

Calgary Humanities in Health Care
4th Annual Symposium
Nov 17- 19, 2016

ABSTRACTS
(Alphabetical by Author)

Theme: Care

Anchor Events



Arno K. Kumagai, M.D.

Professor & Vice Chair Education
Dept of Medicine. Cross-appointed
Researcher, Wilson Centre.
F.M. Hill Chair in Humanism Education
University of Toronto

Keynote address to med students:

***We Make the Road While Walking: Fostering
Humanism in Medical Education and Practice***

Keynote address to symposium:

***Encounters with the Other: Reflection, Dialogue and
the Possibilities of Care***



Hedy S. Wald, PhD

Clinical Assoc. Professor, Family Medicine,
Warren Alpert Medical School of Brown
University.
Reflective Writing-enhanced Reflection
scholar

"Commentator-in-Residence" who will close the
symposium with remarkable insights emerging
from our learning community...

Bea

A play by **Mick Gordon**
Directed by **Kevin McKendrick**
www.sagetheatre.com



A young woman struggles to find her voice
while suffering from a debilitating disease.
Explore the limits of compassion, the impact
on those closest to her, the difficult choices
they make.

Radio Gaga

Radio hosts
Joris Hessels
Dominique van Malder



"Hyper local" radio broadcasts the stories of the
community back to the community at a Belgian rehab
facility. They listen to those who drop in to talk and
share their stories. An intimate glimpse into rehab.
The power of radio to bring a community together.

Sonnets and Scintillators: Poetic Perspectives on the Limitations of Technology in Patient Care

Jonathan Craig

MD program, University of Calgary Cumming School of Medicine

(Based on material from ENGL 4951: Poetry and Medical Technology, an independent study course taken in 2015 at Mount Allison University, under the guidance of Dr. Janine Rogers, Dept. of English)

Medical technologies have advanced tremendously in the past half-century, enabling better diagnoses and improving millions of lives through treatment. Yet is it possible that advanced imaging modalities, laboratory tests, and new pharmacologic agents may sometimes distance medical practitioners from their patients? How may technology enhance or interfere with human-to-human relationship at the very core of each medical encounter? Over the past couple of years I have thought about these questions from various disciplinary perspectives: as a physics student, a writer, a reader, and now, a medical student. From a literary perspective, I am interested in how certain technical forms of poetry, such as the sonnet form, may be used to explore these issues. Because the sonnet, first developed as a form of love poetry, is fundamentally concerned with intimate knowledge, perhaps it is a useful tool to explore ideas surrounding the intimate relationship between physician and patient. I will explore how through reading and writing sonnets, we might be able to articulate some of the complex ethical issues around using technology to care for our patients. For example, in his sonnet-like poem “Technology and Medicine,” Dr. Raphael Campo speaks of the detachment he feels in the therapeutic context, generated in part by his reliance on medical technology. Dr. John Wright, on the other hand, writes from the patient’s perspective in “Therapy,” in which he acknowledges the importance of extra-pharmacological aspects of medicine in his treatment. I will also discuss my own experience of writing sonnets in order to explore some of the limitations of modern medical imaging in the therapeutic relationship, and the importance of good communication and empathy in patient care.

Calgarians' Perception of Health and Caring – Snapshot of the Healthcare Experience in Calgary

Author: Jennie Ding

Affiliation: Humans of Calgary; Cumming School of Medicine, University of Calgary

We all have different understanding of what health and caring is. We have all been patients at some point in our lives and have had different experiences – good and bad; sad and happy. We have all been care givers in some shape or form – whether formally as a healthcare professional or informally as the husband, wife, son or daughter of a loved one. This project looks behind the scenes of our everyday lives and asks everyday Calgarians the simple questions of what does health mean to you? What does providing and receiving care mean to you? What is your most memorable experience with the healthcare system? This project features the candid stories of healthcare providers dealing with PTSD, people with chronic diseases, people who has had multiple brushes with death, as well as ethnic minorities who have received healthcare services in a new and unfamiliar city.

