ORAL PRESENTATIONS & INNOVATIVE EXPERIENCES

WORKSHOPS & PARTICIPANT PANELS

PECHA KUTCHA

Ephemeral by Samantha Gibbon

ORAL PRESENTATIONS AND INNOVATIVE EXPERIENCES

DIGITAL STORYTELLING TO UNDERSTAND COMPLEX EXPERIENCES: LOVING ALONGSIDE DEMENTIA (41)

Melanie Lalani

Background: As primary caregivers for my mother who lived with dementia in our home, my young daughter and I were immersed in intergenerational caregiving. Inadequate dementia homecare became shockingly apparent during the early days of the COVID-19 pandemic, which necessitated navigating the long-term care (LTC) home placement process. My mother placed in a LTC home two hours away, we all became immersed in strict infection prevention and control policies that isolated residents from their loved ones. I was eventually permitted to visit as an "essential" caregiver, but as a youth caregiver, my daughter was restricted from visiting for months at a time. This experience inspired my doctoral research, which seeks to understand youth caregiving relationships with residents living with dementia in LTC, a critically understudied caregiving phenomenon.

In Ontario, visiting restrictions remain in place to address COVID-19, acute respiratory infections, influenza and cold viruses, resulting in prolonged periods when youth are unable to visit loved ones in LTC, an estimated 70% of whom live with dementia. Being denied the possibility for social engagement has rendered these caregiving relationships invisible.

Methods: In this presentation, I explore intergenerational relationships alongside dementia using a relational caring – critical youth studies theoretical framework and the arts-based research methodology of digital story.

Results: Using evocative imagery, voice, music, and narratives from interviews, digital stories are short videos co-created with participants to explore the lived experiences of individuals and phenomena underrepresented in research. Stories drawn from this inclusive methodological approach enable audiences to gain insights into otherwise unseen intergenerational caregiving relationships with people living with dementia and offer new ways of supporting these complex relationships.

Discussion: Exploring experiences of youth caregiving through digital storytelling offers a powerful resource for contributing new understandings of the very nature of "essential" caregiving for people living with dementia.

Biography: Melanie Lalani is a PhD candidate in the Dalla Lana School of Public Health at the University of Toronto. Melanie's research is inspired by the relationship between her mother, who lived with dementia and her adolescent daughter. Melanie is using arts-based methods such as painting, photography and digital storytelling to explore meaning between people living with dementia in long-term care and adolescents. Melanie is a Course Instructor in the Department of Health Studies at the University of Toronto Scarborough, applying narrative medicine approaches in relational care ethics and pedagogies.

COI Disclosure: I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations

WHITHER IRONY: IS THERE A PLACE FOR DOUBLE-VISION IN MEDICINE? (45)

Dr. Tinu Ruparell

Irony is the expression of one's meaning by using language that normally signifies the opposite. Such expression would, prima facie, be anathema to appropriate and effective communication in healthcare settings which prizes and disciplines terse and univocal expression. However the use of ironic expression is often necessary in order to communicate complex, dynamic, and nuanced discursive locations and identities, as well as make reference to ideas, roles, actions, and settlements which exceed easy dichotomization and categorization. Three examples of these are (1) the social co-location of patients and caregivers; (2) their necessarily hybrid identities; and (3) the negotiated settlements of illness itself.

Through a combination of conceptual analysis of Paul Ricoeur's hermeneutics of irony, illustrated by literary examples and criticism of selected works from Kundera, Kierkegaard, and Borges, I argue that the uniquely fruitful 'double vision' effected through careful use of irony in healthcare contexts can respond to some problems raised in the three exemplary situations referred to above. As both a practice and transgression of aspects of narrative medicine, ironic expression can cultivate entry into the patient's world while redescribing one's own identities in the light of the encounter. Irony thus renders the plural commitments to self and other within the practical and material realities of caregiving. In so doing, the complex and dynamic construction of the nature of illness itself is disclosed as the horizon in which better outcomes for patient and caregiver must be situated and measured.

Biography: Professor

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HUMANITIES AND NURSING: AN EVOLVING RELATIONSHIP (48)

Ms. Randip Dhaliwal, **Mr. Davey Hamada**, Dr. Graham McCaffrey

Background: The concept of nursing as an "art," in addition to a science, is not a new idea (Doan et al, 2018). However, a distinct field of "nursing humanities" (within the broader health humanities) has yet to take shape (McCaffrey, 2020). Nursing has its own history and identity, and nurses' work occurs from within a particular standpoint (Duarte et al., 2024). Nurses' ongoing presence, particularly in hospitals, affords them a different way of relating with patients. Their proximity to patients, who may be living through moments of intense personal experience, opens a fruitful space for the humanities to create moments of meaningful connection. Our intention in this presentation is not to prescribe how nurses should use the humanities but to bring to light how they are being used already.

Methods: Using the interpretive methodology of philosophical hermeneutics, we interviewed 20 nurses across Canada to discuss why humanities were important for them and how it showed up in their practice.

Results: Our study reveals that nurses use the humanities to respond to patient suffering and navigate the challenges posed by modern healthcare systems. This does not necessarily take place on a large scale, but is instead woven into daily interactions with patients, fellow healthcare providers, and nurse learners.

Discussion: Aligning with this year's theme, we highlight how nurses' personal and professional identities help facilitate humanities in clinical practice. By the end of this presentation, we hope learners will: 1) Recognize how personal and professional healthcare identities intersect with the humanities and 2) Identify ways that "nursing care" shows up, particularly when clinicians embrace practices that acknowledge the humanity of both nurse and patient.

Ms. Randip Dhaliwal

Biography: Randip Dhaliwal is a PhD student at the University of Calgary. As a registered nurse, Randip has worked in a multitude of different settings, including acute care, public health, and community health. However, her primary passion is working alongside palliative care patients. Randip firmly believes in the importance of art and the role that it can play in understanding illness experiences. Randip is also passionate about equity, diversity, and inclusion and volunteers with many different organizations to promote adequate representation of equity-deserving groups within academia. Additionally, she has been recognized by the University of Calgary and Alberta Health Services as an advocate and champion for mental health initiatives. In her free time, Randip enjoys painting, yoga, running, hiking, and watching reruns of The Office.

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MAKING VOICE VISIBLE: AN ARTS-BASED MODEL FOR INCLUSIVE DISABILITY CARE (51)

Ms. Talia Katz, **Ms. Amanda Langleben**, Dr. Erin Norris, Mr. Saim Imran

Background: Adults with intellectual and developmental disabilities (IDDs) face persistent barriers to healthcare communication that limit self-expression, self-advocacy, and participation in care. These barriers reflect overlapping influences of identity, stigma, and systemic exclusion. Patient-centred care prioritizes lived experience and mutual understanding. Narrative medicine operationalizes these principles through the arts and humanities, using storytelling to build empathy and connection. Although promising for inclusive care and clinician wellbeing, narrative medicine has rarely been adapted for adults with IDDs.

Purpose: To design, implement, and evaluate an arts-based narrative medicine workshop for adults with IDDs, and to assess effects on reflective insight, communication, self-advocacy, and empathy, with implications for health professions education.

Methods: CREATE (Cultivating Reflection, Empathy, and Awareness in Telling Experiences) was co-developed with Reena, a community organization serving adults with IDDs. 60-minute sessions were facilitated by medical and occupational therapy students and combined guided art making with structured reflection on healthcare experiences. The program was evaluated using a mixed methods design. This included an 8-item pre-post survey (5-point Likert scale) analyzed with Wilcoxon signed-rank tests and post-session focus groups analyzed thematically within a framework aligned with program objectives.

Results: 61 participants completed surveys and 12 joined focus groups. Significant improvements were observed across all 8 survey items ($p < 0.001$) with large effect sizes ($r = 0.84$ to 0.99). Qualitative themes showed that arts-based storytelling externalized emotions and experiences, clarified care needs, increased confidence to initiate healthcare conversations, and fostered more empathetic exchanges with caregivers and clinicians.

Discussion: CREATE amplifies the voices of adults with IDDs, affirms identity through creative expression, and strengthens communication among patients, caregivers, and providers. Its interprofessional, student-led, community-partnered model provides a scalable and cost-effective approach to inclusive care and reflective practice. Future work will focus on broader implementation across clinical, educational, and community settings.

