

Calgary Health Humanities Symposium

2018 October 18 & 19

Abstracts

Michael J Green MD, MS

Keynote address. *Using comics to teach and learn about doctoring: what, why & how*

Michael Green is a physician and bioethicist at the Penn State University's Milton S. Hershey Medical Center. He is Interim Chair of the Department of Humanities, Chair of the Hospital Ethics Committee, and Director of the Program in Bioethics. He attended medical school at the University of Illinois and completed residency in internal medicine at Northwestern University's Evanston Hospital. He received fellowship training in clinical medical ethics at the University of Chicago's Center for Clinical Medical Ethics, and in general internal medicine and medical ethics at the University of Wisconsin. He is currently Professor in the Departments of Humanities and Internal Medicine, where he cares for patients, teaches medical students and residents, and conducts research. He has published numerous articles and is an NIH-funded researcher for his work in bioethics, which most recently has focused on helping patients and their family members make informed decisions at the end-of-life. He is the co-creator of "Making Your Wishes Known," an interactive computer-based decision aid that helps individuals be better prepared to make medical decisions when they can no longer speak for themselves.

Dr. Green also is an innovator in the use of comics in medical education. He helped found the field of "Graphic Medicine" and has published several landmark articles on the topic as well as being one of the authors of *the Graphic Medicine Manifesto* from Penn State University Press. He is guest editor of the Graphic Medicine section of the *Annals of Internal Medicine*, and he teaches a course on Comics and Medicine to 4th-year medical students, whose comics can be viewed online. He is an artist and photographer, is married, has two children, and lives in Hershey, Pennsylvania.

Cam Matamoros¹ BFA MA, Amy Rudkoski¹ BSc (kinesiology), BSc (anthropology), MA, Erika Friebe¹, Harneet Chahal¹, BSc, MSc Public Health, Max Lazar-Kurz², Laurie Pereles³ MD, Tom Rosenal⁴ MD

¹Class of 2020, ²Class of 2021, ³Dept of Family Medicine, ⁴Dept Critical Care
Cumming School of Medicine, University of Calgary

Medicine 2 Write Home About

Medicine 2 Write Home About invites you to create a postcard based on your reflections at the Health Humanities Symposium and we will mail it for you to anywhere in Canada or the US. Over the course of the 2 days of the symposium, attendees can enjoy and contribute to a participatory, site-specific, cumulative installation of these postcards-in-progress. A vast selection of drawing and collage materials are available along with facilitation to help you distill your thoughts and give them postcard form.

Holding Everything, But Grasping Nothing: Reclaiming the Possibilities of Hermeneutical Excess Through the Health Humanities

In many healthcare settings, a surplus of meaning or “hermeneutic excess” can be a dangerous thing. When working with others in life and death situations, clarity and specificity is of utmost importance. This specificity, however, can easily seep from appropriate contexts into every area of healthcare education, research, and practice. This is problematic as the meaning of healthcare experiences for patients, families, and healthcare professionals are not specific and constrained; they are constantly shifting and could always be understood differently. If health educators, researchers, and practitioners desire to gain a deeper understanding of important healthcare-related phenomena within the fluid, shifting horizons of human experience, we may need some way to bring the speculative dimensions of meaning back into the foreground of our awareness. To explore this idea, we will first use the philosophical discourses of hermeneutical aesthetics (HA) to investigate why the humanities matter to healthcare education, research, and practice. Next, using the lens of HA, we will present short Digital Stories as examples of how the health humanities can uniquely cultivate understanding through leveraging the hermeneutical excess of words, images, and composition. Finally, we will conclude with some reflections on the potential for the health humanities to cultivate an aesthetic attentiveness that can protect healthcare education, research and practice from grasping everything, but holding nothing.

Kelly M¹, Nixon L¹, Crowshoe L¹, Harvey A², Tink W¹, Rosenal T³.

