
First Canadian Conference on Medical and Health Humanities

Creating Space for Arts and Humanities in the Education of Health Professionals:

Where do we go from here? A Canadian perspective

Saturday May 7, 2011

*Mount Sinai Hospital
600 University Ave., 18th Floor
Toronto ON M5G 1X5
CANADA*

www.tinyurl.com/CreatingSpaceConference

We are pleased to be affiliated with the 2011 Canadian Conference on Medical Education (CCME) www.mededconference.ca

Dear Colleague,

We are delighted that you have chosen to participate in "Creating Space" the first national conference in Canada to explore the link between the arts and humanities and clinical teaching and practice. Over 100 submissions of papers and presentations were received for this one day event, and this more than demonstrates the relevance and timeliness of all of our work in this field. You will find that a wide variety of clinical disciplines from all over Canada (and the US/UK) will be represented at the meeting, along with artists and performers of all stripes. We have two superb keynote speakers, Dr Alan Bleakley an innovative health and humanities educator from England and our own Dr Brian Goldman of the CBC's "White Coat , Black Art " fame. We are pleased to be affiliated with this year's Canadian Conference on Medical Education meeting to be held in Toronto and would like to announce that we plan on organizing the "Creating Space" conference annually in conjunction with the CCME host city. In this way, we hope to offer a means of showcasing your work locally and to keep this exciting dialogue around the arts and humanities in medicine and health professional education active, creative and alive.

We hope you enjoy the conference program, and we look forward to meeting you!



Allan D. Peterkin, MD
Head, Program in Narrative and Healthcare Humanities
University of Toronto



Pamela Brett-Maclean, PhD
Director, Arts & Humanities in Health & Medicine Program
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Carol-Ann Courneya, PhD
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2011 Canadian Conference on Medical and Health Humanities Overview

This conference is designed to: ‘take the pulse’ of our shared work from multiple disciplines – the arts, social sciences and humanities as they intersect with health-care experiences in various settings (clinical, academic, artistic); to exchange knowledge, share teaching/learning/evaluative strategies, and inquiry approaches; and to shape the future of health professional education and health-care in this country.

Across North America, Europe, and elsewhere, health professional faculties have introduced opportunities to develop reflective capacity and narrative competence, and have also incorporated the arts and humanities to help shape the learning experiences and creative expression of future healers. Canadian medical, nursing and other health faculties have begun to help define this emerging field, and this conference provides an opportunity to discuss the role, potential impact, and contributions of the arts and humanities in medicine on a national level.

Conference Objectives

- To share how the arts, social sciences and humanities can better inform and enrich health-care education in Canada.
- To connect colleagues, as a community of practitioners, with whom knowledge and educational strategies that integrate the humanities and health care can be exchanged.
- To foster dialogue about how to utilize the arts and humanities in health professional education.

Program Committee

Allan Peterkin, MD, Associate Professor, Psychiatry and Family Medicine, University of Toronto, and Head, Program for Narrative and Humanities in Health-Care, Mount Sinai Hospital (tinyurl.com/NarrativeHumanities)

Pamela Brett-MacLean, PhD, Assistant Professor, Faculty of Medicine & Dentistry, and Director, Arts & Humanities in Health & Medicine Program, University of Alberta

Carol-Ann Courneya, PhD, Associate Professor, Faculty of Medicine, University of British Columbia

Mount Sinai Hospital’s Department of Psychiatry Planning Committee

Allison Crawford, MD, FRCPC
Paula Ravitz, MD, FRCPC

Rex Kay, MD, FRCPC
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Molyn Leszcz, MD, FRCPC
Ronald Ruskin, MD, FRCPC

2011 Conference Venue

Mount Sinai Hospital

600 University Ave.
18th Floor Auditorium
Toronto ON M5G 1X5

Registration

Online registration is available on the conference website:

www.tinyurl.com/CreatingSpaceConference

Registration will close on Monday May 2, 2011. We will not be accepting any on-site registration.

Please join us for the closing Cocktail Party following the conference!

A subscription to ARS MEDICA: A Journal of Medicine, The Arts and Humanities will be provided to the first 50 conference registrants! (www.ars-medica.ca)

Registration confirmations will be sent via email.

Registration receipts will be provided on the day of the conference.

Refreshment Breaks and Lunch

Refreshments and lunch will be available on the day of the conference.

Wi-Fi Internet

Mount Sinai Hospital offers free wireless internet. Network name: baitar.

For more information about the Creating Space conference, please contact:

Connie Kim,

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General Information

Conference Agenda

8:00am	8:30	Refreshments
8:30	8:45	Opening Remarks
8:45	9:45	Keynote Presentation: Dr. Alan Bleakley
9:45	10:40	Paper Session #1 Faculty from Canadian Healthcare Faculties Describe Key Initiatives at Their Schools
10:40	11:00	Break
11:00	12:35pm	Paper Session #2 Canadian Initiatives cont'd
12:35	1:45	Lunch & Poster Session*
1:45	3:45	Breakout Groups** Narrative and Arts-Based Themes
3:45	4:00	Break
4:00	5:00	Breakout Groups** Narrative and Arts-Based Themes cont'd
5:00	5:15	Closing Remarks

Cocktail Party Agenda

5:15	6:00	Keynote Presentation: Dr. Brian Goldman
6:00	7:30	Cocktail Party

*Lunch will be served in the 2nd floor cafeteria at Mount Sinai Hospital

**Please see page 12 for Breakout Group locations

Paper Sessions, Breakout Groups, and Posters:

The abstracts and schedule for these are included in this program.

Dedicated Poster Session:

- 12:35pm-1:45pm

Posters will also be available for viewing during the post-conference reception.

All participants are encouraged to view the posters and discuss the work outlined with their authors.

Keynote Speakers



ALAN BLEAKLEY, DPhil is Professor of Medical Education at Peninsula Medical School, Peninsula College of Medicine and Dentistry, Universities of Exeter and Plymouth, UK, where he is Deputy Director of the Institute of Clinical Education and academic lead for the medical humanities. Alan has a background in biological science, a doctorate in psychology and is a qualified psychotherapist. He has an international reputation in both medical education and the medical humanities. He has developed an innovative and evolving core medical humanities programme of teaching and research within the undergraduate medicine and surgery curriculum at Peninsula Medical School. Alan has published numerous academic articles and five books, most recently *Medical Education for the Future: Identity, Power, and Location* (with John Bligh and Julie Brice, Springer 2011).



BRIAN GOLDMAN, MD, is an emergency room physician who has worked at Mount Sinai Hospital in downtown Toronto for more than twenty years. He is also a prominent medical journalist and the host of CBC Radio's *White Coat, Black Art*. Never one to shy away from controversy, Goldman specializes in kicking open the doors to the medical establishment, revealing what really goes on behind the scenes – and in the minds of doctors and nurses. Dr. Goldman is the author of the critically acclaimed book, *The Night Shift*, in which he shares his experience of working through the witching hours and reveals the emotional, heart-breaking side of routine ER visits.

Please join us in a celebration of Canadian artistic talent from health care students, residents, faculty and practitioners at the White Coat Warm heART Exhibit. Opening of the exhibit will be in the Churchill Room (Sheraton Hotel) immediately following the Welcoming Remarks for the CCME meeting on Sunday May 8, 2011 (in the Ballroom lower concourse ends approximately at 5:30pm). Signage will be up to direct you from the Ballroom to the Churchill Room.

Please contact Carol-ann at cacourneya@gmail.com for more information.

White Coat Warm heART
Art Exhibit

A celebration of
coast to coast creativity
in Medical Education.