The project is carried out through the Humans of Calgary, which is an organization dedicated to bringing Calgarians together. At its core, Humans of Calgary is about making small intimate connections with people, treating each person with dignity, respect, and kindness. We are storytellers. Through sharing the stories of our neighbours, coworkers and friends we bring the history and the culture of the city to life. We are constantly in search of stories to highlight our connectivity to one and another with the hope of strengthening our sense of community. (Please see endnote for the Humans of Calgary operating principles, including those on privacy and confidentiality)

This project for the Humanities in Healthcare Symposium will consist of 5-10 profiles of real Calgarians along with their photos (or the photo of an item that's significant to them). Please see attached for two profile samples. The length of the profiles may vary. We have received permission from all interviewees for the use of their photos and profiles in this project for the Humanities in Healthcare Symposium. We envision these profiles and photos to be displayed either on the walls or on stands around the rooms. As the attendees go about their day, they could read these stories and reflect on their own experiences as either patients or healthcare providers. Although we are not directly critiquing the experiences of our interviewees in this project, we hope that their stories can offer the attendees some space to reflect on their own perception of health and explore the limits of what is possible in providing the best care. These stories could stimulate some thought-provoking questions and discussions among the attendees, and perhaps generate ideas for future research projects – especially if one of the profiles outlines an important gap in care that should be addressed but haven't been considered to date. In a way, this project could be considered as a brief environmental scan of Calgarians' perspective on health and the health system.

I have spoken with Dr. Tom Rosenal and Dr. Lara Nixon about the unconventional presentation of the profiles and have received feedback from both individuals. Dr. Rosenal encouraged the submission of a longer project description given the unconventional nature of the project. He also encouraged the

attachment of profile samples as part of the abstract submission to help provide a better context of the project layout.

End note:

The Humans of Calgary's operating principles are:

- *We are storytellers and connection makers.*
- *Interactions should be approached with an open mind and an open heart. We are here to listen and not judge.*
- *Informed consent: We must always verbally explain Humans of Calgary's organizational background as well as the goals and objectives of the interviews before starting each interview. We must receive verbal consent from our interviewees for photographing and sharing their stories online through various social media platforms including, but are not limited to, Facebook, Twitter, and Pinterest. We must obey the interviewees' wishes regarding the use of the information collected.*
- *Above all, we must strictly operate with the utmost of respect regarding person, privacy, confidentiality, and situation/circumstances*
 - o *If interviewees wish not to have their faces or bodies photographed, we must honour such request*
 - o *When posting the profiles online, we do not use the interviewees' names but they may be identified by other people who read their stories.*
 - o *Interviewees are provided with the opportunity to withdrawal from being featured on our social media sites 2-weeks after the interview. Interviewees can also contact us at any time if they want their profiles to be removed from our social media sites and we will respect their wishes.*

Listening and speaking with the Eyes : A visual exploration of care using Art and Photography

Dr. Allan Donsky
University of calgary

Care is central to the shared experience of what caregivers offer and what receivers hope for. Much has been written about the constituents of good care such as creating sacred space, presence, respect, witnessing, listening, compassion and love. In keeping with the complexity of our humanity, words merely point at something that is absolutely indescribable yet undeniably real. In academia there can be a tendency to overuse language in trying to define, feel, connect with and relate to our lives as they unfold in each moment. The visual arts have long been recognized as one vehicle to carry us beyond our words and descriptions to modes of feeling and being. With the use of paintings and photographs to dispel the fog of language, this power point presentation will engage our vision of what care can look like. We will look at images from different cultures and periods to uncover what lies within each of us as we meet ourselves on the screen. Participants are invited to reflect aloud as to what each image says to them about the many facets of care and caring, both as giver and receiver.

From Girlhood to Motherhood: Reconciling Medical and Cultural Conceptions of Childbirth Through Seventeenth-Century Literature

Ashleigh Frayne

Department of Medicine, University of Calgary

Preceptors: Dr. Roberta Jackson and Dr. Monica Kidd

For centuries in England, childbirth had been the exclusive domain of women and knowledge of pregnancy and delivery was passed down between generations of female midwives. Indeed, men did not attend births until the seventeenth century, when the medicalization of childbirth began to take place. This medicalization was characterized by instrumentation, like forceps, and procedures, like caesarean sections. Underlying these medical advances, however, was a deep undercurrent of anxiety and mistrust of women – with their hidden bodies, secret science of midwifery, and mysterious role in the reproductive process.

