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1. About one week before the first day of the classes, I send a welcome email to the students. In that email, using color coding (font) to draw attention, I ask students to bring to the class, on the top of other things, (a) an open mind and (b) a sense of humor. On the day one of the course, during introductory class/session, I tease students to share back with the class these 'asks' (I always find some volunteer who has read the welcome email fully). Then I spend some time explaining why I asked. For example, I tell them my own story about my career as a physician, where I had signed about a couple of hundred death certificates, and had dealt with human pain and suffering all along, and how, having developed a good sense of humor helped me cope with the pathos of life that I witnessed. Then I tell students that they would face human pain and suffering in some form or other in their professional life & how they might want to acquire this skill as a guard rail against burnout.

2. Also on day one of my course I enact a mini performance in front of the students. I bring to the class a cup of Starbucks and a small transparent zip lock bag containing a powder mix of sugar & salt. After courtesies, I tell students that sometimes the barista does not make the hot chocolate to my expectations but I never go back to complain to ask them to make it again (I tell them it is disrespectful of the barista's sincere efforts) but instead, I simply trash the whole cup though it cost me \$3.69. Then I literally throw the cup in the trash bin staged in front of me already. Then I show the zip lock bag to the students and throw it in the trash bin as I threw the Starbucks cup. Then I tell the students that when I threw the cup in the trash bin, it cost me some annoyance and \$3.69. However, when I threw away the zip lock bag, which was a home-made packet of Oral Rehydration Therapy (ORT), my act drew a line between life and death for a cholera inflicted child in sub-Saharan Africa only 5,000 miles away. After this small show, I tell students that in about 4 months they would take the final exam and mostly pass the course & move on, but I was giving them another exam that they would take over decades after the class, maybe even after I would be dead and gone, where they would find out for themselves, whether, every time something small annoying thing happened in their lives (like Barista not fixing coffee well), would they have learned enough from my class to tame their whining and complaint, remembering the trashed zip lock bag of ORT.

3. During the course, I have about half a score class discussions. Even though at 200 or 300 level, I assign very heavy and dense scholarly articles as reading assignments that draw conclusions or show results starkly counter-intuitive to our conventional wisdom regarding topics like sexual violence, passive smoking, alcohol during pregnancy or exercising. I ask volunteers (pre-class) to read & present the gist of the papers in the discussion session & engage class in Q & A dialog to elucidate the essence of those controversial but scholarly robust researches. The papers & the discussion confuse and flummox students. In the end I ask them not to worry about the technicality of research at this stage, but highlight and emphasize to them, the importance and necessity of having an open mind while treading the landscape of public health, reiterating that the field is innately murky and difficult to navigate through.



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