¹Dept of Family Medicine, ²Depts of Surgery and Oncology, ³Department of Critical Care Medicine, Cumming School of Medicine, University of Calgary

Boundary crossings: a co-operative inquiry on touch in medical education

Background/purpose: Touch is an important form of nonverbal communication, rarely addressed in medical education. In a systematic review on touch across the healthcare professions¹, learners and faculty identified the need for explicit instruction on touch. Study authors identified only four papers detailing physician’s experiences of touch. To inform curriculum design on this topic, we wished to identify and describe preceptor experiences communicating with touch, and how they addressed this subject with learners.

Methods: Six academic physicians met 6 times over 2 years, using the action research framework of co-operative inquiry. Subjects acted as co-researchers to engage in cycles of action and critical reflection. Meetings were recorded and transcribed verbatim. In between meetings, participants wrote personal experiential accounts, interviewed curriculum leaders, examined relevant documentation (e.g. school policies and accreditation statements), and video-recorded role-plays stimulated by personal narratives. Data were analyzed cross-sectionally, using template analysis and longitudinally, using case narratives.

Findings: Participants comprised four family physicians, a surgeon and an intensivist; three men and three women, from different ethnic backgrounds. Three key themes were identified: clarifying touch, boundaries of touch and teaching and learning touch. Touch was a tacit practice which included affective dimensions and embodied interaction. Touch extended beyond the dyadic experience, influenced by disciplinary, organizational and societal elements. Specific teaching was challenging due to contextual nuances in the patient /physician relationship (e.g. gender, culture, prior experience), and practice setting. Organizational factors such as school policies and accreditation requirements influenced participants’ practices in relation to touch.

Discussion: Touch is an important communication skill in medicine but complex to teach and highly contextual. Starting points could include: 1) supporting student reflection on their experiences of touch

2) fostering dialogue amongst faculty to ensure that fears of impropriety does not displace teaching around the power of communicating with touch.

1. Kelly MA, Nixon L, McClurg C, Scherpbier A, King N, Dornan T. Experience of touch in health care: a meta-ethnography across the health care professions. *Qualitative health research*. 2018;28(2):200-12.

Ye Kyung Song MD-PhD Candidate

Medical Humanities, Institute for the Medical Humanities, University of Texas Medical Branch

Expressions of Medical Student Burnout Online: An Autonetnographic Study

45-56% of medical students suffer from a symptom of burnout as measured by the Maslach Burnout Inventory, which assesses the degree of emotional exhaustion, depersonalization, and personal achievement that one feels due to their job. Given how pervasive burnout is in medicine, the strong association between burnout and mental illness has profound significance: an oft-stated statistic is that we lose 400 physicians and 150 medical students a year in the United States to suicide.

The chronic nature of burnout impacts patient care: as students become depersonalized and cynical, they are less likely to reflect and learn from their mistakes and be empathetic. From a public health perspective, the quality of care is also negatively impacted because of the lack of continuity of care when a physician is burned out and commits suicide: one million Americans lose their physicians to suicide each year.

This paper presentation will discuss my autonetnographic study which thematically analyzed text posts, image macros, and comment threads that mention burnout from December 2011 to July 2018. The themes include how medical students conceptualize and operationalize the term, “burnout,” how they cope with burnout, and what barriers and attitudes they face which perpetuate a system that fosters burnout on an anonymous social media site. As users were anonymous, this paper studies interactions between users and the creation of a public discourse around burnout.

Drawing from my personal experience and the data gathered on this anonymous forum, I bring my findings into conversation with contemporary literature on the effectiveness of the health humanities in protecting medical students from burnout. By bringing medical student voices to the forefront of the burnout research, my presentation will also present ways that educators can move forward in creating more nuanced and effective ways of addressing a deeply rooted, systemic problem.

Cam Matamoros¹ BFA MA, Tom Rosenal² MD

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Workshop: Art is the patient with us

An interactive exploration of the benefits and limitations of the live patient presentation in undergraduate medical education. Participants will consider Richard Fung’s video *Sea in the Blood* as a case study of how presenting patient narratives through art may overcome some limitations — and act as an adjuvant to the benefits — of this ubiquitous element of medical pedagogy.

