

Program Evaluation, Literature and Medicine Program FINAL REPORT

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Executive Summary

The Literature and Medicine Program is a health facilities-based, scholar-led humanities reading and discussion program for professionals and staff in the field that benefits both them and their patients. This report details an evaluation survey of 1012 individuals who participated in 3 yearly Seminars from Fall, 2005 to Spring, 2008. Results from surveys conducted at the end of the Seminars correspond closely, indicating that the program has had a consistent and positive impact on participants over the 3 year period. Evaluation outcomes significantly reflect the basic Program goals for participating individuals: increased empathy for patients, greater cultural awareness, improved interpersonal relations, better communication and more job satisfaction. The Literature and Medicine Program is a health facilities-based, scholar-led humanities reading and discussion program for professionals and staff in the field that benefits both them and their patients.

The Program is well-administered. Respondents indicate a high level of satisfaction with activities such as seminar structure, content and the role of facilitators. On-site, process analysis of the program also indicates an effective organizational design and delivery system.

The Program has the ability to recruit new individuals as well as retaining previous participants who contribute to a peer learning environment. Findings on the reasons for participation suggest an important value of the Program: it has the power to address both professional and personal aspects of a person's life. The majority of the participants are middle-aged, mid-career or later and female. These data suggest the Program may want to broaden its pool of participants through a review of strategies to target younger, less experienced and male participants.

The Seminars had a positive effect on those aspects of participant attitudes measured through standardized scales (empathy, cultural awareness, interpersonal relations, communication, job satisfaction). Open-ended comments on the workplace environment cover a wide range of personal and professional themes which serve to indicate the broad impact that the Program can have on its participants. It was able to produce many examples of how actual events in professional life were influenced by the readings and discussion.

In reflecting on these outcomes, it is noteworthy the impact that the Program has had on empathy toward patients and other caregivers. This dimension encompasses elements of personal and professional growth that is not easily taught through training and development workshops. The Program has made a significant contribution, adding to professional development in this area. Further, measurable gains were made in the area of cultural awareness. Issues related to diversity in the workplace have proven to be difficult organizational challenges, not just in the medical, but all fields. The approach used by the Program should be seriously examined by health organizations as a way to increase understanding and communication in diverse employment settings.

In looking to the future, the Program should continue its approach to medical humanism as reflected in its seminars, reading lists and staffing through liaisons and facilitators. The survey suggests no major changes in this regard. However, the Program should examine its recruitment efforts. Despite a large number of participants (617) there are a disproportionate number of older, senior, and female participants. It is difficult in a seminar series, such as this one, to be representative of such a diverse field as health care. Further, it is very decentralized in its recruitment activities. Each of the 63 participating sites are responsible for their own recruitment. But, at the same time, the ultimate impact of the Program will partially depend upon its ability to recruit a cross-section of professionals and staff. A strategy to achieve this end would be to work with participating organizations to broaden recruitment into the Program.

Finally, there is significant evidence from the participant's perspective that the approach employed in the Literature and Medicine program should be an important part of programming within the medical field focused on professional growth and development.

Overview of the Program

This report summarizes the results from a program evaluation survey administered to participants in the Literature and Medicine Program for each of 3 years, from Fall, 2006 through Fall, 2008. The Program is coordinated by the Maine Humanities Council. The purpose of the evaluation is to assess the consequences of participant involvement in the Program.

The Program, as described on its web site, (http://www.mainehumanities.org/programs/litandmed/lm_program.html) consists of the following elements:

Created by the Maine Humanities Council, Literature & Medicine: Humanities at the Heart of Health Care® is a national award-winning, hospital-based, scholar-led humanities reading and discussion program for health care professionals that benefits both them and their patients. The Maine Hospital Association has cited it as a patient-quality initiative.

The program encourages participants to connect the worlds of science and lived experience, giving them the opportunity to reflect on their professional roles and relationships through plays, short stories, poetry, fiction and personal narratives in a setting where they can share their reflections with colleagues. It has a significant effect on the way participants understand their work, and their relationships with patients and with each other. It is also an innovative and cost-effective way to improve patient care.

The Program is representative of the emerging field of medical humanism. It represents a broad perspective on health care as a system with many different actors in various roles and locations and responsibilities, both formal and informal. The backgrounds of participants fit the goal of the Literature and Medicine Program: drawing professionals and staff from throughout the health profession. A basic premise of the Program is that the experience of patients should be viewed from a holistic perspective, that health is a function of more than medicine and treatment. It encompasses all the factors that make-up the healing experience for patients. While nurses and physicians may have the most day-to-day-contact with patients, how patients respond to care includes all the elements of the healthcare system and interpersonal factors as well. Conversations with housecleaning staff, for example, may represent the most regular contact a hospital patient has with anyone on a daily basis. This necessary kind of interaction can be an important part of the healing process (see Cassell, 1985, Crellin, 2005).

The evaluation approach is based on a logic model format developed by the Kellogg Foundation (2001). It involves the specification of goals, resource inputs, program activities, outputs and outcomes. This report primarily focuses on the outcomes of the Program at an individual-level (professional and staff) although data are provided on the assessment of program administration. See Figure 1 for an outline of the logic model.

The report includes an analysis of the survey findings, which involves both open and close-ended questions. Additionally, background data on the respondents are summarized. The main focus of the report is the extent to which participants evidenced personal and professional growth in terms of five major goals of the Literature and Medicine Program:

- Increased empathy for patients
- Greater cultural awareness
- Improved interpersonal relations
- Better communication
- More job satisfaction

Survey Design

The survey was sent to 1012 participants enrolled in the Program for 3 program years, 2005-06, 2006-07 and 2007-08 period. Administration of the survey was through an Internet provider (<http://www.insitefulsurveys.com/default.aspx>). Email addresses of all participants were collected and the surveys were sent to those addresses. After three rounds of email follow-ups, 932 respondents returned surveys for a response rate of 58 percent. This figure is considered appropriate Internet surveys. The acceptable response level is 50 percent (Coffman, 2004).

