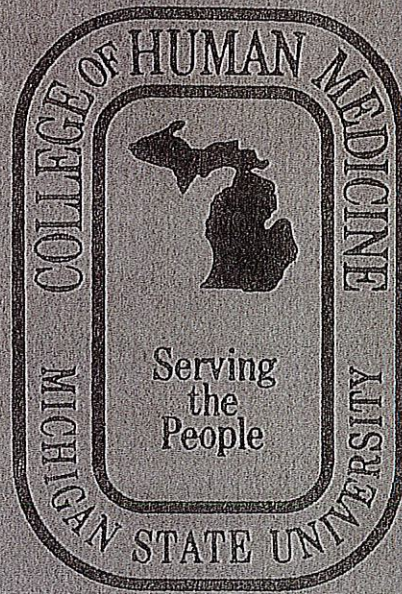


HM548  
Medical Humanities

**SPIRITUALITY**  
A Vital Component of Well-Being



Spring 2004

J. Foglio, D.Min



HM 548 MEDICAL HUMANITIES

TABLE OF CONTENTS

1.	Teaching objectives	p.	1
2.	Required reading list	pp.	2
3.	Class format	pp.	4
4.	Course outline: small group session #1	pp.	5
5.	Course outline: small group session #2	pp.	7
6.	Course outline: small group session #3	pp.	9
7.	Course outline: small group session #4	pp.	11
8.	References	pp.	14
9.	Student essay evaluation form	pp.	15
10.	Small group rating form (front/back)	pp.	16
Readings for Session 1			
11.	Spirituality and Medicine	pp.	18
12.	Spirituality Described	pp.	22
13.	Spirituality, Medicine, and Healing	pp.	29
14.	Spirituality Self-Assessment	pp.	37
Readings for Session 2			
15.	The Spiritual Dimension: Is this a Doctor-patient Realm	pp.	38
16.	Storytelling as a Method for Teaching Values and Attitudes	pp.	41
17.	A Spiritual Inventory of the Medically Ill Patient	pp.	46
18.	Religion and Family Medicine: A survey of Physicians and Patients	pp.	54

Readings for Session 3

- 19. Conscience pp. 58
- 20. The Physicians Character pp. 63
- 21. Teaching Humanities In Primary Care Residency Programs pp. 71

Readings for Session 4

- 22. Special Article: The Nature of Suffering and the Goals of Medicine pp. 73
- 23. Love is a Medical Miracle pp. 80
- 24. Holy Time, Holy Timing pp. 85
- 25. Family reaction to Death pp. 90
- 26. The Death of Roy Kuhn pp. 94

Recommended Reading but Not Required

- 27. Images: Facing Death LRC

**SPIRITUALITY: A VITAL COMPONENT OF WELL-BEING**

This course is designed to emphasize that spirituality is a vital component of well-being for both physician and patient. Because it is an essential element of human nature, spirituality should be addressed in the practice of medicine and in medical education. As Craig W. Ellison writes, "An essential unity of art and science, of wisdom and technique, is left unresolved when spirituality is not addressed in the curriculum. For medical students . . . the humanities aid in clarification of values which arise from ordinary professional actions. Spirituality will help with this value clarification."

The goals of this special topic course are to encourage medical students to discern and clarify the human values essential to their own spirituality and to understand how health is affected by spiritual well-being. Understanding how the individual spirituality of both patient and practitioner contributes to the healing encounter will lead to improved health care.

Spirituality consists in a variety of elements at the core of one's being; a part of what one is and is becoming. It is a vital principle providing one's personality with its inward structure, a dynamic drive and creative response to the demands it encounters in the process of becoming. Commitment to these intangible principles directs one toward such ultimate values as love, meaning, beauty, hope, and truth. If we hold that each person has a unique spirit, then we can understand that this spirit is the basic human drive for bonding with the transcendent. Our values and purpose in life, our conception of peace, compassion and personhood, our understanding of death and grieving, and our own self-reflection are all expressions of our spirit and are valuable in our appreciation of the spirituality of others.

Over the eight hours of this course we will meet in small groups to discuss what spirituality is, how it can be expressed in non-religious as well as religious ways, and how we have come to understand our own individual spirituality. Finally, we will seek ways in which the understanding and practice of our own spirituality can support the well-being of both physicians and their patients.