Sheraton Hotel: Churchill Room
(2nd Level)

Sheraton Hotel
123 Queen St. W.
Toronto ON M5H 2M9
416.361.1000

Time	Breakout Group #1	Breakout Group #2	Breakout Group #3	Breakout Group #4
	18th Floor Auditorium	Board Room (Rm. 337)	18th Floor Foyer	2nd Floor Cafeteria
1:45	Hartley Jafine I Felt More at Ease with Myself	Donald Boudreau, Abraham Fuks, Tabitha Sparks, Martin Kreiswirth Narratives in the Sick Room	Craig Irvine, Linda Raphael, Maura Spiegel Why Are We Doing This?	
2:00	Isabel Fryszberg, Janet Parsons, Melanie Van Cam, Christa Steen, Sarah Sheff What's Art Got to Do With It?	Donald Boudreau, Kevin Chin, Stephen Liben, Miriam Boillat, Yvonne Steinart Introducing Narrative to Osler Fellows		M. Michiko Maruyama The Design Process Applied to Medicine
2:15	Jennifer Lapum, Kathryn Church, Perin Ruttonsha, Terrence Yau, Alison Matthews David A Performance of "The 7024th Patient"	Hedy Wald, David Anthony Fostering Reflective Capacity with Interactive Reflective Writing Within a Family Medicine Clerkship		
2:30	Q&A	Q&A	Q&A	
2:45	Martin Kohn Giving Voice to Healing and Well-Being	Karen Gold Evocative Stories	Gerri Frager, Simon Bloom, Meena Natarajan, Pat Randel True to Life: Tracing the Cycle from Care to Creative Knowledge Transfer	Q&A
3:00	Mona Koldsgaard Rogan, Dan Yashinsky, Brian Katz, Jonathan Hellmann "Talking You In" in the Neonatal Intensive Care Unit (NICU)	Ken Kirkwood Of Confidentiality and Composites		Pierre Leichner Psychiatrist Artiste en Residence
3:15	Donna Sherman, Robert Hawke Norm vs. Cancer: Patient Empowerment Through Theatre and Dialogue	Leonard Bloom, Lynn Bloom The Medical History as Narrative		Eva Marie Stern Learning About Relational Trauma Through the Art Not Violence Project
3:30	Q&A	Q&A	Q&A	Martin Donohoe Literature and Social Justice

Time	Breakout Group #1	Breakout Group #2	Breakout Group #3	Breakout Group #4
3:45	Break	Break	Break	Q&A
4:00	Nicole Arends Breakthroughs in Arts-Enabled Communication and Healing in Health-Care Settings	Allison Williams, Wendy Duggleby, Karen Wright, Lorraine Holtlander, Shannon Ellis The Chaos of Caregiving and Hope	Nicholas Neufeld, Justyna Bartoszko, Ashwin Sankar, Sarah Ickowicz, Chris Doiron, Avinash Ramsaroop The Ultrasound	Break
4:15	Tim Dornan, Lucy McLellan, Laurence Perkins Phenomenological Insights Into How Music Can Make Sick People and Their Physicians Healthier	Loretta Walz, Anne O’Riordan, Shayna Watson, Jennifer Rider, Kiley Rider Making Possible: How Storytelling Provides the Reflection and Evaluation Vital for the Moral Development of Our Future Healthcare Providers		Rita Wilder Craig Poetry in Motion
4:30	Wendy Stewart Interprofessional Teamwork	Q&A		Q&A
4:45	Q&A		Q&A	

Paper Session #1 (9:45am – 10:40am)**9:45am****A Spoonful of Sugar Makes a Portfolio Go Down: Medical Students' Experience of a New Portfolio Program**

Pier Bryden, MD, University of Toronto
 Ken Locke, MD, University of Toronto
 Bochra Kurabi, BSc, University of Toronto
 Andrea Waddell, MD, University of Toronto
 Avi Hyman, PhD, University of Toronto

Abstract: *We sought to understand the experiences of medical students in an innovative pilot portfolio program in undergraduate medical education. The portfolio was introduced to supplement a largely modular curriculum which primarily evaluates students' knowledge and skills. Students have few opportunities for longitudinal learning experiences in areas such as professionalism or health advocacy, or to be assessed in these domains holistically. Student endorsement of portfolios as a method for longitudinal acquisition and assessment of these areas has been a frequent challenge, according to previous studies. Our goal was to understand how to make the portfolio palatable students.*

10:00am**Acting in Medicine: A Curriculum Innovation at the University of Alberta**

Alim Nagji, Actor, Writer, Producer, BackrowProduction, Medical Student, University of Alberta
 Pamela Brett-MacLean, PhD, Director, Arts & Humanities in Health & Medicine Program, University of Alberta
 Nicholas Avdimiretz, Guitarist, Vocalist, Director, Medical Student, University of Alberta
 Zetan Du, Pianist, Vocalist
 Jamie Olesen, Writer, Director, Actor, Medical Student, University of Alberta
 Kent Stobart, MD, University of Alberta, Northern Alberta Children's Cancer Program

Abstract: *Students are assuming a greater role in their education, gravitating towards collaborative and experiential experiences as compared to traditional didactic learning styles. In addition, medical education is evolving towards more interdisciplinary approaches. A collaboration effort between the Faculty of Medicine & Dentistry and the Department of Drama, Acting in Medicine is a highly experiential, multi-session innovation involving theatre exercises that support the development of more empathic physicians. Already in its second iteration, having enrolled 1/3 of the first year medical student class, this special study module encourages students to begin the process of exploring various dimensions of patient-physician interactions, and in particular non-verbal communication, as they gain insight into their embodied, communicative practices. This student-led innovation has resulted in improved understanding of the doctor-patient relationship, and enhanced student empathy, as well as positive student satisfaction ratings. This session will explore the genesis, implementation and results of the project, while highlighting the individual initiative and faculty collaboration that is necessary. Discussion will focus on the value of supporting student-led curriculum innovation, and will consider how best to engage and support students, challenges of sustainability, potential funding sources, as well as best practices and policies related to student involvement in curriculum planning.*

10:15am

Artful North: Creating Theories and Practices in the Northern Medical Program and the North Health Authority, British Columbia

Sarah de Leeuw, MA, PhD, Assistant Professor, Northern Medical Program, UNBC, Faculty of Medicine, UBC, Author

Deborah Thien, MA, PhD, Geographer, California State University

Tammy Attia, MD, UBC Northern Medical Program and UBC Prince George Family Practice

Patty Belda, MD, Central Interior Native Health Society

Abstract: *This paper draws on research about the productive and positive role that the arts (namely narrative writing and the visual arts) can have in developing critical, self-reflective, empathetic, and adaptive health care professionals who are committed to practicing in marginalized geographies. Northern British Columbia, an area larger than France with a sparse population of fewer than 300,000 people, is by all accounts medically underserved. Like many northern geographies with a significant rural population, recruiting and retaining health care professionals is challenging. In 2004, with an educational mandate of training physicians in the north for the north, the Northern Medical Program (NMP) began in Prince George, northern BC's largest urban centre. A distributed expansion of UBC's Faculty of Medicine, the NMP often works in conjunction with the local health authority, physicians, and resident programs to conceptualize health services that are adaptive and dynamic enough to serve a region with a high population of Indigenous peoples, a lack of specialized care options, and a complex landscape of diminished social determinants of health. In the past two years, through partnerships between humanities-oriented NMP faculty, visual artists, and physicians, growing attention is being paid to integrating fine arts and the humanities into professional development courses and various aspects of the undergraduate medical curriculum. We review the state of these endeavours and explore what creative theory and practice might offer to healthcare in northern British Columbia.*

Paper Session #2 (11:00am – 12:35pm)**11:00am****Creative Reflection: What Can We Learn?**

Lara Varpio, PhD, Academy of Innovations in Medical Education, University of Ottawa
Pamela Grassau, PhD (Can), Élizabeth Bruyère Research Institute
Pippa Hall, MD, Division of Palliative Medicine, University of Ottawa

Abstract: 61 learners doing a clinical placement at a Canadian continuing care hospital between 2007-2008 participated in a pilot project using an innovative, arts-based self-learning module. The module's learning activities focused on holistic care and collaborative team practice. These activities relied on a framework of four pillars from the humanities (human experience, historical perspectives, ethics and law, professionalism) to encourage students to interact with the person in their care and the healthcare team. The learners were then invited to construct a creative summary to portray their learning, to examine their actions, and to reflect on interprofessional teamwork. Either in groups or individually, 42 of the learners submitted 20 creative summaries for analysis. Creative summaries included: visual images including photographs, collage, paintings; musical compilations and song lyrics; poetry, letters and other text-based elements. Using a voice and image-centred relational method (Gilligan's Listening Guide and the principles of visual rhetoric), the creative summaries have been analyzed to explore how and in what ways the inclusion of the arts adds to students' reflective learning. Results show that trainees learn about elements of practice (such as relationship centred-care and patient advocacy) through this arts-based innovation that are difficult to learn in more traditional learning formats.

11:15am**Inroads into Clinical Settings: Collaboration Between the Medical School Humanities Program and Clinical Academic Departments**

Lara Hazelton, MD, Associate Professor, Department of Psychiatry, Dalhousie University
Gerri Frager, MD, Director, Medical Humanities Program, Professor, Department of Pediatrics, Dalhousie University

Abstract: In recent years, a number of Medical Humanities programs have been instituted at medical schools across Canada. An important goal for many such programs is to provide educational opportunities for medical students in the arts and humanities. Because clinical training usually occurs in the hospital or clinic and is provided by individual departments, medical humanities programs may find it easier to develop initiatives and curricula aimed at medical students in the preclinical years (Med I and Med II). However, opportunities exist for strengthening the medical humanities presence at both the undergraduate and postgraduate levels through increased integration with clinical academic departments. Collaborative efforts can benefit not only trainees, but faculty, staff and other clinicians, with the ultimate goal being improved patient care. In this paper, we describe a collaborative effort by the Medical Humanities Program at Dalhousie University and the Dalhousie Department of Psychiatry that aims to increase the presence of the medical humanities within the clinical department while supporting the activities and initiatives of the Humanities Program at the medical school. We also discuss how strategies for increasing collaboration may be used by other medical humanities programs.

