

Last Writers: Bringing Narrative to Medicine

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The community-based narrative storytelling course described here is a collegiate program designed by the Last Writers, an organization that teaches narrative medicine within the framework of community service in palliative care. The course provides a unique didactic environment that couples basic writing pedagogy with both medical humanities concepts and community-based clinical interactions. Each student is paired with a hospice patient with whom they conduct biographical interviews throughout the course. Simultaneously, students attend weekly sessions that span topics in writing and storytelling skills, patient-and-healthcare professional interaction, and palliative medicine. Students apply skills learned during the course to craft a memoir based on their patient interviews that chronicles their life, provides context for their illness, and serves as a lasting memento for their loved ones after their passing. The finalized memoir is printed at the end of the course and distributed to the patient and family. This course is largely aimed at students entering health professions with the goal of developing their skills in empathetic listening, nonverbal communication, and writing in the context of exposure to the processes of death, dying, grief, and end-of-life care. The course is taught by a team of 2-4 student-teachers who are graduates from the course from a previous semester. These undergraduate student teachers facilitate weekly seminars on topics such as patient communication, narrative medicine, and dimensions of death and dying. They also provide interpersonal support to the students as they engage with the hospice patients. Additional wellness and bereavement support resources are readily available to students through our partnership with the affiliated hospice organizations. Students were given direct access to trained hospice bereavement counselors to navigate the emotional complexity surrounding the topics being studied.

Institutional Context

This course was designed by an undergraduate pre-medical student at the University of Texas at Dallas (UTD). This student and their peers noted that there was a lack of opportunities at UTD for education in the medical humanities, which they sought to change. The student initially engaged with hospice as an independent volunteer, where they developed the model of interviewing and writing patient memoirs and then adapted their own experiences into lessons for the classroom model. The inaugural class was taught in Fall 2020 and consisted of 12 students. The course served as an innovative, community-based elective that proved successful even in the virtual format

required at the time (due to restrictions related to the COVID-19 pandemic). Following the success of this pilot semester, “Last Writers” established itself as a nonprofit 501(c)(3) organization in the spring of 2021.

The Last Writers course is offered among the University’s community-engaged service-learning courses, which are interdisciplinary courses intended to foster academic learning, personal growth, and civic engagement by aligning students with affiliated community partners. UTD’s Office of Undergraduate Education currently functions as the departmental home for the Last Writers course and aided in financial support via a UT-system curricular innovation grant. This grant covers publication costs for hard copies of the patient memoirs produced by the course as well as student teacher stipends.

Each semester the course is facilitated by a team of undergraduate student-teachers and a University faculty member who serves as the course sponsor. The course sponsor is an academic authority over the course at an administrative level for such duties as student registration and credit distribution, while also providing teaching guidance and support for the student teachers as needed. The course is advertised through the UTD Pre-Health Advising Center’s emailing list, as its target audience is mostly pre-healthcare; however, students of all majors and disciplines are welcome to enroll. Students receive 3 general upper-elective credits upon completion of the course, which is graded on a credit/no credit basis.

In addition to support from the University, the Last Writers course is made possible through a partnership with Three Oaks Hospice (formerly Total Hospice and Palliative Care), a local hospice and palliative care organization. Students enrolled in the course complete requisite paperwork to be registered as volunteers for the hospice organization and undergo volunteer orientation. Prior to the official start of each semester, the student-teachers work with the hospice organization to contact and onboard potential patients who are interested in the program. Candidate students and patients alike are contacted by student teachers to ensure their mutual understanding and fit for the structure of the Last Writer’s program.

Following the success of the pilot semester, a team of undergraduate students established the Last Writers nonprofit organization. The organization was created to allow for lasting structural ties to the community and increased opportunities for student engagement. Through the Last Writers organization, families can purchase additional copies of the printed version of their loved one’s memoir and are able to engage with the Last Writers project outside of the academic semester. Students who have completed the course are able to remain active members of this organization and contribute to the Last Writers project via administrative, teaching, and community-facing leadership roles.