## **HM 548: Humanities and Medicine Special Topics Seminars, Block II**

### **Spirituality: A Vital Component of Well-Being**

Teaching Objectives: The student will be able to...

- Session #1 I. Assess the values and personal meanings peculiar to spirituality and essential for the well-being of the human person.  
II. Recognize the universality of spirituality in which both religious and non-religious values are incorporated.
- Session #2 III. Be aware of the clinical relevance of spirituality: To encourage the recognition of and the discussion about spirituality in the life of the medical student, physician and patient and spirituality's significance as a health resource.
- Session #3 IV. Recognize the importance of the physician's character and the necessity for rigorous moral reflection by the physician.
- Session #4 V. Explore in concrete ways the personal meanings of: death, suffering, time, love, etc.  
VI. Suggest ways and encourage the development of strategies to support the healthy maintenance and growth of the spirituality of the medical student and the physician.

#### Presentation Format

Students will meet two preceptors in small discussion groups (approximately eight students per group), two hours weekly for four weeks.

Students will be provided with packets of reading and discussion questions for each of the four sessions of the course. They will be expected to complete the readings prior to the group session and to come prepared to discuss them.

#### Evaluation

Group attendance will be required. One unexcused absence will result in a CP grade. More than one unexcused absence from small-group will result in an N grade. The student must obtain an excused absence by personally calling or speaking directly to the small-group facilitator.

Two papers will be required for the course, each to be a minimum of three double-spaced, typed pages (750 words). The topic for the first paper may be chosen from any of the two assigned topics of the first two sessions of the course. The topic of the second paper may be chosen from any of the five assigned topics in the last two sessions of the course. The first paper is to be handed in at the beginning of the 2<sup>nd</sup> session and the second paper is due at the beginning of the 4<sup>th</sup> session of the course.

The overall course grade will be based on the two paper assignments and on class participation. Remediation of a CP or N grade will be negotiated on an individual basis, depending upon the specific deficiencies observed. In general, remediation will take the form of one or two additional short paper assignments.



## HUMANITIES AND MEDICINE SPECIAL TOPICS SEMINAR, BLOCK II

### SPIRITUALITY: A VITAL COMPONENT OF WELL BEING

#### Required Reading

#### PRE-READING

##### Required Preparation for Session #1

1. Foglio J. "Spirituality and Medicine."
2. Brenner VC. "Spirituality Described," Spiritual Dimensions of Nursing Practice. W .B. Saunders Company, 1989:6-13.
3. Hiatt JF. "Spirituality, Medicine, and Healing," *Southern Medical Journal* 1986;79(6): 736-743.
4. Nurses Model Health (South Laguna, CA, 1980). "Spirituality Self-Assessment."

##### Required Preparation for Session #2

1. Carter-Jessop L, Morehouse W. "The Spiritual Dimension: Is this a Doctor-Patient Realm?" Chapel Guidance Center, Rochester, NY.
2. Hensel, WA, Rasco TL. "Storytelling as a Method for Teaching Values and Attitudes," *Acad Med* 1992; 67(8):500-504.
3. Kuhn C. "A Spiritual Inventory of the Medically Ill Patient," *Psychiatric Med* 1988;6(2):87-100.
4. Maugans T, Wadland WA. "Religion and Family Medicine: A Survey of Physicians and Patients," *J of Family Practice* 1991;32(2):210-213.

##### Required Preparation for Session #3

1. Benjamin M. (forthcoming publication). "Conscience," Encyclopedia of Bioethics, 2<sup>nd</sup> edition. MacMillan/Frepress Publishers, pp 1-11.
2. Brody H. "The Physician's Character," The Healer's Power. Yale University Press, 1992:253-267.
3. McCullough L. "Teaching Humanities in Primary Care Residency Programs," Society for Health and Human Values Resource Book 1984.



#### **Required Preparation for Session #4**

1. Cassel EJ. "The Nature of Suffering and the Goals of Medicine," *N Engl J Med*, 1982;306(11):639-645.
2. Siegel B. "Love is a Medical Miracle," Love, Medicine and Miracles. Harper & Rowe Publishers, Inc., 1986.
3. Blomquist J. "Holy Time, Holy Timing," *Weavings: A Journal of the Christian Spiritual Life* 1991;6(1):7-13.
4. Bowen M. "Family Reaction to Death," Family Therapy. Gardner Press, 1976:79-82.
5. McFarlan DA. "The Death of Roy Kuhn," *Living Beyond Loss. J Fam Prac* 1994;39(1): 81-82.