11:30am**The Nature of “Narrative Medicine” at McGill University’s Faculty of Medicine**

J. Donald Boudreau, Department of Medicine, McGill University

Abstract: McGill University has embarked on a long-term project to integrate the study and use of narratives into its medical school. The project has three arms: a research agenda, medical student teaching, and faculty development. We will give a brief overview of each of these, focusing on the faculty development initiative. The research is carried out through an interdisciplinary ‘narrative medicine workgroup’. The medical student elective seminars focus on the language of medicine and the promotion of self-reflection through creative writing. The faculty development workshop in narrative has been developed specifically for the teachers, called Osler Fellows, in a longitudinal four-year physician apprenticeship of the undergraduate medical program. The workshop goals are to provide a basic understanding of narrative techniques and their potential uses in the context of mentorship. We will describe this ‘teach-the-teacher’ module in details. We will discuss the basic concepts (including textual analysis) that are covered, display an audiovisual teaching tool that has been developed and present exercises that are used to give the teachers practical experience in the domain.

11:45am**Thinking (and Learning) Artfully**

Carol-Ann Courneya, Associate Professor, Department of Cellular and Physiological Sciences, Co-Director, Cardiovascular Block, University of British Columbia

Claudia Krebs, Senior Instructor, Department of Cellular and Physiological Sciences, Co-Director of the Brain and Behaviour Block, University of British Columbia

Nikkie Randhawa, Medical Student, University of British Columbia, Founder, Making Connections Art Contest

Abstract: Imagery and art was used to teach medical students about the intricacies of our most elusive organ, the brain. Students submitted visual art pieces for a contest entitled “Making Connections” to better understand the system where cognition, emotion, and synapses blur into one. This student-led contest was patterned after a successful model involving cardiology learning at UBC, called “Heartfelt Images”. Making connections was held during the “Brain & Behaviour Block” in second year medicine at UBC. Over fifty submissions were judged on their artistic and conceptual merit by a panel of basic scientists, clinicians and artists. Submissions included photographs, paintings, drawings, and digital media. It provided students an avenue to exhibit their artistic expression, and demonstrated their ability to translate complex anatomical, physiological, and pathophysiological concepts into visual images - “transmediation”. In this presentation, we will discuss transmediation highlighted by examples of “aesthetically inspired” images from Making Connections. We will describe how providing medical students an opportunity to express themselves artistically and engage with information beyond what is found in textbooks has the potential for strengthening their understanding of complex scientific concepts.

12:00pm**Extending Innovation: Student-Faculty Factors for Sustainability in the Medical Humanities**

Emily C. E. Wilson, MSc, Medical Student, Dalhousie University

Gerri Frager, MD, Dalhousie University

Sarah Fraser, MSc, Medical Student, Dalhousie University

Abstract: *Dalhousie's Medical Humanities program was one of the first in Canada. Former Dean Dr. Jock Murray envisioned a program where the arts would enrich medical education. Since its inception in the 80's, the success of the Humanities program at Dalhousie has rested on two main attributes. The first is a cohort of passionate faculty members who advocate for the incorporation of the Medical Humanities. The second relates to the continuous waves of students who genuinely believe in the importance of the arts in medicine and are keen to drive the program forward. This insider's perspective on both student and faculty experiences in Medical Humanities will be presented as a thirty-minute performance piece. A mixed-media approach, including video clips and live readings will present illustrative vignettes that shape the way physicians and students are engaging in the Medical Humanities at Dalhousie University. Some challenges and struggles still in play, even in a program that has achieved longevity and success, will be shared. As the medical school is undergoing curriculum renewal, one particularly opportune and timely challenge is the integration of Humanities within core curriculum rather than the current and more typical orientation as co or extra-curricular.*

Breakout Group Option #1 (1:45pm – 5:00pm)

1:45pm

“I Felt More at Ease with Myself”: Dramatic Encounters Within Health Science Education

Hartley Jafine, PhD Student, Bachelor of Health Sciences Instructor, McMaster University

Abstract: *Humanities encourage “students to become more sensitive, effective and caring” individuals (Anderson & Schiedermayer, 2004) and experiences with the arts can encourage reflection and affect behaviour in personal and professional practices (Mienczakowski, 1997). Through the theoretical lens of Applied Theatre, this paper will explore the didactic benefits of performative practices within health science based curriculums by using a case study from my own research of developing two drama-based courses in the Bachelor of Health Science (BShc) program at McMaster University. Running from 2007 to the present, the courses provide undergraduate BShc students with an innovative arts based approach to their pedagogy that fosters creativity and the development of self-confidence and empathy. Similarly, over the past decade Canadian health researchers are increasingly using drama as a methodology for health research dissemination on topics including cancer and Alzheimer’s disease. Kontos and Nagile argue this methodology provides outcomes nearly impossible to achieve through standard academic publications, including empathetic connection and an understanding of knowledge transmitted through body language, gesture and tone (2006). This paper explores why drama continues to have a presence within health science education and research dissemination as well as investigates how it can be further integrated within the health science community.*

2:00pm

What’s Art Got to Do With It?: A Collaborative Film Initiative Created as a Form of Public Health Education on How the Arts can be Used as a Transformative Tool for Adults Recovering From Mental Illness

Isabel Fryszberg, Facilitator, Creative Works Studio, St. Michael’s Inner City Health Program
Janet Parsons, Li Ka Shing Knowledge Institute, St. Michael’s Hospital, Assistant Professor,
Department of Physical Therapy, University of Toronto

Christa Steen, OT Master Candidates, Research Assistants, Department of Occupational
Science and Occupational Therapy, University of Toronto

Sarah Sheff, OT Master Candidates, Research Assistants, Department of Occupational
Science and Occupational Therapy, University of Toronto

Melanie Van Dam, Artist Member, Creative Works Studio

Abstract: *“What’s Art Got to Do With It?” is a film-based knowledge translation (KT) project focused on an arts-based occupational therapy program that facilitates community re-integration for adults living with mental illness. This program is offered through the Creative Works Studio (CWS), of St. Michael’s Inner City Health. The project is qualitative, participatory, arts-informed, and film-based; it involves CWS members in study design, conducting intervals, filming and participatory editing. In phase one of the project (the focus of this presentation), CWS members interview one another and engage in conversation about their experiences with mental illness and stigma; and the positive impact art, creative expression and the studio had on their lives. Identity reconfiguration from ‘patient’ to ‘artist’ is highlighted.*

Breakout Group Abstracts – Option #1

2:15pm

A Performance of “The 7024th Patient”: Developing Capacity for Embodied Cognition and Aesthetic and Emotive Intelligence

Jennifer Lapum, PhD, RN, Associate Professor, Ryerson University, Daphne Cockwell School of Nursing

Kathryn Church, PhD, Associate Professor, Ryerson University, School of Disability Studies

Perin Ruttonsha, Design Strategist, Artist

Terrence Yau, MD, Cardiovascular Surgeon, University Health Network

Alison Matthews David, PhD. Assistant Professor, Ryerson University, School of Fashion

Abstract: *Employing the arts and humanities in health professional education expands possibilities for practitioners to develop capacity for embodied cognition and aesthetic and emotive intelligence. The development of these capacities promotes authentic and compassionate connections with patients on a human and personal level. Through a performance of poetry and imagery, we create space for audience members to embody the lived experience of patients undergoing heart surgery and recovery. In the underlying study related to this performance, we employed an arts-informed methodology of research analysis and knowledge translation. Thirty-two interviews were conducted with 16 patients at 48-96 hours following surgery and 4-6 weeks following discharge. Participants also completed journal writing during these two time periods. Research data were constructed into poetry and illustrated through photographic images. In this performance of poetry and imagery, we recreate patients’ journey and provide an intimate understanding of their experiences of heart surgery and recovery. The goal of the performance is to call forth audiences’ embodied cognition and aesthetic and emotive intelligence in their interpretation of research data. Arts-informed performances in health professional education have the potential to evoke imagination, prompt reflection and dialogue, and trigger embodied experiences in ways that shift perception and behaviour.*

2:45pm

Giving Voice to Healing and Well-Being: A Series of Dramatic Readings as Part of a Community Arts Festival

Martin Kohn, PhD, Director, Program in Medical Humanities in the Center for Ethics, Humanities and Spiritual Care, Cleveland Clinic

