

**The Examined Life:  
Writing and the Art of Medicine**

**PROGRAM**

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- LIT = Literature
- MED ED = Education
- PAT = Patient and Provider Care
- WRI = Craft of Writing
- STU = Student Track

**Wednesday, April 28, 2010**

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
2:00 - 7:00 pm	Registration	MERF Atrium
3:00 - 4:15 pm	Concurrent workshops	
3:00 - 4:15 pm	<p><b>A Psychiatrist and a Writer Walk into a Bar... (LIT)</b>            Timothy Twito, MD, Allina Medical Clinic, Northfield, MN</p> <p>While modern psychiatric practice can afford the clinician-writer ample comic inspiration and material, their proper use demands great skill and sensitivity to avoid mocking patients. We'll explore this issue by reading and discussing passages from famed psychiatrist and author (<i>The House of God</i>) Samuel Shem's satirical novel about a psychiatric teaching hospital, <i>Mount Misery</i>. Participants are encouraged to broaden the discussion by sharing pertinent experiences of comedic narrative potential.</p>	2189 MERF
3:00 - 4:15 pm	<p><b>Writing as Everyday Alchemy (WRI)</b>            Mary Dowd, MD, Clinical Services, Portland, ME</p> <p>What do we want out of life? Romance, adventure? Prosperity, recognition? Family, friends, a home? Those of us in counseling and medicine particularly want a sense of purpose, of meaningful work well done. We want all these things. But more than these, more than even happiness, we want to experience our lives fully, to be awake to whatever is going on in front of, or inside us.</p> <p>Writing starts with looking back and looking within. The act of reflecting on our days and our emotions heightens our focus and presence. It cracks us open to the chaos, the pain, the joy and the beauty that surrounds us. It transforms the lead and the dross of our everyday lives into the gold of living with an awakened heart. In this workshop we will look at poems that transform the ordinary. We'll discuss how the creative process alters our experience and ourselves. We'll do some writing and share what we have written.</p>	2156 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
3:00 - 4:15 pm	<p><b>Fifty-five Word Stories: “Small Jewels” for Personal Reflection and Teaching (WRI)</b></p> <p>Colleen Fogarty, MD, University of Rochester Department of Family Medicine, Rochester, NY</p> <p>Fifty-five word stories are brief pieces of creative writing which use elements of poetry, prose, or both to encapsulate key experiences in health care. These stories have appeared in <i>Family Medicine</i> and <i>JAMA</i> and have been used to teach family medicine faculty development fellows. Writers and readers of 55-word stories gain insight into key moments of the healing arts; the brevity of the pieces adds to both the writing and reading impact. Fifty-five word stories may be used with trainees to stimulate personal reflection on key training experiences, or may be used by individual practitioners as a tool for personal reflection and professional growth.</p>	2117 MERF
4:30 - 5:45 pm	<p><b>Concurrent sessions 1</b></p>	
4:30 - 5:45 pm	<p><b>The Language of Pain (LIT)</b></p> <p>David Biro, MD, PhD, SUNY Health Science Center at Brooklyn, Brooklyn, NY</p> <p>Pain is difficult to express, not simply because the “language runs dry” (Virginia Woolf) but because the experience itself is difficult to grasp: that is, the problem is as much conceptual as it is linguistic. This elusiveness stems on the one hand from the inaccessibility of pain as a bodily event (we can’t see or touch it) and from its lack of intentionality on the other hand (it is not always connected to objects that we can see and touch). The only way around such conceptual difficulty is metaphor. By speaking of what we don’t know in terms of what we know, metaphor illuminates aspects of existence that would otherwise remain in the dark: from private experiences like pain and our belief in God to novel scientific theories of how the objective world works.</p> <p>Drawing on the work of a wide range of artists and writers including Munch and Kahlo, Tolstoy, Joyce and Hemingway as well as the real-life experiences of ordinary patients, I will present three different metaphorical strategies that can be used to articulate pain: the weapon, the mirror, and the X-ray. By far the most common one is what Elaine Scarry calls the language of agency. Here sufferers imagine a weapon-like object that moves against and injures the body. This type of metaphor is used when patients talk of pain as stabbing or shooting. A second strategy occurs when pain is projected onto other objects, from other people to nonhuman objects in the environment so that the external world becomes a mirror. Projection metaphors enable sufferers to validate and better understand their pain. In the third strategy, people create images of the inside of the body with words, anatomic metaphors. Peering underneath the skin, so to speak, sufferers imagine a source for their aversive sensations. Common to each of these strategies is the desire to replace</p>	2189 MERF