#### **Recommended Reading for Session #4**

1. Bertram S. Facing Death: Images, Insights and Interventions. Hemisphere Publishing Corporation, New York, 1996:11-98.

*The reading listed above, Facing Death: Images, Insights and Interventions, is available in the LRC. It is not included in your course pack because of the expense to you, which would have been involved in copyright clearance.*



TABLE I. CLASS FORMAT

COURSE OBJECTIVES	REQUIRED READINGS	ASSIGNMENTS
<p><u>Session I</u></p> <p>1. To assess the values and *meanings essential to well-being.</p> <p>2. To recognize spirituality as universal and not synonymous with religion.</p>	<p>"On spirituality"<sup>8</sup>            "The essence of spirituality"<sup>9</sup>            "Spirituality, medicine, and healing"<sup>10</sup>            "Spirituality self-assessment"<sup>4</sup></p>	<p>2 required papers            (750 words each)</p>
<p><u>Session II</u></p> <p>3. To discern effective methods of recognizing and understanding the spirituality of patient and physician.</p>	<p>"The spiritual dimension: Is this a doctor-patient realm?"<sup>11</sup>            "Storytelling as a method for teaching values and attitudes"<sup>12</sup>            "A spirituality of the medically ill patient"<sup>13</sup>            "Religion and family medicine: A survey of physicians and patients"<sup>14</sup></p>	<p>Write a description of your own spirituality, listing the ultimate and supreme values and important meanings in your life.</p> <p>Or</p> <p>Present a written vignette of an interaction with a patient (e.g. history and physical) where values might be identified through either spiritual inventory or story/narrative.</p>
<p><u>Session III</u></p> <p>4. To recognize the importance of the physician's character and the necessity for rigorous moral reflection by the physician.</p>	<p>"Conscience"<sup>15</sup>            "The physician's character"<sup>16</sup>            "Teaching humanities in primary care residency programs"<sup>17</sup></p>	<p>Write a critique of Martin Benjamin's paper on Conscience.</p> <p>Or</p> <p>Write a paper on why you think or do not think that "rigorous moral reflection" is a necessary skill for the physician.</p>
<p><u>Session IV</u></p> <p>5. To explore in concrete ways the meanings of death, suffering, love, time, grief, etc.</p> <p>6. To suggest ways and encourage the development strategies to support the health maintenance and growth of the spirituality of the medical student and physician.</p>	<p>"The nature of suffering and the goals of medicine"<sup>18</sup>            "Love is a medical miracle"<sup>19</sup>            "Holy time, holy training"<sup>20</sup>            "Family reaction to death"<sup>21</sup>            "The death of Roy Kuhn"<sup>22</sup></p> <p><u>RECOMMENDED READING</u>            "Facing death: Images, insights, and interventions"<sup>23</sup></p>	<p>Or</p> <p>Write a critique of Martin Benjamin's paper on Conscience.</p> <p>Or</p> <p>Howard Brody seems to imply, that the physician's character and his/her virtues promote a healing atmosphere for the patient? Defend in writing your support or opposition to this concept.</p>

\*Meanings: What something signifies relative to the whole of who I am.

-Group event: Due Thurs. by email or hand copy to CMT.



# HM548 Curriculum



# Spirituality: A Vital Component of Well-Being

## Course Outline

### Small Group Session #1

Students are expected to have read before this session the following articles (see course reading list):

Foglio  
Brenner  
Hiatt  
Spirituality Self-Assessment

Goal of Session: Discuss Teaching Objective I and Teaching Objective II

Format of Session

1<sup>st</sup> Hour: Small Group Discussion on Objective I:

- I Assess the Values and Personal Meanings of the values peculiar to spirituality and essential for the well-being of the human person.
  - A. Values that are not already sufficiently emphasized in the CHM curriculum.
  - B. Values that are Ultimate (e.g., God or one's Ultimate Reality if not God) values that are Supreme (e.g., love, trust, hope, forgiveness, beauty, truth, freedom, humor, faith, reflection, etc.).
  - C. Personal Meanings (e.g., meaning of death, meaning of suffering as differentiated from pain, meaning of time, meaning of grief, meaning of love, etc.).
  - D. What is this thing called "spirituality"?
  - E. Is spirituality beyond Engel's Biopsychosocial model: the "biopsychosocialspiritual" or is spirituality an "integrative" element of the biopsychosocial model as Hiatt suggests?
  - F. Spirituality's unique place in the understanding of health and well-being is the emphasis on human values and personal meanings as vital to one's existence. Moreover, spirituality, an umbrella of the non-physical component of the human person, is undergirded with important personal meanings and human values. Attention to these elements of spirituality have always been a traditional and well-acknowledged part of the role of the physician and therefore deserve curriculum attention.