Abstract: *After describing the renovation of the first two years of the medical humanities curriculum at Cleveland Clinic Lerner College of Medicine to reflect a cohesive and comprehensive co-mingling of the three streams of our work (bioethics, medical humanities, and creative/performing arts), I will share examples of the arts materials developed by students and faculty that became the performance piece, “Giving Voice to Healing and Well-Being: A Series of Dramatic Readings.” This piece will be presented as part of the Cleveland Play House’s annual FusionFest, which is the first multidisciplinary new work festival to be produced by a major regional theatre. The work emerging from the first year of the curriculum was written by Cleveland Arts Prize recipient, Eric Coble, who is serving as playwright-in-residence with first year students. The vignettes he created are based primarily in text from reflective essays written by our students. Two projects from second year students will also be described. The first, the Healing Stanzas Project, was developed in collaboration with the Wick Poetry Center of Kent State University. The second project, in collaboration with Kent State University Health Education faculty, had our students engaged in writing stories of health and well-being for children in our community.*

3:00pm**“Talking You In” in the Neonatal Intensive Care Unit (NICU)**

Dan Yashinsky, Author, Founder, Toronto Festival of Storytelling

Brian Katz, Musician, Music Professor, University of Toronto, York University, Ryerson University

Mona Koldsgaard Rogan, RN, BScN, MN, Advanced Nursing Practice Educator, NICU, Hospital for Sick Children, Clinical Faculty, McMaster University

Jonathan Hellmann, MBBCh, Clinical Director, NICU, Hospital for Sick Children, Professor, Department of Pediatrics, University of Toronto

Abstract: *Family-centred care in the NICU has two goals: to build healthy partnerships between families and professionals to enhance clinical outcomes for critically ill newborn infants and to promote positive parenting experiences that will become life-long activities enhancing the neurodevelopment of such vulnerable infants. Our NICU engaged an expert storyteller as a catalyst to promote reflection on family care practices and identify areas for growth. Together with musical accompaniment he performs a story based on interviews with parents and medical personnel, and on his own personal experience as a father who had a son in the NICU to describe his family's journey through the technologically-driven care of the NICU. The story humanizes a parent's experience and encourages parents to read, talk, and sing and thereby give their voice to their sick children. A series of performances were done for the staff of the NICU who when they reflected on the performance developed strategies to maximize family-centred care that has resulted in the creation of a book of rhymes and stories and has facilitated other initiatives to maximize family-centred care in a highly technological environment.*

3:15pm**Norm VS Cancer: Patient Empowerment Through Theatre and Dialogue**

Robert Hawke, Co-Lead, Patient Empowerment in the Centre for Innovation in Complex Care, University Health Network

Donna Sherman, Centre for Innovation in Complex Care, University Health Network

Abstract: *One man journeys through the maze, the labyrinth of cancer diagnosis. Such is the premise of Norm VS Cancer, the first patient – initiated, patient-led project emerging from the Centre for Innovation in Complex Care and affiliated with the York University-UHN Nursing Academy. Norm VS Cancer is a one-man play that provides opportunities for health professionals, patients and families to encounter the power of patient voices and experiences made accessible through the Arts. The performance will invite the audience to engage with a portion of the play as well as join a dialogue concerning the relationship between complexities, uncertainties, and struggles of patients and the philosophy and practice of patient-centred care (PCC). The play invites health professionals to learn about a cancer diagnosis through a range of human experiences. The journey of 'Norm' and the audience is unconventional, inventive and deeply meaningful. The journey offers a metaphorical space to learn and laugh and think about how to enhance our own living and the lives of those we engage with everyday in health care, and when health professionals can appreciate Norm's imagination, it opens the door of the possibility for how other parents/families may invent and imagine their own paths, their own ways.*

Breakout Group Abstracts – Option #1

4:00pm

Breakthroughs in Arts-Enabled Communication and Healing in Health-Care Settings

Ann Patteson, Director of Research, The Royal Conservatory

Nicole Arends, Program Manager, Living Through The Arts, The Royal Conservatory

Abstract: *The Living Through The Arts program of the Royal Conservatory sends specially trained professional artists into social service and healthcare organizations serving individuals living with mental, physical, and emotional challenges. We meet the social, emotional, and creative needs of clients and patients through engagement in visual arts, creative writing, dance, drama, music, and media arts. In this presentation, we will share key elements of the program (mission, methodology, demographics, art forms, and outstanding successes) and what helps promote the development of personal capacities and meaning-making through the arts for individuals in health crises. Our work is grounded in the arts and healthcare research literature in our own research conducted through the Research Division of the Royal Conservatory. Included in the latter are 1) a study being conducted in partnership with Baycrest called “Exploring the Impact of Artful Engagement with Older Adults,” in which examines the impacts of arts experiences on physical, emotional, and social well-being in older adults, and 2) a study of an innovative arts-based Communications course for Anaesthesiology Residents. We will refer to these studies, as well as to our work with individuals living with eating disorders, addictions, mental illness, and physical illness.*

4:15pm

Phenomenological Insights Into How Music can Make Sick People and Their Physicians Healthier

Lucy McLellan, Pianist, Medical Student, University of Manchester

Tim Dornan, Professor of Medical Education, Maastricht University and Bassoonist

Laurence Perkins, Principal Bassoonist, Manchester Camerata, and Cancer Center Volunteer

Abstract: *This research aimed to explore how music can heal and therefore be a medical humanity. We conducted it outside the discourses of ‘complementary medicine’ and ‘medical humanities’. We had primary backgrounds in either music or health, sharing a passion for both. Cooperative inquiry and interpretive phenomenological methodologies allowed us to synthesise a ‘naïve’ interpretation from our and our respondents’ lived experiences. Musicians with an interest in health were index respondents. A musical doctor and medical programme leader validated our findings. A wiki let us develop a collective interpretation. Eleven researchers and respondents kept audio diaries. Three respondents gave in-depth individual interviews. Respondents spoke about their lived experiences of music as a vehicle for expression personal emotions. It enabled deep connection, communication, and understanding that they experienced as beneficial to health. Music engaged every aspect of their and other peoples’ lifeworlds, providing an escape from harsh realities. Medical education has a responsibility to educate doctors to care holistically for patients. There are parallels between the emotional and social aspects of music and medicine. Music could help (student) doctors express their humanity, form therapeutic relationships, and learn how to use non-medical interventions for the good.*

4:30pm**Interprofessional Teamwork: An Original Symphony**

Dr. Wendy A. Stewart, MD, PhD, Department of Pediatrics and Division of Medical Education, Dalhousie University, Saint John Regional Hospital,

Abstract: *The Health Educators Learning Partnership (HELP), is an interprofessional group who work together to promote interprofessional education. The premise of this performance is that music enhances the emotional response of an experience and also helps us retain information. The performance will begin with a song to introduce the need for interprofessional learning, and the message that we are stronger and more effective as a patient-centred team than as a group of individual disciplines working in silos. An interactive session will follow with audience participation using music and improvisation. The viewing of a brief musical video produced by the HELP group as a tool for interprofessional learning will follow this. In this video a group of educators from diverse health disciplines interact with a simulated patient who has multiple medical and social issues. The disciplines involved are each represented by a musical instrument that characterizes a prevailing disciplinary stereotype. This interprofessional orchestra, which includes the patient-conductor, demonstrates patient-centred care based upon requisite competencies found in the National Interprofessional Competency Framework (CIHC, 2010). The video and accompanying workbook will be used to facilitate discussion around the use of similar tools to promote and enhance interprofessional education.*

Breakout Group Option #2 (1:45pm – 5:00pm)**1:45pm****‘Narratives in the Sick Room’**

Abraham Fuks, Department of Medicine, McGill University

Tabitha Sparks, Department of English, McGill University

J. Donald Boudreau, Department of Medicine, McGill University

Martin Kreiswirth, Department of English, McGill University

Abstract: *Narrative medicine, in all its guises and diversities, has become a popular focus of attention in medical schools. The advent of the humanities into medical education encompasses a broad field, but usually has three objectives: to reveal patients’ perspectives; to promote self-reflection; to provide emotional support to health professionals. Paradoxically, the clinical interview, the cardinal means of obtaining the data necessary to a diagnostic formulation has received scant attention from scholars of narratives. Significant attention has been directed to the interaction between patient and doctor, but not to the narrative form of their dialogue, its components and its cognitive and affective claims. Surprisingly, few narrative scholars have chosen to address the uniquely dual-mode of its construction. The development of a story of illness by patient and physician is not simply a utilitarian means to a diagnostic ends. The recitation by the patient of his idiographic and perhaps broken and confusing tale of illness, may reveal the breach of the quotidian narrative of life that constitutes the transition from health to sickness. Further, the reception of the story by an attentive listener can itself constitute an act of healing, perhaps through an acknowledgement of personhood of the ill tale-bearer. With this in mind, we have embarked on a research project to analyze the specifically narrative elements of the clinical interchange and to elucidate their contributions to the fundamental conditions for healing: a dialogic relationship, the co-construction of meaning by patient and physician, and a shared functional understanding of illness and the aims of medical care.*

