HTHSCI 4TE3 - The Teaching Hospital

Winter Term: Wednesdays, 2:30-5:20 PM, MDCL 3015
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Teaching Assistant: Krish Bilimoria

OBJECTIVES:
Students will use a self-directed inquiry approach to explore the complex interactions between diverse social groups that underlie the functioning of a modern teaching hospital. A historical approach will be used where students will look at some great teaching hospitals of the past, consider the changes that have occurred over a century (mid 1800s to mid 1900s) and speculate on what such centers are likely to become with further developments in technology.

The teaching hospital or academic medical centers are remarkable institutions that link patient care, the training of physicians and nurses and the accumulation of new knowledge. Their reach is global. The origins of this approach can be traced back to medieval Persia (modern Iran) where the model was established in Gondi-Shapur. Here the trainee was not just an apprentice to an older practitioner but was taught in a hospital setting called “bimaristans” and a system of examining students prior to licensing them to practice was set up. Many variations were played on this theme over the centuries in different countries.

The hospital, notes Rosenberg, is “a peculiar characteristic of our society…. Like the ship of fools that symbolized man’s ineradicable frailties in early modern Europe, the hospital can be seen as a late twentieth-century symbol of the gap between human aspirations and necessary human failings…” Or as Adams wryly notes, “As the site where life begins and ends, the hospital is hard to beat for suspense. And in general, the public hospital is a place where family, tensions run high, where long-standing notions of class, race and ethnicity frequently topple and where accidental meetings may occur. The ubiquitous hospital elevator doors open and omigod there appears a whole new storyline”. The teaching hospital adds an extra layer of complexity since it brings to the mix the values and the ethos of academia, so that town and gown tensions are manifest within a single setting.


As with all inquiry courses, there will be both process and content elements. The process elements are fairly generic. These are the ways and means by which you will function as both independent and shared learners in demonstrating that you have acquired the content elements mentioned below. You will be expected to search, synthesize, integrate information from a variety of sources, participate effectively in the class room, present information clearly and assess that provided by others in a critical manner.
In terms of content, you will recognize that the modern teaching hospital represents the intersection of two worlds: care and learning. There are two distinct, though overlapping points of views (gazes), that of the “carers” of the sick (doctors, nurses, hospital staff, hospital managers, community, family and the patients themselves) and that of the teachers and learners. Their concerns and interests are quite different. Patients hope to get better when they enter the portals of a hospital and expect that the vast armamentarium of modern science and technology will serve them to that end. The “carers” are concerned by and large in making those expectations a reality. The academic concerns are related to curriculum design, delivery of content, assessments, certification and accreditation and research.

Specific exercises will give you an opportunity to demonstrate that you have recognized the complex interactions between these two worlds.

There will be two sets of tasks: **Group** and **Individual**.

**Group Tasks (Total 75 marks):**

You will form self-selected Groups of 4-5.

Each Group will submit 3 written reports, dealing with the **past**, the **present** and the **future** of teaching hospitals.

A) The **PAST** (“Biography” Project) 20 MARKS:

Given below is a **very short list** of teaching hospitals that have historical significance. You will select ONE of these and write a brief “biography” for a forthcoming book on historical teaching hospitals. These sketches will focus on linking the two worlds of caring and training.

UK (Guy’s Hospital, St. Mary’s, St. Bartholomew’s Hospital)
USA (John Hopkins University School of Medicine, Massachusetts General Hospital, the Mayo Clinic, Pennsylvania Hospital)
Canada (Hotel Dieu de Montreal, Montreal General Hospital, Toronto General Hospital, Kingston General Hospital, Hospital for Sick Kids)
France (Hopital Necker, Paris)

*In addition, all students will consider the particular case of McMaster Medical Centre.*

B) The **PRESENT** (Perspectives Project) 30 MARKS: You will frame a conversation amongst different personalities to explore current problems facing teaching hospitals.
You will select at least ONE protagonist from EACH of the 3 clusters given below:

Cluster ONE: William Osler, Abraham Flexner, Henry Gray, Florence Nightingale, Claude Bernard, Michel Foucault, Rudolf Virchow, Lewis Thomas, Herbert Simon

Cluster TWO: A nurse, a pharmacist, a medical student, a physiotherapist, a midwife, a dietician, a lab technician

Cluster THREE: A volunteer, a hospital superintendent, a member of the board of trustees, a fund-raiser, a philanthropist, a city councilor, an architect

(Details provided later)

You are welcome to add other characters, but with justification.

C) The FUTURES Project (25 marks): You are part of a team designing a teaching hospital for the near future (30-50 years). Your task is to project imaginatively the possible trends in medical education, technology and patient care and create a viable institution. You can locate your hospital in any country. As part of this project you will prepare a brochure, a sales-pitch (brief presentation) and be prepared to interest a global consortium that could provide initial funds.