Participants from 169 sites were sent the survey over the 3 years. The number increased 21 percent over the three year duration of the Program. Many sites participated in more than one Seminar year. Sites were located in 14 states:

- Arizona
- Connecticut
- Florida
- Hawaii
- Illinois
- Maine
- Maryland
- Massachusetts
- Missouri
- Montana
- New Hampshire
- New Jersey
- South Carolina
- Vermont

Focus groups were also conducted at approximately 4-5 sites at the conclusion of Seminars. Observations of Seminars at these sites were also conducted. Where appropriate, data from these other data collection methods will be presented in conjunction with the survey findings. These statements can serve to elaborate and build on interview data, often providing possible explanations for survey results (see Morgan, 1997).

Program Participation

Fifty-seven percent of the participants were new to the Program over its 3 years of operation, providing evidence it can recruit new persons to the seminars. At the same time, it has been effective in engaging individuals on a repeated basis since the remaining 43 percent have been involved for 2 or more years. Given the experience of these individuals, they can provide an important peer learning environment in the seminars. Research shows that the knowledge of peers in a classroom has a positive effect on student achievement (Hanushek, 2003), suggesting the value that participants with multiple years of experience could have for the Program.

The appeal of the seminar is evident in the specific reasons cited for enrollment. Table 1 summarizes the data. The question was open-ended and responses were grouped into 7 categories. They can be broadly divided into professional versus personal reasons for choosing to participate. Three categories focus on personal factors: value of literature, personal interest and intellectual stimulation. They reflect an individual orientation toward the seminars and their potential benefit. Four reasons are professional in focus: improved care giving, collegial interaction, learning about issues in medicine, and professional growth and development.

The most-cited reasons for participation are personal, 49 percent. Professional factors also are stated frequently, 46 percent (“Other” comprised the remaining percent). These percentages remained stable over the Program’s 3 years, the range of change was 3 percent for both categories. Since 95 percent fall into these two categories, the Program has the power to address both

professional and personal aspects of an individual's life--the link between these elements representing a critical aspect of its mission.

The value of literature is the main reason for participating (33 percent). It was the primary reason for participation in all 3 seminar years. In focus groups held with participants, many said the greatest value of the Program was connecting their love of literature to health care. In this context, the Seminars potentially broaden what an individual reads and how affects his or her life. The second, most frequent reason was interaction with colleagues (27 percent) which was the case for each of the 3 Program years. At the focus group sessions, many said it was the only opportunity to meet colleagues outside the traditional confines of their roles.

The presence of personal and professional reasons for engaging in the Program reflects a basic supposition of medical humanities. Many themes addressed in this body of literature (and the arts as well) encompass both dimensions: the nature of the human condition, responsibilities to others, empathy, self reflection and the social milieu of behavior (Crellin, J. K., 2005).

Background of the Participants

The vast majority of the participants are middle-aged. Just 16 percent are 40 years or less in age. Age level remained consistent across the 3 Seminar years (12 to 17 percent in this category). Given this age distribution, most are mid-career or later in their field. Seventy-seven percent indicate they have been in the healthcare field for more 10 years or more. The vast majority of participants are female, 79 percent. Both of these figures varied by only 1 percent from 2005 to 2008. These indicators of recruitment suggest the Program should attempt to broaden its pool of participants. Strategies should be reviewed that allow for targeted efforts to recruit younger, less experienced and male participants.

The challenge in recruiting younger participants into the Seminars parallels a problem facing the medical field in general. The issue of an aging workforce has been raised in a variety of medical profession publications in the healthcare field (AHA Strategic Policy Planning Committee, 2001). Also, the difference in the number of women versus men (a ratio of more than 3 to 1) participating in the Program should be considered. Gender disparity in the medical profession has long been evident in a variety of areas, from nursing to clinical practice (American Medical Association, 1998). An important program question for the future is why such a difference exists across gender groupings and how it can be remedied.

Participants are a relatively well educated group. Fifty-eight percent have a graduate academic degree. There was variance from year-to-year (49 to 66 percent), but, at least almost a majority of participants fell into this category. In terms of professional degrees, nurses comprise the largest group. Thirty percent have either a RN or BSRN, a number that remained consistent for each of the 3 years (27 to 35 percent).

Positions presently held by the participants represent a diverse set of activities within the health field. The largest number hold administrative positions, 28 percent. Examples include program directors, medical librarians and referral specialists. The next largest categories are nurses, 28 percent. Physicians comprise 12 percent of the respondents. These figures were very consistent for each of these groups for the Seminar's 3 years.

When focus groups were conducted at Seminar sites, participants often asked why more physicians were not involved. Some said that physicians should be involved because of the pivotal role they play in life and death decisions, the subject of many readings. Without disputing this assertion, the participation level of MDs may depend upon the total number of physicians compared to other health care staff. That is, the number of physicians attending the Seminars may be simply proportional to their number in the medical field. Available evidence does suggest that physicians are becoming a smaller proportion of the health care population. Various censuses indicate that their numbers have been decreasing since 2000 (Salsberg, 2005). At the same time, the number of support staff is growing with 4.5 to 1 ratio in their favor (Rhie and Volmert, 2003).

In the focus group discussions, this problem was acknowledged. Young physicians were seen as stressed, not having enough time to devote between family responsibilities and job demands, particularly resident hours and the demands of professional development. From this perspective they saw the Literature and Medicine Program as just one more burden for this group. The greater prevalence of women in the Seminars did not surprise them. They saw them as more holistic than men, especially nurses (predominantly female) compared to the male-dominated physicians role.