Ms. Talia Katz

Biography: Talia Katz is a third-year medical student at the University of Toronto. Her work integrates the arts and humanities into health professions education to strengthen patient voice, community engagement, and interprofessional collaboration. She has led and contributed to initiatives supporting adults with intellectual and developmental disabilities, with an emphasis on advancing equity in care. Talia currently serves as Vice President of the Education Subcommittee of the Interprofessional Health Students' Association and is the 2025 recipient of the Art in Medicine Award.

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USING COMICS TO EXPLORE RACE AND COLONIALISM IN MEDICAL EDUCATION (54)

Dr. Ellen Amster

Purpose: Graphic medicine is a new tool for medical education, here we discuss "graphic medical history." This project began after a medical student asked me for a lecture on the history of race and colonialism in medicine. One of 3 black MD students in a school of 613, she and her fellow MD students involved me in their struggle to change their program. I realized what seemed like fragments—the histories of medicine I research, scandals of racialized patient mistreatment, the dethroning of some "Great Men of Medicine," students' clinical experiences, and the rise of neofascism in North America—were interconnected realities. In fact, these are elements of a single story: the past, present and future of race and colonialism in medicine. This book tells that story. Methods: We use comics to illustrate the interconnectedness of past and present, use visual metaphor, juxtapose documents with narrative, and leap across space and time. The characters are composites of MD students and dialogue is often verbatim from interview transcripts. The visuals and content draw from my lecture, "The Past, Present, and Future of Race and Colonialism in Medicine," a 2021 constructivist grounded-theory study of 44 MD students, and a CMAJ article with a few concepts; it has 40 health research citations. This comic history is framed by a hat tip to Jules Verne and the fictional fantastic. Discussion: Today's MD trainees are racially diverse and 50% female; they do not see themselves in the heroic "Great [White] Men of Medicine." Recent controversies over figures like "father of gynecology" J. Marion Sims reveal how whitewashed the canon is. A more complete social history of medicine highlights women doctors, non-white physicians, and hidden barriers to becoming a doctor. The findings of the qualitative research study are here addressed through characters in a comic history.

Biography: I'm a historian, health researcher, and now comics enthusiast

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SPEAKING IDENTITIES IN CHINESE IMMIGRANT WOMEN'S GYNECOLOGICAL EXAMINATIONS (62)

Yutong Lu

Background

Gynecological examinations (GEs) often evoke issues of vulnerability and identity for Chinese immigrant women navigating Canadian medical systems (Niziurski, 2016; O'Laughlin et al., 2021). Rooted in cultural values like modesty and sexuality-related stigma (Ahmed et al., 2017; Pun et al., 2018), Chinese immigrant women may withhold expressions during GEs (Seo et al., 2018). Drawing on Communication Accommodation Theory (Watson et al., 2016) and Patient-centered Communication (Epstein & Street, 2007), this study explores how Chinese immigrant women express and construct their identity through communication with healthcare providers in the context of GEs.

Methods

Twelve semi-structured interviews were conducted via Zoom with Chinese immigrant women in Canada who had recently undergone gynecological examinations The data were analyzed using Braun and Clarke's (2006) six-phase thematic analysis to examine how participants interpreted providers' communication adjustments.

Results

Participants described feeling seen and respected when providers used empathetic tones, clear explanations, and active listening. While cultural values like modesty and gender preference shaped expectations, these were viewed as situational influences rather than fixed communication barriers, with many participants attributed their discomfort to individual personality. Many participants asserted agency by preparing for appointments, learning terminology, and using small talk or humor to reduce tension, actively managing how their identities were perceived. Notably, mutual adaptation, such as recognizing shared cultural backgrounds, helped reduce power asymmetries and fostered identity affirmation.

Discussion

Findings show that communication in GEs is also identity work, where patients and providers co-construct belonging, dignity, and cultural recognition. By showing how patients adjust through preparation, humor, and flexibility, the findings challenge the idea that only doctors accommodate. It reframes communication as shared, identity-affirming accomodation and calls for empathy as a clinical and moral imperative in healthcare communication.

Biography: Yutong Lu is a Master of Arts student in Communication at the University of Ottawa, specializing in health communication and cultural perspectives in healthcare. Her research explores how Chinese immigrant women experience communication with healthcare providers during gynecological examinations, with a focus on cultural, linguistic, and interpersonal factors that influence patient comfort and agency.

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THEATRE-BASED LEARNING IN HEALTH EDUCATION: A PEDAGOGICAL STRATEGY (75)

Dr. Natalie Beausoleil, **Dr. Pamela Ward**

Arts based approaches to teaching health professional students about the lived experience of patients have gained greater attention in recent years. These approaches have been noted to be quite applicable to medical education, as educators seek to utilize strategies that enhance the social-emotional learning of students in an effort to build empathy, cultural competence, and critical thinking skills (De la Croix et al., 2011; Levitt-Jones, 2024). Arts based learning has been described as "a creative strategy with the potential to engage learners, foster understanding of multiple perspectives, and simultaneously connect cognitive and affective domains of learning" (Rieger & Chernomas, 2013, p. 53). More recently, theatre based learning (an arts based approach) has been utilized in medical education (Marzi et al., 2025). This approach utilizes theatrical techniques such as scripted performances, interactive storytelling, music, poetry, and role playing to enhance learning. In this presentation, we will provide an overview of theatre based learning as a distinct teaching strategy. Using examples from projects implemented in Memorial University's Faculty of Medicine (undergraduate and graduate programs) and BScN (Collaborative) program, as well as continuing nursing education in Newfoundland and Labrador, we will describe how this strategy can be effectively integrated into the health professional classrooms to promote social emotional learning.

Dr. Natalie Beausoleil

Biography: Natalie Beausoleil, Phd, is a sociologist and Professor of Social Sciences and Health in the Division of Population Health and Applied Health Sciences in the Faculty of Medicine at Memorial University,

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REMEMBERING BURIED PASTS: ILLUMINATING INJUSTICE AND RESISTANCE THROUGH HEALTH HUMANITIES (80)

Dr. Christine Cynn, **Dr. Michael Dickinson**, **Dr. Victoria Tucker**, **Maryam Shaw**, **Victoria VIdal**, **Olivia Washington**

Our panel will discuss two community-centered collaborative projects from Virginia Commonwealth University's (VCU) Humanities Research Center's Health Humanities Lab that center the voices of those who have been marginalized and excluded from dominant historical accounts.

The East Marshall Street Well (EMSW) Oral History and Memorialization Project focuses on amplifying the priorities of the EMSW Project's Family Representative Council (FRC), which represents the descendants of the 53 people whose remains were discovered during the 1994 construction of a VCU medical building. Further research revealed that the bodies of mostly Black enslaved Richmonders had been stolen from their graves during the mid-19th century and used for instruction in the Medical College of Virginia (MCV, later VCU Medical Center), then dumped in the well. This project chronicles this history and subsequent efforts toward community-led reparative justice.

MCV opened St. Philip Hospital and School of Nursing in 1920 as a segregated institution to provide care for Richmond's Black community and to prepare Black nurses. For over four decades, St. Philip School of Nursing served as a premier formal nurse training program that afforded Black women a pathway into higher education before its closure in 1962. Yet from the beginning, nursing education was based on racialized exclusionary policies, forms of professional marginalization and exclusion cost nurses, patients, and the broader community.
The St. Philip School of Nursing Oral History Project focuses on the experiences and contributions of Black nurses in Virginia. This project makes accessible accounts from women who studied, worked, and challenged gendered and racialized boundaries in their nursing pursuits. Through exploring identity, this project recognizes their coming-of-age narratives, professional pathways, and legacy within/outside the profession.

Through the two projects, our panel provides a forum for exploring personhood, sociopolitical systems, and the implications of institutional histories of marginalization and exploitation on healthcare education today.