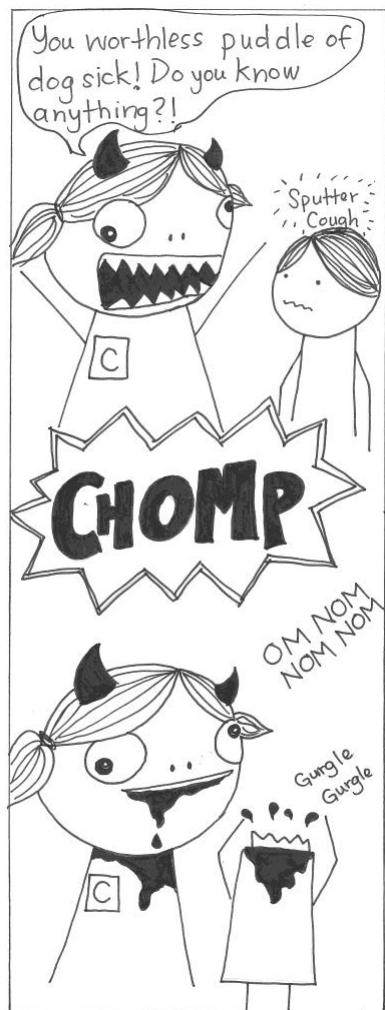
Mary Wallis RN, PhD,

Clinical Nurse Specialist, Palliative Care Consult Service – Calgary Zone

Bedside Clues to Big Stories: How Literary Arts Lead Us to Balanced Patient Care. Sometimes.

Patient care, particularly complex care amid traumatic life changes, can become unbalanced when competent, evidence-based medicine brings about good patient outcomes but leaves the clinician exhausted, in doubt, or frustrated. Or it can result when care that seemed “adequate” in the clinician’s mind leaves the *patient* feeling exhausted, in doubt, or frustrated. How do stories – great essential stories as well as everyday tales – give patients a sense of completion and satisfaction as they receive care, and at the same time, allow clinicians to participate in a more relaxed and reflective way in the caring process. Using an old but still venerated 1971 article by Stephen Crites entitled “The Narrative Quality of Experience” as the basis for the discussion, this presentation offers four tiny examples from the world of patient care – so subtle that they are easy to miss - to show how simple and yet deeply satisfying care can be when it is informed by a grasp of the narrative dimensions of the experience of illness and death. And sometimes, when narrative medicine becomes too self-conscious or is reduced to an end in itself, not so much.

Trey Banbury
Penn State University Medical School



Popular Theatre as Primary Prevention Approach for Indigenous Youth Suicide: Exploring the Role of Physicians in Community Arts

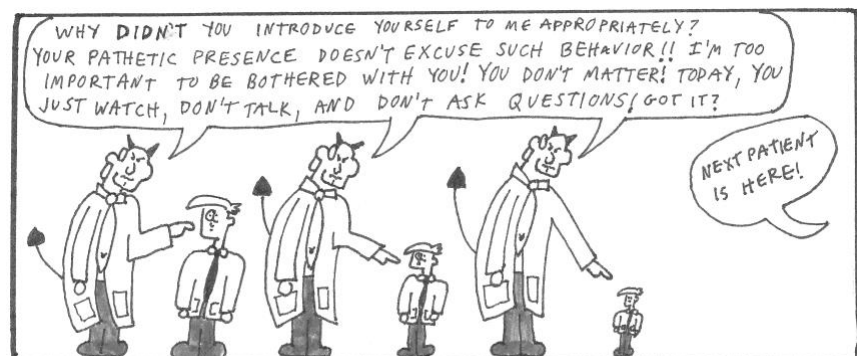
BACKGROUND: While much is known about the prevalence of youth suicide affecting Indigenous communities across Canada, important challenges emerge in the implementation of holistic prevention approaches that unite individuals, families, service providers, and communities in common healing projects. Our team developed a Popular Theatre (PT) intervention strategy based on techniques used in Theatre of the Oppressed (TO), developed by Augusto Boal (1979). The expressive and transformational nature of PT involves Indigenous youth in developing critical consciousness about oppression and wider systems shaping suicide in their communities. Theatre for social change theory hypothesizes that engaging community members in acting out potential solutions to a social problem provides the community with an opportunity to conceptualize, dialogue, and rehearse solutions for acting out in real life.