Despite the questions about physician participant, the varied backgrounds of participants fit the goal of the Literature and Medicine Program to draw professionals and staff from throughout the medical profession. A basic premise of the Program is that the experience of patients should be viewed from a holistic perspective, that health is a function of more than medicine and treatment. It encompasses all the factors that make-up the medical experience for patients. While nurses and physicians may have the most day-to-day-contact with patients, how patients respond to care is a function of a variety of elements within the health system and can include interpersonal factors as well. For example, conversations with housecleaning staff may represent the most regular contact a hospital patient has with anyone on a daily basis, a needed outlet for interaction with others, which can be an important part of the healing process (see Cassell, 1985).

Program Administration

Program operations were assessed in a variety of ways. As the logic model in Figure 1 shows, a variety of methods are used to assess this evaluative area: a checklist on whether basic administrative functions are performed, semi-structured interviews with program staff (including liaisons and facilitators), field observation of activities such as the seminars. Questions on the participant survey also examine this dimension.

The ratings, discussions and observation all indicate that the program is well designed and implemented. The Program has sufficient fiscal resources to support a wide network of sites: 169 sites over three years in 14 different states. It has an active communication within this network through frequent newsletters and a web site. An effective process exists to select facilitators and organizational liaisons for each of the Seminar sites. It holds national conferences on the Literature and Medicine Program and summer workshops for its partners (councils, facilitators and liaisons). The actual seminars elicit broad and energetic involvement across the participants.

Survey questions on program administration also are asked. The results are similarly positive. Eight questions focus on the program and its operations. At least 70 percent of the respondents rate the administration as positive across of the seven of the eight questions. There was only a small variance in these ratings across each of the 3 years of Seminars. The one factor which was not at this level was the meeting room. This dimension the Program had little control over since the setting for the seminars depended upon the facility where they were held. The actual conduct of the seminars rate particularly high. Two of the three variables addressing this dimension are ranked 1 and 2. Based on these process indicators, the Program it has a sound organizational design and is effective in delivering its basic services.

- Facilitator knowledge of the content (88%)
- Stimulation of discussion by the facilitator (84%)
- Facilitator moderation of the discussion (82%)
- Time of day (81%)
- Session length (81%)
- Session format (77%)
- Size of the group (75%)
- Meeting room (70%)

Individual Outcome Scores

The main purpose of the survey is to collect data on the effects of the Literature and Medicine Program on the attitudes and behavior of its participants. A variety of literature was reviewed to identify potential measurement scales, particularly within the context of the medical field. The logic model was devised, in part, to help clarify goals of the Program, and how they relate to expected outcomes for the Program. The focus of the survey, which is central to medical humanities, is how professionals feel about themselves and understand others, dimensions critical to patient care (Crellin, J. K., 2005).

Five outcome dimensions were identified: Empathy for Patients, Cultural Awareness, Job Satisfaction, Interpersonal Relations, and Communication. A minimum of 5 variables (questions) were developed to measure each domain. Measurement was based on a 4 point, Likert equal-appearing interval scale (large, medium, small or no influence). The scores were averaged for the three years of the Project.

Two methods were used to establish the validity of the five measurement scales. First, as described below for each domain, the literature on the scale concepts (e. g. patient empathy) was reviewed. This approach is known as “content validity.” Secondly, a form of predictive validity was undertaken through a procedure know as “part whole correlations.” This analysis was performed for a 2004 survey, which served as the pretest for the evaluation survey presented in this report.

Part whole correlations are a way to estimate whether a variable actually represents what a scale purports to measure. When a variable has a correlation (Pearson r) of .20 with the scale as a whole, it is considered representative of the dimension that the scale is designed to measure (Owen and Froman, no date). To do this analysis, means were calculated for the 5 scales across all of the respondents. For all of the scales, the part whole correlations are very strong. Eight intercorrelations (80%) are .70 or greater. The remaining two (20%) are in the .60 range. Based on this test of empirical validity, the variables included in each of the 5 scales are strongly representative of the attributes they are intended to measure (empathy, cultural awareness, interpersonal relations, communication, and job satisfaction).

The Program has a significant effect on all five domains (see Table 1 for a list of the variables and the scores). The percent improvements (“medium to large”) for the five dimensions range between 58 and 79 percent. The average or mean improvement across all the five dimensions was 66 percent. For 4 of the 5 dimensions, over a majority of the respondents indicate the Seminar has, at least, a medium influence on their personal and professional lives. The scores for each dimension are:

*Percent of Participants Who Indicated “Medium and Large”
Influence from the Seminar*

● Empathy for Patients	79%
● Cultural Awareness	67%
● Interpersonal Relations	64%
● Job Satisfaction	62%
● Communication	58%

The domains showed considerable variance in their scores across the 3 years. The smallest range was for Empathy, 10 percent. In contrast, Communication had a range of 21 percent. The average for the 5 domains was 15 percent. A likely reason for variance is the nature of the Seminar materials, themselves. Each site had the option of choosing its readings resulting in a wide variety of fiction, nonfiction and poetry works. Consequently, certain themes might receive greater emphasis at particular sites than others and themes might vary for a given site over the 3 years. From this perspective, the range selection of scores indicates the vitality of the Program in tailoring readings to the interests evident in

its participating sites. The following readings serve to illustrate this point (http://mainehumanities.org/programs/litandmed/lm_readings-favorites.html)

DRAMA

W;t by Margaret Edson

Medical Reader's Theater: A Guide and Scripts ed. T.L. Savitt

FICTION

"A Nurse's Story" from A Nurse's Story and Others by Peter Baida

Regeneration by Pat Barker

Ship Fever by Andrea Barrett

The Plague by Albert Camus

"We are Nighttime Travelers" from Emperor of the Air by Ethan Canin

NON-FICTION

The Diving Bell and the Butterfly by Jean-Dominique Bauby

The Spirit Catches You and You Fall Down by Anne Fadiman

Complications: A Surgeon's Notes on an Imperfect Science by Atul Gawande

Mountains Beyond Mountains by Tracy Kidder

Nurses at the Front: Writing the Wounds of the Great War by Margaret R. Higonnet

POETRY

Without by Donald Hall

Otherwise: Collected Poems by Jane Kenyon

Rehab at the Florida Avenue Grill, poems by Veneta Masson

The Book of Job trans. Stephen Mitchell

Between the Heart Beats: Poetry & Prose by Nurses edited by Cortney Davis and Judy Schaefer

In conclusion, although there is no benchmark for satisfactory performance in terms of a seminar of this type, the Literature and Medicine Program appears to have a significant influence on attitudes and behavior change across a broad range of personal and professional dimensions within the health profession.

