

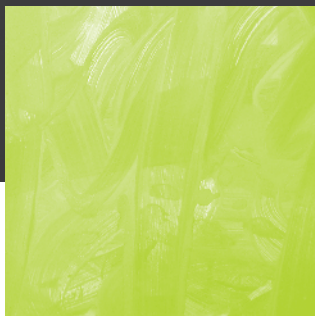


InSight

Visualizing
Health Humanities

Edited by Bonnie Sadler Takach,
Pamela Brett-MacLean, Aidan Rowe
and Geo Takach

Foreword by Alan Bleakley



InSight



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Visualizing Health Humanities



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May 15 to June 9, 2012
Fine Arts Building Gallery
University of Alberta

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The Health Humanities: A Democratizing Force for Medicine

Alan Bleakley

Kenneth Ludmerer's magisterial and tellingly titled history of medical education in North America, *Time to Heal*,¹ charts a growing rift between the profession of medicine and the public that it serves. A similar picture has emerged in the UK, my home country. In parallel with these developments, public engagement with medicine has also emerged through the rise of the educational TV medical soap and medical reality television,² offering the possibility of an authentic, patient-centred health-care system. In his history, Ludmerer inadvertently puts his finger on the main issue that curators must deal with in presenting an exhibition that engages and educates the public through participatory debate. Ludmerer suggests that the key mistake that the medical profession has committed over the years is to attempt to hide from public gaze, comment and debate the high levels of ambiguity and uncertainty that must be tolerated in medicine.

Luther and Crandall³ point out that while practising medicine demands high tolerance of ambiguity, "the culture of medicine has little tolerance for ambiguity and uncertainty." Physicians who are less tolerant of ambiguity tend to order more unnecessary tests and additional treatments for patients, placing a burden upon patients and healthcare systems. While technical medicine is increasingly safer and less open to risk, the high-risk areas in medicine are in the non-technical realms of communication, teamwork and interpersonal behaviour.⁴ Medical error is grounded largely in miscommunications within and among clinical teams. At the heart of this communication issue is the inability to share and discuss the high levels of uncertainty that inhabit medical decision-making. Doctors claim that patients do not want to hear about uncertainty in diagnosis or treatment. When my father died from incurable pancreatic cancer in 1971, he was not informed of the nature of his illness, and we were asked as a family not to discuss it with him. Evidence suggests otherwise: patients want to be engaged in discussions related to their care, and can tolerate higher levels of ambiguity than doctors imagine, as long as the conversations are transparent and caring. Ludmerer¹ suggests that the next level of transformation of the medical culture will be in accepting and openly discussing uncertainty within its own ranks, and openly but caringly discussing these levels of uncertainty with patients.

This brings us neatly to the function of art. Where science sets out to reduce uncertainty and ambiguity in its search for final answers, art sets out to create and to utilise ambiguity. Ambiguity is a resource. William Empson famously wrote about *Seven Kinds of Ambiguity*⁵ as poetic devices. Art acts to educate us into the value of ambiguity. Therefore, art can serve a vital function within medicine as a medium for educating tolerance of uncertainty and ambiguity. Art can also educate a precision of looking. Senior visual artists undergo an education into 'looking' that may be as long as six to seven years—foundation studies followed by a first degree, a master's degree and in some cases a PhD. Surely they become experts in 'looking' after such an education?

This was the assumption I made when I paired three senior visual artists with three senior residents in medicine, working in the visual specialties (radiology, histopathology and dermatology), to see what they could learn from each other over a series of exchanges (artists visiting doctors at work in clinics and laboratories, doctors visiting artists' studios).^{6,7} Where the artists claimed new areas of subject matter from the doctors, the doctors recognised that their 'technical' looking was limited and that an 'educated' looking facilitated by the artists brought out new knowledge. That knowledge challenged habitual ways of looking, even engaging new skills such as fine discrimination between patterns and subtle colour variations, essential to the visual medical specialties. 'Pattern recognition,' as the key form of expertise in diagnostic reasoning, was reinvigorated.