Theoretical Rationale

Connecting (Pre)-Healthcare with Humanities

The Last Writers course—named for the service of writing in end-of-life care—was initially conceptualized with the hope of creating humanities coursework that was: 1) relevant to the educational and future career interests of pre-healthcare students; 2) easily integrated into preexisting curricular requirements and clinical interests; and 3) situated with patient interactions at its center. Since its conception, most of the enrolled students have been those interested in health-care-related fields (e.g., pre-medical, pre-dental, STEM pre-graduate); furthermore, much of the initial course content was focused on pre-medical training. The syllabus is continuously reviewed and edited by each semester’s teaching team to reflect and support student evaluation feedback and interest from previous semesters. For the purposes of this discussion, we will focus primarily on pre-medical education and students engaged therein.

The course creator’s interest in developing humanities-based coursework for pre-medical students grew through observations of an evolving trend in undergraduate pre-medical requirements. Many United States medical schools’ admission guidelines include either a recommendation or requirement of at least one humanities course during undergraduate studies. The majority of medical schools do not delineate which specific courses or content would qualify for this requirement (“Premed Course Requirements 2023 – AAMC”). This is due, in part, to an ongoing search for consensus on the value that such courses play in the development of foundational skills for those entering healthcare professions. This discussion is currently being led by leaders from the Association of American Medical Colleges (AAMC), leaders from institutions versed in the medical humanities (such as Dr. Rita Charon from Columbia University), and peer-reviewed publications such as the *Journal of the American Medical Association* (JAMA). As a result, pre-medical students might explore a variety of humanities offerings during their undergraduate years. The authors’ observations during each of their respective undergraduate pre-medical coursework was that there was a variety of disparate motivation factors for pre-medical students selecting humanities courses: some students may opt for an easy course that allows a respite from their

otherwise rigorous and demanding pre-medical coursework; others may wish to deepen their understanding of an artistic passion or hobby. Still others may select courses they believe may enhance or connect to their planned futures in medicine.

There has been more targeted and specific interest in developing such curricula at the level of medical school education, rather than in the pre-medical or graduate medical levels. A growing number of educational studies and educational formats now exist to acknowledge and highlight the utility of exposing medical students to the humanities. In 2020, the AAMC released a report titled “The Fundamental Role of the Arts and Humanities in Medical Education” (Howley) that positively correlated deeper integrative experience with the arts and humanities with greater physician well-being, while providing an outline of existing programs, suggestions for development, and pressing research needs. In their report, the AAMC emphasizes a need for increased humanities education at the medical school level, while also noting a dearth of humanities coursework in pre-medical curricular offerings that could provide foundational learning in this area earlier in the medical training pipeline.

Educational researchers in medical education are also attempting to understand which dimensions of humanities education may provide enduring value to medical students and clinicians. Emerging literature (Hirshfield; Howley) now suggests that introducing arts and humanities at the pre-professional/baccalaureate level can bring career-long benefits to clinicians. There was initially a popular hypothesis among medical humanities advocates that an undergraduate major in a humanities field would be a predictive marker for better performance in medical school or residency (Schwartz), due to the perception that communication, interpersonal skills, and empathy—skills that are highly valued for healthcare professionals—are gained or improved by exposure to humanities fields.

A program trial at Mount Sinai School of Medicine tracked “residency preparedness” of humanities majors against their more “traditional” pre-medical peers who had majored in sciences (Schwartz). No association was found between undergraduate major and standardized testing scores. This finding was notable in establishing that a natural sciences major did not confer an advantage over a humanities major in achieving clinical knowledge scores; the prerequisite math and science

coursework standards set by most medical schools appear to be adequate preparation for clinical competency.

However, this same study suggests that students with either majors in humanities or social sciences as pre-medical students perform better on standardized metrics related to communication and interprofessional skills (CIS); however, this correlation has not been strongly elucidated (Hirshfield). That said, a significant body of research now supports a beneficial effect of medical humanities curricula on learner and physician wellness. Numerous studies have demonstrated the effectiveness of engaging with narrative medicine—defined by founder Dr. Rita Charon as “the ability to acknowledge, absorb, interpret, and act on the stories and plights of others. . . medicine practiced with narrative competence” (Charon)—to improve not only direct patient care, but also the patient-clinician relationship and the clinician’s wellness. At medical schools and beyond (e.g., residency, fellowship), narrative medicine is typically taught in a workshop format that applies a narrative lens primarily to wellness-related topics, such as burnout prevention, resiliency training, and empathy. These workshops are accompanied by writing exercises that are self-reflective and semi-autobiographical in nature. Narrative medicine has been used to reduce burnout (Stumbar), improve cohesion within interdisciplinary care teams (Small), and recultivate empathy (Lijoi; Tovar). As previously stated, much of the existing data supporting narrative medicine’s efficacy is demonstrated through its use in medical education. While there are a few emerging pre-medical narrative medicine programs available as Masters’ Degrees—most notably at Columbia University (“Division of Narrative Medicine”)—very few undergraduate programs are specifically dedicated to exploring this specialty of writing. Given that pre-medical students may be at higher risk of burnout than their non-pre-medical peers, a survey of students at UC San Diego asserts (Young) that narrative medicine offerings can improve student well-being and reduce burnout prior to applying to medical school through sustaining students’ sense of purpose and motivation. With an awareness of the above factors, the Last Writers course acknowledges the importance of applying humanities education at the medical school level, while simultaneously adapting these principles to fit the unique needs of pre-medical undergraduates.

