Identification of the Theme

“To produce in a humanistic tradition, health care Professionals and biomedical knowledge that enhances and extends quality of life in our communities.”

Just over 30 years ago, Philip Pumerantz established an Osteopathic medical school that would come to symbolize his vision of humanistic patient care. Today, as one tiny college has evolved into a comprehensive health sciences university (of what will soon be nine colleges), the emphasis on humanistic care remains (for a report on humanistic care, see Appendix A). Principles of humanism are highlighted in the mission statements of all Western U colleges (see Appendix B). These ideals are present in the curriculum, in our literature, on our website, and in the services we provide.

Yet, despite these facts, Western University currently is not prepared to answer one basic question; are we successfully training students to practice humanistic care (for a report on measuring humanistic care in student populations, see Appendix C)? And if so, are graduates applying these principles in practice? Are we prepared to measure humanism (for a report on measuring humanism, see Appendix D)? Do we have to support our findings? Are we enhancing humanism in students or simply admitting those who fit our profile?

These questions have emerged during previous WASC evaluations. The chief concern is that we not lose sight of our mission by focusing too much on preparing students for licensure examinations and not enough on training humanistic practitioners (see Appendix E). To help answer these questions, we assembled a panel of ten Western U faculty, staff, and administrators. The panel developed themes, conducted a review of existing literature, explored Western U’s current practices, and determined implications and made recommendations regarding Humanism and WesternU programs.

Alignment with WASC

Review of the WASC standards for accreditation reveals several CFR’s related to the Humanistic Care Panel’s work. For example, a central focus of our activities was to investigate whether Western University’s mission statement clearly defines our essential values and character (CFR 1.1). Our work also will help the institution come to recognize humanism as a chief education objective (CFR 1.2), help ensure this outcome is explicitly stated at the course, program, and institutional level (CFR 2.3), and help ensure that these values are widely shared across the university (CFR 2.4). Our work will introduce methods for evaluating humanism so they expectations can be embedded in the standards faculty use to evaluate student work (CFR 2.6) and ultimately be part of future program review processes (2.7). Finally, structured surveys,
conducted by the Humanistic Care panel involved alumni feedback in the assessment of our educational programs (CFR 4.8).

Literature Review

Overview

Even as the impact of technological advancements accelerates throughout the healthcare field, the interpersonal relationship between patient and healthcare practitioner remains crucial. Research findings show that on average, physicians that were perceived to be more humanistic had higher patient satisfaction and better outcomes (Coutts & Rogers, 2000; Hauck, Zyzanski, Aleman, & Medalie, 1990; Weissmann, Branch, Gracey, Haidet, & Frankel, 2006). Healthcare institutions are no strangers to this notion; many outline humanism in their mission and generally indicate a commitment to teaching these principles.

Unfortunately, there is little evidence to indicate whether institutions are successfully transferring these skills to their students. As one might imagine, humanism is not something that can be easily learned from a book or evaluated through multiple choice exams (Boudreau, Cassell, & Fuks, 2007). Furthermore, the rigors of the curriculum often work against the principles of humanistic care. Over time, some students become disillusioned, which itself can lead to a breakdown in ethics, morals, attitudes, and beliefs (Maheux, Delorme, Béland, & Beaudry, 1990). These issues are not limited to the institutional level. Once in the healthcare setting, practitioners may develop emotional barriers as a way to minimize pain from the realities of disease, illness, and death (Dennis, 2000; Rizzolo, 2002). Finally, fiscal realities stemming from current reimbursement systems, managed care structures, and new technologies also may inhibit humanistic principles (Ribeiro, Krupat, & Amaral, 2007; Weis & Schank, 2002).

