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“Maternal and Child Health in Italy through the Humanities Lens”:
A curriculum for Emory University learners for the
2017 “Bioethics in Italy” Summer Studies Program

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An abstract of
a thesis submitted to the faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master in Public Health
in Global Health and
the certificate of
Maternal and Child Health
2017

Abstract

The Italian Summer Studies Program at Emory University created by Dr. Judy Raggi-Moore offers learners an interdisciplinary study of Italy through the ages, incorporating the perspectives of Italian cultural and medical humanities. The purpose of the Master's thesis is to create a Maternal and Child Health (MCH) curriculum for the "Bioethics in Italy" program for future clinician learners to gain a basic understanding of public health. "Bioethics in Italy" will offer a study of MCH in Italy through the ages, incorporating the perspectives of Italian cultural interdisciplinary studies and medical humanities with the special participation of staff from the Center of Ethics and Schools of Medicine and Public Health.

This facet of the MCH curriculum will seek to enhance a learner's understanding of compassion as relates to the practice of medicine. The course will be taught via six sessions integrating medicine, compassion, and the humanities through the lens of maternal and child health in Italy grounded in the pedagogical approaches of Theory Practice-Learning and Global Perspective Inventory.

The curriculum will be implemented during the 2017 summer Italian study abroad program. Throughout the 6-week program, learners will investigate notions of compassion, mercy, and charity as civic and religious virtues for maternal and child health as illustrated through Italian history, art, literature, and current events. The Italian perspective will be used as a medium because medicine and compassion has been at the core of Italian culture; presently, compassion has become a cornerstone in global health. The goal of the curriculum is to verse learners on the importance of compassion in the medical field.

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Chapter 1: Introduction

Problem statement

The Italian Summer Studies Program at Emory University was created in 1986 by Dr. Judy Raggi-Moore to offer learners an interdisciplinary study of Italy through the ages, incorporating the perspectives of Italian cultural and medical humanities. Funding cuts from the Center of International Program Affairs (CIPA) at Emory University in 2016 motivated the program to partner with the Laney Graduate School's Center for Ethics to ensure its sustainability. The partnership with Laney allows learners from the health sciences graduate and undergraduate programs, including graduate nurses, physicians' assistants, physical therapists, medical students, and undergraduate pre-medical learners, to take part in its novel itinerary.

An intensive and authentic immersion into Italy, the classes help learners, from medical disciplines, investigate notions of compassion as civic and religious virtues illustrated through history, art, social institutions, current events, and daily life. Program faculty includes Dr. Judy Raggi-Moore, PhD, director of the Italian Studies Program and professor of pedagogy; Dr. Ruth Parker, MD, professor of medicine, pediatrics, and public health; and Dr. Paul Cantey, professor at the school of medicine and employee at the Centers for Disease Control.

The current curriculum includes two core summer courses: "Introduction to Italian Culture and Civilization" and "Medical Humanities: Medicine and Compassion". The introductory course explores Italian literature, art, architecture, history, and cultural and political development through the ages in depth. This class consists of readings, group discussions, on-site visits, and lectures that engage learners in critical examination of how Italy is geographically, politically and culturally defined and redefined over the centuries,

both on a regional and national level. “Medical Humanities: Medicine and Compassion” focuses on compassion as it relates to the practice of medicine. These sessions include readings, reflection essays, and seminar presentations by learners. Additionally, learners can elect to take an additional course: “The Healer and Healing: Religion, Compassion, Ethics”. This elective explores Christian, Jewish, and Islamic perspectives on human nature, suffering, compassion, and healing as it speaks to a whole person experience of illness that goes beyond the limits of material existence.

The 2017 summer studies program, newly entitled “Bioethics in Italy”, continues its focus on humanities, medicine, and compassion and expands to include a new elective on the social implications of maternal and child health in Italy. Given that many learners in the program are interested in the health field, Dr. Raggi-Moore incorporated a public health component because learners will likely encounter population health issues in their careers. In summer 2017, the thesis author will pilot this new, six-session elective, entitled “Maternal and Child Health in Italy through the Humanities Lens” as part of the “Bioethics in Italy” immersion course.

Purpose statement

The purpose of the Master’s thesis was to create a Maternal and Child Health (MCH) curriculum for the “Bioethics in Italy” program. This curriculum is comprised of six one-hour long classes addressing MCH in Italy. The topics of discussion include MCH in relation to history, religion, and orphans as represented through art history, architecture, and literature. The overarching theme across distinct historical eras and evolving artistic disciplines is compassion, grounded in the pedagogical approaches of Theory Practice-

Learning (TPL) and Global Perspective Inventory (GPI). Compassion plays a vital role in clinicians' jobs because their response can affect their patients. In their study on ethics in medical education, Leget and Olthuis state, "personal feelings can be a solid basis for moral education that was focused on the analysis of compassion".¹ In addition to deepening critical thinking and enhancing knowledge, the course encourages learners to reflect upon the type of society they wish to shape through the underlying fabric of medicine and compassion.

Objectives

1. Conduct a literature review on the appropriate information to create a curriculum focusing on MCH in Italy.
2. Develop a research-informed curriculum consisting of six sessions focusing on MCH in Italy.
3. Pilot the MCH curriculum as part of the Italian Summer Studies curriculum in 2017.

Significance

"Bioethics in Italy" will offer a study of MCH in Italy through the ages, incorporating the perspectives of Italian cultural interdisciplinary studies and medical humanities with the special participation of staff from the Center of Ethics and Schools of Medicine and Public Health. The curriculum intends for learners who have academic interests in the healthcare fields. Although many learners enrolled in the summer program are pre-med, nursing, physician assistant, or medical learners, an equally pertinent component of the

¹ Leget, C., & Olthuis, G. (2007). Compassion as a basis for ethics in medical education. *Journal of medical ethics*, 33(10), 617-620.

itinerary will be the intensive and authentic immersion into Italian language and culture. This facet of the MCH curriculum will seek to enhance a learner's understanding of compassion as relates to the practice of medicine. As Dr. Bill Foege stated, "I think you can teach compassion, but I'm not sure medical school is the most efficient place to be doing that."² This curriculum presents the opportunity for learners with an interest in clinical work to be exposed to public health through the platform of MCH. MCH is an important platform because women are the foundation of many communities. Studies show that empowered women with good income and education positively impact their communities.^{3;4} Additionally, maternal and child relationships are esteemed in Italian culture due to the influential Madonna and Child depicted throughout history.

Throughout the 6-week program, learners will investigate notions of compassion, mercy, and charity as civic and religious virtues for maternal and child health as illustrated through Italian history, art, literature, and current events. Dr. Joel Howell, MD and PhD at the University of Michigan stated, "There is a strong move toward incorporating more and more of the Humanities in general, and the Arts in particular, into medical education."⁵ This curriculum will aim to use Italian culture, as a platform for health studies, to learn about the movement of incorporating art and medicine. Learners will be asked to focus on MCH and its relationship with Italian society. Examples will extend beyond art, sculptures, and architecture, but ultimately are grounded in Italian culture. In addition to citing these

² Foege, B. (2016, January 24). Global Health Equity in the 21st Century. Retrieved March 20, 2017, from <http://ccagh.org/conversations/personal-stories/bill-foege/>

³ Grown, C., Gupta, G. R., & Pande, R. (2005). Taking action to improve women's health through gender equality and women's empowerment. *The Lancet*, 365(9458), 541.

⁴ Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and change*, 30(3), 435-464.

⁵ Metz, J., & Howell, J. D. (2006). Great Moments: Authenticity, Ideology, and the Telling of Medical History". *Literature and medicine*, 25(2), 502-521.

examples, personal and theoretical reflection questions will accompany these session assignments. The final project to gauge learners' understanding and integration of medicine will be a team project on a topic of their choice related to MCH in Italy and presented at a closing symposium titled *Communicating Through the Arts: Lessons for Medicine and Public Health*.

Chapter 2: Literature Review

Pedagogical Approaches

A literature review comprised of three sections contribute to the creation of the curriculum focusing on MCH spanning Italian history. The first part explores the pedagogical approaches used to develop the curriculum, as well as a discussion of the pedagogy of compassion in medical education. The second part lays out the research used in the development of the curriculum. The third component of the literature review focuses on the public health implications of the project. With the curriculum intended for learners interested in medical careers, compassion is an underlying theme throughout the curriculum.

The developed curriculum intends to educate undergraduate and graduate learners at Emory University interested in medicine and healthcare. Dr. Raggi-Moore created the Italian Summer Studies Program grounded in the Theory Practice-Learning (TPL) movement so learners would gain the most out of the program. TPL was established in 1989 by pedagogical professor, Dr. Barbara Patterson. This theory, also known as “learning by doing”, was founded to redirect professors to teach by creating an environment in which they can increase the rigor and depth that must accompany the learning and application of knowledge.⁶ TPL is rooted in John Dewey’s theories as well as “the liberal arts tradition to educate a participatory, ethically engaged citizenry” that was prevalent in the 1980s.⁷ There are four components to the theory; the first component is the concrete experiences

⁶ Service, D. (1996, December 9). Theory-Practice Learning focuses on real-world problem-solving. Emory Report. Retrieved March 20, 2017, from

http://www.emory.edu/EMORY_REPORT/erarchive/1996/December/ERdec.9/12_9_96theory.html

⁷ Patterson, B. (2008). Sharing Knowledge, Experience, and Support. The Academic Exchange: A Forum for Emory Faculty Work, Life, and thought, 10(5), 1-20. Retrieved March 20, 2017, from

http://www.emory.edu/ACAD_EXCHANGE/2008/apr/pattersonqa.html

that allow learners to involve course material through engaging activities. The second component is the reflective or analytical observations and structured exercises that teach learners to consider the information taught. Thirdly, the theory “challenges [learners] to arduously consider the information in the light of theories being pursued through the academic objectives of the course,” says Dr. Patterson.⁸ Lastly, active experimentation allows learners to take their insights to the next level by developing opinions based on their theoretically comprehended knowledge. This method has succeeded because it engages students in the learning process with critical analysis and practical application; TPL has been used across many campuses including Harvard, Stanford, Rutgers, and Vanderbilt.⁹

Additionally, the Empowerment Theory is an appropriate pedagogical approach for this curriculum as it is based on the “process by which people gain control over their lives, democratic participation in the life of their community, and a critical understanding of their environment.”¹⁰ The theory emphasizes strengths and abilities in learners to enlighten them on the subject, in this instance medicine and compassion as displayed through humanities. The goal of this theory is to support people’s growth in learning.¹¹ Learners receive knowledge from their educators, but still come to their own conclusions. The empowerment theory used in this curriculum development pushes learners to think abstractly and outside of their comfort zone, which will challenge learners to look at compassion in new ways.