Importantly, a decade ago, I took this educational exchange and its participants to share their experiences in a public forum, a seminar at the Tate Gallery, St. Ives, in Cornwall, UK. This was a major success, and at the core of the public debate was the need for doctors to share, and talk through, uncertainty with patients. I called the project "Certainly, Probably, Maybe," referring to the slippery slope of uncertainty. Our core text for the project was the art historian James Elkins' *How To Use Your Eyes*⁸—the book doing just what the label promises, educating us into greater visual acuity and sensitivity.

Since that first project, in conjunction with the Peninsula Medical School, where I am Professor of Medical Education and academic lead for the medical humanities, I have developed a number of public-engagement projects in the visual arts, primarily with the Scottish artist, Christine Borland. I am lucky that my wife, Sue, is a practicing visual artist with a Master of Arts from the Royal College in London. I live simultaneously within medical, medical-education and visual-art cultures, and can see that translation into public engagement projects is the most educationally satisfying direction for projects. Returning to education for tolerance of ambiguity, Christine Borland's work has brought the public into engagement particularly with ethical issues in medical practice. Discovering one of the last real human skeletons for sale in a medical catalogue, Christine's immediate thought was to flesh out this skeleton—to whom did it belong? Could its origin be tracked down? What are the ethical issues in using an anonymous human skeleton for anatomical teaching without respectfully noting its source and the process of its donation?⁹

Christine made visual and audio work that engaged the public with the dilemmas that medical students go through when they learn basic clinical skills, such as suturing on simulated limbs. The public was invited, under supervision, to engage in this very activity and to comment. Another work shared how confused students can become when they listen to a patient's story that is challenging and full of uncertainty, as the student tries to follow a taught protocol for how communication 'should' be done. A further video work, with full permission of the patient and doctors, follows a biopsy through to pathology tests and reception of results, with the patient then discussing her responses to the outcomes of the test. Public viewers can simultaneously engage with the highly emotional tone of the patient's narrative as they follow the colder, scientific journey of the 'specimen' through extraction, transfer to the lab and testing, resulting in an objectifying formal report and letter.

Education for tolerance of ambiguity through visual art is not the whole story and does not test the limits of the health humanities' engagement with the field of visual art; this offers a platform for a wider, more ambitious project. Education into democratic patterns of working on healthcare teams is only at its earliest stages within medicine, and the medical culture's historical attachment to autocracy offers strong resistance to what is an inevitable democratizing of medical practice. The arts and humanities will play a vital role in this democratizing process as integrated and core aspects of medical and wider healthcare education serving to foster awareness and debate regarding uncertainty and ambiguity, which is central to the democratic project.

Martha Nussbaum¹⁰ argues for the humanities (including the arts) as the chief cultural force for promoting democracy, where the humanities diagnose social ills such as groundless and unproductive authoritarian behaviour, and suggest cures such as tolerance of difference through open debate. If Nussbaum's argument for the humanities as a democratizing force in the wider culture is transposed to medical and healthcare culture in particular, the health humanities may play a bigger role in medical and healthcare education than we imagine. The arts and humanities may provide the contextual media through which empathy (as well as tolerance of ambiguity) is promoted.

Drawing on the developmental psychiatry of Donald Winnicott, Nussbaum argues that social play is essential to developing empathy—tolerance for others and appreciation of their vulnerabilities. Where imaginative play is curtailed, children fail to learn how to collaborate, and retain controlling behaviour as a means of dealing with uncertainty (the very symptom that medical culture in particular grapples with). Transition to democratic participation as adults requires what Winnicott¹¹ called "potential space"—the humanities as an adult equivalent of 'play', a place for imagination to be exercised—where tolerance of ambiguity, as the basis to learning respect for others by resisting 'premature closure' on judgement, is reinforced. In contrast, authoritarianism is characterized by intolerance of ambiguity.¹²