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	<p>what is inside us and inaccessible with what is outside and directly perceptible.</p>	
4:30 - 5:45 pm	<p><b>What Good Is Poetry If I Am a Doctor? (WRI)</b>            Frederic Platt, MD, University of Colorado School of Medicine, Denver, CO</p> <p>Poetry as an art form and as literature escapes many, if not most, clinicians who view it as outside their area of work and of entertainment.</p> <p>This workshop will present a series of poems, some written by clinicians. Many will focus on conditions and emotions commonly encountered by clinicians. The poems will exemplify four values:</p> <ul style="list-style-type: none"> <li>• Many great poems help us understand the nature of suffering, of grieving, and of loss, phenomena we encounter daily.</li> <li>• Many poems are simply fun to read. Physician writers often use humor, perhaps hyperbole, to ease the pain of our work.</li> <li>• We may encounter a poet or two in our practices and they may express their distress better with their literary work than with their speech. We will come to treasure these creative people and their expressions.</li> <li>• Perhaps most important, we clinicians hear amazing and poignant statements from our patients. We encounter and work with situations of joy and of grief in our daily work. Then we carry the feelings with us, burdened by them, perhaps for considerable time. Writing the feelings down, often in some form of poetry (usually free verse) will help unburden us. Most physician poetry seems to serve this unburdening function.</li> </ul> <p>The workshop will begin with individual recollections of a poignant or puzzling phrase or sentence from or about a patient and will end with each participant composing a free verse poem about that event. Some will be willing to share their work with the group; some may elect to keep it private.</p>	2117 MERF
5:45 - 6:45 pm	<b>Welcome reception</b>	MERF Atrium
6:45 - 8 pm	<p>Featured presentation (open to the public)  <b><i>Animal Songs: Bestiaries in English, French, and German</i></b>            by David Gompper, DMA; Stephen Swanson, MM, University of Iowa College of Liberal Arts and Sciences, Iowa City, IA; Marvin Bell, MFA</p> <p>Baritone Stephen Swanson and composer/pianist David Gompper, professors in the University of Iowa School of Music, will present their recital <i>Animal Songs: Bestiaries</i></p>	1110A MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	<p>in English, French, and German. The program will begin with art songs in French by Maurice Ravel set to texts from Jules Renard's <i>Histoires naturelles</i>. They will be followed by Max Reger's delightful settings of children's poems sung in German. A selection of animal songs by the British duo Flanders &amp; Swann, best known for their cabaret <i>At the Drop of a Hat</i>, will complete the first half of the program. <i>The Animals</i>, a cycle of nine songs for baritone and piano, will complete the program. This song cycle was created in August 2009 by American composer David Gompper and poet Marvin Bell especially for this recital. Bell, who is a UI emeritus professor and former Iowa Poet Laureate, is planning to attend this performance, and will join in during the Q&amp;A portion of this session. Twenty-four songs tell about two peacocks, a cricket, swan, kingfisher, guinea fowl, warthog, sloth, wild boar, spider, mice, chickens, bees, a hedgehog, fly, cat, rooster, buffalo, stork, charley horse (!), polar bear, camel, and vulture, as well as other denizens of barnyard, jungle, and ocean. This is music to make you smile, laugh, and perhaps, think about what our animal friends can teach us about ourselves and the world in which we live.</p> <p>Introduction by David Asprey, PhD, PA-C, Assistant Dean, Student Affairs and Curriculum, Carver College of Medicine; Piano partly funded by West Music of Coralville, IA</p>	

**Thursday, April 29, 2010**

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
7:30 - 10:00 am	Coffee and registration	MERF Atrium
8:30 - 9:45 am	Concurrent Sessions 2	
8:30 - 9:45 am	<p><b>Seeking Equilibrium in Building, Writing, and Regenerative Therapy (LIT)</b> Dwight Watson, MFA, Wabash College, Crawfordsville, IN</p> <p>Dramatic writing often begins with equilibrium, a balance, suggesting to an audience the desired state of things. Equilibrium may last for a while or it may be disturbed almost immediately. While disturbance in drama is anticipated, and even desired, in life and nature disturbances often leave us baffled with actions unresolved. For example, how do we react to an</p>	1117 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	<p>invasive species in nature or graft-versus-host disease in transplantation? Is regenerative therapy an “act of biological resurrection?” Is writing dialogue? Is building a cabin? Is equilibrium even desirable?</p> <p>This session will share a reflection on the process of building a cabin, writing dialogue, and donating stem cells.</p>	
8:30 - 9:45 am	<p><b>Tells and Tales, or “Whose Story Is It?”: First Person Physician and the Patient-Centered Narrative (WRI)</b> Hilary Mosher, MFA, MD; University of Iowa Hospitals and Clinics, Iowa City, IA</p> <p>By training, I was a writer first, and a physician second, and though I write privately (for my own purposes) about my experiences with patients, when I consider physicians’ tellings of patients’ stories in the public sphere, some squirming ensues. As medical professionals, we learn early on several lessons about patient stories—the first is that of confidentiality, and its paramount importance. The second is the incredible fascination and value in the patient story as instructive tale—we remember best the didactic material we can attach to a patient case (story), when we have been part of the narrative. The third is the danger and pitfall of the patient story, as an “N of 1.” Anecdotal medicine can be devalued by evidence based medicine and a good story can itself be a source of error: one searing case can cloud our thinking about subsequent similar presentations.</p> <p>Considered beyond the purely personal or educational, how should patient stories in the public or literary realm be scrutinized? What are the guidelines of confidentiality, the possibilities of instruction, and the pitfalls in perspective? By telling a patient’s tale, what is a physician disclosing, or failing to disclose, about herself? Choosing to write about our experiences as physicians, what level of authorial control do we assume, and what value can we find in relinquishing this control?</p> <p>During this lecture and discussion, we will explore these general questions through a discussion of craft: specifically, how point of view and perspective are created and subverted in a narrative, and by doing so better understand the physician’s part as an object of a story, not just its authorial subject.</p>	2117 MERF
8:30 - 9:45 am	<p><b>Family from Her Perspective – Preserving Life, Hope, and Motherhood after Cancer (STU)</b> Joe Letourneau, M4; Erin Ebbel, M3, University of California, San Francisco, San Francisco, CA</p> <p>A young woman newly diagnosed with cancer is abruptly confronted with two major threats: one being her own mortality, the other the possibility that her treatment may render her unable to ever create a family of her own. As cancer treatments become more specific and effective, as survivorship improves, we turn increased attention to quality of life after treatment. A major issue remains the inability to have one's own biological</p>	2189 MERF

