Suzanne M. Clark
CCT 698 – fall 2000
Due: 9-25-00
Sense-making Protocal

This is a good example of the use of sense-making but it is not really a "key" article

Article: Toufexis, Anastasia, "The Oh-So-Not-So Prime Players; Special Clinics for Performers Draw Rave Reviews", Time v131 n13 (March 28, 1988) p81-82

A) **I appreciated** the fact that the author compared performance injuries/medicine to sports injuries/medicine, thereby recognizing the need for specialized care for performing artists. In addition, I liked the fact that the article was in Time. There is more of a chance for the arts-related world, as well as the general public, to become more aware through this magazine than an article written in JAMA or NESM.

B) **I learned** that the field is older than I had realized. The article, written in 1988, states that performing arts medicine had sprung up within the previous decade, yielding a dozen clinics and programs. My professional playing career started in 1979, yet throughout all of that time, I had never heard of any of these clinics or programs, either through formalized education or word-of-mouth.

C) **I wanted to know more about** the clinics themselves. Where are they? What do they offer? Are they affiliated with any music institutions or other universities? Are they regular AMA MDs or are there alternative practitioners also?

D) **I struggled with** the way the article was constructed/written, although it's probably appropriate for Time. The tone was more like trying to convince or legitimize the field, rather than present it or actually show what the field is. I don't believe such a presentation would happen in the sports field – it's widely accepted that care for athletes is important. It seems like the struggle for recognition the arts has always had to cope with when dealing with the public.

**E) I would have been helped by** a more comprehensive listing of where to go for such help, rather than having to decipher contacts from the quoted physicians.

**F) My project connects with this in the following ways:**

- The article was placed in a widely read magazine in 1988, yet there is little information throughout the Boston music world about performing arts medicine.
- Despite the reference to clinics and programs, where does a Boston musician go to be treated? What can be done for prevention?
- The article states that musicians have more at stake since playing is an emotional outlet. This support the idea that an inability to play can take on an emotional dimension as well as physical, thus giving rise to the potential for other problems.
- The University of Texas, well-noted for their music department, has a clinic in Houston. There are three major music colleges in Boston, as well as other universities well-known for their music curriculum, swimming with music students. For years, Boston, and it surrounding towns, has been a hub for the music scene in the state of Massachusetts. Does such an entity exist in Boston?

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G) **I disagreed with** the MD who stated that "frequently you tell that anything is wrong until you see them play." Seeing a musician play their instrument is imperative in fully understanding the complexities of diagnosis and treatment; however, there are plenty of warning signs and general symptoms that can show a problem exists.

H) **I think the authors should consider** giving more information about performing arts medicine itself as opposed to so much information on what types of injuries exist.

**Summary:**

The article gave a very good overview of problems that exist for performers. The author referred to a variety of performers, as well as to specific musical instruments. She captured the idea that people who enjoy what performers have to offer have little idea as to what performers go through to entertain their audience. The reference to sports is impacting as it shows the division in support for athletes and performers. The article refers to many comments and observations from medical practitioners. These are very helpful in showing support for such specialized care as well as the unique the practitioners are who treat performers. Also outlined is the desire to treat an injury without resorting to surgery or steroids, which also shows a division between sports and performance medicine. One physician referred to, Dr. Michael Charness, shows the keen insight he has regarding musicians as he showed while treating me for my injury. His inclusion in this article is probably a main selling feature for me, as I know he is a reliable source. The title of the article refers to special clinics, but I don't think she truly stuck to what her title infers. She writes more about the injuries themselves, rather than the actual clinics. Thankfully, the physician references give some way to connect with the clinics. I think she should have included more information in this area as opposed to so much information on the injuries. It almost seems a bit sensationalized and not practical enough, although I wonder if it has to do with Time.

This assignment has helped to bring more focus and direction to where this project is going. At first, reading so many different articles added more confusion and made the boundaries of my project more flimsy. Zeroing in on one article with the sense-making protocol helped to dissolve the flimsiness and add a tighter shape. I'm able to apply what I want to cover more clearly to an existing situation. I learned more about the time line of performing arts medicine, which is an important factor in my project.

Tim Eagan
CCT 698
September 26, 1999
Assignment for Class 3

**Sense making protocol for :**

**Davis, Robert L. 1997. "Group Work is NOT Busy Work: Maximizing Success of Group Work in the L2 Classroom." *Foreign Language Annals,* 30, No. 2: 265 -279.**

a) I appreciated the author's clear explanations of the differences between quality, well-thought-out group work and group work that is not effective for language learning goals. His explanation of why the new paradigm in language teaching and learning has not often worked-that is has to do with teachers' unwillingness to adopt new paradigm and shed old paradigm (sort of Old habits die hard).

b) I learned that there are some simple steps one can take in designing group work that will help assure it is successful. In fact, I am going to copy these criteria and put them into my lesson planning binders at school and will begin to use them immediately.

c) I wanted to know more about specific group activities and why they did or did not work well and what the students' reactions were to these activities (i.e, did they find them useful? Did they understand the rationale behind the activities?)

d) I struggled with how the topic of this article impacts my project. I am now thinking that I may need to narrow my topic to contextualizing language, that maybe content-based language is a larger topic. Perhaps I need to do research and work on the idea of context first, then focus on Content-Based. Or maybe not. This needs to be sorted out.

e) I would have been helped by a focus on the age group I teach (middle school). I often (not always) find that research by university faculty is done with university students and that middle school children are quite a different audience.

f) My project connects with this in that group work is about meaningful communication in meaningful context and my premise is that these two items are necessary for learning a second language.

g) I disagreed with nothing. I'm sure that further reading will elicit some disagreement on my part-I'm full of opinions.

h) I think the author should consider (as should more researchers in L2 learning/teaching) that many readers of the Foreign Language Annals are K-12 teachers, not university level professors. While his article was very useful to me, I would have liked to see some samples of successful and unsuccessful group work with other age groups.