In the face of these adversities, healthcare institutions across the country are intensifying their efforts to expose their students to experiences aimed at teaching humanistic principles (Branch et al., 2001; Buck et al., 2005; Coutts & Rogers, 2000). Many universities offer courses on empathy and caring while others encourage students to seek opportunities to go abroad to provide health care services to underserved communities. In one documented example, students at the University of Texas Medical Branch were encouraged to apply to an elective which consisted of 1 week of lectures on international health (among other topics) followed by three weeks in a community health clinic in Nicaragua (Smith & Weaver, 2006). Upon their return, students displayed desirable shifts in three attitudes: idealism; volunteerism; and humanitarian efforts. Nearly all students (96%) believed that the experience would have a positive impact on their career.

In some instances, institutions have established programs specifically dedicated to addressing the need to improve humanistic care. For instance, the Personal, Professional and Leadership (PPL) program was implemented at East Carolina University to provide a social and emotional support group that includes both students and faculty (Dennis, 2000). Examples of similar programs include the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM), Advance Pharmacy
Practice Experience (APPE), Geriatric Health Maintenance Program, Humanistic Teaching Model, and Integrative Care Conference (IC). Many of these programs cover the whole infrastructure of healthcare by integrating patient care, new guidelines and procedures, and new innovations (Bayona & Goodrich, 2008; Kleiman, 2007; Kligler et al., 2004; Rose & Osterud, 1980; Sauer, 2006). Some require faculty to model humanistic values, behaviors and actions (Coulehan, 2005; Weissmann et al., 2006), which in turn are emulated by students (Mangione et al., 2002). All in all, programs such as these allow students to increase their understanding of emotions and behaviors and become more spiritually, socially, and psychologically sensitive.

**Humanism and Healthcare**

The American Humanist Association (2008) defines humanism as the “…ability and responsibility to lead meaningful ethical lives capable of adding to the greater good of humanity.” Given their role in society, it should not come as a surprise that healthcare givers have long aligned these principles with their own. For example, The American Board of Internal Medicine (ABIM) views humanism as comprising of respect, compassion, and integrity (as cited in Arnold, 2002). Cohen (2007) defines humanism as altruism, duty, integrity, respect for others, and compassion. Branch et al. (2001) defines humanism as attitudes and actions that demonstrate interest in and respect for the patient and that addresses the patient’s concerns and values.

Compassion, integrity, and respect are three of the more common themes emanating from the various characterizations of humanism. Yet, it represents other more subtle beliefs as well. Specifically, humanistic care requires healthcare givers to recognize differences in patient value systems, ethnicity, and culture (The Arnold P. Gold Foundation, 2009). At its core, humanistic care is patient-centered, which means treating the person, not just the disease.

Research findings show that a humanistic approach to healthcare is associated with numerous positive outcomes. For example, in a cross-sectional study of patients from two family practice sites, Hauck, Zyzanski, Alemango, and Medalie (1990) found that humanism correlated positively with patient satisfaction, patient compliance, and smoking cessation. Studies also have found that humanism impacts patient choice of healthcare provider, reduces communication issues, and enhances practitioner satisfaction (Coutts & Rogers, 2000). Finally, research also has found that humanism can have a positive psychological effect on patients, especially in cases where a recovery is unlikely (Coutts and Rogers, 2000).

**Measuring Humanism**

By and large, the healthcare industry considers humanism to be a critical learning component of patient care for health science students. Yet, it also is true that humanism is not easy to assess. Research reveals a limited number reliable and valid measures (Arnold, 2002; Cohen, 2007; Coutts & Rogers, 2000; & Herbert et al. 1992). Furthermore, researchers remain uncertain about the best setting to measure humanism. For instance, can humanistic care be evaluated using standardized instruments or only in clinical settings?

To overcome some of these hurdles, researchers generally suggest using a multi-method approach. For example, Albanese et al. (2003) assessed humanism
using 2 standardized measures: The Humanism Scale (Huack et al. as cited in Coutts & Rogers, 2000) and The Patient-Practitioner Orientation Scale (Krupat, Putnam, & Yeager, 1996). In addition, students conducted medical interviews with standardized patients who in turn evaluated the students' humanistic skills. Results showed that students high on patient-centered attitudes (via the standardized scales) were rated significantly higher on humanism by the standardized patient, thus providing support for an integrated approach.

