

Speech and Debate: 4th Period; Mrs. Tuttle - Week 4 and 5

Hello Students: After you receive your lesson for the week, if you should need assistance, you may email me at mtuttle@tusd.net. I will respond to all inquiries between 1:00 PM and 3:00 PM, Monday through Friday. If you should require a phone call appointment, please call me at 209-597-2391 during these hours.

Lesson 4 Learning Objective: • Students will analyze an argument in order to evaluate the use of good supporting evidence.

Lesson 4 Essential Question: Why is learning empathy important and how can it make our day to day actions more meaningful?

Lesson 4: Monday: Read article, *"A Doctor Who Actually Listens? New Medical School Aims to Train Students in Empathy,"* By Eva-Marie Ayala. (10 pts.). /10

A Doctor Who Actually Listens? New Medical School Aims to Train Students in Empathy

SOURCE: The Dallas Morning News (TNS) By Eva-Marie Ayala Published July 13, 2019

FORT WORTH, Texas – During orientation at Fort Worth’s new medical school, no one was talking science just yet. Instead the **inaugural** class of 60 students dissected a poem on first-generation Americans.

Ivette Mota Avila said the words made her think of her own parents who moved from Mexico to Chicago – her dad a carpenter, her mother a school janitor.

“My friends would ask if I was embarrassed that my mom was cleaning my school,” Avila said, her voice trembling. “Why? My parents did this for me ... so I could dare to dream to be a doctor.”

The 28-year-old didn’t expect to share something so personal with her classmates.

But then, that was the point. Developing “empathetic scholars” is the central focus of the new School of Medicine, a **collaboration** by Texas Christian University and the University of North Texas Health Science Center.

And for the students, that starts with learning to empathize with each other, Avila said.

“I’m doing this to be my patient’s doctor,” she said. “I will need to learn from them and the only way I can be able to do that is to learn from the 60 of us first.”

Officials designed the new school with “compassionate practice” at its core so that future physicians learn how to effectively communicate with their patients to provide better health care.

Sure, patients expect their doctors to be well-trained in science and medicine after years of **rigorous** schooling. But more and more say they aren’t feeling heard. And their health can suffer when doctors don’t take time to truly understand what’s happening, medical school officials said.

A 2018 study found that, on average, doctors interrupted patients after only 11 seconds as they shared the reason for their visits. And when they did, physicians generally asked only yes or no questions that did little to allow patients to explain. Research suggests it takes 90 seconds for a patient to feel heard.

So, TCU and UNTHSC officials have developed a school that – along with teaching medicine, encouraging research and demonstrating patient care – incorporates building communication skills and improving the doctor-patient relationship.

For example, when courses start next week, they will be flipped so that students view instructional videos and read lessons at home instead of sitting through lectures so that class time will be used for in-depth discussions.

When students do clinical rotations, they won’t be placed in various hospital settings for a few weeks at a time but instead in private practices and clinics for months on end, so they can see the same patients regularly.

The school even has an assistant dean dedicated to “narrative reflection” and patient communication, Dr. Evonne Kaplan-Liss.

The journalist-turned-doctor-turned-educator was a chronic patient herself – having 21 surgeries over the years related to ulcerative colitis. She said she was frustrated by how often miscommunication impacted her health and sometimes led to mistakes.

That’s what drove her to combine her experience in communications with medicine so she could teach other doctors, scientists and researchers better ways to work with patients.

She eventually become the founding medical program director at the Alan Alda Center for Communicating Science where she conducted training around the world. Alda is an actor known for his iconic role as a witty but caring surgeon on the television show “M*A*S*H.” and for being the longtime host of “Scientific American Frontiers.”

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“Compassion is not a part of medicine today for a multitude of reasons: either physicians don’t know they have the permission to, don’t know how to or don’t think they have the time because the system doesn’t allow for it,” Kaplan-Liss said. “We’re changing that paradigm. We’re teaching how to do this.”

During this week’s orientation, the students began their work toward being **empathetic** scholars.

Some of the activities were silly on the surface – a counting game that required a big “ta-da” pose whenever they made a mistake provided a chance to laugh together. Others were designed to mirror the frustration patients often feel by cutting off students as they shared personal stories about what has upset them lately.

In one exercise, they had to write the story of their name.

Brandon Mallory, 24, hadn’t thought much about it. Then he **recalled** how his parents, who spent much of their careers in the Air Force, would say they wanted him to do whatever made him happy and to build a name his own children could be proud of one day.

Each person in his small group shared quick personal stories from working with grandparents to life with a hyphenated name. Mallory said he appreciated how such a simple prompt quickly built an understanding among them. It’s that focus on compassion that made him choose Fort Worth’s medical school, he said.