Nietzsche famously suggested that artists act as diagnosticians of the ills of culture. Art can be turned back on medical culture not only to diagnose its illnesses, but also to offer a kind of cure: to promote democratic habits in order that the communication cultures of medicine and healthcare shift from closed monologue to expressive dialogue between practitioners and patients, and between practitioners themselves. Pamela Brett-MacLean, along with others in the Faculty of Medicine and Dentistry at the University of Alberta, Edmonton—notably Verna Yiu, Interim Dean of the Faculty of Medicine & Dentistry—has developed a remarkable program of art and humanities in health and medicine (<http://www.med.ualberta.ca/Home/Education/ArtsHumanities>). In the project at hand, a remarkable collaborative effort undertaken with colleagues in the Faculty of Arts, Bonnie Sadler Takach and Aidan Rowe, has attracted the response of dozens of contributors. **InSight: Visualizing Health Humanities** (<http://insight.healthhumanities.ca>) offers a significant addition to a growing body of work that is helping to bring the health humanities field into sight, focused, properly, on first exposing local contributions to the emerging dialogue. This project will surely mature and widen to include international input and output of the highest quality, showcasing a vital cultural force—the subtle and unstoppable impulse to democratize medicine for the public good.

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1. Ludmerer, Kenneth M. 2004. *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*. Oxford: Oxford University Press.
 2. A flurry of medical soap operas, following *ER* in North America and *Holby City* and *Casualty* in the UK, has provided an antidote to the *Dr. Kildare* era of the heroic doctor. In the new soaps, doctors are shown to be vulnerable and all too human, indeed often quirky. *House, MD*, starring the British actor, Hugh Laurie, has become North America's most successful television programme of all time, the antihero framed as a brilliant diagnostician but autistic in other respects, unable to provide the kind of warmth of human contact that would be expected of a caring professional.
 3. Luther, Vera P. and Sonia J. Crandall. 2011. "Commentary: Ambiguity and Uncertainty: Neglected Elements of Medical Education Curricula?" *Academic Medicine* 86(7): 799–800.
 4. Bleakley, Alan. Unpublished [in review]. *The Heart of the Matter: Patient-Centered Medicine in Transition*.
 5. Empson, William. 1930 [2004]. *Seven Types of Ambiguity*. London: Pimlico.
 6. Bleakley, Alan, Richard Farrow, David Gould and Robert Marshall. 2003. "Learning How to See: Doctors making Judgements in the Visual Domain." *Journal of Workplace Learning* 15(7–8): 301–306.
 7. Bleakley, Alan, Richard Farrow, David Gould and Robert Marshall. 2003. "Making Sense of Clinical Reasoning: Judgement and the Evidence of the Senses." *Medical Education* 37(6): 544–552.
 8. Elkins, James. 2000. *How to Use Your Eyes*. New York: Routledge.
 9. Borland, Christine. 2006. *Preserves*. Edinburgh, Scotland: The Fruitmarket Gallery.
 10. Nussbaum, Martha C. 2010. *Not for Profit: Why Democracy Needs the Humanities*. Princeton, NJ: Princeton University Press.
 11. Winnicott, D.W. 1951 [1971]. *Playing and Reality*. Harmondsworth, UK: Penguin.
 12. Bleakley, Alan, John Bligh and Julie Browne. 2011. *Medical Education for the Future: Identity, Power and Location*. Dordrecht, The Netherlands: Springer.

InSight: Visualizing Health Humanities

Bonnie Sadler Takach, Pamela Brett-MacLean
and Aidan Rowe, curators

Health humanities is an emerging interdisciplinary field that connects medicine, health sciences, arts, humanities and social sciences. Encompassing fields such as literature, narrative medicine, history of medicine, philosophy and ethics, medical anthropology, medical sociology, environment and health, art, visual culture, health design and communications, drama, music and much more, health humanities is concerned with human needs related to healthcare and the practice of medicine.

Crawford, Brown, Tischler, and Baker¹ argue for the need to expand the boundaries of the 'medical humanities' and give serious consideration to the wide range of disciplines and health professions concerned, and also to the patients and caregivers who are involved in interpreting experiences of illness, suffering and healthcare. This points to a manifestly diverse and nuanced field of 'health humanities' that is not limited to medicine, but considers a breadth of disciplines, professions, settings and perspectives that may be explored fruitfully in terms of both local and global developments and contexts. This also potentially suggests that health humanities as a field may resist a disciplining, organizational structure. Rather, it may follow rhizomatic, continuously unfolding and dynamically changing historical and cultural contingencies. This may be a helpful conceptualization, given Squier's caution that "merely switching frames isn't the solution ... (as) each new framing narrative produces a new norm and thus a new category of 'Other.'"²