⁸ Service.

⁹ *Ibid.*

¹⁰ Zimmerman, Marc A., and Julian Rappaport. "Citizen participation, perceived control, and psychological empowerment." *American Journal of community psychology* 16.5 (1988): 725-750.

¹¹ Kent, Martin, David D. Gilbertson, and Chris O. Hunt. "Fieldwork in geography teaching: A critical review of the literature and approaches." *Journal of Geography in Higher Education* 21.3 (1997): 313-332.

Additionally, the Global Perspective Inventory (GPI) is considered as it measures a person's global perspective.¹² The GPI is founded in three dimensions: cognitive, intrapersonal, and interpersonal. Cognitive dimension focuses on the question, "How do I know?" This question centers on the notion of a learner's knowledge and understanding of what is true and important to know.¹³ Intrapersonal dimension focuses on the question, "Who am I?" and allows learners to reflect on the greater complexity and no longer rely on external authorities to have absolute truth.¹⁴ It helps learners become aware of their personal values and integrating this self-identity as they mature into their work. Lastly, interpersonal dimension asks the question, "How do I relate to others?" is centered on one's willingness to interact with persons with different social norms and cultural backgrounds, acceptance of others, and being comfortable when relating to others.¹⁵ GPI is already the pedagogical approach in which the program was founded.

The discussion of compassion in medical education is important because it is one of the leading virtues for professionals providing good patient care. Compassion is defined as "a sympathetic consciousness of others' distress with a *desire* to alleviate it."¹⁶ Currently, compassion is not frequently discussed in the medical field because it has the ability to produce "compassion fatigue" for providers, as well as the potential to interfere with rationality or clinical reasoning.¹⁷ New studies state that by including compassion in the framework of medical training, it improves empathy and professionalism. Additionally,

¹² Burack, Jeffrey H, et al. "Teaching Compassion and Respect." *Journal of general internal medicine* 14.1 (1999): 49-55. Print.

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ Mercer SW, Reynolds WJ. Empathy and quality of care. *Br J Gen Pract.* 2002; 52:S9-S12

¹⁷ Fan, V. Y., & Lin, S. C. (2013). It is time to include compassion in medical training. *Academic Medicine*, 88(1), 11.

there is evidence suggesting that compassion helps counter a variety of negative emotions, bringing calmness to a physician's practice.¹⁸ The pedagogical approaches to teach compassion in the academic setting will be grounded in GPI, as it will allow learners to better understand themselves thereby better understanding and relating to "others".

Explorations of Maternal and Child Health

Each session will discuss MCH in Italy through the lens of various topics including history, science, architecture, and orphans. In several sessions the overarching theme of society's response to orphans will be the platform through which compassion is explored. Through these sessions, students will examine historical and recent events from medical humanities to understand the meaning of compassion and how it affects the care and health of society. Italian art will be used to postulate what various artists sought to communicate about compassion, suffering, and MCH.

The first session will focus on the founding of Rome through the legend of Romulus and Remus. The session will introduce a legend with the grounding theme of orphans in Italian society. Legend stated that the twin boys were born to a vestal virgin and a God, Rhea Silvia and Mars. Due to their status, the children were perceived as a threat to the King Amulius' reign; so, the king ordered them to be killed.¹⁹ Romulus and Remus were abandoned by the Tiber River and suckled by a she-wolf until taken in by a shepherd. Unaware of their history, the boys grew into young men with different ambitions for the future of their home city. With much conflict between the boys, mockeries ensued and

¹⁸ *Ibid.*

¹⁹ Tennant, PMW (1988). "The Lupercalia and the Romulus and Remus Legend" (PDF). *Acta Classica*. XXXI: 81-93. ISSN 0065-1141. Retrieved 19 November 2016.

eventually Romulus, angered by his brother's belittlement, killed him.²⁰ Today, Romulus and Remus are depicted as infants being suckled by a she-wolf. The foundation of Italy's capital began with a legend depicting a mother and child relationship through Mother Nature's she-wolf and infants; thus begins the focus on orphans in Italian history. As students read this legend, it will provide historical context and depictions on renditions of compassion in Italian history that laid the foundation for future artists. This representation focuses on the maternal and child relationship and compassion; this will be the foundation in discussing MCH through the remaining sessions.

The second session will focus more in depth on the physical representations and understandings of the female body in Italian history. This will be discussed through the lens of Leonardo da Vinci's drawing, *Embryo in the Womb*. Upon striking up a friendship with anatomist, Marcantonio della Torre, Leonardo's passion surrounding the art of the human body flourished.²¹ In witnessing first-hand dissections, Leonardo discovered the intersection of art and medicine. Around 1510, Leonardo drew his most famous drawing, *Embryo in the Womb*, which depicts a human fetus lying inside a dissected uterus. His understanding of the fetus was advanced for his time, as he drew the human fetus in its proper position within the womb. Additionally, Leonardo was the first to expertly draw the uterine artery and the vascular system of the cervix and vagina.²² Leonardo is credited with drawing the uterus with only one chamber, contradicting theories that the uterus was comprised of multiple chambers, which many believed divided fetuses into separate

²⁰ Mazzoni, Cristina (29 March 2010). *She-Wolf: The Story of a Roman Icon*. Cambridge University Press. ISBN 978-0-521-19456-3. Retrieved 2 January 2016.

²¹ O'Malley, Charles Donald, and John Bertrand de Cusance Morant Saunders. *Leonardo da Vinci on the Human Body*. New York: Henry Shuman, 1952.

²² Gilson, Hilary, "Leonardo da Vinci's Embryological Drawings of the Fetus". *Embryo Project Encyclopedia* (2008-08-19). ISSN: 1940-5030 <http://embryo.asu.edu/handle/10776/1929>.

compartments in the case of twins.²³ Upon further exposure to cadavers through della Torre, Leonardo continued to portray accurate drawings of the human body; the sketches have continued to influence scientists and anatomists throughout history.²⁴ In discussing the history of science, it will open up the discussion of women's control over their bodies through the topics of family planning and abortion. Despite being religious and the seat of Catholicism, Italy legalized abortion in May 1978, allowing women to end a pregnancy within the first 90 days; since the legalization, referendums to repeal the law have been rejected.²⁵ Other works of art including Sandro Botticelli's *Birth of Venus* will be used to compare and contrast the representations of female form as well as its evolution.

The third session will focus on the pre- and post-natal care during the Renaissance era, which will lead to the discussion of midwifery methods and healthcare available to women. Upon reading excerpts of Leon Battista Alberti's *I libri della famiglia: Book Two*, learners will discuss the natal conditions for women. Battista states that women were told to "live discreetly, contentedly, and chastely – light nourishing foods, no hard, excessive labor, no sleepy or lazy days in idle solitude. She should give birth in her husband's house and not elsewhere. Once she delivered, she must not go out into the cold and the wind until her health is restored and all her limbs have regained their strength." The historic recount will be discussed in comparison to the current method. Discussions comparing and contrasting the beliefs and practices both historically and presently will capture the evolution of compassion. A recent study looked at the influence of physician-patient relationship in quality care perception of Italian pregnant women and the importance to a

²³ *Ibid.*

²⁴ Cataldi, L., & Fanos, V. (1999). Leonardo da Vinci and his studies on the human fetus and the placenta.

²⁵ "World Abortion Policies 2013". United Nations. 2013. Retrieved 20 March 2017.

women's natal care of being present and involved in the pregnancy.²⁶ The findings showed that a positive relationship between physician and patient improved patient satisfaction; yet, the relationship decreased in the post-partum period. A 2013 study evaluated the professional status of Italian midwifery in trying to understand the midwives' professional autonomy. The study concluded that due a lack of professional autonomy and the absence of professional identity, this led to limitations of Italian midwifery becoming a strong, independent profession.²⁷ The limitations surrounding Italian midwifery stem from the dominance of men in the health industry. Men fought to keep control in the OBGYN health field, which limits the traditional role of women as midwives.²⁸ These issues can help learners understand the evolution of midwifery and birthing process in Italy as well as the medicalization of women's bodies through men's control.