The foundation of most medicine-based writing programs is based on exploring experiences related to patient care and provider relationships within the umbrella of healthcare systems. An initial challenge in presenting narrative medicine to pre-medical students is that they may lack experiences in one or more of these domains, as direct or substantive interactions between undergraduates and patients in medical settings may be limited. Additionally, we knew that the Last Writers program would be the first humanities-focused course taken by many students at UTD, given its tradition as a STEM-focused environment. As a result, the expectations of student writing skill levels would need to be appropriately accessible to STEM-oriented students to avoid creating a high barrier to entry. We explore the theory behind how these aspects were addressed in the subsections below.

The Hospice and Palliative Care Community

The field of hospice and palliative medicine is philosophically distinct from other medical specialties in a few key ways. Most medical specialties address the resolution of curable conditions or maintaining control of chronic conditions; unfortunately, this may result in an emphasis on treatments that may efficaciously manage disease but cause side effects, suffering, or reduced quality of life. In contrast, palliative medicine is aligned with the patient's goals towards quality-of-life and alleviation of suffering that they may be experiencing due to their health conditions. Hospice is the prioritization of palliative care specifically in the setting of a terminal illness. The specialty focuses on providing non-interventional modalities aimed at sustaining a level of quality-of-life that is achievable and matches the patient's goals or wishes for their care ("What Are Palliative Care and Hospice Care"). Last Writers chose to have the medical experiences embedded in its course occur in this specialty area because of the rich opportunities to engage with memoir/biographical writing generated from patient narratives. Additionally, palliative care carries an emphasis on knowing and meeting the patient's goals of care—a lens that keeps elements of high-quality clinical care such as empathy, compassion, active listening, and patient autonomy in sharp focus at all times.

Several factors make hospice care the ideal specialty for a pre-medical writing course that also seeks to sustain community application

and engagement. Firstly, the field of hospice and end-of-life care was developed with an emphasis on volunteer work as one of its founding pillars (Claxton-Oldfield). Hospice volunteering has demonstrated clear benefits for patients, family caregivers, and the volunteers themselves. Three Oaks Hospice is the organization with which Last Writers at UTD is currently partnered. They have demonstrated a strong, longstanding commitment to pre-medical student volunteers, who can participate in both patient-oriented roles (e.g., companionship with the patient, assistance with errands for the family, emotional support) as well as administrative duties (e.g., scheduled check-in calls, patient data consolidation, community outreach). This allows students to explore both the patient-facing and system-facing sides of healthcare. Students from Last Writers are easily integrated into the existing framework of patient-oriented volunteerism; they undergo a standardized onboarding process for legal compliance and an orientation to provide basic knowledge and skills to feel comfortable working with this patient population. This introduction is supplemented with lecture materials and writings describing and contextualizing the history of the hospice and palliative care field. For many students, this was a well-organized and sufficient foundation for their first clinical experiences in the hospice setting.

Secondly, the established practice of narrative-based efforts in hospice care served as our starting point for innovation in our course. “Legacy work” refers to the sharing and preserving of memories and stories from end-of-life patients, most often presented in some enduring form for the benefit of the patient’s loved ones and to pass on to future generations who survive them. Traditional formats include scrapbooks, memorabilia collections, and art/photography (Griffith). Last Writers’ students perform legacy work by conducting biographical interviews which are then collected into the patient’s memoir; additionally, students write and discuss their personal reflections about their interview experiences. The resultant combination of biographical writing and introspective writing practices leads to a final memoir product that allows for the voices of the patient and the student biographer in tandem. A review of narrative interventions in the palliative care setting found that most projects address these components separately or in isolation from each other (Laskow). A majority of clinician-oriented narrative work focuses on the experiences of the healthcare professional—whether a student,

resident, or physician—and their personal reflections. Conversely, traditional legacy work by definition is solely patient-oriented and the intended audience is usually limited to family and loved ones. In combining these approaches, Last Writers creates a space where writing is project-oriented and inclusive of multiple voices, with interspersed assignments that allow for exploration of professional wellness concepts through self-reflection and fulfillment of service to others.

