

# SCHOOL *of* MEDICINE

## Center for Health Humanities & Ethics



## Center Activities

\*Programs under development  
Bubble size does not reflect effort or priority

Highlights in each domain on pages 2-5 — Faculty interests and expertise on page 6

January 2020

## Education

The Center is central to the educational mission, providing educational opportunities in ethics and health humanities through teaching and mentoring learners in the SOM, across Grounds and in the local community. From classrooms to clinical venues, in simulation centers and museums, Center faculty guide learners to develop the knowledge, core clinical skills, critical analytic capabilities, and moral imagination needed to face ethical challenges in complex healthcare and translational research ecosystems. In creating the *FusionLab: An Educational Innovation Incubator*, the Center will be a space where educators come together to design and launch educational initiatives that draw from best practices in ethics, science, humanities and arts.

### Highlights

- Center faculty lead **UME ethics, professionalism and humanities** in SOM NxGen curriculum\*
- Center faculty teach in **all four years of UME curriculum**
  - Faculty-led or partnered active learning sessions are woven throughout the 18-month preclerkship period;
  - Required ethics rounds in clerkships (currently neurology, internal medicine, pediatrics, ob-gyn);
  - 14 fourth-year humanities/ethics electives, (e.g., Medical Spanish, New Frontiers in Clinical Ethics and Law, History of Medicine, Literature and Medicine, Perspectives on Suffering, Calls of Medicine)
  - Faculty-mentored individual student research (e.g., MSSRP, Hook Scholars, Independent Research Electives)
  - Creation and nurturance of professional rituals marking important educational landmarks (e.g. White Coat Ceremony, Anatomy Reflection Project and Donor Convocation of Gratitude, Student Clinician Ceremony)
- **Edward W. Hook Scholars Program**,\* mentoring selected medical students over four years in humanities, ethics or arts; UVA's 36th Hook Scholar will graduate in 2020
- **Interprofessional “short courses”** and elective seminars bring together medical, law, nursing, architecture and other graduate/professional students for learning that earns academic credit
- **Clinician's Eye**,\* now a required SOM clinical skills workshop in partnership with Fralin Art Museum
- **GME and CME contributions** include departmental Grand Rounds and invited teaching, Medical Center Hour, Schwartz Center Rounds, Excellence in Education Certificate program, and ethics curricula for clinical departments
- **Medical Center Hour**,\* an internationally recognized weekly public forum that brings ethics and humanities scholars to SOM (2500 annual attendees; 6900 YouTube subscribers/992,000 views)
- **Intensive Workshop in Healthcare Ethics Consultation** annually trains new ethics consultants and prepares experienced consultants for national certification (learners from up and down East Coast)
- **Undergraduate and graduate courses** on clinical, organizational and research ethics, policy, and law in Public Health Sciences, School of Nursing (dedicated funding), School of Law (dedicated funding)
- **Thomas G. Bell Fellowship Program** funds postdoctoral fellows
- **Summer Bioethics Internship**, a highly competitive 7-week program for undergraduates and recent graduates (since 2013, 24 students from 12 schools—e.g. UVA, UChicago, Swarthmore, UEdinburgh)
- **Faculty advising and administrative support** for student groups (e.g. Gold Humanism Honor Society, *Veritas* [student humanities/arts publication], Sloane Society, HeArt of Medicine, Healer's Art)

Center faculty have received the Dean's Award for Excellence in Teaching and the David A. Harrison Distinguished Educator Award for lifetime achievement. They are faculty/scholars in the Harvard Macy Institute Program for Educators in Health Professions and on the AAMC Humanities and Arts Integration Committee. They regularly publish about and present their educational innovations locally and at national and international medical education, ethics and humanities conferences.

\*see Appendix for posters on specific educational innovations presented at international, national, and local forums

## ***Service to the Clinical and Research Enterprises***

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The Center is critical to the clinical and research enterprises of the UVA Health System through its consultative activities and committee service and leadership. The **Ethics Committee** guides policy development and educational activities that assist the Health System to align its mission and values with its organizational behaviors, thereby fostering an ethical climate and moral community reflective of ASPIRE values. The **Ethics Consult Service (ECS)** comprises three resources that serve the clinical mission: the **Clinical Ethics Consult Service** provides consultative services to faculty, employees, trainees, students, patients, surrogate decision makers and families faced with challenging ethical questions that arise during the care of patients; the **Moral Distress Consult Service**, in service to faculty, employees, trainees, and students, responds to moral distress encountered in clinical care; the **Complex Care Initiative** provides unit-based guidance in developing interdisciplinary approaches to medically and ethically complex patients. The **Translational Research Ethics Consultation Service (T-RECS)** is a resource provided jointly by the Center and iTHRIV for consultation on ethical issues that arise anywhere along the translational spectrum of research, including during the development, conduct, analysis, reporting or commercialization of research. Center faculty also regularly advise the University's **Institutional Review Boards** and the University's **Research Integrity Officer and Program**.

### **Highlights**

- **Center faculty lead** the Ethics Committee, ECS, and T-RECS
- 24/7 Ethics Consultation Service provides ~ 370 annual clinical/moral distress consults
- Moral Distress Consult Service cited as one of two **Magnet Hospital** exemplars
- **Policy development** at the local, state, and national level (e.g., involvement in amending VA *statute 54.1-2990 Medically or Ethically Inappropriate Care Not Required* and development of associated institutional policies)
- Membership on American Society for Bioethics & Humanities **Health Care Ethics Consultation Certification (HEC-C) Task Force**, which mapped the field's knowledge and practice domains, creating the foundation of the certification program
- Provision of 4 CE/CME **intensive certification-based training programs** for 31 medical center and national participants; ongoing **professional development** of consultants
- Six ECS members among the first to achieve **national Health Care Ethics Consultant certification (HEC-C)**
- Development of the **Complex Care Initiative** and **Virginia at Home** for high needs patients
- Center faculty serve on **DSMBs for multiple NIH Institutes** and **ethics committees for multiple professional societies**
- The **pilot phase of T-RECS** advised investigators, the IRB, and clinicians challenged by complex ethical issues at the interface of clinical care and research

Center faculty have chaired the National Human Research Protections Advisory Committee for HHS, the Research Ethics Committee for the American Psychiatric Association, and the Ethics Committee of the Society of Critical Care Medicine. A Center faculty member received the 2020 Christer Grenvik Memorial Award in Ethics in Critical Care from the Society of Critical Care Medicine.

## ***Scholarship and Research – Impact on the Field***

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Through scholarship and research, Center faculty widely share their **expertise in health humanities and ethics** on topics as diverse as ethical theory, clinician-patient encounters, literature and medicine, end-of-life decision-making, medically and ethically inappropriate treatment, medicine and the arts, moral distress, reproductive and sexual ethics, organ procurement and transplantation, aging, human subjects research, ethical issues in pandemic, medical education, organizational ethics, and health law and policy. Center faculty include **leading national and international voices** on these and other topics. Within the Center, **interdisciplinary scholarship** is highly valued and encouraged. Center faculty come from various disciplines and professions, including medicine, nursing, religious studies, philosophy, public health, literature, history of medicine and science, and law. They routinely collaborate with one another, with students and trainees, with Affiliates of the Center, and with other experts within and beyond UVA in order to bring unique, cross-disciplinary insights to timeless ethical inquiries as well as to pressing issues of the day.