Empathy for Patients

Empathy is a concept denoting cognitive as well as affective or emotional dimensions. The cognitive domain involves the ability to understand another person's inner experiences and feelings as well as a capacity to view the outside world from another's perspective. The affective domain is the potential to enter into the experiences and feelings of another individual. In terms of patient-care situations, an empathetic perspective allows the health practitioner to understand the patient's views and experiences and an ability to communicate at this level. The work of Hojat, et. al. (2001) in this area served as the framework in developing the five variables included in this domain. For 4 of the all of the 5 variables that comprise the empathy scale, 70 percent or more indicate the Seminar had a "medium to large influence." It is the highest ranked domain in this regard. The mean percent across the 5 variables is 79, 12 points higher than the next ranked category, Cultural Awareness.

The item which consistently received the lowest scale for each of the 3 years was nonverbal cues of patients. An explanation for this lower ranking is that it is difficult to convey this aspect of medical care through the written word, especially when presented through the type of drama, fiction, nonfiction and poetry readings used in the Literature and Medicine Program. More typically, training in this area relies upon the use of exercises and other forms of experiential education (see Blatner, A.,1985). While the difference in scores between nonverbal cues and other measures was not large, it does point to the potential limitations of the Seminar format in addressing certain elements of empathy.

The focus groups provided specific examples of what participants in the Seminars actually mean by empathy. Themes that emerged in discussions were: *different perspectives, more compassion, holistic behavior, deeper relationships, greater honesty, complexity of human beings, understanding subcultures, and transcending everyday issues with people.* The link among these themes is an increased awareness of self and others and how these dimensions relate

to each other.

Cultural Awareness

The National Center for Cultural Competency at Georgetown University (<http://gucchd.georgetown.edu/nccc/pa.html>) created an instrument, Cultural Competence Health Practitioner Assessment (CCHPA), for which many of its questions formed the basis of the scale used in this evaluation. The purpose of the instrument is to foster greater cultural competence among practitioners in relationship to different racial and ethnic groups. The instrument includes questions for six sub scales. Of particular relevance to the Literature and Medicine evaluation was the Clinical Decision-Making sub scale, which asks questions about how well knowledge of the risk factors of diverse groups are integrated into practice.

The average score for the 6 variables (“medium to large” influence) in this domain is 67 percent. It is the second ranked domain. For 5 of the 6 indicators, over 60 percent indicate this level of influence, substantial evidence that the Seminar had an impact in this area.

The variables cover a broad range of topics, from the much discussed role of diverse values in medicine to a non conventional topics such as the potential role of traditional healers and their remedies. Similar to empathy, this area has been difficult to approach from a training perspective. Based on these positive findings, health facilities should investigate the ways in which humanistic readings on cultural diversity could be included in training and development initiatives for staff.

Issues related to cultural awareness did not figure prominently in many of the focus groups. However, one theme emerged in several of discussions: *different patient cultures in medicine*. This dimension was often linked to the meaning of empathy. Professionals need to understand these cultures and respond to them, not just applying the standard medical model in every case.

Interpersonal Relations

Among the competencies identified by the Accreditation Council for Graduate Medical Education (2006) are interpersonal skills. The Council developed a “Humanism Scale” which encompasses a wide variety of interpersonal dimensions that relate to the medical profession: cooperation with medical colleagues and paramedical staff, physician-patient relationships, rendering comfort and empathy, involving patients in decisions and addressing their concerns and willingness to admit errors. Several of these dimensions are included in the 8 variable scale measuring interpersonal relations.

Sixty-four percent indicate the Seminar has a “medium to large influence” on this domain. It ranked third among the six included in the survey. Four of the 8 questions focus on patient interaction, again indicating the ability of the Seminar to impact upon how health professionals and staff interact with patients. The four dimensions were ranked highest of the 8 items in the scale (an average of 68 percent).

The focus group discussion centered most on the relationships among colleagues. This result could be a consequence of the setting, staff interacting with staff. Nevertheless, the themes underscore the importance of the Seminar, as in the survey, to health care roles: *less judgmental about colleagues, interacting outside formal roles, appreciation of common experiences among peers*. All of these points were raised many times in the focus groups.

Job Satisfaction

The fourth third ranked domain is satisfaction with one’s job. Sixty-two percent rate the Seminar’s influence as “medium to large.”

Job satisfaction is a complex concept. Job satisfaction and the factors related to it have been investigated in the medical field (Lichtenstein, 1984; Shjader, 2001). In the widely referenced

work of Herzberg (1959) on motivation in the workplace, 12 factors are cited as relevant to this aspect of workers' attitudes: organizational policies and administration, recognition, supervision, working conditions, interpersonal relations, salary, status, security, achievement, recognition, advancement and job interest. It is unlikely reading and discussions focused on many of these dimensions, but interpersonal relations was a consistent theme. It could be that change in this factor, along with empathy which is an element in relating to others, prompted a reevaluation of how participants viewed their jobs.

Impacts of the Seminar on job satisfaction were mentioned frequently in the focus group discussions. They provide possible explanations for why the respondents answered the questions as they did. Themes included: *education, responding to the human side of medicine, contribution to holistic treatment, administrators more aware of patients' needs, increased motivation, moving beyond surface issues in medicine, kept me working, lower job stress, and staff empowerment.* These topics cluster around two dimensions: personal benefits and those related to job performance.