Thirdly, hospice care's orientation towards patient goals rather than disease-modifying goals makes it distinct from most other specialties. While most non-palliative medicine is curative or mitigates risk, palliative medicine is alleviative and mitigates risk. Consistent focus is placed on patient-centered goal-setting in hospice care, with clinicians working with patients to identify priorities and identify quality-of-life goals rather than aiming to extend longevity or cure disease (Boa). In a somewhat parallel fashion, the writing curriculum endorsed by Last Writers does not necessarily ascribe to traditional grading and quantitative metrics to define success or growth as a student writer. Instead, we train and encourage students working with their patients to frame themselves like other members of the hospice care team. This means that from their first interaction with patients and their families, students are taught to ask what goals the patient/family has for their involvement in Last Writers and to then adapt their interviewing and writing style accordingly to align with those goals. During this time, students are also encouraged to share what they hope to learn or take away from the patient encounters and the class as a whole. This creates a writing environment that is uniquely flexible, collaborative, and allows for evolution as the course progresses—and is thus likely to be a unique academic experience amidst an otherwise science-heavy course load for most students. We also recommend that students submit preferences on what kinds of patients with which they may be interested in working; common requests include those of a certain religious background, immigrants, and veterans. By fulfilling these requests wherever possible and appropriate, Last Writers further improves student buy-in. We have received strong positive feedback from students who were able to personally resonate with their patients as a result of finding a good match for their interests.

Fourth, students are able to export the writing skills taught in class into immediate practice towards a purpose that is both meaningful to

patients and their families and directly applicable to many students' career interests in medicine. In essence, the ability to introduce a writing component or technique and immediately provide an environment for utilization allows students to feel more connected to what they learn and emboldens confidence in their writing skills. Pre-medical students often express that they are drawn to healthcare because of a fundamental desire to help people. However, pre-medical and early medical school curricula have a well-earned reputation for heavy focus on STEM coursework, while direct clinical exposure and education does not often occur until the second or third year of medical school. For most students, this is at least four to five years after deciding to pursue medicine. This disconnect between pre-clinical, academic coursework and practical application in clinical settings leads to frustrations, makes students question or doubt their choice of career, and likely contributes to pre-medical student burnout. In contrast, programs that emphasize early clinical exposure note a sustained or renewed sense of purpose in their students, who note that such exposures affirm their decision to study medicine (Verma). Hospice care is a strong choice for early or even first clinical exposure for pre-medical students due to its accessibility. A fulfilling experience in non-palliative care clinical settings may require at least some prerequisite knowledge of that medical field; meanwhile, palliative care experiences may rely on a sensitivity to emotional and/or humanistic principles as requisites such as active listening, empathic communication, goal-oriented care, spirituality, existential angst, and building comfort with the discussion of difficult topics (Masterson-Allen; Mor). We found these skills to be more applicable and portable long-term to students, regardless of their eventual medical specialty or even overall career goals (for those who were not pre-medical). The ability to make a positive contribution to a person's life through direct patient interaction even at this early stage in their education helps keep the spark of interest in medicine alive. This, in turn, provides motivating context to their struggles and efforts as a student, which, in turn, may be preventive against burnout and help maintain student wellness. This course directly addresses one of the sub-metrics of burnout: depersonalization of the patient and of the self, which often affects healthcare workers later on in their careers as they struggle to reconcile patient narratives and suffering against moral injury from working within systemic contexts

often rife with inefficiencies and barriers to attempts at ideal patient care (Ashkar; Romani). By infusing the oft-sterile pre-medical coursework environment with the real and deeply human nature of direct patient care, we reduce burnout through empowerment and early exposure training to empathy.