Smith & Weaver (2006) used open-ended survey questions to evaluate humanism among students who provided health care services to an impoverished community abroad. Their qualitative results revealed that a well-structured, mentored experience in international health had a positive impact on a student’s compassion, volunteerism, and interest in helping underserved populations. The use of qualitative methods allowed the researchers to obtain helpful details for assessing humanism.

Humanism is a difficult concept to measure with a single method as evidenced by the previous studies (Coutts & Rogers 2000; Herbert et al. 1990; Rabow et al. 2007). Using both qualitative and quantitative approaches provides the most informative results (Albanese et al. 2003). In addition, it is important to consider other issues that may arise when evaluating humanism. For instance, the same measure of humanism may not apply across sciences (e.g., measuring humanism among nurses may differ from pharmacists. Second, some argue that existing measures of humanism do not clearly identify students with limited or no empathy skills (Winefield & Chur-Hansenm, 2000). Finally, research shows that student tend to overrate themselves on humanistic measures (Coutts & Rogers, 2000). Thus, the results using self evaluation should be interpreted with caution.

Study Planning and Organization

Self-Study Methodology

The fundamental goal of the panel’s activities was to assess Western University’s commitment to humanism. We explored the curriculum at each of the Western U colleges and collected information from university services such as the Standardized Patient Program and the Center for Disability Issues and the Health Professions (CDIHP; see Appendix F). In addition, we consulted with university leadership, including the President.

Data exploring Western’s commitment to humanism also was collected using three structured surveys. Student data was collected using existing annual student surveys (see Appendix G). To collect information from faculty, a series of items on Humanism were appended to the Higher Education Research Institute (HERI survey; see Appendix H). Finally, a Western U alumni survey was developed using an existing survey found during the literature review phase (see Appendix I).

Survey Methodology

Internet-based surveys were used to collect data from faculty, students, and alumni from all colleges. Participation in each survey was encouraged by a pre-notification email, followed by reminder emails sent later in the data collection period. Survey data was analyzed by members of the Office of Institutional Research and
Effectiveness. Reports based on survey data highlighted key findings and contained policy recommendations where appropriate.

Data analyses explored student progress using seven internally developed items related to humanism. These items were added to the First-year and Graduating student surveys during 2007 and 2008 collection cycles. To collect data from faculty, five items were appended to the UCLA-based HERI survey, which was administered in spring 2008. Finally, the ten items from the Jefferson empathy scale (Hojat, Mangione, Nasca, Cohen, et al., 2001) were used for the alumni survey.

Major Findings

Measuring Humanism

The faculty survey on Humanism asked respondents to list specific qualities, beliefs, traits, etc. that they feel represents humanistic care. Comments were read thoroughly by Office of Institutional Research and Effectiveness staff and several themes were generated. Responses were most likely to fit into the category of an Affective Descriptor. Among the most frequent responses were caring/compassionate (N = 12) and empathy/sympathy (N = 11). In addition, respondents are indicated respect (N = 3), fairness (N = 3), and honesty (N = 2). Other major themes included Communication (e.g., good listener, open communication, active listening, etc.), Meeting Patient Needs (e.g., takes time, willing to discuss alternatives, concern for client, etc.), Treating the Individual, and Recognizing Animal Rights.

Panel members also discussed the best way to measure humanism. Strategies revealed included:

1. Clinical arena: scenario test (i.e. response, observe and measure); clinical rotations (encounter of patients) and feedback from rotation; spiritual care; idea of using “mystery” patients through which the preceptors can observe the students’ performance but students are not aware; preceptors can observe the attitude towards a person, to observe how the students connect with patient (i.e. how to touch a patient and make eye contact, etc).

2. Didactic: Self awareness (personality); strength-finder; peer-evaluation (i.e. how peers behave); time constraints.


4. Checklists: for a “mock” encounter/standardized patients; what is important to patient versus the clinician’s own professional opinion and how to combine them so it is best for the patient (e.g. pain vs. blood sugar issues and Viagra vs. chest pain); knowledge of patients’ background; measure mission versus strategies to improve.”