(Details provided later)

Individual Tasks (25 marks): This will take the form of a Personalized Learning Option (PLO). This will be an opportunity to explore issues that are of significance to you within the stated objectives of this course. There may be several issues related to the course, that you feel may not have been adequately covered. You can explore these on your own. You will submit a brief abstract (100-150 words) stating what is it you wish to study along with 2-3 key references. What you choose to explore must however fit within the major themes of the course—i.e. issues related to the functioning of hospitals and medical education.

On a specified date, you will be given a question based on your abstract and submit you answer within a 3-hour time frame. Thus, each student will get a question tailored to their own interests. This will gauge your abilities to explore issues and frame suitable answers within a limited time frame.

This class demands active participation from all students, so attendance and punctuality are crucial.

IMPORTANT ELEMENTS: DO NOT IGNORE
The instructor, program and the university reserve the right to modify elements of the course during the term. The university may change the dates and deadlines for any or all courses in extreme circumstances. If modifications become necessary, reasonable notice and communication with the students will be given. Students will be provided with an explanation and an opportunity to comment. It is the responsibility of the student to check their McMaster email and the course website/LearnLink weekly during term. Any significant changes will be made in consultation with the BHSc Assistant Dean.

1. Knowledge (particularly scientific) is cumulative and co-operative. “Sui generis” is more fiction than fact. There is no disgrace in referencing others. Do so properly. Annotate your references. All reports must be in your own words as far as possible. If you find that an author has stated things far better than you, use those words but place them in quotations. Do not pass them off as your own. That is dishonest. This behaviour can result in serious consequences, e.g. the grade of zero on course work, loss of credit with a notation on the transcript (notation reads: “Grade of F assigned for academic dishonesty”), and/or suspension or expulsion from the university. It is your responsibility to understand what constitutes academic dishonesty. For information on the various types of academic dishonesty please refer to the Academic Integrity Policy, located at http://www.mcmaster.ca/academicintegrity.

The following illustrates only three forms of academic dishonesty:

a. Plagiarism, e.g. the submission of work that is not one’s own or for which other credit has been obtained.
b. Improper collaboration in group work.
c. Copying or using unauthorized aids in tests and examinations.

3. I want to explain at the outset my attitude towards marks so that there is no confusion. There is a popular notion that students start with a 100% and lose marks. I do not subscribe to that notion. You start with ZERO and start accumulating them. I will give you comments but once a mark has been given I will not change it UNLESS there is a calculating error. Changing a mark for one student is quite unfair since it penalizes the ones who have not come forward for whatever reason. I will not entertain ANY discussions on that score. If you feel strongly that the mark you have received is not appropriate, you will follow official procedures to have your marks re-assessed.

Conversion from percentages to letter grades will follow the standard McMaster procedure.

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<td>A+</td>
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<td>67-69</td>
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4. Attendance: Since most sessions are interactive, I expect students to attend. If you miss tests, assignments etc., I will require appropriate documentation for any accommodation.

5. DEADLINES: I am very ambivalent about deadlines and make my position transparent so there are NO misunderstandings. On the one hand, I believe that rigid deadlines hinder true learning. If one wants to be a life-long learner, SHE who knows best sets the only true deadline. Since SHE has not given me any clear instructions, I will have to use my discretion. The real problem is that students do not delay handing in items BECAUSE they want to learn better but because they focus on different issues. By not penalizing late submissions, teachers do injustice to those who follow them. Also, the Registrar’s office and the calendar constrain us. So, for this course I am going to shift some of that responsibility onto you. You will be given sufficient notice about due dates. I expect you to meet them.
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<td>Jan 10</td>
<td>INTRODUCTION</td>
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<td>Jan 17</td>
<td>Biography Hospital--discussions</td>
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<td>Jan 24</td>
<td>History MED Talk (George Weisz)/meeting</td>
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<td>Jan 31</td>
<td>Biography Hospital Informal Presentations; Reports due</td>
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<td>Feb 7</td>
<td>History Med Talk (Shelley McKellar)/meeting</td>
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<td>Feb 14</td>
<td>Perspectives Project Discussions: Abstracts Synoptics Due</td>
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<td>Feb 21</td>
<td>BREAK NO CLASSES</td>
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<td>Feb 28</td>
<td>Perspectives</td>
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<td>Mar 7</td>
<td>Perspectives Project (Reports due) Discussion in class</td>
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<td>Futures Project Preparations</td>
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<td>Apr 4</td>
<td>Wrap Up</td>
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