### **Highlights**

- Articles in top peer-reviewed bioethics, humanities, health policy and law, clinical, scientific, and medical education journals (e.g. *Am J Bioethics*, *Hastings Ctr Report*, *AMA Ethics*, *J Law Med Ethics*, *Perspect Biol Med*, *J Empir Res in Hum Res Ethics*, *IRB:Eth & Hum Res*, *Acad Med*, *Med Educ*, *Science*, *NEJM*, *JAMA*, *Annals Intern Med*, *Pediatrics*, *Neurology*, *Crit Care Med*, *Obstet Gynecol*, *Narrat Inq Bioeth*, *Am J Pub Health*, *Jt Comm J Qual Patient Saf*, *Am J Crit Care*)
- Books, book chapters, educational materials, edited and published collected works, shorter communications in the form of editorials, essays, blogs, and podcasts.
- Editorial boards (e.g. *Am J Bioethics*, *Biolaw*, *Med Res Law Policy Rept*; *HEC Forum*, *BMC Ethics*)
- Invited and juried national and international presentations, including named lectureships, keynotes, plenaries, visiting professorships
- Leadership in the formulation of national and regional guidelines, policy, and law
- Expert advisory activities (e.g. HHS Secretary, NIH, OHRP, ORI, FDA, NAS, AAMC, RWJF, ACOG, ABIM, Greenwall Foundation, National Marrow Donor Program)
- Peer review activities – manuscripts, grants and awards; recommendations for promotion, tenure and endowed professorship decisions at peer institutions; program reviews
- Leadership roles in national and international professional organizations (e.g. American Society of Bioethics and Humanities, NCQA/JCAHO, American Association of Bioethics)
- Public engagement through presentations, media, op-eds; faculty members quoted/appeared as experts for *NPR*, *BBC*, *C-SPAN*, *Washington Post*, *New York Times*, *McNeil/Lehrer*, and others
- Convening of interdisciplinary seminars and forums with invited experts from within and beyond UVA (e.g. *Theater of War*, *Asylum*, *Constructing for Health*, *Influenza! 1918-2018*, *Medicalization of Poverty*, *Evening of Life*)
- Scholarly collaborations with students and other scholars affiliated with the Center

Over the last five years, Core and Associate Faculty of the Center have produced over 100 journal articles and book chapters related to health humanities and ethics, as well as several books and edited volumes. They have presented their work in over 200 regional, national, and international forums.

## ***Service to the Institution***

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The **strategic plan for the University** lists as one of its overarching goals “strengthen[ing] our foundation” by providing high quality systems that support the work of students, faculty and staff and “cultivate a culture that nurtures and stimulates their growth and development.” As **valued members of the School of Medicine and University community**, the Center faculty have served and continue to serve in important roles to further the mission of both the School and University that **go beyond service to the clinical and research enterprises, teaching, and their own scholarship and research.**

### **Highlights**

- Faculty membership on provost, School of Medicine and departmental promotion and tenure committees, as well as subcommittees tasked with review and development of policies.
- Membership on high-profile search committees (e.g. SOM Dean, Dean of Architecture, Cancer Center Director, Director of the Virginia Center for Translational and Regulatory Sciences, Fralin Museum Director, Vice Provost for the Arts, Institute for the Humanities and Global Cultures Director, legacy faculty and endowed professorship hires in biomedical ethics, design and health, creative writing)
- Leadership and membership on presidential task forces and committees (e.g. President’s Working Group on Response to Sexual Violence, President’s Committee on Women’s Concerns)
- Leadership and membership on University’s Non-Tenure Track Faculty Task Force resulting in overhaul of general faculty promotion rules
- Membership on provost task forces and committees (e.g. Academic Strategy Committee)
- Representing the SOM through leadership of and membership on Faculty Senate and Faculty Senate committees (e.g., Academic Affairs, Research, Teaching & Scholarship, FS Chair)
- Substantial and sustained leadership and membership on SOM standing committees, ad hoc committees, advisory boards, and planning workgroups relating to education, accreditation, strategic planning, research, faculty and student affairs, diversity and inclusion
- Leadership and membership on SOM departmental and center committees (e.g., promotion and tenure, strategic planning, faculty searches)
- Membership on University standing committees (e.g. Sustainability, Disability Advocacy and Action) and participation in policy development (e.g. LGBTQ inclusion)
- Faculty Fellows or Affiliates of UVA centers and programs (e.g., Institute for Advanced Studies in Culture, Center for Global Health, Center for Design and Health, Brown Residential College, Center for Interprofessional Collaborations, Institute for Law Psychiatry and Public Policy)
- Leadership of university-wide organizations (Raven Society, Phi Beta Kappa)
- Advisory responsibilities with SOM, UVA Health, and UVA units and programs (e.g. General Counsel’s office, Research Integrity Officer/VP Research, EEO)

Center faculty have received awards for institutional leadership and service for work within the SOM and University, such as the Elizabeth Zintl Award, AOA national faculty inductee, Gold Humanism Honor Society national faculty inductee. Center faculty continue to represent the School of Medicine on wide-reaching University activities and in cross-grounds relationships.

## Faculty Areas of Interest and Expertise

### CORE FACULTY

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**Mary Faith Marshall, PhD, FCCM, HEC-C**

Clinical ethics · Health care ethics and Moral Distress consultation · Moral distress · Research ethics · Reproductive and sexual health ethics, justice and policy · Organizational ethics · Medically and ethically inappropriate treatment · Ethical issues in pandemic · Literature and medicine



**Donna Chen, MD, MPH**

Professional identity formation/professional integrity · Ethics education · Ethics consultation · Organizational ethics · Ethics in complex adaptive systems · Ethical sense-making · Translational research ethics/scientific integrity · Neuroethics · Moral imagination · Teamwork · Ethics in clinical neurosciences and genomics



**Marcia Childress, PhD**

Narrative medicine · Literature and medicine · Arts-based health professional education · Clinician's Eye workshop · Reflective education practices · End of life · Interprofessional education · Disability studies · History of medicine · Professional identity formation · Medicine, society, and public humanities



**Beth Epstein, PhD, RN, HEC-C, FAAN**

Moral distress · Clinical ethics · Ethics in the NICU · Patient and family decision-making · Discrimination and birth outcomes · Palliative care ethics · Ethics consultations



**Lois Shepherd, JD**

Health law and policy · End-of-life decision making · Organ transplantation · Research ethics and regulation · Reproductive and sexual ethics and law · Disability studies · Organizational ethics · Ethics in healthcare business · Public health ethics and law



**Julia Taylor, MD, HEC-C**

Reproductive and sexual health ethics · Fertility preservation in pediatrics & adolescents · Adolescent healthcare decision making · Confidentiality in adolescent healthcare · Care of transgender pediatric and adolescent patients

### EMERITUS FACULTY

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**Robert J. Boyle, MD**

Clinical ethics · Ethics committees/ethics consultations · Neonatal decision-making · Organizational ethics · Patient and family decision making · Ethics in research on vulnerable populations



**James F. Childress, PhD**

Theory and biomedical ethics · Organ transplantation · Gene therapy · Assisted reproductive technology · Reproductive ethics · Research ethics · Conscientious refusal · Ethics and public policy · Religion and bioethics · Public health

### ASSOCIATE FACULTY

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**David Lapides, MD**

Neuroethics · Medically and ethically inappropriate treatment · Clinical ethics consultations · Narrative medicine · Treatment decisions for complex patients