Overall, practicing writing in a hospice care environment is an optimal way to introduce pre-medical students to narrative medicine. Hospice care is a unique specialty in its established practices of integrating volunteerism and legacy work, while allowing a relatively lower scientific or technical barrier to entry. It also allows space for enriching discussions on humanism that are relevant to all fields of healthcare. Last Writers builds upon these preexisting features to create a safe space for building writing skills that link to wellness-promoting skills. These skills include active listening, self-reflection, and learning how to engage with the potential discomfort of being present with individuals experiencing the processes of suffering and dying. Furthermore, creating this kind of experience in a hybrid class-community model allows for students to share a non-judgmental space where they can articulate their reactions to these experiences and confide in one another.

Student Led, Student Taught

The final and perhaps most distinctive component of the Last Writers course is the relationship formed between students and student teachers, and how this relates to the continuing evolution of the curriculum. As previously stated, the Last Writers program was founded by an undergraduate pre-medical student at UTD. Since its initiation, the program has been entirely run, updated, and taught by undergraduate students who have previously completed the course and were selected by the prior course leadership to succeed them. This creates a self-sustaining, ongoing promotion of students to educators. This is the first course offered at UTD with this design tenet and is a rarity overall amongst colleges in the United States.

In reviewing other student-taught course models offered at Rice University (“Student Taught Courses”), Olin College of Engineering (“Olin College”), and Carnegie Mellon (“Teach a Course”), a few common patterns of course design emerge. For instance, all of these student-taught courses are overseen by a faculty member who provides accreditation and

guidance. They employ strictly pass-fail curricula, due to the need for extensive pedagogical training and qualification required for letter-grade distribution; because of this, the Last Writers course will never impact a student's grade point average (GPA). This adds to the safety of this environment, especially for pre-medical students, to explore their interest in writing and generate personal narratives without feeling pressure to meet an instructor's standard or grading rubric. Furthermore, student accreditation for the course is not based solely on completion of the final memoir product, but also on consistent semester-long engagement with the coursework and demonstrating professional conduct in their volunteer work, which is verified independently through communication with Three Oaks Hospice personnel.

There are many advantages to employing a student-taught curriculum, some of which will be further addressed in the Critical Reflections section. To briefly summarize the model: student-teachers are eligible to teach the course starting the semester after they successfully graduate from the course. In the interim period between passing the course and becoming a teacher for it, they receive training and also review the syllabus and materials from the previous semester. Changes and improvements to the curriculum are often made during this time as graduates provide live feedback. During the semester, there have historically been four teachers for a class of 20-30 students. Each week, a general lecture or discussion is led either by all teachers together or by individuals or pairs in assigned rotation. Furthermore, each teacher is responsible for a subset of 5-6 students with whom they work in smaller groups throughout the semester. This enables them to provide more specific feedback and support. In this way, the teachers are expected to fulfill both the traditional role of a faculty member—giving centralized, often lecture-based instruction—while also embodying the more personalized mentorship role of student TAs commonly seen in other courses.

The main benefit of a student-led course is lowering the perceived barrier to entry for novice writers. Prior to enrollment, there is a preliminary interest form that all students are required to fill out. The teachers then actually meet one-on-one with every student for a screening and baseline interview, where they are able to gauge student interest in the course, learn more about prior writing and/or clinical experiences, and answer any questions that students might have to determine if this course

is a good fit for them. During this screening process, many students express hesitancy over their writing abilities and doubts about being able to accomplish the course's advertised "write and print a book" objective. We believe the implementation of this early meeting, conducted even before enrollment and the start of the semester, is critical in establishing early rapport and provides the foundation for a personal instructor-student relationship. This personal approach is possible owing to the small cohort size each semester and the availability of multiple teachers.

The small cohort size and the low teacher-to-student ratio are also beneficial for creating a more intimate space for workshops and breakout group activities. Within the aforementioned sub-groups of 5-6 students led under one teacher, students have expressed feeling more comfortable with sharing their thoughts and writings. Students get to know their peer cohort very well and are able to build a community, which assists with burnout prevention and reduces stress by encouraging collaboration and reducing isolation. Teachers also get to know the students in their subgroup quite well, allowing for better feedback, more informed suggestions, and the ability to grant accommodations for specific student needs. This attention and flexibility within the course has created excellent student retention—to date, no student has dropped out of the Last Writers program mid-semester—and reduces the stress commonly associated with larger courses that must often enforce course standards through strict deadlines and expectations that pertain to all students.