2:00pm**Introducing Narrative to Osler Fellows: Evaluating a Faculty Development Workshop**

Kevin Chin, Centre for Medical Education, McGill University

Stephen Liben, Department of Pediatrics, McGill University

J. Donald Boudreau, Department of Medicine, McGill University

Miriam Boillat, Department of Family Medicine

Yvonne Steinert, Department of Family Medicine

Abstract: *McGill University fosters a particular narrative approach with clinical teachers through targeted faculty development workshops. Since 2005, these workshops have prepared 84 Osler Fellows for using “narrative” with medical students in small group settings. We conducted a research study to determine what impacts, if any, stemmed from participation in this workshop. An innovative combination of: a) one-on-one interviews, b) videotaped demonstration of narrative skills, and c) checklist of narrative skills was developed to explore clinical teachers’ experiences with “narrative”, and establish whether or not they were able to identify key narrative skills. Research participants included ten Osler Fellows who attended the workshop, and nine who did not. We found barriers to using narrative in educational contexts, such as personal comfort level with narrative, perceived medical students’ and residents’ reactions regarding “narrative”, and time constraints. All participants – regardless of whether or not they attended the workshop – expressed diverse understandings of the nature of narrative, and were able to identify key strengths and weaknesses of an effective small group facilitator. One of the key findings from this study indicate that all Osler Fellows possessed tacit knowledge of “narrative”, suggesting that it plays a central role in the art and science of medicine.*

2:15pm

Fostering Reflective Capacity with Interactive Reflective Writing (RW) within a Family Medicine Clerkship: Use of the *BEGAN* (Brown Educational Guide to the Analysis of Narrative) and *REFLECT* (Reflection Evaluation For Learners' Enhanced Competencies Tool) Reflection Rubric to Guide Faculty Feedback to Students' RW

Hedy S. Wald, PhD, Clinical Assistant Professor, Department of Family Medicine, Alpert Medical School of Brown University

David Anthony, MD, MSc, Assistant Professor, Alpert Medical School, Director, Medical Student Education, Family Medicine Department, Brown University

Abstract: *Reflective capacity – defined as critical analysis of knowledge and experience to achieve deeper meaning and understanding¹, guiding present and future behavior²- is an essential characteristic of professionally competent clinical practice³. Within family medicine, reflection-in-action is key to “professional artistry”, fostering appreciation of context and discovery-related inquiry in patient care.⁴ Reflection is the process whereby personal experience informs practice⁵, fosters a “habit of mind” and adaptive expertise/practical wisdom (“phronesis”)³ to approach clinical reasoning and values dilemmas that may arise⁶, and improves diagnostic accuracy.⁷ Increasingly, medical schools are including reflective writing (RW) within formal curricula to augment reflective capacity, extend empathy, and promote practitioner well-being.⁸⁻¹² The Family Medicine Clerkship at Alpert Medical School has instituted a novel interactive RW curriculum¹³ that includes prompt-guided written reflections on core topics, facilitated peer-group discussions, and guided individualized written feedback using the *BEGAN*¹⁴ and *REFLECT* rubric “tools”.¹⁵ The *BEGAN* guides faculty with integrating pertinent quotes from the student's RW, anecdotes from the faculty's clinical/personal experiences as relevant, elements of close reading, and reflection-inviting questions; *REFLECT* rubric assesses reflection domains/levels. Use of these frameworks for feedback consistency/effectiveness and formative assessment supports students' in-depth reflective process. This educational paradigm including *BEGAN/REFLECT* tools will be presented.*

2:45pm

Evocative Stories: The Use of Practitioner Narratives in Clinical Teaching and the Promotion of Reflective Practice

Karen Gold, BEd, MSW, Clinical Social Worker, Coordinator, Social Work Education and Interprofessional Education, Women's College Hospital

Abstract: *Rita Charon (2006) writes, becoming competent in narrative skills opens up practice...it changes what we do with patients, with colleagues, with students, and with the self. In exploring the use of narratives in clinical teaching, I am informed by the growing body of work related to narrative competence in health care which emphasizes intersubjective and collaborative ways of knowing, as well as the use of narrative strategies (such as literature seminars and reading groups) in health care teaching and learning. I will explore the use of short story and poetic narratives, written by health care practitioners, as an accessible and evocative resource for student teaching. Written in a subjective and personal voice, practitioner narratives effectively promote reflection and dialogue on the ‘complexity and messiness’ of practice (Schon). Drawing on the presenter's experience with small group reading seminars in a hospital setting, the presentation will include (1) a brief reading; (2) discussion of structure of reading group and identification of major themes related to professional practice; (3) reflections on the (unique) role of narratives in health professional teaching.*

Breakout Group Abstracts – Option #2

3:00pm**Of Confidentiality and Composite**

Ken Kirkwood, Assistant Professor, Faculty of Health Sciences, UWO

Abstract: *With narrative expressions in the domain of medical experiences, one concern must be the fictionalization of key identifiers as they relate to people, places and details. From an ethically principled approach, the adherence to confidentiality offers a considerable challenge to artistic expression. The point I will make is that distinctions between fiction and non-fiction are too ambiguous to be of moral guidance in such situations. Nobel Prize-winning author Nadine Gordimer noted in *Writing and Being* (1995) of the necessity of real personalities in the creation of composite characters or fictional personalities.*

3:15pm**The Medical History as Narrative: An Inter-Professional Approach**Leonard Bloom, MD, Department of Family Medicine, Ottawa Hospital, Assistant Professor,
Department of Family Medicine, University of OttawaLynn F. Bloom, MSW, RSW, Department of Social Work, Ottawa Hospital, Adjunct Research
Professor, Carleton University School of Social Work

Abstract: *We recognize the importance of the Medical History not only as a data-gathering activity but as a shared therapeutic experience between patient and health-care provider. The patient's reason for seeking advice is often not well-defined and, in fact, is co-created in the act of hearing the patient's story. We have developed an inter-professional model for teaching first-year medical students techniques to take a Medical History which is based on the creation of a safe therapeutic space which allows for the unfolding of the patient's concerns within the broader context of the patient's life-experience. We accomplish this in an eight week course which includes three lectures but is predominantly conducted in small groups co-mentored by a physician and social worker, each of whom brings his/her expertise to the sorts of questions that might be asked in a Medical Interview. Students interview real patients for the most part; they also interview standardized patients, trained actors who give feedback about body language and emotional connection, in a taped session. We use the film "Wit" to powerfully raise questions about the importance of individual narrative for healing. We introduce Literature as a wonderful tool to create empathy by its celebration of multiple points of view.*

4:00pm**The Chaos of Caregiving and Hope**

Wendy Duggleby, DSN, RN, AOCN, Professor, College of Nursing, University of Saskatchewan

Allison William, PhD, Associate Professor, School of Geography and Earth Sciences,
McMaster University

Karen Wright, PhD, RN

Lorraine Holtslander, PhD

Shannon Ellis, MA

Abstract: *Hope is an important psychosocial resource that has been found to support family caregivers. In order to further understand the challenges of caregivers and their hope experience, we analyzed, using Cortazzi's (2001) narrative analysis approach, 101 journal entries of family caregivers of persons with advanced cancer. The data was condensed into poetic phrases to reflect structural categories outlined by Cortazzi of event, description and evaluation resulting in a poetic narrative entitled "The Chaos of Caregiving and Hope". Each stanza of the poetic narrative describes the day-to-day experiences of the participants' chaos and hope. We believe that looking at the caregiving experience through poetic presentation provided new insights into the lives of caregivers caring for terminally ill cancer patients. These insights are related to the intensity of the chaos, and how hope is present in their daily lives.*

4:15pm**Making Possible: How Storytelling Provides the Reflection and Evaluation Vital for the Moral Development of Our Future Healthcare Providers**

Loretta Walz, Artist, PhD Candidate, Queen's University

Anne O'Riordan, OT, Clinical Educator, Office of Interprofessional Education & Practice,
Queen's University