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	<p>family after treatment.</p> <p>Cancer treatments target rapidly dividing cells. The rapidly dividing cells in reproductive tissues are biological bystanders and are often injured in the treatment process. Rapid advances in medical science are making it possible to provide young women with cancer the hope of someday having a family of their own.</p> <p>With these technologies comes a new wave of ethical, anthropological, and social questions. Though these questions still intrigue and beleaguer medical experts, many young women are facing them, in short course, after discovering that they have cancer.</p> <p>In this presentation, we explore many of these issues. We present a series of letters from patients that explore their thoughts and emotions while having to immediately face the fear of losing their life and their future family. We also discover a new hope instilled by the chance of preserving both.</p>	
10 - 11:15 am	<b>Concurrent sessions 3</b>	
10 - 11:15 am	<p><b>Imaginative Travels in Sickness and Health: Education in the Art of Medicine (MED ED)</b></p> <p>Yuko Taniguchi, MFA; Rebecca Bamford, PhD; University of Minnesota Rochester, Rochester, MN</p> <p>This paper explores one way in which the medical humanities make a direct contribution to medicine, focusing on the education of healthcare professionals. We will introduce and discuss several creative writing samples that focus on the topic of patients' and practitioners' experiences of healthcare, and especially upon their experiences of pain, suffering, and healing. As Sontag (1975) suggests, "[e]veryone who is born holds dual citizenship, in the kingdom of the well and the kingdom of the sick." Creative writing, we argue, opens up imaginative travel privileges within both kingdoms to practitioners and patients. In addition to a range of relevant pieces of poetry and literature, a selection of our examples will be taken from Yuko Taniguchi's recent poetry collection <i>Foreign Wife Elegy</i> (2004), and will include the poems "Kathleen," "Winter Race," and "Foreign Wife Elegy." These examples will be used to establish the power of creative writing to communicate aspects of the experience of healthcare from these perspectives that may not be easy to articulate in the language of professional medicine. We will then show how these samples worked within a sample class taught as part of the Bachelor of Science in Health Sciences integrated degree program at the new University of Minnesota Rochester. By means of reading and critical discussion of creative writing, the paper shows how education constitutes a key point of intersection between writing, the humanities, and the art of medicine.</p>	1117 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
10 - 11:15 am	<p><b>Shifting Points of View: the Science of Vision and the Optical Illusions of Narrative (LIT)</b></p> <p>Gregory Plemmons, MFA, MD, Vanderbilt University, Monroe Carell Jr., Children's Hospital, Nashville, TN</p> <p>"True judgment of depth is only possible because each of our eyes sees the world from a slightly different angle," Michael Marmor has written in <i>The Eye of the Artist</i>. Even the most gifted film director, however, remains confined to two dimensions. Literature and narrative have the ability to explore multiple points of view in a way that film-makers cannot. Telling a story from multiple points of view has been a popular device in both the short story and novel and has some surprising parallels in the science of vision and optical illusions. In addition to adding complexity, narratives which shift points of view can often heighten our sense of isolation and tragedy as well as suspense. Shifting the viewpoint is often also ideal for conveying the states of uncertainty in which we frequently find ourselves in our lives or the practice of medicine. In this presentation, I'll discuss several famous works of literature by past writers (Virginia Woolf, William Faulkner, Carson McCullers, Leo Tolstoy) as well as contemporary ones (William Trevor, Russell Banks, Alice Munro) and what they achieve by telling a story from multiple viewpoints, while pointing out some interesting visual correlations with several well known optical illusions and the science behind how they work.</p>	2117 MERF
10 - 11:15 am	<p><b>Mosquito Nets are from Heaven: Poetry, Blogging, and Health Care in Kenya (STU)</b></p> <p>Rosalyn Plotzker, M2, SUNY Downstate College of Medicine, Brooklyn, NY</p> <p>Kisumu sits on the banks of Lake Victoria, in the westernmost region of Nyanza Province. It is the third largest Kenyan city, while also having agricultural resources such as the lake. Impoverished communities live in both seemingly urban slums, as well as poor rural villages, separated by a single dirt road.</p> <p>I worked with SUNY Downstate College of Medicine as a medical consultant in 2007. Three months after the post-election riots in Kenya: of which Kisumu had been an epicenter: I arrived. Skeletons of burned groceries still lined the main street.</p> <p>My role was twofold:</p> <ol style="list-style-type: none"> <li>1. To assist the development of a Home Based Care program for people in both the rural and urban slums who could not afford health care.</li> <li>2. To film it for a documentary.</li> </ol> <p>During my stay, I considered how to translate my day to day life to my community in America. The daily emotions: rather than daily events: seemed to matter most. What resulted was a poetry blog, "Mosquito Nets Are From Heaven." I chronicled everything from setting up a database, to</p>	5181 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	<p>the mixed feelings I felt behind a camera. One day I described teaching community health workers about tuberculosis in a half- destroyed building. The next day I explained one of our patients died of AIDS. Sometimes I simply wrote about the market, animals, even my laundry.</p> <p>The blog afforded a global audience of hundreds. The poetry, hopefully, allowed readers to transcend the facts of my work, and feel the challenging emotions at its base.</p> <p>This presentation will explore the use of poetry as a communication tool in health care, and will discuss how blogging can transcend international distances.</p>	
11:15 - 12:30 pm	<b>Poster session and book fair</b>	MERF Atrium
11:45 - 12:30 pm	<b>Lunch</b>	MERF Atrium
12:30 - 1:30 pm	<p>Featured presentation (open to the public)</p> <p><b>Writing for Resistance: Narrative, Health and Social Justice</b></p> <p>by Sayantani DasGupta, MD/MPH, Columbia University Program in Narrative Medicine, New York, NY</p> <p>Narrative medicine – its practice and scholarship – is necessarily concerned with issues of trauma, body, memory, voice, and intersubjectivity. However, to grapple with these issues, we must locate them in their social, cultural, political, and historical contexts. If disease, violence, terror, war, poverty and oppression manifest themselves narratively, then resistance, justice, healing, activism, and collectivity can equally be products of a narrative based approach to ourselves and the world.</p> <p>Writing for resistance implies a type of writing that is highly self-conscious of these forces of justice and injustice. This presentation will both draw from the speaker’s work at Columbia University’s Program in Narrative Medicine and her memoir and creative nonfiction writing. We will ask together: how are the stories we tell, and are told, manifestations of social injustice? How can we transform such stories into narratives of justice, health, and change?</p>	2117 MERF



