What's in a Word: Exploring the Multiple Meanings of Humanism in Contemporary Healthcare and Health Professions Education

Creating Space 10
*17-18 April 2020, Vancouver, British Columbia***
CANCELLED DUE TO COVID-19

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FOREWORD

Well, 10 years is a special milestone!

A great opportunity to have your community over to celebrate! The guest list was organized, the venue was ready, the meal was being prepared, and excitement was brewing!

And then…the coronavirus 'conference choreography' we now all know too well. Postponed, Possibly Re-Scheduled, Definitively Cancelled.

While we know there is nothing to apologize for, we are sorry nonetheless. Sorry we didn't get to welcome all of you to the traditional territories of the Musqueam people. Sorry we didn't get to host you for two days of what we thought was a pretty stellar program. Sorry we didn't get to showcase the hard work all of you had put in to your submissions. Sorry we didn't all get to raise a glass to how far we have come as a community during the last ten years. Sorry we didn't get to dream together about the next ten.

With this in mind, what follows is a collection of the keynotes, plenaries, and presentations CS10 would have offered. The submissions are a testament to the strength of our community and a sign of its continued, exciting growth.

We invite you to think about a post-pandemic landscape…if the rapid changes in the last few weeks and months have taught us anything, it is these two lessons. First, health care is a shared cultural value and basic human right around which just societies can and must be built. Secondly, in a world whose social, economic, and political systems are being whipsawed by a pandemic and the variability of responses to it, the humanities are needed more than ever.

Your work and your passion for it have never been more important.

We will see each other again. Until then, take care of yourselves, take care of those you love, take care of your community, and let them take care of you.

Be well,
Brett Schrewe, MDCM, MA, FRCPC & Sarah de Leeuw, PhD
Island Medical Program & Northern Medical Program
The University of British Columbia Faculty of Medicine
Co-Organizers, Creating Space 10

AVANT-PROPOS

Déjà 10 ans, quelle étape importante! Et c'est sûr, une belle occasion d'accueillir la communauté pour faire la fête! Notre liste d'invités a été bien organisée, le lieu de conférence était prêt, le repas préparé, et l'énergie et l'enthousiasme en plein essor!

Et puis, ouf. La chorégraphie coronavirale des conférences, que nous ne savons que trop bien, a commencé. Reportée, Révisée, Annulée.

Bien sûr, il n'y aucune raison de présenter nos excuses. Mais nous vous demandons néanmoins pardon. Nous regrettons qu'il ne soit plus possible de vous tous recevoir ici aux territoires traditionnels du peuple Musqueam. Nous regrettons qu'il ne soit plus possible de vous accueillir pour deux jours d'un programme de conférence fascinant. Nous regrettons qu'il ne soit plus possible de mettre en vedette votre travail et vos efforts. Et nous regrettons qu'il n'y ait aucune occasion de prendre un verre en honneur de nos premières dix années et envisager ensemble ce que les dix prochaines années nous offriront.

Dans cette optique, ce qui suit est un résumé des conférenciers principaux, séances plénières, et présentations que la conférence CS10 avait voulu mettre en lumière. Les soumissions illustrent la force de notre communauté et signifient sa croissance sans borne.

Nous vous invitons à considérer un monde après-COVID-19…si les changements effrénés pendant ces dernières semaines et mois nous ont appris une chose, ce sont ces deux leçons : d'abord, les soins de santé, c'est un valeur culturel et droit humain fondamental autour desquels il faut rassembler une société juste. Ensuite, dans un monde où les systèmes sociaux, économiques, et politiques se trouvent dans les eaux turbulentes, battues par les vagues de la pandémie actuelle et les solutions mondiales incohérentes, les sciences humaines sont plus que jamais nécessaires.

Autrement dit : votre travail et vos efforts sont plus importants que jamais.

Nous nous reverrons. Et jusqu'à ce temps-là, prenez bon soin de vous-mêmes, occupez-vous de vos proches ainsi que votre communauté, et c'est sûr, laissez-les prendre bon soin de vous.

Bien à vous,
Brett Schrewe, MDCM, MA, FRCPC & Sarah de Leeuw, PhD
« Island Medical Program » & « Northern Medical Program »
Université de la Colombie-Britannique
Co-Présidents, la conférence Creating Space 10

Keynote Speakers & Plenaries
Conférenciers principaux & séances plénières

Opening Keynote

Whose Stories, Whose Voices: Troubling Humanism in Medicine

Malika Sharma, MD, MEd, FRCPC, Assistant Professor, Division of Infectious Diseases, St. Michael's Hospital Infectious Diseases/HIV Physician, Maple Leaf Medical Clinic
Toronto, Ontario, Canada

Dr Sharma will explore the nature of power in the patient-provider relationship and how it operates in the clinical encounter, within medical education, and within the humanism movement in medicine itself. Humanism has been positioned as a potential 'solution' to the vast power differential that exists in this space – but what does that look like? Whose voices are heard when we incorporate 'humanism' into our clinical and education practices, and whose remain silenced? Importantly, who retains control and ownership over the stories that are told?

Malika Sharma completed her MD at McMaster University in 2007 and internal medicine/adult infectious diseases residencies at the University of Toronto from 2007-2014. She completed her Masters in Education (Health Professions Education) at the Ontario Institute for Studies In Education (OISE) in 2016 and a Canadian HIV Trials Network/Canadian Foundation for AIDS Research post-doctoral fellowship looking at HIV Pre-Exposure Prophylaxis at St. Michael's Hospital in 2017. She has worked as the medical director at Casey House and is now a Clinician Teacher at St. Michael's Hospital where she does general ID, HIV, and TB. Clinically, has a special focus on the care of marginalized people and communities. Her teaching and scholarly interests center on diversity and inclusion within medical education, harm reduction, and the social determinants of health.

Plenary Session 1

Creative Engagement with Schizophrenia: A Conversation with Martha Baillie and Clem Martini (moderated by Dr Monica Kidd, University of Calgary)

Martha Baillie and Clem Martini
Toronto, Ontario and Calgary, Alberta, Canada

Schizophrenia is largely understood by medical professionals as a disorder: linear thought is considered normative and safe, whereas that of the schizophrenic requires correction with anti-psychotic medication in order to reduce risk and suffering. But what happens when a supportive other is able to engage with the person whose thought is non-linear, disruptive, surprising? Can it be generative? Can it be healing?

In this session, two established Canadian authors will discuss their experiences producing work with siblings who have schizophrenia. *Sister Language* (Pedlar Press, 2019) is a collaboration, composed mainly of letters and other writings, between Martha Baillie and her sister Christina Baillie. In the careful building of a bridge between sisters, a prose nonpareil is achieved, and a linguistic "bridge" created between readers and the authors, one of whose deep isolation is in this way diminished. In *Bitter Medicine* (Freehand Books, 2010), Olivier Martini's poignant graphic narrative runs alongside and communicates with a written account of the past three decades by his younger brother, award-winning author and playwright Clem Martini. The result is a layered family memoir that faces head-on the stigma attached to mental illness.

Martha Baillie is the author of six novels. From *The Search for Heinrich Schlögel* she created a multimedia art project (www.schlogel.ca). Her novel *The Incident Report* was long-listed for the Scotiabank Giller Prize. Her most recent novel was *If Clara* (Coach House, 2017). Her novels have been published in France (Actes Sud), and in the US (Tin House). Her non-fiction has appeared in *Brick*, and her poetry in the Iowa review. She lives and works in Toronto.

Professor Clem Martini is a celebrated playwright, novelist, and screenwriter with over thirty plays, and twelve books of fiction and nonfiction to his credit. His books include *Upside Down: A Family's Journey Through Mental Illness*, the W.O. Mitchell Award-winning *Bitter Medicine: A Graphic Memoir of Mental Illness* and the Alberta Trade Non-Fiction Book of the Year Award-winning, *The Unravelling.* A passionate advocate on behalf of issues associated with suicide, mental-illness-related-stigma, and family caregiving, Clem Martini has been an invited speaker at a number of conferences, symposia and health related gatherings. He is a recipient of the ATB Financial Healing through the Arts Award and is a Professor of Drama in the School of Creative and Performing Arts at the University of Calgary.

Plenary Session 2

One Word, Multiple Meanings: Variable Definitions of Humanism (moderated by Brett Schrewe, University of British Columbia)

Suze Berkhout, MD, PhD, Assistant Professor, Department of Psychiatry and Clinician-Investigator, University Health Network, University of Toronto
Toronto, Ontario, Canada

Ada Jaarsma, PhD, Professor of Philosophy, Department of Humanities, Mount Royal University
Calgary, Alberta, Canada

Martina Kelly, MBBCh, MA, PhD, University of Calgary
Calgary, Alberta, Canada

Tracy Moniz, PhD, Associate Professor, Department of Communication Studies, Mount Saint Vincent University
Halifax, Nova Scotia, Canada

Tinu Ruparell, MA, PhD, Associate Professor in Indian and Comparative Philosophy, Department of Classics and Religion, University of Calgary
Calgary, Alberta, Canada

Educating for humanism in the contemporary world offers a powerful reminder that the lives of others are inextricably bound up in our own. Yet uncritical use of the term humanism in health professions education and health care delivery may lead to confusion and unintended consequences. In order to put the concept of humanism into productive practice, we need better explore how the term is used, what these meanings afford, and even what these definitions may (unintentionally) impair. In this panel, scholars and clinicians from multiple perspectives will provide their orientation to humanism, discuss overlaps and divergences in how the concept is used, and how a more robust understanding of its affordances and limitations may inform education and health care.

Closing Keynote

Production at the Margins – Patient Care and Humanism as an MD-PhD

Rene Wong, MD, PhD, Endocrinologist, Assistant Professor and Clinician-Educator, Department of Medicine, University Health Network, University of Toronto
Toronto, Ontario, Canada

In Conversation With
Claudia W. Ruitenberg, PhD, Professor, Department of Educational Studies, Faculty of Education, University of British Columbia
Vancouver, British Columbia, Canada

This closing keynote builds on an unexpected beginning from late last year: a conversation between Dr Wong and Dr Ruitenberg during the former's doctoral defence. In this presentation, Rene will speak to his doctoral work, its intersections with his clinical work, and the affordances and difficulties of navigating clinical and critical social theoretical perspectives on patient care and "best practices". Following Rene's initial thoughts, Claudia will join him for a dialogue to more deeply explore these topics.

Rene Wong is husband and father of 3 who works as an endocrinologist at the University Health Network, assistant professor and clinician-educator at the Department of Medicine at the University of Toronto. He is involved in teaching, curriculum design, curricular evaluation and educational administration with a particular interest in continuing professional development (CPD) in the clinical field of diabetes. Through these experiences, his interests shifted from asking questions about how to best translate specialist expertise into the practices of other clinicians, towards understanding what is considered expertise in the first place, how did it come to be, and what may be unintentionally happening as a result. This interest prompted graduate studies in medical sociology, culminating in a PhD in 2020 that used a critical social theoretical perspective to explore the impact of clinical practice guidelines and associated knowledge translation initiatives on power relations between family physicians and specialists in diabetes. Building from this, his research interests focus on examining and deconstructing commonly accepted truths about CPD, intraprofessionalism (between family and specialty physicians) and person-centered care. His ultimate research goal is to translate this knowledge to educational design, contribute to health care practices and improve the lives of people with chronic disease.

Claudia W. Ruitenberg was born and raised in The Netherlands. She first came to Canada in 1987 to attend the Lester B. Pearson United World College of the Pacific on Vancouver Island and returned in 2000 for doctoral studies at Simon Fraser University. She divides her time between Vancouver and Salt Spring Island. She was Academic Director of UBC Vantage College (2017-2019), President of the Canadian Philosophy of

Education Society (2016-2019), and Scholar in the Centre for Health Education Scholarship (2013-2017).