Squier and Hunsaker Hawkins³ discuss the influence of setting (i.e. being directed to medical or clinical teaching or university-based humanities fields) on how they engage in the scholarship of medical humanities. Within medicine, a great deal of diversity exists with respect to how disciplinary perspectives of the arts and humanities are applied in medical education. Wear⁴ conducted an exploratory survey of medical humanities practice in the United States and identifies a variety of pedagogical orientations and interdisciplinary practices. Similar findings would likely apply in Canada.⁵ Based on her survey, Wear suggests approaching "the fertile, complex, and moral landscape of medicine differently, temporarily shedding rather than armor-ing ourselves with our respective disciplinary knowledge and methods."⁶ Bleakley, Marshall and Bromer⁷ suggest that the medical humanities may be reformulated as process and perspective, rather than content.

Gillis⁸ refers to the importance of visualizing, or learning 'to see,' in developing awareness and self-consciousness across disciplinary perspectives. In considering the contributions of the humanities in a healthcare context, she describes an integral need to respond to 'the other,' with concern for human connection—understanding, being and responding—in applying these insights within the context of health and illness. She writes, "...the language that comes of the interpretive effort ... [is directed to] an engaged human interaction."⁹ Gillis suggests that the extent to which new knowledge 'emerges'

from the 'merging' of interpretive strategies and vocabularies across disciplines depends on whether we embrace the 'open door,' the threshold of relational potential.

Ongoing discussions about potential interdisciplinary connections in medical/health humanities opened the door for meetings about developing a possible Master of Arts degree and an undergraduate certificate in medical/health humanities at the University of Alberta. Trying to imagine the scope and shape of these programs and the work being done related to health humanities at our university inspired the **InSight: Visualizing Health Humanities** exhibition. As a teaching space, the Fine Arts Building Gallery in the Department of Art and Design provides an ideal venue for this exploratory exhibition, and the gallery committee was very receptive to a proposal for an exhibition that would help to broaden our understanding of the emerging field of health humanities.

Sharing knowledge for public use—in this case through the visual translation of knowledge or the visualization of ideas—is a key responsibility of a university. Students in five courses in visual communication design worked collaboratively to conceptualize and visualize aspects of health humanities in academic and societal contexts for the exhibition. Undergraduate and graduate students were involved throughout the development of the exhibition in various ways. This experience allowed them to reflect on the interdisciplinary connections across knowledge translation, visual communication, social design, and health and well-being in society.

The title, **InSight: Visualizing Health Humanities**, reflects how we can visually translate and communicate knowledge from diverse work in the health humanities in ways that are innovative, engaging and accessible to communities on campus and beyond. Rather than circumscribe the project with fixed ideas, we sought to elicit a free-form snapshot of this emerging, multifaceted field. Thus, **InSight** is an open-ended invitation to all of us to explore connections in the health humanities that none of us could have foreseen in isolation.

Our call for proposals generated a wide variety of themes, approaches and visualizations, in formats and media including videos, projections, performances, paintings, prints, books, posters, installations, sculpture, artifacts, models and an interactive game. We discovered a rich vein of experience, united by a connection around elemental issues of human health and well-being. Some participants took up our invitation to collaborate with design students to help 'visualize' their submissions. Thirty-two entries from students, faculty, staff, and alumni in more than twenty faculties or units will be displayed or performed in or near the Fine Arts Building Gallery. The resulting visual, sound and performance explorations share a space that both occupies and transcends a single gallery. Related programming includes a school tour and participatory art event, and an interactive gallery and blog on the website, www.insight.healthhumanities.ca.

This publication features work from the exhibition as well as our reflections on this project. We imagine that this exhibition will provide insights into the evolving story of health humanities at the University of Alberta, as well

as opportunities to build further interdisciplinary connections to support future collaborations and initiatives. Taking our lead from the work exhibited here and the dedication and passion of the contributors, we are planning a second exhibition about the health humanities, one that will be open to contributors from beyond our university. This will likely take a narrative turn, adding individual stories towards developing greater, shared meanings to our quest for ways to care for each other as individuals, as a community and as a society.