**Justin B. Mutter, MD**

History of aging in America · Home-based medical care · Older adults living with dementia · Primary care health policy · Quality measurement · Political economy studies of modern health, disease, and illness · Philosophy of medicine and clinical judgment

**Center faculty routinely collaborate in education, research,  
and service with its over 50 Affiliates.**

# Appendix

## Posters describing educational innovations highlighted on Education page

- **Preparing to be Ethical at 3am: A Conceptual Vision for Threading Ethics into Professional Identity Formation over a Four-Year Integrated Curriculum** – presented at Harvard Macy Institute (Boston 2014) and Cambridge Consortium for Bioethics Education (Paris 2016)
- **From Stolen Good to Social Good: Representing Ethical and Humanistic Aspects of Anatomical Study** – presented at Am Society for Bioethics and Humanities (2012) and UVA Med Ed Week (2013)
- **Fostering Reflection and Creativity in Medicine: Focus on Anatomical Study** – presented at UVA Med Ed Week (2013) and Cambridge Consortium for Bioethics Education, Paris 2016)
- **Narrative Ethics and Humanities in the Clerkships: An Innovation in Medical Education** – presented at UVA Med Ed Week (2013)
- **The Edward W. Hook Scholars Program in Humanities and Ethics** – presented at UVA Med Ed Week (2015)
- **Clinician's eye: Using visual art observation in the museum to improve physicians' core clinical skills** – presented at UVA Med Ed Week (2014)
- **Medical Center Hour: Medicine and Society in Conversation-Yesterday, Today, Tomorrow** – presented at UVA Med Ed Week (2019)





# Preparing to Be Ethical at 3am: A Conceptual Vision for Threading Ethics into Professional Identity Formation over a Four Year Integrated Curriculum

Donna T. Chen, MD, MPH

Center for Biomedical Ethics and Humanities, University of Virginia School of Medicine, Charlottesville Virginia USA



## "Doing Ethics" and Developing Ethically Informed Habits – Some Lessons from Moral Psychology

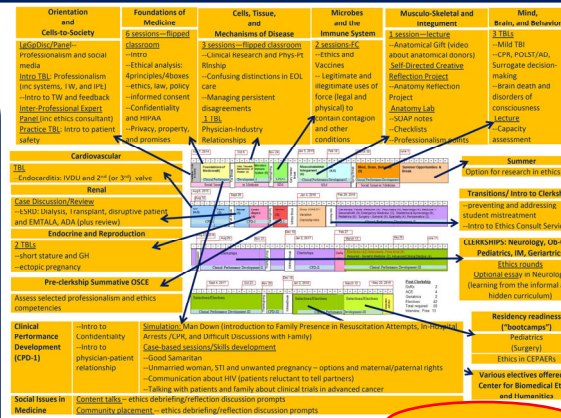
- Develop awareness of own inclinations and blind spots (know who you are)
- Recognize and utilize emotional responses
- Hone ability to assess situational supports and constraints in environments—micro, meso, and macro
- Know how to apply appropriate knowledge, attitudes, skills that underlie ethically acceptable or exemplary actions/behaviors
- Prepare to utilize dual cognitive processes fully— Educate ethical intuitions and deliberately practice ethical reasoning skills
- Seek multiple perspectives
- Remember moral imagination and creative thinking processes
- Practice discussing ethics and deliberating with others
- Foster courage to act ethically in face of social and structural obstacles
- Create moral community – social environment matters

**Ethical thinking and doing must become part of one's professional identity  
It should not feel externally imposed.**

## Lessons Learned and Future Directions

Designing curricula and learning activities is fun. Appropriate evaluation is hard. Meaningful learner assessment is daunting. The informal and hidden curricula speak loudly to students; so does USMLE Step 1. In all domains, continuous quality improvement and life-long learning apply.

Thanks to the collaborative faculty, staff, students and administrators who care deeply about making UVA's NxGen Curriculum the best that it can be!



## Pedagogical Approaches

Flipped Classroom \* Team Teaching \* Team-Based Learning \* Small and Large Group Case Deliberations \* Simulation—High/Low Fidelity \* Standardized Patient/Family \* Skills Development – EPAs \* Coaching \* Role Models \* Mentors \* Creative Reflection \* Guided Reflective Writing \* Self-Directed Learning

## Formative and Summative Assessment Approaches

Multiple Choice Exams \* Worksheets \* Essays \* OSCEs—SP/Observer Feedback \* Peer Feedback/Evaluation \* Teammate Feedback/Evaluation \* Mentor/Supervisor Feedback/Evaluation \* Passports/EPAs (coming?)

## Designing Curricula and Preparing the Learning Environment -- Some Lessons from Cognitive, Developmental, and Social Psychology

- Attend to formal, informal, hidden, and null curricula in all learning environments
- Use engaged and active learning approaches
- Target higher Bloom's levels: Apply, synthesize, evaluate, create
- Take developmental approach (spiral) – Activate and build on prior knowledge
- Build desirable difficulty, space and interleave
- Provide practice with retrieval in a variety of contexts
- Train to reflect-on-action and reflect-in-action
- Aim for deliberate practice to develop expertise
- Prepare for life-long learning

I have seen myself and my peers carry more and more discussions out of class into hallways and over meals, thinking carefully about what it will mean for us to ethically practice medicine in the future. You are having the impact you hoped for!

I am a first year medical student, and wanted to write you a brief thank you for our exceptional ethics sessions. For me, there have been one or two things about medical school that I do not think I grasped before entering (i.e. I am very humbled by the gravity of the privilege of taking care of patients), and medical ethics is certainly on that list.