Communication

There is increasing emphasis within healthcare on communication as a basic medical skill. Some medical programs have curricula focusing on communication, especially how to work with a variety of stakeholders including patients, physicians, nurses, other healthcare professionals and advocates (Kurtz, 1997). Based on a review of this literature, eight variables were developed to measure the communication dimension.

Communication is the lowest ranked domain (58 percent). Nevertheless, for 7 of the 8 items, more than 50 percent indicate a "medium to large" influence of the Seminar. The highest score (68 percent) is given communication with people of different cultural and ethnic backgrounds. This finding reflects other ones in the survey on the positive influence of the Program on individual responsive to cultural diversity. At the same time, only 46 percent gave the same score to communication with patients of a different gender. The Program should look carefully at these results since it apparently had markedly more success addressing cultural/ethnic than gender diversity (although one question focuses on "people," the latter "patients"). Even given the difference in question wording, the Program should explore whether a greater emphasis should be given gender diversity in future programming.

Program Outcomes: Open-Ended Questions

Participants were asked two open-ended questions. The first focused on what impact the Seminar had on work life. The second was more defined, asking the participants to provide a description of a specific event in which their participation in the Seminar had an impact. Open-ended questions allow respondents to describe their attitudes and beliefs in their own terms. Such responses can be a rich source of information about how individuals actually think about an event and the language they use to convey their thoughts. They also yield quotable material which can give added depth to survey analysis (Fink, 1995).

For analysis purposes, open-ended questions are usually divided into coded categories (Fink, 1995). For this purpose of this assessment, the five categories used for the scales are employed: patient empathy, interpersonal relations, communication, cultural awareness and job satisfaction. The results from the two questions are described below.

Impact on the Workplace Environment

The respondents provided 670 separate statements regarding how the Seminar affected their work life. Hence, two-thirds (66 percent) of those surveyed were able to identify at least one aspect of their professional lives impacted by their seminar participation. This figure was very

consistent for each Seminar year. The open-ended comments are broken down into 5 scales for which the individual, close-ended questions were grouped.

The percentage of statements within each domain are:

- Empathy (37%)
- Interpersonal Relations (24%),
- Job Satisfaction (17%)
- Cultural Awareness (13%)
- Communication (9%)

This ranking shows some correlation with that of the close-ended questions. Empathy is ranked first in both question formats. Interpersonal Relations is rated 2nd for this open-ended question, 3rd for close-ended. The main difference is cultural awareness. It was ranked 2nd for the scaled questions, 4th in terms of personal statements regarding impact on the work setting.

One possible reason for this latter discrepancy is the nature of the work environment. While cultural awareness may be important to a person, it may not be something that he or she regularly deals with in the work setting. Hence, it is not the first thing that comes to mind when asked about the influence of the Seminar on actual work life. Despite this one difference, the correspondence of rankings suggests that respondents were relatively consistent in how they assessed the influence of the Seminar. This consistency is a way to establish the validity in how the Seminar's impact was measured with this survey.

Empathy

As with the scales measuring individual outcomes, empathy is the most-cited benefit of the Seminar (33 percent). A single theme dominates the responses that fall into this category. Participation in the Seminar helped caregivers better understand patients as well as staff and the different perspectives they bring to the medical process. The statements reflect a clear understanding of the value of empathy in health care. Representative quotes include:

- *“I have learned to be more honest with patients and to take the time to see where they are coming from emotionally, spiritually and mentally”*
- *“Helped me understand a little better the way a person that was not well educated might perceive thing.”*
- *It raises by consciousness level about patients, their concerns, and so many of the issues with which I deal on a daily basis.*
- *Through discussions and readings we were able to better understand the needs and experiences of patients and those who take care of them-- family or care-givers.*
- *I have come to understand that my beliefs are not the beliefs of the patients. I have more empathy toward the patients and more understanding of their family members. It has helped me to be more open to other people's viewpoints and that everyone has the right to make choices that they feel are right when it comes to their own health.*
- *It gives me an alternative way to communicate with patients about their illness experiences, and ways they might address their illnesses.*
- *Sensitivity to issues and background other healthcare providers suffer, it helped me to understand how people make decisions - improved my awareness of how errors occur.*

Interpersonal Relations

In terms of statements that participants make about the value of the Seminar, those related to interpersonal relations are second in terms of frequency (24 percent). It was ranked 3rd in terms of the standardized scales. In important respects, it is difficult to separate statements about this domain from others addressed in the survey. Interpersonal relations often encompasses elements of empathy as well as communication. A challenge in coding open-ended responses was

to make distinctions among these areas. It cannot be assumed the various domains, although labeled as separate, can necessarily be separated from one another in coding a statement.

One key theme was evident in almost all of the statements related to interpersonal relations. The Seminar resulted in better relationships with colleagues in terms of work, discussion and understanding. Representative statements include:

- *To understand others (clinical) thoughts, impressions of situations. Such a knowledgeable group and an honor to get to hear their feelings, experiences.*
- *“Participating with colleagues on a non-clinical level in a discussion of patient, family and professional issues inspired a new appreciation of our work and goals and each other”*
- *The shared experience in the program has afforded me many more opportunities to engage in friendships with others at work. It has also made me feel more confident in expressing my opinions in a large group.*
- *“Broaden the scope of my experience interacting with such a range of individuals within our organization. There is no other such unique opportunity which is very enriching. It gives me hope for the health of the organization within the larger healthcare system.”*
- *It has helped me be more comfortable around doctors at the hospital. Although I still respect them the same as before, I understand that they are people too, and they have feelings and concerns and stresses just like everyone else.*
- *I feel comfortable about the non verbal, empathetic, sensitive to population and cultural variations. these areas were strong points in my training from the get go. But I appreciated the opportunity to review, refresh and be inspired by the contributions of others in this group.*
- *Again, by giving my mind a refresher, to just get out of the office and to do something so different from my regular job actually helps me do my "regular job" that much better. I also appreciated the opportunity to see my colleagues in a different setting and hoped they learned something about me in the process as well--an exchange that can only help how we all work together.*

Job Satisfaction

Seventeen percent of the participants indicate increased job satisfaction as a result of the Seminar, ranking third. It ranked fourth in the close-ended responses. Themes which emerge from the statements are: the extent to which the Seminar helped in coping with job demands, understanding one’s responsibilities from a non-medical perspective, increased knowledge about patient care and improved relationships with co-workers.