The fourth and fifth session will intertwine, as they will focus on the role of orphans in MCH in Italian history. Orphans were a product of wars and famine that spread throughout the country.²⁹ In 1419, Filippo Brunelleschi received a commission from Arte della Seta to build l'Ospedale degli Innocenti (Hospital of the Innocents) in Florence to help children in need.³⁰ Beginning as a charity institution, the hospital was created to help children and provide them with the opportunity to rejoin society after being abandoned by their parents. To prepare the children, boys learned skills appropriate to their abilities

²⁶ Andrissi L, Petraglia F, Giuliani A, Severi FM, Angioni S, Valensise H, et al. (2015) The Influence of Doctor-Patient and Midwife-Patient Relationship in Quality Care Perception of Italian Pregnant Women: An Exploratory Study. PLoS ONE 10(4): e0124353. doi:10.1371/journal.pone.0124353

²⁷ Spina, E. (2013). An evaluation of the professional status of Italian midwives. *Evidence Based Midwifery*, 11(3), 88-93.

²⁸ *Ibid.*

²⁹ Gavitt, Phillip. *Charity & Children Renaissance Florence*. Ann Arbor: U of Michicagn, 1990. Print.

³⁰ Klein.

while girls mastered domestic skills such as sewing, cooking, and washing.³¹ Children were initially left in a basin located at the front portico until a wheel for secret refuge was added in the mid-1600s.³² This allowed anonymity when people left their babies to be cared for by the orphanage. In 1875, the hospital closed due to financial strains, but it continues to be one of the most historical and monumental examples of early Italian Renaissance architecture.³³ This structure represented social and humanistic views of Italy as it remained as a significant place with a statement of compassion and care despite its unpleasant downfalls. The architectural representation paralleled the mentality on health care for children in society. This will lead to the discussion of compassion in society by understanding what it means to practice medicine with compassion and how it differs from the practice of medicine without compassion. This will open up the conversation on how society balances social and moral responsibilities in regards to citizens less fortunate due to administrative structures of the country; this topic will be further discussed in the final session.

The sixth session will discuss the inequalities presented in maternal healthcare that link to socioeconomic status. This will build upon the previous sessions on natal care and depictions of female forms to understand the social and moral responsibilities of a society. The conversation will expand by discussing the parameters of responsibilities in regards to exercise of compassion within an immediate society versus the nation. This will be examined through the current events of illegal immigration in Italy and how Italians

³¹ *Ibid.*

³² Kahn, Lawrence, MD; Frohna, J. G.; Wald, E. R. (July 2002). "The "Ospedale degli Innocenti" and the "Bambino" of the American Academy of Pediatrics". *Pediatrics*. 110 (1): 175–180. doi:10.1542/peds.110.1.192. PMID 12093967. Retrieved 12 Feb. 2017.

³³ *Ibid.*

reconcile moral responsibilities with civic expectations as it has affected the Italian healthcare system. A study conducted in 2013 analyzed the inequalities in maternal care in Italy and how the role of socioeconomic and migrant status played a crucial role.³⁴ The study found policies addressing inequalities in pre- and post-natal care should target socioeconomic inequalities. Some inequalities to consider include increasing health literacy, improving health seeking behavior through innovative solutions, and evaluating the effectiveness of involvement of socially disadvantaged women.

Implications

The learners enrolled in this summer abroad program are interested in pursuing careers in clinical care. This curriculum can improve MCH practice, as it allows learners to think about the implications of compassion in healthcare. Compassion in medical education is important because as Task Force for Global Health's David Addiss states, "Although compassion is a core value and a fundamental source of inspiration and motivation for those working in the field, this is rarely acknowledged or discussed in global health organizations, training programs, or conferences."³⁵ Compassion will be taught in terms of MCH through the realm of science in discussing controversial issues such as family planning and abortion for women. Additionally, compassion will be an underlying theme in a historical context when discussing the role of orphans in Italy. Compassion and MCH will also be discussed through the inequalities of maternal health through the lens of migrants and current events in Italy. The aim of this interdisciplinary course is to introduce the

³⁴ Lauria, L., Bonciani, M., Spinelli, A., & Grandolfo, M. E. (2013). Inequalities in maternal care in Italy: the role of socioeconomic and migrant status. *Annali dell'Istituto superiore di sanità*, 49(2), 209-218.

³⁵ Craig S. (2011, December 09). New documentary explores "Compassion in Global Health". Notre Dame News. Retrieved March 20, 2017, from <http://news.nd.edu/news/new-documentary-explores-compassion-in-global-health/>

culture of MCH in Italy through history and current events through integration of six areas of study: history, anatomy and physiology, art, architecture, orphans, and inequalities. Throughout the MCH course, learners consider what “maternal and child health” means in Italy culturally, politically, and in practice. The notion of compassion through maternal and child health serves as a study to understand “self” and “others” or “otherness”, “individual” and “community”. This acts as a platform for students to better understand compassion in their future careers.

Chapter 3: Methods

Formative Research

The Italian Study Program has existed for 31 years through the Center of International Program Affairs (CIPA) at Emory University focusing on the trifecta of medicine, compassion, and humanities through immersion learning in Italy. With the transition to the Laney Graduate School, the population of learners has expanded to include graduate learners studying in the medical fields, including learners from the nursing, physician's assistant, physical therapy, and medical school programs. Since public health is an underlying component to their studies, Dr. Raggi-Moore decided to incorporate a public health component focusing on MCH into this summer's curriculum. As a result, the course "Maternal and Child Health in Italy through the Humanities Lens" was developed.

Formative research for this new course included researching Maternal and Child relationship and health practices in Italian art. The research concentrated on how mothers and their children are viewed throughout Italian history as represented in significant art pieces from key historical periods. A historical element for consideration is the number of orphans in Italy throughout history due to wars and poverty and how society's response to orphans has changed over time.

IRB Approval

No Institutional Review Board (IRB) approval required for this project, as it does not include research of human subjects or clinical investigations.

Curriculum Development

In “Maternal and Child Health in Italy through the Humanities Lens”, MCH is represented through six themes each discussed in an hour-long session. The first session is an overview of MCH throughout Italian history. The five remaining sessions focus on mothers and children in relation to nature, hospitality, religion, and orphans. The underlying theme connecting these subjects is medicine and compassion through humanities. The six new sessions align with the current courses, “Introduction to Italian Culture and Civilization” and “Medical Humanities: Medicine and Compassion” and the itinerary for the summer. The new curriculum follows the academic disciplines previously implemented, which include analyzing works of art and of literature as cultural commentaries of those times and explore the reflections of these past eras in institutions and customs of today, exploring the historical points of tension and transition of developing cultural history, and learning to effectively and eloquently articulate thoughts in essays and oral presentations. In developing the curriculum, Dr. Raggi-Moore is involved in the content and the direction of the six sessions added to the current program.

In creating the curriculum, the John’s Hopkins Bloomberg School of Public Health Teaching and Learning Resources was a valuable asset with its articles on best teaching methods, creating learning assessments, and designing helpful rubrics for feedback and grading. Ken Bain, a professor and the current president of the Best Teachers Institute, believes good teachers follow the same guidelines. The first step is that they create a natural critical and learning environment through engaging activities of discussions, role-

playing, fieldwork, or other varying techniques.³⁶ Additionally, professors pose highly provocative and insightful questions; these questions should relate back to a larger issue in society. Third, in conjunction to learning in the natural environment, students will compare, apply, evaluate, analyze, and synthesize the information taught. Lastly, students should be able to answer these questions themselves in the appropriate learning environment provided by the teachers.

The curriculum for “Maternal and Child Health in Italy through the Humanities Lens” adheres to the John’s Hopkins criteria as it has a distinct and clear set of goals and objectives that the six sessions fulfill. The lesson plans for each of the sessions is developed based on TPL and GPI theories. In the end, the curriculum created intends to help the learners to think outside the box. Their knowledge on MCH and how compassion intertwines with medicine is measured through reflection questions and the final symposium that will occur at the end of the program in Matera, Italy.

Curriculum Pre-Testing

“Maternal and Child Health in Italy through the Humanities Lens” will be piloted during the summer 2017 program. Before the pilot testing, one of the six-class curriculum was pre-tested with the “Behavioral Science and Health Education (BSHE) 522: Curriculum Development” class. In pre-testing the curriculum, it illuminated if the information was accessible and understandable to learners who did not have an MCH or a background in Italian culture.

³⁶ Blain, K. (2004, April 9). What Makes Great Teachers Great? The Chronicle of Higher Education. Retrieved March 20, 2017, from <http://chronicle.com/weekly/v50/i31/31b00701.htm>

The lesson plan “MCH and Orphans” was pre-tested with the BSHE 522 learners. This process allowed edits to the curriculum before the pilot testing this summer.

As the curriculum was pre-tested during class, the evaluation plan was comprised of learners discussing the information they learned apropos MCH from the lesson plan. A survey was distributed to gauge how learners perceived the information provided and what could be improved. The information discussed in class was compared to the goals and objectives listed on the board for the lesson plan to ensure that they were met.

Chapter 4: Deliverable

Brief Overview of the Curriculum

The full curriculum is in Appendix A.

Course goals

Each lesson will be one-hour sessions in various cities in Italy. Classes will be taught as a geographical and trans-temporal journey walking and visiting the buildings and artworks discussed. The program is an intensive and authentic immersion into Italian culture. The field locations will include Rome, Florence, Pisa, Venice, and Palermo.

Lesson Plans

- **Lesson 1:** Foundation of Rome and Perceptions of Children in History

Location: Rome

Site Visit: Tiber River

Goal: To provide an overview of the curriculum and explore how arts and health are intertwined.

Overview: This lesson introduces the history and foundation of Rome, Italy through the lens of mythology of Romulus and Remus. In discussing the legend, public health is intertwined through the health of orphans. Learners begin to reflect on the implications of orphans in society and compassion in their care.

Objectives:

1. Summarize the interconnectedness of MCH in Italian art, science and dominant religions.
2. Discuss how society and culture influence MCH traditions and practices.