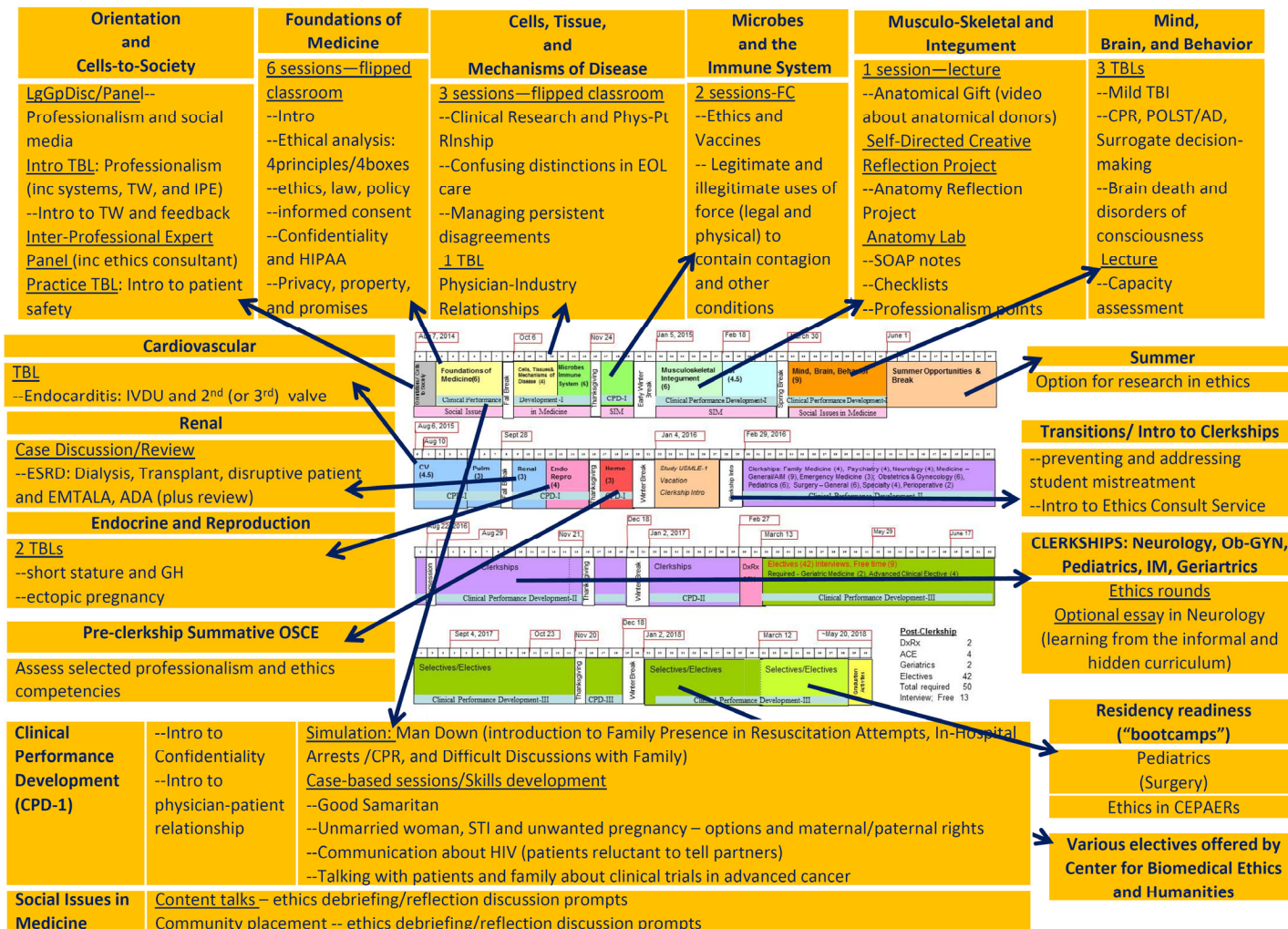
While the content alone is enough for me to realize the importance of ethics training in my medical education (and career), it has been your leadership and guidance that has made ethics such a wonderful and eagerly anticipated session. I genuinely enjoy the readings, the complexity of the implications, and the fun of working through scenarios in class. Your time and work is appreciated.

Can't you just give us handouts with stuff we need for the boards?

**Feedback from Students**

Your use of compelling readings, in-class case studies, small groups, and active polling allow us to achieve much more in these discussions than I thought would be possible...





‘Esc’ to return to poster

# From Stolen Good to Social Good: Representing Ethical and Humanistic Aspects of Anatomical Study

Donna T. Chen MD, MPH<sup>1,2</sup>; Michael R. Parsons BA<sup>3</sup>; Melanie A. McCollum PhD<sup>4</sup>; Marcia D. Childress PhD<sup>1</sup>

<sup>1</sup> Center for Biomedical Ethics and Humanities; <sup>2</sup> Departments of Public Health Sciences and Psychiatry; <sup>3</sup> Class of 2012; <sup>4</sup> Department of Cell Biology  
University of Virginia School of Medicine, Charlottesville, VA 22908

## Introduction/Background

Anatomical study through cadaver dissection is a contested aspect of the education of medical professionals. For economic and practical reasons, some medical schools are now replacing it with newer technologies such as interactive computer models and prosections.

However, embedded within the experience of dissecting human cadavers donated as anatomical gifts are early opportunities for learners to develop and practice habits that demonstrate professional attitudes, ethical thinking and decision-making, and humanistic behaviors. Explicit recognition of these embedded opportunities enhances the learning afforded by gross anatomy lab.

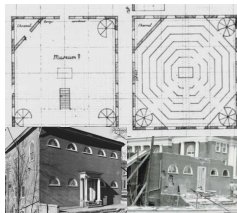
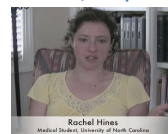
Our objectives were to introduce historical aspects of obtaining cadavers for medical education both generally and specifically at our institution; to illustrate the changing norms related both to procuring cadavers and to demonstrating respect for anatomical donors and their gift; and to illuminate the trust placed in medical students and the educational system by the anatomical donors. We also explicitly designed this process to be collaborative and interdisciplinary, and to demonstrate peer-mentoring.

## Methods

As part of a wider effort to broaden learning objectives for gross anatomy lab, an interdisciplinary group of faculty (representing bioethics, medical humanities, and anatomy) mentored a rising second-year medical student in a summer project to research and create a video for use in introducing first-year medical students to the professional, ethical, and historical dimensions of learning from anatomical donations.

A 20-minute video, "Anatomical Study: From Stolen Good to Social Good," resulted from this collaborative effort, together with individuals – faculty and students – who agreed to be interviewed regarding their own and/or family members' decisions to become anatomical donors.

We have used this video for two years as part of the introduction to anatomy lab and anatomical dissection, and as a prompt for discussion. The student producer joined these sessions when possible. We evaluated the video session to assess its impact on student beliefs and attitudes.



Questions asked using clickers before and after students viewed the video

	Q1.3		Q1.2	
	Yes (%)	No (%)	Yes (%)	No (%)
I have donated human cadavers before.	15	85	0	100
Total N	147	147	147	147
The systems we have today for obtaining bodies for anatomical study have been in place since the early 1800s.	Agree (%) 49	Disagree (%) 51	Agree (%) 49	Disagree (%) 51
Most cadavers used in the US for medical education today are gifts from anatomical donors.	Agree (%) 92	Disagree (%) 8	Agree (%) 92	Disagree (%) 8
I know someone who is planning to donate his or her body to medical education.	Agree (%) 38	Disagree (%) 62	Agree (%) 38	Disagree (%) 62
I can imagine discussing the process of donating one's body to medical education with family, friends, or partners.	Agree (%) 66	Disagree (%) 34	Agree (%) 66	Disagree (%) 34
The trust given by the anatomical donors is able to the trust given to physicians by patients.	Agree (%) 66	Disagree (%) 34	Agree (%) 66	Disagree (%) 34

## Results

We have seen a demonstrable change in learners' knowledge and attitudes from pre/post questions as well as from student reflections on their experience with anatomical dissection as shown in their choice of themes in anatomy reflection projects. We have evidence that learners explicitly considered whether they themselves would donate their body to medical education in the future and that they approached anatomy lab with this question in mind. Student evaluations completed five months after the video session suggest that an overwhelming majority found the video an important curricular addition. An unintended but enjoyable outcome has been unsolicited queries from students each year asking whether they might participate in similar summer research opportunities in medical humanities, ethics, and medical education.

We present some screenshots from the video and have it available for limited viewing. The video has been accepted for publication in *Hospital Drive*, an electronic medical arts and humanities journal, pending final revisions.

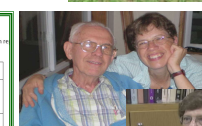


One year, our evaluation used closed-ended questions with Likert scale response options

Student evaluations of video (administered 5 months after students watched video in class)

The cadavers used for the vet lab dissections in both MB and MS were obtained from donors. Please answer the following questions with the video, From Stolen Good to Social Good, shown as part of the introduction to anatomy lab on the first day of MS1.