Sheryl Savage
Practicum CCT 698
Professor Peter Taylor
September 25, 2006
Assignment B1: Key Article

Article: Romero, Eric J. and Cruthirds, Kevin W.," The Use of Humor in the Workplace," *Academy of Management Perspectives*, Volume 20, Issue 2, (May 2006) p58-69

Sense-Making:

a) I appreciated the authors' thoughts that concisely stated the same views I have pertaining to humor having a serious impact in the work environment and in the culture of the organization.
b) I learned that humor has many positive sides that can lead to better communication and work production as well as comfort level for colleagues.
c) I wanted to know more about the different styles of humor that were identified in this article as well as the Organizational Humor Model that was shown. I also wanted to identify which of the many references listed could be crucial in my continuing work.
d) I struggled with the idea of possible negative effects of humor as being called the "double-edged sword."
e) I would have been helped by more charts and diagrams.
f) My project connects with this in the following ways:
    - The article clearly validates my initial thoughts on humor in the workplace as a tool for creative thinking and greater collaboration.
    - The article further defines my thoughts on the different types of humor that can be incorporated into the workplace setting as a benefit to the bottom line of the company or organization.
    - The article specifically lists creativity and its link to humor as proven in various literature and past research.
    - The article discusses the power of humor in leadership of an organization.
    - The article has an excellent discussion on how to integrate humor into an organization.
    - The article has a wealth of references in two full pages of authors and articles.
g) I disagreed with nothing in the article thus far. I will read it in more depth and consider all statements,
h) I think the authors should consider writing a second follow up article with additional information from their ongoing research.

Kathleen Leavitt
September 30, 2006
CCT 698
Sense-making

**Article**: Porto, G. & Lauve, R., "*Disruptive Clinician Behavior:* A Persistent Threat to Patient Safety", *Patient Safety and Quality Healthcare,* (2006, July/August).

**I appreciated** the degree to which the authors described the interpretation of disruptive behavior and the fact that physicians are the worst offenders. This is related to their positions of power within the institution or organization.

**I learned that** disruptive clinicians not only has impact upon patient safety, productiveness of a patient care area, nurse retention, but that administrative and material resources devoted to addressing this issue can be a financial burden.

**I wanted to know more about** institutions that are currently addressing this problem such as adopting a code of conduct and enforcing compliance. I also am curious about the staff that comes forward to disclose their experience with a disruptive colleague and their experience with the person after the episode.

**I struggle with** the reality of this issue everyday and the negative effects that result from these interactions. The article made tackling the issue seem relatively easy and I find that I am offended by that. I have difficulty envisioning a code of conduct being enforced with some of the physicians who are able to get their way by bullying and intimidation. It is due to this struggle that I am researching this topic and am focused on identifying methods to counteract it in my workplace environment.

**I would have been helped by** more information that would encourage people to hold others accountable for their bad behavior and come forward to the leadership, administrative groups within their institution regarding disruptive behavior. This topic should be expounded upon for the purpose of supporting people to share their experiences.

**My project connects with this** because my staff works very closely with a number of physicians who can be physically and verbally abusive and intimidating. At times it is directed to the surgical fellows and not the nursing staff but still it effects all who are present in the specific OR providing patient care. This situation does not allow people who are highly skilled and proficient in their area perform to their best ability. Instead, these occurrences create an environment where the priority becomes saving your own hide and becoming one with the OR wall so that you do not become the target of the tirade.

**I disagreed with** the simplicity in which the advice is given for organizations to handle this issue. In the article it was clearly stated that some physicians who practice this behavior succeed in obtaining their requests because of the behavior. This can be interpreted as a reward and in my workplace I have had physicians who practice the behavior tell me that they will continue to behave in this fashion because it works. The problem is much more complex and requires a great deal of support in order for change to occur.

**I think the author should consider** providing information about institutions that are strictly enforcing this code and what the results have been and also how the whistle blowers have been treated.

**Summary:** The article provided, in detail, summary and facts to support the issue that I am intent on addressing. The impact that the behavior has, not only on patients, but also t on financial and teamwork matters represents the magnitude of the problem and the need for it to be acknowledged and consequences to those who partake in this behavior. The description of disruptive behavior is excellent as it defines clearly what is not acceptable and does not provide for exceptions. Sometimes bad behavior is excused because the physician is under much stress or the surgical procedure is deemed to be very complex. These situations demand the team work and function as a cohesive group and are allowed to perform to their best ability in order to meet the goal of providing the best care possible for the patient.

The authors provide a thorough plan and approach for dealing with and stopping disruptive behavior. Many important points are presented in their article as to reasons that the physicians are allowed to continue. These observations I found to be very helpful and coincide with situations I see in the workplace on a continuous basis.