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Indigenous Teaching Through Art: An Experience-Based Program to Increase Knowledge about Indigenous Peoples in Canada

Weaving Empathy and Compassion into Healthcare – Proposing a Five Pillar Model to Leverage Structural Change in the Health Professions

Charles-Antoine Barbeau-Meunier, MD/PhD candidate, Université de Sherbrooke, MA Sociology, Université du Québec à Montréal
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Empathy and compassion are recognized and promoted as fundamental components of humanistic, patient-centered healthcare. Despite this, convincing evidence shows that the disposition of healthcare professionals to deliver empathic and compassionate care declines throughout training, most particularly following integration into hospital settings. On par with this trend, health professionals are subject to alarming rates of burnout, further fragilizing healthcare institutions and the delivery of health services. We contend that this may, at least partly, be the outcome of an uncritical mainstreaming of empathy and compassion amongst health professionals. A critical examination of these concepts suggests that, more than an individual disposition, empathy and compassion can be seen as properties of the environment in which they are practiced. Situating empathy and compassion in the institutional context of healthcare thus enables us to identify specific structural factors which modulate other-oriented behaviours, and what can be changed to promote humane interventions towards colleagues, patients and oneself. Building from a five-pillar model of empathic behaviour developed in the context of a master's research on empathy and social action, this original research will share critical insights acquired when this model is applied to the setting of contemporary hospitals. We highlight how each of the five pillars – face-to-face contact, resilience, attention, social bond and empathic culture – can bring a fresh perspective for health professions education and patient-centered care. Importantly, we show how a structural intervention within healthcare settings, guided by this model, can decrease burnout, improve health provider wellness, and increase value in healthcare. We conclude by highlighting how entanglement of healthcare with the humanities can drive both a meaningful critique of current practices and an evidence-based response to the debilitating rates of compassion fatigue and burnout amongst health professionals.

Why Should I Care? Using the Health Humanities to Build a Compassionate Approach to the Care of the Elderly and Dying in the University Classroom

Catherine Dhavernas, PhD, Associate Professor, School of Humanities, Languages and Social Science, Griffith University & Department of French Studies, Queen's University
Kingston, Ontario, Canada & Queensland, Australia

The Biography Project is a humanities-based interdisciplinary initiative started up in Brisbane, Australia, that integrates research and teaching focused on improving the quality of life of the aging and dying. In practical terms, it engages students in the medical sciences, humanities and social sciences in collaborative projects established in partnership with aged care facilities, government and community organizations. By facilitating such collaborations, its objectives are to raise awareness about the needs and reality of the elderly and dying, and to address such needs through creative innovative approaches.

In this presentation, I will discuss three pilot courses that were funded and developed as part of the project: The biography, memory lounge and podcast series courses. All three courses include a theoretical and practical component. In the theoretical component students explore key challenges confronting the elderly and dying through film, literature, philosophy and art. In the practical component, they are matched and work closely with long-term care residents on projects designed to enhance residents' quality of life. Based on its success, the Project recently received additional funding to develop the pilot courses into core electives for the Griffith University Bachelor of Medical Sciences and Biomedical Sciences degrees. As part of the presentation I will discuss how running the pilot helped us develop new ways to facilitate key project objectives including more personalized relationships among residents; between residents and care staff; between residents and their families and, finally, between residents and the city's elderly community while raising public interest in the elderly and giving residents an opportunity to actively engage the public by sharing their stories and experiences as long-time members of the Brisbane community.

Conscious Care: The Depiction of Patients' Bodies and Experiences with Pelvic Examinations in Educational Materials at Canadian Medical Schools

Sarah Elizabeth, MSc Candidate, Department of Family Medicine and the Biomedical Ethics Unit, McGill University
Montréal, Québec, Canada

Pelvic examinations are an important part of sexual and reproductive healthcare as well as medical education and training. However, the teaching of these sensitive and often uncomfortable examinations at medical schools and their affiliated institutions have long involved major ethical issues in care, including here in Canada; medical students across Canada "practiced" their pelvic exam skills on non-consenting, anesthetized patients until the Canadian Medical Association banned this technique in 2012, and policy papers have pointed to a lack of trauma-informed gynecological education at Canadian schools. Moreover, patients continue to report negative experiences towards the exam, particularly when medical students are involved in their care — experiences that are heightened when the patient is a sexual-assault survivor and/or a sexual, gender, or racialized minority. These studies and practices suggest that medical education surrounding pelvic exams may be lacking in feminist and trauma-informed approaches.

My research aims to uncover how clinical textbooks and internal training materials used by Canadian medical students construct patients, their bodies, and their experiences during pelvic exams. Discourses in these documents are a clinician's first encounter with the culture of medicine, and high exposure to recurring themes within these materials has been shown to influence attitudes, beliefs, and behaviours. With data from Canada's five largest medical schools (McGill University, McMaster University, Western University, University of British Columbia, and the University of Toronto), I apply a mixed-methods content analysis to these documents. Drawing on theories of feminist ethics, I aim to uncover if the depictions in these materials align with the values and principles of trauma-informed care and relational autonomy, as defined by bioethicist Susan Sherwin. Funded by the SSHRC research grant *IMPACTS: Collaborations to Address Sexual Violence*, I will use my findings to develop educational tool-kits and workshops on feminist and trauma-informed approaches to gynecological care.

Multimedia in Medical Education: Fictitious Medical Advertising as a Tool for Dialogue about Over-Medicalization

Lisa Erdman, DA (Media and Art Education), Aalto University
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Multimedia art practice and arts-based research methods provide multidimensional tools for exploring aspects of communication within medical education (Cox, Brett-MacLean, & Courneya, 2015). This presentation proposes that arts-based interventions with medical students may create an opportunity for critical discussion and raised awareness about the relationship between the commercialization of medicine in the form of direct-to-consumer (DTC) pharmaceutical advertising – and its potential influence on patient care. A large part of medical education addresses approaches to diagnostic and treatment. However, there is little attention given to the effects of over-diagnosis and over-treatment (over-medicalization) in patient care (Martin, 2018). These considerations are critical to achieving a balanced understanding of a patient as a whole person. Discussion that examines the influence of the pharmaceutical industry on over-medicalization may deepen medical students' understanding of their role as part of a network of media-based, sociological, and institutional components that inform the healthcare process (Conrad, 2007; Contino, 2016).

In this presentation, a case study is proposed, using satirical advertisements for fictitious medications as artifacts for discussion about the potential effects of DTC advertising on decision-making processes of patients and doctors. The fictitious medications in this discussion include: *Finnexia®,* a medication that helps people learn the Finnish language: https://finnexia.fi/, *Jesurex®,* a medication that strengthens one's sense of religious faith, and *Ethnivox®,* a medication that changes one's racial or ethnic identity. Here, the elements of humor and satire may serve as a facilitator for medical students to produce their own narratives in response to pharmaceutical advertising, over-medicalization, and its potential influence on ethics of care.

Through this research, an aim is to explore the impact of a multimedia art intervention on students' awareness of over-medicalization and its mechanisms. In this scenario, what new forms of understanding may emerge around the relationship between the medical student, theories of medicalization, and ethics of patient care? In its merging of medical training with arts-based methods, the project addresses emotional and psychological dimensions of healthcare that may be more effectively approached in multisensory formats (Crawford, 2015).

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The Road (Much) Less Travelled: A Quantitative Study of Humanities Backgrounds in Medical School Applicants

Martina Kelly, Tom Rosenal, Fahmida Yeasmin, and *Ian Walker*, University of Calgary
Calgary, Alberta, Canada

Background

Medical schools have broadened entry requirements encouraging students with diverse backgrounds[1], including humanities training, to apply. While schools are accepting students with humanities training, we know little about how large a proportion these students represent of all learners applying or offered positions or the details of how those with humanities training fare through the admissions process.

Aim

To characterize humanities backgrounds of applicants to medical school, examine their progress through the admissions process and compare it to students with bioscience backgrounds.

Methodology

This is a retrospective study of all completed student applications 2015 to 2019 at the University of Calgary. All applicants completed a standardized form. To characterize 'humanities' and 'bioscience' backgrounds we categorized university course credits according to categories used by Association of American Medical Colleges (AAMC). Data comprised demographics (age, gender), university course credits, degrees achieved, Medical College Admission Test (MCAT) scores, Grade Point Averages (GPA) and performance in their medical school standardized interview.

Results

Of 7,048 complete applications, 54% of candidates were female. Mean age 24 years. Mean MCAT 508. Mean GPA 3.74. Students with Masters degrees 1662 (24%) and with PhDs 242 (3%). For all candidates, review of qualifications ('file review') resulted in an offer for interview for 2,440 (35%). Of those interviewed, 1,309 (54%) were offered a position. Of all candidates, 6058 (86%) had no humanities course credits; of these, 2077 (34%) were offered interviews and 1093 (53%) positions. Of all the candidates 398 (6%) had no biosciences; of these, 141 (35%) were offered interviews and 67 (48%) positions. There was no statistical difference in GPA between 'bioscience' and 'humanities' applicants.

Discussion

Students with a humanities background were poorly represented in the applicant pool; despite policies that allow students with humanities training into medical school, few are applying. However, learners with humanities backgrounds fared similarly to those with biosciences during the admission process. Our findings suggest the need to

promote medical school to nonscience students and assure them of chances of success should they apply.

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Posthumanism in Medical Humanities Education

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Posthumanism seeks to decenter the human species from its exceptionalist stance as bestowed upon it by traditional humanist thought and to reposition it to occupy an egalitarian and interdependent status within a vast network of living and non-living entities, such as animals and intelligent machines. When considered within the context of the unprecedented technological developments benefiting the health sciences today, the medical professions already arguably inhabit a posthuman world. When placed within the context of medicine's foundational principles such as the sanctity of human life, however, posthumanist thinking seems to run into an impasse easily bypassed by the hierarchical underpinnings of humanism. Hence the difficulty in incorporating the main tenets of posthumanism into the medical humanities. This paper aims to investigate the drawbacks and advantages of rendering the posthumanist query part of medical humanities education. On the one hand, with its deterministic emphasis on nonhuman factors taking over human lives and existence, the posthumanist vision may hamper the pedagogical priority of the medical humanities, namely that of training health professionals sensitive to and wary of the dehumanization of the medical practice. On the other hand, it can also enable students to acquire a more informed vision of how the future of the profession will be shaped by technological and scientific innovations. One specific argument the paper will pursue has to do with the potential of posthumanist thinking in rendering more visible what medical humanities education has so far not adequately addressed: probably due to humanism's ingrained hierarchicalism, medical humanities education, too, still largely fails to fully sensitize future practitioners to the inequities suffered by minorities such as women, LGBTQ+ communities, and ethnic groups in seeking medical attention. The paper will conclude by suggesting that it might be its egalitarian outlook that will in the end justify posthumanism's inclusion in medical humanities education, as an essential component providing an intellectual, ethical, and political critique of the humanist perspective on medicine.

Mental Health Nursing as Embodied Humanist Practice

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In a late series of essays, Edward Said (1) argued for seeing humanism as a *practice*, a dynamic way of looking at humanism that is always open-ended, aware of history and capable of critical reimagining. Humanism-as-practice has an appeal to health professionals for whom humanism is a question of practicing through embodied, enacted relationships with others (2).

Taking up Said's perspective, I reframe mental health nursing as a form of humanistic practice that takes into account current thinking in neurobiology without sacrificing the importance of the actual face to face encounter between each nurse and each patient (3). To do this requires a means of encompassing both scientific knowledge of what drives human thinking and behaviours with a sensitivity to the manifestation of background processes in the unique circumstances of each human life.

Carnal hermeneutics provides a way of doing this by conceiving of human beings as interpreting creatures. It is a recent development in continental philosophy that turns attention away from language towards a focus on humans as embodied, enculturated beings who constantly interpret the world in fleshly, sensory interaction with others and their environment (4). Carnal hermeneutics offers channels of communication between cells and lived experience, between nature and culture, to present mental health nursing as a complex and multilayered interpretive practice.

Mental health nursing often takes place in settings that foreground roles of observation and containment, where the nursing role is annexed to pharmacological treatment. Reframing mental health nursing in terms of embodied humanist practice revitalizes the therapeutic possibilities inherent in nurse-patient interactions.

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How and Why are the Arts and Humanities Used in Medical Education? A Scoping Review of the Literature

Tracy Moniz, Department of Communication Studies, Mount Saint Vincent University; *Maryam Golafshani*, Medical Student, Faculty of Medicine, University of Toronto; *Nancy Adams*, Medicine, Penn State College of Medicine; *Javeed Sukhera*, Schulich School of Medicine & Dentistry, Western University; *Carolyn Gaspar*, PhD Student, Faculty of Health, Dalhousie University; *Rebecca Volpe*, Humanities, Penn State College of Medicine; *Claire De Boer*, Humanities, Penn State College of Medicine; *Shannon Arntfield*, Schulich School of Medicine & Dentistry, Western University; *Tavis Apramian*, Schulich School of Medicine & Dentistry, Western University; *Paul Haidet*, Medicine, Penn State College of Medicine; *Lorelei Lingard*, Schulich School of Medicine & Dentistry, Western University

Background: Research increasingly suggests that learning experiences integrating the arts and humanities (A&H) into medical education may lead to important learning outcomes. The range of A&H that can inform medical learning and patient care is vast. We conducted a scoping review[1,2] to identify how and why the A&H are being used to educate physicians and interprofessional learners across the developmental spectrum.