-
1. Crawford, Paul, Brian Brown, Vicoria Tischler and Charley Baker. 2010. "Health Humanities: The Future of Medical Humanities?" *Mental Health Review Journal* 15(3): 4–10.
 2. Squier, Susan M. 2007. "Beyond Nescience: The Intersectional Insights of Health Humanities." *Perspectives in Biology and Medicine* 50(3): 334–347.
 3. Squier, Susan M. and Anne Hunsaker Hawkins. 2004. "Medical Humanities and Cultural Studies: Lessons Learned from an NEH Institute." *Journal of Medical Humanities* 25(4): 243–253.
 4. Wear, Delese. 2009. "The Medical Humanities: Toward a Renewed Praxis." *Journal of Medical Humanities* 30(4): 209–220.
 5. Kidd, Monica G. and Jim T.H. Connor. 2008. "Striving to Do Good Things: Teaching Humanities in Canadian Medical Schools." *Journal of Medical Humanities* 29(1): 45–54.
 6. Wear, 219.
 7. Bleakley, Alan. Robert Marshall and Rainer Brömer. 2006. "Toward an Aesthetic Medicine: Developing a Core Medical Humanities Undergraduate Curriculum." *Journal of Medical Humanities* 27(4): 197–213.
 8. Gillis, Christina M. 2008. "Medical Humanities: Voicing Connections." *Journal of Medical Humanities* 29(1): 5–14.
 9. Gillis, 13.

Connecting Communities: Medicine, Health Sciences, the Arts and Humanities

Pamela Brett-MacLean

With no consensus as to what it constitutes, the 'medical humanities' is still developing as an emerging field. Shapiro broadly describes the medical humanities as an "area of academic and pedagogical pursuits that encompass multiple and sometimes conflicting purposes,"¹ referring to both rigorous, humanities-based scholarship into the experience of illness and suffering, and the use of arts-based approaches and humanities perspectives in medical education. As a medical-school faculty member, I am most familiar with contributions that have considered the role of arts and humanities-based teaching within the medical curriculum. Also, as director of the Arts & Humanities in Health & Medicine (AHHM) program, I am aware of the many relationships that exist among the arts, humanities, social sciences and medicine. AHHM exists to initiate activity and inquiry into these intersections, and also provides a focus for existing activities in this area across the Faculty of Medicine & Dentistry, the University of Alberta and elsewhere. In addition to curricular and co-curricular offerings we have developed for students and residents (narrative reflective practice modules, lectures, small-group sessions, elective opportunities, etc.), we have also introduced a number of approaches to enhancing opportunities for cross-faculty interaction, networking and collaboration since AHHM was launched in 2006.

Over the past five years or so, we have explored the interdisciplinary scope of the medical/ health humanities, both locally and beyond. As a preliminary step, we created listservs to support information sharing.² We have also compiled a listing of health humanities-related courses across the University of Alberta that is updated regularly and posted on the AHHM website. In addition, we have begun to explore and identify scholarly and pedagogical interest in this area across the University of Alberta and Alberta Health Services (Edmonton Region).³ We are also considering how various affordances and opportunities within the university can be optimized to expand learning opportunities for students in medicine and the health sciences, as well as other disciplines in the arts and humanities. Specifically, we are exploring a potential undergraduate certificate program as well as related graduate programs, with the aim of creating exceptional, cross-disciplinary learning experiences (including inquiry-based and service-learning opportunities) for those interested in further developing their understanding of the intersections between the arts and humanities in health and medicine.

Recognizing the distinctly aesthetic aspects of medicine and the role of art in medicine, the AHHM program collaborated with the McMullen Gallery at the University of Alberta Hospital in 2009 to mount a juried art exhibit called "After Work," directed to celebrating the artistic vision and creative abilities of healthcare staff, faculty and students.⁴ Students in the Faculty of Medicine & Dentistry recently initiated an annual art exhibit which provides a space for showcasing their art, which they have associated with helping them to maintain a connection to their artistic self-identifications and further developing their aesthetic sensibilities.⁵ Since 2010, I have helped to organize an annual art exhibit that celebrates the artistic visions and talent of members of the medical and health-science education community across Canada.⁶

