difficult patients, tragic news, and challenging calls; entering theaters of emotional disturbance and physical trauma (Case 2010). The use of standardized patients in medical education creates an opportunity to address the diversity of patient and student populations and directly apply humanities methodologies toward medical education. In its focus on a range of enacted communication, the seminar will include ways to speak to and listen to patients with greater empathy. This seminar in particular is ideal for developing a syllabus and exercises that can be immediately implemented in the medical school and existing humanities course, thus enhancing our current humanities programming.

**Topic 3: Writing About and Through Health Crisis (seminar 3).** The third seminar will focus on reflective writing in the humanities and medicine. Medical programs are increasingly using

reflective writing courses to assist students in obtaining better feedback and improved diagnostic abilities (Charon 2006; Wald, Hedy and Shmuel 2010). Along with the emphasis in narrative medicine, reflective writing not only helps practitioners better understand their own thought processes but also the experiences of their patients. This seminar will question how, through reflective writing, physicians can learn to have precise evocative language that motivates action and describes an understanding of the patient's expression. A central question will explore translating theories of medicine and body into precise humanistic communication with patients.

**Topic 4: Visualizing illness in the community (seminars 4 and 5).** The final general seminar topic brings together theoretical and practical concerns from the previous discussions and adds visual methods to enhance an understanding of clinical and broader community encounters. Two seminars are designed around this topic focusing on the relation between patient, doctor, illness and extended relations in clinical, educational, and community settings.

The first seminar in this topic (seminar 4) will focus on visual storytelling in the field of Graphic Medicine; the use of comics/graphic novels to facilitate healthcare discourse. Comics allow for the combination of academic and personal storytelling and can convey complex messages that circumvent language or cultural barriers (Green and Meyers 2012). The comics approach is an innovative way for medical students and patients to examine illness experiences and their medical encounters. The readings for this seminar will be based on the emerging literature in graphic medicine and revisiting Frank's work to examine relationships to objects (medical devices, technologies, charts, articles) and to people (patients and doctors).

The second topic (seminar 5) on visualizing illness in the community will draw on the theme of how clinicians and patients are connected or related to the larger community. The goal in this seminar is to move beyond a conversation of "cultural competency" into developing

precise inquiries about ethnography -- a visualization -- of how the clinic, patients, and other healthcare workers understand the community in which they live and serve. The seminar will focus on DelVecchio Good, et al's edited volume, *Shattering Culture: American Medicine Responds to Cultural Diversity* (2011), which provides an essential critique about why "cultural competency" has not achieved its expected outcomes and how through careful humanities, ethnographic, and narrative thinking, medical education can better serve a diverse community.

**Topic 5: Illustrations of our three themes (seminars 6 - 8).** The remaining topics are designed to bring the humanities into medical education by generating context specific community concerns that can be addressed through the integration of narrative in the curriculum.

The sixth seminar will focus on diabetes as a specific community concern in the Inland Empire. With over 8.3% or 25.8 million people in the United States being affected by diabetes, this is an issue that regional physicians must address (CDC 2010). Yet it is also an issue that brings with it a host of racial and cultural assumptions about patients and their practices (Montoya 2013). Drawing on the ethnographic work of Mendenhall and the socially engaged interdisciplinary projects of Virginia Grise, this seminar will focus on examining the everyday practices, assumptions, and community connections conveyed in Latino diabetes narratives.

The seventh seminar will focus on the role of storytelling in treating trauma. In addition to treating physical trauma in emergency and operating rooms, health care providers are called on to address symptoms, illness, and wounds in conjunction with emotional and psychological traumas in their patients. The seminar will explore how to create channels of storytelling that acknowledge the complexity of attending to trauma. This seminar will also question how broadly trauma can be defined both physically and socially as an isolated or chronic event that impacts how people create meaning in a chaotic world of "disrupted lives" (Becker 1999). Who are the

people and institutions involved in the documenting and telling of trauma, and what role does medicine play within these events?