Methods: A search strategy involving seven databases located 21,988 citations. Five trained reviewers independently screened titles and abstracts. Full-text screening followed (n=4,652). Of these, 772 met inclusion criteria. We collected descriptive data such as learner level and type of A&H. We performed a conceptual analysis of epistemic function3 (i.e., assumptions about how teaching and learning with the A&H occurs) and a discursive analysis of how the A&H are positioned (i.e., as intrinsic, additive, or curative) in relation to medicine.[3] Stakeholder interviews included leading voices in the literature, administrators, teachers, learners, and patients.

Results: This literature is dominated by conceptual works that generally call for the use of A&H or critically engage with its ideas, works that describe implementations of A&H, and qualitative studies evaluating A&H-based interventions. Absent are perspectives of students, patients, and artist- and community-based educators as well as robust engagement with A&H in interprofessional, pre-medical, and CME contexts. Conceptual analysis demonstrates that A&H are seen foremost as a medium to develop skills or to engage learners in dialogue and perspective taking, and less commonly to foster personal growth or advocacy. In the discursive analysis, the A&H were largely positioned as additive to medicine.

Conclusions: The literature can inform local and national discussions. To the extent that the literature reflects on-the-ground discussions, the position and perceived

function of the A&H has important implications for how they are implemented and how successful they can ultimately be in medical education.

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An In-Betweenity Poetics of Touch: David Eastham's Understand: 50 Memowriter Poems

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In 1985, the Ottawa-based poet David Eastham published *Understand: 50 Memowriter Poems*, a book that is widely considered to be the first published autobiography by an autistic person. Despite being mentioned in various academic texts as a "first," his work has received no sustained analysis in the field of Canadian literature to date. This paper considers the strategic incompatibilities inherent to the epistemologies of biomedicine and disability studies using Eastham's work as literal and metaphorical contact point, problematizing and reconciling the epistemologies using a dialectical method in the hopes of encouraging future collaborations that might benefit both knowledge traditions.

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What's in a Diagnosis? Explanations and Communication Regarding Medically Unexplained Symptoms in Primary Care

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Anomalous bodily sensations drive individuals to seek medical attention in search of explanations and relief of their symptoms. Using the scientific approach of the biomedical model, physicians may investigate these, and through clinicopathological correlation, often can provide an (actionable) explanation for them. While this approach allows for rigour and precision, its reductionism and disease-focus elide the patient's illness experience, proving to be especially problematic when no pathological process is found that adequately explains the patient's symptoms.

Up to two thirds of symptoms in primary care are medically unexplained[1], posing a particular challenge for physicians to explain and address. There is substantial evidence to indicate that patients with medically unexplained symptoms are not satisfied with the explanations they receive[2–5], which are often perceived as blaming and rejecting the reality of their symptoms. Medically unexplained symptoms (MUS) that follow a particular pattern or body system may be attributed a diagnosis, however this often does not lead to effective management nor do these patients achieve adequate quality of life[6–8]. Physicians struggle to provide adequate, acceptable explanations to patients with MUS[9], and may rely on negative diagnostic tests[10] or particular syndrome diagnoses as means of addressing the symptoms.

MUS are highly prevalent in primary care; however, they remain poorly managed and may compromise the patient-physician relationship[9]. In this presentation, I discuss the inherent paradox and challenges of explaining medically unexplained symptoms, as well as the implicit mind-body dualism of MUS. I examine the use of diagnosis and reassurance with negative test results as a means of explaining MUS, and argue that these are not adequately responsive to the needs of people with MUS. Borrowing from phenomenology and an enactive approach to pain[11], I hope to elucidate a humanistic means of communicating with patients regarding symptoms not correlated to an underlying somatic disease.

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One Song, Many Voices: Dementia and the Power of Music

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The pervasiveness of stigma surrounding dementia remains one of the biggest barriers to living life with dignity after a diagnosis (Alzheimer's Society of Canada, 2018). Clinicians and families typically focus on the progressive disabling impacts of dementia. Most communities lack dementia friendly programs address the social isolation that is common and has significant negative impacts on health and quality of life. Choral singing is a novel approach to dementia care which has the potential to change stereotypes while offering particpants a sense of purpose, joy and social connection . A body of research is emerging that points to the significant positive impact group singing has on key health outcomes (e.g., caregiver burden, depression risk, social isolation) (Elliott & Gardner, 2018; McDermott, Orrella & Ridder, 2014). A recent study (Tamburri et al., 2019; Sheets, MacDonald, Smith et al., 2019) investigating the impact of a professionally directed intergenerational choir on persons with dementia and their caregivers found significant improvements for the participating "duets" (i.e. the person with dementia and their family caregiver) in cognition, depression risk, and social connections. In addition, partnering with a local high school resulted in greater empathy and understanding of dementia among the students. The public concert at the close of the choir season also challenges perceptions of dementia in the broader society. Through choral singing, laughter, getting to know each other and experiencing meaningful moments together, the choir is creating more dementia friendly and humanistic communities now and for the future. This panel will offer an overview of the choir program and discuss findings from our study. The potential for replication as a social movement will be considered in a group discussion.

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Let's Not and Say We Did: Chasing Pragmatism in Health Humanities

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The goals and outcomes of health research are unquestionably linked to the improvement of healthcare, oriented towards actionable, pragmatic goals - better healthcare, better doctors. While there are indeed practical application for the humanities in the field of healthcare and health professional education, my paper asks whether utilitarian sensibilities are taken too far by positioning the humanities as yet another tool to improve healthcare and make life better. I investigate whether we squelch humanistic sensibilities by focusing on what useful skills and outcomes can be derived from engagement with the "human condition." Even goals such as creating more empathy for patient experience and producing more compassionate doctors has the imprint of the endless quest for progress and improvement that defines the Western biomedical paradigm of healthcare and medicine. In this paper I explore my own experiences forging a research path that turns away from the shiny object of healthcare improvement and follows instead the curiosity and creative sparks of a more aimless pursuit of deep thought and reflection, un-tethered to a specific end-goal beyond an understanding of life's twists and turns and the gathering of ideas.

"Health Equity Isn't Really Our Job": Using Critical Reflexivity as a Tool to Prescribe Humanity within Healthcare

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From medical school classrooms and hospital hallways to mainstream media, the buzzwords "cultural competence" have been relentlessly used to signify a superficial commitment to health equity. The notion of culturally competent healthcare originated as a strategy to eliminate racial/ethnic disparities in healthcare, yet valuable progress has yet to be made. Endless accounts of race-based misdiagnoses in mental healthcare, Indigenous patients [Brian Sinclair] being literally ignored to death, and immigrants'/refugees' negative experiences navigating the ER, all demonstrate the bias and discrimination in Canada's healthcare system.

From my learnings of decolonizing theories and my comprehensive review of case studies in the research field, I discuss the use of reflexivity as an inherently powerful tool to unlearn problematic practices from a Western-centric privileged lens and instead embracing 'Other(ed)' ways of knowing. Overall, I call for the application of critical reflexivity to prescribe humanity within healthcare in Canada, specifically through (1) education: decolonizing the medical school curriculum, (2) policy: engaging in tangible change, and (3) practice: evaluating and reporting impact.

20-25% of recently graduated medical students feel unprepared to provide specific components of cross-cultural care. The joint toolkit of reciprocity and reflexivity, adopted from decolonizing methodology, will equip medical physicians to prevent the perpetuation of what is coined "a contradiction-filled, colonizing discourse of the Other" (Fine, 1994), thereby supporting anti-colonial resistance and preventing the delivery of biased and discriminatory healthcare. Humanity within healthcare is merely a stepping-stone to achieving health equity and reducing health disparities within the Canadian healthcare system. Frankly speaking, health equity is our job.

I write this abstract as a visible minority settler and Canadian citizen positioned in the transformative (critical theory) paradigm. While this paradigm is still a Western approach, it is value-driven, with core values rooted in social emancipation and solidarity with the oppressed.

Anti-Oppression Psychotherapy™: Decolonizing Humanism in Mental Health

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This introductory training presentation will examine how Anti-Oppression Psychotherapy™ (AOP), a decolonizing, intersectionality, trauma-informed model, can be used as a tool to decolonize humanism and support health practitioners to advocate and practice critical "empathy" when working with BIPOC (Black, Indigenous, and People of Colour) clients. Firstly, the historical and contemporary context in relation to the impact of racism, colonization, intersectional violence, and other determinants of health will be briefly explored. Secondly, the importance of theoretical and methodological concepts and practices of AOP will be discussed and essential definitions of AOP will be described. Thirdly, some of the principles of AOP will be explained in the context of issues relating to decolonizing humanism, anti-oppression, trauma, and psychotherapy looking at how its implementation impacts diverse communities in Canada and transnationally. Fourthly, the "BIPOC client" will be explored indicating the importance of addressing intersectional factors of identity such as race, indigeneity, class/SES, gender/gender identity, sexual orientation, age, (dis)ability, spirituality, colonial contact and impact, in psychotherapy praxis. Fifthly, the experiences of intersectional trauma in clients' lives will be looked at. Finally, the importance of the use of resistance and resiliency as empowering therapeutic tools for (decolonizing humanism) clients, practitioners, and communities will be examined. This presentation will utilize several case studies to indicate how AOP can be used with BIPOC clients as a model of trauma-informed decolonizing praxis.

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Indigenous Teaching Through Art: An Experience-Based Program to Increase Knowledge about Indigenous Peoples in Canada

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Among the healthcare community, it is well established that Indigenous people are more likely than non-Indigenous people to experience health inequities[1]. These health inequities are the product of trauma associated with residential schools and colonialism[1-3]. Although trends in health inequities experienced by Indigenous people are acknowledged among health providers,[4] they continue to persist because of a lack of understanding about the root causes of these inequities.[5]

In 2015, the Truth and Reconciliation Commission (TRC) of Canada released its *Calls to Action* report aimed, in part, at repairing the harm caused by residential schools and advance the process of reconciliation.[6] In response to the TRC's Calls to Action McMaster University Department of Family Medicine introduced The Indigenous Teaching Through Art (ITTA) program for faculty, clinicians, administrators and staff as a way to increase their knowledge about Indigenous peoples in Canada.

This experience-based program has been co-created by Indigenous and non-Indigenous members of our Department as a way to provide an opportunity to deepen our understanding of Indigenous people, culture and experience as the critical first step in reconciliation. The ITTA program is a unique, full day program, which takes place at the former Mohawk Institute, one of the last remaining residential schools still standing in Canada. The program uses cultural knowledge, art creation and reflective practices to learn about the residential school system in Southern Ontario and Canada. The ultimate goal of the program is to allow the Department of Family Medicine to better provide for, teach, and support Indigenous patients, students, and colleagues.

The purpose of this presentation will be to describe our program and present preliminary results of the program evaluation aimed at exploring the healthcare provider's experience of the program and determine if there have been any changes in attitudes.

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Novel Humanities Educational Experiences

Expériences innovantes en pédagogie des sciences humaines

Alison Christy
Medicine is My Wife, Literature My Mistress: A Non-Medical Creative Nonfiction Curriculum for Medical Students

Cheryl Cline
Using Digital Narratives to Better Promote Humanism in Healthcare Education

Catherine Courteau, Tara Walsh
Rethinking Patient-Centered Care Through Stories of Common Humanness

Richard Hovey
Reconceptualizing Medical and Research Cultures With Patients Through a Humanizing Relational Approach

Sarah Kimber
Mental Rehearsal, Discipline, and the Understanding of Human Motivation: How A Career in Dance has Informed my Medical Education

Jocelyn Lehman, Natalie Meissner
Finding the Words: Creative Non-Fiction Writing With Graduating BN Students

Jan Marta
Using Western French-Canadian Literature to Explore the Multiple Meanings of Humanism in Medicine and Psychiatry

Gina Pribaz Vozenilek, Elsa Vazquez-Melendez
Discovering What We Think: A Creative Writing Workshop Model for Medical and Nursing Students

Sarah Reed, Julie Berrett-Abebe
Deep Listening through Narrative: Preparing Social Work Students for Interprofessional Practice

Giovanna Sirianni, Irene Ying, Dori Seccareccia
About Empathy: Development of a Podcast for Health Professions Learners

Megan Voeller
Finding the Medicine in Stories with Care Partners, People Living with Dementia and Health Professionals

Medicine is My Wife, Literature My Mistress: A Non-Medical Creative Nonfiction Curriculum for Medical Students

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"Creative nonfiction" allows medical students and physicians to tell a story from their own perspective, incorporating techniques from fiction-writing like foreshadowing, symbolism, allusions, and non-linear structures. As a part of their medical humanities curriculum, second-year medical students at Northwestern University chose to enroll in a five-week creative nonfiction course, with a focus on reading and writing essays unrelated to medicine. This course was held four times with 10-12 students per course.