The opportunity for leadership roles and a chance to dip one's toes into the experience of teaching or working in academia interests many pre-medical and pre-graduate students. While TA positions for traditional courses are a viable option to serve mostly in the mentorship role as previously mentioned, the Last Writers TA role is unique amongst student-teaching positions in its ability to significantly contribute to curricular elements and syllabus alterations. There are few other courses at the university level where students can take the course in one semester, reflect on the pedagogy, and then immediately transition into an instructor role where they are able to directly implement changes. Through this, the course can remain nimble and swift in its responsiveness to learner evaluations. Furthermore, it promotes vital skills in research and educational design, which are major components of pre-medical and pre-graduate competencies. In essence, student-teachers have a keen sense of

what students want to learn, as well as creative perspectives on how it can be taught. Additionally, student teachers in the Last Writers course are still students themselves, and thus acutely aware of student perspectives and experiences, which results in strongly empathetic responses to the needs and struggles of their peers, arguably more so than some senior instructors may be. At the same time, the steady presence of a faculty mentor and other leadership team members in the background ensures that all course materials remain high quality and appropriate, meeting the baseline requirements of the university.

Critical Reflection

Curriculum

The first semester of Last Writers began in Fall 2020 in the midst of the COVID-19 pandemic. During this time, all lectures were delivered virtually, and all community-based work with patients was conducted either via audio or video call. Because of the need to limit ourselves to virtual spaces, the curriculum in that initial semester included a section guiding students through virtual communication and digital engagement. The first major paradigm shift occurred two semesters later, in Fall 2021, when students were offered the option to attend class and volunteer with patients in-person. Students were allowed to choose either of these modalities based on their preference and comfort level. Care was taken to select patients who were comfortable with either option as well. Because the Dallas, Texas area lacks robust public transportation options, we set up a system to ensure all students could attend course-related activities in person if they wished. This involved a ride-sharing program with students, teachers, and other hospice team members participating. The creation of this system helped the sustainability of the rich community-engagement aspects of the course.

The curriculum is divided into three broad categories: foundations in the historical and current work of hospice/palliative care within healthcare constructs; soft skills training in interviewing, biographical writing, and editing; and subjects commonly encountered in end-of-life settings such as the stages of grief, and religious and spiritual philosophies about death and dying. There is also a longitudinal emphasis on reflective writing practices to retain for future professional application and as a resource to guard against burnout. The sessions related to

end-of-life subjects were intentionally designed to be primarily driven by student participation and discussion, to emphasize active learning for all. During virtual class, these discussions were first held in smaller virtual breakout rooms and then given time in the larger class. When the course transitioned to in-person, students conducted these discussions in the aforementioned subgroups of five to six students per group. Weekly discussions about lecture materials were common and encouraged, especially in later iterations of the curriculum as former students who became teachers reported that those discussions were amongst the most enriching and meaningful experiences they had during their involvement in the course.

Last Writers also features guest lecturers who share perspectives from their respective fields related to end-of-life care. One notable example is a lecture from a death doula, a role defined by the International End of Life Doula Association (“INELDA”) as a non-medical companion for the dying process. The speaker shared their journey to becoming an accredited doula and led a guided exercise where students planned out their own dying process. This included articulating their priorities during end-of-life healthcare, any goals they wished to live to witness or accomplish, as well as encouraging them to talk about practical considerations such as ceremonies and arrangements for their bodies after death. The talk and associated exercise were so well received that, for a subsequent semester where the doula was not able to give a guest lecture, the teachers worked with the speaker to adapt the material to be deliverable by the TAs instead, including the above exercise. Other guest lecturers have included members from Three Oaks Hospice, including the lead volunteer coordinator and bereavement coordinator, as well as clinicians in related specialties to share their own experiences as healthcare workers.

Students are also led through a series of literature reviews and presentations. For this, they review work by Barbara Karnes, RN (“BK Books”) a prolific end-of-life care nurse whose works explore dying, death, and the grieving process. Using Karnes’s books as a central reference, students then explore other peer-reviewed publications on an assigned topic and present their findings to their peers. This promotes literature analysis and research skills and also gives students a glimpse into the educational design process for this course should they want to become teachers with Last Writers later on.

Outside of the classroom, there are few formal requirements for the community-based portion of the course. Students are expected to spend about one hour per week during the semester meeting with their patients and families. Beyond an introductory lecture, students can create their own meeting schedule and structure for conducting patient interviews and transcribing their findings into the memoir. However, we do provide ample suggestions for interviewing and writing constructs during the soft skills section of the classroom curriculum. Notable resources include a list of introductory interview questions, a guide on connecting narratives to patient memorabilia or photographs, and an overview of communication strategies for the unfortunately common setting of patients with dementia diagnoses.