	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)	Mean	Total N
I learned something important about the history of dissection in medical education	40	52	7	1	2	3.28	151
I learned something important about elements of race and class relations in how cadavers were obtained for medical education in past years	31	55	9	3	3	3.08	150
I learned something important about how cadavers are currently obtained for medical education	39	54	4	3	1	3.25	151
The video helped me to understand and/or appreciate the gift given by the individuals who donated their bodies to our medical education	40	50	7	3	1	3.24	151



## Discussion

We achieved our aims with this collaborative, interdisciplinary, peer-mentoring method of introducing students to professional, ethical, and historical dimensions of learning from anatomical donations. We continue to seek other embedded opportunities to utilize collaborative, interdisciplinary, peer-mentoring methods to inflect medical students' professional attitudes, ethical thinking and decision-making, and humanistic behaviors.

One year, we asked only an optional open-ended question on an evaluation 5 months after the session, "Think back to the video, From Good to One year, rather than a quantitative evaluation, we asked an optional open-ended question on an evaluation 5 months after the session, "Think back to the video, From Stolen Good to Social Good, shown as part of the introduction to anatomy lab on the first day of MS1. Please comment on what you remember most about the video, if anything."

Forty-four students commented. The comments were positive, negative and neutral in tone reflecting five themes: 1) History of anatomical study and cadaver procurement, 2) Respect for anatomical donor and gift, 3) Decision to donate, 4) Dissection as meaningful experience, and 5) can't recall the video. Illustrative quotations are presented below.

*I really enjoyed learning about the history of anatomical donation. It's something I knew nothing about, and was a great way of educating us about how much has changed with regard to donation, and kind of placed our upcoming dissections in a broader social context.*

*I remember how cadavers were stolen throughout time until patients started donating their bodies. I had never thought about the controversial nature of stealing/donating cadavers and it helped me gain appreciation for the cadavers that we use in lab today throughout the country.*

*I think what stuck with me about that video was the perspective of the family members of donors as well as people who intended to become donors themselves. It humanized the experience for me, and made me more mindful as we went along.*

*I was shocked about how much society and people's concepts of the ethics of society have changed. The video emphasized what amazing gifts the cadavers are.*

*What really stands out are the old photographs of medical students posing with cadavers in a joking manner. I remember the photographs best of all because they contrast with the respect that we were encouraged to maintain. It is difficult to imagine students being allowed to belittle and de-humanize the cadaver.*

*I don't remember much about the video itself but I do remember that it brought out a lot of emotions. I also think it was good that the preceptors had us talk with the person next to us about how we were feeling about starting anatomy lab after viewing the video.*

*I remember thinking about how great a gift the donation of one's body is. The video allowed me to appreciate the value of my cadaver's gift and I think our group respected her body even more than we would have had we not seen the video*

*There used to be gravediggers who unearthed cadavers, mostly from African American grave sites. As a result of this, there was a great deal of mistrust from that community toward the medical profession, especially medical schools. Now, there is a huge push to portray the donation as a voluntary gift that can have lasting implications for all of the patients that each future physician will serve.*

*I remember that I have to try and think of our cadaver as a gift, and always keep in mind that it was once a real person such as myself or anyone in my family.*

*It was interesting to see the evolution of cadaveric study right here at UVA within the broader context of the history of medical education.*

*I don't remember seeing this. From the name, it sounds like I would have thought it was a waste of time.*

*there was a video? OH WAIT this was the body snatchers video. that was good.*

Development of video supported by: Hook Endowment/Center for Biomedical Ethics and Humanities; UVA Medical Student Summer Research Program; Dean Donald Innes/Medical Education Fund.

With thanks to the following individuals for agreeing to be videotaped and/or helping with other aspects of developing and evaluating this project: Christine Peterson, Jodi Koste, Barry Hinton, Rachel Hines, Paul Reynolds, Jen Hsu, Sean Li, Joan Echtenkamp Klein, Jason Bennett, Ellen Ramsey, Elizabeth Bradley, Addeane Calleigh, and Danny Becker.

presented at Am Society for Bioethics and Humanities (Washington DC, 2012)

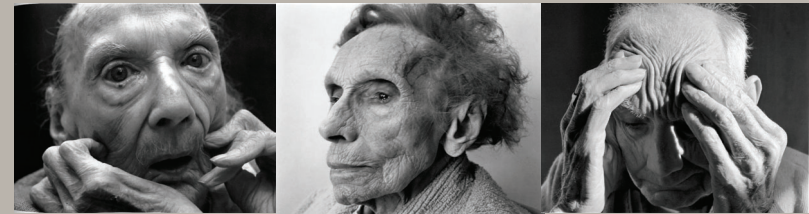




# NARRATIVE ETHICS AND HUMANITIES IN THE CLERKSHIPS

## An Innovation in Medical Education

Donna Chen MD MPH, Marcia Day Childress PhD, Lois Shepherd JD  
Center for Biomedical Ethics and Humanities, University of Virginia School of Medicine



### Ethics Workshops in Geriatrics and Neurology

To afford third-year medical students an opportunity to discuss, in a confidential small-group (6-15 students) setting, some of the ethical and social issues they encounter during their clinical clerkships, the Center for Biomedical Ethics and Humanities has created one-hour ethics and humanities workshops in both the Geriatrics and Neurology clerkships. These two clinical specialties can be especially challenging, since they often involve long-term, degenerative conditions that compromise patients' physical and/or cognitive function, affect identity and independence, and alter family life—and for which medicine has few fixes and no cure.

These required workshops are conducted like “ethics rounds,” with students bringing to the table stories—not medical case reports—of patients seen and situations experienced that are perplexing, challenging, illuminating, troubling, and meaningful. Faculty with expertise in medical ethics, humanities, and narrative medicine lead the discussion.

Each workshop offers time for the group to hear from every student and to explore whatever ethical, legal, and social matters they have identified in their clinical practice.

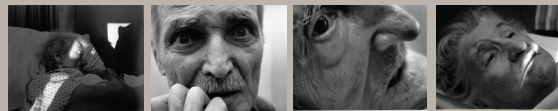
Questions and concerns brought to the table include:

- patients' experience of illness
- doctors' reactions to other doctors' care
- patient-physician trust and communication
- family dynamics and obligations
- end-of-life decision-making, including determination of death
- challenges/opportunities in today's complex healthcare, insurance, and social-services systems
- communication within the healthcare team and between professionals, patients, and families
- medical record-keeping
- students' own clinical role and professional formation

**As clerks, medical students sometimes voice frustration about being observers more than active participants in patient care. Might asking students to talk and write reflectively about patients and critically about the informal curriculum help them to feel more engaged and claim greater agency as apprentice clinicians?**

### Objectives of this Educational Innovation

- To give young clinicians opportunities to voice and discuss (1) ethical and social concerns that arise in the context of caring for patients who are elderly, have neurological conditions, or are approaching the end of life, and (2) their own growth and development as doctors.
- To enhance individual and communal learning and practice through storying, reflection, and attentive listening.
- To offer students options to recount, analyze, and reflect on a lengthy interaction with a patient (Geriatrics) or an aspect of the informal curriculum (Neurology).
- To develop a curriculum template for narrative ethics/humanities modules in other clerkships or for residents.