2<sup>nd</sup> Hour: Small Group Discussion of Objective II:

- II Recognize the universality of spirituality in which both religious and non-religious values are incorporated.
- A. Spirituality is a dimension within every person, religious, atheist, or humanist (agnostic as well).<sup>1</sup> Everyone has spirituality, but not everyone is religiously spiritual.
  - B. To be useful, the definition (spirituality) must be independent of any particular spiritual system and assume that it is a universal attribute of persons, but, that individual awareness and the manifestations of it vary considerably.<sup>2</sup>
  - C. Maslow (1968), a humanist writes: "The human being needs a framework of values, a philosophy of life, a religion or religion-surrogate to live by and understand in about the same sense that he/she needs sunlight, calcium, or love... We need a validated, usable system of human values that we can believe in and devote ourselves to (be willing to die for)." (p.206)<sup>3</sup>
  - D. Spirituality is a pervasive entity which is experienced by each individual in a different way.<sup>4</sup>
  - E. Trancendence: Everyone has a transcendent dimension, a life of the spirit: This is most directly expressed in religion and the mystic traditions, but the frequency with which people have intense feelings of bonding with groups, ideals or anything larger and more enduring than the person is evidence of the universality of the transcendent dimension.<sup>5</sup>

Assignment: First paper to be handed in at beginning of 2<sup>nd</sup> session. Topic choice for first paper:

Write a description of your own spirituality, listing the Ultimate and Supreme Values and important Personal Meanings in your life.  
(cf. Pg. 8 for a second topic choice.)

Required readings for Session 2:

- A. "The Spiritual Dimension: Is this a Doctor-Patient Realm?", Carter-Jessop and Morehouse.
- B. "Storytelling as a Method for Teaching Values and Attitudes," Hensen & Rasco.
- C. "A Spiritual Inventory of the Medically Ill Patient", Kuhn.
- D. "Religion and Family Medicine: A Survey of Physicians and Patients", Maugans and Wadland.



# Spirituality: A Vital Component of Well-Being

## Small Group Session #2

Goal of Session: To be aware of the clinical relevance of spirituality: To encourage the recognition of and the discussion about spirituality in the life of the medical student, physician and patient, and spirituality's significance as a health resource. (Teaching Objective III)

- A. To discern effective methods of recognizing and understanding the spirituality of patient and physician.
- B. "Fully functioning persons have a deep sense of spirituality. They know that their personhood and the world in which they live cannot be explained or understood through human experience alone."<sup>6</sup>
- C. To address the link between the physician's spiritual well-being and the patient's spiritual well-being in the healing process and in preventative health care.
- D. Each physician needs to acknowledge his or her own personal spiritual journey, for it is in the continuous meeting of one's own spiritual needs that one will know the meaning of spiritual well-being. The greatest gift the (physician) has to give to (patients) is one's personal, living, spiritual richness. This gift of one's true self given in care to the (patient) experiencing crisis will inevitably encourage the (patient) toward spiritual well-being."<sup>7</sup>

### Format of Session

1<sup>st</sup> Hour: Discussion of the acknowledgment of the patient's spirituality.

- A. "Do patients consider spiritual matters to be important in their lives?"
- B. "Do patients want their primary care providers to address the spiritual dimension of their lives?"
- C. Do you see story/narrative (the "inductive" method) in the Hensel/Rasco articles or the questionnaire (the "deductive" method) in the Kuhn and Maugans/Wadland articles as two different and equally valid ways of understanding the spirituality of the patient?
- D. Is story too subjective an instrument for the collection of necessary data in a clinical setting?

To enhance the discussion of the above questions, use the four assigned articles, as resources for relevant data.