METHODS: In 2015, 2017, and 2018, we explored PT with three groups of Indigenous youth aged 14 to 20 years meeting 2-4 times a week over 4-5 months each. During workshops facilitated by a Blackfoot suicide prevention coordinator in a Treaty 7 First Nation who was trained in theatre methods, youth identified what a life lived well would mean for them, exploring what gets in the way of reaching their goals. The multi-week process worked towards collective development of scenes culminating with unresolved storylines that represented key issues in their lives. The final aim was to perform the scenes before audiences of family, friends, wider communities, and service providers (e.g., physicians, educators).

FINDINGS & DISCUSSION: PT stirs opportunity for creative, community-based dialogue around topics identified by youth as important for their wellness. Anchored in youth stories, PT can nevertheless be inclusive of all community members and adaptable to Indigenous knowledge and principles. This approach to suicide prevention also targets structural and political changes needed for preventing suicide in diverse Indigenous contexts. PT is a relevant strategy for the understudied area of primary suicide prevention, as it offers means of promoting health and self-efficacy through a collaborative, arts-based approach grounded in local realities. It is strengths-based and focused on transformative community-driven solutions adaptable to diverse contexts. It also affords health providers an opportunity to engage with patient social realities outside of the clinical encounter, gaining deepened awareness and connection to the drivers of negative mental health outcomes impacting many Indigenous youth.

PERFORMANCE: The research team could present findings from this research, which is funded by the College of Family Physicians of Canada, as an oral presentation, or could model this work through a small PT performance for audience engagement. An interactive performance could be facilitated within a 30 to 45-minute window, and would not require more than open space for those attending to come together in a circle of chairs.

Mike Pitzer
Penn State University Medical School



Who's story is it anyway? Respecting patient's voices in medical education, a panel discussion

Background: Stories are increasingly common in healthcare education. Small group case discussions, clinical presentations and patient narratives as part of knowledge translation strategies are familiar formats for medical students and practitioners. A key rationale for stories in medical education is they foreground subjective, personal experience. They promote humane healthcare by giving voice to the vulnerability of being ill or the dilemmas faced by individuals in complex health care systems. While there is no doubt that stories are a compelling means to improve our understandings of illness and health, in this panel, we will discuss some unintended consequences of 'using' stories. In particular, we will examine the notion of voice in stories in healthcare education and whose voice is really represented. By voice, we refer to how medical educators address issues of authorship, representation and interpretation in story-telling. We propose that sensitive attention to voice in story-telling is important to promote reciprocity and relationship-centred care between patients and practitioners.

Format: The panel will open with a 5 minute overview of the problem, followed by 10 minute presentation from each speaker. Dr. Pereles will address authorship, reviewing key literature which substantiates subjective experience through narrative approaches in medical education. We will then give examples from empirical studies on how patient voices are represented in curricula, at undergraduate and postgraduate level. Dr. Moncrieff will present findings from a mixed methods analysis of how patients with chronic illness are represented in small group cases. Kathleen's results draw attention to the importance of rich contextual detail when presenting patient narratives, and the role of language in promoting or negating illness stereotypes in undergraduate education. Dr. Thille will present data from her ongoing work on patient representation in knowledge translation attempts. She will highlight how stories in knowledge translation can reinforce or disrupt a larger narrative about medicine, one that relegates patients to the role of adherers rather than co-participants. Finally, Dr. Kelly will present approaches rooted in social sciences, broadly referred to as 'narrative ethics' which emphasize the importance of interpretation in story-telling. These concepts could be used to promote more partnership between story teller and listener when working with stories. The final 15 minutes will be devoted to questions and large group discussion.