Activity: Learners will work in pairs. They will be asked to walk around the museum and find examples of Romulus and Remus or orphans in different art works. They will be asked how this makes them feel and how they believe the art speaks to medicine and public health. Learners will need to note the type of artwork, title, artist, and date. Additionally, they will use resources such as the museum employees to learn more about the works of art in context of history. While learners are doing the exercise, walk around and check-in with learners as necessary. Learners will need to have a solid understanding and example of art and healthcare are intertwined in order to participate in the discussion.

Assessment:

1. Learners will be asked to find a representation of Romulus and Remus in a museum and say how this artifact accurately or inaccurately recounts the legend.
2. Learners will actively participate in a group by discussing the impact the legend had on the foundation of Italian society and its healthcare.
3. Learners will write a reflection essay answering the following questions: *How do the arts speak to medicine and public health?*

○ **Lesson 2:** Medicalization of the Female Form

Location: Rome

Site Visit: Capitoline Museum

Goal: To explore science and its effect on women's health choices.

Overview: The second session will focus more in depth on the physical representations and understandings of female anatomy. This session describes the impact of Leonardo da Vinci's drawing of "Embryo in the Womb" on the health field during the Renaissance

era and how it has influenced modern day science and medicine. Learners discuss how they believe the sketch has affected the medical field. Additionally, the sketch prompts discussions on current public health controversies such as family planning and abortion and how this influences the ability for women to control their own bodies.

Objectives:

1. Analyze Leonardo da Vinci's drawing of "Embryo in the Womb".
2. Relate the historic drawing to women's healthcare on current controversies such as family planning and abortion.

Activity: Learners will break up into 6 groups consisting of 5 learners. They will walk around the Capitoline Museum to look at "Embryo in the Womb" and "Birth of Venus". Through these two examples, they will discuss how the female body has been portrayed throughout Italian history. They will then find a third artwork that illustrates the female body; learners will compare and contrast how the female body has been represented using these three artworks. Learners will start thinking about how medicalized representation of women affects her in regards to healthcare such as family planning and abortion. This activity allows learners to discuss the way compassion can be practiced in MCH.

Assessment:

1. Learners will divide into small groups to confer how science affects women's health choices.
2. Learners will write a reflection essay answering the following questions: *What does it mean to practice medicine with compassion? How does this differ from the practice of medicine without compassion?*

○ **Lesson 3:** Midwives' Role in Natal Care

Location: Venice

Site Visit: None

Goal: To discuss the evolution of natal care and role of midwifery.

Overview: This class focuses on the maternal pre- and post-natal care during the Renaissance era as is discussed in Leon Battista Alberti's book, *I libri della famiglia*. Discussion on the healthcare of women giving birth during this time is compared to the current midwifery methods as well as the way natal care has evolved and the current role of natal care. Learners will use this lecture as a catalyst to reflect on the roles on midwifery and compassion for natal care.

Objectives:

1. Contrast the past and present role of pre-and post-natal care for women.
2. Recognize the roles of midwifery in Italian society.

Activity: Learners will break up into groups of three. Encourage a mix of learners from other programs. Encourage learners to avoid combining into groups with the same partners from previous sessions. Individually, they will get 5 minutes to write via stream of conscious. During this time, they will write down their opinions and reactions to the role of pre- and post-natal care and midwifery based on the lecture. Learners will explore the evolution of care, and how they believe natal care should be handled in their field. Learners will focus on how the role has changed and will continue to change, as well as how do you properly advocate for their patients. After 5 minutes, they will rotate their reflection essay to their right. For the next 5 minutes, the learners will read

and respond to the current reflection they have making any remarks on comments on the page. Learners will rotate once more the reflection essays to their right for the last 5 minutes. This will allow the learners to process their feelings and opinions as well as address other's work to gain a better understanding on other views.

Assessment:

1. Learners will partner with learners from different programs to discuss how they believe the role of prenatal care is and should be handled in their field and how it has evolved over time.
2. Learners will write a reflection essay answering the following questions: *How do you believe the relationship between physician and patient will resonate with your own patient interaction experiences?*

○ **Lesson 4:** L'Ospedale degli Innocenti: Society's Role in Children's Wellbeing

Location: Florence

Site Visit: L'Ospedale degli Innocenti

Goal: To assess society's role and responsibilities in regards to healthcare for vulnerable populations.

Overview: This session begins to discuss the importance of society's role in MCH in Italy through examples such as l'Ospedale degli Innocenti. Learners learn how society plays a role in the population's health through the platform of orphans and orphanages. This lecture will lead to the discussion of compassion in society by understanding what it means to practice medicine with compassion and how it differs from the practice of medicine without compassion. It will open up the conversation on how society

balances social and moral responsibilities in regards to citizens less fortunate due to administrative structures of the country.

Objectives:

1. Explain the importance of l'Ospedale degli Innocenti for children's healthcare in Italy.
2. Discuss how this building affected orphans and society in Italy post-wars.
3. Determine the relevant health behaviors of orphans in Italy.

Activity: Learners will walk around l'Ospedale degli Innocenti individually, contemplating the role orphans had in society, as well as society's role to the orphans. They will take notes in the museum on what they found interesting and shocking. Additionally, learners will be asked to contemplate what their roles are as clinicians to vulnerable populations.

Assessment:

1. Learners will tour the orphanage to better understand how societies historically came together to help vulnerable populations.
2. Learners will write a reflection essay answering the following questions: *How does a society balance social and moral responsibilities in regards to the less fortunate? How does this change when people arrive in Italy beyond the administrative structures of the country?*

○ **Lesson 5: Society's Role and Responsibility for Orphans**

Location: Pisa

Site Visit: None

Goal: To examine how compassion plays a role in helping orphans and their healthcare.

Overview: The penultimate class brings the curriculum to full circle by discussing the origins and history of orphans in Italy. Learners identify the ways that orphans and their health implications affected Italian society. Additionally, they will learn how society influenced beliefs and practices about orphans and their care. Learners reflect how society has an impact on its population and the issues surrounding health and human rights for vulnerable populations.

Objectives:

1. Discuss the history and role of orphans in Italy.
2. Identify how compassion is applied in Italian society.

Activity: Learners will split into two groups to act as opposing sides of government to prepare for a debate talking about how they will deal with orphans. One group will focus on the benefits to society, while the other focuses on the consequences. Learners will look at it from a financial, social, and personal responsibility.

Assessment:

1. Learners will break into two groups to compare and contrast the pros and cons of the impact of taking care of orphans in society.
2. Learners will write a reflection essay answering the following questions: *How does this affect society today? What are the benefits and consequences?*

- **Lesson 6:** Healthcare Inequalities for Vulnerable Populations in Italy

Location: Palermo

Site Visit: None

Goal: To evaluate the inequalities of MCH in Italy and how compassion is exercised.

Overview: This final lesson reviews the inequalities that are present in maternal care in Italy today. In focusing on the inequalities of maternal care in Italy, the topic of migrant status will be discussed through excerpts of *Christ Stopped at Eboli*, as well as the current events of refugees explored. Additionally, the topic of women's empowerment may be raised when discussing the importance of a migrant women's health and the future implications of society.

Objectives:

1. Discuss the source of inequalities of MCH in Italy and how it relates to the current immigration events.
2. Reflect how the inequalities affect women's empowerment.

Activity: Learners will sit and take time to reflect on the current inequalities and issues that Italy and the world are facing in regards to migration and how that affects healthcare. Learners will ask what their role is for the future of healthcare and how they want to put compassion into effect and how to advocate for those who cannot for themselves. Learners will come together at the end to engage in the discussion

Assessment:

1. Learners will discuss the current migration events occurring in Europe and how they believe this will affect Italy's healthcare.
2. Learners will write a reflection essay answering the following question: *What are the parameters of responsibilities with regards to exercise of compassion within one's immediate society and one's nation?*

Implementation

The curriculum (see Appendix A) is comprised of six one-hour lessons taught throughout the program. The population of learners includes those interested in medicine and humanities. These learners are predominantly pre-med undergraduate learners, nursing, physicians' assistant, and medical learners at Emory University. Learners, both male and female, range in age from 18 to 26 years old. Lesson 5 was pre-tested with public health learners at Emory University in the BSHE 522 class. Upon completion of lesson review, the curriculum will be implemented as a pilot-test with the cohort travelling to Italy this summer.

Evaluation

To evaluate the pre-test of the curriculum, learners will be asked to discuss and share the information they learned from the class plan amongst each other and with the instructor. After the discussion, post-surveys (see Appendix B) will be passed out to test the basic understanding of their knowledge on MCH in Italy as well as their viewpoints on what they believe they got out of the class.

To evaluate the learners, the program includes a post-class survey to assess if learners were content with the lesson along with suggestions for improvements. The brief survey asks what learners found valuable, how to better improve the class lecture, and what other subjects related to MCH the learners would want to cover. Example of questions include the following: "What was the most intriguing point of the session?" "What was confusing?" "What would you like to learn more about?" This allows for real

time feedback that can shape the presentation style or trajectory of the next lesson for the following week.

The final evaluation for the learners is a presentation of an MCH related topic as part of the symposium, "*Communicating Through the Arts: Lessons for Medicine and Public Health*". This culmination not only speaks to their understanding of course material, but also serves as a precursor of their ability to communicate and convey information to other professionals in their field.

Chapter 5: Discussion

With the program expanding to include a variety of clinicians, there is a need to include a public health into the program. Public health offers a new perspective on medicine to practice medicine more effectively by looking at healthcare populations and their issues. MCH allows a new point of view for learners to understand medicine and compassion in the humanities throughout the history of Italy. The implementation of the six courses ties together the previous topics of medicine and compassion to help answer important questions such as “What does it mean to practice medicine with compassion?”