Classes focused on the art and act of storytelling; creative essay structure; and the persuasive essay. Readings included essays by Adam Gopnik, Zora Neale Hurston, John Updike, Annie Dillard, Geeta Kothari and Steven Jay Gould.

Each class began with a storytelling prompt. This encouraged students to consider their own stories, and fostered an intimate environment for critique and praise. Discussion of the week's readings was steered away from content, and towards the techniques used by writers to create tension, suspense and a distinct voice, and to persuade. Students were encouraged to think about how writers crafted each sentence, paragraph, larger section and the full essay. Outside of class, students wrote three short essays and one longer essay. During the last class, we discussed each student's final essay. One student's final essay won honorable mention in a national essay contest.

Although this class required students to spend a significant amount of time outside of class reading and writing essays, all completed their assignments and enjoyed the work. The reading and writing of literature unrelated to medicine gave these students a mental break and allowed them to reflect on and appreciate their lives outside of medicine. Allowing future physicians to tell stories about their lives outside of medicine may increase satisfaction with medicine and decrease burnout.

Using Digital Narratives to Better Promote Humanism in Healthcare Education

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Robert Cole's ground-breaking work on illness narratives spurred diverse educational experiments in storytelling to address humanistic dimensions of healthcare. This interest in narrative teaching methods was partly a reaction to the "thin" case studies still widely used in many healthcare education classrooms today.

Multidimensional or "thick" stories are better equipped than thin ones to enlarge empathy and to accentuate rather than artificially reduce discord, disunity and disagreement between different perspectives. In thin cases, certain aspects of the ethical, moral or medical dilemmas being illustrated have already been extracted for the learner; the learner's work lies largely in identifying and describing them. While the need to make moral decisions still plays a role in this method of teaching, such exercises do not reflect the most significant challenges health professionals encounter when they engage with stories in their practice. In particular, they fail to facilitate opportunities for learners to undertake the much more demanding tasks of sorting through and making sense of narrative elements that have not yet been edited and do not yet have a clear moral trajectory.

As an alternative to thin case studies, ready access to images, audio, video and online text now makes it possible to share complex and multidimensional information, context and values with relative ease. In this presentation, I share two non-fiction digital narratives prepared for students studying healthcare law and ethics. These stories address general themes related to end-of-life decision-making, age, culture and religion. I show how I curated digital media to create rich archives that bring together many voices without imposing a single overarching perspective. I also describe the ongoing challenge I had with locating and including the most important voices of all – those of the narratives' main protagonists.

Rethinking Patient-Centered Care Through Stories of Common Humanness

Dr. Catherine Courteau, family physician, palliative care year of added competency resident, University of British Columbia; *Tara Walsh*, *BA journalism and creative design,* young breast cancer survivor
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Patient-centered care teaches "individual's specific health needs and desired health outcomes are the driving force behind all health care decisions and quality measurements. Patients are partners with their health care providers, and providers treat patients not only from a clinical perspective, but also from an emotional, mental, spiritual, social, and financial perspective."[1] This approach has grown exponentially in popularity in the last decade, showing positive results on health outcomes, patient empowerment and satisfaction. Yet studies have shown that although mostly positive experiences, patients sometimes feel "their involvement was important but tokenistic"[2].

We aim to shift from a theoretical approach to patient-centered care to an experiential one through narrative medicine. Dr. Rita Charon describes narrative medicine as the "medicine practiced with the narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness." Through a narrative medicine presentation co-led by a physician and patient, we work to give participants an opportunity to share stories of caring and being cared for. By sharing these stories, we hope to blur the line between caregivers and patients, recognizing both identities within ourselves.

Our presentation is divided into three parts. First, we briefly review definitions of patient centered care and narrative medicine. Secondly, we engage in a discussion of rethinking the ways we provide patient-centered care, drawing from a patient's experience with cancer. Lastly, we go into action by exploring narrative medicine with participants through reading analysis and short writing exercises.

By simply listening to each other's stories, we hope to all gain a new understanding of patient-centered care.

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Reconceptualizing Medical and Research Cultures With Patients Through a Humanizing Relational Approach

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Currently within the Canadian research landscape, inclusion of patients as partners, research ambassadors have become part of the fabric for research funding; "nothing about me without me". My recent personal experiences at pain conferences and from research team meetings as a patient or more precisely, a person living with chronic pain (PLCP), who is also an academic researcher, suggest we need to evolve a philosophy of engagement that serves both the PLCPs as research ambassadors or patient perspective consultants rather than patent partners. This *presentation* is intended to open up conversations about the role of patient experience and the interconnections needed to build strong research communities, through a consideration of a whole person care relational model. In order to meaningfully locate and describe the role of the patient within the structure of a scientific research community I turn to Merleau-Ponty who aptly described the two main perspectives from which we research as, "[t]he world and man [human-beings] are accessible through two kinds of investigations, in the first case explanatory [scientific] and in the second case reflective [philosophical]". Suggesting, that the language and relationships the emerge and nurtured within research communities need a shared understanding derived from a relational approach rather than a business model of efficiency, experts and teams. A relational approach works toward co-creating a sense of belonging and purpose rather than mere inclusion to meet research funding application criteria. The focus of this presentation is to explore how to co-create a relational approach for researchers, clinicians and people living with chronic pain.

Mental Rehearsal, Discipline, and the Understanding of Human Motivation: How A Career in Dance has Informed my Medical Education

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It may seem an odd comparison; that of a career in dance with one in medicine. As one of the few who has experienced both, I recognize that there are qualities I obtained as a dancer that help in pursuing my medical education. Both require extreme discipline and ambition, hard work early on with no guarantee of success. Nonetheless, I have been truly surprised by the number of less obvious ways in which my first career informs my second.

In dance, as in medicine, one is always striving towards unattainable perfection. On stage, as on the wards, mental rehearsal is invaluable in its ability to prepare you for the unexpected. An unseen slippery spot on the floor may not seem to have much in common with an angry patient, but the vigilant mental rehearsal of varying scenarios can carry one through both with relative grace. As well, the ability to dissect a problem in the physical realm when a particular step is proving more difficult than one would like, is not so different from the ability to tackle a diagnostic puzzle. Stepping back and looking at the big picture from different angles, for as many times as it takes, frequently leads to success in both disciplines.

The biggest surprise has been the way dance has informed my understanding of the human condition; portrayal of emotion and story has led me to understand human motivation and how those motivations play out. It has given me an understanding of human agency and an ability to integrate this into the dogma of modern, biomedically-centred medicine, in order to best understand the patient’s full experience. In my talk, I examine these comparisons, the way I feel they’ve shaped my experience and abilities, and the implications this may have on medical education.

Finding the Words: Creative Non-Fiction Writing With Graduating BN Students

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Finding the Words is a project designed from an interdisciplinary perspective to engage Bachelor of Nursing (BN) students with creative non-fiction (CNF) writing. Creative non-fiction writing provides students and practitioners in health care professions a creative outlet and resilience building tools for their interpretation of the human experiences encountered in professional practice (Bruce, Daudt & Breiddal, 2018; Hellerstein, 2015). The placement of a CNF writing activity in the final term of the BN program was intended to encourage a novel form of writing at a point when students' academic writing is largely completed and students are demonstrating readiness for the transition to professional practice. With the focus of the semester on achieving competence in clinical practice student participation in the writing activity was elicited in ways that were designed to be meaningful yet not overly time consuming. For example, we limited pre-reading material to three items as examples of the genre, an introductory 75-minute lecture and an additional three examples of CNF written and read by one of the project leads. A choice of writing prompts and a suggested process were posted prior to midterm giving students a period of 6 weeks to engage in CNF writing at a time of their choosing. A visually arresting exhibit of the writing took place in an immersion studio where students were surrounded by the words each found to describe themselves, their practice, transformational experiences, and hopes for the future. In our presentation we will highlight key elements of the project, including: the rewards of interdisciplinary collaboration, the process of engaging students in CNF writing and the responses to the immersive exhibit of the student writing. We will also share caregiver specific CNF strategies and our progress on adapting the content for viewing using virtual reality technology.

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Using Western French-Canadian Literature to Explore the Multiple Meanings of Humanism in Medicine and Psychiatry

Jan Marta, University of Toronto

Humanism as a philosophical construct has been critiqued for being not only Eurocentric but imposing, more and less subtly, bourgeois Western values regarding the importance of individualism, rationalism, secularism, and linear progression on other populations within the West, through migration, and around the world, whether through colonialism (19th and 20th centuries), or neo-colonialism (20th and 21st). While much has been gained for medicine, for both patients and practitioners, through the development of evidence-based scientific knowledge and practice, the compromise has often been to neglect the less rational, more emotional aspects of the illness experience, and the belief systems, religious, or other, that may inform that experience for the patient, the practitioner, and their communities. This can paradoxically dehumanize the physician-patient interchange, and can reduce the quality, accuracy, and efficacy of the medical intervention. As a corollary to the reliance on a specific interpretation of humanism, the use of literature in medical humanities, for teaching, practice, and research, has been characterized to date by an over-reliance on the Anglo-American canon that limits the usefulness of the literary texts for other linguistic and cultural groups of practitioners and patients. This paper expands the canon to include the use of Western Canadian Francophone Literature as one strategy to integrate literary texts that will resonate with non-Anglophones, while including universals that speak to all. For example, the juxtaposition of two short story collections, *Un jardin au bout du monde* (*Garden in the Wind*) (1975) by Manitoban Gabrielle Roy, and *C'était écrit* (*It Was Written*) (2009) by Mauritian immigrant to Alberta, Eileen Lohka, reveals the health experiences of different generations of Westerners of diverse backgrounds, showing the impact of lives in historical context on the expression of illness, whether medical or psychiatric, both individually and collectively, impacting the person and the local and broader communities.

Discovering What We Think: A Creative Writing Workshop Model for Medical and Nursing Students

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Joan Didion explained writing as a means to discover and create thought rather than to capture it fully formed: "I write entirely to find out what I'm thinking, what I'm looking at, what I see and what it means. What I want and what I fear" (1). Medical and nursing students, preoccupied with acquiring knowledge in a competitive environment, are rarely asked to pause and consider the "why" of what they are learning, much less what they want and fear. This session will demonstrate a creative writing workshop model that has been developed to create a space for medical students to exercise critical thinking and explore the ethical and emotional complexities that underpin real world healthcare. Writing creatively in a constructive group environment creates community and connection among writers and can guide them to fresh insights, perspectives, self-awareness, and compassionate competence. This presentation will consist of a brief didactic overview of health humanities and of the Amherst Writer's Method (2), a brief discussion of a poem, a writing prompt, and guidance in helpful feedback and discussion. The session will conclude with Q&A about establishing creative writing in particular and health humanities in general in the medical school curriculum.

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Deep Listening through Narrative: Preparing Social Work Students for Interprofessional Practice

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Social workers are essential members of interprofessional health care teams. The largest group of mental health providers in North America, social workers are trained to provide behavioural health interventions within a systems perspective. Effective training of social work professionals requires the development of self-awareness and self-reflective skills; deepening of active listening skills; and exposure to a variety of patient experiences. These skills are also central to the profession's commitment to social justice and client-centered care. In practice, graduate-level social work students participate in complex work environments and interprofessional teams, and advocate for vulnerable patients and families, with often limited resources. To help students develop deeper reflection and critical thinking skills, we created a novel narrative module in our foundation social work practice course. Students select a narrative in their area of interest from options provided by the instructor (memoir excerpt, blog, poem, etc.). Each week, students prepare for the selected narrative with one student facilitating a discussion. Students are asked to focus on critical reading and analysis, which means, being concerned with issues of power and social inequalities and inequities. In discussion, students engage with questions of power and privilege; what stories get told and who listens. They are challenged to recognize how they listen, what they listen for and why, and what they decide to ask and do not. They learn to recognize the importance of roles, relationships and communication in interprofessional teaming and struggle with unnecessary suffering and systematic failures, learning that sometimes your best efforts will not be good enough. Guided narrative discussions offer students opportunities to practice with human stories of grief and loss, forgotten communities, and hope and renewal. In addition to developing technical skills, this innovative educational offering also invites students into dialogue with self and others, which is often a place of transformation.