References

1. Frank AW. Why study people's stories? The dialogical ethics of narrative analysis. *International journal of qualitative methods*. 2002;1(1):109-17.
2. McCarthy J. Principlism or narrative ethics: must we choose between them? *Medical Humanities*. 2003;29(2):65-71.
3. Baldwin C. Narrative ethics for narrative care. *Journal of aging studies*. 2015;34:183-9.

Yvonne Tsui
Penn State University Medical School



Michael J. Green MD MS

Professor, Depts of Humanities and Internal Medicine, Penn State University's Milton S. Hershey Medical Center

Workshop: Graphic Medicine

Some people think that, like pudding and mustard, comics and medicine just don't belong together. But if you think about it, doctors are natural story tellers, and medicine is replete with visual and symbolic meaning. So too, comics are fundamentally about telling stories visually, so reading and making comics can be highly relevant to the medical profession. In this workshop, we'll explore how drawing and writing can be relevant for health professionals, whether you are students or experienced practitioners. Through a variety of enjoyable activities, we will help participants overcome skepticism and fear of drawing, while spending time reflecting on the healthcare field of which we are a part.

Goals:

1. To understand how comics can promote personal reflection about one's experience within the medical profession
 2. To have fun learning a new skill that can be applied to medical practice
 3. To collaborate with others to communicate complex ideas creatively
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Jane Chamberlin PhD candidate

Department of English, University of Calgary

The Pleasure of Discontent: on writing in a medical school

Reading and writing can inspire profound reflection and aesthetic pleasure, but they can also lead to inconvenient epiphanies. Jane Chamberlin, former writer-in-residence at the Cumming School of Medicine, explores the symbiotic relationship between humanities and health care – a relationship that sows seeds of productive discontent.

Jane Chamberlin PhD candidate

Department of English, University of Calgary

Workshop: From Your Point of View: a writing workshop on perspective

How can a change in perspective illuminate some of our most challenging professional moments? In this workshop you'll step into someone else's shoes and write from their perspective. This low-pressure workshop gives you a chance to reflect, get creative and imagine.

Ulrich Teucher

University of Saskatchewan, Health Studies Program, Dept of Psychology; Department of Community, Health, and Epidemiology (College of Medicine)

The Dance of the Luna Moth: Art and Medicine as Friends, Enemies and Distractors

In March 2019, a piece of modern dance, *World after Dark*, choreographed by Shannon Litzenberger, will premier in Toronto. The dance shows a luna moth coming out of chrysalis and, once all limbs and wings have been articulated (the dancer studied with an entomologist for her performance), flies off into the night - mistaking a streetlight for the moon. This movingly enacted dance serves well to illustrate some of the issues at hand in One Health, regarding complex relationships between art and medicine. I will argue that different perspectives and basic assumptions may inter- and counteract as we consider whether art and medicine are friends, enemies, or distractors. For example, from an artistic perspective, and concerned for the health of the environment, viewers may be moved by the artistry of the dance as a (human) dancer invites us into the vulnerable body of an insect and its intricately developing movements. The audience may be moved to consider the richness of an "other" life neglected (the night). It may metaphorically consider the human search for the light of knowledge (a light that can singe us) or, in more literal terms, bemoan (perhaps nostalgically) the plight of an insect as a sign of the environment being unfortunately but inevitably doomed to succumb to the forward march of civilization. From the perspective of agricultural health, insects can be considered "pests" that need to be controlled so as to preserve the health of a crop - and human health. From a biological perspective, we may consider the effects of pesticides on insect brains and, in a utilitarian manner, the consequences on human health as pollination may be decreased. In sum, the dance of the luna moth may evoke a complexity of responses that may pose art and medicine in varying positions: as friends, enemies, and distractors.