2<sup>nd</sup> Hour: Discussion of the acknowledgment of one's own spirituality:

- A. If Barker's quote above (D) is correct, do you think that your description of your spirituality with its values and meanings is an important step in your continuing understanding of your own spiritual needs?
- B. Do you think that this naming of your values and commitment to meeting your own spiritual needs will help you to better understand the meaning of spiritual well-being?
- C. In the two articles you have just received did the physician's own values and meanings make a difference in the outcome of their patient's well-being? (Articles by Maestro and Firtels handed out in group)

Assignment: Second choice for topic of 1<sup>st</sup> paper (cf. Pg. 6 for other choice of topic) to be handed in at beginning of Session #2:

Present a written vignette of an interaction with a patient (e.g. history and physical) in your office or in the hospital where the above values might be discussed through spiritual inventory or story/narrative. This need not be limited to a one-time 10 minute clinical encounter.

Required Reading for Session #3:

Read: Benjamin, Brody, McCullough

- A. Benjamin, Martin, "Conscience", Encyclopedia of Bioethics, 2<sup>nd</sup> edition. Macmillan/Freepress Publishers, pp. 1-11.
- B. Brody, Howard. "The Physician's Character," The Healer's Power. Yale University Press, 1992:253-257.
- C. McCullough, Lawrence, "Teaching Humanities in Primary Care Residency Programs," Society for Health and Human Values Resource Book, 1984.
- D. Articles by Maestro and Firtels

## Spirituality: A Vital Component of Well-Being

### Small Group Session #3

Goal of Session: Recognize the importance of the physician's character and the necessity for rigorous moral reflection by the physician. (Teaching objective IV)

- A. "Teaching rigorous moral reflection: the goal here is a traditional one in both medicine and humanities: having good reasons for what one does. Physicians are trained to make their judgments and recommendations about patient care in the most rigorous and objective manner possible—this is the heart and soul of diagnostic and therapeutic reasoning. The humanities demand the same discipline in our thinking about value questions, here questions about moral responsibility."<sup>8</sup>
- B. Howard Brody writes: "It is therefore fitting here to discuss the physician's character... what sort of person the good physician ought to be, not just what rules the good physician ought to follow."<sup>9</sup>
- C. "The central element in the role of the moral counselor (the physician) is the skill of assisting patients to develop a rich language in which they can express their concerns."<sup>10</sup>

Format of the Session:

1<sup>st</sup> Hour: Discussion of the physician's character as an important element for healing.

- A. Discuss the statement in the article "The Physician's Character", that the American Board of Internal Medicine insists that residency directors in their specialties can and should rigorously evaluate the "humanistic qualities" of their residents (e.g., integrity, respect and compassion).
- B. Should the above qualities be criteria for resident competence?

2<sup>nd</sup> Hour: Discussion of Conscience, as described by Martin Benjamin, as a tool for "rigorous moral reflection".

- A. Do you agree that "appeals to conscience are closely connected with concern with one's integrity"?
- B. Do you believe that: "The focus of conscience is not so much on the objective or universal rightness or wrongness of a particular act but rather on the consequences for the self on one's performing it." Do you think that conscience is the ultimate subjective norm of morality?



Assignment: Choices for topic of 2<sup>nd</sup> required paper due at the beginning of the 4<sup>th</sup> Session (cf. Pg. 13 for other topic choices.):

1. Write a critique of Martin Benjamin's paper on Conscience or a paper on why you think or do not think that "rigorous moral reflection" is a necessary skill for the physician (Laurence McCullough).
2. Are you able to support the notion, which Howard Brody seems to imply, that the physician's character and his/her virtues promote a healing atmosphere for the patient who is seeking health? Defend in writing you support or opposition to this concept.

Required Readings for Session #4:

- A. Cassel, Eric J. "The Nature of Suffering and the Goals of Medicine," *New England Journal of Medicine*. Vol 306, No. 11, 1982:639-645.
- B. Siegel, Bernie. "Love is a Medical Miracle," Love, Medicine and Miracles. Harper & Row Publishers, Inc., 1986.
- C. Blomquist, Jean. "Holy Time, Holy Timing," *Weavings: A Journal of the Christian Spiritual Life*. Vol 6, No.1, 1991:7-13.
- D. Bowen, Murray. "Family Reaction to Death," Family Therapy. Gardner Press, 1976:79-82
- E. MacFarlan, D. Andrew. "The Death of Roy Kuhn", *The Journal of Family Practice*. Vol 39, No. (Jul), 1994:81-82.