Humanism in the Curriculum

One of the basic goals of the self study was to identify places in the curriculum where the principles of humanistic care are being taught and/or assessed. Overall, our research revealed that humanistic experiences are sprinkled throughout all Western U colleges and programs. By and large, these skills currently are stressed in real or
simulated clinical settings such as our Standardized Patient Program and clinical rotations. That said, our research revealed that humanistic principles may be communicated in the didactic curriculum.

The standardized patient program. A standardized patient (SP) is a person that has been trained to simulate patient care situations in a genuine and reliable manner. Traditionally, standardized patients have been employed by medical or health science institutions to assist with training and evaluating medical, nursing, pharmacy, physical therapy, dentistry, and other health science students. Abilities typically evaluated during SP encounters are interpersonal skills, history taking skills, physical examination skills, and communication skills. Cases simulated by an SP may be relatively mild (e.g., basic physical) or quite demanding (e.g., person with HIV).

At Western University, all five colleges participate in the SP program. And, while humanism is not mentioned directly in the tools used to assess student performance, elements of humanistic care are present. For example, our inquiry revealed that the SP evaluation used at the College of Osteopathic Medicine (COMP) specifically examines student empathy, warmth, support level, and respect. Furthermore, in addition to using SPs to assess humanistic skills in first three years, COMP currently is evaluating Western University interns and residents through OPTI- WEST, a consortium of osteopathic medical schools and teaching hospitals. Many of these interns and residents are Western U graduates, thus allowing COMP to track some students after they complete their program.

The College of Pharmacy (COP) also utilizes the SP program to assess humanistic principles. During SP encounters, every student in years 1, 2, and 3 are assessed on their ability to exhibit appropriate social and professional interactions and to respond to client cues that require insight and sensitivity. Additional skills that are assessed include empathy, active listening, and respect.

In the Physical Therapy Program (DPT), students participate in communication drills that emphasize skills in rapport building, empathy, agenda setting, and reflective listening and receive formative feedback from the SP Coaches. DPT students are assessed on these same skills at the end of the semester to measure growth. The Physician Assistant (PA) Program utilizes the SPP in much the same way as the PT program; however, the program does not utilize the SPP to assess student competencies in this area.

The College of Graduate Nursing (CGN) offers several terminal degree options that emphasize the importance of humanism. The SP Program’s involvement with CGN is limited. In the past, the SPP has been called upon to assess first and second year nursing student’s communications skills which include rapport building skills, reflective listening, empathy and respect for the patient. The scope of these exercises has been limited to assessment and did not include formative feedback.

Clinical and didactic processes. Our self study uncovered several instances in the Western University curriculum where humanism is conveyed or assessed. One case in particular involves CVM, where the curriculum is almost exclusively Problem-based Learning (PBL). Evidence suggests that PBL can contribute to student learning of humanistic principles (Schmidt and Molen, 2001). The argument posits that by
working closely with each other to solve problems, students acquire skills in collaboration, empathy, and communication. Future assessment activities might explore whether the PBL curriculum at CVM yields similar results.

At COMP, humanism is stressed during the opening weeks of Essentials of Clinical Medicine. First year students come into the Clinical Skills Lab in the second week to work on their rapport building, agenda setting, listening and empathy skills. The goal is to interact with as many patient-personality types as possible while stressing the importance of professionalism, humanism and ethics. During ECM II, first year students are taught and assessed on how to deal with difficult patients. Students receive formative feedback based on their interactions with patients who are angry, embarrassed, non-compliant or demanding. The skills that the students practice during these scenarios include non-verbal communication, empathy and active listening, legitimization and validation, and how to make statements that build rapport, demonstrate support, create partnership and engender respect; students learn to make non-judgmental statements while exhibiting acceptance, warmth, and genuine care. In the Osteopathic Manipulative Medicine part of the curriculum, students learn how to use human touch to communicate compassion and caring, as well as for diagnosis and treatment of painful conditions, i.e., relieve patient suffering.