As part of the current curriculum, the learners already examine historical and recent writings from the medical humanities as they work to understand the meaning of compassion and how it affects the care and health of people. By focusing on MCH, it will be a representation of a vulnerable population who are frequently the bottom of the totem pole. This new addition ties in well with the existing courses that look at renditions of compassion in Italian art in attempt to understand what various artists sought to communicate about compassion, suffering, and healings.

Strengths and Limitations

There are strengths to including the new course “Maternal and Child Health in Italy through the Humanities Lens” in the “Bioethics in Italy” curriculum. To begin, public health is an important subject to incorporate into the current program. As it is the first time that public health is included into the program, this incorporation allows for the expansion of health viewpoints. Public health is an important component to practitioners training because it provides learners with information and skills required to explore different

healthcare populations and their issues by focusing on “protecting and improving the health of families and communities.”³⁷

Clinical training teaches learners to treat individual patients while public health “broadens this perspective to focus on groups of people as well as individuals”.³⁸ As the University of North Carolina’s School of Medicine noted, many clinicians are seeking a Masters in Public Health as a way to practice medicine more effectively. As most learners are currently in the healthcare field, this new course allows them to view the world to understand health outside of their normal realm and scope. With Emory University having a top-ranked public health program, it creates symbiosis across the campus to be inclusive all healthcare sectors.

Public health reinforces compassion and as Dr. Foege stated, compassion is important for practitioners as it allows for good patient care. Compassion and public health are intertwined as the values focus on caring for individual patients as well as positive contribution to the health of populations.

This new curriculum also allows for conversation not only surrounding the MCH population in Italy, but MCH and women population on a global scale; this opens up the opportunity for discussion on women’s rights. Another strength for this curriculum is that the class is taught in Italy. Learners can be fully immersed in the Italian culture to gain a better understanding. For example, when discussing l’Ospedale degli Innocenti, learners have the opportunity to go into the building and walk around viewing the location studied. This opportunity allows for GPI to be used; learners are not detached from history. The

³⁷ Centers for Disease Control and Prevention (CDC). (2015). Characteristics of an Effective Health Education Curriculum. Retrieved from <http://www.cdc.gov/HealthyYouth/SHER/characteristics/>

³⁸ Public Health Interest Group. (2015, July 09). Retrieved April 06, 2017, from <https://www.med.unc.edu/phig/what-is-an-mph>

information they are learning appears more real as they are on-site and can actually see everything. The class acts as a journey to go through history and learn the information as it relates to society today. Learners can learn about MCH on site and engage with natives about current MCH affairs.

Along with these strengths, there are limitations to the curriculum. Some limitations include the short amount of time learners will be able to delve into the topic. Since this is a pilot curriculum as part of an established curriculum, it is limited to six classes. Another limitation in this implementation is the relatively large cohort of 30 learners; it is difficult to accommodate the curriculum to the interests of all learners. It is recommended to implement in a smaller cohort of about 20 learners. Smaller cohorts allow for more opportunity for each learner to participate and share their ideas. It may be difficult to have all learners engaged all the time if there are certain learners who participate more often. Also, by being on site, it may be a distraction for learners.

Lastly, due to a wide range of interests of learners, it may be a challenge to satisfy all participants in such a short time frame. This will help show different views on MCH populations and allow for good conversation. However, this will also be a limiting factor because it will be important to remember that without the same background, it may be difficult to make sure everyone is on the same page and engage people who may not be as interested in MCH populations. Per the Merlot Pedagogy from California State University, this will be addressed through motivating and engaging students by the teaching style and the nature of the assignments.³⁹ The activities created for the program were designed to be engaging. In a newsletter written for Stanford University, its recommendations to engage

³⁹ MERLOT Pedagogy Portal: Teaching Challenges. (n.d.). Retrieved April 06, 2017, from <http://pedagogy.merlot.org/MotivatingandEngagingStudents.html>

students is to define course goals and to help students think about personal learning goals.⁴⁰ This will help learners understand why the course information is important and how it relates to their profession. Relevance of the material plays an important role in keeping learners' attention. Also, it is important for teachers to make use of learners' interest and background knowledge. To do this, ask the learners what knowledge they bring to the course.⁴¹ These methods will engage learners throughout the course.

Recommendations

In order for the public health component of the program to grow, it is recommended to conduct a monitoring and evaluating project on the pilot. Feedback on the six sessions benefits the future curriculum as it advises what work, what did not work, and what could improve. Conducted via a survey, the feedback includes what learners enjoyed about the courses, what learners would like to learn, and what other focuses of interest should be incorporated in future years. A monitor and evaluation of the program should be conducted to better understand the needs and educational desires of the learners. A proper evaluation system is needed to monitor the effectiveness of the program to gauge how much learners learn and where there is room for improvement. Monitor and evaluation will help improve the performance of the curriculum. Monitoring gathers information to track progress as a short-term assessment. Evaluation will look at the relevance, effectiveness, efficiency, and impact of the activities of the class in regards to its respective objectives.

⁴⁰ Capturing and Directing the Motivation to Learn. (1998, Fall). Retrieved April 6, 2017, from web.stanford.edu/dept/CTL/Newsletter/

⁴¹ Schiefele, U. "Interest, Learning, and Motivation." *Educational Psychologist*, 1991, 26 (3 & 4), 299-323.

Furthermore, if the program were successful on the grand scale of succeeding in the Ethics Department, it would benefit the program to apply for funding. This would allow for expansion of the program. Expansion of the program could include partnering with other universities and broadening the public health component. Additionally, with extra funding it could involve into an international opportunity for a BSHE student to work on expanding or better developing this curriculum for future summer programs.

Another recommendation for the curriculum is to provide specific readings on MCH in Italy before the departure of the program. Currently, the two core courses offer pre-reads: *Christ Stopped at Eboli*, *Pinocchio*, and *Dante's Inferno*. Future MCH readings could include subject matter like healthcare and health insurance so learners can better understand the medical system in Italy and how it compares to the United States.

Conclusion

The “Bioethics in Italy” program is a unique and original experience that has continued to grow since its foundation. The “Maternal and Child Health in Italy through the Humanities Lens” addition continues to enhance the student’s experience and to educate on public health through the MCH population. MCH is a good foundation to open the doors to public health because the representation of mother and child is deeply rooted in Italian history. The short-term goal of this Master’s Thesis was to develop six lessons to introduce public health to the learners attending this summer’s study abroad program in Italy. Additionally, the short-term goal is to have the learners present the information learned over the 6-week program at the symposium to other healthcare professionals. The long-term goal is to refine the MCH curriculum for future summer programs. In addition to

improving the MCH curriculum, another goal is to extend the public health focus to other populations. Given the political situation in Italy, the refugee population can be another population to study on the disparities in access and care. This will be another facet to discuss the future of medicine and compassion.

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Appendices

Appendix A: Curriculum

Curriculum Overview

Session Title	Goal	Learning Objectives	Materials Needed
<p>Session 1: Foundation of Rome and Perceptions of Children in History</p> <p>Location: Tiber River, Rome</p>	To provide an overview of the curriculum and explore how arts and health are intertwined.	<ul style="list-style-type: none"> ○ Summarize the interconnectedness of MCH in Italian art, science and dominant religions. ○ Discuss how society and culture influence MCH traditions and practices. 	<ul style="list-style-type: none"> ✓ Romulus and Remus Text ✓ 2-3 sheets of blank paper ✓ Post-survey
<p>Session 2: Medicalization of the Female Form</p> <p>Location: Capitoline Museum, Rome</p>	To explore science and its affect on women's health choices.	<ul style="list-style-type: none"> ○ Analyze Leonardo da Vinci's drawing of "Embryo in the Womb" and Sandro Botticelli's "Birth of Venus". ○ Relate the historic drawing to women's healthcare on current controversies such as family planning and abortion. 	<ul style="list-style-type: none"> ✓ "Embryo in the Womb" drawing ✓ "Birth of Venus" painting ✓ 2-3 sheets of blank paper ✓ Post-survey
<p>Session 3: Midwives' Role in Natal Care</p> <p>Location: Venice</p>	To discuss the evolution and role of compassion in natal care and midwifery.	<ul style="list-style-type: none"> ○ Contrast the past and present role of pre-and post-natal care for women. ○ Recognize the roles of midwifery in Italian society. 	<ul style="list-style-type: none"> ✓ 2-3 sheets of blank paper ✓ Post-survey
<p>Session 4: L'Ospedale degli Innocenti: Society's Role in Children's Wellbeing</p> <p>Location: L'Osepdale degli Innocenti. Florence</p>	To assess society's role and responsibilities in regards to healthcare for vulnerable populations.	<ul style="list-style-type: none"> ○ Explain the importance of l'Osepdale degli Innocenti for children's healthcare in Italy. ○ Discuss how this building affected orphans and society in Italy post-wars. 	<ul style="list-style-type: none"> ✓ L'Ospedale degli Innocenti ✓ 2-3 sheets of blank paper ✓ Post-survey

		<ul style="list-style-type: none"> ○ Determine the relevant health behaviors of orphans in Italy. 	
<p>Session 5: Society's Role and Responsibility for Orphans</p> <p>Location: Leaning Tower of Pisa, Pisa</p>	To examine how compassion plays a role in helping orphans and their healthcare.	<ul style="list-style-type: none"> ○ Discuss the history and role of orphans in Italy. ○ Identify how compassion is applied in Italian society. 	<ul style="list-style-type: none"> ✓ 2-3 sheets of blank paper ✓ Post- survey
<p>Session 6: Healthcare Inequalities for Vulnerable Populations in Italy</p> <p>Location: Palermo</p>	To evaluate the inequalities of MCH in Italy and how compassion is exercised.	<ul style="list-style-type: none"> ○ Discuss the inequalities of MCH in Italy and how it relates to the current immigration events. ○ Reflect how the inequalities affect women's empowerment. 	<ul style="list-style-type: none"> ✓ <i>Christ Stopped at Eboli</i> text ✓ 2-3 sheets of blank paper ✓ Post-survey

Session 1: Foundation of Rome and Perceptions of Children in History

Facilitator Notes

This is the first lesson in the “Maternal and Child in Italy through the Humanities Lens” curriculum to be delivered to the learners only during the first session.