In his literary work, *A Masque Presented at Ludlow Castle* (1634), John Milton stages the ritual initiation of a young woman into a new stage of life, demonstrating a keen awareness of the debate over women's reproductive power, and the medical and ritual practices surrounding seventeenth-century obstetrical care. Milton is regarded by many scholars as being one of the most influential English writers, alongside William Shakespeare. However, scholarly accounts of the literary tradition surrounding the medicalization of childbirth largely overlook Milton's *Masque*. Thus, his poetic exploration of successful and failed instances of reproduction, which draws on the rich and complex social, religious, and medical discourses of childbirth to portray the precarious nature of the procreative process, has not received the critical attention it deserves.

This presentation is an attempt to uncover a voice in the debate over the medicalization of childbirth that has been underrepresented in the critical field. By situating Milton's work within the debate, this presentation will reexamine the poetic tradition surrounding the emergence of modern obstetric medicine through a literary lens. Additionally, through an analysis of key primary sources, including literary and scientific texts, this presentation will investigate how poetic responses to advances in obstetrical care influenced public perceptions of women's roles in childbirth, both as midwives and mothers.

An Evaluation of the Healer's Art Curriculum: Caring For Those Who Care

Authors: Bridget Gibson, Grazyna Burek
Cumming School of Medicine

Preceptor: None

Presentation preferred: Poster

The Healer's Art is a curriculum developed in 1991 by Dr. Rachel Naomi Remen offered at various medical schools around the world to medical students to in their first and second years of training. It provides a group based learning environment for topics surrounding the human dimensions of medical training that are not part of the formal medical school curriculum with an emphasis on personal reflection. We believe that healthcare providers who are supported to develop personal reflective practices and are challenged to analyse their own emotional reactions and coping patterns are better able to meet the emotional demands of caring for patients with open hearts.

To evaluate the effect of the Healer's Art sessions we will gather information from two groups of medical trainees, those who have completed the Healer's Art curriculum and those who have not. We will assess the impact it has had on their practices, resilience, coping and ability to care for patients using an adapted self-evaluation resilience questionnaire. The comparison of these groups could then be used to guide potential expansion of the Healer's Art training to include all medical students at the Cumming School of Medicine.

We have adapted the Healer's Art group structure and continued a group to meet throughout the final year of medical school to continue to discuss the emotional aspects of caring for patients. We hope that we can use this group to further evaluate the impact of such a curriculum on the practicing physician and subsequent care of patients.

Drawing on narrative and the arts to access experiences of care, team and illness: Patient and family member reflections on palliative end-of-life care

Pamela Grassau¹; Lynda Weaver², Pippa Hall³

1. Research Associate III, Bruyère Research Institute, Palliative Care Education and Research,
2. Coordinator, Quality, Patient Safety and Risk Management, Bruyère Continuing Care,
3. Adjunct Professor, Department of Medicine, Medicine and the Humanities Program, University of Ottawa

Holistic care, a philosophy which centrally informs palliative end-of-life care, reinforces that care practices for patients and their loved ones encompass physical, emotional, spiritual, social and cultural realms of experience. To assess if we have provided holistic and collaborative care, we need methods that encourage patients and families to share context-specific, relational, aesthetic, tacit and meaning-based understandings of how our practices really touch their lives.

From June 2011-January 2012 patients, and/or family members on the palliative care unit (PCU) at Bruyère Continuing Care were invited to use arts and/or narratives to express their experiences, feelings and insights about their care, guided by a series of open-ended questions about care, care practices, and teamwork. Qualitative transcripts and arts-based images were imported into NVivo10 and were analyzed using a modified narrative and visual rhetoric methodology.

34 people (19 patients; 10 family members; and 5 patient/family members), participated in our study. Analysis of each creation was done by at least three members of the research team. Patients and families shared their perceptions of their role in the team, what 'good' care looks like and most importantly what built and sustained relationships over even short periods of time. Essential was the importance of these relationships as they worked to understand and construct their own meaning about death, dying, and our shared humanity. Within this presentation we will discuss our methods, results and key learnings in drawing on this approach.

The use of narrative and the arts enabled the patients and families in our study to convey a wide range of their understandings, insights and experiences. We need to use methods and approaches that support patients and families as they engage with the complexities and subtleties of how care, care practices, team, and relationships inform experiences of care at the end of life.