About Empathy: Development of a Podcast for Health Professions Learners

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Background:
Studies have shown an "erosion of empathy" as medical training progresses, especially from the third year of medical school onward (Hojat, 2009). Empathy is a complex phenomenon and is difficult to both study and measure; however, this construct is highly relevant to the provision of high quality care that has the potential to improve patient outcomes (Smith, 2017; Pedersen, 2010). Authors such as Bloom have contended that a focus on compassion, as opposed to empathy, is a more useful and applicable construct in the area of the health professions (Bloom, 2016).

Educational Experience:
The study authors have developed a podcast called *About Empathy*. The podcast is intended for health professions learners. It features the stories of patients, caregivers and healthcare providers alongside a debrief of lessons learned by the physician hosts. The goal of the podcast is to help teach about compassionate care through the use of narrative. The podcast also aims to model empathic and authentic interactions to help facilitate professional development of the intrinsic CanMEDS roles.

The team has developed 2 seasons of the About Empathy Podcast. Season 1 contained eight episodes and was published on multiple online platforms from December 2018-January 2019. Season 2 was published in October-November 2019. A third season is currently being planned.

The team is exploring opportunities to incorporate the podcast into health professions curricula. The team has obtained a faculty development grant to explore how medical teachers potentially envision the use of the podcast in medical education. The team is also pursuing an education scholarship grant through the University of Toronto to study the role of the podcast from the perspective of medical students and residents.

Finding the Medicine in Stories with Care Partners, People Living with Dementia and Health Professionals

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This presentation details a project called *Tangles in Time*, a public storytelling performance about love, loss, living with dementia, and providing care featuring a cast of six community members and six health professions trainees. The project was developed between Jefferson, an academic medical center, and a local nonprofit arts organization called Theater of Witness with the goal of building empathy between medical and nursing students, medical residents, and community members with lived experience of dementia as care partners and patients. Over two years, opportunities were created for 56 students—in disciplines including medicine, nursing, occupational therapy, pharmacy and public health—to participate in a humanities elective course (with credit depending upon the student's academic program) leading up to the performance. Subsequently, a smaller cast was assembled for the live performance of stories related to the program themes, e.g., empathy between healthcare providers and patients, and understanding experiences of dementia and caregiving. One participating medical student completed her scholarly inquiry humanities concentration through longitudinal participation in the program. This presentation will focus on the design of the program, how it was integrated into other co-curricular and extracurricular humanities initiatives on campus, results of qualitative research into effects of participating on student and resident empathy, and feedback from public audiences. Qualitative interviews suggested that building empathy was most successful within the cast due to deep relational connections built over a longer period, while students who took part only in the elective course still struggled, by their own accounts, to understand experiences of dementia and caregiving. Brief video clips will be shown featuring cast members. While the presentation focuses on one specific project, general principles of the format and process—e.g., storytelling with mixed participants that include health professionals and community members—will be shared as a model transferable to other contexts.

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Workshops

Ateliers

Nadine Abdullah
What We See: A Comparative Study of Illness & Disability in Art

Connie Amundson, Cathy Madden
Embodying Empathy: Acting Training for Health Professionals

Jane Chamberlin
Playing the Empathy Game: A Creative Writing Workshop

Divya S, Sarah Fraser, Mike Muellner
Using Instagram for Health Communication: A Hands-On Workshop

Mallory Smith, Bernice Fonseka
A Narrative Medicine Workshop on "Moral Injury"

Wendy Stewart
Fostering a Humanistic Culture of Care: Understanding Interprofessional Teams as Complex Adaptive Systems

Angela Towle, William Godolphin, Cathy Kline
Novel Approaches to Evaluating Health Humanities Educational Experiences

What We See: A Comparative Study of Illness & Disability in Art

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Guided, purposeful, shared art analysis in medical education can enhance observation skills. By encouraging learners' articulation of their art observations, we can improve the acquisition of clinical observation skills.

Changes in an artist's subject, style, and mood of their work mark transition points between periods, and are a common focus of art interpretation. Transition points can also be strongly influenced by personal circumstances such as poverty, support networks, health and illness. Studying an artist's evolving work gives a unique lens through which to observe the impact of illness and disability on daily function, emotion, and unique responses to illness.

The objectives for this interactive workshop are fourfold:

1. Guide a group to collectively share observations and interpretations of select visual artworks, and one literary work. We will ask, "*What do you see? What is the evidence? What does it mean?"*

2. Illustrate the impact of illness and disability on the artist's work:
   a. Examine Kahlo's self portrait depicting her physical and emotional struggles from polio and traumatic injuries from a trolley accident
   b. Compare Monet's early and late water lily works affected by cataracts
   c. Contrast Dali's early and late works impacted by Parkinson's disease
   d. Explore Carr's change in medium from painting to writing following a stroke
   e. Analyze Renoir's adaptations to debilitating rheumatoid arthritis, with alterations in technique, but persistence of joyous mood attributed to his support network that adapted his studio to his disability
   f. Observe Klee's shift from optimism to desolation depicted by shift to simpler art, and death in the latter stages of scleroderma

3. Relate these observations to clinical practice

4. Illustrate need for caution when applying interpretation skills with a case of diagnostic error inferred from observations and associations; a study of Van Gogh's works that led to speculation of digitalis toxicity.

Embodying Empathy: Acting Training for Health Professionals

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Intentions to listen and to receive with the desired outcomes of empathy and inclusion requires skills. Unfortunately, the demands of health professionals' training about the objective facts of a patient's problem leave little room for becoming skilled at engaging with more experiential dimensions of a patient's illness, such as what has the disease done to your life, your family, your work, and your spirit?[1]

We ask: "How can health care education efficiently and effectively develop the desired skills?" A critique of current training notes that practitioners are given a "to do" list without the personal tools to succeed at accomplishing that list. Kari Milch Agledahl, et al., discuss this problem in their study, "Courteous but not curious: how doctors' politeness masks their existential neglect."[2] Since acting is an activity that requires multi-modal engagement,[3] we have found that acting training enhances one's ability to be present in the moment, to listen for the subtext of what the patient is saying, and to respond with humility and compassion.

Our recent study of the quality of life benefits from participation in Madden's acting workshops suggest that using a basic acting class emphasizing embodied experience of these concepts would be effective as a tool for training health care professionals.[4] Rather than role-playing various healthcare scenarios, a basic acting class highlights the myriad ways circumstances of ourselves and our lives affect our underlying communication intentions. The class offers practice in behaving new choices in a playful, safe way.

After Amundson presents a didactic rationale for the workshop activities, Madden will lead a workshop demonstrating this embodied educational tool.

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Playing the Empathy Game: A Creative Writing Workshop

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As Rita Charon notes, the writing process fosters empathy by enabling shifts in perspective, encouraging authors to "walk around the representation, seeing aspects around its back or over to its side that [are], until form [is] bestowed, unavailable to the writer." The more passive act of reading literary fiction has also been correlated to improving the perspective-taking skills inherent in empathizing (Kidd and Castano).

"Playing the Empathy Game" is a creative writing workshop that challenges participants to stretch their empathy skills through reading and writing, inhabiting the interior life of others. By building a narrative grounded in another person's identity and experiences, participants gain insight into the myriad factors that constitute individual points of view.

The goal is to hone participants' empathy skills, but it's also to offer an example for those who wish to run similar perspective-taking workshops. The exercise can be used in medical classes for undergraduates, in workshops for practitioners, or as a team-building activity.

Workshop format

- Participatory overview: unpacking the concept of perspective
- Warm-up: how to write an interior monologue
- The Empathy Game: introduction to the film used as a jumping-off point
- Assign each participant a "secret identity" – a character from the film or one of the real-world professionals who worked on the film
- Show brief film clip
- Participants write about the clip from their character's perspective
- Each person reads their narrative
- Participants guess each other's identities
- Debrief
- Suggestions for customizing the exercise for your team

Having run this workshop for students and practitioners during my tenure as CSM writer-in-residence, I've witnessed additional benefits from the exercise. It often sparks meaningful discussion on issues such as patient care ethics, medical hierarchies, and diversity. "The Empathy Game" offers a safe, creative space to take on new perspectives and reflect on the value of narrative medicine practices.

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Using Instagram for Health Communication: A Hands-On Workshop

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(Participants are asked to bring a smartphone with an active Instagram account if possible)

Communication apprehension (CA) is a form of anxiety caused by anticipated or actual communication.[1] CA is especially common in the field of medicine, often experienced by patients. Perrault et al. found that patients who *get to know* their doctor through an online biography experience less CA.[2]

Social media can take this one step further. Instagram, for example, has over 1 billion active users. On platforms like this, clinicians reveal aspects of their personalities, hobbies, and personal life. This fosters humanism by making clinicians more accessible to patients.

Furthermore, patients are increasingly turning to internet sources for health information. Despite this, many websites accessed by patients are inaccurate and create fear.[3] With social media, there is the potential to spread accurate health information across geographical boundaries quickly and at a low cost.

An increasing number of physicians have become 'Insta-famous' with large followings. They provide advice on what they specialize in and also tend to post about their personal lifestyle.

Workshop outline

We will create an Instagram post in real time, upload it and check it at the end of the workshop to demonstrate engagement and reach.

Overview of Instagram features

- Feed posts – each participant will create one post during this session
- Videos: Feed videos / IGTV / Live videos
- Stories
    - Including interactive elements such as quizzes, 'ask me' questions

Monitoring interaction and maximizing dissemination

- Metrics
- Knowing your audience
- Engagement
- Algorithm
- Timing of posts
- Hashtags

A new generation of tech-savvy patients feel comfortable with social media. Instagram is a valuable tool that can be used for improving clinician-patient rapport and providing health education.

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A Narrative Medicine Workshop on "Moral Injury"

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The term "Moral Injury" has been defined in reference to the impact of acts that "transgress deeply held moral beliefs and expectations" (Litz et al., 2009). It frequents psychology literature in the context of damage sustained by war veterans, but more recently, it also applies to the medical profession as an alternative way of engaging in dialogue about physician burnout (Talbot and Dean, 2018). A collaborative essay written from the perspective of a patient also laments the "moral wound" sustained when a professor endures the unanticipated surgical complication of voice loss (Munch & dyKryger, 2001). Based on our own multidisciplinary discussions on this topic, we propose that "moral injury" crosses the borders of multiple professions and maintaining a sense of personhood in unavoidably dangerous and morally grey settings.

In this workshop we aim to facilitate discussion and self-reflection around the idea of moral injury as it pertains to participants' unique experiences, whether clinical or non-clinical. The first half of the workshop will consist of poetry analysis of the work of the poets Pablo Neruda and Liz Howard, and focus on language that captures this fracturing of the self from its actions required by complicated situations. The group will then proceed to a time of quiet personal creation, with form of expression left open to the individual (e.g., poetry, prose, or visual art with limited materials provided by the facilitators). Prior to concluding there will be time for sharing in small groups of no more than four to eight participants, followed by optional sharing with the larger group.

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Fostering a Humanistic Culture of Care: Understanding Interprofessional Teams as Complex Adaptive Systems

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Healthcare is primarily delivered using team-based care. Each discipline has their own distinct training and clinical practice framework, and strongly identifies with their own profession leading to conflict and tribalism in teams. This in turn impacts patient care and the health and wellbeing of team members. The culture of healthcare is challenging, with an ongoing hierarchy and lack of support for one another. The pressures of 24/7 connectedness through technology and increasing demands is causing burnout. We need to consider ways in which to care for one another as well as our patients if we are to maintain our own health and passion for our respective professions. Changing culture is challenging and can begin with our immediate colleagues. This workshop will provide participants with opportunities to engage in humanistic interactions with one another and consider practical strategies to change culture in their own workplace from the perspective of complex adaptive systems theory.