Recommended reading for Session #4

- A. Bertman, Sandra. "Images: Facing Death," Facing Death: Images, Insights & Interventions. Hemisphere Publishing, 1991:11-98.

# Spirituality: A Vital Component of Well-Being

## Small Group Session #4

Goal of Session: Address Teaching Objectives V & VI

Format of Session

1<sup>st</sup> Hour: Explore in Concrete Ways the Personal Meanings of: Death, Suffering, Love, Time, etc. (Teaching Objective V)

Personal Meaning: "In the broadest understanding, spirituality embodies one's sense of design, purpose, and meaning in the universe, one's sense of relationship to all things and events, inclusive of a ultimate power."

"What something signifies and how important it is, relative to the whole array of a person's concerns contributes to its personal meaning."<sup>11\*</sup>

- A. Personal Meaning of Death: "The person confronted with dying tries to understand what has happened and then, somehow, to make the best of it. Viktor Frankl suggests that such a 'will to meaning' is a basic human drive and cites Nietzsche's dictum, 'He who has a why to live can bear with almost any how'."<sup>12</sup>
  - B. Personal Meaning of Suffering: "Some suffering is meaningless, but not all suffering is so. Good medical care might be defined in part as that which enables the patient and physician to explore all possible dimensions of pain and its alleviation. Here one has to raise the philosophical question of what the word meaning means. Someone has said, 'Explanation is where the mind is at rest'."<sup>13</sup>
  - C. Personal Meaning of Love: "Love is at the very center of who we are and how we are doing. Love is necessary. And--as it is with all necessities—when love is denied long enough, disaster follows, the world collapses. A primary objective of psychiatric healing—and often medical as well—is to lead the patient along the difficult but wonderful path of learning or relearning the skills of loving relationships. Every counseling session—either personal or group—is a step along the line to learned love."<sup>14</sup>
  - D. Person Meaning of Time: "There are two Greek words for time: chronos (from which come such words as chronology, etc.) and kairos. Chronos referred simply to measured time,...the making of days, weeks, months, and years on the calendar. Kairos, which is the word Paul uses in Colossians 4:5, meant time marked out in dramatic epochs, therefore purposeful time....time is one of the urgent problems of our day....the real problem lies neither in too much nor in too little time but in ourselves and in our attitude toward time. The problem is one of stewardship, the use of the time we have."<sup>15</sup>
- "Personal Meaning is a fundamental dimension of personhood, and there can be no understanding of human illness or suffering without taking it into account."



## 1<sup>st</sup> Hour Discussion:

- A. Psychiatrist Viktor Frankl writes, "Again and again we have seen that an appeal to continue life, to survive the most unfavorable conditions, can be made only when such survival appears to have meaning. That meaning must be specific and personal, a meaning which can be realized by this person alone. For we must never forget that every man is unique in the universe."<sup>16</sup>
- B. Is it not logical to reason that when "unfavorable conditions" arise in regard to death, suffering, love, time, etc. in our lives that we survive these traumas only if the meaning of these realities and of life itself is greater than these tragedies and that we can give meaning to them even though we cannot change or eliminate them?

2<sup>nd</sup> Hour Discussion: Suggest ways and encourage the development of strategies to support the healthy maintenance and growth of the spirituality of the medical student and physician.  
(Teaching Objective VI)

Discussion of Personal and Group support of our values and personal meanings that are so integral to our spiritual well-being.

- A. Personal support: The absolute importance of reflection in the life of the human person. ("The unexamined life is hardly worth living." – Socrates)
  1. Personal prayer (classical prayers, discursive prayer, contemplation)
  2. Meditation: classical religious systems, TM, etc.
  3. Yoga
  4. Silence and Introspection
  5. Imagery
  6. Practice of Mindfulness
  7. Other Relaxation Techniques and Stress Management
  8. Journaling
- B. Support or Others:
  1. Interpersonal support through "spiritual direction" or "journeying"
  2. Faith sharing groups (Scripture study,, etc)
  3. Professional support and sharing (e.g., Balint and Story Groups)

2<sup>nd</sup> Hour Discussion: If Habit is a essential part of Virtue (Aristotle) than we must constantly practice virtue as physicians.

- Do the virtues, values, and personal meanings of our lives come naturally (e.g., love and compassion) or must they be practiced?
- What part does reflection (personal and support with others) have to do with this practice of virtue, value and personal meaning?