Dr. Christine Cynn

Biography: Associate Professor, Gender, Sexuality and Women's Studies; Director, Health Humanities Lab; Co-director, East Marshall Street Well Oral History and Memorialization Project

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DIGITAL KUUMBA: CENTERING AFRICENTRIC INTERGENERATIONAL DIGITAL STORYTELLING FOR SOCIAL WELLNESS (84)

Vijay Saravanamuthu, **Esi Aya**, **Shanice Chin**, **Esther-Joelle Asare**, **Pruthuvie Chandradhas**, **Gloria Umogbai**, **Dr. Andrea Charise**

Background:

More than 25% of older Canadians will identify as Black or racialized by 2032. Arts-infused, community-led health research is increasingly vital for amplifying the knowledges, worldviews, and lived realities of communities made marginalized by mainstream methods.

Intergenerational digital storytelling is one such modality. By creating short audiovisual narratives (typically two to five minutes), this approach fosters "collective memories of lived experience between distinct generations"(Charise et al., 2022) and offers research processes and products that center minoritized voices.

Centering Africentric principles of health and wellness (Gebremikael et al., 2022) this project asks: what do intergenerational digital storytelling methods reveal about the textured experiences of aging and older age for Black and racialized older adults?

Methods:

In partnership with TAIBU Community Health Centre, Digital Kuumba is an arts-led, community-based mixed-methods program engaging Black and racialized older adults in Scarborough, an eastern borough of Toronto, Ontario. Since 2024, the program has positioned older adults, facilitators, peer researchers, and the research team as co-researchers.

Our mixed-methods study draws from qualitative interviews, collective creative and digital making processes, validated scales (e.g., WHO-5 Wellbeing Index, The Three-Item Loneliness Scale), and the sharing of digital stories between March 2024-January 2026.

Results:

The program has generated 24 participant-driven digital stories of aging. Qualitative findings from thematic analysis of over twenty interviews and focus groups show that both the audiovisual stories and the process of creating and curating them enhance purpose, self-determination, and connection among Black and racialized older adults.

Discussion:

This research is among the first to merge digital storytelling with Africentric values, which contrast with Western health models focused on clinical metrics, medication, and age-related "decline." Grounded in participatory methods and Africentric principles, intergenerational digital storytelling may help disrupt anti-Black racism and ageism, strengthening knowledge exchange, social wellness, and policy for Black and racialized older adults.

Esther-Joelle Asare

Biography: Esther-Joelle Asare is a Research Assistant with the "FLOURISH: Community-Engaged Arts for Social Wellness" Collective at the University of Toronto Scarborough, working under the guidance of Principal Investigator, Dr. Andrea Charise. With an undergraduate background in Biology for Health Sciences, Biomedical Communications, and Education Studies from the University of Toronto Mississauga, Esther-

Joelle aims to use the health humanities to reframe traditional health narratives in innovative ways. Now, as a first-year Master's student in the Social Dimensions of Health Program at the University of Victoria, she is drawn to understanding how health and well-being unfold across the life course and how social, cultural, and structural factors shape these experiences.

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Gloria Umogbai

Biography: Research Assistant

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Dr. Andrea Charise

Biography: Andrea Charise, PhD, is Associate Professor in the Department of Health & Society and Acting Associate Vice-Principal Research and Innovation (AVPRI) – Strategic Initiatives & Partnerships at the University of Toronto Scarborough (UTSC), Canada. Visit www.andreacharise.ca for more information.

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"SPEAK BY YOUR EYES": POETIC ORGANIC INQUIRY (91)

Dr. Thirusha Naidu, Mr Dhruv Naidoo

We advance the constantly evolving landscape of qualitative methodology by integrating Organic Inquiry, a transpersonal, spiritually attuned research approach, with poetic ethnography, an arts-based method of data creation and dissemination. Rooted in transpersonal psychology, Organic Inquiry values intuition, transformation, and spiritual depth, positioning the researcher as both instrument and participant in a sacred co-creative process. Through five iterative phases; Preparation, Inspiration, Incubation, Illumination, and Integration the method invites the emergence of knowledge through relational attunement, humility, and embodied awareness. This approach resonates with decolonial feminist epistemologies that privilege relationality, intuition, and transformation over objectivity and control. We demonstrate this methodological synthesis through two poetic ethnographic artefacts created in contexts of global health and climate justice. Each poem, enacts affective and ethical listening, translating lived experience into collective witness and transformation. Collectively, Organic Inquiry and poetic ethnography constitute a transpersonal ethic of knowledge creation one that honours the sacred, emotional, and embodied dimensions of human experience. This fusion reimagines research not as representation but as transformation, where knowledge is revealed through presence and disseminated as living memory. By positioning poetry as both method and mirror, this paper offers a methodological contribution to decolonial, feminist, and spiritually grounded qualitative inquiry, inviting research as an act of healing and shared awakening.

Biography: Associate Prof, CRC Equity and Social Justice in Global Medical Education

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ART ACTION: CO-DESIGNING POLICY MESSAGES WITH OLDER ADULTS EXPERIENCING HOMELESSNESS (97)

Dr. Martina Kelly, The Exchange, Sam Begley, Dr Elaine Boyling, Dr Lara Nixon

Background: The number of older adults experiencing homelessness is rising, yet their specific needs remain underrecognized in homeless services and housing policy. For instance, shelters often offer inaccessible sleeping arrangements such as floor mats or bunk beds, and housing policies tend to prioritize short-term interventions, assuming homelessness is temporary. This study employed arts-based methods to document the lived experiences of older adults without secure housing and to co-create advocacy messages aimed at health and housing policymakers. Our guiding question was: What do you want health leaders and housing policymakers to understand about aging without secure housing?
Methods: This research is embedded within an ongoing participatory action project involving a community group of older adults experiencing homelessness, known as The Exchange. Over 18 months, group members (n=12–18) collaborated with the authors, including a visual artist (SB) to explore their experiences through creative practices including mask-making, collage, and body mapping. Key themes were qualitatively distilled into advocacy messages through the co-creation of Zines to convey participants' insights.
Results: Three overarching themes emerged as priorities for The Exchange: (1) the need to be seen and heard as older adults, (2) persistent barriers to accessing health and housing services, and (3) the centrality of social connection. These themes were illustrated through the Zines, which will be presented during this session.
Discussion: Older adults experiencing homelessness encounter significant structural and systemic barriers to care. However, they are not passive recipients of services or "voiceless victims." Arts-based approaches foster community, support dialogical engagement, and provide platforms for collective expression. These methods amplify diverse voices while mitigating the burden of testimonial labor often placed on marginalized individuals.

Biography: Martina Kelly is a Family Physician with an interest in Medical Education

COI Disclosure: Any direct financial relationships including receipt of honoraria, gifts, in-kind compensation, etc: SSHRC, CIHR

Threads of Care: Weaving Patient Stories into Health Education (101)

Dr. Kathy Sitter, Dr. Natalie Beausoleil

Background:
Innovative approaches are needed to enhance educational practices in healthcare. The project "Patient Voices" uses digital stories, research-based theatre, and film, to communicate the narratives of breast cancer patients By centering patient narratives, Patient Voices seeks to foster connection and improved patient-centered care among health care professionals and practitioners. These arts-based methods help bring patient experiences to life in ways that connect emotionally and intellectually with healthcare learners; the creative process make space for patient voices while highlighting the importance of learning from lived experience (Boydell et al, 2016; Hall et al., 2019; Shigematsu et al., 2022).
Method:
The mixed-methods study began with breast cancer patients creating digital stories about their patient care experiences. These narratives informed the creation of a theatre production that involved a collaborative performance including patients, actors, and researchers. The production, performed to sold-out audiences, incorporated post-show panel discussions to deepen dialogue about patient care. During the pandemic, the work evolved into The Cut of It, a 40-minute film adaptation, accompanied by educational materials such as discussion guides, podcasts, and facilitation tools to support the use in medical and allied health education

amongst medical students, nurses, social workers and continuing education amongst health care practitioners.
Results:
The film and related outputs have reached international audiences, including healthcare providers and the public in Canada, United States, and Australia. Feedback throughout the process (from digital story screenings, theatre, and film) indicate promotion of and understanding of the complexities of breast cancer care. Preliminary evaluations in professional development settings demonstrate that the arts-based approach enhances engagement, reflection, and relational awareness in healthcare practice.
Conclusion:
This project demonstrates the transformative potential of the Arts in health education. By embedding patient voices with creative processes, the creative process bridges the gap between clinical perspectives and lived experiences.