As previously mentioned, this curriculum evolves every semester as previous semesters' students join the teaching team and bring their perspectives from the course into critical reflection. More about this feedback integration process is discussed in the Response subsection.

Support

Because of its unique objectives and structure among writing courses, Last Writers requires a multitude of support both in and out of the classroom setting. Most crucial to this program has been our partnership with the Dallas branch of the Three Oaks Hospice organization. Three Oaks Hospice works closely with our teachers and organization leadership to screen and recruit patients each semester, helps train student volunteers and tracks their hours, advises on curriculum and lecture topics related to hospice medicine, assists with student-patient communications, and provides an additional safe space to support students as they navigate difficult topics related to dying and grief. Students work closely with both the volunteer coordinator and bereavement coordinator roles. All students are provided with the volunteer coordinator's contact information and are encouraged to reach out at any time to debrief over patient encounters or the writing process. Students also have access to bereavement-type services commonly offered to patients' families and loved ones, since we recognize that the role students play during the legacy work process often places them in a vulnerable emotional state. This strong partnership between Last Writ-

ers and Three Oaks Hospice is one of the resounding successes of the course and is a relationship that will continue to grow and deepen.

One of the main demands on Three Oaks Hospice is patient recruitment. In order to improve this process, we created the hospice liaison role. The hospice liaison is usually an active teacher for the semester who represents the Last Writers organization and works with the hospice care team for patient recruitment and information. More responsibilities of the role and its implementation are discussed in the Response section below. The creation of this role mirrors many others during the founding of the Last Writers 501(c)(3) nonprofit as well as the UTD student organization, two bodies created to delineate the administrative duties of the class. The UTD chapter of the organization roles include the hospice liaison; a secretary and treasurer, responsible for managing book orders, shipping, and sales to patients, students, and families; a president and vice-president, who communicate with the head nonprofit president to address UTD-specific needs; and a website manager; and a graphic designer, who helps create all the artwork featured on the cover of each Last Writers memoir. These team members help reduce the burden on students and active teachers so they can focus more on their respective responsibilities; most of these roles are fulfilled by students who took the Last Writers course and wished to remain involved and contribute to our mission.

As the class has grown, it has garnered attention and support from local medical and graduate institutions. For the UTD chapter, this includes UT Southwestern Medical School—its sister medical institution and the largest hospital system in Dallas—as well as graduate students from UTD and Texas A&M University. Last Writers has partnered with these programs to develop a research and assessment component to provide more definitive metrics for student, patient, and teacher engagement and wellness.

Currently, Last Writers at UTD receives its primary funding from academic grants specialized for community-based courses. Recently, it won the 2021 UT Systems Innovation Grant, which provided an additional stimulus of funding used to compensate the teachers for their time, similar to stipends commonly received by traditional TAs. This funding is spent on the cost of printing and shipping memoirs to students and patients. Per our course policy, we aim to provide each patient and

student with a free copy of the memoir they made during the semester. Additional copies are made available for purchase on our website after the semester ends.

Last Writers is also structured so that teachers and students can provide one another support. We have previously discussed how the number of teachers and the division of students amongst them is conducive towards creating a smaller, more intimate setting for discussion. This most recent semester, students were given the option to work either one-on-one with their patient or to partner up with another student. Most students who chose to work in pairs reported that they felt less anxious about meeting with the patient and less stressed during the manuscript writing process. We are likely to continue offering this pairing option in future semesters.

Response

Student response has been overwhelmingly positive and supportive. Feedback is collected through anonymous end-of-course surveys and evaluations and given directly to teachers. Almost all students emerge from the course self-reporting increased confidence as writers and communicators, and many also report new or renewed interests in health-care and the fields they want to go into. Even students who are not pre-medical—for instance, pre-graduate or pre-law—have expressed those fundamental skills of interviewing and writing are key take-aways from the experience and highly portable towards use in their own disciplines. In end-of-course surveys, many students expressed that the small group and class-wide discussions were treasured aspects of the class, indicating that Last Writers met one of its primary objectives of creating safe spaces to have such weighty and introspective conversations. We are currently working on implementing pre- and post-class self-evaluations on writing skills and other topics in order to begin collecting quantitative data on the effectiveness of our coursework interventions.