The final eighth seminar, will address the practice of narrative and health inequalities. The Institute of Medicine's report on the Unequal Treatment in Medicine (Smedley et al 2003) demonstrated that despite our best efforts inequalities in medical treatment still exist. The Inland Empire is among the fastest growing areas in the nation, which includes a 78% increase in the Latino population (US Census 2010) who continue to have concerns over unequal rates of diabetes, obesity, and cancer. Currently the Inland Empire has only half of the recommended number of primary care physicians (Paxton, Cattaneo & Stroud), a shortage that produces inequity. The production of more physicians must coincide with an understanding of the complex health inequalities in the community. This seminar asks how to use more nuanced narrative methods to enhance the hearing and efficacy of working in environments of inequity.

**Project personnel.** The proposed project will be co-directed by three faculty, Professors Juliet McMullin (Anthropology), Tiffany Ana López (Theater and English) and Paul Lyons (School of Medicine). Over the past two years, Professor McMullin has been the Faculty Organizer for an Andrew Mellon Foundation and Center for Ideas and Society working group on the role of narrative in medicine. Professors López and Lyons in addition to their own expertise in narrative and education, have been key participants in the working group. Recently, along with the participation of Tiffany Lopez and Paul Lyons, and Juliet McMullin as the Lead Director, we hosted the *Medical Examinations; Art, Story, Theory* conference. The conference illuminated the three elements of narrative (enacted communication in a medical context, visualizing illness in the community, and writing about and through health crisis,) as topics that best represented the strengths and interests of our faculty, and would support a health humanities program.

Notably, faculty participants represent the diversity of the campus and the community. The reflected diversity is evident by standard measures of ethnicity, in diversity of thought in the humanities and social sciences, and a diversity in approaches to narrative. The diverse nature of this faculty group has the potential for achieving a transdisciplinary outcome (Rosenfield 1992).

**Evaluation.** The evaluation of the project will gather two intersecting sets of information. 1) Participating faculty evaluation of the seminars and workshops. At the end of each seminar faculty will complete quantitative and qualitative evaluations assessing the degree to which the seminar met the goals of understanding the role of narrative in medicine and its potential for serving as a core focus for a health humanities program. 2) An assessment of the number and quality of presentation work, syllabi, and other activities produced from the seminars that demonstrate an integration of humanities thinking and methodology into medicine, and how humanities have benefitted from increased understanding of the practice of medicine. The two levels of evaluation will determine the project's effectiveness for an audience and a humanities theoretical, methodological, and administrative perspectives, including formative improvements.

**Follow-up and Dissemination.** A primary goal of the proposed programming is to prepare for an integrated health humanities program that can grow in tandem with the SOM at UCR. The conversations, course syllabi, and activities developed from the seminars will provide the training and intellectual infrastructure for faculty to achieve the goal of extending humanities approaches into medical education.

Faculty will engage in three modes of dissemination. First, programming extended to include findings, syllabi, and educational activities that support the development of a health humanities program will be developed and distributed among participating faculty. The second mode will be a conference where faculty present work based on seminar discussions. The third

effort will be to compile conference presentations for future reference in an anthology (non-textbook), and individual publications that engage the intersection of medicine and humanities.

**Institutional context.** The University of California, Riverside (UCR) is located in the heart of the Inland Empire region of southern California. The diversity of the state's demographic is well represented by UCR's undergraduate population of nearly 17,000 students with the demographics reported in Appendix D remaining consistent from 2009 to the present. Notably, the majority of UCR students are first generation college students. Nationally, UCR is recognized by *U.S. News and World Report* as one of the nation's most diverse college campuses in the U.S. (13th for economic and 4th for ethnic diversity). UCR is also nationally recognized for the number of students engaged in community service (ranked 5th for its "contribution to public good" in *Washington Monthly's* 2011 College Guide). Recently, *The Chronicle of Higher Education* and the New America Foundation honored UCR as one of six universities focused on student success as evidenced by our high proportions of educating first generation students and a willingness to grow despite declining state support.

Importantly the new SOM is built on a paradigm, established by the Thomas Haider program (see appendix D) that prepares physicians who are committed to the region, to prevention and wellness as well as to cutting-edge medicine.