### Narrative-Writing Options

**Geriatrics extra-credit narrative:** This writing assignment helps students know the geriatric patient as a person and appreciate ways in which his/her life story has meaning. Students compose a 2-3 page narrative about a patient with whom they've had a sustained conversation during the clerkship. Students may write from any point of view, including the patient's perspective (and voice), and in any narrative genre/form (prose, poetry, drama). Faculty provide written feedback on students' work.

**Neurology extra-credit essay:** This assignment helps students think critically about the informal curriculum, in particular how ethical issues present themselves and are handled in real-time, resource-limited clinical practice and how clinical embeddedness affects their understanding of ethical, legal, and professional values. Students write a 1-2 page essay describing and discussing a positive or negative experience or observation of the informal curriculum in ethics, law, or professionalism; they also suggest how students might learn productively from this aspect of the curriculum. Faculty give written feedback.

### Outcomes: Students Opting to Write

Percentage of students completing the optional, extra-credit writing opportunity in recent years:

**Geriatrics 51%    Neurology 89%**

### Outcomes: What Students Write About

#### Geriatrics

Appreciating a long life well-lived • Acknowledging a life of hardship and challenges • Honoring WWII and Vietnam military service • Marveling at 50+ years of marriage • Observing dementia's progress • Absorbing loneliness • Considering the stresses/burdens of caregiving • Listening to grief, despair, and fear • Imagining life in a nursing home • Savoring memories of a farm childhood • Relating tales of youthful achievement (a motorcycle racer) and older accomplishment (a senior marathoner) • Advocating for a voiceless veteran • Celebrating a nonagenarian's bright pink pumps! • Witnessing loss of vigor and independence • Meeting an inspiring role model • Seeing oneself and one's fresh, young life in new light.

#### Neurology

Considering challenges of giving bad news • Coming to terms with uncertainty inherent in medicine • Advising peers that good neurological care is interprofessional • Expressing dismay at practices that seem defensive • Admiring well-run family meetings • Valuing doctors who explain their decisionmaking to students • Wondering about the balance between history-taking/physical exam and “needs” for imaging • Learning to build relationships with “difficult” patients • Learning the clinical value of time spent with patients, families, and nonphysician colleagues • Valuing reflection and discussion when facing daunting situations • Learning from role models good and bad • Witnessing effective communication among patients, families, healthcare team, and referring docs—near and far.

**Students' Geriatrics narratives have been published in *Veritas and The Intima: A Journal of Narrative Medicine*. Two students read their writings in a program featuring portraits/stories of war veterans by Philadelphia artist Daniel Heyman, hosted by Studio Art, Institute for Practical Ethics and Public Life, and Center for Biomedical Ethics and Humanities (March 2012).**

Photographs: Nicholas Nixon,  
Pictures of People, 1988







# The Edward W. Hook Scholars Program in Humanities and Ethics

## Center for Biomedical Ethics and Humanities, University of Virginia School of Medicine

Marcia Day Childress PhD, Associate Professor of Medicine Education and Director, Programs in Humanities • John Arras PhD, Porterfield Professor of Biomedical Ethics and Professor of Philosophy and Public Health Sciences • Robert Boyle MD, Professor Emeritus of Pediatrics • Donna Chen MD MPH, Associate Professor of Public Health Sciences, Psychiatric Medicine, and Biomedical Ethics • Mary Faith Marshall PhD, Kornfeld Professor of Biomedical Ethics and Director, Programs in Biomedical Ethics • Margaret E. Mohrmann MD PhD, Professor of Pediatrics and Associate Professor of Religious Studies • P. Preston Reynolds MD PhD, Professor of Medicine • Lois Shepherd JD, Wallenborn Professor of Biomedical Ethics, Professor of Public Health Sciences and Law • Patricia Tereskerz PhD JD, Associate Professor of Medical Education • Daniel M. Becker MD MPH MFA, Kluge Professor of Palliative Medicine and Director, Center for Biomedical Ethics and Humanities

### A Legacy in Medical Humanities and Bioethics

Edward W. Hook MD MACP (1924-1998), longtime UVA Department of Medicine chair, sought to train better doctors by helping medical students to develop and deploy core medical competencies of observation, reflection, moral awareness, and compassion. Recognizing the importance of these capabilities—traditionally derived from study of the humanities and ethics and pursuit of the creative arts—he chaired the hospital's first ethics committee (1984), appointed the medical school's first professor of biomedical ethics (1988) and founded the Program of Humanities in Medicine (1991), initiatives that flourish today through the Center for Biomedical Ethics and Humanities ("the Center").

*A humanities, bioethics, and arts pathway through medical school and into medicine*

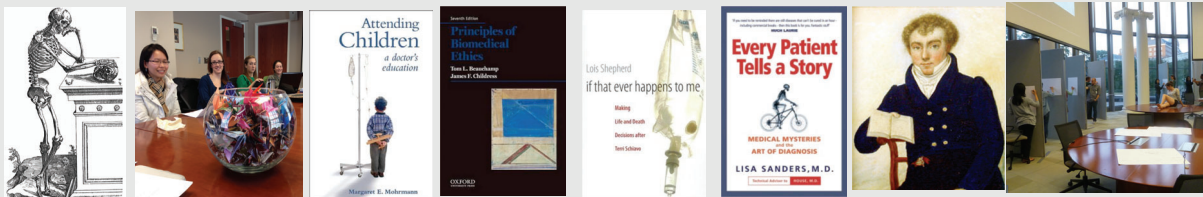
### What is the Hook Scholars Program?

The Hook Scholars Program in Humanities and Ethics, founded by the Center in 2012 and named in Dr. Hook's memory—with his family's enthusiastic endorsement—is organized along the lines of UVA's robust Generalist Scholars Program (GSP). Like the GSP, the Hook Scholars Program complements the four-year NxGen medical curriculum. The program gives at least four students in each medical school class a humanities, bioethics, and arts pathway through medical school and into their medical careers.

The program extends Dr. Hook's vision and, like him, champions intellectual interests, humanistic attributes, and creative capacities in doctors-in-training by:

- promoting student research/scholarship that links humanities, bioethics, and arts interests to skills sets that improve patient care, enrich teaching, advance health, and inform policy and service;
- inspiring the best undergraduates with liberal arts backgrounds to choose careers in medicine and to matriculate at UVA;
- preparing young physicians for careers in medical humanities and bioethics; and
- encouraging these doctors to pursue scholarly work and creative arts practice that address matters of health, illness, care, and well being.

Hook Scholars have additional study, activity, and leadership opportunities in the Center, where they are mentored by faculty who are leaders in medical humanities, bioethics, and arts. The program provides an organizational and operational framework within which Hook Scholars integrate their humanities, ethics, and arts pursuits into their professional formation.



Hook Scholars devote the summer after first year to individual scholarly research, often through MSSRP projects; participate in the life and activities of the Center; have as a mentor a Center faculty member; serve as student advisors to the Center; pursue humanities, ethics, and arts studies in the fourth year, earning up to 12 weeks of humanities/ethics elective credit; and take a capstone seminar, *The Calls of Medicine*, in which they present scholarly or creative projects.

Summer research funding for Hook Scholars (\$2800 per student) has come from the UVA School of Medicine's NIH-sponsored Medical Student Summer Research Program (MSSRP), the Edward W. and Jessie T. Hook Endowment for the Humanities in Medicine, the Brodie Medical Education Fund, and from philanthropic gifts to the Center for Biomedical Ethics and Humanities. We must raise additional funds to sustain the program and its activities.