Italicized text provides information for the facilitator and is not part of the lesson’s content to be delivered to learners.

This is a pilot curriculum; therefore, it is recommended to make modifications to each session depending on the class’ interest and knowledge of the material. This lesson provides the basic content that learners should absorb; adding information is acceptable. Learners’ understanding of the information is most important; therefore, frequently ask engaging question from learners and provide opportunities for them to ask questions.

Pre-reads that will be relevant throughout all six sessions include “Abandoned Children of the Italian Renaissance Orphan Care in Florence and Bologna” by Nicholas Terpstra, “The body of Compassion: Ethics, Medicine, and the Church” by Joel Shuman, and “Justice: What’s the Right Thing to do” by Jichael J. Sandel. Please use these texts as references for each session.

Pre-reads for this session include “The Foundation of Rome” by Frascchetti, Augusto and “The Bothers of Romulus: Fraternal “Pietas” in Roman law, literature, and society” by C.J. Bannon (see References).

Goal

To provide an overview of the curriculum and explore how arts and health are intertwined.

Objectives

At the end of this session, learners will be able to...

- Summarize the impact of MCH in Italy and how it relates to art, science, and religion.
- Reflect on how MCH influences society in Italy.

Materials

- ✓ Romulus and Remus text
- ✓ 2-3 sheets of blank paper
- ✓ Post-survey

Assessment

- Learners will be asked to find a representation of Romulus and Remus in a museum and say how this artifact accurately or inaccurately recounts the legend.
- Learners will actively participate in a group by discussing the impact the legend had on the foundation of Italian society and its healthcare.

- Learners will write a reflection essay answering the following questions: *How do the arts speak to medicine and public health?*

Facilitator Instructions

Listed below are suggestions on how to facilitate discussions and questions during the Discussion section of the session. Set the context for discussion by setting expectations for good listening and turn taking while speaking.

- Encourage people to listen to one another and build on what others are saying.
- Consider times when you may need to provide people with an opportunity to think quietly for a minute before everyone begins speaking.
- Stop the conversation if people are talking over each other or having side chatter. This is hard to do with adults but it necessary and appreciated by most people.
- Only ask one question at a time.

Lecture

Duration: 15 minutes

Directions:

- Gather the group of learners in a shady location near the Tiber River where they have the opportunity to sit or stand. Greet the learners and introduce yourself including name, education background, areas of focus, and the purpose of this course. Learners will already have introduced themselves as part of the curriculum. One icebreaker includes learners sharing their first impression of what embodies MCH and discuss their images with classmates.
- Introduce the first session with its goals and objectives (see previous page).
- Recount the legend of Romulus and Remus and how it led to the founding of Rome. The legend will act as a catalyst to discussing maternal and child relations, as is seen through the relationship of the she-wolf and the twin boys.
 - The session will introduce a legend with the grounding theme of orphans in Italian society. Legend states that the twin boys were born to a vestal virgin and a God, Rhea Silvia and Mars respectively. Due to their status, the children were perceived as a threat to the King Amulius' reign; consequently, the king ordered them to be killed.⁴² Romulus and Remus were abandoned by the Tiber River and suckled by a she-wolf until taken in by a shepherd. Unaware of their history, the boys grew into young men with different ambitions for the future of their home city. With much conflict between the boys, mockeries ensued and eventually Romulus, angered by his brother's belittlement, killed him.⁴³ Today, Romulus and Remus are depicted as infants being suckled by a she-wolf. The foundation of Italy's capital began with a legend depicting a mother and child relationship through Mother

⁴² Tennant, PMW (1988). "The Lupercalia and the Romulus and Remus Legend" (PDF). *Acta Classica*. XXXI: 81–93. ISSN 0065-1141. Retrieved 19 November 2016.

⁴³ Mazzoni, Cristina (29 March 2010). *She-Wolf: The Story of a Roman Icon*. Cambridge University Press. ISBN 978-0-521-19456-3. Retrieved 2 January 2016.

Nature's she-wolf and infants; thus begins the focus of orphans in Italian history.

- Briefly explore how the tale of Romulus and Remus was a foundation for the perception of orphans in society.
 - The legend of Romulus and Remus will act as a transition to discuss the standard of care of orphans in Italy, which will lead to the discussion of compassion in society by understanding what it means to practice medicine with compassion and how it differs from the practice of medicine without compassion.
- Tell learners that the discussion of orphans' healthcare will be further developed in later sessions. Continue with the following directions for the activity.

Activity

Activity Setting: Rome, Italy

Materials: Romulus and Remus text, blank sheets of paper

Subject Areas: MCH & History

Duration: 15 minutes

Directions: Learners will work in pairs. They will be asked to walk around the museum and find examples of Romulus and Remus or orphans in different art works. They will be asked how this makes them feel and how they believe the art speaks to medicine and public health. Learners will need to note the type of artwork, title, artist, and date. Additionally, they will use resources such as the museum employees to learn more about the works of art in context of history. While learners are doing the exercise, walk around and check-in with learners as necessary. Learners will need to have a solid understanding and example of art and healthcare are intertwined in order to participate in the discussion.

Discussion

Duration: 30 minutes

The following questions will begin the discussion relating art with public health. Remember to allow learners time to think quietly for a minute before engaging in a discussion. Only ask one question at a time. Please feel free to ask questions based on the discussion.

- *How do the arts speak to medicine and public health?*
- *What are the implications of having art and medicine intertwined?*
- *Where is the intersection of compassion and care?*
- *How do you believe this will affect you in your career?*

Session 2: Medicalization of the Female Form

Pre-reads for this session include "Leonardo da Vinci's Embryological Drawings of the Fetus" by Hilary Gilson and "Gardner's Art through the Ages" by Fred Kleiner (see References).

Goal

To explore science and its affect on women's health choices.

Objectives

At the end of this session, learners will be able to...

- Analyze Leonardo da Vinci's drawing of "Embryo in the Womb".
- Relate the historic drawing to women's healthcare on current controversies such as family planning and abortion.

Materials Needed

- ✓ "Embryo in the Womb" drawing
- ✓ "Birth of Venus" painting
- ✓ 2-3 sheets of blank paper
- ✓ Post-survey

Assessment

- Learners will divide into small groups to confer how science affects women's health choices.
- Learners will write a reflection essay answering the following questions: *What does it mean to practice medicine with compassion? How does this differ from the practice of medicine without compassion?*

Facilitator Instructions

Listed below are suggestions on how to facilitate discussions and questions during the Discussion section of the session. Set the context for discussion by setting expectations for good listening and turn taking while speaking.

- Encourage people to listen to one another and build on what others are saying.
- Consider times when you may need to provide people with an opportunity to think quietly for a minute before everyone begins speaking.
- Stop the conversation if people are talking over each other or having side chatter. This is hard to do with adults but it necessary and appreciated by most people.
- Only ask one question at a time.

Lecture

Duration: 15 minutes

Directions:

- On the main floor of the Capitoline Museum, gather learners in a corner to ensure the group is out of entrance and pathways for other visitors of the museum.
- Review the class goals and objectives (see previous page).
- Analyze “Embryo in the Womb” (appendix A), planting the seed on the way representation of women has evolved.
 - The second session will focus more in depth on the physical representations and understandings of female anatomy. The history of the drawing begins when Leonardo struck up a friendship with anatomist, Marcantonio della Torre, Leonardo’s passion surrounding the art of the human body flourished.⁴⁴ In witnessing first-hand dissections, Leonardo discovered the intersection of art and medicine. Around 1510, Leonardo drew his most famous drawing, *Embryo in the Womb*, which depicts a human fetus lying inside a dissected uterus. His understanding of the fetus was advanced for his time, as he correctly drew the human fetus in its proper position within the womb. Additionally, Leonardo was the first to expertly draw the uterine artery and the vascular system of the cervix and vagina.⁴⁵ Leonardo is credited with drawing the uterus with only one chamber, contradicting theories that the uterus was comprised of multiple chambers, which many believed divided fetuses into separate compartments in the case of twins.⁴⁶ Upon further exposure to cadavers through della Torre, Leonardo continued to portray accurate drawings of the human body; the sketches have

⁴⁴ O’Malley, Charles Donald, and John Bertrand de Cusance Morant Saunders. *Leonardo da Vinci on the Human Body*. New York: Henry Shuman, 1952.

⁴⁵ Gilson, Hilary, "Leonardo da Vinci's Embryological Drawings of the Fetus". *Embryo Project Encyclopedia* (2008-08-19). ISSN: 1940-5030 <http://embryo.asu.edu/handle/10776/1929>.