Objectives:

1. Define what is meant by a complex adaptive system
2. Identify what it means to feel supported in an interprofessional team setting.
3. Practice humanistic approaches for engaging interprofessional colleagues in a productive and supportive dialogue
4. Apply one of the approaches to an issue in their own workplace setting

Workshop Outline:

A brief didactic presentation will introduce participants to complex adaptive systems theory, identify the challenges of healthcare culture and frame how this might be changed from a humanistic perspective. Using pair share, participants will consider different aspects of working in teams from a complex adaptive systems perspective. In small groups, they will apply humanistic approaches to engaging one another in real-life based scenarios and apply one of the approaches to a challenging situation in their own workplace setting. The workshop will conclude with a facilitated larger group discussion to allowing sharing of ideas.

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Novel Approaches to Evaluating Health Humanities Educational Experiences

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Overview

Educational experiences in health humanities are transformative and highly personal. Standard approaches to evaluation (surveys, interviews, focus groups) are inadequate to capture impact when differences are attitudinal. Teachers often gather anecdotal evidence of change in learners but without metrics are challenged to translate individual stories into a narrative that may convince skeptical university administrators and decision-makers of the value of these experiences.

The workshop will explore the question: how can you apply arts-based methods to evaluation to show that attitudinal change has occurred and is important? We will demonstrate different approaches we have used to evaluate impact and examine how these, and other approaches tried by workshop participants, may be presented in order to provide a convincing story of impact. Our three examples are:

- Use of a word cloud program before and after a workshop on health advocacy based on the experiences of a parent of a child with a rare disease.
- Use of creative poster presentations and tweets to share learning as part of a longitudinal health mentors program in which interprofessional groups of students learn from a patient mentor.
- Evaluation of cultural camps offered by a community partner, Fraser Valley Aboriginal Children and Family Services Society.

Workshop plan

- Overview of workshop and introductions.
- Brief description of the three examples (information and artefacts will be displayed at stations around the room).
- Small group work to review materials and answer questions: how might you present the information to convince colleagues of its value? How might you use or adapt these ideas in your own context? Have you tried anything similar?
- Participants will spend 15 minutes at each station; a presenter will facilitate dialogue and record.
- The presenter from each station will briefly report main ideas.

Presenters will offer to send a summary of the workshop to participants.

PERFORMANCES

Kathryn Binnersley
I Could Use a Hand: The Humour and Horror of ALS

Willem Blois, Julia Leblanc
"Medicine, Musically": A New Lecture-Recital

Rahim Kachra, Aliya Kassam
"Uncoded"– A Series of Monologues about the Transitions from Medical School to Practice

I Could Use a Hand: The Humour and Horror of ALS

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In *The Wounded Storyteller*, Arthur Frank describes three forms of medical narrative. Restitution Narratives satisfyingly assert that 'I was sick but now I am well', Quest Narratives reassure us that 'I am sick but there is good to be snatched from this ill', and Chaos Narratives more or less scream formlessly at the horror of it all.

I Could Use a Hand is one medical student's attempt to express the humour and horror of being the primary caregiver for her mother, who died of ALS in 2016. It wrestles with each of the three narrative forms to communicate the caregiver experience. It is a booklength work-in-progress. In this performance, the writer will read excerpts of the work accompanied by photographs. Audience members are encouraged to reflect on and discuss their understanding of the caregiver experience with the performance as a jumping-off point. A short excerpt is included below.

My mom wanted to donate her body to science. She had a rare disease that medicine barely understands. It seemed like the right thing to do. A gift. A purpose. She looked into the option. There were three problems:

1) Researchers do not have the ability to receive bodies whenever those bodies happen to die. You have to call and ask whether they are accepting bodies at the time yours becomes available.
2) Researchers do not have the ability to retrieve bodies. It is up to you to arrange transportation of the body from the city of death to the city of research.
3) No bodies of suicides allowed. (More on that later.)

And so. She suffered. She was transformed. But that is all.

Nothing is snatched. Nothing is learned. No moral. No utility.

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"Medicine, Musically": A New Lecture-Recital

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"Collaboration", "empathy", and "listening" are some of the many terms medical students encounter as they train to become caring and competent physicians. These concepts may be discussed in case-based learning seminars or taught in lecture halls. However, discussions of these concepts in hypothetical clinical situations may not be sufficient for developing an appreciation of their significance and importance, nor for gaining an operative understanding of how they are applied to clinical practice (1). "Medicine, musically" began with the idea that the performing arts can be used to create spaces for creative reflection leading to unique insights into the more intangible aspects of the practice of medicine.

Through thousands of hours of diligent practice and training, musicians integrate listening, collaboration and outward orientation into their musical practice and develop a reflexive approach to the terms mentioned above (2). Additionally, they develop a deep understanding of the narrative arc of a musical work and learn to convey this story to their audience through the expression of musical phrases, and the creation of tension and resolution. "Medicine, musically" explores how these skills can apply directly to core clinical competencies such as taking a patient history or collaborating with colleagues in an interdisciplinary setting.

Above all, the project in question is a model developed and presented by medical students trained in classical piano and violin, and examines the medical humanities through the lens of classical chamber music. Presented as a lecture-recital (3), live performance creates space for an immersive experience where exchange is enabled between performer and participant. The first two presentations of "Medicine, musically" took place in August 2018 and November 2019, at Dalhousie University and the University of Ottawa respectively. Future directions include increasing qualitative data collection from audience members to iteratively inform and adapt our approach.

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"Uncoded" – A Series of Monologues about the Transitions from Medical School to Practice

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Background: Theatrical performance in medical education can facilitate advocacy, learning as well as enhance empathy about wellness issues faced by learners in medicine along the continuum of their training. The aim of our performance is to describe the transition from medical school to independent practice through the lens of a learner going through these transitions drawing upon intersectional characteristics of identity such as race, ethnicity, gender and socio-demographic status.

Method: This 30 minute presentation consists of 4 monologues read by one physician-actor regarding transitions through medical school, residency and practice. The monologues have been based on true events with some details changed to ensure anonymity. The monologues are preceded by findings from the literature presented by a medical education researcher and will highlight the issues faced by medical students, resident physicians and practicing physicians as well as the implications for wellness, self-care and patient care.

Results: Implications of the findings from the literature, the stories depicted in the monologues, along with a question and answer (Q and A) session with the physician-actor and researcher will highlight the importance of ensuring continuity of wellness supports for learners and physicians in practice alike. A holistic framework for wellness that lends itself to systemic, programmatic and individual levels while addressing the areas of mental, physical, social, intellectual and occupational health for medical students, residents and practicing physicians will also be proposed.

Conclusions: Knowledge and skill development related to advocacy for wellness must incorporate both affective and behavioural components, which are often difficult to deliver in a learning activity. Using theatre techniques and principles can provide learners, leaders and medical educators with tools to recognize, teach and examine wellness concepts along side findings from the literature. This also creates a safe space to share stories and stimulates an open discourse about wellness for learners and transitions through training.

PECHA KUCHA

Suze Berkhout
Visualizing and Performing the Limits of Narrative: A Study in First Episode Psychosis

Heather Huston
On Waiting: Navigating Chronic Illness in Everyday Life

Ariel Lefkowitz
Discourses of Dullness: A Foucauldian Analysis of the Insidious Indictment of Self-Expression in Medicine

Phoebe Ng, Hong Li, Tom Rosenal
In Their Shoes – An Interactive Platform for Learning Patient Perspectives

Morag Paton, Stephanie Waterman, Cynthia Whitehead, Ayelet Kuper
Would You Call Yourself a Professional: Reflections on the Research Process

Visualizing and Performing the Limits of Narrative: A Study in First Episode Psychosis

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The notion that a biomedical worldview produces an "epistemological narrowing" (Squier 2007) is by now commonplace within the health humanities. This concern of narrowing is ultimately both epistemic and ontological, and motivates what has been called a narrative turn in qualitative health research. But what if a different kind of narrowing likewise occurs within critical methodologies that rely upon verbal speech communication, narrative research included? Through the storytelling mode of Pecha Kucha, this presentation explores the limits of narrativity in understanding the lived experience of psychosis, discussing findings from a collaborative visual arts-based knowledge translation project carried out with service users in a first episode psychosis clinic in Toronto, Canada (Berkhout and Stern 2019). Project themes of ambivalence, disorientation, perplexity, and confusion in the experience of psychosis were prominent. And when experiences of psychosis were unspeakable, they overwhelmed the ability to order, describe, or categorize them, limiting the extent to which narrative methods could represent service users' stories. In contrast, these experiences were reflected with greater depth and nuance through multimedia and visual art works created within a novel group setting. Multisensory modes of study spoke to partial truths, truths in the telling, and multiplicity in realities—lived experiences that were "uncontainable by words" (Hodgeman 2001). Highlighting the relationship between visual form, materials, and stories of psychosis, this presentation provides a critical engagement with the limits of narrative that will be of interest to a wide range of clinical and academic audience members.

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On Waiting: Navigating Chronic Illness in Everyday Life

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I am a printmaker who uses my experiences with chronic illness as a catalyst for exploring issues relating to sickness and identity in my artwork. My body is the site of a sort of slow disaster, an evolving and unnerving landscape of misbehaving systems. It is necessary, of course, that I enter medical centers for exams, treatment, and tests to decipher those systems. But when I leave those territories, my body still requires treatment and can transform everyday spaces into medical spaces. I am interested in exploring these transitional sites in my prints, as well as the places where these identities overlap. These moments of suspended time form a significant part of the experience of illness.

The liminal state of waiting is strongly connected to these transitions between everyday and medical spaces. This state of not-knowing can be stressful and strange, where worst-case scenarios are explored and weighed against the possibility that it might be nothing. Time becomes odd, it can speed up or drag on, and the internal dialogue can make you feel as though you exist in a different plane or a suspended reality. In my prints, bodies drift and disappear into their surroundings, slip between both sides of the paper, collapse and expand, physically enacting the mental state of waiting.

Discourses of Dullness: A Foucauldian Analysis of the Insidious Indictment of Self-Expression in Medicine

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"He has an admirable and strong clinical foundation which sometimes is left hidden behind his charming and effervescent personality," wrote one of my supervisors in an evaluation during my first year in medical residency. While I had received this message implicitly throughout my training, this was an explicit attestation that my self-expression impacted my ability to be perceived as a good doctor. Though guidelines on professionalism do not explicitly specify whether physicians are allowed to engage in self-expression, physicians who engage in self-expression are at risk of being perceived as unprofessional or lacking in clinical skill. In the literature, medical trainees are described being pressured to shed idiosyncrasies of appearance and dress (1), suppress distinguishing personality features (2), and leave interests other than medicine behind (3). These pressures towards neutrality and homogenization are pervasive, and the disdain for those who "stand out" in medicine is often directed towards women (1), racialized individuals (4), and those with queer identities (5). Physicians and trainees who do engage in self-expression through outward performances of emotional expression may be criticized by supervisors or colleagues as "not the way we do things", even when the intention is to strengthen therapeutic relationships with patients (1).

Using Foucauldian concepts of dividing practices, governmentality and technologies of the self, this presentation will examine the conditions of possibility that allow for or constrain self-expression in physicians and medical trainees. This lens reveals how the dominant discourse separates "ideal" neutral physicians from those who transgress by engaging in self-expression, and how affected individuals take on the dominant ideology and come to police self-expression in themselves and others. A critique of the ideal of neutrality over self-expression may help support person-centred care and diversity in medicine.

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In Their Shoes – An Interactive Platform for Learning Patient Perspectives

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Healthcare providers have the responsibility and duty to interact empathetically with all their patients. However, providers hone their empathy skills over time as they gain exposure.

This may leave patients seeking help in the awkward position of educating providers on their experiences – imagine a trans man who has to bring up that it exacerbates his dysphoria when his chest is referred to as "breasts". Such experiences can be uncomfortable for patients and can erode the patient-provider relationship, and is especially problematic for vulnerable populations whose trust in the healthcare system may already be shaky.

We believe there is room for novel tools that promote a better understanding and awareness of patient perspectives (a key element of the humanistic approach), especially for vulnerable populations. To that end, we are piloting a project to create interactive stories from the perspective of marginalized peoples. To make our first story authentic, we conducted interviews with trans individuals and are distilling their personal experiences into a fictionalized interactive account that will be accessible online. As the project progresses, we hope to expand to other populations.

These stories will allow the provider to, in their own time and at their own pace, play through a "day in the life" of an individual from a marginalized population without asking for additional emotional labour from such people. In a "choose-your-own-adventure" fashion, the stories will show readers the various choices that a marginalized person might need to make, giving the provider a simulated experience. This interactive element is designed to facilitate a deeper and more intuitive understanding of a patient's perspective, choices, and potential barriers to care.