A community of care outside of healthcare: chronic pain support groups

Pained bodies with suffering souls

Richard Hovey

In Montreal Quebec every 2nd Friday a group of people show-up to an unassuming room, where conversations about experiences of living with chronic pain take place. These people, men and women, young and old, talk about pain, treatments and medications as well as stories about their suffering, losses and achievements. I am a member of this community and experienced first-hand the humanizing-hospitality and commitment to people learning to live with pain. I get the sense that many people find a unique kind of care that can only be found within the dynamics of chronic pain support groups. An all too common story for any people living with chronic pain is being told by healthcare that there is nothing more that can be done for them.

Pain is a physical-medical problem of the body while suffering is a moral-philosophical problem experienced by the person. Suffering as a human experience can be expressed narratively, poetically and visually which interpretively become a means to care for the other.

The origin of the word care include sorrow, anxiety, grief, also burdens of mind; serious mental attention, as well as, to lament and grief. Other origins include protection, to take care of, take in hand, to do. As a verb to be anxious, grieve; to feel concern or interest or have an inclination and have fondness for another.

This presentation will explore the ways in which care and caring are interpreted, felt and narrated by people who attend chronic pain support groups. Is the efficacy of support groups found in how members seek out and provide care to each other? If so, what meaning does this kind of care hold for people living with chronic pain, its influence on suffering, coping and hope?

Complexities of Choice: understanding women's choice for caesarean delivery

Julia Imanoff, MN, RN, PNC(c)

Graham McCaffrey, PhD, RN

Cynthia Mannion, PhD, RN

Faculty of Nursing, University of Calgary

Women are choosing to deliver by caesarean in the absence of clinical indication. This trend is complex and concerning for Health Care Providers (HCP). It poses a challenge in terms of resource allocation, economics, and surgical risks. Yet, women's understanding of choice is poorly understood.

This study answers the question: how HCPs might understand women's choice for CD? Four women who had chosen to have their first baby by caesarean delivery were interviewed. The interviews were recorded and transcribed verbatim. An interpretive analysis was performed based upon the dialogic hermeneutics of Hans George Gadamer (1985), in order to develop complex and highly contextualized understandings of the topic. The analysis included continuously reframing and assimilating new understandings through reflection and re-reading transcripts until a point was reached where new understandings could be presented as final interpretations.

The interpretations emphasized the complexities of choice, HCPs' role in birth experiences, and how the woman in this study understood vaginal deliveries as risky and unpredictable and caesarean deliveries as safe and controlled.

These findings question how HCP's understandings of choice can shape patient care and challenge HCPs to reflect on the meaning of the choice for each woman and how it is situated in a broader historical context, and how they can promote positive birth experiences in their practice.

Embodying trust: cultivating non-verbal communication skills in healthcare education

Martina Kelly¹, Lara Nixon¹, Kirstin Broadfoot², Tim Dornan³

¹Department of Family Medicine, Cumming School of Medicine, University of Calgary

²University of Colorado

³Queens University, Belfast UK

Problem Most human interaction is nonverbal. Nonverbal communication skills are particularly associated with expression of emotional information and play a central role in relationship-centred care. The development and implementation of effective strategies to teach nonverbal communication skills is underdeveloped in medical education.

Approach We describe the design, content and evaluation of two workshops devised to promote nonverbal communication skills through use of experiential learning activities. The first workshop exercised drama games to raise participant awareness of sight, hearing, use of the body and space, and touch. The second workshop centred on use of touch in clinical practice and medical education. Workshops were evaluated via feedback forms and reflections generated through the workshops, which were analyzed by thematic template analysis.

Outcomes Eight workshops were given at national and international health professional education conferences, attended by one hundred and fifteen participants. Participants included physicians, medical students, residents and a broad range of non-medical faculty active in health professions education. Skills learned were use of visual perception, deep listening, embodied awareness, use of space, and touch. The overarching 'take home' message related to the role nonverbal skills in establishing trust and building relationships. Participants valued learning through their imaginations in a safe, fun environment.

Next steps We present these findings to encourage other faculty to adopt these strategies in the development of nonverbal communication skills in medical education. Creating partnerships with colleagues in social sciences and communication skills offers potential to adapt the workshops according to local resources.