### Being/becoming a Hook Scholar

The Hook Scholars Program accepts applications from first-year medical students who have demonstrated interest or accomplishments in the humanities, bioethics, or fine/performing arts and who wish to keep such interest active, aligned with, and applied throughout their medical studies.

In 2012-2013, we named five Hook Scholars from SMD 2016 and also chose upper-level students with humanities, ethics, and arts interests who, as ex officio Hook Scholars, could jumpstart a robust vertical community. We have just selected our third cohort of eight Hook Scholars, from SMD 2018.

#### CLASS OF 2018

Jennifer Alejo (bioethics)  
Hannah Chacon (art)  
Elizabeth Homan (music)  
Abbey Stokely (art therapy)

Kristina Burger (art)  
Helen (Jensie) Harley (literature)  
Walker Redd (bioethics)  
Michael Warwick (architecture)

#### CLASS OF 2017

Brie Chun (dance)  
Lee Eschenroeder (bioethics)  
Dhara Kinariwala (art and Spanish)  
Lauren Montemorano (religious studies)



#### CLASS OF 2015 (ex officio)

Jennifer Adaeze Anyaegbunam (narrative)  
Justin Barr (history of medicine)  
Jonathan Coker (writing)  
Dan Luftig (philosophy and education)  
Arjun Ramesh (humanities)  
Veronica Sudekum (humanities)



### Hospital Drive

Word. Sound. Image.  
A Journal of the UVA School of Medicine

#### CLASS OF 2016

Molly Davis (history)  
Rebecca Dirks (bioethics)  
Aileen Giordano (history)  
Laura Kolbe (creative writing)  
Sarai Martinez-Suazo (film and design)



#### CLASS OF 2014 (ex officio)

Tom Albert (poetry)  
Rondy Michael Lazaro (music)  
Derrick Thiel (art)

UVA's Center for Biomedical Ethics and Humanities is a diverse interprofessional community of scholars, teachers, and practitioners whose interests in the human dimensions of illness, health, and health care bridge clinical and social sciences, arts, and humanities, ethics and law, philosophy and religion. Our mission is to demonstrate the complementary nature of our disciplines while furthering their productive integration and application in the classroom and clinic, at the bedside, and in the community.



# clinician's eye using visual art observation in the museum to improve physicians' core clinical skills • University of Virginia

Louisa C. F. Howard (Echols Scholar, Art History and Bioethics, Class of 2014, UVA); Melissa Jordan Love PhD (Academic Curator, Fralin Museum of Art, UVA); and Marcia Day Childress PhD (Director, Humanities Programs, Center for Biomedical Ethics and Humanities, UVA School of Medicine)

## Teaching doctors in the art museum?

Several leading U.S. medical schools now partner with art museums to offer courses that combine visual art analysis and clinical observation. Medical students venture from clinic to art gallery and are there challenged by museum educators and medical professors to observe and articulate what they see in the art before them. Such exercises in attention, description, and interpretation cultivate and enhance students' visual literacy, verbal and listening facilities, pattern recognition, tolerance for ambiguity/uncertainty, and cultural openness, in turn improving diagnostic acumen, communication, and collaboration.

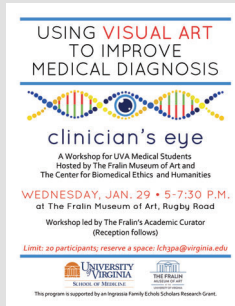
Because guided exposure to art has been shown to enhance clinicians' observation and communication skills, a faculty-student task force at UVA School of Medicine, convened by the Center for Biomedical Ethics and Humanities, decided to create such a program for medical students.\* In 2012-2013, Fralin Museum academic curator Jordan Love created *Clinician's Eye*, a two-hour interactive workshop that uses art to improve apprentice clinicians' skills through visual analysis training. Viewing specific artworks, students learn through Visual Thinking Strategies (VTS) how to look for detail and to grasp a work's context and potential meanings. A docent using VTS starts with two questions about a work—"What's going on here?" and "What do you see that makes you think this?"—that enable participants to engage the image/object. Students also complete exercises designed to strengthen their comfort and patience with uncertainty. In one exercise, they work in pairs so that one observes and orally describes an artwork while the other, who cannot see the work, draws a representation based solely on the partner's description.

In 2013, we piloted *Clinician's Eye*, in classroom and museum settings, with small classes of fourth-year medical students and a group of residents and, in large auditoriums, for SMD 2017 (Cells to Society, Aug 2013) and a Medical Center Hour audience (30 Oct 2013). Response has been strongly, enthusiastically positive.

\* Other task force members: B Boucher PhD (Fralin), DM Becker MD MFA (Bioethics/Humanities), M Durieux MD (Anesthesiology), K Gade (SMD15), DJ Innes MD (Pathology), CM Peterson MD (Pinn College), A Ramesh (SMD15), A Somlyo PhD (Molecular Biology/Biological Physics), K Wilson (SMD15), E Murphy(staff)



## Our study of *Clinician's Eye* ...



With an Ingrassia Family Echols Scholar grant, we offered evening workshops at the Fralin Museum in Nov 2013 and Jan 2014. Before and after the workshops, we surveyed the 28 medical students who volunteered.

Participants  
16 male (57%) 12 female (43%)  
Medical school class  
SMD 2017 12 students (43%)  
SMD 2016 5 students (18%)  
SMD 2015 5 students (18%)  
SMD 2014 6 students (21%)

Background in art/art history? 20 no (71%) 8 yes (29%)  
Undergraduate majors  
Sciences 18 students Humanities 6 students  
Humanities/sciences double majors 4 students

## How do students respond to *Clinician's Eye*?

Would you recommend this workshop to other medical students?  
YES 27 students (96%)  
MAYBE 1 student (4%)



### What was most valuable?

- "Seeing how differently other people can see things and how important it is to make sure you are on the same page."
- "Learning to not jump to conclusions so fast. We jumped to interpretation a lot at first when looking at a painting but got better as the session went on. That will be a valuable lesson for when we examine patients."
- "Discussing aloud our perceptions and realizing the limitations of language."
- "I really liked when we had to describe a piece of art to our partner so he could draw it. This really highlighted the need for close observation and clear communication."
- "The workshop really pushed my thinking out of the proverbial box. I'm normally a neat, orderly person who enjoys rules. This greatly increased my tolerance for ambiguity and let me confront my frustration when there is a lack of answers."
- "Great workshop! Really made me reflect on the way I perceive my surroundings."
- "Trying to describe and draw something based on a description were very applicable to clinical medicine."



## What difference does *Clinician's Eye* make?

Students who completed the workshop reported how their objectives were met:

### Improved visual observations skills (3.14, of 4)

Not at all	0	0%
Neutral	4	14.29%
Adequately	16	57.14%
Very adequately	8	28.57%

### Increased tolerance for ambiguity (3.25)

Not at all	0	0%
Neutral	3	10.71%
Adequately	15	53.57%
Very adequately	10	35.71%

### Heightened communication skills (3.18)

Not at all	0	0%
Neutral	2	7.14%
Adequately	19	67.86%
Very adequately	7	25%

Workshop participants describe this Magritte painting to their partners who, without benefit of seeing it themselves, must draw the image. When the exercise is completed, describer and artist change places, and another painting is shown, described, and drawn.