**Statement of eligibility.** The University of California, Riverside is a Hispanic-Serving Institution, as determined by the Department of Education and the data on file with the National Center for Education Statistics. The current enrollment of Hispanic students is 33% of our student population.

## Appendix A: Work Plan

### Readings and Schedule of Activities

#### Year 1

#### January 2014 - December 2014

January Preliminary meeting with faculty participants

#### **Introductory Seminar, Topic 1: The Value of Narrative in Medicine and Humanities.**

February Introductory Seminar with Arthur Frank as guest speaker and workshop leader co-leaders Paul Lyons and Juliet McMullin

##### Reading List:

- Frank, Arthur W. (2010). *Letting Stories Breathe: A Socio-Narratology*. Chicago: University of Chicago Press.
- Charon, Rita (2006). *Narrative Medicine: Honoring the Stories of Illness*. Oxford: University of Oxford Press.
- Groopman, Jerome. (2007). *How Doctors Think*. Boston: Houghton Mifflin Company.

#### **Topic 2: Enacted Communication in a Medical Context**

March Seminar Two. Theater, Narrative and Medicine. Michael John Garcés, Director Cornerstone Theater, as guest speaker and workshop leader. Co-Leaders Tiffany Ana López and Rickerby Hinds

We will work toward developing a course syllabus on enacted communication, including the standardized patient, that could be implemented during the Spring quarter (April- June) of 2014.

##### Reading List:

- Bogart, Anne (2007), *...And Then You Act: Making Art in an Unpredictable World*. New York: Routledge.
- Hammer, Rachel R , Johanna D Rian, Jeremy K Gregory, et al. (2011) Telling the Patient's Story: using theatre training to improve case presentation skills. *Medical Humanities*. 37:18-22
- Case, Gretchen A. (2010) "Doctor as Performer: An Analysis and Proposal for Change Based on a Performance Studies Model." *Academic Medicine*. 85:159-63.

- Dow, Alan W., David Leong, Aaron Anderson, Richard P. Wenzel. (2007) Using Theater to Teach Clinical Empathy: A Pilot Study. *Journal of General Internal Medicine*. 22(8):114-1118
- Mattingly, C. (2009) Senses of an ending: Self, Body and Narrative (pp. 245-269) In U. Jensen & C. Mattingly (Eds.) *Narrative, self and social practice*. Denmark: Philosophia Press, University of Aarhus.

### **Topic 3: Writing About and Through Health Crisis**

May Seminar 3. Reflective writing. Johanna Shapiro, Director, Program in Medical Humanities & Arts, Family Medicine, School of Medicine University of California, Irvine, guest speaker and workshop leader. Co-leader, Goldberry Long, Assistant Professor of Creative Writing.

We will work toward developing a course syllabus on reflective writing that could be implemented during the Summer for medical students and Fall quarter (September - December) of 2014 for humanities students.

#### Reading List:

- Mann K, Gordon J, MacLeod A. (2009) Reflection and reflective practice in health professions education: a systematic review. *Adv Health Sci Educ Theory Pract*. 14(4):595-621.
- Shapiro J, Kasman D, Shafer A. (2006) Words and wards: a model of reflective writing and its uses in medical education. *J Med Humanit*.27(4):231-244.
- Cooke M, Irby DM, O'Brien BC. (2010) *Educating Physicians: A Call for Reform of Medical School and Residency*. San Francisco: Jossey-Bass
- Kohn M. (2010) Jumping into our field's third stream: bioethics, humanities, and the creative arts. *Atrium*.1(8):13-15.
- Wald, Hedy S., Reis, Shmuel P. (2010) Beyond the Margins: Reflective Writing and Development of Reflective Capacity in Medical Education. *J Gen Intern Med*. 25(7):746-749

### **Topic 4: Visualizing Illness in the Community**

June Seminar 4. Graphic Medicine. Michael Green, MD, MSW. Dr. Green is a Professor of Medicine and Humanities at Penn State College of Medicine, and is a guest speaker and workshop leader. Juliet McMullin will co-lead the discussion.