<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	Introduction by Peter Densen, MD, Executive Dean, Carver College of Medicine	
1:45 - 3 pm	<b>Concurrent sessions 4</b>	
1:45 - 3 pm	<p><b>Writing in Medical School: A Non-writer's Perspective (STU)</b>  Dane Jacobson, M3, University of Iowa Carver College of Medicine, Iowa City, IA</p> <p>Before medical school I would never have considered myself a writer. However, in an effort to expand my interests I took the opportunity to enroll in "The Examined Life," an elective writing class at the University of Iowa Carver College of Medicine.</p> <p>The members of the group varied significantly in their writing backgrounds, from MFAs to novices such as myself. In general, the class was composed of people with a relatively strong background in writing.</p> <p>This presentation will focus on my experience in "The Examined Life." I will discuss what I have learned over the years, how this unique experience has added to my medical school experience, what writing has come to mean to me, and just why I kept going back for three years.</p>	1117 MERF
1:45 - 3 pm	<p><b>Point of View: Illness Narratives and Empathy (PAT)</b>  Larry Cripe, MD; Jan Lucas-Grimm; Barbara Shoup; Indiana University Simon Cancer Center, Indianapolis, IN</p> <p>Empathy, fully realized, may be defined as the ability to experience vicariously the point of view of another person. Reading fictional and non-fictional illness narratives provides professional and informal caregivers the opportunity to "be" a patient with a life-threatening illness. An understanding of how imperfect memory and point of view modify the illness narrative may enrich our understanding and bring the reader closer to a more authentic "lived experience" of the physical and emotional challenges of serious illness.</p> <p>In our presentations, we explore the impact of life-threatening illness through narratives written by one of us and the remembered experiences of the others who were either care-giver or physician. We will demonstrate the relevance of understanding point of view to empathy by analyzing how the acts of writing shape the shared experience, how family dynamics influence a patient's experience of life-threatening illness, and how physicians reconcile their personal and professional relationships with the ill person. These elements of point of view are critical in teaching the perspectives essential to empathy.</p> <p>Jan Lucas-Grimm will use drawings, journal entries, and excerpts from her manuscript <i>My Beautiful Leukemia</i> to compare her lived and related experience.</p> <p>Barbara Shoup will read excerpts from her novel <i>Looking for Jack</i></p>	2117 MERF