The most common positive aspects from student evaluations: discussing topics not addressed in other courses such as different religious approaches to death and the controversy surrounding topics such as physician-assisted suicide and getting to hear from various perspectives in the end-of-life care sector such as doulas and other physicians. Finally, conducting the aforementioned literature review and getting to

teach others—along with seeing other student teachers in action—is what likely encourages students to return after their first semester as teachers and leadership members. The program has resoundingly succeeded in creating a self-sustaining feedback cycle of student teachers inspiring students to carry on the mantle. One notable example of this was when student-teachers from a prior semester reported that they felt underprepared for starting patient interviews, as this was one of the more intimidating areas of the course. Once the teachers agreed on this feedback amongst themselves, they took the initiative to expand the interviewing skills lecture to cover this topic more comprehensively. They introduced mock simulated interviews, first student-to-student, and then student-to-teacher to receive feedback. This is an educational model for patient communication that is commonly implemented at the medical school level as well.

The aspects that require the most improvement primarily revolve around the community aspect of the course. Traditionally, students are paired with their hospice patients and their families at the beginning of the semester and expected to work with them for the duration of the semester (avg. 3 months). However, due to the variable health and nature of patients at the end-of-life, complications often arise: patient death or illness too severe to continue or practical or emotional strain on families. At the same time, the hospice organization does not want to over-recruit and have patients on the waitlist who may never receive their legacy work. Sometimes communication is delayed so that students start later than ideal, or they have to switch patients mid-semester, or double-up with other students to ensure everyone has a patient and a space to work in. The variability of this process has generated the most feedback. To improve this, the hospice liaison works closely with the hospice care team for patient recruitment and information. The role involves networking directly with patients and the care team, showcasing previous memoirs as physical examples, and clearly communicating expectations on behalf of patient commitments for the course. This community-facing aspect is one of the primary leadership responsibilities in the nonprofit organization designed to support the course.

Evaluation

Since this is a student-taught course, the grading is entirely pass-fail. Accreditation is given on a soft point system (see syllabus) contingent

on three processes: class attendance, volunteer commitment, and submission of a final memoir.

Class attendance is straightforward enough; students have a certain number of unexcused absences. Teachers have worked with individual cases where students had temporary scheduling conflicts or medical leaves of absence. This has not been an issue for any student.

Volunteer commitment is gathered and reported by students and corroborated by Three Oaks Hospice. We communicate the expectation that students spend an average of one hour per week with their patient but leave the exact scheduling up to them. Some students choose to meet with their patients and their families weekly, others bi-weekly; occasionally, longer breaks must be taken to accommodate patient health needs. At the course's beginning, all volunteer encounters were virtual. Now, most encounters are in-person. Both modalities are still accepted and left between students/patients to agree on.

Completion of the memoir is the final and perhaps most critical requirement for course completion. Students are expected to submit a close-to-final draft of their memoir with all content properly formatted. Content includes the legacy work—usually transcribed interviews over the course of the semester along with collections of photographs and other memorabilia—along with their personal reflections. Students are given guidance on how to format the manuscripts for publication and print as well. Occasionally, students request more time to finish patient interviews—usually if they began later in the semester—and acquire what they feel is a complete narrative for the legacy work portion of the memoir. We make it clear that this is not a requirement—students should feel comfortable submitting whatever they have by the end of the academic semester—but welcome this option; for these students, accreditation is first given by an initial submission of what they have accomplished by the end of the semester. Then following break (either winter or summer depending on the semester), time is given for them to continue with patient interviews and finish the memoir to theirs and patient's satisfaction.

Through this, we instill good professional habits in our students in preparation for their future education and careers and encourage a creative voice to give something valuable to patients/families. This fosters

skills of self-reflection and self-care through writing that student-teachers can take with them post-graduation.

Final Reflection

Overall, the Last Writers program has been very successful in introducing pre-medical students to writing through a community-based immersion in narrative medicine in the hospice care setting. By keeping coursework relevant to student interests and implementing a strong team of undergraduate teachers, we have created an accessible and pertinent course in the face of the movement to increase focus on the medical humanities. Our intention is to stay in touch with students as they continue in their educational and professional journeys to support them and receive longitudinal feedback to make our course design relevant. With this data, we will continue to expand to other undergraduate and medical school institutions.

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