The Physical Therapy program also has expanded their clinical skills development to address humanistic core values. In their second year, students are assigned a physical therapy clinic patient and are taught how to assess the patient, and their families as well in the cases of pediatric or severely disabled patients, in a compassionate and caring manner, and to communicate professionally and appropriately to the patient, the family and to physical therapy colleagues. Professors assess the student’s ability to demonstrate competency via a rubric that includes compassion, caring, communication, professionalism, respect and comprehensiveness of the patient assessment and interaction that should include the entire bio-psycho-social spectrum of the patient’s problem. The second year students are also involved in assessing clinical, communication and humanistic skills in their first year students. College representatives indicated that this new emphasis has resulted in dramatic increases in their humanistic skills in rapport building, patient comfort, and empathy.

Humanistic attitudes and beliefs. Survey data explored awareness, attitudes, and beliefs of Western University students, faculty, and alumni. Overall, these results were largely positive.

1. Student survey: The most recent production of the First-year student survey contained a series of items related specifically to humanism. Among the topics covered were caring, respect, ethics, sensitivity to cultural differences, and interest in working with underserved populations. Results were very encouraging.

For example, nearly all respondents agreed that they consider patient feelings and perspectives (96.8%), that they are sensitive to cultural differences (95.9%), and that they strive to comfort their patients first and foremost (92.5%). In fact, only one (of seven) items failed to reach at least an 89% agreement rate. In this case, 65.0% of students indicated that they had a special interest in serving special or underserved patient populations.
2. **Faculty and college administrator survey**: Structured items on the Humanistic Care Faculty survey focused on a couple of different areas. We wanted to elicit their opinion on how best to assess humanism, how often they teach the subject, and whether they feel students are adequately prepared practice humanistic care. Results between administrators, research, and teaching faculty were compared.

   Overall, over half of respondents (55.1%) indicated that interpersonal interaction such as direct observations and standardized patients encounters were the best method of assessing humanistic care. Opinions of teaching and research faculty were similar, while administrators were most likely to indicate student reflections (28.6%) and small group case-based learning sessions (28.6%).

   When asked how often they taught topics related to humanism, only 19.7% indicated “Never”. Between response groups, research faculty were most likely to indicate “never” (37.5%), while college administrators, many of whom also teach, were the least likely (14.3%). When asked why they might not teach humanism, 47.0% of all respondents indicated the topic was not related to objectives of their lessons.

   Finally, 70.4% of all respondents agreed that Western University students are well prepared to practice humanistic care in clinical setting. Teaching faculty (75.0%) were most likely to agree with this item, followed by research faculty (62.5%), and college administrators (42.9%).

3. **Alumni survey**: The WASC EER Alumni Survey explored general attitudes and awareness related to humanism using ten items from the Jefferson empathy scale. In addition, the panel created several items that assessed respondent attitudes toward humanism at Western University. For instance, respondents indicated whether they believed that Western U emphasizes humanism and whether the training they received enhanced their own humanism.

   Overall results examining attitudes of alumni were very encouraging. For example, 97.5% of respondents agreed that patients feel better when they understand their feelings; 97.1% agreed that empathy is important while 95.0% indicated they tried to understand patients by examining non-verbal cues. Likewise, respondents were very unlikely to agree with items framed in a negative tone. For instance, only 3.8% of respondents agreed that it was difficult to view things from their patients’ perspective. Slightly more indicated that they did not pay attention to patient emotions (4.1%) or that the way their patients and families feel does not influence treatment (5.0%).

   Items addressing Western U training also were fairly positive. For example, 93.4% indicated that Western U healthcare training emphasizes humanism; 91.6% indicated that Western U prepares students well to practice humanistic care in clinical settings and 87.2% agreed that Western U enhanced they ability to communicate with patients. The only item whether fewer than 80% agreed was on cultural sensitivity training, which received a 78.6% agreement rate. Finally, we should note that 90.2% of alumni indicated that they were aware that Western U highlights humanism in its mission statement.