We will work toward developing a course syllabus on comics and medicine that could be implemented during the Summer for medical students and Fall quarter (September - December) of 2014 for humanities students.

#### Reading List:

- Green, Michael J. Ray Rieck (2013) Missed It. *Annals of Internal Medicine* 158(5):57-361
- Green MJ, Myers KR. (2010) Graphic medicine: use of comics in medical education and patient care. *BMJ*. 340:c863
- Versaci, Rocco (2007). *This Book Contains Graphic Language: Comics as Literature*. Chapter 2. Creating a “Special Reality”: Comic books vs Memoir. New York: Continuum.
- Williams, Ian. (2012) Graphic Medicine: Comics as Medical Narrative. *Med Humanities* 38:21-27.

October Seminar 5 – Visualizing the community through ethnography. Mary-Jo Delvecchio Good, Social Medicine in the Department of Global Health and Social Medicine, Harvard Medical School and Seth Donal Hannah, Lecturer at the Harvard School of Medicine will guest speak and co-lead the workshop. T.S. Harvey will co-lead the discussion

We anticipate developing sets of activities that reflect ethnographic thinking and methods that medical students and clinicians can implement in their practice.

Reading List:

- Delvecchio Good, Sarah Willen, Seth Donal Hannah, et al (2011) *Shattering Culture: American Medicine Responds to Cultural Diversity*. New York: Russell Sage Foundation
- Dannenberg, Clare J. and Bernice L. Hausman. (2013). Reframing Medicine’s Publics: The Local as a Public of Vaccine Refusal. *Journal of the Medical Humanities*.

**Year 2**

**January 2015 - December 2015**

**Topic 5: Illustrations of three themes (seminars 6 - 8)**

February Seminar 6 - Diabetes. Virginia Grise, playwright and performance artist, will be our guest speaker on narrative and performance of diabetes. Juliet McMullin will co-lead the discussion.

We anticipate developing sets of dialogs and activities that reflect methodologies for connecting to community through diabetes and can be implemented in medical school standardized patient dialogues and student practice in the humanities and medicine.

Reading List:

- Lopez, Josefina (2009) *Hungry Woman in Paris*. Grand Central Publishing
- Grise, Virginia and Irma Mayorga (2013) *The Panza Monologues*. University of Texas Press
- Mendenhall, Emily (2012) *Syndemic Suffering: Social Distress, Depression, and Diabetes among Mexican Immigrant Women*. Left Coast Press

March Seminar 7 - Trauma. Tiffany Ana López, UCR Department of Theater and Paul Lyons, School of Medicine will both guest speak.

Standardized doctor-patient dialogues and activities around trauma will be developed for implementation in the humanities and in the medical school. .

Reading List:

- Becker, Gay (1999). *Disrupted Lives: How People Create Meaning in a Chaotic World*. University of California Press. (selected chapters)
- Brown, Laura S. Not outside the range: One feminist perspective on psychic trauma. *American Imago*, Vol 48(1), 1991, 119-133.
- Herman, Judith. (1997) *Trauma and Recovery: the aftermath of violence - from domestic abuse to political terror*. Harper Collins. (selected chapters)
- Rogers, Annie. (1995). *A Shining Affliction: A Story of Harm and Healing in Psychotherapy*. Penguin Books.
- Rogers, Annie (2006). *The Unsayable: the hidden language of trauma*. Ballentine Books.
- Richard Raubolt (2010), *Theaters of Trauma*. Grand Rapids, Chapbook Press.

May Seminar 8 - Health inequalities in the Inland Empire. TBD, UCR School of Medicine, Professor Cliff Trafzer will co-lead the discussion.

Dialogue and activities will be developed to assist doctors in dealing with local health inequalities and can be implemented in medical school standardized patient dialogues and student practice in the humanities and medicine. Syllabi will be developed for implementation in the Fall of 2014.