Getting Into the Canoe: Contact Hypothesis and Aboriginal Awareness with Nursing Students

M. Helena Myllykoski RN, MHSc

Associate Professor, School of Nursing and Midwifery, Mount Royal University

Contact hypothesis informed this research project which explored the impact of interaction with Aboriginal leaders and exposure to historical information upon both relationship and professional role development. This qualitative research project examined the impact of exposure to an interactive Aboriginal awareness workshop upon the professional role development of student nurses. Supported by local Aboriginal leaders, nursing students participated in a workshop that explored the historical impact of policy upon Aboriginal communities which have subsequently been associated with challenging social determinants of health and health status. Data results have indicated that the experience was transformational for most students who found the experience a powerful way to foster self-reflection in terms of their role as healthcare providers, begin to develop a culturally sound approach to care and work toward establishment of partnership with care recipients. Data also revealed that students believed the experience to be both influential and necessary in terms of application of theory to practice reinforcing the need for an understanding of the importance of cultural awareness and safety to be of mutual benefit in the therapeutic relationship. Study subjects stated that such experience were particularly relevant within the Canadian context of healthcare provision to more fully provide competent, compassionate and caring healthcare to Aboriginal peoples.

Honoring the Uncomfortable: Transforming through Contemplative Practice

Kara Sealock, RN, BN, MEd, CNCC(C)

Faculty of Nursing, University of Calgary

Nurses, physicians, pharmacists, and other health care practitioners bear witness to uncomfortable and difficult health experiences of patients, clients, and their families. Learning to honour and lean into the uncomfortableness of those emotional experiences can be challenging for both educator and students. It is in the relational space where the humanities of practice can be exercised, often transforming the teacher and the student. Space is defined as an “in-between” juncture which allows for pedagogical learning, reflection, and the potential for growth. Through purposeful and meaningful approaches of contemplative pedagogy by educators, students learn the art of being present with another. In this presentation, I will discuss the power of space, how contemplative pedagogy can be woven into a healthcare curriculum, and finally, how dialogue can influence contemplative practice.

Keywords: contemplative pedagogy, humanism, curriculum, emotional learning, transformational learning, space, students, education

Making the Patient Central to Healthcare Decision-Making: Linking Shared Decision-making skills to Evidence-Based Medicine principles for Family Medicine Clerkship students

Amy Tan, Martina Kelly

Dept of Family Medicine, Cumming School of Medicine, University of Calgary

Shared decision-making (SDM) is a central tenet of patient-centred care and actively engages patients in their own healthcare decisions, while improving patient satisfaction and health outcomes. While reaching an agreement with a patient is an important step in most communication frameworks, the process of shared decision-making oftentimes is not made explicit to students. As such, their knowledge and skills engaging in effective shared decision-making with patients is lacking. At the same time, there is an ongoing emphasis on students to apply evidence-based medicine to patient management plans.

Our project serves to explicitly link evidence-based medicine with shared decision-making whereby evidence is applied to the individual patient in a collaborative manner. Information is exchanged about healthcare options by the student, and the patient shares his/her values and preferences. In this curricular innovation, students (n=150) must answer a specific clinical question based on a patient encounter during their Family Medicine Clerkship rotation, and critically appraise the evidence to answer the question. Then, the student follows up with the patient and engages in a shared decision-making conversation, where the evidence found is presented to the patient, and the patient's individual context is considered during this information exchange to come to a patient-centred informed decision. Students reflect on this interaction in a written assignment about how they applied the evidence to the individual patient in a collaborative and caring manner.

Preliminary thematic analysis of the students' written reflections on the SDM process highlights that this process reminds students that the patient is **central** to healthcare decision-making and the patient's values and goals must always be applied. We will share analysis of the students' assignments as an outcome of this project to help inform programs on how to provide explicit training opportunities to develop student patient-centred shared decision-making skills, and how to use evidence to inform, rather than dictate a patient's healthcare decisions.

The Language of Care: Metaphors of Cancer

Ulrich Teucher

Health Studies, University of Saskatchewan

Cancer is an experience that is enormously difficult to put into language: how should the suffering, uncertainty, and fear of dying be stated? Language itself becomes uncertain and meanings may become revalued: what was once a symbol of life (e.g., breasts, breast feeding), may turn into a symbol of death (breast cancer; see Blondal 2008). Other patients' good news will make cancer patients wonder why they are not doing better; at the same time, other patients' unfavourable news will be read as certain indications of one's own poor trajectory. In self-care, cancer patients may cherish certain metaphors that serve as supportive images through stressful times; however, what may be a supportive image to one woman, say, an eagle (sharp eye, detects cancer cells), may well represent a devastating image to the next woman (whose supportive image may be that of a dove – but eagles eat doves . . .). In the latter case (in a support group), the two women needed to resolve their conflicts in the language of care.