*Humanistic Services - CDIHP*
The Center for Disability Issues and the Health Professions (CDIHP) at Western University offers help to organizations seeking to respond to the needs of clients, constituents, customers, staff, and students with disabilities and activity limitations. CDIHP offers consulting and training, they bring depth of knowledge and highly developed skills to the table to develop organizational knowledge, build competencies, and create practices and procedures that increase access for customers and patients. In line with Western U's humanistic tradition, each person CDIHP assists is treated as an individual, with the goal of modeling how students and health providers will treat patients with disabilities.

CDIHP has provided services to 295 unduplicated students since August of 1993. Graduates assisted through CDIHP include a blind student now in their last year of residency in Psychiatry and a Pharmacy student with significant Turrets Syndrome graduation (who received a $50,000 employer signing bonus upon graduation). Over 97% of students who qualify for CDIHP services graduate. In addition, CDIHP has served 33 staff members since 1995.

Discussion and Implications

Survey results revealed that The Humanism Panel was successful at answering most of the basic questions posed at the onset of our self-study.

- Western University faculty teach humanistic principles in their courses at least occasionally. Furthermore, they believe that they are successful at training students who are well prepared to practice humanistic care in clinical settings. These sentiments are echoed by Western U Alumni, who as a whole, possess attitudes consistent with Humanistic principles. Alumni agree that humanistic values taught to them while at Western U are important to them in their clinical practices.
- Graduates believe they are applying these principles in practice and overall, feel that their training at Western U enhanced these skills.

The self study also revealed that Western U has developed strategies that can be used to effectively assess humanistic care among students. Perhaps the most reasonable place for this to occur is within the Western U Standardized Patient Program. This type of observational technique was suggested by faculty as the most ideal method for assessing humanistic care. As described earlier, assessment instruments used in this program focus on several elements of humanistic care. This includes measuring student empathy, communication, listening, and respect. By observing students in this controlled, clinical setting, these skills can be examined and developed.

- Western U does a very good job of endorsing humanistic values. Principles of humanistic care can be found on the university and college websites, and in publications such as the Humanism magazine.
- We located evidence to support our findings: in the mission statements of our university and colleges, which are presented on our web sites; in several publications; in our college curricula; and through surveys of our students, faculty and alumni.
• Additionally, student extracurricular activities, such as clubs and in the institutional services such as CDIHP, we found demonstration of commitment to various humanitarian endeavors.

On the other hand, the self study revealed several shortcomings related to measuring and assessing humanism among our students. For example, while faculty survey results suggested numerous principles of humanistic care, Western U still does not have an established or recognized definition of the term “humanism”. Certainly, this fact will make it difficult to truly assess whether Western U is developing or enhancing humanism in students.

• Another limitation of Western U’s programs is the fact that it is often difficult to pinpoint or discern whether we are developing or enhancing humanism in students, or simply admitting those who fit our profile.

• It was not easy to locate where, in each college’s curriculum, humanism per se is being taught and evaluated. Part of the difficulty goes back to the lack of a humanistic definition.

• However, the self study revealed that although the term humanism is not specifically used, similar terms imply humanistic educational goals and objectives; e.g., the Standardized Patients program; the Doctor-Patient Relationship course; the Physician and Society course; and Essentials of Clinical Medicine are some of the courses that cover humanistic values. Yet, as it were, very few of these (or any other) courses actually incorporate the term “humanism” in their course materials.

• Although most of the faculty members are aware that humanism is a central theme at Western, there currently appears to be is no mandate that all faculty must include humanistic instruction in their courses. In fact, some faculty indicate that humanism per se is not one of their assigned objectives and therefore, they do not teach it as a defined topic. This is not to imply that the professors are not exhibiting humanistic role modeling in their interaction with the students. But, since humanism is not one of their learning objectives, they do not discuss it in their classes.