Mallory worked in an emergency room of an area hospital as a **scribe**, entering information into electronic medical records as doctors conducted patient exams. He said he could see the difference between doctors who rushed through to get to the next patient and those who took the time to stop and listen.

“In the E.R. especially, you want to help the patient there, but you also want to make sure they don’t keep coming back to the E.R.,” Mallory said. “So, you listen to them as to why they aren’t taking their diabetes medicine. ‘Oh, I can’t afford it.’ Then, you know to talk to the pharmacist to see what kind of more affordable options they might have. That all goes back to listening and caring.”

Tuesday: After reading the article, “A Doctor Who Actually Listens? New Medical School Aims to Train Students in Empathy,” by Eva-Marie Ayala, read each statement and decide whether you agree (A) or disagree (D) with each. Record why you agree or disagree. (12 pts.)

/12

Anticipation Chart

Text and Author: _____

Topic: _____

| Statement | Before Reading Agree (A) or Disagree (D)? Why? | After Reading Agree (A) or Disagree (D)? Why? |
|---|--|---|
| “Sure, patients expect their doctors to be well-trained in science and medicine after years of rigorous schooling.” | | |
| “Research suggests it takes 90 seconds for a patient to feel heard.” | | |
| “Compassion is not a part of medicine today for a multitude of reasons: either physicians don’t know they have the permission to, don’t know how to or don’t think they have the time because the system doesn’t allow for it.” | | |

Wednesday: Complete the following table by filling in the second and third columns for each word as directed in the highlighted heading for the article, *“A Doctor Who Actually Listens? New Medical School Aims to Train Students in Empathy,”* By Eva-Marie Ayala.

| Building Vocabulary | | |
|------------------------|----------------------------------|---|
| <i>Word</i> | <i>Definition of Word</i> | <i>Rewrite Sentence or Phrase that Word is Located in from the Article</i> |
| inaugural (par. 1) | | |
| collaboration (par. 5) | | |
| rigorous (par. 9) | | |
| empathetic (par. 19) | | |
| recalled (par. 22) | | |
| scribe (par. 24) | | |

Thursday: Summarizing Text. After reading the article, “A Doctor Who Actually Listens? New Medical School Aims to Train Students in Empathy,” by Eva-Marie Ayala, please complete the following sentence frames. (12 pts.). /12

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|--|
| 1. The central concept/theme/idea determined from the text is _____ because, _____. |
| 2. The sub-concepts identified are _____ These are connected/related to the central concept/theme/ idea because _____. |
| 3. Draw or paste an image of your interpretation of how a doctor that actually listens to you may impact the outcome of your visit with him/her. I added/included the picture/visual/image of _____ to represent/illustrate/symbolize the concept of _____ because _____. |

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Friday: Summative Assessment - Demonstrate your ability to reflect on the article, “A Doctor Who Actually Listens? New Medical School Aims to Train Students in Empathy,” by Eva-Marie Ayala, by writing a three-paragraph argument related to an analysis of the article and citing sufficient evidence from the article. There will be no quizzes or tests. /15

| | |
|--------------|--|
| Introduction | Title of story/article, author, main character or topic |
| | Brief description of topic |
| | Main problem faced by the author |
| | How the topic affects the solution to the problem |
| | Transition to description of problem |

| | |
|----------------------|--|
| Supporting Paragraph | Problem faced by author and how he/she feels about it or reacts to it |
| | Detail or example from text |
| | Detail or example from text |
| | Transition to description of solution |

| | |
|----------------------|--|
| Supporting Paragraph | How author solved or faced the problem |
| | Detail or example from text |
| | Detail or example from text |
| | Transition to important facts that influenced the article. |

| | |
|--|-----|
| Monday: Read Article and Mark the Text | /10 |
| Tuesday: Complete Anticipation Chart | /12 |
| Wednesday: Building Vocabulary | /12 |
| Thursday: Summarizing Text Using Sentence Frames | /12 |
| Friday: 3-Paragraph Argument Reflection | /15 |
| Total Points: | /61 |

Lesson 5 Learning Objective: • Students will analyze an argument in order to evaluate the use of good supporting evidence.

Lesson 5 Essential Question: Are bugs that make us sick, alive?

Lesson 5: Monday: Read article, “*A Bug is Making You Miserable — Is It Alive?*” by Rachel Feltman. (10 pts.).

/10

A Bug is Making You Miserable — Is It Alive?

SOURCE: The Washington Post By Rachel Feltman Published November 19, 2018

Most of the sniffles plaguing you and your friends are thanks to viruses. But what is a virus? Is it alive?