Biography: Dr. Sitter is the Canada Research Chair in Multisensory Storytelling in Research and Knowledge Translation, Dorothy Killam Fellow, and a Professor of Social Work at the University of Calgary. Her transdisciplinary research advances novel sensory methodologies that centre lived experience and whole person care to inform decisions in healthcare and social practice. Dr. Sitter has led and collaborated on projects spanning digital storytelling, theatre, 4D installations, smellscapes, and tactile mapping. Her work includes more than 500 creative and academic contributions, with over 200 invited and juried exhibitions.

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"I'M PART OF THE COMMUNITY": NEWCOMER EMPOWERMENT THROUGH COMMUNITY ARTS (103)

Ms. Esther-Joelle Asare, **Dr. Andrea Charise**, Dr. Mariangela Castro Arteaga, Ms. Christen Kong

Background/Purpose: Immigration drives approximately 75% of Canada’s population growth. While demographic and economic impacts are well studied, other aspects such as social wellness—described by belonging, inclusion, and health-adjacent phenomena—remain underexplored. Participatory, community-based creative practices, including community arts (CA) programs, can foster belonging, expression, and cross-cultural understanding, offering a distinctive lens for newcomer wellness research and practice. The purpose of this study was to examine Canadian research on arts engagement initiatives in community contexts that address newcomer mental wellness.

Methods: This project is a collaboration between a university research team (FLOURISH Collective, University of Toronto Scarborough) and a community organization (Access Alliance). It synthesizes existing literature in response to the central research question: What does current research reveal about the impact of CA interventions on improving mental wellness for newcomers in Canada? Using two parallel knowledge-generation streams— (1) a scoping review of 31 peer-reviewed studies and (2) an environmental scan mapping 41 direct-intervention grey literature sources— both employed robust search strategies, qualitative coding, and inductive thematic analysis. Together, these sources identify gaps in the literature, inform best practices for CA initiatives, and generate recommendations to strengthen newcomer mental wellness outcomes.

Results: Findings highlight the distinct needs of newcomers and the potential of CA as a sustainable, culturally responsive approach to supporting mental wellness. Framed through Cultural Humility and Cultural Brokering, the results indicate that CA extends beyond clinical or health-services-aligned outcomes to generate transformative cultural spaces conducive to improved social and mental wellness.

Discussion: Recommendations for future research and practice include longitudinal and intersectional approaches to assess long-term impacts of CA engagement for newcomer populations, with the aim of advancing knowledge and practice at the nexus of arts-wellness-community engagement. By embedding CA into newcomer support systems, creativity becomes a pathway to wellness, resilience, and thriving in a new home.

Esther-Joelle Asare

Biography: Esther-Joelle Asare is a Research Assistant with the “FLOURISH: Community-Engaged Arts for Social Wellness” Collective at the University of Toronto Scarborough, working under the guidance of Principal Investigator, Dr. Andrea Charise. With an undergraduate background in Biology for Health Sciences, Biomedical Communications, and Education Studies from the University of Toronto Mississauga, Esther-Joelle aims to use the health humanities to reframe traditional health narratives in innovative ways. Now, as a first-year Master’s student in the Social Dimensions of Health Program at the University of Victoria, she is drawn to understanding how health and well-being unfold across the life course and how social, cultural, and structural factors shape these experiences.

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Dr. Andrea Charise

Biography: Andrea Charise, PhD, is Associate Professor in the Department of Health & Society and Acting Associate Vice-Principal Research and Innovation (AVPRI) – Strategic Initiatives & Partnerships at the University of Toronto Scarborough (UTSC), Canada. Visit www.andreacharise.ca for more information.

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GAMIFYING HEALTHCARE NARRATIVES THROUGH MAZE METAPHORS: A BITSY GAME WORKSHOP (104)

Dr. Sandra Danilovic

This interactive workshop draws on my Games for Creative Health framework developed through a decade of community-informed, arts-based research with adults experiencing mental health challenges and recovering from opioid addiction. The workshop explores how maze metaphors can be mobilised in autobiographical game design to convey lived experiences with addiction treatment and recovery, mental health challenges, and navigating the healthcare system. The maze is a network of passageways, obstacles, and puzzles that can express confusion and complexity, but also capture the constraints and possibilities of creative decision-making and problem-solving. Just as literary illness narratives are compared to quests or adventure stories overcoming or succumbing to illness, game-based storytelling can transform healthcare experiences into immersive game worlds: impassable walls that signify systemic, societal, and personal barriers to care; collectible items that represent incentives to heal, coping strategies, or rewards such as insight, empathy, or restored identity; and exits that embody recovery or self-transformation. Through a brief guided exercise using Bitsy—a free, easy-to-use, browser-based game engine for creating small pixel-art games—I illustrate how maze structures can be used to gamify healthcare narratives, drawing on autobiographical maze games from my research. Attendees will also be provided with a two-page handout to design a simple Bitsy maze game informed by their healthcare experiences—no coding required. This workshop demonstrates the potential of game design as an expressive method for health humanities education among healthcare professionals, health educators, caregivers, and people with lived experiences of health and illness, cultivating creativity, discovery, and wisdom.

Biography: Sandra Danilovic, PhD is associate professor in Game Design and Development in the Faculty of Human and Social Sciences at Wilfrid Laurier University. She also supervises graduate students in Laurier's Community Psychology program. Her game-based, health humanities research focuses on autobiographical game design as a creative tool for supporting mental health and addiction recovery in disenfranchised communities. Her first book, "Arts for Health: Games" is published with Emerald. Her forthcoming book, "Game Design Therapoetics" will be published with the University of California Health Humanities Press.

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WHO'S TO BLAME: HOW CARTOONS INFORM PUBLIC EXPERIENCES OF PANDEMIC (106)

Sophie Pulumbarit, Dr. Ellen Amster

A group of physicians carrying a dummy with a skeleton head, representative of a patient with disease, parade through town. They comment amongst themselves that the disease is contagious to all but physicians and cheer on the use of this device. People run and scream from the physicians. This scene was displayed in an 1832 English satirical cartoon, and the disease of interest is Cholera (Heath, 1832). Meant to demonstrate the fear the public felt towards Cholera and the suggestion that doctors were more interested in monetary and scientific gain than curing people of disease, this is one example of many images that defined the experience of Cholera in England and France. Art continues to be crucial in understanding living through a pandemic, with similar images being produced throughout the COVID-19 pandemic.

These cartoons are reflections of public opinion and real-time reactions to disease. From assessing these, it is possible to gain a deeper understanding, not only of lived experiences during outbreaks, but the perceptions of authority figures during such moments, which can help to inform how to address future pandemics. This project qualitatively analyzes visual media, particularly cartoons and satirical images, produced during the Cholera pandemics between 1817 and 1860 in England and France, and compares them to those produced during the COVID-19 pandemic between 2020 and 2021 in Canada. The cartoons will be compared on themes of fear and blame, demonstrating similarities in public sentiment regarding disease and outbreak control, despite advances in scientific knowledge. This expands upon current literature on graphic medicine and the importance of public images in understanding the experience of disease, particularly related to blame during pandemics (Labbé et al., 2022). Ultimately, this analysis may allow healthcare professionals to gain more holistic knowledge of the public experience of pandemic to inform future responses.

Biography: Sophie is currently a second-year medical student at the DeGroote School of Medicine at McMaster University. Prior to this, she completed a Master of Health Information Science and an Honours Bachelor of Science in Integrated Science and Chemistry at Western University.

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REFLECTIONS ON IDENTITY FORMATION IN ILLNESS AND GRIEF NARRATIVES (108)

Anita Slominska

In this presentation, I will explore some of the "identity" questions that shaped the writing of my forthcoming book Other Endings: Organ Transplantation and the Burdens of Hope (McGill-Queen's UP, February 2026). This book is about the death of my sister, who died waiting for a liver transplant 22 years ago. I describe how a hoped-for successful transplant narrative was part and parcel of a lineage of stories that constructed my sister's identity as someone who had the will and fortitude to manage her illness. Drawing on the work of philosopher Paul Ricoeur who argues the life stories we tell ourselves are critical to our self-identity and the establishment of the "immutable substratum" we recognize as "durable properties of character" (1), I unpack how the life-saving survival discourse of transplantation intersected with a constructed sense of identity, and explore how my sister's death played out like a story falling apart, which, in turn, felt like an undermining of her identity, an affront to the person that she was.