We have also invited artists into our midst. In 2008, the UK-based artist, Christine Borland, visited AHHM and worked on an art project within the University of Alberta Hospital as part of her involvement in the "Imagining Science" project led by Tim Caulfield and Sean Caulfield of the University of Alberta.⁷ Christine Borland described how she has worked on "making visible" practices in scientific and medical domains as part of a presentation that she gave in our AHHM speaker series. In 2011, we hosted Kaisu Koski as a visiting post-doctoral fellow. As an artist-researcher, she interviewed medical students and faculty instructors regarding conceptualization of the body in medical education. One of the works she created from data that she collected during her visit is featured in the **InSight: Visualizing Health Humanities** exhibition. Also appearing in the exhibit is a video by a medical student, Rannie Tao, created for a preclinical Art in Medicine (AIM) elective offered by the AHHM program. In addition to other curricular and co-curricular offerings, preclinical medical students may complete an elective called "Shadowing Artists on the Wards."⁸ We also organize a visual literacy experience in collaboration with the Art Gallery of Alberta for students and other members of the Faculty of Medicine & Dentistry, in which participants explore visual elements of medicine and learn skills of close observation and careful interpretation, acknowledging the ambiguities of art (and 'evidence') and multiple shared meanings. Our experience in these areas suggests that artistic representation and study can help to cultivate new understandings, and that these meanings may be articulated and enhanced through ongoing conversation.

Appreciating the health humanities as an open, generative space characterized by "nomadic thinking"⁹ across disciplines suggests a multiplicity of connections that may be recognized. As outlined above, the AHHM program aims to enhance awareness of the presence and diversity of health-humanities interconnections, especially as these relate to education, research and scholarly inquiry, and also practice. At this early point in the development of what is likely to remain an evolving field, it is helpful to provide spaces for dialogue and inquiry into various interfaces among medicine, health sciences, arts and humanities. The AHHM program is proud to be involved with the **InSight: Visualizing Health Humanities** exhibition. This exhibit offers a uniquely democratic opportunity for fostering interdisciplinary insights, discussion and collaborations across our various disciplines and settings, while celebrating the potential of cross-faculty and cross-community connections. In response to our insights and new understandings, we will find ways to go forward together.

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1. Shapiro, Johanna. 2012. "Whither (Whether) Medical Humanities? The Future of Humanities and Arts in Medical Education." *Journal of Learning through the Arts* 8(1). Web.
 2. The AHHM-ENews mailing list distributes information about upcoming events, courses, research and resources relevant to the arts and humanities in healthcare education, and in health generally, relevant to the Edmonton area. The AHHM program also sponsors the AHSSM-CAME listserv to support communication among faculty members, researchers, scholars, health practitioners and others interested in the role and the contributions of the arts, humanities and social sciences to the health professions. Web.
 3. We have compiled a directory of University of Alberta faculty and students, and staff of Alberta Health Services Edmonton and area, who are interested in arts, humanities and social sciences in health and medicine. This directory provides a local resource for exploring potential cross-disciplinary collaborations in teaching and research. Web.
 4. Brett-MacLean, Pamela, Michelle Casavant and Diana Young Kennedy. 2010. "Artists Among Us: Happiness as an Element in Health Professionals' Artist Statements." *Atrium: The Report of the Northwestern Medical Humanities and Bioethics Program* 8: 18–20. Web.
 5. Stonehocker, Sarah R. 2012. Fine Art in Health Sciences: Recognizing Students Who Find Time to Make Art. *University of Alberta Health Sciences Journal* 7: 17–21. Web. [Note: Sarah Stonehocker is the AHHM student representative for the Med Class of 2014; she also has work represented in the **Insight: Visualizing Health Humanities** exhibit.]
 6. Courneya, Carol-Ann and Pamela Brett-MacLean. 2010. "The White Coat, Warm HeART Art Exhibit: Another Perspective on Medical Education." *CAME-ACEM Newsletter* (Spec. Ed., May): 3. Web. Also see Anonymous. 2010. "Humanities: White Coat, Warm HeART." *Canadian Medical Association Journal* 182(12): E586–E588. Web.
 7. Caulfield, Sean and Tim Caulfield, eds. 2008. *Imagining Science: Art, Science and Social Change*. Edmonton, AB: University of Alberta Press.
 8. Brett-MacLean, Pamela, Michelle Casavant, Shirley Serviss and Alyssa Cruz. 2011. "Shadowing Artists on the Wards: An Undergraduate, Arts-based Medical Elective." *Hektoen International: A Journal of Medical Humanities* 3(4). Web.
 9. Deleuze, Gilles and Felix Guattari. 1987. *A Thousand Plateaus: Capitalism and Schizophrenia*. Translated by Brian Massumi. Minneapolis, MN: University of Minnesota Press.