Liza Futerman & **Evi Tampold**, BFA (Socially Engaged Art) candidate

Department of Fine Art, Goddard College, Vermont, USA

Keeper of the Clouds

Keeper of the Clouds is a 2016 graphic novel written by Liza Futerman and illustrated by Evi Tampold illustrating an instance in time between a mother living with Alzheimer's and her daughter. In the midst of an overwhelming experience, the book points to a moment of stillness and beauty that helps the daughter enhance her connection with her mother's world. One of the major challenges in dementia care today is isolation for both the diagnosed individual and family members. *Keeper* offers a glimpse for how to communicate and rebuild relationships that encourages family members to be present in the moment as much as possible, helping the person in their care bring their rich inner world into being through attentive listening and engagement. This performance will be a reading of the book.

Jordon Lichty
Penn State University Medical School



Carol Nash PhD

Scholar in Residence

History of Medicine Program, Department of Psychiatry, Faculty of Medicine, University of Toronto

How to Structure Writing Prompts to Develop Narrative

Timed writing prompts are increasingly being used in health arts and humanities programs of faculties of medicine to permit physicians to identify what they value of their practice and help them develop narratives with particular points of view regarding what it is they value . The purpose of these exercises is to reduce the feeling of being overwhelmed that often accompanies work as a healthcare provider. Although the use of writing prompts is common, the idea that there is a particular way prompts should be structured for maximum benefit is not. This presentation will offer a technique for structuring writing prompts and the foundational reason behind the structure. In doing so, why certain prompts are used will become evident to participants and they themselves will be able to create similar prompts on their own when they find it valuable to enhance their future self-reflection through developing narrative.

Michael J. Green¹ MD MS, Jennifer Eiserman² PhD MA, Wm. Jephtha Davenport³ BA, MD, MSc, FRCPC, Tom Sewel⁴ PhD candidate, Clem Martini⁵ BFA

¹ Professor, Depts of Humanities and Internal Medicine, Penn State University's Milton S. Hershey Medical Center

² Associate Professor, Dept. of Art, University of Calgary

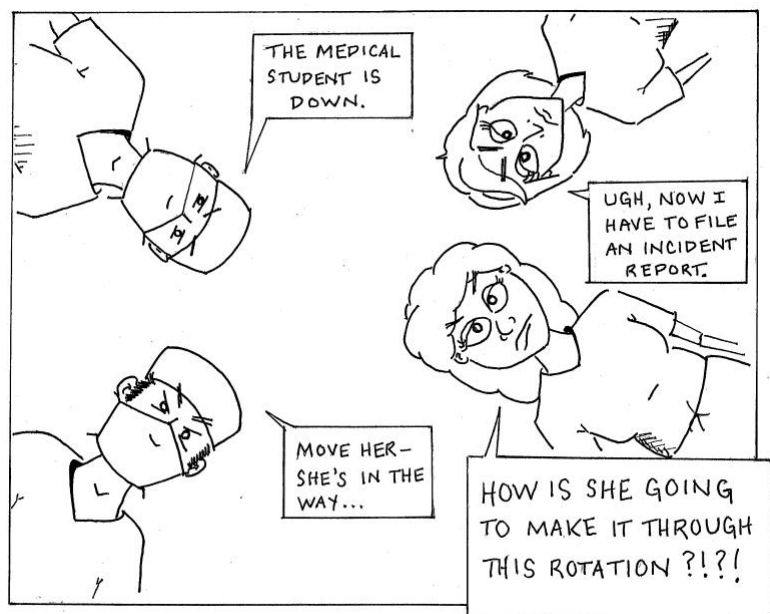
³ Clinical Associate Professor, Division of Neurology, Dept. of Clinical Neurosciences; Dept. of Medical Genetics; Member, Hotchkiss Brain Institute; Cumming School of Medicine, University of Calgary

⁴ Dept. of English, University of Calgary

⁵ Professor, Creative and Performing Arts, University of Calgary, Graduate National Film Institute: DramaLab Program, Graduate National Theatre School: Playwriting Program

Panel. Observations of the particular strengths and capabilities of the graphic form (Graphic Medicine, Graphic Memoir, Graphic Novel) and the influence it is having upon literature