## Recommendations?

- "Great start to diagnosis! Would love multiple sessions."
- "I would recommend running several of these workshops over the course of the medical school curriculum."
- "It would be great if there were a fourth-year elective or some kind of long-term workshop available."
- "I loved the workshop and the only thing I wish would have been different was the length of time—I wanted more!"
- "These should be done regularly—in a weekly course format!"

### References:

1. CM Klugman et al. Art Rounds: Teaching interprofessional students visual thinking strategies at one school. *Acad Med* 2011; 86.10:1266-1271.
2. Reilley JM et al. Visual thinking strategies: A new role for art in medical education. *Fam Med* 2005; 37:250-252.
3. Naghshineh S et al. Formal art observation training improves medical students' visual diagnostic skills. *J Gen Intern Med* 2008; 23:991-997.
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Clinician's Eye workshops/surveys were funded by an Ingrassia Family Echols Scholar Grant to Louisa Howard, 2013  
Clinician's Eye logo: Megan Reilly  
This study was exempted by the Social and Behavioral Sciences IRB, UVA





# the medical center hour

*Medicine & Society in Conversation*

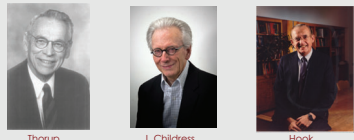
A Program of the Center for Biomedical Ethics and Humanities

**Medical Center Hour** was created in the late 1960s by former UVA medical school dean **Thomas H. Hunter MD** and visiting Episcopal Divinity School medical ethicist **Joseph Fletcher DST** to ensure that students and faculty immersed in scientific biomedicine stayed engaged with "big picture" social, cultural, ethical, humanistic, and policy matters material to medicine and health care practice.

Tom  
Hunter MD  
+  
Joe  
Fletcher DST



MCH directors/co-directors include Dr. Hunter (c. 1967-1979), Oscar A. Thorup Jr MD (1979-1989), James F. Childress PhD (1981-1989, 1990-1991), Edward W. Hook Jr MD (1991-1996), Julia E. Connelly MD (1996-2011), and Marcia Day Childress PhD (1996-)



Since 1991, MCH has been produced by the medical school's **Center for Biomedical Ethics and Humanities**, a diverse community of scholars, teachers, and practitioners whose interests in the human dimensions of illness, health, and health care bridge clinical and social sciences, ethics, humanities, arts, law, and policy.

# Medical Center Hour: Medicine and Society in Conversation Yesterday, Today, Tomorrow

Center for Biomedical Ethics and Humanities, University of Virginia School of Medicine

Marcia Day Childress PhD, Associate Professor of Medicine Education and Director, Medical Center Hour • AND THE MEDICAL CENTER HOUR PLANNING COMMITTEE: Richard J. Bonnie LLB, Harrison Professor of Law, Professor of Psychiatry and Neurobehavioral Sciences, and Director, Institute of Law, Psychiatry, and Public Policy • Richard M. Carpenter DNP MSN RN CCRN, Patient Care Services Manager, UVA Medical Center • James F. Childress PhD, Hollingsworth Professor of Ethics Emeritus and University Professor Emeritus • Rebecca Dillingham MD MPH, Associate Professor of Medicine and Director, Center for Global Health • Mary Faith Marshall PhD, Kornfeld Professor of Biomedical Ethics, Professor of Public Health Sciences, and Director, Center for Biomedical Ethics and Humanities • Justin B. Mutter MD MS, Assistant Professor of Medicine • Kathryn Reid PhD RN FNP-C CNL, Associate Professor of Nursing • Lois Shepherd JD, Wallenborn Professor of Biomedical Ethics and Professor of Public Health Sciences and Law •

## What is Medical Center Hour?

**Medical Center Hour** (MCH) is the University of Virginia School of Medicine's weekly multidisciplinary public forum on medicine and society. This nationally unique program has been in continuous production since 1971. MCH offers 20 programs every academic year (September - March), 10 programs each semester.

MCH frames and fosters interdisciplinary/interprofessional engagement on current questions and controversies of common concern to medicine, the health care community, and the public. Session hallmarks: fresh perspectives, innovative presentation formats, and vigorous audience participation.

**Medical Center Hour convenes on Wednesdays,  
12:00-1:00 pm, Pinn Hall Conference Center Auditorium.**

MCH welcomes the entire university and the local/regional community. Programs are free of charge. Average annual live attendance approaches 2500, a rich mix of attendees, with many more persons viewing program videorecordings.

MCH is a co-curricular component of undergraduate and graduate medical education (UME/GME) at UVA, an accredited CME/CNE offering, and an interprofessional educational forum.

## What Happens at Medical Center Hour?

We explore, learn about, discuss, and debate topics in **bioethics, health humanities, history of the health sciences, clinical practice, global and public health/policy, medicine + the arts, health professional education, design + health, biomedical research**

With national/international and local experts ... such as Abraham Verghese MD, Roz Chast, Mark Siegler MD, Jon Kabat-Zinn PhD, Bill T. Jones, Vivian Pinn MD, Jeffery Taubenberger MD PhD, Temple Grandin PhD, Dax Cowart JD, Arthur Kleinman MD PhD, Mark Doty, Charles Bosk PhD, Timothy Quill MD, Keith Wailoo PhD, Eric J. Cassell MD, Elizabeth Kübler-Ross MD, Ellen Bryant Voigt MFA, Susan Reverby PhD, Ezekiel Emanuel MD PhD, Kay Redfield Jamison PhD, Hon. David Toscano, Paul Lombardo JD PhD, Dame Cicely Saunders, Rita Charon MD PhD, Marcia Angell MD, Bernard Lo MD, Rishi Joan Halifax, Bill Hayes, Louis Sullivan MD, Victoria Sweet MD PhD

We confront hard questions about ... health inequalities, gun violence, assisted dying, medical mistakes, racial/cultural bias in clinical practice, epidemics, access to care, immigrant/refugee health, opioid use, LGBTQ health, elder care, organ allocation, pain, mental health, clinician burnout, health in Appalachia, marijuana legalization, informed consent, etc.

In sessions titled ... for example  
**Patients with Passports: Transplant Tourism • Is There Life After Death? • Ebola! • The Nazi War on Cancer • Frankenstein@200 • Clinician's Eye • Theater of War • America's Eugenic Legacy • Can't We Talk about Something More Pleasant? • The Death Gap • Sugar! •**

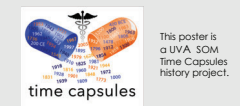
MCH videorecordings dating back to the early 1980s are held in the Claude Moore Health Sciences Library. Thanks to Historical Collections, MCH videos since 2009 are freely available on YouTube channel UVAMCH: <https://www.youtube.com/user/UVAMCH>

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channel



## Medical Center Hour celebrates 50 years in 2020-2021

Medical Center Hour's funding comes from the School of Medicine's John F. Anderson Memorial Lectureship endowment, the History of the Health Sciences Lecture Series endowment (Historical Collections, Claude Moore Health Sciences Library), the Koppaka Family Foundation Lecture in Medical Humanities, the Richardson Memorial Lecture, other annual lectureships hosted by Medical Center Hour (AOA, Brodie Award), and schools, departments, and centers that partner with MCH on specific programs.



This poster is  
a UVA SOM  
Time Capsules  
history project.