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	<p><i>Kerouac</i>, a fictional reflection about her sister's death from a brain tumor.</p> <p>Larry Cripe, a leukemia specialist and essayist, who cared for Ms. Lucas-Grimm, will read and reflect upon personal writings about his experiences in caring for her.</p> <p>A panel discussion with the audience will conclude the session.</p>	
1:45 - 3 pm	<p><b>The Sick Doctor: An Amalgam of Conflicted Narratives (LIT)</b> Sheila Turken, MD, Hastings-on-Hudson, NY</p> <p>The medical narrative, thought of as “the patient’s story”, provides the physician with unparalleled insight into a patient’s particular humanity. The doctor synthesizes this insight with medical knowledge, to practice the art of medicine.</p> <p>Typically, the patient’s disclosure of a history going beyond the “facts of the case” is a linear process: the patient talks and the doctor (mostly) listens.</p> <p>In an uncomplicated world, the patient’s visit to the doctor is no simple marketplace transaction. Patients and doctors each possess archetypal roles, steeped in the primitive world of magic, superstition, and a less-than-totally rational faith in the authority of medicine.</p> <p>The doctor wears the mantle of power conferred by credentials, years in the acquiring. The patient expects to be “healed” by the doctor, who is presumed to be a less vulnerable species, able to vanquish the malevolent spirits of disease. Modern patients’ cynicism notwithstanding, the paternalistic covenant remains very much intact; the patient seeks ministrations, not equality.</p> <p>What, then, of the sick doctor-turned-patient, abruptly toppled off his pedestal, all too aware of medicine’s limitations and complications? What is his narrative to his well colleagues? How do they deal with a “fallen” colleague? And how does this doctor-patient return to his own patients, stripped of iconic status, having failed to evade the adversary of his own disease? How are his patients’ subsequent narratives affected?</p> <p>As a doctor with cancer, I present my own conflicted brew of narratives, hoping that the potential exists for an ultimately richer art of medicine.</p>	5181 MERF
3:00 - 3:30 pm	Coffee break	MERF Atrium
3:30 - 5 pm	Concurrent sessions 5	
3:30 - 5 pm	<p><b>Fostering Reflective Capacity Through Reflective Writing in Medical Education: Current Trends, Future Directions (MED ED)</b> David Hatem, MD; Melissa Fischer, MD, EdD; University of Massachusetts Medical School, Worcester, MA; Hedy Wald, PhD, Warren Alpert Medical School of Brown</p>	1117 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	<p>University, Providence, RI</p> <p>"Presenting the REFLECT (Reflection Evaluation for Learners' Enhanced Competencies Tool) Rubric to Evaluate Medical Students' Reflective Writing and Use of the BEGAN (Brown Educational Guide to the Analysis of Narrative) to Guide Faculty Feedback to Students' Reflective Writing"</p> <p>Hedy S. Wald, PhD; Shmuel P. Reis, MD, MHPE; David Anthony, MD, MSc; Jeffrey M. Borkan, MD, PhD; Department of Family Medicine, Warren Alpert Medical School of Brown University, Providence, RI</p> <p>"Writing a Life, Writing a Curriculum, (W)righting the Organization: Using Reflective Writing at Multiple Levels in an Organization"</p> <p>David Hatem, MD; Melissa Fischer MD, Med; Heather-Lyn Haley PhD; University of Massachusetts Medical School (UMMS), City and State</p> <p>Initiatives aimed at fostering reflective capacity (RC) within medical education to help develop critical thinking skills, inform clinical reasoning, and enhance professionalism are increasing. RC is a tacit, metacognitive process that guides professional development and competent practice, fostering a "habit of mind" to approach clinical reasoning and ethical dilemmas. Reflection promotes "phronesis" or "adaptive expertise/practical wisdom," is integral to ACGME professional practice core competencies, and is essential to self-regulated and lifelong learning. Recently, reflection has been described as necessary for effective use of feedback in medical education and associated with improved diagnostic accuracy.</p> <p>Reflective writing cultivates self-awareness and builds narrative competence for clinical encounters, and the use of reflective writing to augment reflective practice is well documented. Still, formal analytic frameworks and outcomes assessment have been lacking. This presentation will describe: 1) the use of the BEGAN tool to guide faculty with enhancing the educational impact of written feedback to reflective narratives in the Alpert Med pre-clinical years Doctoring course and the family medicine clerkship, 2) assessment of students' reflective level within reflective writing pedagogy with the REFLECT rubric, 3) use of narrative as a method of reflection within the UMMS internal medicine clerkship and in the pre-clinical years Longitudinal Preceptor Program (a precepted outpatient clinical experience) and as a means of tracking professional development and informing the process of curricula reform, and 4) use of narrative for organizational reflection, a lens into and tool for discussing issues such as the hidden curriculum and culture of the organization. The audience will be invited to consider how they might apply these narrative curricula and analytic methods at their home institutions.</p>	
3:30 - 5 pm	<p><b>Lessons from Cancer College: A Performance and Discussion (PAT)</b>  Kristen Underwood, MFA, ArtHaus, Decorah, IA; Nancy K. Barry, PhD, Luther</p>	2117 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	College, Decorah, IA  What happens when a middle-aged college professor finds herself enrolled in a nine-month course of treatment for breast cancer? This one-woman show explores the anxiety and questions that emerge when the teacher becomes the student—of a disease, of a battery of treatments, and of her own changing body. Assuming it will be a manageable task to continue teaching through cancer, she's surprised—and ultimately healed—by the revelation that somehow cancer is teaching through her. Kristen Underwood performs this original adaptation of Nancy K. Barry's memoir. After the performance, Barry will comment on the nature of "switching genres" as a writer, and on the implications of different modes of literary adaptation for the depiction of medical narratives.	
6:30 - 7:30 pm	Featured presentation (open to the public) <b>Can This Story be Saved? Diagnosis in Workshop and the Writing Life</b>  Lan Samantha Chang, MFA, University of Iowa Writers' Workshop, Iowa City, IA  Lan Samantha Chang, Director of the Writers' Workshop, will discuss the Iowa Writers' Workshop, the workshop process, and ways to work constructive learning into a writing life.  Presented by MidWestOne Bank; Introduction by Thais Winkleblack, Vice President	Shambaugh Auditorium, UI Main Library
8 - 10 pm	Reception	One-Twenty-Six, 126 East Washington St., Iowa City