Erin Murata
Penn State University Medical School



Session Moderators

Laurie Pereles MSc MD CCFP

Clinical Associate professor
Cumming School of Medicine, University of Calgary

Maria Rosario Talavera MD MSc

Senior Advisor, Strategic Partnerships and Community Engagement - Local and Global
Adjunct Associate Professor, Community Health Sciences
Master Teacher, Cumming School of Medicine, University of Calgary

Carol Hutchison MD FRCPS

Associate Professor, Orthopedics
Associate Director, Student Affairs
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Max Lazar-Kurz

Class of 2021
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Neil Surkan MA (English), PhD candidate

Department of English, University of Calgary
Writer-in-Residence 2018-19, Cumming School of Medicine

Janet de Groot MSc MD FRCPC

Associate Professor, Community Health Sciences
Cumming School of Medicine, University of Calgary

Monica Kidd, MSc MD CCFP

Clinical Associate Professor, Family Medicine
Cumming School of Medicine, University of Calgary

Graham McCaffrey RN, BA, PhD

Associate Professor
Faculty of Nursing, University of Calgary

M2WHA co-facilitators

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Mirna Matta

Class of 2021
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Meredith Miller

Class of 2021
Cumming School of Medicine, University of Calgary

So what's going on in Calgary?

The Calgary Health Humanities Commonplace Book

Calgary

Health Humanities website. This site describes up-to-date activities that include seminars, symposia, workshops and elective opportunities. It lists names and contact information if you have questions or ideas you wish to discuss with faculty or student representatives.

www.ucalgary.ca/healthhumanities/.



Health Humanities Committee student rep Class of 2020: Cam Matamoros

The Longview Student Journal. wcm.ucalgary.ca/longview/

Editors: Emilee Anderson & Sean Doherty.

Activities include:



- Annual Calgary Health Humanities Symposium with local and international presentations.
- Monthly seminars on a wide range of topics including humanism, professionalism, the arts in healthcare, suffering and compassion, theatre.
- Annual writing (poetry and short story) and visual art competitions.
- Artist-in-residence mentoring and workshops in writing, visual art or theatre.
- Medicine to Write Home About. Visual communication to family and friends.
- Self-directed studies in Applied Evidence-Based Medicine using the arts as a lens to understand patients, healthcare and the self.

Canada

- **Canadian Association for Health Humanities.** This organization is responsible for the annual national conference Creating Space at which Cumming students and faculty have presented. And the Ars Medica Journal. www.cahh.ca.
- **Creating Space Conference in Health Humanities** in Hamilton 2019 April 12 & 13.
- **Humanities, Arts and Medicine Database.** Designed by Calgary family physician Monica Kidd, this is an annotated searchable listing of creative works by Canadian writers and visual artists. www.hamdatabase.com.
- **White Coat Warm Heart.** Collection of visual art by Canadian medical students and residents. Shown at the annual Conference on Medical Education. Led by UBC physiologist Carol Ann Corneya. www.teachingmedicine.com/galleries/Default.aspx.
- **Murmurs.** U Ottawa Medical Student Journal. www.murmursmag.wordpress.com/.
- **McMaster Health Humanities & History site.** www.medhumanities.mcmaster.ca/

International

- **Georgetown U Medical School Database.** Designed by Caroline Wellbery, this is an annotated searchable listing of creative works including writing, visual art, film. www.sites.google.com/a/georgetown.edu/mdarts/
- **New York University Medical School Database.** An annotated searchable listing of creative works including writing, visual art, film. www.medhum.med.nyu.edu/
- **Graphic Medicine sites.** Designed and managed by UK family physician Ian Williams. GraphicMedicine.org & www.thebaddr.com

Creative works that shed light on topics in your medical curriculum (book unless otherwise stated)

*H: In Health Sciences Library, *T: In Taylor Family Digital Library on main campus

Most poems and short stories can be located on the web.

Text, review and/or discussion can be found at the on-line humanities databases above.