Assignment: Choices for topic of 2<sup>nd</sup> required paper due at the beginning of the 4<sup>th</sup> Session (cf. Pg. 10 for other topic choices).

1. Write a paper on one or more of the personal meanings of death, suffering, love or time in the assigned readings from Bertman, Cassel, Siegel or Bloomquist, giving a short description of how these personal meanings impact your life today as a medical student, and how they can influence you life as a physician.

OR

2. Write a paper supporting or opposing the need for support and practice of the values and personal meanings of your spirituality for your own well-being and the well-being of you future patients.

OR

3. Describe a program of support that you use and find effective in the support and practice of your personal values and meanings.

use an  
class format



## REFERENCES

1. Fetzer Institute, "The Institute Report", 1991.
2. Hiatt, John F., "Spirituality, Medicine, and Healing", P. 737
3. Maslow, Abraham. In Brenner, Verna Carson, "The Essence of spirituality", Spiritual Dimensions of Nursing Practice. W.B. Sanders Company, 1989:6-13.
4. Barker, Elizabeth R., "Spiritual Well-Being in Appalachian Women"
5. Cassel, Eric, J. "The Nature of Suffering and the Goals of Medicine," p. 643.
6. Buscaglia, Leo R., Personhood: The Art of Being Fully Human
7. Barker, op. cit
8. McCullough, Lawrence B., "Teaching Humanities in Primary Care Resident Programs"
9. Brody, Howard. "The Physician's Character", The Healer's Power.
10. Ibid
11. Cassel, Eric J. "The Nature of Suffering and the Goals of Medicine", p. 641
12. Bellings, J. Andrew, "Outpatient Management of Advanced Cancer", p. 261
13. "The Interrelationship of Religion and Medicine", Medicine and Religion: Strategies of Care, Ed. Shriver, Donald W.
14. Larsen, Ernest, Love is a Hunger
15. Henson, E. Gleen, "Making the Most of Time"
16. Frankl, Viktor E., The Doctor and the Soul

HM 548: Humanities in Medicine  
Spirituality and Medicine

Student Essay Evaluation Form

Student \_\_\_\_\_

Evaluator \_\_\_\_\_

**Instructions:** On each aspect of participation, please rank the student's performance according to the following key:

- H = Deserves honorable mention for outstanding work
- P = Clearly meets passing level expectations
- CP = Conditional pass; is close but needs to improve
- N = Not passing; significant deficiencies noted
- CE = Cannot evaluate -- not enough behavior observed to judge

\_\_\_\_\_ The student states in the first 1-2 paragraphs what issue is being addressed.

\_\_\_\_\_ The student understands the meaning and context of the readings that are presupposed for the assignment.

\_\_\_\_\_ The student adopts a clear position on the issue being discussed. (Ideally this will be mentioned in the introductory 1-2 paragraphs.)

\_\_\_\_\_ The student offers thoughtful reasons to support the position.

\_\_\_\_\_ The student adequately accounts for any differences of opinion and is prepared to recognize weaknesses in the position being defended.

\_\_\_\_\_ The student is aware of how the assigned paper ties in with the goal(s) of the particular small group session.

\_\_\_\_\_ The student writes clearly.

\_\_\_\_\_ OVERALL RATING

**NOTE:** The overall rating need not be an average of the other ratings as the preceptor may judge that differential weights need to be assigned in different categories.

**Comments for student:**



STUDENT NAME: \_\_\_\_\_

## College of Human Medicine - Small Group Rating Form

**Instructions:**

On each aspect of participation, please check the box that most accurately captures the student's performance.

### LEARNING AND KNOWLEDGE

	seldom	usually	always
comes to group prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
displays a willingness to learn from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contributions to discussions show comprehension of course content, &/or asks questions & seeks assistance in comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contributions to discussion include facts/concepts, in addition to beliefs/opinions and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
actively listens when not contributing to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contributes pertinent comments during most small group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### RESPECT FOR OTHERS

	seldom	usually	always
able to disagree with or question others without conveying disrespect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
displays respect for differences in view points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PROFESSIONAL RESPONSIBILITY

	seldom	usually	always
attends group reliably and promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
avoids disruptive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### GROUP PROCESS

	seldom	usually	always
able to play multiple roles in group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
willing to work constructively to alter group process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
facilitates group process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(CONTINUED ON REVERSE SIDE)