**Friday, April 30, 2010**

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
7:30 - 9:30 am	Coffee and discussion	MERF Atrium
8:00 - 9:15 am	Concurrent sessions 6	
8:00 - 9:15 am	<b>Echoes of the Heart: Understanding Ourselves and Our Patients Using Echocardiograms, Photographs, and Poetry (PAT)</b>  Joseph Gascho, MD, Penn State Milton S. Hershey College of Medicine, Hershey, PA  Images abound in medicine: x-rays, echocardiograms, ECGs, to name a few. Careful objective image interpretation helps physicians diagnose and treat patients. But there is a "subjective" nature to images as well. When I	2117 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	<p>as a cardiologist view echocardiographic images, my imagination is activated. I objectively interpret the image—but then imagine what the implications of the cardiac abnormalities are for the patient.</p> <p>There are also the images of the patients themselves. The image of the patient in a hospital clinic is a limited one. I have photographed many of my patients in their homes, and these more complex images expand my knowledge of the patient and enhance my ability to make treatment recommendations.</p> <p>These images also impact me. I imagine how I would feel if my heart looked like the heart I see on the echocardiogram. When I see a patient in his/her every day environment, I ask myself how I would cope with his or her illness in this situation. Poetry is a word depiction of a mental image. Putting something into words helps me clarify my emotions about a mental image.</p> <p>This presentation is a series of sonographic images and patient photographs with accompanying poems. Reading the poems aloud as well as collectively discussing the specific visual and verbal images will demonstrate how combining these imaging modalities can help health care professionals to better understand their patients and themselves.</p>	
8:00 - 9:15 am	<p><b>Developing Professionalism: An Opportunity for Self-reflection (MED ED)</b> Ken Olson, MD; Therese Zink, MD; University of Minnesota, Minneapolis, MN</p> <p>Self-reflection is an important part of developing professionalism. During the third year of medical school at the University of Minnesota, students spend four weeks on family medicine. Students are invited to participate in a significant event analysis (SEA). This is an opportunity to debrief with a small group of peers (five to six) facilitated by a faculty member. In preparation students are asked to write a brief paragraph about a patient care event that moved them. In the small group students read or talk about their events. Results: Over three years of SEA, 513 students have participated. Common themes have included: futile care and helplessness, end of life, pregnancy loss, religious and other values in conflict with the patient's, unprofessional behavior of physician preceptors, injustice, acceptance of the role of physician, and the student in the role of team member spending time with the patient and family and explaining the illness and treatment plan. Evaluations have improved over time with ratings of 3.43 (2007), 3.67 (2008), and 3.83 (2009) on a five-point Likert scale. Some students desire to take their narrative to publication. These students work with a physician/writer to deepen the reflection and the craft of the piece. Over the last three years 14 selections have been published or are in press.</p> <p>We will present the ground rules and format for the SEA, facilitator orientation, and conduct a mini-SEA. In the process we will explore the themes students raise and their importance for the development of</p>	2189 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	professionalism.	
8:00 - 9:15 am	<p><b>Song of a Face: The Ethics of Encountering a Disfigured Face in Natalie Kusz's Road Song (LIT)</b></p> <p>Gudrun Grabher, PhD, University of Innsbruck American Studies Department, Innsbruck, Austria</p> <p>Natalie Kusz recounts the story of her family about their moving to Alaska. At age seven she is attacked by a dog which bites off half of her face. Surprisingly, the child survives, but for the following ten years has to endure multiple surgeries, and especially bone and skin grafts.</p> <p>On the one hand, I will look at how the facial disfigurement impacts the development of the girl's sense of identity, since the face is the crucial metaphor of human individuality. On the other hand, I intend to closely analyze the interaction between the girl with the disfigured face and her family, friends, classmates, and doctors. I will thereby use the French philosopher Emmanuel Lévinas' ethics of the face as a methodological approach. Lévinas argues that human beings encounter each other "face to face." The face — as a metaphor rather than in its physical presence — calls for the ethical response from the other. I will focus on how the other who is not disfigured responds to the disfigured face. The non-disfigured face usually goes unnoticed. However, the disfigured face draws the attention of others. The disfigured person thus becomes the visible other but yearns for nothing more than to be invisible. From the analysis of the interaction between the disfigured person and the others I will try to draw some conclusions as to how to reach a proper ethical behavior towards people with facial disfigurement.</p>	5181 MERF
9:30 - 10:45 am	<b>Concurrent sessions 7</b>	
9:30 - 10:45 am	<p><b>Reclaiming Their Voices: An Analysis of Caregiver Narratives for Persons with Alzheimer's Disease (PAT)</b></p> <p>Heide Bursch, RN, PhD(c); Howard Butcher, RN, PhD; University of Iowa College of Nursing, Iowa City, IA</p> <p>This presentation describes the philosophical framework, method, and findings from an analysis of 24 narratives written by family caregivers of persons with Alzheimer's disease and provides an opportunity to discuss applications of journaling in health sciences research.</p> <p>Philosophy: Paul Ricoeur, author of <i>Oneself as Another</i>, places an individual in dialectical relationship with "the other" inside himself as well as in social context. "The other" needs friendship and self esteem in order to develop capacity for autonomous action towards self-actualization and happiness. Human beings seek meaning and identity in reflection and narrative within "just institutions," specifically the institution of language.</p> <p>Method: A four-step method of text interpretation based on Ricoeur's</p>	5181 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	<p>hermeneutic phenomenology developed in Scandinavia has provided meaningful insights into ethically challenging phenomena in the illness experience.</p> <p>Findings: Using written expression guided by instructions for deep reflection about what it is like to be a caregiver, family members illuminated themes in friendship, authenticity, self esteem, and capacity to act. An integration of the four themes into the essence of the experience revealed caregivers' struggle not to lose themselves as their patient was disappearing. Private writings revealed a depth of emotion, especially anger and despair not readily accessible elsewhere in the literature.</p> <p>Discussion: Writers made many comments about the effects of journaling, on their thoughts and feelings and this presentation ends with open discussion of attendees' personal experience in journaling, conceptual models that describe the beneficial effects of journaling and anecdotal experience in designing research that tests the beneficial effects of journaling.</p>	
9:30 - 10:45 am	<p><b>Patient Stories: Medical Students as Documentary Filmmakers (MED ED)</b>            Timothy Koschmann, PhD; Victoria Johnson, MS4; Southern Illinois University School of Medicine, Springfield, IL</p> <p>Several medical schools have undertaken initiatives in recent years to foster student reflection through filmmaking. These are elective programs within which medical students develop short documentary films featuring patients, their families, and their healthcare providers. In the process, the students acquire skills for writing, video production, and editing, while at the same time developing insight into how patients experience illness in their lives. Shapiro started the "Patients as Teachers, Medical Students as Filmmakers Project" at the University of Arizona in 2006. Students there eventually produced a dozen documentaries featuring patients with AIDS, metastatic cancer, arthritis, juvenile-onset diabetes, etc. Since moving to Penn State, Shapiro has continued this program and students there have created four additional documentaries. At SIU School of Medicine a new video is developed each year in conjunction with the annual campus observance of Cover the Uninsured Week (CTUW). The videos are designed to provide vivid demonstrations of the problems created by lack of access to health insurance. Starting in 2008, medical student volunteers have taken increasingly greater amounts of responsibility for the production of these videos. The 2009 CTUW patient story was featured in a local newspaper article. The story eventually found its way to the office of Senator Dick Durbin, who incorporated it into his remarks on the senate floor calling for healthcare reform.</p>	2117 MERF
9:30 - 10:45 am	<p><b>The Pen is Mightier than the Stick! How Implementing Literature Transforms Pediatric Blood Collection (STU)</b>            Matthew Vanderloo, M1; Hanna Durand, University of Cincinnati College of</p>	2189 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	<p>Medicine, Cincinnati, OH</p> <p>Few procedures are more integral to a child's medical care than pediatric blood collection (PBC). Yet, unfortunately for patients and health care providers alike, PBC's diagnostic utility is matched only by patients' fear of the procedure itself. The needle stick has traditionally been a negative experience for patients, and with a level of reasonable expectation. But, beyond the typical discomfort that comes with many medical procedures, pediatric blood collection too often invokes unhealthy levels of fear and anxiety in patients: emotions which frequently contribute to compromised specimen integrity, inaccurate diagnostic measurements, and detrimental patient distrust of the healthcare team.</p> <p>Former phlebotomists, Matt Vanderloo and Hanna Durand, felt that the most fundamental medical procedure no longer needed to be the most feared. In order to address the major cause of excessive conflict concerning the PBC procedure, a lack of communication between health care worker and patients, and more specifically a lack of an ability to convey the importance of the procedure to those involved, the creators employed a well-tested means of communicating with the target audience. In writing and illustrating "Everything's All Right, Thanks to My Itty Bitty Butterfly Bite: A Guide to Help You and Your Child Better Understand Their Pediatric Blood Collection," they have, in the words of Diane Crawford, National Phlebotomy Association President, written a "story [that] creatively details the collection process in a way that will give comfort and understanding to your child."</p> <p>The book serves as the cornerstone of a program to educate children about their blood collection process and reward them for their successful participation in it; and the effort is unique in that the book is designed to be implemented as part of the procedure, not accessory to it. Read to the child immediately prior to having their blood drawn, the book is intended to be as central an element of the collection procedure as the alcohol wipe or the tourniquet. Accordingly, in her organization's official endorsement of the book, Ms Crawford encourages, "Everything's All Right, Thanks to My Itty Bitty Butterfly Bite!" "to be read to all children who are having their blood drawn, and I anticipate that doing so will have a great impact on the overall pediatric healthcare experience!"</p> <p>This session will describe how written communication between patient and provider (in this instance a children's book), when used as part of the medical procedure and not supplemental to it, demonstrates the potential to improve clinical outcomes and the overall patient experience.</p>	
11:00 am - noon	<b>Concurrent readings</b>	
11:00 am - noon	<b>Writing and White Coats: Medical Student forum (STU)</b>	1117 MERF
	All medical students attending the conference are invited to meet and	