Some illnesses are caused by bacteria. Bacteria are alive: They’re very small — you can’t see them without a microscope — but they take in nutrients, reproduce and die. Viruses can make copies of themselves only by hijacking the cells of the creatures they infect. When the flu virus is outside of your body — lurking on a doorknob, for instance — it’s dead by any definition. But once inside your body, it shows many of the characteristics of life. Viruses might even be the descendants of living organisms that shed seemingly necessary traits to live more efficiently (with a little help from our cells).

“Most viruses have molecules — genes and proteins — like us and other live beings. However, they need another living being to make these proteins,” says Jordi Paps, an evolutionary biologist at the University of Essex in England.

Some researchers point out that many organisms — including such parasites as tapeworms that can live in your gut — need hosts to feed them and help them reproduce. Viruses aren’t so different.

“However, others say that all organisms, parasites or not, can make proteins by themselves, but viruses can’t, so this is why they do not consider them alive,” Paps says.

Other scientists see it differently.

“Viruses can be regarded similar to ‘seeds’ of plants,” says Gustavo Caetano-Anollés of the University of Illinois. “Some seeds appear dead, and you can keep them for years without anything happening to them until (the plant starts growing).”

Scientists debate this mostly because it’s interesting, not because they’re desperate for an answer. But there are very good reasons to try to understand how viruses work and how they fit into the ecosystem.

David Bhella, a researcher at the University of Glasgow in Scotland, explains that some researchers worry that eliminating a virus will leave another one in its place. We see this with animals; our mammalian ancestors got the chance to evolve only because big dinosaur predators died in a mass extinction event.

Bhella says we see this happening constantly with the flu.

“Each year a handful of strains circulate, and in the face of increasing immunity in the population they are eventually replaced with different strains that occupy the same niche,” he says.

We know how this works with animals: If humans killed off all the lions in the world, for example, there would suddenly be a lot more hyenas, because both predators eat the same sorts of animals. Fewer lions mean more food for hungry hyenas. But since we know less about how viruses fit into the world around them, it’s hard to know what would happen if the flu disappeared, Bhella says. “What defines an evolutionary opportunity for a virus? If we eradicate a virus, will something else take its place?”

We don’t need to decide whether viruses are alive to answer that question, but we do need to study them a lot more. And in coming to understand them, we might realize we don’t want to get rid of most of them. Scientists have recently come to understand that viruses exist pretty much everywhere — including inside our guts — and mostly don’t cause trouble. Some may even help us out.

“Viruses are cool and may accidentally move genes from one group of organisms to another,” Paps says.

One example is a protein in the placenta, the organ that transfers nutrients from a mother to her unborn baby, Paps says. “This protein comes from a virus. Maybe without viruses there wouldn’t be mammals or they would look very different!”

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Tuesday: After reading the article, “A Bug is Making You Miserable — Is It Alive?” by Rachel Feltman, read each statement and decide whether you agree (A) or disagree (D) with each. Record why you agree or disagree. (12 pts.)

Anticipation Chart

Text and Author: _____

Topic: _____

| Statement | Before Reading Agree (A) or Disagree (D)? Why? | After Reading Agree (A) or Disagree (D)? Why? |
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| “Viruses can be regarded similar to ‘seeds’ of plants,” | | |
| “. . . some researchers worry that eliminating a virus will leave another one in its place.” | | |
| “. . . in coming to understand them, we might realize we don’t want to get rid of most of them.” (‘them,’ is referring to ‘virus’.) | | |

Wednesday: Complete the following table by filling in the second and third columns for each word as directed in the highlighted heading for the article, “A Bug is Making You Miserable — Is It Alive?” by Rachel Feltman.

/12

| Building Vocabulary | | |
|----------------------|--------------------|---|
| Word | Definition of Word | Rewrite Sentence or Phrase that Word is Located in from the Article |
| virus (par. 1) | | |
| bacteria (par. 2) | | |
| molecules (par. 3) | | |
| ecosystem (par. 8) | | |
| eliminating (par. 9) | | |
| eradicate (par. 12) | | |

Thursday: *Summarizing Text.* After reading the article, “A Bug is Making You Miserable — Is It Alive?” by Rachel Feltman. Please complete the following sentence frames. (12 pts.). /12

| |
|---|
| <p>4. The central concept/theme/idea determined from the text is _____ because, _____.</p> |
| <p>5. The sub-concepts identified are _____</p> <p>These are connected/related to the central concept/theme/ idea because _____.</p> |
| <p>6. Draw or paste an image of your interpretation of how a ‘bug’ is making you miserable as it applies to a virus.</p> <p>I added/included the picture/visual/image of _____ — to represent/illustrate/symbolize the concept of _____ because _____.</p> |

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