Visualizing Health Humanities with Design Students

Bonnie Sadler Takach

InSight: Visualizing Health Humanities provides a rich opportunity to explore interdisciplinary connections. But it also raises vital issues around design education at the University of Alberta, and even around the role of visual communication design in translating knowledge, to help improve how we care for ourselves, both individually and collectively. This reflection charts the evolution of the **InSight** exhibition project in these broader contexts.

The project was my response to an invitation from Heather Zwicker in the Faculty of Arts to participate in discussions about a possible Master of Arts program and, later, an undergraduate certificate in medical/health humanities. This connected me to Pamela Brett-MacLean (Arts & Humanities in Health & Medicine program, Faculty of Medicine & Dentistry) and other colleagues in health humanities. I wondered what types of work were being done in this emerging field at the University of Alberta and how that work could be visualized for communities both on and off campus.

Viewing the planning process for the **InSight** exhibition as a design problem, I started with the same framework that we share with our students in the Visual Communication Design program. And I turned to our greatest resource—our students—setting class projects to involve them in conceptualizing diverse facets of health humanities and the exhibition that would connect them.

Design is a multifaceted field, drawing on the areas of fine art, science, humanities, social sciences, communication, cultural studies, human ecology, marketing, computing science, engineering, health sciences and many more, to help people access information, products, environments, services and experiences to improve their lives. Within Design Studies in the Department of Art & Design at the University of Alberta, education in Visual Communication Design embraces critical and creative thinking, research, collaboration and community engagement, which we believe empower socially responsible citizens. An essential part of that engagement, and our duty to improve people's lives, relates to communications around our health and well-being.

Visual communication design deals with the translation of knowledge in visual ways, and is a powerful means of exploring the emerging field of health humanities and communicating its diverse and plentiful connections and possibilities to the public. In approaching the visualization of health humanities, some students considered holistic questions like what an ideal society would be, what health models should be followed and, in that light, what kind of training would be required to equip medical and healthcare professionals to help people.

Students drew on interdisciplinary research about visual perception, learning, memory, attitudes and beliefs, etc. and visually analyzed existing forms, genres and visual discourses from diverse fields to develop visual grammar, language, depictions and expressions to represent and conceptualize disciplinary connections across health humanities. These explorations would serve two primary goals: to help showcase the wide array of practice, research and teaching in

health humanities at the U of A, and to help document explorations in visually translating and communicating health-related knowledge in innovative, engaging and accessible ways—ways that would allow viewers to make their own connections.

Sixty-four visual communication design students in five studio courses (two of which I taught) thus worked together across three course levels to visually represent the interdisciplinary connections of the emerging field of health humanities, and to design visual concepts for this exhibition. Their investigations took them to background information, articles and visual examples relating to health/medical humanities, health information design, health communications, knowledge translation, information and data visualization, informatics, visual research and discourse analysis, visual rhetoric, semiotics, visual representation, visual grammar, visual literacy, visual communication, visual culture, visual identity design, public graphics and more.

Using a discovery-based learning approach that emphasizes collaborative work, community engagement, critical evaluation and personal reflection, I encouraged students to share their research, brainstorm together and respond to each other's concepts. Individual instructors determined the final requirements for the project in each class, but all students had to document their solutions (whatever their chosen format or media) in two-dimensional form along with a written rationale and a learning reflection.