I spent more than 10 years trying to write about my sister's death, significantly challenged by not knowing or understanding how to frame it. Paul Ricoeur's stunning insight that the loss of a "narrative configuration" can amount to loss of "personal identity," and that the disintegration of narrative can equate the disintegration of identity (1) became a profound source of inspiration, not only to write but also to come to terms with my grief, and why my sister's death felt like such a profound erasure, an offence against an "immutable" aspect of who she was. She physically died, but on another level (the "lacking a narrative" level), she disintegrated.

Biography: I have a PhD in Health Information Science from Western University (2022). As a researcher, I am committed to advancing patient-centered care through rigorous qualitative inquiry that amplifies patient and caregiver voices to transform healthcare practice and policy. Currently, I am a postdoctoral fellow leading a CIHR funded study on kidney graft loss, investigating lived experiences in complex health contexts. I am also interested in creative approaches to centering patient narratives and the exploration of storytelling as a means of knowledge translation.

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GAMIFYING LEGACY-MAKING: DISRUPTING LINEAR TIME IN TRANSITIONAL CARE (114)

Dr. Colleen Renihan, **Dr. Mariah Horner**, **Ms. Shaaminy Kathir**, Ms. Amy Booth, Ms. Anna Sudac, Ms. Hailyne Carr-Williamson

Background / Purpose:
In transitional care, patients inhabit a liminal space between hospital and home, often caught within institutional narratives of recovery that assume linear progress and measurable outcomes. Our arts-based work at Providence Transitional Care Centre reframes this period not as suspended or stalled, but as a fertile site of present-tense meaning-making. We explore how gamifying legacy-making—designing a "Legacy Game" rooted in music, movement, and improvisation—can re-situate patients and caregivers as co-authors of their evolving identities. Rather than aiming for completion or cure, the project privileges iteration, uncertainty, improvisation, and play.

Methods:
Building on research on gamification for older adults in health care settings (see Koivisto 2021), we employ a research creation methodology that draws on participatory dramaturgies (Horner & Stephenson 2024) and principles of meaningful play (Isbister 2016; Sicart 2014; Tekinbas & Zimmerman 2003). Our game structure engages dyads engage in multiple sessions of improvised gesture-, sound-, and story-making. Each session alters the materials, rules, and artefacts of the game, generating a cumulative but non-linear record of relational creativity. Data collection includes video recordings, interviews, questionnaires concerning mental

wellbeing and experience with art-making, facilitator notes, and the evolving "legacy artefacts" produced through play.

Preliminary Results:
Early participants have responded with positivity and commitment to the offering of alternative ways to not only feel –but also to shape—time, identity, and agency. Care partners note increased connection with the patients and revitalization, even as outcomes remain indeterminate.

Discussion:
By gamifying legacy work, this project resists teleological models of care and recovery that equate healing with forward motion. Instead, it locates value in recursive and playful modes of being-with—an approach that reclaims liminality as a site of possibility rather than lack. The "Legacy Game" offers a model for arts-in-health practices that foreground co-creation, presentness, and the beauty of unfinished work.

Dr. Colleen Renihan

Biography: Dr. Colleen Renihan joined the DAN School of Drama and Music as Assistant Professor and Queen's National Scholar in 2016. She earned a B. Mus. in Vocal Performance from the University of Manitoba, an Artist Diploma in Opera Performance from the Vancouver Academy of Music, and an MA and PhD in Musicology at the University of Toronto. Dr. Renihan is an interdisciplinary arts humanities researcher, trained in musicology, with multiple intersecting research foci on issues of voice, gesture transmission, memory, temporality, and the role of the arts in healthy aging. Her work has been published in a variety of journals, including, most recently, the journals twentieth century music; The Journal of the Society for American Music; Music, Sound, and the Moving Image; Journal of Singing; University of Toronto Quarterly, The Journal of Music, Health, and Wellbeing; and Wellbeing, Space, and Society. She has also authored chapters in several edited collections, including those forthcoming in Opera in Flux; Music Theatre and Politics; and Childhood and the Operatic Imaginary Since 1900. Renihan is part of several transdisciplinary research teams, and is co-founder of the International Musicological Society's Temporality in Music Theatre Study Group. Her monograph, The Operatic Archive: American Opera as History was published by Routledge in 2020, and her co-edited book Sound Pedagogy: Radical Care in Music with Dr. John Spilker (Nebraska-Wesleyan University) and Dr. Trudi Wright (Regis University) is forthcoming in 2024. She is an active member of MusCan, SAM, AMS, IMS, and IFTR.

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TOLERATING AMBIGUITY: A HUMANITIES-BASED APPROACH TO PEDIATRIC PROFESSIONAL IDENTITY FORMATION (115)

Dr. Ashna Asim, Eva-Marie Stern, Dr. Conor McDonnell, Dr. Kevin Weingarten

Ambiguity and uncertainty are unavoidable in medicine, yet these are concepts not always discussed in postgraduate medical education as they relate to professional identity formation. Furthermore, there appears to be an association between tolerance of ambiguity and psychological well-being (Hancock and Mattick, 2019). Therefore, encouraging structured ways for medical learners to pause, observe, and reflect during clinical experiences can strengthen professional identity formation and promote well-being.

Considering this, a three-hour interactive workshop was delivered to first- and second-year pediatric residents at the University of Toronto, as part of a formal health humanities curriculum. Through narrative-based medicine exercises (such as close reading) and close observation of artwork utilizing visual thinking strategies (VTS), residents explored multiple, sometimes opposing, interpretations. Facilitated discussions linked these humanities exercises to clinical encounters, such as diagnostic and management challenges. Specifically, a “medical pause” framework was used to demonstrate how narrative-based medicine and visual thinking strategies can be applied when facing ambiguity in clinical scenarios.

The workshop demonstrated that humanities-based methods can be feasibly integrated into pediatric residency education. Residents engaged in reflective dialogue and application of a 'medical pause' framework. The session also illustrated that narrative-based medicine and visual thinking strategies can serve as practical entry points for exploring tolerance of ambiguity and uncertainty as part of developing professional identity.

Integrating humanities methods into postgraduate medical training offers a framework for fostering professional identity in the context of clinical nuance and unknowns. Future directions include in-depth evaluation methods, such as focus groups, to further explore the impact on identity formation and tolerance of ambiguity over time.

Biography: Clinical Fellow in Advanced Food Allergy at University of Toronto

COI Disclosure: All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity (pharmaceutical, medical device, communications firm): As part of my locum practice (covering another physician's leave), I have worked with a nurse employed by ALK in a community allergy clinic. I receive no compensation or funding from ALK. This relationship does not influence the content of my presentation to Creating Space.

CURATING HEALING SPACES: HOW ART INTEGRATION CAN IMPACT HEALTHCARE PROFESSIONALS (119)

Ms. Sarah Emily Srdarev

Objective:
The primary aim of this paper is to critically review previous research on the use of art in hospital settings and how these pieces can positively impact outcomes for healthcare providers. As healthcare providers spend a significant portion of their lives in this setting, which is routinely chaotic and uninviting, it’s time to break down the barrier between art and healthcare and explore how it can serve as an extended form of treatment for everyone in hospitals.

Methods:
Previous research on integrating artworks into hospitals has been conducted over the last 20 years; however, these studies have primarily focused on how art integration in healthcare settings improves patient outcomes, rather than whether they impact the healthcare workers at all.[1] This report will critically review studies of the effects of art integration on healthcare workers and explore whether art in health creates a positive impact beyond patient care.

Results:
I hypothesize that because art, on some level, helps improve patient outcomes, hospital staff working there will also be positively impacted by art integration.[2] Some points I expect to see include reduced burnout, improved morale and working conditions, and decreased anxiety. I also hope to see that art integration proves to be a way to ground people in reality during times of crisis and to make a safe haven feel like a safe haven.

Discussion:

While healthcare has made significant strides in recent years with advanced technologies and developments, art integration has just barely been explored. I believe the integration of artworks can have a positive effect on healthcare workers and should be considered as another way to improve long-term outcomes for those who spend a significant amount of their lives in hospitals, who aren't patients.