• Some faculty, however, are hired specifically to teach this aspect of the curricula. This raised the question: should all faculty be responsible for carrying out the mission of the University (and College) in terms of humanism, or, is it enough that only a handful of faculty cover humanism in their coursework?

Some questions emerged as a result of this self study.

• For example, how well can Western University reach out to clinical sites during rotations and after graduation to measure humanism?

• Some of the panel members argued that the best way to measure humanism might be through surveying actual patients. Would something like this be feasible?

• We found that several medical and health education institutions currently offer courses in humanism, and some universities have Departments of Humanism. Should Western University offer specific courses in humanism?
Many institutions consider studying poetry, literature and the arts as humanistic endeavors central to a curriculum in humanism for health care professionals. Western has not specifically offered such courses. Should Western offer courses in the arts, letters and humanities?

Other institutions have entire departments dedicated to Humanism. Are these approaches appropriate or necessary at Western University? Should Western U create a Department of Humanistic Studies?

How can we incorporate 21st century technology to advance our cause? Should we use multimedia technology more to demonstrate, model, teach and evaluate humanism? Or, would incorporating technology pull us further away from what we want to accomplish with humanistic care, given that this generation of students is highly tuned in to electronic media.

On the other hand, since this generation is so electronic media savvy, should we increase our efforts to offer hands- on human interactions which appear to be the most suitable method for teaching and assessing humanistic traits and behaviors?

**Recommendations**

1. Define humanism: before we press forward, it is important that Western University develops and publicizes a common definition of humanism.

   - The guiding question should be to define the desired characteristics for WesternU graduates as it relates to humanism.
   - This exercise should involve students, faculty, staff, administration, the Board of Trustees, and alumni.
   - Methods to accomplish this goal might include surveys, interviews, and focus groups.
   - Ultimately, a definition that can be observed is measured and will make it easier to assess our progress on this important institutional value.

2. Define the critical points to assess at the beginning, developmental and clinical integration stages of these humanistic traits and behaviors.

   - Define and measure the humanistic characteristics are we looking for in our applicants.
   - Assess the acquisition of these attributes at the end of each program designed to foster humanistic traits and at the end of each year.
   - Present clinical scenarios on video and live that challenge the student to demonstrate humanistic characteristics prior to clinical years.
   - Assess humanistic characteristics during the clinical years in each rotation.
   - Western university, either through each college, or the Office of Institutional Research, should incorporate humanism in their alumni and employer surveys. These surveys should be administered every 3 – 5 years or as needed.

3. Create a Center for Humanistic Education at Western University.
• This can be done through an expansion of the Department of Social Medicine at COMP or an expansion of the Center for Educational Support of Academic Affairs.
• Expand faculty development opportunities to help faculty identify ways to incorporate humanistic care topics into their curriculum through CAPE.
• This would strengthen our infrastructure and enable the University to conduct humanism assessment from an independent source across diverse academic environments.

4. Infuse assessment of humanistic goals and results into our strategic plan.
5. CDIHP should continue to sponsor educational activities and curriculum development for health professionals serving people with disabilities.
  • The Center should conduct more applied research to develop continuing education programs for current health care providers in caring for the disabled.
  • Additionally, the Center should continue to improve patient care delivery through advocating basic changes in social and policy issues affecting the health of people with disabilities.

Continuing Challenges
Western University is rapidly expanding into the realm of interprofessional education. It is critical at this stage of growth for all new and existing colleges to remain focused on the mission and vision of the University and align themselves with the same educational values and goals. Humanistic objectives will need to be clearly delineated within each program, fostered and evaluated. It remains to be determined whether each college can accomplish this individually, or whether a unifying University wide department needs to be in charge of this aspect of the curricula at the colleges, e.g., a Center for Humanistic Education. The University community will need to determine how it will evaluate alumni humanistic traits, values and behavior on an ongoing basis. It will also be a challenge to create ways to assist the growing research faculty in learning how to teach humanism in their coursework and model it in their interaction with students.
References