1. Hematology & GI
 - a. "Blood of a Mole". Zdravka Evtimova. Short story.
 - b. *The Immortal Life of Henrietta Lacks*. Rebecca Skloot. *T
 - c. *W;t*. Margaret Edson. Play and film. *T
 - d. *Cutting for Stone*. Abraham Verghese.
2. MSK
 - a. *Body, Remember: A memoir*. Kenny Fries.
3. CV & Respiratory
 - a. "What the Doctor Said". Raymond Carver. Poem
 - b. "The Woman Who Could Not Live With Her Faulty Heart". Margaret Atwood. Poem
4. Renal & Endocrine
 - a. "Father and Son Roadshow". Sherman Alexie. Poem
5. Neuroscience & Aging
 - a. *When Breath Becomes Air*. Paul Kalanithi. *H
 - b. *Do No Harm*. Henry Marsh.
 - c. *Awakening*. Oliver Sacks. Book *T & film *H
 - d. *Brain on Fire*. Susannah Cahalan *H
6. Children's & Women's health
 - a. "The Use of Force." William Carlos Williams. Short story
 - b. "The Crickets Have Arthritis". Shane Koyczan. Poem
 - c. Halima Mohamed Abdel Rahman. "Sudanese Voices of Our Future Correspondent". Poem
7. Psychiatry
 - a. "The Good Doctor". Adam Haslett. (Short story in *You are not a Stranger Here*)
 - b. *The Unravelling*. Clem Martini & Olivier Martini. *H
 - c. "Fat Lady". Irvin D. Yalom. Short memoir
8. Clinical Skills
 - a. *The Empathy Exams*. Leslie Jamieson.
 - b. *Attending: medicine, mindfulness and humanity*. Ronald Epstein.
 - c. "The Wrestling Match". Lou Anne Baldree. Poem
9. Cross-curriculum
 - a. *Asylum* (Hamilton, Arts & Letters Vol 10.1, 2017. A peer-reviewed collection of original poetry, fiction, and non-fiction on the topic of health, illness and the body. Ed. Monica Kidd & Shane Neilson.
 - b. *Encounters with Narrative: Selected Canadian Medical Association Journals Narratives*. Ed. Barbara Sibbald & Allan Peterkin.
 - c. *Bloodletting & Miraculous Cures*. Vincent Lam. *H & *T
 - d. *In Our Hands: On becoming a doctor*. Jeffrey Nisker. *T

Commonplace Books from Virginia Woolf & Francis Bacon: https://en.wikipedia.org/wiki/Commonplace_book

Graphic Medicine Books – a selection

Title	Author & Details	In HSC Bookstore Oct 2018
www.graphicmedicine.org/book-series/	From Penn State U. Includes Ian Williams' <i>Bad Doctor</i> and the <i>Graphic Medicine Manifesto</i> edited by, among others, MK Czerwiec, Ian Williams & Michael J. Green.	* (Both)
<i>Bitter Medicine: A Graphic Memoir of Mental Illness</i>	Clem Martini & Olivier Martini	*
<i>The Unravelling: How our caregiving safety net came unstrung and we were left grasping at threads, struggling to plait a new one</i>	Clem Martini & Olivier Martini	*
<i>Walking the Dog</i>	David Hughes. Aging. Good review in The Guardian.	*
<i>The Inflatable Woman</i>	Rachael Ball. Breast cancer.	*
<i>The Facts of Life</i>	Paula Knight. Reproductive politics. Ian Williams praised it.	*
<i>Blue Pills: A Positive Love Story</i>	Frederik Peeters. HIV	
<i>The Infinite Wait and Other Stories</i>	Julia Wertz. Lupus.	*
<i>One Breath Apart: Facing Dissection</i>	Sandra Bertman. Medical education.	
<i>Pain is Really Strange</i>	Steve Haines & Sophie Standing. Science-based.	*
<i>Cancer Vixen: A True Story</i>	Marisa Acocella Marchetto. Breast cancer	
<i>Mom's cancer</i>	Brian Fies. Lung cancer.	
<i>Can't we talk about something more pleasant</i>	Roz Chas. Aging parents.	

Calgary Health Humanities Committee
* Member, Symposium Planning Committee

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