Keywords: art in health; art integration; art therapy; extended healthcare.

Biography: Sarah Emily is a graduate student at NSCAD University, getting her Master of Arts in Art Education. She is also a senior writer in pharmaceutical advertising, having worked across several disease states throughout her career and now specializes in oncology. After losing her sister to cancer, who spent significant amounts of time at hospitals and clinics, and seeing how depressing those spaces were for people trying to heal, she hopes to combine both her medical writing background and arts education experience to create spaces that encourage healing through art integration.

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RETHINKING THE ROLE OF ILLNESS MEMOIRS IN THE HEALTH HUMANITIES (132)

Ms. Mikaela Kassar

My presentation examines intersections between cultural and racial identity, individual agency, chronic illness, and narrative ethics. Building upon the contemporary field of Narrative Medicine, which aims to bridge divides between patients and physicians and enhance "narrative competence" (Charon 2001), I will investigate how chronic illness memoirs reframe narrative expectations and healing trajectories. For the purpose of this presentation, I will explore Lucy Grealy's Autobiography of a Face (1994) and Porochista Khakpour's Sick (2018). Though they each contend with different conditions – Ewing's sarcoma (a rare form of cancer) and Lyme disease, respectively – Grealy and Khakpour interrogate boundaries which separate the "self" from the "environment", "speech" from "silence", "space" from "time", and "health" from "disease.". My methodological framework bridges literary theory, disability studies, and bioethics. Through this interdisciplinary lens, I will attend to sites of bodily difference – such as race, ethnicity, and sexuality – without seeking to uniformly translate each writer's positionality and subjective reality in order to place them in a coherent narrative arc. They both challenge what constitutes medical and narrative "progress" and development, and further emphasize how diagnostic labelling and prescriptive understandings of health and wellness impact patient identity. They also invite further probing: what does it mean for a chronically ill writer to refuse "placement" within a diagnosis/story, and what are the ramifications of this misalignment for literary and medical practice? I will suggest that their writings collapse normative dichotomies embedded within society and underscore the importance of relationality, interconnectedness, and collective care-building in both medical and literary spheres alike.

Biography: Mikaela Kassar is a PhD student in the Department of English at McGill University, where she examines articulations of illness in fictional and autobiographical texts. Her current research focuses on the intersections between chronic conditions and narrative ethics. She firmly believes in the power of storytelling in the healing setting, and she is excited to continue learning about the connections between medicine and literature.

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IN TOUCH WITH HISTORY: EVOLUTION OF EMBODIED CARE IN NURSING (135)

Dr. Jessica Legacy

In 1892, Dr. William Ewart opened his textbook How to Feel the Pulse and What to Feel in It asserting that despite new instruments and mathematical precision, “the pulse has still to be felt.” His caution was not merely technical but ethical. In other words, the practitioner must remain present to the living body, rather than yielding all agency to the instrument. Over a century later, clinicians employ automated devices to register temperature, respiration, blood pressure, and pulse at the press of a button. These tools offer consistency and efficiency, yet they risk diminishing the embodied knowledge, intuition, and human connection once fundamental to care.

This paper traces the historical development of vital-sign measurement from the seventeenth to nineteenth centuries to show how methods of observation shaped both the phenomenology and ethics of medical practice. Drawing on nursing manuals, early instrument design, and medical treatises, I examine how practitioners learned to “read” vitality through touch, sight, attentiveness, and intuition, using the medical tools as mediators rather than intervenors. The tool, in this sense, is not merely an instrument but a site of negotiation where perception, authority, and empathy converge.

Building on this historical analysis, I am embarking on an applied-history project with nursing students at Red Deer Polytechnic, using archival materials and recreated examinations to explore how manual observation and embodied attentiveness might inform contemporary practice. Attending to historical ways of knowing the living body restores the clinician–patient encounter as a relational act of perception—reframing the clinical encounter as a dialogue between sensing bodies rather than a repository of numerical readings.

Biography: Jess Legacy was awarded her Ph.D. in Medieval Studies from the University of Edinburgh in 2018. Her research and academic pursuits explore the threads of metaphysical philosophy and phenomenology woven into the medical humanities. Her current research explores the history of vitals and the relationship between the patient and practitioner intersected upon the materiality of medical devices. She is a multi-disciplinary instructor at Red Deer Polytechnic and teaches courses in History, English and Communications.

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WORKSHOPS, ROUND TABLES AND PARTICIPANT PANELS

TUMOR, STRANGE, PARENT, VOICE: POETS READING THEIR WORK ON DISABILITY (60)

Dr. Shane Neilson, **Conyer Clayton**, **Jim Johnstone**, **Nancy Huggett**

Narrative predominates in medical education contexts, to the point that there is even a field of practice called 'Narrative Medicine.' But there is no corollary field of 'Poetry Medicine.' When poetry is used in medical education, it appears as an empathy-generating tool or as a quick reflective exercise. Students are rarely given the straight stuff, so to speak, from practising, professional poets who identify as disabled or have a care relationship to disability. In this performance, 4 such poets will read their work. Ottawa-based Nancy Huggett will read poems about caring for an adult daughter with multiple disabilities and medical intransigence; Ottawa-based Conyer Clayton will read poems about their vocal disorder; Jim Johnstone will read poems about his recent diagnosis and recovery from a meningioma; Shane Neilson will read autistically about autism. We hasten to add, however, that we have differing views about disability and we also will deliberately complicate the title's conscious framing of one another as occupying a specific, discrete disabled identity. A short discussion with audience engagement will follow the readings and will concern topics like how disability influences poetic form, how disability as an identity can be represented in poetry, and how poetry by disabled people might be used in medical pedagogy.

Shane Neilson

Biography: Shane Neilson is a poet and physician from New Brunswick who currently practices in Guelph, Ontario. His work has appeared in Poetry (Chicago) and the Best Canadian Poetry series four times, including Best of the Best Canadian Poetry (Biblioasis, 2017). Having served as judge for the 2025 International Hippocrates Poetry Prize, he is currently the poetry consultant for the Canadian Medical Association Journal, and his most recent book of poems from Goose Lane Editions is The Reign.

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Conyer Clayton

Biography: Conyer Clayton is an Ottawa-based writer and editor from Louisville, Kentucky whose third book of poetry, the lake-shaped excuse, is forthcoming in fall 2026. They are a 2025 MacDowell Fellow and Tin House Scholar.

Nancy Huggett

Biography: Nancy Huggett, winner of the RBC PEN Canada 2024 New Voices Award, is a settler descendant writing and caregiving on the unceded Territory of the Anishinaabe Algonquin Nation.

Jim Johnstone

Biography: Jim Johnstone is a poet and critic. He is the author of seven poetry collections, including The King of Terrors (Coach House Books, 2023).

HEALING THROUGH INDIGENOUS ART: EXPLORING EVIDENCE, PRACTICING STONE CARVING (76)

Mr. Noah Bennell

Background/Purpose:
Art is central to Indigenous ways of knowing, healing, and community life. Through storytelling, music, and visual expression, art connects individuals to culture, spirit, and land, relationships essential to well-being. Within Indigenous worldviews, healing is holistic, addressing emotional, spiritual, mental, and physical balance. Creative practice helps process experience, restore identity, and strengthen cultural continuity, all foundational to mental health.

Studies on Indigenous art engagement programs globally report measurable improvements in mental health and well-being among Indigenous individuals and communities. Studies examining visual arts, music, storytelling, and culturally immersive activities document enhanced cultural identity, stronger belonging, and increased community support. Quantitative evidence notes reductions in depressive symptoms, anxiety, and suicide or self-harm risk, while qualitative accounts describe greater resilience, empowerment, self-compassion, and personal agency. Elder-involvement in these programs reinforce intergenerational knowledge transfer and healing from historical trauma. Collectively, these findings highlight that culturally attuned art interventions support both individual and community mental health.

Building on this evidence, the purpose of this workshop is twofold: to review research on Indigenous art as a culturally grounded intervention for mental health, and to provide participants with a hands-on experience in Indigenous art. Through this experience, participants will reflect on the role of creative practice in personal and cultural well-being and explore ways to integrate art-based, culturally safe practices into healthcare and educational settings.