Reading List:

- Williams, Gareth (2004) Narratives of Health Inequality: Interpreting the Determinants of Health. In *Narrative Research in Health and Illness*. Brian Hurwitz, Brian, Trisha Greenhalgh, and Vieda Skultans (eds). Massachusetts: Blackwell Publishing. Pp279-290.

- Jacobs, L., Lawlor, M. and Mattingly, C. (2011) I/We Narratives among African American Families Raising Children with Disabilities. *Culture, Medicine and Psychiatry* 35(1), 3-25.
- Video viewing: *Unnatural Causes: Is Inequality Making us Sick?* Episodes: Place Matters & Not Just a Paycheck. 2008. California Newsreel.

October

**Conference**

The conference is designed to include presentations from participating faculty and guest speakers. Participating faculty and selected contributors will take two days during the conference to compile seminar presentations that will contribute to a larger strategy about integrating humanities and medicine. The final workshop papers will be included in the proposed edited anthology (non-textbook) or individually published.

## **Appendix D: Institutional Information and Historical Sketch**

The University of California, Riverside campus is one among ten general campuses in the University of California system. Importantly, UCR is the only public research university in Inland Southern California.

The diversity of the state's demographic is well represented by UCR's undergraduate population of nearly 17,000 students with the following demographics remaining consistent from 2009 to the present: 7% African American; 39% Asian/American; 33% Hispanic; <1% American Indian/Alaskan Native; 16% White/Caucasian; 3% Other Ethnic/Unknown; and 2% International. Notably, the majority of UCR students are first generation college students. Nationally, UCR is recognized by *U.S. News and World Report* as one of the nation's most diverse college campuses in the U.S. (13th for economic and 4th for ethnic diversity) and leads the UC system in both categories. UCR is also nationally recognized for the number of students engaged in community service (ranked 5th for its "contribution to public good" in *Washington Monthly's* 2011 College Guide). Recently, *The Chronicle of Higher Education* and the New America Foundation honored UCR as one of six universities focused on student success as evidenced by our high proportions of educating first generation students and a willingness to grow despite declining state support.

The UCR campus has a dynamic history. In 1907, the California State Legislature established the Citrus Experiment Station in Riverside to research agricultural issues facing Southern California. In 1948, the University of California Regents approved the establishment of the College of Letters and Science. The college opened for classes in February 1954. In 1959, Riverside was declared a general campus by the Regents and courses of study began to be

developed. The University's Graduate Division was established in 1960. Since then, our growth has mirrored the growth of Southern California.

In August of 2013, UCR is admitting its first class to the newly accredited School of Medicine (SOM). Medical education at UCR has a longer history that begins in 1974 with the establishment of the UCR/UCLA Program in Biomedical Sciences. In 1997, the Thomas T. Haider Program was established. This program focused on admitting qualified students receiving a bachelor's degree in any discipline at UCR and has a specific focus on recruiting students from UCR who are from underrepresented communities and who have a commitment to providing care in underserved areas. The new School of Medicine is built on a paradigm that prepares physicians who are committed to the region and to prevention and wellness as well as to cutting-edge medicine. UCR has a history of actively recruiting underrepresented students to their medical program.

## Appendix E: References Cited

Becker, Gay. 1999. *Disrupted Lives: How People Create Meaning in a Chaotic World*. Berkeley: University of California Press.

Case, Gretchen A. "Doctor as Performer: An Analysis and Proposal for Change Based on a Performance Studies Model." *Academic Medicine*. 85 (2010): 159-63.

Centers for Disease Control and Prevention. National Diabetes Fact Sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

Charon, Rita (2006). *Narrative Medicine: Honoring the Stories of Illness*. Oxford: University of Oxford Press.

Edgar, A., Pattison, S. (2006). Need Humanities be so useless? Justifying the place and role of humanities as a critical resource for performance and practice. *J Med Ethics* 32:92-98

Frank, Arthur W. (2010). *Letting Stories Breathe: A Socio-Narratology*. Chicago: University of Chicago Press.

Green MK and Myers, KR. (2010). Graphic Medicine: Use of Comics in Medical Education and Patient Care. *British Journal of Medicine*. 340:c863.

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