<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	relax together, recap the days' discussions, and exchange ideas for writing and humanities initiatives from their own experience and home institutions.	
11:00 am - noon	<p><b><i>Irreplaceable</i></b> by Stephen Lovely</p> <p><i>Irreplaceable</i> is my first novel, published by Hyperion in February 2009 and scheduled for release in paperback in February 2010. <i>Irreplaceable</i> tells the story of four people whose lives intertwine in the aftermath of a heart transplant operation, and examines the ethics and issues surrounding organ donation.</p>	2117 MERF
11:00 am - noon	<p><b>Listening for Story: A Decade of Publishing Narrative Medicine</b> Tom Janisse, MD, <i>The Permanente Journal</i>, Portland, OR</p> <p>As in conversation, the group will look through a "Narrative Medicine Anthology," (handed out to each participant): a collection of pieces published over ten years in <i>The Permanente Journal</i> (the national medical journal of Kaiser Permanente). Narrative takes several forms in medicine: personal essay, commentary, case study, journalism, stories, poems, personal journals, and research. They seek to make a point, explore the particular, gain perspective, or discover meaning in medicine more powerfully through relating a story than by exposition alone. Storytelling is an art of medicine. Storytelling is medicine.</p>	2189 MERF
11:00 am - noon	<p><b>Expert Opinion</b> Michelle Latiolais, MFA, University of California at Irvine, Irvine, CA</p> <p>My husband held a gun to his head on January 7th, 2004, and pulled the trigger, a man with no psychiatric profile whatsoever. After a few months of research in the Bio-Medical Library at UCLA, I found the answer to my incredulity. Merck Pharmaceuticals has admitted to 57 suicides caused by Zocor in England; there are more like thousands, and yet statins—Zocor, Lipitor—are prescribed as though they're Lifesavers—the candy. I paid to have my husband's medical files looked at by a well-known cardiologist in Beverly Hills. The two hours I spent in his office were almost more painful than standing on the sidewalk in front of my house being told my husband of eighteen years was dead by his own hand. I took copious notes during the consultation and a medical malpractice attorney was there with me. I have written this account in detail; I will present this chronicle.</p>	5181 MERF
11:00 - 12:30 pm	<b>Poster session and book fair</b>	MERF Atrium
11:45 - 12:30 pm	<b>Lunch</b>	MERF Atrium