Examples of statements made by the participants include:

- *As a therapist and because "the use of self" is such an integral element of my profession---every day that my awareness deepens and is heightened about the human experience I become better for all those who seek my services and those to whom I offer my services.*
- *“Increased my comfort level with understanding myself as a peer of the medical staff”*
- *Have always appreciated those involved in health care; this improved and enhanced my knowledge base. Sadly I also realized how selfish and lacking in perception of the needs of others are some of my fellow nurses; seems to some only their opinion is best and the only one that counts. I am hopeful this wonderful series helped with a paradigm change for them.*
- *“I have very high expectations of myself and others regarding customer service. Sometimes this prevents me from looking at situations/interactions from others perspective. This course has really helped me step back and understand the roles/challenges/experiences of colleagues in accomplishing our mutual work.”*
- *I have always felt that data is the life blood of a patient, and I feel the same way now. But it has been good to be in the same room with doctors and nurses and people who spend their time right up in the face of healing. I don't get that on my job, so I has been a very good experience for me, and has made my job so much more valuable and real to me.*
- *It allowed me to experience all facets of healthcare, things that I may not normally be exposed to. I am more keenly aware of the importance of measuring impact of health states and events on quality of life.*
- *Reading about the experiences of people with cancer makes me even more determined to do my job to the best of my ability.*

Communication

Thirteen percent of the participants gave examples of a communication impact, ranking fourth among the domains. It was also a lower scored domain for the scales, ranking last. The

comparability of rankings for closed and open-ended questions indicates that communication impacts from the Seminar are not as evident as for other domains. However, there are substantial overlaps between it and other ones included in the survey, particularly interpersonal relations and empathy. Coding statements, according a specific dimension can be difficult, when such overlaps exist.

A primary theme in the responses was organizational. Participants often said their ability to communicate with patients, other staff members and different organizations had increased. Below are examples of this theme:

- *Good opportunity for interdisciplinary interactions--improves understanding, empathy and communication.*
- *"Reminded me that perceived status can limit/alter participants activity and the content of comment"*
- *It's so therapeutic to be able to express yourself in front of others and develop a greater understanding for the doctor-patient relationship*
- *"Opportunity to interact with other staff in a serious context, not directly related to immediate patient care issues. Promotes better communication and understanding with other staff."*
- *Having the opportunity to discuss literature and the ideas that emerge from the reading with other thoughtful providers has been helpful in understanding the variety of insights, talents and backgrounds each brings to the table.*
- *I do think I increased my skills, but more important to me was the opportunity to talk/verbalize in a group regarding what we do and how we feel. That, in itself, was empowering.*
- *I value spending time with coworkers discussing reading that lets me appreciate them outside of the usual sphere of work contact. It helps to realize how multidimensional we all are.*

Cultural Awareness

Twelve percent gave reasons for the value of the Program that focus upon cultural awareness, ranking fifth among the domains. It was second among the scales for the close-ended questions. The difference, as described above, may be due to the work environment of many participants. On a day-to-day basis, they may not regularly encounter issues of cultural diversity. A consequence could be that the Seminar would likely have less impact on health personnel in this type of situation.

A frequent theme in the responses on cultural awareness was how the Seminar increased awareness of racial, ethnic, gender and other differences and how they influence healthcare practice. Below are examples of actual statements made by the respondents:

- *Gave me a better understanding of people from other cultures. I teach others regarding use of interpreter services and this led me to expand what I include in in-service education.*
- *"Multi generational and cross cultural healing requires constant reinforcement. What a wonderful way to remind yourself of why we do, what we do"*
- *A few days after reading about the Hmong child/family/culture, we admitted a critically ill Vietnamese man. I was so much more aware of the need to take the extra time to communicate with this man and his family. Though he spoke conversational English, I realized he needed the professional interpreter to really understand the complexities of his treatment. There were other cultural differences that I was able to explain to my coworkers. The book I had read gave me insights to recognize the similarities between Hmong and Vietnamese people.*
- *"It helped me to better understand the other cultures and not to be so hasty in making judgements until I had all the facts and understood more about their medicine."*
- *Because I come from China and the way by which Chinese deal with diseases and patients are different in many aspects with non-Chinese people. In this program, I learned how other people (not Chinese) think of and deal with diseases and patients.*
- *The program has taught me that people who are overcoming diversity are stronger than we think and their cultural values greatly affect their perception of what is happening around them and to them.*
- *Awareness of the impact I can have and really make sure my patients needs aside from physical are meant. Also being more aware of cultural needs and how to help patients work within their culture to meet their health care needs.*

Examples of Program Impact

Respondents were asked to describe a specific event to illustrate how the Program impacted them. The purpose of this question was to get them to think about outcomes, not in a general sense, but in terms of concrete examples. This approach is close to "grounded theory," an attempt to build social science constructs by asking questions and/or observing everyday events of the subjects under study (see Glaser and Strauss, 1967). The goal was to "ground" the responses in terms of daily organizational life.

A total of 152 statements were made by the respondents. However, many were very general and did not reference a "specific event" (89 or 59 percent). However, among the 63 statements (41 percent) that did reference an actual occurrence, many were detailed and offered a "real world" view of the Seminar's influence.