Shayna Watson, MD, Oncology Unit, Kingston General Hospital

Jennifer Rider, Patient Representative

Kiley Rider, Family Representative

Abstract: *Throughout history, storytelling has been documented as a powerful way of promoting empathic understanding of others' situations, as well as one's own (Watson, 2007). Storytelling offers a safe place from which to consider different solutions to problems without the worry of real world consequence (Hutto, 2007). This paper will discuss how the narrative devices found in a patient telling his/her story of care can be used in health sciences education to provide a foundation for student reflection and evaluation that is vital for moral development. Furthermore, this paper will argue that this use of narrative is a natural method for improving clinical reasoning skills (Higgs & Jones, 2000). Our presentation will tell a story. We will begin with the patient, Jennifer, her story of rehabilitation after a stroke. Jennifer's story details both the successes and challenges she experienced throughout her journey of recovery with her healthcare team. We will then highlight the re-writing of Jennifer's story as a way of considering methods for improving her lived experience that can then be used as an educational tool for collaborative student teams. This paper will conclude with a consideration of future applications in the educational and practice environments.*

Breakout Group Abstracts – Option #3

Breakout Group Option #3 (1:45pm – 5:00pm)**1:45pm****“Why Are We Doing This?": Addressing Skepticism in the Medical Humanities/
Narratives Medicine Classroom**

Linda Raphael, PhD, Director, Medical Humanities/Narrative Medicine, George Washington University School of Medicine

Maura Spiegel, PhD, Senior Lecturer, Columbia University, Term Professor, Barnard College, Core Faculty, Program in Narrative Medicine

Craig Irvine, PhD, Academic Director, Masters Program in Narrative Medicine

Abstract: *“Why are we doing this?” This is a familiar question to many of us who teach Medical Humanities/Narrative Medicine in a range of healthcare and healthcare-education settings. For medical students and clinicians the “space between” clinical work and the close analysis of a narrative or philosophical text can appear unbridgeable. Discursive explanations of the value of Narrative Medicine or Medical Humanities rarely have the power to convince. The full significance of the work often unfolds experientially in something like a group-epiphany resulting from a teacher’s presentation of a specific text in a specific fashion. This panel will offer three examples of pedagogical moments in which, through the presentation of specific texts and methods, students or participants recognized the relevance, power and potential of this work for their own professional development in the art of healing. Among the many factors that contribute to such “Aha moments” is a well-selected text paired with the right method. Panel members will offer the theory behind and demonstrate the method used in three different healthcare-education settings, The George Washington University Medical School, Columbia College of Physicians and Surgeons, and the Master of Science in Narrative Medicine Program at Columbia University. Craig Irvine will present a passage from the philosopher Emanuel Levinas paired with a passage from Tolstoy, Maura Spiegel will discuss a film clip and related writing exercise, and Linda Raphael will present a poem. Our objective is to offer pedagogical strategies along with their theoretical underpinnings, with an eye to the unique persuasive challenges posed by teaching in this context.*

2:45pm

True to Life: Tracing the Cycle from Care to Creative Knowledge Transfer

Simon Bloom, Theatre Director

Gerri Frager, MD, Director, Medical Humanities Program, Dalhousie University, Medical Director, Pediatric Palliative Care Service, IWK Health Centre

Meena Natarajan, Medical Resident, Dalhousie University

Pat Randel, MSc, Research Associate, Pediatric Palliative Care Service, IWK Health Centre

Abstract: *This panel presentation will trace the steps involved from the start of this project in the clinical care setting, the research that followed, and the resulting play used to promote understanding and reflection among multidisciplinary clinicians, health professional trainees, and the public. Theatre has been well documented as an effective educational innovation to promote empathy and compassion among medical trainees. With a play about an English professor with end-stage ovarian cancer and her healthcare experience, served as one excellent example. Theatre has also been used to generate discussion and shift perception within public venues, such as the Laramie Project, based on interviews with community members from the town of Laramie, where a young gay male student was beaten and left to die. Collaboration across the disciplines is evident in the play we will be discussing and showing video clips of: Ed's Story-The Dragon Chronicles. Ed was a 16 year old with advanced bone cancer, who kept a journal in his last 4 months of life. Ed's journal was qualitatively analyzed for themes by 2 pediatric residents. Then, 25 of Ed's family, friends, and inter-disciplinary health professionals were interviewed in a follow-up research project. Components from these interviews and Ed's journal were compiled into a verbatim script for a play, show-cased as a sold-out hit at the Atlantic Fringe Festival, and shown to healthcare and health professional trainee audiences.*

4:00pm

The Ultrasound

Nicholas Neufeld, Medical Student, Executive Director and Co-Host, The Ultrasound, University of Toronto

Justyna Bartoszko, Medical Student, Co-Host, The Ultrasound, University of Toronto

Ashwin Sankar, Medical Student, Co-Host, The Ultrasound, University of Toronto

Sarah Ickowicz, Medical Student, Co-Host, The Ultrasound, University of Toronto

Chris Doiron, Medical Student, Co-Host, The Ultrasound, University of Toronto

Avinash Ramsaroop, Medical Student, Vice-President, Communications and IT, University of Toronto Medical Society, University of Toronto

Abstract: *The Ultrasound is a radio show and podcast produced and hosted by medical students at the University of Toronto. Initially known as The Mainline, the radio show's current incarnation features a weekly hot topic in a segment called Hot Flashes, a medically related sports feature (Clinician's Corner), and a review of the Arts (Heaves and Thrills). The grassroots nature of campus/community radio and the creative freedom afforded by audio has led to the current structure of the show and content of the segments. The panel will discuss the organization and content of respective segments on The Ultrasound and the creation of a website for podcasting. Through this we hope to highlight the ways in which the radio show has allowed us to freely pursue our personal interests while simultaneously, and sometimes unconsciously, nudging us towards becoming reflective practitioners. The Ultrasound can be heard in Toronto and the Greater Toronto Area on CIUT 89.5 FM and worldwide at www.ciut.fm every Saturday from 9-10 AM (EST). Podcasts of archived shows can be downloaded from <http://theultrasound.torontomeds.com>*

Breakout Group Abstracts – Option #4

Breakout Group Option #4 (2:00pm – 5:00pm)

2:00pm

The Design Process Applied to Medicine

M. Michiko Maruyama, BDes, University of British Columbia

Abstract: *What is design? The best way to answer this question is by a demonstration. Take a look at the world around you. Now, take away everything that has been “designed”. After stripping the world of design, you should find yourself in the middle of a field, naked. Design is everything. It is the material and systematic world that surrounds us. Now, rebuild the world that you had stripped away. Add each element separately and stop to ask yourself, what is its purpose? What steps were taken to develop it? The purpose of this presentation is to demonstrate the importance of creative thinking during the design process. The presentation will go through the various steps that a designer takes to solve problems and it will give examples of how this process can be used in any field – such as medicine. After introducing the link between design and medicine, the presentation will highlight the importance of creativity in medicine and reveal what some creative minds are up to, such as Dr. Forgacs’ and his machine that “prints” organs. The presentation will include a short activity where the audience is asked to design a product. The purpose of this activity is to demonstrate the limits that we subconsciously place on our creativity. After identifying these limits, an individual can stretch their thought process, tap into their imagination and enhance one of the most important skills – brainstorming.*

3:00pm

Psychiatrist Artiste en Residence

Pierre Leichner, Artist in Residence, Department of Psychiatry, University of Montreal

Abstract: *There is a growing awareness of the need to reintroduce the Arts in the training of psychiatrists. Perhaps this is a reaction to the emphasis that has been put on evidence base “scientific” knowledge and practice. It has been suggested there may be two types of knowledge, one objective and scientific, the other subjective and experiential. William Osler, among others, felt that training in the humanities was necessary for physicians to understand the subjective experience of their patients. Emmanuel Stipp head of the University of Montreal Department of Psychiatry has recognized that the process of reflecting artistically contributes to our understanding of the human mind and its vulnerabilities. In this context I was given the first Psychiatrist in Residence Award in that Department in January 2011. In this presentation I will review the history of Humanities teaching in Medicine and report on recent developments in North American medical Schools report. I will also report on my artist residency experience. One of the goals of the residency is to present through the works the artist /psychiatrist how art has enriched their understanding of the mind and their practice. This dialogue with the residents will be facilitated by selected readings, discussions about art events, and producing collaboratively an art show at the university. Although this part of the presentation is about an experience that has just began. Reporting on it in May will be important as a unique educational precedent directly relevant to the theme of this conference.*

3:15pm**Learning About Relational Trauma Through the Art Not Violence Project**

Eva-Marie Stern, MA, Art Psychotherapist, Trauma Therapy Program, Women's College Hospital

Abstract: *The Art Not Violence Project and Gallery were created to give greater visibility to the problem and treatment of trauma and abuse within a medical centre. The Project takes the view that trauma – whether physical, sexual or emotional -- creates greater invisible scars than visible ones, and attempts to make tangible what is often hidden, so that it can be seen and known and healed. The Project understands shame and disconnection as the greatest damage to those who have suffered trauma. With this in mind, it proposes art-making and its dissemination as a means to address the needs of clients who have isolated themselves from the world, and estranged themselves from their imagination, their creativity and other life-sustaining capacities. As a result of such separations, students of human experience are distanced from rich sources of understanding about the effects of violence. The Project includes the web-based Art-Not-Violence Gallery, along with posters and postcards produced with art from the Gallery. In addition to providing a showcase for the artwork created through Art Therapy programs of Women's College Hospital, the Project also seeks to educate hospital staff and the wider public about the many realities of trauma and recovery. This presentation will feature artwork from the Gallery, and will explore the relationships created between art-making, trauma, education, and placing in public view examples of very personal and sensitive self-expression.*