⁴⁶ *Ibid.*

continued to influence scientists and anatomists throughout history.⁴⁷ In discussing the history of science, it will open up the discussion of women's control over their bodies through the topics of family planning and abortion. Despite being heavily religious, Italy legalized abortion in May 1978, allowing women to terminate a pregnancy within the first 90 days; since the legalization, referendums wishing to repeal the law have been rejected.⁴⁸

- Sandro Botticelli's *Birth of Venus* (Appendix B) will be used to compare and contrast the representations of female form as well as its evolution.
 - This painting is a landmark of fifteenth century Italian paintings depicting a woman's body through Venus illustrated as a beautiful and chaste goddess. Her depiction is unusual for the time because it was out of the normal realm of Christian theme and nude women were hardly ever portrayed. She is derived from the theme of Venus Peudica praising the woman's body; however, she also is covering herself up coyly. Even though she is represented nude, the Nymph is awaiting to cover her. Additionally, it is important to note how Botticelli depicted the woman's body: her torso is elongated and her proportions are exaggerated.
- Ask how learners believe Leonardo's *Embryo in the Womb* has affected the medical field today and women's healthcare as these will be questions to consider when doing the activity.
 - Questions to consider for learners: how was the woman's domain in her health choices shifted due to the medicalization of her body? How has science shifted a woman's rights?

Activity

Activity Setting: Rome, Italy

Materials: "Embryo in the Womb" drawing, "Birth of Venus" painting, 2-3 sheets of paper

Subject Areas: MCH & Science

Duration: 15 minutes

Directions: Learners will break up into 6 groups consisting of 5 learners. They will walk around the Capitoline Museum to look at "Embryo in the Womb" and "Birth of Venus". Through these two examples, they will discuss how the female body has been portrayed throughout Italian history. They will then find a third artwork that illustrates the female body; learners will compare and contrast how the female body has been represented using these three artworks. Learners will start thinking about how medicalized representation of women affects her in regards to healthcare such as family planning and abortion. This activity allows learners to discuss the way compassion can be practiced in MCH.

⁴⁷ Cataldi, L., & Fanos, V. (1999). Leonardo da Vinci and his studies on the human fetus and the placenta.

⁴⁸ "World Abortion Policies 2013". United Nations. 2013. Retrieved 20 March 2017.

Discussion

Duration: 30 minutes

The following questions will begin the discussion relating art with public health. Remember to allow learners time to think quietly for a minute before engaging in a discussion. Only ask one question at a time. Please feel free to ask questions based on the discussion.

- *How has science shifted the way society views a woman's body?*
- *How have the views shifted the way a woman views her own body?*
- *What does it mean to practice medicine with compassion when women's bodies are medicalized?*
- *How does this differ from the practice of medicine without compassion?*
- *How do you believe women's bodies being medicalized will manifest itself in your career?*

Session 3: Midwives' Role in Natal Care

Pre-reads for this session include "An Evaluation of the Professional Status of Italian Midwives" by Elena Spina and "Taking Action to Improve Women's Health through Gender Equality and Women's Empowerment" by Gupta et al. (see References).

Goal

To discuss the evolution of natal care and role of midwifery.

Objectives

At the end of this session, learners will be able to...

- Contrast the past and present role of pre-and post-natal care for women.
- Recognize the roles of midwifery in Italian society.

Materials Needed

- ✓ 2-3 sheets of blank paper
- ✓ Post-survey

Assessment

- Learners will partner with learners from different programs to discuss how they believe the role of prenatal care is and should be handled in their field and how it has evolved over time.
- Learners will write a reflection essay answering the following questions: *How do you believe the relationship between physician and patient will resonate with your own patient interaction experiences?*

Facilitator Instructions

Listed below are suggestions on how to facilitate discussions and questions during the Discussion section of the session. Set the context for discussion by setting expectations for good listening and turn taking while speaking.

- Encourage people to listen to one another and build on what others are saying.
- Consider times when you may need to provide people with an opportunity to think quietly for a minute before everyone begins speaking.
- Stop the conversation if people are talking over each other or having side chatter. This is hard to do with adults but it necessary and appreciated by most people.
- Only ask one question at a time.

Lecture

Duration: 15 minutes

Directions:

- Gather learners by the water to review the class goals and objectives (see previous page).
- Discuss the way natal care has evolved and the current role of natal care and the role of midwives.
 - Historically, Battista states that women were told to “live discreetly, contentedly, and chastely – light nourishing foods, no hard, excessive labor, no sleepy or lazy days in idle solitude. She should give birth in her husband’s house and not elsewhere. Once she is delivered, she must not go out into the cold and the wind until her health is fully restored and all her limbs have fully regained their strength.” The historic recount will be discussed in comparison to the current beliefs and practices.
 - As of 2016, Italy finally added epidurals to the list of “essential levels of care” for women during childbirth. Previously, only 20% of women would get an epidural, which are far less than neighboring European countries and the United States. Today, traditional birth attendants and midwives are becoming the main providers of maternal health care. The major obstacles are unavailability and inaccessibility of health facilities, poverty, exorbitant user charges and associated costs, and poor services offered at the local health facilities
 - A recent study looked at the influence of physician-patient relationship in quality care perception of Italian pregnant women and the importance to a women’s natal care of being present and involved in the pregnancy.⁴⁹ A 2013

⁴⁹ Andrissi L, Petraglia F, Giuliani A, Severi FM, Angioni S, Valensise H, et al. (2015) The Influence of Doctor-Patient and Midwife-Patient Relationship in Quality Care Perception of Italian Pregnant Women: An Exploratory Study. PLoS ONE 10(4): e0124353. doi:10.1371/journal.pone.0124353

study evaluated the professional status of Italian midwifery in trying to understand the midwives' professional autonomy. The study concluded that a lack of professional autonomy and the absence of professional identity were limitations on Italian midwifery that hindered it from becoming strong, independent profession.⁵⁰

- Discuss the current limitations of midwifery in Italy and how these limitations were caused due to the significant role of men in the healthcare industry.
 - The limitations surrounding Italian midwifery stem from the dominance of men in the health industry. The traditional role of women as midwives was limited because men fought to retain control in the OBGYN health field. These issues can help learners understand the evolution of midwifery and birthing process in Italy.
- Learners will use this lecture as a catalyst to reflect on the roles on midwifery and compassion for natal care.

Activity

Activity Setting: Venice, Italy

Materials: 2-3 sheets of blank paper, post-survey

Subject Areas:

Duration: 15 minutes

Directions: Learners will break up into groups of three. Encourage a mix of learners from other programs. Encourage learners to avoid combining into groups with the same partners from previous sessions. Individually, they will get 5 minutes to write via stream of conscious. During this time, they will write down their opinions and reactions to the role of pre- and post-natal care and midwifery based on the lecture. Learners will explore the evolution of care, and how they believe natal care should be handled in their field. Learners will focus on how the role has changed and will continue to change, as well as how do you properly advocate for their patients. After 5 minutes, they will rotate their reflection essay to their right. For the next 5 minutes, the learners will read and respond to the current reflection they have making any remarks on comments on the page. Learners will rotate once more the reflection essays to their right for the last 5 minutes. This will allow the learners to process their feelings and opinions as well as address other's work to gain a better understanding on other views.

Discussion

Duration: 30 minutes

⁵⁰ Spina, E. (2013). An evaluation of the professional status of Italian midwives. *Evidence Based Midwifery*, 11(3), 88-93.

The following questions will begin the discussion relating art with public health. Remember to allow learners time to think quietly for a minute before engaging in a discussion. Only ask one question at a time. Please feel free to ask questions based on the discussion.

- *How do you believe the role of compassion will resonate with your own patient interaction experiences?*
- *Where does compassion come into play in regards to natal care?*
- *Where is the intersection between compassion and natal care? How is it reinforced or undermined?*
- *In regards to the future of women's natal care, what is your role?*

Session 4: L'Ospedale degli Innocenti: Society's Role in Children's Wellbeing

Pre-reads for this session include "The "Ospedale degli Innocenti" and the "Bambino" of the American Academy of Pediatrics" by Lawrence Kahn and "Charity & Children Renaissance Florence" by Phillip Gavitt (see References).

Goal

To assess society's role and responsibilities in regards to healthcare for vulnerable populations.

Objectives

At the end of this session, learners will be able to...

- Explain the importance of l'Ospedale degli Innocenti for children's healthcare in Italy.
- Predict how this building affected orphans and society in Italy post-wars.
- Determine the relevant health standards of care for orphans in Italy.

Materials Needed

- ✓ 2-3 sheets of blank paper
- ✓ Post-survey

Assessment

- Learners will tour the orphanage to better understand how societies historically came together to help vulnerable populations.
- Learners will write a reflection essay answering the following questions: *How does a society balance social and moral responsibilities in regards to the less fortunate? How does this change when people arrive in Italy beyond the administrative structures of the country?*

Facilitator Instructions

Listed below are suggestions on how to facilitate discussions and questions during the Discussion section of the session. Set the context for discussion by setting expectations for good listening and turn taking while speaking.

- Encourage people to listen to one another and build on what others are saying.
- Consider times when you may need to provide people with an opportunity to think quietly for a minute before everyone begins speaking.
- Stop the conversation if people are talking over each other or having side chatter. This is hard to do with adults but it necessary and appreciated by most people.
- Only ask one question at a time.