The themes can be defined in terms of the five domains employed in this evaluation. The percent and frequencies for the domains are (date were not collected for the first survey round, 2005-2005)

● Empathy	36%
● Interpersonal Relations	24%
● Job Satisfaction	19%
● Communication	21%
● Cultural Awareness	11%

Again, empathy emerged as the domain where the influence of the Seminar was most evident. The rank for the other items is the same as for the other open-ended question focusing on how the Seminar affected one's work life. Hence, the respondents were consistent in way they personally described the importance of the Seminar to their personal and professional lives.

A number of these events are listed below:

- *The above description is probably the best example. I did have an encounter with a woman who had end-stage ovarian cancer. She had been adamantly refusing any discussion of hospice/palliative care with her M.D. I had the opportunity to see her for a few hours in the out-pt. setting and developed a rapport by listening to her. I was able to broach the subject of hospice, and had a hospice nurse explain more to her and her female S.O. I think I was more aware of her underlying needs and concerns and was able to connect with her when other health professionals had not. This might have been due to heightened awareness as a result of the Program.*
- *We have a Mennonite community in our region and I had always been shy about initiating contact when members visit not wanting to intrude and I am not clinical so I did not have a "reason" to initiate contact. But I began to trust that my initiation of a conversation would be seen as genuine interest in the person and at a community event I made the approach. I think we may now have a new volunteer after our conversation - a teen who is homeschooled who would like to do some community volunteering.*
- *We read the book " Nurse"...also Aunt Sarah...I have worked in ICU and related to the nurses in the book "Nurse"...in Aunt Sarah I have now an interest in herbal medicines, touch therapy, regarding my work in palliative care...The book Aunt Sarah and nurse should be read by all nurses especially new graduates and seasoned nurses...In the book nurse I acknowledged it is ok to say I can't do more, I need a break.a few weeks off form work, for my own health and stress..I can't say enough how grateful this program is to me.*
- *After reading the "Spirit Catches You," I was able to re-evaluate a project that we are working on, i.e., a dvd focusing upon the access to healthcare for the Somali community. I looked at the video through a Somali refugee's mind, rather than my own cultural standards.*
- *Surgeons office called upset and fussing over a missing lab result. Instead of my usual "Ughh the grumpy surgeons are at it again" response, I thought of the current reading (Pauline Chen) and gave it my new approach, For a perfect outcome the surgeons need the system to be perfect, find the missing lab and get it to them ASAP. Grumbling is frustration in a verbal form. 2. Design, our site has been expanded and several of our patients have committed on our new look, convenience and ease of access, how they like the openness of the new space. 3. Shared a chapter of "Better" with my current MA's. How being diligent about details can make all the difference in outcomes. 4. Shared Final Exam by Pauline Chen with our new doctor who complains about talking to families. One of our very anxious pt stopped*

in to let "the new doctor" know how far he has come with appointments because our staff has always been so patient with him, even on his toughest days.

- *"I was talking to one of the doctors who attended this group over some other issue, and he demonstrated how he felt about that issue by saying that this was an illustration of being treated like a Hmong. I knew exactly what he meant, and for both of us, that comment evoked the feelings we were experiencing as we were reading The Spirit Catches You and You Fall Down."*
- *"I've been working with a philanthropic donor who wanted to create a gift annuity for the hospital, but developed Alzheimers in the process. The discussions of aging and illness led me to involve the whole family in this and future decisions."*

These statements provide examples of how the participants linked the readings and discussions to their actual working life: be it personal understanding, the support of people, how individuals and groups interact and caring for others. It is difficult to capture the value of literature in program evaluation, but these statements provide a rich and detailed accounting of the Program and what it meant to participants in specific work circumstances.

Conclusion

The Literature and Medicine Program is a health facilities-based, scholar-led humanities reading and discussion program for professionals and staff in the field that benefits both them and their patients. This report details an evaluation survey of 1012 individuals who participated in 3 yearly Seminars from Fall, 2005 to Spring, 2008. Results from surveys conducted at the end of the Seminars correspond closely, indicating that the program has had a consistent and positive impact on participants over the 3 year period. Evaluation outcomes significantly reflect the basic Program goals for participating individuals: increased empathy for patients, greater cultural awareness, improved interpersonal relations, better communication and more job satisfaction. The summary of results from evaluation surveys and focus groups held yearly indicates:

The Program is well-administered. Respondents indicate a high level of satisfaction with activities such as seminar structure, content and the role of facilitators. On-site, process analysis of the program also reflect an effective organization design and service delivery system.

In reflecting on the outcomes, it is noteworthy what impact the Program has on the empathy of participants toward patients and other caregivers. This is a dimension of personal and professional growth that is not easily taught through training workshops. The Program has made significant contribution, adding to professional development in this area. Further, measurable gains were made in the area of cultural awareness. The general question of diversity in the workplace has proven to be a difficult organizational problem, not just in the medical, but all fields. The approach used by the Program should be seriously examined by health organizations as a way to increase understanding and communication in diverse employment settings.

In looking to the future, the Program should continue its approach to medical humanism as reflected in its seminars, reading lists and staffing through liaisons and facilitators. The survey suggests no major changes in this regard. However, the Program should examine its recruitment efforts. Despite a large number of participants, there is a disproportionate number of older, senior, female and non-physician participants. It is difficult in a seminar series, such as this one, to be representative of such a diverse field as health care. Further, it is very decentralized structure constraints its recruitment activities. Each of the participating sites, over 60 at the present, are responsible for their own recruitment. Sites are located in a variety of setting, e. g. hospitals, medical centers, and laboratories, each with a different mix of health care professionals, which adds to the problem. But, at the same time, the ultimate impact of the Program will partially depend upon its ability to recruit a cross-section of professionals and staff. A strategy to achieve this end would be to work with participating organizations to broaden recruitment into the Program.

Finally, there is significant evidence from the participant's perspective that the approach employed in the Literature and Medicine program should be an important part of programming within the medical field focused on professional growth and development.