3:30pm**Literature and Social Justice: Using Fiction and Non-Fiction to Promote Activism by Health Professions Students**

Martin Donohoe, MD, Adjunct Professor, Community Health, Portland State University, Kaiser Sunnyside Medical Center

Abstract: *Social justice issues are inadequately covered in health professions education. This paper presents an argument for enhancing the education of health professionals surrounding issues relevant to social justice, and increasing their willingness to become activists, via the use of literature. Through literature, readers can vicariously experience new situations, explore diverse philosophies, and develop empathy with and respect for others whose place in society may be very different from their own. Reading about the experiences of those who suffer the consequences of poverty, racism, stigmatization, and impaired access to health care can help students to identify more closely with their patients, whose complex lives they glimpse only during periodic clinic visits. Literature's instructive and evocative powers can be used to introduce basic principles of social medicine and community health; to facilitate discussion between students regarding the social determinants of illness, the health of populations, and the public health responsibilities of health professionals; to increase empathy, understanding, and appreciation of alternative viewpoints; and to encourage students to undertake further studies and/or research in public health, and to publicly work towards solutions to socio-medical problems.*

Breakout Group Abstracts – Option #4

3:45pm**Poetry in Motion: Stories of Hope and Resistance from the Front Lines**

Rita Wilder Craig, MSW, RSW, Inpatient Mental Health, Humber River Regional Hospital

***Abstract:** The increasingly frenetic pace of work in health care facilities leaves practitioners little time for processing. This can sometimes leave us afloat in a sea of the day's distress. This presentation will focus on poetry written by front line health care workers; (physicians, social workers and nurses) who have turned to this genre to express what is difficult or impossible to do in other ways. It will include a brief review of the literature of illness and disability and will look at the work of writers and poets who have also been patients. Those attending this workshop are asked to think/write about an experience that can be recounted in the form of a narrative poem. If time allows a few of the poems can be read.*

Poster Presentation Abstracts (dedicated session: 12:35-1:45pm)**Art, Potential Space, and Psychotherapy**

Elizabeth J. Spencer, MSW, LICSW

Abstract: *Potential space is the opening that allows for the unknown, for surprise. This is experienced in the play of psychotherapy. Potential space is necessary for change and growth and in the process of creating art. The focus of this poster is on teaching mental health clinicians about creativity and potential space via viewing and encountering works of art in the museum.*

Clinical and Educational Uses of Pathography

Catherine Jenkins, PhD Candidate, Communication and Culture, Ryerson-York Universities

Abstract: *While the positive impact of writing is apparent for the patient, can pathographies also serve clinical and educational functions? In the clinical context, access to patient writing gives practitioners greater insight into the patient experience and may help identify physical or psycho-emotional trends that the patient has not verbalized.*

The Copebook: Sketches, Scraps and Scattering of Undergraduate Medical Students Coping with Stress

Dennis Cho, Medical Student, University of Western Ontario

Joyce Ho, Medical Student, University of Western Ontario

Julie Huang, Medical Student, University of Western Ontario

Adrienne Lebner, Medical Student, University of Western Ontario

Gordon Tsang, Medical Student, University of Western Ontario

Jeff Nisker, MD, PhD, Department of Obstetrics and Gynaecology, University of Western Ontario

Abstract: *The Copebook, a scrapbook, both hard copy and online, consists of anonymous submissions from medical students to help foster the shared collective experience of coping with stress and created a dynamic, self-perpetuating narrative. This poster will illustrate why students need the opportunity to express their experiences of stress and coping, through creative means such as network and poetry, throughout their medical training.*

Cultivating Empathy in Family Medicine Residents Using Film: The Decalogue

Dr. Alan Ng, University of Ottawa, Department of Family Medicine

Dr. Frances Kilbertus, University of Ottawa, Department of Family Medicine

Abstract: *Cinema has been used as a potent teaching tool to promote a narrative-based approach to the consultation and to cultivate empathy in family medicine trainees. This poster describes educational sessions which involve the screening of a series of short films known collectively as The Decalogue, written and directed by Krystof Kiewloski.*

Poster Presentation Abstracts

Culture Matters

Lisa Andermann, MD, Department of Psychiatry, Mount Sinai Hospital, Culture,
Community and Health Studies, University of Toronto
Ted Lo, MD, Department of Psychiatry, Mount Sinai Hospital
Kenneth Fung, MD, Head, Asian Initiative in Mental Health, Department of Psychiatry, UHN

Abstract: *The “Culture Matters” video series explores the views and backgrounds of a small group of experts in the field of cultural psychiatry. Their own social and cultural backgrounds, academic training in anthropology and social sciences, arts and humanities, have all informed their decisions and career paths. They highlight the importance of paying attention to culture in clinical work, and the reasons that “culture matters” in mental health.*

The Effect of Literature on Cognitive Biases

Maja Djikic, Desautels Centre for Integrative thinking, University of Toronto
Keith Oatley, Ontario Institute for Studies in Education, University of Toronto
Mihnea Moldoveanu, Desautels Centre for Integrative Thinking, University of Toronto

Abstract: *One of the strong biases that distorts the accuracy of beliefs individuals form and hold has been described by Kruglanski and Webster (1996) as ‘seizing’ – on beliefs that come early in the cognitive process and ‘freezing’ on the beliefs one has selected. This motivated ‘closing’ of the mind is unfortunately resistant to instructive techniques. In this poster we present an experiment that tested whether exposure to literature rather than non-fictional essays can reduce this bias.*

The Experience of iExperience

Brett Schrewe, MDCM, Resident and Clinical Educator Fellow, Faculty of Medicine, UBC
Alister Browne, PhD, Faculty of Medicine, UBC
Heather Buckley, MD, Faculty of Medicine, UBC
Trevor Corneil, MD, Faculty of Medicine, UBC
Gurdeep Parhar, MD, Equity and Professionalism, Faculty of Medicine, UBC
Anne Worthington, Evaluation Studies Specialist, Faculty of Medicine, UBC
Linlea Armstrong, MD, Department of Medical Genetics – BC Women and Children’s
Hospital, Faculty of Medicine, UBC

Abstract: *The pilot project, iExperience, is voluntary in its first year, consisting of three sessions of small groups of seven students co-facilitated by a clinical faculty member and resident. It aims to deepen critical reflection and discussion of clinical dilemmas experienced in clerkship related to communication, ethics, and inter- & intra-professional relations.*

The Experiences of Novice Faculty Facilitators and Assessors in an Innovative Portfolio Program

Kenneth Locke, MD, University of Toronto
Bochra Kurabi, BSc, University of Toronto
Pier Bryden, MD, University of Toronto
Allan Peterkin, MD, Mount Sinai Hospital
Yee-Ling Chang, MD, St. Michael's Hospital
Michael Roberts, MD, University of Toronto

Abstract: *We sought to understand the experiences of novice faculty facilitators and assessors in a pilot portfolio program in undergraduate medical education. 48 volunteer students met with faculty facilitators in small groups over one year. They submitted a reflective portfolio focused on professional identity, aligned with CanMEDS roles, for year end assessment. The University of Toronto used this pilot to guide implementation of a required portfolio the following year.*

Hysterectomy and its Origins – A Historical and Sociological Perspective into Outdated Medical Vernacular

David Ng, MD, UHN, Department of Family and Community Medicine, University of Toronto

Abstract: *The continued usage of the term hysterectomy illustrates the deficiency behind a modern medical practice that is assumed to be a hard objective science. If modern medical practice is to provide the best care for patients, the education which engenders its practice needs not only to be rigorous in the latest scientific developments, but also inclusive of the arts, for it is in doing so that ethical, socially just care be delivered.*

Injecting Humanity into Small Group Problem-Based Learning: A Simple Painless Strategy for Broadening the Discussion

Debbi Andrews, MD, Pediatrics, University of Alberta

Abstract: *This presentation describes some recent success in broadening problem-based learning (PBL) to include more humanities content. Students must collaborate to set learning objectives, identify resources, address knowledge gaps and come to conclusions, mimicking activities that will be required in clinical settings throughout their careers.*

Interprofessional Health Seminars: The Art of Taking Patients' Perspectives

Ulrich Teucher, PhD, Department of Psychology, University of Saskatchewan
Marcel D'Eon, PhD, College of Medicine, University of Saskatchewan

Abstract: *In the last twenty years, concerted efforts have been made to raise medical students' "narrative competence," for example, in "narrative medicine" seminars that promote taking the perspectives of our patients. Our poster reports on a monthly interprofessional seminar series that has been introducing students on a monthly interprofessional seminar series that has been introducing students from nursing, nutrition, medicine, and pharmacy to patients' perspectives.*

Poster Presentation Abstracts

Learning Through Photonovels in an Undergraduate Health Communication Course

Shelley Wall, MScBMC, PhD, University of Toronto

Abstract: *For the past four years, inspired by the use of photonovels as vehicles for participatory learning in public health, I have had students create photonovels as their final assignment. The opportunity to enact stories of disease and healing in scenarios based on their own experiences allows the students to engage with health information on a different level than is possible in more conventional writing assignments.*

Leisure Reading Collections in Academic Health Sciences Libraries: A Health Humanities Opportunity?