Lecture

Duration: 10 minutes

Directions:

- On the square outside of l’Ospedale degli Innocenti, allow learners to sit or stand in the shade while reviewing the goals and objectives for the session (see previous page).
- Discuss the history and architectural importance of the building, focusing on the plaques with the swaddled babies.
 - During the early Renaissance, Florence was overwhelmed with the number of babies left on the streets, in the alleyways, and on the pews of churches. There was a gap between the wealthy families such as the Medici and the workers who often abandoned their children because they were too poor. The Silk Guild, one of the richest guilds in Florence, donated money to build an establishment to get the children off the streets. The hospital was an expression of humanism.
 - In 1419, Filippo Brunelleschi received a commission from Arte della Seta to build l’Ospedale degli Innocenti (Hospital of the Innocents) in Florence to help children in need.⁵¹ Beginning as a charity institution, the hospital was created to help children and provide them with the opportunity to rejoin society after being abandoned by their parents. To prepare the children, boys were taught skills appropriate to their abilities and girls were taught domestic skills such as sewing, cooking, and washing.⁵² Children were initially left in a basin located at the front portico until a wheel for secret refuge was added in the mid-1600s.⁵³ This allowed anonymity when people left their babies to be

⁵¹ Klein.

⁵² *Ibid.*

⁵³ Kahn, Lawrence, MD; Frohna, J. G.; Wald, E. R. (July 2002). "The "Ospedale degli Innocenti" and the "Bambino" of the American Academy of Pediatrics". *Pediatrics*. 110 (1): 175–180. doi:10.1542/peds.110.1.192. PMID 12093967. Retrieved 12 Feb. 2017.

cared for by the orphanage. In 1875, the hospital closed due to financial strains, but it continues to be regarded as one of the most historical and monumental example of early Italian Renaissance architecture.⁵⁴ This structure represented social and humanistic views of Italy as it remained as a significant place with a statement of compassion and care. The architectural representation paralleled the approach to health care for children in society.

- Over the five and half centuries it was in use, l'Ospedale degli Innocenti cared for over 375,000 children.
- This lecture will lead to the discussion of compassion in society by understanding what it means to practice medicine with compassion and how it differs from the practice of medicine without compassion. It will open up the conversation on how society balances social and moral responsibilities in regards to citizens less fortunate due to administrative structures of the country; this topic will be further discussed in the final session. State that this conversation will be continued during the next session.

Activity

Activity Setting: Florence, Italy

Materials: 2-3 sheets of blank paper, post-survey

Subject Areas: MCH & Architecture

Duration: 25 minutes

Directions: Learners will walk around l'Ospedale degli Innocenti individually, contemplating the role orphans had in society, as well as society's role to the orphans. They will take notes in the museum on what they found interesting and shocking. Additionally, learners will be asked to contemplate what their roles are as clinicians to vulnerable populations.

Discussion

Duration: 25 minutes

The following questions will begin the discussion relating art with public health. Remember to allow learners time to think quietly for a minute before engaging in a discussion. Only ask one question at a time. Please feel free to ask questions based on the discussion.

- *How does a society balance social and moral responsibilities with regards to vulnerable people?*
- *Where is the notion of compassion reinforced?*
- *Where is the notion of compassion undermined?*

⁵⁴ *Ibid.*

Session 5: Society's Role and Responsibility for Orphans

Pre-reads for this session include "Abandoned Children of the Italian Renaissance Orphan Care in Florence and Bologna" by Nicholas Terpstra and "Charity & Children Renaissance Florence" by Phillip Gavitt (see References).

Goal

To examine how compassion plays a role in helping orphans and their healthcare.

Objectives

At the end of this session, learners will be able to...

- Discuss the history and role of orphans in Italy.
- Identify how compassion is applied in Italian society.

Materials Needed

- ✓ 2-3 sheets of blank paper
- ✓ Post- survey

Assessment

- Learners will break into two groups to compare and contrast the pros and cons of the impact of taking care of orphans in society.
- Learners will write a reflection essay answering the following questions: *How does this affect society today? What are the benefits and consequences?*

Facilitator Instructions

Listed below are suggestions on how to facilitate discussions and questions during the Discussion section of the session. Set the context for discussion by setting expectations for good listening and turn taking while speaking.

- Encourage people to listen to one another and build on what others are saying.
- Consider times when you may need to provide people with an opportunity to think quietly for a minute before everyone begins speaking.
- Stop the conversation if people are talking over each other or having side chatter. This is hard to do with adults but it necessary and appreciated by most people.
- Only ask one question at a time.

Lecture

Duration: 15 minutes

Directions:

- Gather learners to sit on the grassy knoll in front of the leaning Tower of Pisa. Review the content from the previous session and state that this session will be a continuation, as the roles of orphans will be further explored. Review the goals and objectives for the class (see previous page).
- Discuss the history and how war, poverty, and disease led to increased numbers of orphans.
 - Nearly half of the children who lived in the cities of the late Italian Renaissance were under fifteen years of age. Grinding poverty, unstable families, and the death of a parent could make caring for these young children a burden. Many were abandoned, others orphaned. Orphans were a product of wars and famine that spread throughout the country. Huge numbers of newborns were consigned to foundling homes in past centuries, and attempts to keep the children alive depended heavily on placing them with rural wet-nurses and foster families. This was particularly occurring around Bologna, Italy. In Bologna and Florence, government and private institutions pioneered orphanages to care for the growing number of homeless children.
 - To facilitate the discussion on orphans and how they were a product of wars, use Paolo Ucello's painting "Niccolo Mauruzi da Tolentino at the Battle of San Romano" (Appendix C) as a visual to show the devastation of war and discuss how it affected society.

Activity

Activity Setting: Pisa, Italy

Materials: 2-3 sheets of blank paper, post-survey

Subject Areas: MCH & Orphans

Duration: 15 minutes

Directions: Learners will split into two groups to act as opposing sides of government to prepare for a debate talking about how they will deal with orphans. One group will focus on the benefits to society, while the other focuses on the consequences. Learners will look at it from a financial, social, and personal responsibility.

Discussion

Duration: 30 minutes

The following questions will begin the discussion relating art with public health. Remember to allow learners time to think quietly for a minute before engaging in a discussion. Only ask one question at a time. Please feel free to ask questions based on the discussion.

- *How does this affect society today?*
- *What are the benefits and consequences?*
- *How is compassion reinforced or undermined?*

Session 6: Healthcare Inequalities for Vulnerable Populations in Italy

Pre-reads for this session “The Body of Compassion: Ethics, Medicine, and the Church” by Joel Shuman and “Inequalities in maternal care in Italy: the role of socioeconomic and migrant status” by Bonciani Lauria (see References).

Goal

To evaluate the inequalities of MCH in Italy and how compassion is exercised.

Objectives

At the end of this session, learners will be able to...

- Discuss the inequalities of MCH in Italy and how it relates to the current immigration events.
- Reflect how the inequalities affect women’s empowerment.

Materials Needed

- ✓ 2-3 sheets of blank paper
- ✓ *Christ Stopped at Eboli* text
- ✓ Post-survey

Assessment

- Learners will discuss the current migration events occurring in Europe and how they believe this will affect Italy’s healthcare.
- Learners will write a reflection essay answering the following question: *What are the parameters of responsibilities with regards to exercise of compassion within one’s immediate society and one’s nation?*

Facilitator Instructions

Listed below are suggestions on how to facilitate discussions and questions during the Discussion section of the session. Set the context for discussion by setting expectations for good listening and turn taking while speaking.

- Encourage people to listen to one another and build on what others are saying.
- Consider times when you may need to provide people with an opportunity to think quietly for a minute before everyone begins speaking.
- Stop the conversation if people are talking over each other or having side chatter. This is hard to do with adults but it necessary and appreciated by most people.
- Only ask one question at a time.

Lecture

Duration: 10 minutes

Directions:

- Review the session's goal and objectives (see previous page). Continue by discussing the importance of orphans and use this topic as a platform to explore other vulnerable populations in Italy such as the refugees.
 - This session will build upon the previous sessions of understanding the social and moral responsibilities of a society. The conversation will discuss the responsibility of a small geographic area or neighborhood for exercising compassion locally as opposed to the national responsibility. Compassion will be examined through the current events of illegal immigration in Italy and how Italians reconcile moral responsibilities with civic expectations as it has drastically affected the Italian healthcare system. A study conducted in 2013 analyzed the inequalities in maternal care in Italy and how the role of socioeconomic and migrant status played a crucial role.⁵⁵
- The location will act as a backdrop since many refugees are entering through southern Italy. Discuss how the current events are leading to greater inequalities in healthcare and how this will affect the future of MCH.
 - Throughout the MCH course, learners consider what “maternal and child health” means in terms of Italy both culturally and politically. This reflective investigation serves as a case study on approaching and beginning to understand “self” and “others” or “otherness”, “individual” and “community”.

Activity

Activity Setting: Palermo, Italy

Materials: 2-3 sheets of blank paper, post-survey interview

⁵⁵ Lauria, L., Bonciani, M., Spinelli, A., & Grandolfo, M. E. (2013). Inequalities in maternal care in Italy: the role of socioeconomic and migrant status. *Annali dell'Istituto superiore di sanità*, 49(2), 209-218.

Subject Areas: MCH & Inequalities

Duration: 20 minutes

Directions: Learners will sit and take time to reflect on the current inequalities and issues that Italy and the world are facing in regards to migration and how that affects healthcare. Learners will ask what their role is for the future of healthcare and how they want to put compassion into effect and how to advocate for those who cannot for themselves. Learners will come together at the end to engage in the discussion

Discussion

Duration: 30 minutes

The following questions will begin the discussion relating art with public health. Remember to allow learners time to think quietly for a minute before engaging in a discussion. Only ask one question at a time. Please feel free to ask questions based on the discussion.

- *What are the parameters of responsibilities with regards to exercise of compassion within one's immediate society and one's nation?*

Appendix B: Post-Survey

Date:

Class Session:

Program:

Post-Survey

1. What was most intriguing about today's session?

2. What was confusing?

3. What would you like to have discussed more?

4. How satisfied were you with the session?

5. How could this session be improved for next year?