Would You Call Yourself a Professional: Reflections on the Research Process

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Creating Space was established to "take the pulse of our shared work from multiple disciplines…as they intersect with health-care experiences in various settings" (*Call for Proposals 2020*, 2020) and yet the intersections of students and faculty with administrative staff in the health professions remains largely unexplored in the literature (Losinger, 2015; MacLeod et al., 2016). Yet to be human in the health professions education space requires building relationships with everyone; not only those with health professions designations.

Over the last year, I have been collecting data for my critical discourse analysis doctoral thesis about power and relationships between health professions education staff and faculty. As my data collection continues, I find that questions and situations have arisen that have forced me to give myself what Kumagai and Naidu call "space for reflection" (2015). As I've been exploring questions around power, roles, and professionalism, I'm increasingly reflective about my own experiences, my own changing roles, and my own identity as a possible professional.

In this piece, I share some of those reflections as this research process has unfolded, not only working to understand if our education systems allow some voices to be privileged over others, but also how during the process of doing research, the voices that I inhabit myself – those of an administrative staff member and as a PhD candidate may speak as one, or at times, over one another. *Would you call yourself a professional* is a question I've been asking of my interview participants, but is an example of a question that has spurred deeper reflection of my own.

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'Someone Who Was Expected to Die and Didn't': Implications of the Theme of Reversibility of Triage During Humanitarian Response to Natural Disasters

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The overriding imperative of saving lives in humanitarian crisis response has often left limited room for addressing suffering and dignity, especially for those who are dying. The large-scale magnitude of humanitarian crises, however, creates a reality in which many will not survive. Patients with serious, life-threatening injuries are commonly triaged out, receiving no curative (and typically no palliative) treatment.

Here, we present key findings from natural disaster settings, which comprise one case study within a larger study titled *Aid when there is "nothing left to offer": A study of ethics & palliative care during international humanitarian action*. Specifically, we explored the emerging theme of the complexity and reversibility of triage, within a broader focus on palliative care provision in disaster response. In-depth, open-ended interviews were conducted with 11 international humanitarian aid workers and 6 local health care providers (HCPs) who responded to earthquakes, typhoons/tsunamis, flooding, and famine.

In this study, the experiences of HCPs with the unexpected survival and recovery of patients triaged to not receive life-saving treatment demonstrated the complex implications of triage decisions for patients. Subthemes included the subjectivity of clinical decision-making by care providers; the variability in triage decision-making at various time points of response post-disaster; and the role of advocacy in the reversibility of patient conditions. In such cases, loved ones played a significant role in the recovery of patients; thus, incorporating family support, alongside symptomatic and psychosocial support, was integral to palliative care.

More questions are raised about the ethics of triage, especially for patients without support—what are the ethical consequences if such decisions are wrong? Evidently, redesigning existing triage guidelines in humanitarian crises is needed so that the most vulnerable patients, those who are triaged out, are not abandoned, and are instead given an equitable chance to be triaged back in to care.

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Beyond the Negative Self-Stereotyping of the Patient-Partner: to the Introduction of the Patient Perspective Consultant

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We are confronting the label of “patient-partner” outside the context of healthcare in order to prevent negative stereotyping of one’s personhood. The title of “patient-partner” is widely used when referring to a person living with a specific health condition who participates in research or consults on clinical practice guidelines. Being a patient-partner says nothing about one's potential role in a non-medical context as these conclusions are based on lived-experiences and observations. Labelling one as such can be detrimental to their perception of themselves. We took a hermeneutic approach to explore how labelling and self-stereotyping can affect the “patient-partner”, leading to the erosion of their personhood. We suggest that research teams avoid the title “patient-partner” in favor of the more accurate and dignified term “patient perspective consultant”. Gadamer speaks to the incongruity of referring to individuals as “patients” outside of the healthcare context. He explains that to “sustain our internal balance” between fitting in and feeling at home, we must find our place and purpose in the world and our community. In other words, “patient-partners” may accept this label as an attempt to fit into the research team, but in doing so, shrink their identity to fit into what is expected of them and forgo any hope to feel at home and purposeful within this very team. The shift from patient-partner to patient perspective consultant doesn’t change the nature of the role, it clarifies the context through increased accuracy. The steps involved in materializing this change will help widen researchers’ and clinicians’ horizon of understanding of working with people from outside their discipline, and help foster a better and safer environment for patient perspective consultants to make even more meaningful contributions to their research teams through a stronger sense of belonging and legitimacy.

This is Why We Sing: An Exploratory Study Examining Individuals With Dual Identities in Collaborative Music and Collaborative Healthcare

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Background
While interprofessional collaboration is a relatively new notion in the medical education community, the principles and practice of collaboration have long been a focus for disciplines in the performing arts, such as music. This study seeks to explore a possible relation between collaborative music and collaborative healthcare. Drawing on the established "Music-in-Medicine" program at Dalhousie University in Halifax, NS, where healthcare professionals and students participate in ensemble music groups, (1) we explore how the collaborative nature of musical ensembles may influence an approach to collaborative healthcare, and vice-versa.

Methods
Methods were informed by phenomenology and used to explore the lived experiences of study participants: individuals who hold dual identities in both collaborative music and collaborative healthcare. Two focus groups were conducted, each with a mixture of medical students, researchers, physicians, nurses and allied health professions. Questions posed pertained to effective and ineffective collaboration in both music and healthcare scenarios. Raw audio was transcribed and thematic analysis was used to develop themes bridging the domains of music and healthcare (2).

Results
One overarching theme connected the two domains: the concept of *awareness.* Data was further broken down into two sub-themes: awareness of *self* and awareness of *situation*. Participants built a shared understanding of the challenges and rewards of collaboration inherent in their respective identities of music and healthcare. *Self*- and *situational*-awareness was expressed in terms of the skills required to develop a capacity for collaboration and processes involved in increasing levels of awareness in ensembles. Participants drew on illustrative examples to describe how they situate themselves into collaborative groups, both successfully and unsuccessfully.

Conclusion
Our analysis suggests that this cohort of individuals draw on their dual experiences to build a deeper understanding of collaboration. Further research may give insight into education opportunities in collaborative music, to complement current interprofessional education curricula.

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Stories of Wellness: A Narrative Medicine Initiative for Medical Student Wellbeing at The University of Ottawa

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Background: Medical school is a challenging time for students with high rates of burnout, cynicism and mental health concerns.[1] Narrative medicine provides an outlet for medical students to reflect on their personal and clinical experiences. By enhancing personal awareness and reflecting on their own personal narratives, medical students can become more cognizant of their own feelings and develop greater empathy for themselves and their patients.[2] Narrative medicine can be communicated through a variety of media including writing poetry. The Arts in Medicine Interest Group (AIMIG) at the University of Ottawa has designed a narrative medicine initiative to explore how poetry can serve as a tool for reflection.

Methods: All medical students currently attending the University of Ottawa were invited to participate. Students were asked to write a Haiku or short poem regarding their experiences in medical school in the context of their values and personal narrative. The four executives of the AIMIG were responsible for inductively analyzing the poems, using Braun and Clarke (2006) thematic analysis.[3]

Results: A description of each theme was provided, alongside excerpts of student poems which reflected the given theme. Additionally, a book of poetry was created where each student's full-length poem can be read.*

Conclusion: This project aims to explore how writing and sharing poetry can serve as a tool for reflection for medical students. Narrative medicine can support student wellbeing through building resiliency skills, enhancing empathy and preventing burnout. Poetry is an accessible and innovative method for capturing medical students' experiences.

*Note: this book of poetry will be displayed beside the poster presentation

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Approaching "The Backpack": Theoretical Moves Towards Unpacking the Canadian Medical Association Knapsack

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For more than twenty years, the Canadian Medical Association (CMA) has given first year medical students across Canada a knapsack, co-sponsored by their provincial medical association. Although "the backpack" has become a nationally recognizable emblem of Canadian medical students, it's meaning, implications, and operations in the Canadian medical milieu remain as yet untheorized. Setting the stage for future empirical studies of the backpack, this presentation synthesizes, and suggests potential applications for, three theoretical approaches to studying this rich 'text' – sociomateriality, cultural materialism, and practice theory. It will conclude by summarizing findings from a recent study using a sociomaterial orienation to parse how ideas about medical professional identities are shaped, both online and in person, by the CMA backpack.

Reflections from the 2019 Medicine and Humanities International Program: A Joint Collaboration from Ottawa, Lyon and Shanghai

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The Medicine and Humanities International Program (MHIP) is a summer school program stemming from a multilateral partnership between the University of Ottawa, Université de Lyon, Jiao Tong University and the Shanghai University of Traditional Chinese Medicine. The objective of this program is to expose medical students to humanities within medicine and to foster cultural exchanges and communication. This year, the 2019 MHIP marked the program's third annual summer school, hosted by the two medical schools in Shanghai.

In the first week of the program, the focus of intercultural communication was explored through a series of lectures and case-based simulations that highlighted differences in patient-physician communication between various cultures. Specifically, we learned the difference between low-context communication in western cultures, compared to high-context communication in eastern cultures. We also learned that in China, it is not uncommon to discuss a patient's medical management with a large group of family and friends. With these differences in mind, students were able to practice the use of empathy through intercultural dialogues.

The following week focused on the foundations of Traditional Chinese Medicine (TCM), specifically emphasizing the role of culture and history in the understanding and practice of medicine. Through a variety of interactive activities, we learned about different types of therapies including tuina, acupuncture, cupping, tai chi and moxibustion. It is evident that TCM's perspective of health and medicine is based largely on their understanding of balance (*yin* and *yang*) and bodily energy (*qi*). We were able to appreciate how this understanding of health can lead to a more holistic approach to medicine than what is practiced in Canada.

This experience highlights a key goal at our Faculty of Medicine: to train physicians to combine scientific knowledge with the humanities to foster intercultural communication, international collaboration, patient trust and empathy.

Philosophical Hermeneutics and Teaching through Behandlung: The Treatment and Handling of Patients with Care

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The purpose of this presentation is to share a teaching approach for academic researchers and clinicians about the humanizing of the treatment of patients beyond their biomedical needs. To achieve this objective, we will delve into the writings of H-G Gadamer, which offer a relational approach to the healing process through the exploration of how the German word '*Behandlung*' applies to medicinal and dentistry education. Through conversational philosophical hermeneutics, Gadamer endeavors to unite the consciousness of one subject with that of the others and refers to the process as appropriation whereby the researcher/clinician is working toward understanding the experience of the individual within the context of a community of patient experiences. These conversations can have a transformative influence on students leading to a humanizing approach to their medical / dental practices.

A Mixed-Methods Study on the Impact of Participation in Music-Making Workshops on Youth Self-Esteem and Self-Efficacy

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Purpose: Current literature on the therapeutic outcomes of youth engagement in active music-based interventions is limited in number and method. This study explores how participation in music workshops empowers youth, with particular attention to how their self-esteem and self-efficacy is impacted by the experience of storytelling through lyrical and musical composition.

Methods: A convergent mixed-methods approach was used to investigate the experiences of male and female youth (*n = 11*) aged 12-16 in music workshops run at the Kennebecasis Valley Oasis Youth Centre in New Brunswick. 1-hour focus groups were conducted prior to and following these workshops, and observational field notes were taken throughout. All qualitative data was analyzed using a phenomenological framework. Additionally, the Rosenberg Self-esteem Scale and Sherer General Self-Efficacy Scale were administered pre- and post-workshop as quantitative tools and scored on a Likert-type scale. Qualitative and quantitative results were subsequently compared and integrated for interpretation.

Results:
Quantitative methods revealed an improvement in self-esteem, general self-efficacy, and social self-efficacy from baseline (respective difference 1.55, 2.09, 0.55), but this effect was not statistically significant (respective p = 0.11, 0.24, 0.48). Phenomenological analysis substantiated this development in self-concept, revealing two overarching clusters of ten themes as contributing factors. The first consists of internal factors: current state, mood and emotional regulation, agency, experience and mastery. The second encompasses external factors, such as connections and interpersonal relationships, context, perception of others, modelled behaviour, and culture. The dynamic interplay between internal and external contributors is dependent on the worth that the individual assigns to each.

Conclusions: Youth participation in a music-making workshop had a positive impact on self-efficacy and self-esteem. This study can serve to further the development of music-based interventions for adolescent wellbeing and self-concept.