Erin Watson, MA, Clinical Medicine, Pharmacy, and Dentistry Liaison Librarian, Health Sciences Library, University of Saskatchewan

Abstract: *Leisure reading (i.e., reading non-course-related materials) is by definition, not part of the curriculum. But can leisure reading help health sciences students to become more empathetic, culturally-sensitive health professionals? Is leisure reading an opportunity for a health humanities experience, and thus something for which academic health sciences libraries should be “creating space”?*

Making Meaning of our Experiences of Witnessing Suffering: Employing A/R/Tography to Engage in Interprofessional Inquiry and Mutual Care

Patricia McGillicuddy, UHN, School of Social Work, University of Toronto
 Gail Mitchell, Chair, Patient-Centred Care, UHN, Faculty of Nursing, York University
 Nancy Halifax, Faculty of Disability Studies, York University
 Nadine Cross, UHN, Faculty of Nursing, University of Toronto
 Jane Hollett, UHN
 Carolyn Plummer, UHN

Abstract: *This poster will focus on the method, process and outcomes related to the La Loba Project through which eight interprofessional researchers/educators, practitioners and artists gathered to explore the question: What is the emergent meaning of bearing witness to suffering?*

Medicina: An Inaugural, National, Interdisciplinary and Student-Run Conference on the Integration of the Arts and Humanities in Medicine

Shazeen Suleman, Medical Student, University of British Columbia
 Spencer Cleave, Medical Student, University of British Columbia

Abstract: *We propose the development of an annual student-run conference – Medicina – that will educate graduate and professional students in related fields about the role of the arts and humanities in therapy, health policy, cross-cultural understanding and medical outreach.*

Narrative Means to Professional Ends: New Strategies for Teaching CanMEDS Roles in Canadian Medical Schools

Allan Peterkin, MD, Department of Psychiatry, Mount Sinai Hospital
Michael Roberts, MD, University of Toronto
Lynn Kavanagh, MSc, Department of Psychiatry, Mount Sinai Hospital
Tom Havey, MD, University Health Network

Abstract: *A growing literature supports the use of writing exercises as an effective route for encouraging student reflection. The purpose of this pilot project was to study the impact and efficacy of using reflective writing in teaching CanMeds roles and to evaluate students' reflective capacity and understanding of CanMeds roles in the clinical context.*

Otherness Encounter Spaces: The Facilitation of an Empathic Healing Context

Wayne Dunkley, New Media Director, National Film Board of Canada

Abstract: *My artworks facilitate what I term "otherness encounter spaces". These "spaces", centred on story sharing and listening, allow participants to engage their own stories of feeling like the other. When awareness of communal otherness grows, we are facilitating an empathic "space" where relational, emotional and even spiritual healing is possible.*

Poet in Community: Zones of Exploration at the University of Toronto

Ronna Bloom, Student Life, Poet, Psychotherapist

Abstract: *The Poet in Community is an innovative program, which uses poetry to address the passions, interests and needs of the University community. The poster will present history, poet's role, programming, poems that have been used to set things in motion, poems which have emerged from facilitated groups, and voices of participants, organizers, and faculty describing the impact on learning objectives and on their lives.*

Promoting Patient Centred Care in Family Medicine Using Visual Art: A Trip to the Gallery

Dr. Frances Kilbertus, Department of Family Medicine, University of Ottawa
Dr. Alan Ng, Department of Family Medicine, University of Ottawa

Abstract: *The use of visual art and the humanities in a family medicine residency-training program is one way to introduce the concepts of narrative, the importance of self-awareness, the role of creating thinking and the skill of observation to trainees. This poster describes the method of Visual Thinking Strategies (VTS) that is being used in teaching sessions with family medicine trainees during teaching sessions at The National Gallery of Canada.*

Poster Presentation Abstracts

Psychotherapy Students Undergoing Personal Psychotherapy: Training Implications

Bikram DasGupta, PhD, Professor, Yorkville University, Member, College of
Registered Psychotherapists and Registered Mental Health Therapists of Ontario

***Abstract:** The need to undergo personal psychotherapy as part of the training of mental health professionals has recently come under great scrutiny. Drawing upon relevant research and literature, arguments in favour of it and those against its use in psychotherapist training programs will be presented.*

Public Health, Private Interests: The Discursive Framing and Commodification of Disease Experience on the PatientsLikeMe Network

Danielle Stock, PhD Candidate, University of Waterloo

***Abstract:** My study will attempt to reveal how the site's adaptations of the patient health record actually limit the frames of reference for user discussion to the categorizations and normative values of a medical discourse that, paradoxically, works to neutralize and objectivise personal disease experience. Overall, I will suggest that the nature and framing of user data on the PatientsLikeMe network places the same real-world discursive constraints and, thus, the same power structures on patient experience.*

A Resident-Driven Transcultural Psychiatry Reading Group

Colman Nefsky, MD, Resident, Department of Psychiatry, University of Toronto
Alpna Munshi, MD, Resident, Department of Psychiatry, University of Toronto
Lori Wasserman, MD, Resident, Department of Psychiatry, University of Toronto
Debora Pink, MD, Resident, Department of Psychiatry, University of Toronto
Priyadarshani Raju, MD, Resident, Department of Psychiatry, University of Toronto

***Abstract:** The transcultural Psychiatry (TCP) group is a reading and discussion group in Toronto composed of psychiatry residents and people from a wide array of non-medical disciplines. The term "transcultural psychiatry" is interpreted broadly to include not only the delivery of mental health care in a multicultural society, but also the examination of our own professional culture.*

Spiral Garden: Building Community and Mediating Social Isolation Through the Arts

Sarah Dobbs, Artistic Coordinator, Centre for the Arts, Holland Bloorview Kids
Rehabilitation Hospital

***Abstract:** The Spiral Garden is a self-directed, inclusive, outdoor Art, Garden and Play program that has run for over twenty-five years at Holland Bloorview Kids Rehabilitation Hospital. This presentation will examine the innovative way in which the Spiral Garden and all Centre for the Arts programs address issues of social isolation, build community and mediate the mystic and social barriers surrounding disability through the use of the arts.*

Teaching Narrative Medicine to Pre-Medical Students: Problems and Possibilities

Tavis Apramian, MA, MSc, Columbia University

Abstract: *The author taught a six week, non-credit course on Narrative Medicine to thirteen pre-medical students at Columbia University. Using medicine as a lattice, the group discussed, analyzed, and wrote about their place in society, the experience of illness, the possibility of engendering empathy, and the perception of medicine, illness, and death in popular culture, literature, art, and society at large.*

Teaching to Build Teams Could Use an Artist's Touch: An Argument for Incorporating the Humanities into Interprofessional Education Innovations

Pippa Hall, MD, Division of Palliative Medicine, University of Ottawa
Susan Brajtman, RN, PhD, School of Nursing, University of Ottawa
Lynda Weaver, MHA, Med, Department of Palliative Care, University of Ottawa
Pamela Grassau, PhD (Can), Elizabeth Bruyère Research Institute
Enkenyelesh Bekele, Elizabeth Bruyère Research Institute
Lara Varpio, PhD, Faculty of Medicine, University of Ottawa

Abstract: *The poster depicts the series of learning activities: holistic care, collaborative practice; four pillars of the humanities (human experience, historical perspectives, ethics and laws, professionalism), designed to encourage students to interact with the person in their care and the healthcare team.*

Visualizing Our New Body

Richard Oginz, BFA, MFA, Gregory Fellow, University of Leeds

Abstract: *Within our lifetimes dramatic scientific advances change the way we think of ourselves. Our major organs have the opportunity to exchange parts of our bodies for used organs, machine parts, or completely new parts grown in laboratories. If we can make nature, is it still nature? These are some of transitional ideas that drive my visual narrative in sculpture and drawing.*