Instructional Methods:
The workshop will begin with a brief presentation on Indigenous art as a culturally grounded, evidence-supported intervention for mental health. Participants will then engage in hands-on soapstone carving, creating small animal figures while reflecting on connections between art, identity, and healing. Materials include soapstone, files, sandpaper, water, and oil. The session will conclude with a group discussion on integrating art-based and culturally safe practices into healthcare and education.

Biography: Noah Bennell is a member of the Northwest Territory Métis Nation and a second-year medical student at the University of Ottawa. His academic interests center on Indigenous community well-being, improving access to healthcare resources for Indigenous peoples, and advancing Indigenous health education. Beyond medicine, Noah is an artist who carves soapstone and antler, with his work exhibited in galleries and art festivals. He also leads carving workshops that celebrate and share Indigenous art traditions.

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HEALING THE HEALERS THROUGH NARRATIVE-BASED MEDICINE (79)

Dr. Aisha Husain, Dr Diana Toubassi, **Dr Amita Dayal**, Dr Sarah Kim, Dr Melanie Ng, Ms Kaitlyn Ng, Ms Sameeha Aslam, Dr Nick Pimlott

Background

Myriad, entrenched healthcare challenges are straining physicians in numerous ways, contributing to burnout and distress, medical error and poorer outcomes for patients. Unfortunately, most interventions proposed to date have not been shown to mitigate these effects (Fullerton, 2024; Linder, 2024).

The WHO call to action includes supporting physicians to rediscover meaning and purpose. This is a practice that is exceedingly well-supported by the practice of Narrative-Based Medicine (NBM;Charon, 2000). In fact, NBM has been shown to not only improve clinician welfare, but improve patient outcomes, too (Peterkin, 2012; Lijoi & Tovar, 2020; Murphy, 2015).

We developed and piloted a workshop for clinical Family Medicine faculty at the University of Toronto to introduce the practice of NBM and provide practical ways they might integrate the practice into their worklives. Thirty-three% of respondents were initially unsure that NBM cultivated well-being and only 37% were confident in their knowledge for NBM (n=10). Following participation,100% of participants agreed NBM could cultivate well-being, 94% agreed that it impacts well-being, and 94% were open to trying it in their practice. Further workshops (n=24) showed similar findings.

Purpose

The aim is to immerse participants in evidence-informed NBM approaches that have been shown to enhance well-being. By the end of the workshop, participants will leave with a personal action plan for weaving NBM into their practice and teaching.

Instructional Methods

- Group warm-up
- Didactics on the rationale of employing NBM; the tools for clinician well-being
- Think-pair-share to generate barriers of NBM; group discussion
- Close reading with main group + group analysis
- Writing prompt for free writing, then debrief in small groups
- Self-reflection on what NBM tool to try in their setting
- Final guided group discussion to share the factors influencing shifts in perspectives of participants' well-being with NBM

Dr. Aisha Husain

Biography: Aisha Husain is a rural comprehensive family physician practicing in Uxbridge. She is an Assistant Professor at both UofT and Queen's. She has taught and mentored learners of all stages in their meical education journey as well as faculty. Aisha completed an Advanced Certificate in Narrative-based Medicine at UofT. Her current areas of interest in medical education includes advocating for FM specialty sustainability by exploring the role of narrative medicine to re-ignite joy.

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CONNECTING WITH DANCE: IDENTITY, CREATIVITY, AND WELLBEING THROUGH ACCESSIBLE MOVEMENT (113)

Maria Shepertycki, Merrilee Hodgins, **Dr. Martha Holt**, **Elena Ilin**

This experiential workshop examines how creative dance can enhance multiple dimensions of health—physical, emotional, cognitive, and social—while supporting identity formation and ethical awareness among participants (patients and practitioners alike). Adapted for both seated and standing participation, all exercises are fully accessible and require no prior dance experience.

For more than a decade, The School of Dance (Ottawa) has delivered Connecting with Dance, a free community programme designed for seniors and individuals living with Parkinson's. Grounded in the principles of neuroplasticity, motor learning, and creative cognition, the programme integrates accessible movement with live music and guided imaginative exploration. The approach aligns with evidence-based frameworks such as Lee Silverman Voice Treatment BIG (LSVT BIG), emphasizing the therapeutic potential of dual-task engagement.

Qualitative data collected from participants and care-partners indicate enhanced confidence, balance, self-efficacy, and social engagement.

Participants reported:

· "Improved self-awareness of my potential gave me courage to keep attending class."
· "Listening to and observing others helped me understand diverse perspectives."
· "Clarifying my beliefs, likes, and dislikes was empowering."

These narratives illustrate the relational impact of identity—how creative expression affirms individuality while cultivating belonging within a shared artistic and therapeutic space.

Framed through theories of embodied identity and reciprocal learning, this workshop positions movement art as both a therapeutic and cerebral practice: a site where artistic expression, rehabilitation science, and lived experience intersect. Findings suggest that integrating arts-based methodologies within healthcare contexts can promote resilience, ethical reflection, and sustained personal and professional growth, highlighting the vital connection between identity, creativity, and wellbeing.

Dr. Martha Holt

Biography: Dr Martha Holt, Assistant Professor, Clinician teacher, Department of Family Medicine, University of Ottawa

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BODY TALKS: A MULTI-ARTS WORKSHOP ON IDENTITY, INTERSECTIONALITY, AND CELEBRATION (126)

Shannon Kitchings

Body Talks provide a space to explore our own complex identities through multiple arts mediums. This session includes gentle movement, spoken word, and visual arts. No experience is required to engage in this workshop. Designed to be a comfortable space to better understand how our own identities impact our experiences in the world, each exercise offers optional prompt to tap into creativity to express how we see ourselves in the world and how that affects how we see each other. Participants will be guided through a brief discussion about how identities, particularly those related to grounds protected under human rights law, contribute to our relationships with community and health and wellness.

This workshop includes use of tools such as the identity wheel and the coin model to explore identity. Then through a guided movement activity based in the Concious Bodies Methodology by Dreamwalker Dance

Company, participants will consider how those identies are embodied in our physical selves. Using that experience participants will create a personal zine and a group spoken word poem together.

Biography: Shannon is an artist, activist, and human rights worker.

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DIAGNOSIS AND DIASPORA: NAVIGATING HEALTH HUMANITIES TRANSLATIONS AND TERRAINS (134)

Robin McCrary, Songrui Zhang, Arundhati Dhara

Background

Healthcare is often a form of translating patient symptoms into diagnoses, carrying with it both ambiguous terrain and surprises despite neoliberal medical systems aiming to fit patients into a "textbook." We instead present a framework toward incorporating diasporic experiences into health humanities in care traditions, practices, and education—reflective about how our own (diasporic) positionalities and perspectives help us navigate not only neoliberal contexts but uncertainty within care contexts, rather than straightforward biomedical "matches." As clinicians and educators, we put forth such experiences of humbling, belongingness, and navigating unfamiliar terrain—most pointedly aiming to demonstrate how our experiences and lenses can help those using health humanities recognize ambiguous conditions in healthcare practice and education as contexts requiring translation.

Acknowledging healthcare as a terrain full of constant new directions, our workshop employs narrative humility strategies to apply diasporic lenses toward diagnostic reasoning—which, as acts of translating symptoms, to diagnoses, to literacies, to treatments, highlight ambiguities within knowledge translation attempts. Following brief presentation and practice we will guide participants through production to consider their relationships to diaspora, with further encouragement toward reflection prior to paired or group sharing and discussion.

Objectives

Workshop participants will be guided to:
1. Describe diasporic senses within relationships to Land, patient communities, histories, and language use.
2. Apply reflections on diaspora toward educational and/or care practices.
3. Analyze advocacy potential generated through reflection in regard to one's community, institution, and broader locales.

Biography: Associate Teaching Professor, Writing Studies and Health Humanities

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PECHA KUTCHA

ICHIGO ICHIE: PHOTO-ELICITATION FACILITATED CONVERSATION ON TRANSIENCE 一期に一度 (35)

Dr. Cory Ingram, Dr. Elsa Sutton, Mrs. Sarah Mensink

Background: Radiation oncology residents spend their days reviewing images of people living with and sometimes dying from cancer. Images can be a reminder of the transient nature of life. Our humanities-based curriculum was written to specifically honor the fragility of life in the work of our radiation oncology residents. A needs assessment was done with our chief radiation oncology resident and our curriculum developed based on the Japanese Tea tradition, Echigo Echie 一期に一度, honoring the meeting of people as a unique and unreproducible experience, a once in a lifetime occurrence. Each encounter is unprecedented. Due to the uniqueness of the meeting, we must dedicate ourselves to this one moment in time that we have.