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TABLE 1 Individual-Participant Outcomes, 2005-2007	
<i>Variables</i>	<i>Percent who Indicate “Medium or Large Influence”</i>
<i>EMPATHY FOR PATIENTS</i>	79%
Trying to put myself in the patients place	87%
Belief in the role of empathy in health care	81%
Ability to show compassion	80%
The emotional state of patients and their families	77%
Nonverbal cues of patients	65%
<i>CULTURAL AWARENESS</i>	67%
Attention to diverse values and belief systems about health and disease	75%
Patient perceptions of the reasons for their disease	73%
Value of culturally relevant information from family members	71%
Potential significance of traditional remedies to patients	64%
Significance of factors such as race/ethnicity and gender in screening and diagnosis	61%
Potential significance to patients of traditional healers (e. g. curanderas, santeras, medicine men or women, espiritistas)	56%
<i>INTERPERSONAL RELATIONS</i>	64%
Attentiveness to patient concerns	72%
Trying to put patients at ease	68%
Interacting with patients	67%
Involving patients in decision-making	64%
Interacting with medical staff	60%
Acknowledging mistakes to yourself and others	59%
Interacting with non-medical staff	56%
Interacting with paramedical staff	56%
<i>JOB SATISFACTION</i>	62%
Your appreciation of your colleagues and coworkers skills and contributions	75%
Appreciation of your own skills and contributions	65%
Commitment to your profession and/or work	56%
Your job satisfaction	53%
Your ability to deal with the stress of your work	50%
<i>COMMUNICATION</i>	58%
People from cultural and ethnic backgrounds different from your own	68%
Other health care professionals and allied staff	61%
Adult patients	58%
People from economic and/or educational backgrounds different from your own	58%
Persons from geographic locations (e. g. rural and urban) different from your own	56%
Families (of patients)	55%
Children (pediatric patients) [1]	52%
Patients of another gender	46%

[1] “Communication with children” was not included in computation of the overall scale due to the low number of opportunities that respondents had to communicate with pediatric patients.

FIGURE 1: EVALUATION LOGIC MODEL *Literature & Medicine: The Humanities at Work in the Heart of Health Care* -- Maine Humanities Council

GOALS	RESOURCE INPUTS	ACTIVITIES	OUTPUT S (SERVICES)	OUTCOMES (INDIVIDUAL-LEVEL)	IMPACTS (ORGANIZATIONAL-LEVEL)
<p>Individual Level (health care professionals e.g.: doctors, nurses, physician assistants, nurse practitioners, psychiatrists, therapists, e.g., physical, hospice workers, allied and support staff, chaplains, trustees) -Reflect on responsibilities as health care professionals -Increase satisfaction with their work -Explore the quality of professional and patient communication</p> <p>Organizational Level (hospitals, hospice/palliative care facilities, community health care organizations) -Integrate humanities with health care -Introduce a variety of perspectives on health care -Communicate across professional roles within health care system</p>	<p>Humanities Council staff</p> <p>Scholars</p> <p>Materials (including readings; annotated bibliography; manual; website: SYNAPSE.E-newsletter; & anthology -in progress)</p> <p>Equipment</p> <p>Fiscal support</p> <p>Meeting sites</p> <p>Hospital Liaisons</p>	<p>Summer Institute -Readings -Discussion groups -Syllabus workshops -Panels & Plenary Sessions</p> <p><i>Literature & Medicine</i> National Conference -Readings -Discussion groups -Speakers -Panels & Plenary Sessions</p> <p>Technical support from MHC staff</p> <p>Regional & National Meetings (for humanities council staff)</p>	<p>Readings</p> <p>Group discussions (scholars)</p> <p>Administration (hospital, liaisons, scholars, humanities councils)</p> <p>Scheduling and organization</p> <p>Group membership</p> <p>Meeting space</p> <p>Participation levels</p>	<p>Empathetic behavior</p> <p>Interpersonal Relations (attitudes, behavior)</p> <p>Interpersonal communication (e.g. careful listening)</p> <p>Cross cultural communication</p> <p>Conflict resolution</p> <p>Questioning assumptions</p> <p>Self awareness</p> <p>Holistic health care philosophy</p> <p>Critical thinking</p>	<p>Role perception (in relation to other health care professionals)</p> <p>Patient / caregiver relationship</p> <p>Holistic / patient centered care</p> <p>Sensitivity and acuity to patients</p> <p>Continuity of care</p> <p>Team building</p> <p>Staff recruitment and retention levels</p> <p>Peer support</p> <p>Professional versus patient language</p> <p>Burn out</p> <p>Self care</p>
EVALUATION QUESTION	What are the resources that are devoted to the achievement of program goals?	To what extent are the goals of the project reflected in its activities?	How are program services rated by humanities council staff, scholars, liaisons and participants?	What have the participants gained personally from the program?	How have health care practices changed due to involvement in the program?
EVALUATION METHODOLOGY	Resource audit ("checklist")	<p>Semi-structured interviews of Council staff and participants</p> <p>Field observation (by evaluation staff)</p> <p>Documents (e.g. minutes of sessions, content of readings)</p> <p>Internet Survey (of participants based on open-ended survey questions)</p>	<p>Internet Survey (of participants based on standardized survey instrument and open-ended survey questions)</p> <p>Focus groups of participants</p>	<p>Internet Survey (of participants based on open-ended survey questions)</p> <p>Focus groups of participants</p>	<p>1) Focus Groups (of participants)</p> <p>2) "Mini" Best Practice Case Studies (written by participants)</p>
DATA COLLECTION	Data collected before initiation of proposed program evaluation.	<p>Formative (process) evaluation</p> <p>Data collection will begin prior to the start of the program and continue to its conclusion.</p>	<p>Summative (output) evaluation.</p> <p>Data collected at conclusion of the program.</p>	<p>Summative (outcome) evaluation.</p> <p>Survey administered pre and post program.</p>	<p>Summative (impact) evaluation.</p> <p>Data collection 3 to 5 months after the program's end</p>