The Value of Arts in Enriching Medical Students' Academic and Personal Experiences: Student Perspectives on Contributing to an Undergraduate Medical Arts Journal

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The psychosocial and emotional benefits of artistic pursuits are increasingly recognized in medical school curricula (Zazulak et al., 2017). Engaging in the arts has been found to improve mood, mindfulness, well-being, and rates of burnout among physicians (Krasner et al., 2009). Incorporating the humanities into practice has changed the provision of care and emphasized the human experience of disease (Scott, 2000). This research provides new insights by asking whether medical student involvement in written and visual arts enhances technical skills, self-reflection, learning and overall performance as a future practitioner.

Medical students, who published in Murmurs Magazine, an undergraduate medical arts journal, were asked: *What value does art provide in your learning as a medical student?* The survey comprised of 8 questions and a 7-point Likert scale was used to measure respondents' agreeance with statements, 7 being strongly agree. The questions were framed around the CanMED roles and generally inquired about the role of art in developing medical students' experiences, skills, and character.

A total of 37 individuals were contacted and 7 responses were received. Contributors agreed (100%) that the arts will enrich their future practice. The majority of respondents agreed (71.4%) that the arts helped improve technical skills, including observation. More than half of Murmurs' artists strongly agreed (57.1%) that involvement in the arts has encouraged self-reflection and facilitated introspection. Importantly, 71.4% of participants agreed that art has contributed to their enjoyment in learning medicine.

The results of our survey suggest that the arts may have the ability to improve self-awareness and technical skills related to medicine, and further develop physician roles outlined in the CanMEDS Framework. This study provides direction for future research, as we hope to explore how art can help foster empathy, compassion and the ability to develop meaningful connections with patients.

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A Phenomenological Study of Grade 9 Female Students' Experiences With and Thoughts About Sexual Health

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Introduction
There is an abundance of qualitative research demonstrating that better sexual health education correlates with improved mental, physical and social health in adolescent females. There is a paucity of qualitative research that explores the ways of administering sexual health education to better meet the needs of youth.

Methods
Using the method of phenomenology, this study sought to explore the experiences of grade nine female youth with the quality of sex education they received thus far, and their views on their own sexual health, including sexuality, relationships and empowerment. Two 1-hour focus groups of 5-6 female students aged 14-15 years were conducted in two high schools. The sessions were audio-recorded, transcribed and analysed. During analysis, the data was coded and then organized into themes and subthemes.

Results
Three main themes were identified: enablers and barriers to feeling empowered in life; sexual health education barriers and successes; and perceptions and understandings of gender, sexuality and sexual health. Participants indicated that the presence or lack of empowerment existed based on their social surroundings and significantly affected their abilities to make decisions, including those related to sexual health. Participants also shared that receiving sex education in school was most valuable when their teacher seemed comfortable with and open to teaching sex-related topics. When asked about the differences between males and females, participants recognized that they encounter unfair gender stereotypes and societal pressures. Both groups of participants also felt that males tend to be more dominant within male-female relationships.

Discussion
Female youth seek further education focused on their needs. Teaching around empowerment could assist them in decision making around sexual health. The implication of this study is that the sexual health curriculum could be improved in New Brunswick. These data will be used to promote discussion around potential changes.

Humanizing Patient Case Scenarios in a Pharmacy Skills Course: Love/Hate Reactions

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To deepen students' understanding of patients' illness experience in case scenarios used in a 1st Year pharmacy skills lab course, we piloted the use of humanities embellishments. Original paintings were incorporated into a lower back pain scenario and an autobiographical essay was incorporated into a glaucoma scenario. Associated questions were added to the facilitators' guides for in-class case discussions. Student and facilitator reactions to these novel case elements were evaluated using surveys with both quantitative (Likert-like response) and qualitative (open text response) items. Observations were also conducted during some case discussions.

The majority of students felt the embellishments were enjoyable (66% for the paintings and 70% for the essay) and valuable to their learning (60% and 78%), contributing to their understanding of the patients' concerns (74% and 80%) and their ability to empathize (78% and 89%). Those self-describing as visual learners appreciated the paintings as evocative depictions of a patient's pain and feelings of anxiety. Others appreciated the essay for its detailed description of the patient's feelings and experiences. Pharmacist facilitators indicated, and observations confirmed, that session flow was unaffected and students were reasonably engaged in discussions of the humanities elements in the scenarios.

Approximately 15% of students did not appreciate this initiative, with 4% having strong negative reactions. These students found the embellishments unengaging, artificial, and/or a poor alternative to interacting with actual patients. Specific concerns included the essay length, awkwardness of integration of the humanities element into the scenario, and ambiguity of interpretation. Some expressed a preference for other media, including music and videos.

The largely positive response encourages us to continue using humanities embellishments in case scenarios. However, the critics prompt us to consider choosing other media, enhancing realism of the integration into the scenario, and scheduling with sensitivity to workload.

"The Transformation's Door Only Opens from the Inside": Ethnographic Notes on the Process of Self-(Trans)formation in Doulas' Training Courses in Brazil

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Obstetric care in Brazil has a high rate of c-sections and normal childbirths marked by interventions' overuse. Against this scenario, Doulas arise as new specialists in the Maternal and Child Health field in Brazil: their role is to provide advice and continuous physical and emotional support to women during the pregnancy-puerperal cycle. Often motivated by their traumatic personal experiences, these professionals struggle to transform highly medicalized and interventionist forms of childbirth care into a woman-centered obstetric care model. Over the past few years, much of the achievements in terms of valuing "humanized natural childbirth" has been influenced by Doulas' efforts; They seek to denaturalize obstetric practices that are considered outdated, in order to offer women and their relatives mechanisms of reflexivity on how to position themselves in the face of an obstetric care institution. In this paper we present part of the results of a master's research, developed in the Graduate Program in Collective Health of the Institute of Social Medicine at the *Universidade do Estado do Rio de Janeiro*, Brazil. Through an ethnography of one process of Doulas' qualification held in 2016, we seek to analyze how the participants' subjectivities are being transformed during the training courses. We observed that these women's understandings regarding pregnancy, childbirth and motherhood undergo changes when they meet the humanization movement of childbirth care and especially when they deepen this contact by attending a doulas' course. We pursue to show how the experiences conducted in these courses aim to promote a transformation that happens, as in childbirth, through a body experience and the emotions' rhetoric.

Understanding Resident Perspectives of Critical Events During Training

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Introduction
During training, residents experience 'critical events' that may be associated with positive or negative emotions and have lasting impact and are consolidated through reflection. We sought to understand 1) the types of critical events residents experience, 2) if these events are recognized by their supervisors and if so, how this modulates residents' reflective practice and 3) how these events relate to residents' development of professional identity.

Methods
Participants were recruited via email advertisements and purposeful sampling. Data was collected via transcribed guided interviews of senior internal medicine residents. Fifteen interviews were analyzed using utilizing constructivist grounded theory after being conducted to thematic saturation.

Results
All events related to at least one of the following themes: unexpectedness, uncertainty, a transition point, identification with the patient and resident autonomy. 7/15 (47%) of the critical events were positive and characterized by responsibility, transition points and were grounded in the patient relationship.

Negative events were characterized by isolation, dismissal and perceived lack of support in addition to leading to unresolved or incomplete reflective cycles. All events are incompletely recognized by supervisors. Residents describing positive events did not explicitly desire supervisor recognition, however those who experienced negative events did. Critical events actively informed residents’ future practice by relating to core values of physicianship or ideals.

Conclusion
Positive and negative events are experienced and reflected upon differently. Residents desire supervisors to play an active role in fostering reflective practice, which may mitigate future negative effects of these experiences and has important implications for faculty development with respect to direct observation and competency-based medical education. These experiences may be better understood utilizing transformative learning theory and/or Schön’s models of reflective practice.

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Creating a Platform for Medical Arts and Health Humanities in an Undergraduate Medical Program

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Background

Arts and health humanities in medicine provide a human-centred framework to bridge patient and physician experiences, which enhances clinical reasoning, reflection, empathy, and wellness. Creative arts and writing are educational tools which promote humanism through explorative and critical dialogues between learners navigating healthcare landscapes. A culture of student-led innovation at McMaster University (Michael G. DeGroote School of Medicine) led to the establishment of a collaborative platform promoting these ideas, which are often peripheral to the formal undergraduate medical curriculum. An arts and creative writing publication is the way our group practically implemented this platform.

Objective

The objective of the work was to create an arts and health humanities publication in an undergraduate medical program where medical trainees depict health and illness through art and written word to foster inquiry, reflection, discourse and build community.

Methods

The idea for an annual creative writing publication was pitched to the class of 2021 and interest identified. A proposal for the publication was submitted to the McMaster Medical Student Council by the Medicine Arts Interest Group with signatures of support and a pilot publication was approved. Editorial staff were recruited by application. Prose, poetry, illustrations and photography from the student body were gathered.

Results

Night Float, an arts and creative writing publication, was established successfully with contributors across all levels of training at McMaster including medical students, clerks and residents. The first issue “First Shift: Our Stories” will be published in January 2020.

Conclusion

A need was identified at McMaster to create an official platform for arts and health humanities in medicine. This has led to the creation of Night Float, a publication which aims to celebrate the diverse experiences of medical trainees in all stages of

training and the value of health humanities at all levels of medical education.

Palette Magazine – A Student-Led Publication to Celebrate Creative Authenticity and Dialogue in Medicine

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Palette Magazine is a student-led arts and culture print publication launched at the University of Toronto's Faculty of Medicine. It seeks to provide medical students with a creative relief from the formal curriculum, thus filling an unmet niche of artistic opportunities that extend beyond the expectations of academia and professionalism. Featuring student talent in the visual arts, creative writing, performance arts, and lifestyle design, *Palette* is a platform to both celebrate creative authenticity and unite diverse interests among medical students.

The four different sections of the publication are designed to encourage participation and amplify the student voice on a wide variety of different creative fronts. The visual arts section aims to highlight the eclectic nature of the arts and humanities, featuring works in areas such as photography, painting, drawing, and biomedical graphics. The creative writing section incorporates poems and personal essays that are whimsical, thought-provoking, or simultaneously both, which reflect the emotions and opinions of learners throughout their medical journeys. Under performance arts, there are exclusive insights into student-led musical productions, bands, and dance troupes to celebrate their creative pursuits. Finally, the lifestyle design section is all-encompassing in its breadth, featuring passion projects such as travel diaries and culinary recipes.

Palette, as a medical humanities initiative, continues to progress and evolve. The release of the first issue (online version linked below) has been met with overwhelming positive reception from students, faculty, and the larger medical community. Feedback has centered on the initiative's contribution in promoting medical student wellness by allowing for a creative outlet outside of stringent academics. It contributes to the body of evidence that advocates for the arts and humanities' essential place within the medical curriculum, whether it is to allow practitioners to further appreciate human narratives, or to fulfill a more therapeutic role in promoting mental wellbeing.

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1. Online version of Issue 1: https://issuu.com/palettemag/docs/issue1

A Dictionary for Healing: Writing Poetry to Enhance Medical Education in a Novel Undergraduate Medical Elective Experience

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A growing body of evidence identifies the humanities in medical education as having the potential to improve learners' abilities to interpret and communicate nuanced feelings and insights.[1] Poetry, in particular, provides a unique avenue to explore ideas in a distilled but unstructured way.[2]

Through the Arts and Humanities in Health and Medicine (AHHM) program at the University of Alberta, I designed a personalized two-week undergraduate medical elective which took place in my fourth year of medical school. Using an arts-informed research approach and the medium of poetry, my objective for this elective was to explore the ways in which the "language" of medicine impacts communication in the clinical environment. The data gathering process involved drawing upon my personal clinical experiences, speaking to colleagues, and using relevant external publications.[3,4] The rest of my elective time was then spent writing eleven poems centred around different facets of the medical language and communication in the medical profession. I pushed myself to explore a different idiosyncracy of language in each poem, from confusing medical terminology to black humour to the structures that govern medical documentation. Altogether, these poems are compiled in an anthology titled "*A Dictionary for Healing*."

Through this experience, I gained a more profound understanding of: 1) the structure of medical writing and its limitations in capturing physician-patient interactions, 2) the multifaceted interpretations of "medicalized" terminology, and 3) the importance of language in fostering culture and kinship in the medical profession. These lessons have carried forward in my clinical development in helping me become a more thoughtful, empathetic, and professional clinician. I believe that this type of exploratory writing exercise around a theme can similarly benefit other medical students, and that my experience may provide a basis for the integration of structured creative writing components in undergraduate medical curricula.

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