Methods: Photo-Elicitation was used to facilitate conversations on transience, death anxiety, and counter transference. Firstly, a training radiographic image of metastatic cancer was used to reflect through conversation on transience as a theme. Secondly, a prize-winning photo of a cancer patient and family was used to foster conversation on death anxiety. Lastly, residents used images from their cell phones to share an image of particular meaning and reflect on the concept of counter transference.

Objectives:

1. Explain the relationship of transience and meaning in life.
2. Contemplate the concept of death anxiety.
3. Understand the experience of counter transference.

Results: Photo-Elicitation was used to facilitate conversations on transience, death anxiety, and counter transference was well received by residents and the experience will be shared with the audience.

Biography: Cory Ingram, M.D., M.S., FAAHPM, is a Hospice and Palliative Care Consultant at Mayo Clinic. Dr. Ingram holds academic appointments in Palliative Medicine, Spiritual Care, and Family Medicine and serves as Co-Director of Communication in Healthcare in the Program for Professionalism and Values. Dr. Ingram is the first physician and non-chaplain to receive an academic appointment in Spiritual Care at Mayo Clinic. Dr. Ingram's career is a trans-Atlantic pilgrimage in the examination of the Art of Medicine recently recognized with the 2025 Humanities Award from the American Academy of Hospice and Palliative Medicine. Dr. Ingram is an advocate for cultural transformation of caring for people through the end of life with attention to the whole person needs of patients and their caregivers.

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CHRONICALLY ICONIC: HOW DISABILITY SHAPED MY VOICE, NOT MY LIMITS (50)

Ms. Jenna Kedy

When I was diagnosed with juvenile idiopathic arthritis and fibromyalgia as a kid, I thought my story was being written for me in medical charts, appointment notes, and "how are your pain levels today?" checklists. What I didn't realize was that disability would become the plot twist that made me pick up the pen and write my own story instead. Chronically Iconic: How Disability Shaped My Voice, Not My Limits is a fast-paced, heart-filled snapshot of what happens when illness stops being your villain and becomes your microphone. Through twenty slides and a whole lot of real talk, I'll share how navigating the healthcare system as a young, disabled woman turned frustration into fuel and how I went from patient to partner, from quiet to keynote. Expect a mix of humor, honesty, and maybe a little glitter as I explore how disability reshaped my identity, my confidence, and my purpose. You'll hear about the awkward doctor appointments, the invisible barriers, and the beautiful moments where self-advocacy became survival. It's about finding joy in the chaos, courage in the pain, and community in the spaces that weren't designed for us yet because disability doesn't make you less capable; it just gives you a louder story to tell and mine is still being written, one sparkly, resilient chapter at a time.

Biography: Jenna Kedy (she/her) is a 21-year-old youth advocate, storyteller, and Family Studies student from Lakeside, Nova Scotia. Living with juvenile idiopathic arthritis and fibromyalgia, Jenna transforms her lived experience into action — championing accessibility, inclusion, and meaningful youth engagement in healthcare across Canada. She's a member of the Canadian Medical Association's Patient Voice, a representative for the Eureka Fellowship, and a Youth Advisory Council member with IWK Health. Through roles with Take a Pain Check and the Young Canadians Roundtable on Health, she helps co-create youth-friendly systems that center voice, value, and representation. Beyond advocacy, Jenna is a Girl Guides leader, volunteer with Club Inclusion, and community organizer known for her glittery enthusiasm and heart-led leadership. She's also the creator of projects like "Hope by Heart: Storytelling Collective" and "Crown Yourself: A Confidence Campaign." Whether on stage or in community spaces, Jenna brings warmth, humor, and hope — reminding everyone that lived experience isn't extra credit; it's expertise.

COI Disclosure: I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations

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HEALING WITH HARMONY: MUSIC AS HEALTHCARE'S SUSTENANCE (87)

Dr. Wendy Stewart

Healthcare professionals face growing challenges of isolation and burnout, made worse by heavy workloads, lack of resources and the increasing complexity of care. Institutional wellness initiatives often focus on individual resilience, and do not address the system issues that exist and contribute to burnout. Less attention has been paid to shared, creative experiences that foster belonging and provide opportunities for collective renewal within organizations. Music, particularly communal music-making such as singing in a choir, has been shown to promote emotional bonding, synchrony, and empathy through shared rhythm and harmonies. Engaging in musical activities can reduce cortisol, our primary stress hormone. Studies have also demonstrated that group singing releases oxytocin and endorphins, chemicals that enhance trust and connection. Qualitative research studies highlight the sense of shared purpose and emotional release participants experience in musical groups.

This pecha kucha presentation will use rhythms to explain the impact of music on our brain and bodies and describe how music can serve as a bridge for connection with colleagues within and across disciplines. Drawing on personal experiences and evidence from psychology, neuroscience, and arts-in-health scholarship, it makes the case for integrating musical opportunities within healthcare organizations, such as workplace choirs or music reflection groups, and how this can meaningfully contribute to wellbeing, collegiality, teamwork and moral resilience. By bringing voices together, both literally and metaphorically, music offers not only solace but also a means to restore harmony within ourselves, the teams we work in, and across our communities of care.

Biography: Dr. Wendy Stewart is a paediatric neurologist and medical educator whose work centers on the health humanities, especially the transformative role of music and visual art in care, learning, and wellbeing. As Assistant Dean Preclerkship, Director of Faculty Development, and Director of Humanities at Dalhousie Medicine New Brunswick, she integrates arts-based methods into curricula, leading initiatives that use music and visual arts to strengthen clinical reasoning, teamwork, and professional identity. Her scholarly work focuses on the use of the arts to promote health and wellbeing and advance humanities-informed education and equity. She is classically trained in accordion and can personally attest to the power of music in her own life. She is passionate about teaching and has been recognized with multiple teaching honours—including the DMNB Silver Shovel and Best in Class awards.

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GRAPHIC NARRATIVES AND NEGOTIATING GERIATRIC IDENTITY BEYOND PATHOLOGY (129)

Ms. Aaradhana Natarajan

Globally, demographic shifts towards an increasingly older population have led to increasing clinical and academic interest in geriatric care. A recent piece in Nature Perspectives identified “the social determinants of health, such as income, education, housing, transportation, and social support, that impact the health outcomes and health behaviors of the older adults” as areas that require further support in healthcare1. Narrative medicine, particularly graphic medicine, is uniquely positioned to offer insight into the ways such determinants mediate the aging process and their identities as geriatric individuals by centering the embodied subject’s interactions with social contexts. However, the graphic medicine canon focuses on work that illustrate aging as characterized by disease processes – particularly the neurological2. Coupled with medical board preparation materials and broader curricula that focus on aging as a risk factor for inevitable pathology3,4,5, there appears to be an emergent tautology between aging and pathological/diseased states in medical narratives.

This pecha-kucha is based on an in-progress qualitative analysis paper about graphic narratives’ representation of women over the age of 65 negotiating the changes that accompany their aging and emerging geriatric identities. Analysis identified four recurrent themes of disability, autonomy, dignity and community engagement that underpin this narrative process. The 20-second slides will show panels from the English translation of Kaori Tsurutani's manga BL Metamorphosis, Hiromi Goto’s graphic novel Shadow Life (illustrated by Ann Xu), and schwinn’s manga はなものがた, that are referenced in the paper.

I will describe the panels’ depictions of the above themes and social determinants to explore how such works can inform more empathetically responsive perspectives and person-first approaches to geriatric care. The aim is to educate towards an understanding of aging narratives beyond pathological disease-states to more holistically inform discussions with persons negotiating their transition into a geriatric identity.

Biography: Aaradhana Natarajan is currently a medical student at Hackensack Meridian School of Medicine. She is interested in the history of medicine, health policy, science communications, and the ways different experiences of embodiment are represented in written and visual mediums.

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