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
12:30 - 1:30 pm	<p>Featured presentation (open to the public)</p> <p><b>The Ticking Is the Bomb: Writing of War Trauma and Grief</b> by Nick Flynn, MFA</p> <p>Nick Flynn will read from his newly released memoir, <i>The Ticking Is the Bomb</i>, and discuss his process of writing about terror and researching torture. He will tell about traveling to Istanbul to meet with the Iraqi detainees from the Abu Ghraib photos. He will show how the themes of national trauma, grief, and healing can be reflected in a personal story.</p> <p>Introduction by Shandhini Raidoo, M3, Carver College of Medicine</p>	2117 MERF
1:45 - 3 pm	<b>Concurrent sessions 8</b>	
1:45 - 3 pm	<p><b>Attendees' Reading</b></p> <p>Any attendee is welcome to read, by signup</p> <p>Sign-up to share your fiction, essay, or poetry will be available at the registration table both Wednesday evening and Thursday morning.</p>	1117 MERF
1:45 - 3 pm	<p><b>Relating Rare Disorders of Children for Children: "Mom, Why Can't I Eat Hamburgers?" (PAT)</b></p> <p>Marcia Valbracht, MHA, University of Iowa, Iowa City, IA</p> <p>Newborn screening was established to benefit children with disorders where early diagnosis and intervention can prevent death, mental retardation, and developmental delays. In 1983 the University Hygienic Laboratory (UHL) was designated by the Iowa Department of Public Health (IDPH) as the newborn screening laboratory. Since then, over 1 million babies have been tested and over 50 children have been identified with phenylketonuria (PKU), just one of almost 40 disorders screened by the UHL.</p> <p>After diagnosis, affected children may have to follow strict regimens to stay healthy, yet still fit in with society. Stories written at the children's level can explain screening and can be used as tools to help children, their parents, teachers, and classmates overcome these challenges with understanding and accept their differences as any others we may face while growing up.</p> <p>This presentation will use examples to show participants how relating to children at their own level will enhance understanding of these rare disorders.</p>	2117 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
3:15 - 4:30 pm	<b>Concurrent sessions 9</b>	
3:15 - 4:30 pm	<p><b>The Medicine of Friendship: A Bibliotherapeutic Review (LIT)</b>            Ted Bowman, MDiv, University of Minnesota, Saint Paul, MN</p> <p>What can be said to suffering persons? What can be learned from patients, clients and their families? Utilizing a wide range of poems, essays, medical memoirs, and the helping literatures, perspectives and tools will be presented and discussed.</p> <p>Rafael Campo asserts that poetry can aid in the assigning of names, even metaphors for conditions challenging to face; give the sufferer a sense of control; and provide valuable information for medical providers. Noted writers before onset, such as Reynolds Price, Jane Yolen, Julia Darling and Anatole Broyard, and, until publication, unknown writers have provided unique and valuable insights about the helping processes. In this session, a review of British and American sources will be utilized to suggest helper behaviors that have been found hurtful and helpful. Implications for training and staff development will be noted and presented.</p>	2117 MERF
3:15 - 4:30 pm	<p><b>Biographic Writing about Mentors and Peers: Resources and Contemporary Knowledge Bases (WRI)</b>            Charles Hawtrey, MD, University of Iowa Carver College of Medicine, Iowa City, IA</p> <p>Writing biographic essays about historic medical persons certainly challenge the essayist. Ignacio Ponseti, a contemporary distinguished faculty member at the University of Iowa, illustrates some of the problems in writing about historic events like the Spanish Civil War. Dr. Ponseti graciously provided time for interviews and introductions to native Spanish peers who shared critical information and photographs contemporary to the period 1936-39. Similarly, publications by Ponseti's peers provided helpful and precise understanding of contemporary medical care and its advancement advantages for other conflicts that followed the Spanish Civil War.</p> <p>Other examples drawn from Iowa's urology department show parallel application of research principles. This presentation encourages the audience participants to write about their sisters and brothers in the practice of medicine and publish essays, memoirs, and stories about their life and times in medicine.</p>	1117 MERF
3:15 - 4:30 pm	<p><b>Coming Clean: Writing Surgical Errors and the Art of Forgiving Yourself (MED ED)</b>            Larry Zaroff, MD, PhD, Stanford University, Palo Alto, CA</p> <p>Practicing medicine without making mistakes is impossible. A ladder of errors: From the inconsequential wrong diagnosis, later corrected, to a mistake in judgment that harms a patient, to a blunder that kills a patient. An incorrect decision that goes beyond cognition, that leads to a</p>	2189 MERF

<i>Time</i>	<i>Event/Description</i>	<i>Location</i>
	<p>neuromuscular event in surgery is powerful. Somehow lifting a hand seems to increase the consequences, not just to the patient, but also to the operator. In cardiac surgery, working under magnification, moving a cutting instrument inaccurately, a millimeter more or less, can be tragic, a death.</p> <p>I had known M for ten years, operated on her heart three times, the last, was our last. My surgical error killed M. Although I was able to continue to work for some twenty years, I never fully recovered, regularly dwelling on my failure. I had confessed to the family, who forgave me; other surgeons understood that a tertiary operation on a valve was difficult; yet I could not forgive myself. I turned to professionals, psychiatrists, but found little solace. After all, they had never picked up a knife. When, in my sixties, I became a teacher of medical humanities, I began to talk to my premedical and medical students about medical errors and how to deal with them, I hinted, just hinted, about my own mistakes.</p> <p>Finally, this year, I was able to write and publish a piece describing my feelings. I was relieved, felt free. Now I encourage my students to keep a journal, write daily, especially their emotional responses to their patients.</p> <p>My discussion will focus on stories, my own and those of others, that help students develop compassion, empathy, and forgiveness to themselves and others.</p>	
4:30 pm	Adjourn	