In my research, I became interested in the metaphors that we use in our language of care. Indeed, cancer patients' narratives abound with metaphor (e.g., Sontag 1977, Frank 1997, Gubar, 2016). Given the pervasiveness of metaphor in cancer care, it is important to examine how these images are used in the search for meaning. Building on a cultural, interdisciplinary study (combining nursing, psychology, and literature, that is, health sciences, social sciences, and humanities) of more than 300 cancer metaphors and narratives, I developed a triple methodology, a “therapeutic psychopoetics”, as it were (e.g., Teucher 2000, 2007). It became apparent that each metaphor reveals an astonishing range of meanings about, e.g., self, body, time, and illness.

For the proposed poster, I have analyzed the narratives and metaphors in narratives of cancer, including published accounts (e.g., Beauvoir 1983; French 1998; Wadler 1992, 1997, 2013), as well as unpublished narratives invited from participants in my research. This typology of metaphors can enable patients, caregivers, health professionals, and researchers, to know what to listen for in the language of care.

What is the Role of Medical Illustration in Clinical Care?

Shelley Wall

Biomedical Communications Graduate Program, Institute of Medical Science,
Faculty of Medicine, University of Toronto

Medical illustration has been described as “art in the service of science”; anatomical illustration is almost coeval with western medicine as we know it. And yet this art is almost silent within the discipline of health humanities. Perhaps the problem lies in that “service” moniker: like good help, medical illustration is supposed to do its job invisibly, silently, behind the scenes, while the master narrative of biomedicine goes about its business. At the same time, scholars of medical imagery recognize that historically-contingent cultural values are embedded in even the most seemingly “objective” representations: anatomical representations teach us to recognize, compare, and categorize the bodies of others, and also our own; they play a role in mediating cultural notions of normativity, disability, gender, age, race, shape, and other aspects of what it means to be embodied. For this reason, illustrations—used directly, in the context of a clinical encounter, or informally, as patients and caregivers seek to make sense of symptoms, diagnoses, or treatments—influence both the cognitive and affective dimensions of health care. This presentation will consider how the aesthetics and visual strategies of medical illustrations might inflect the experience of illness and care. Examples will be drawn from the author's own work as an illustrator for patient education, and from graduate students' projects undertaken in the Master of Science in Biomedical Communications program at the University of Toronto.

The Sick Mannes Salve: Contemplative Traditions and End of Life Care

Mary Wallis, PhD, RN

Alberta Health Services Palliative Care Consult Service, Calgary Zone

In recent decades, the term “Contemplative Care” has been used to describe an approach to the care of dying people that is based on insights from eastern religious traditions, and given credibility by neurophysiological descriptions of how the human brain “expresses” such values as compassion, lovingkindness, and equanimity. Contemplative Care practices have proven valuable to many caregivers, professionals and volunteers who attend the dying. Not only do these people find sustenance and peace in what is often difficult work, but those on the receiving end of contemplative care, even without knowing it, can be comforted by the calm receptivity and other-centredness that is its hallmark.

While much has rightly been made of the eastern contribution to contemporary Contemplative Care, this presentation shows its kinship with the *western* contemplative tradition, a great deal of which has been obscured, if not consciously discarded, from care of the sick and dying in the late 19th and 20th Centuries. Selected textual and visual examples from the Middle Ages and later represent, albeit with now unfamiliar language and theology, several definitive themes and practices in contemporary Contemplative Care: the dyad of provider and recipient of care seen together within a larger whole; the emphasis on “caring for” as a spiritual exercise with all the clarity of thought that this requires; the willingness to embrace mystery, and to move toward rather than from pain and fear.

The presentation shows the catalytic effects of war and social disruption on the growth, the decline, and the new appeal of Contemplative Care in the west as it is reawakened and redefined by new views and new science. Hopefully, it also reconnects us with the people who long before us, faced the same dilemmas in care of dying people as we do: hope, suffering, pain, fear and mystery.