The work of each class informed the others in an iterative process that was activated by students physically posting visualized concepts and comments on the walls of a shared, hands-on collaborative space. Second-year students designed concepts for visual systems in the form of charts, matrices or diagrams, to conceptualize, depict, express and represent key aspects of the health humanities field. Third-year students designed diagrams and environments in map-like formats to visually communicate the diversity and interconnectedness of the disciplines related to health humanities. Fourth-year students designed a visual identity and promotional media for the exhibition, and concepts for the exhibition space.

Students' involvement with the **InSight** project did not end there. Bryan Kulba's initial work was chosen from among the concepts designed by senior students. As my special projects student, he worked on designing promotional and informational media for the exhibition, as well as the website and an interactive application to showcase the work of students and exhibitors. Part of this work involved extending the visual identity system and its application in collaboration with me, my colleague, Aidan Rowe (who led the design of the exhibition), and a graduate of our program, Sergio Serrano (who also designed this publication). A junior design student, Kim vanderHelm, designed a set large cubes carrying representations of students' project work, which exhibition visitors can rearrange to explore connections in health humanities. Undergraduate and graduate students collaborated with contributors to the exhibition to help visualize their work.

I stand in awe of the efforts of our students and graduates. Their sincere commitment to the project and to the integrity of the collaborative process through which it was realized has been both an education and an inspiration. This inaugural iteration of **InSight: Visualizing Health Humanities** marks an important and memorable step, not only for our students, but also for our extended learning community and the public we serve. Working together to explore and help to chart and advance this emerging field remains a humbling privilege and a vital responsibility.

Curating Connections: Visualizing the Spaces in Between

Aidan Rowe

"I leave to the various futures (not to all) my garden of forking paths."

— Jorge Luis Borges¹

An exhibition creates an opportunity to capture an instance; a particular combination of work in a specific place for a sliver of time is presented for consumption and consideration. At their best, exhibitions serve as an exposition, a starting point rather than a conclusion.

The **InSight: Visualising Health Humanities** exhibition creates a tangible opportunity that collects work connected to the University of Alberta that examines and interrogates what health humanities is currently. This exhibition serves as a focus to help visualize this emerging field.

To facilitate this visualization, this exposition explores and challenges existing conventions concerning exhibitions and gallery space. It does this by probing common assumptions related to exhibition content and presentation in the hopes of asking questions, and creating a space for dialogue, about the field of health humanities.

Paradigms of the Exhibition

Like many cultural events, an exhibition conforms to a variety of tacitly agreed-upon rules and conventions. The participants, including artists, designers, curators and viewers, understand, reinforce and acknowledge the procedures and protocols in place.

For example, often we are presented with an artist's work over a period of time, or perhaps a group show where artists share an approach or intent, compiling a sum that adds to a collection greater than the artists could produce individually.

Additionally, the forms, style and media that are exhibited often fall into well-read and understood patterns and genres. Typically, as viewers, we understand what we will see, and how we should act, in a gallery space. There is an agreed-upon—silent, but nonetheless agreed-upon—contract at play between the viewer and the gallery.

How we view and experience these exhibitions is also understood and often follows a similar presentation pattern: work of art supported by a label followed by white space. Repeat.

Extending Content

To further the visualization of the emerging field of health humanities, the **InSight: Visualising Health Humanities** exhibition and publication bring together works from 32 contributors that span a variety of media, form, focus and purpose. In contrast to many exhibitions that feature the work of a single artist, or artists working organizationally or thematically together, this exhibition collects a multiplicity of voices, exploring both depth and breadth of content.

Exhibitors range from practicing visual artists with extensive exhibition experience to scientists displaying their work for the first time in a gallery setting, to graduate students situating their research, all of which often exists within a specific field and audience, into a public space open to all. Additionally, we have had the opportunity to have design students work with some of the contributors to help re-contextualize and visualize the individual work. These collaborations have added to not only the final form of the submitted work, but also to the conversations concerning the work between the collaborators.

Additionally, the scope of form and media presented cover a wide range of territory. From an interactive medical learning environment that repurposes a gaming engine, to a narrative film and book documenting a personal journey, to a series of typographic explorations that document one patient's experience of her medical treatment, the range of work helps to convey the rich and deep possibilities in health humanities.

This breadth of form of submission and the wide range of exhibitors speak to how far this nascent field has progressed under individual pursuit.

Presentation Choices

In addition to exploring an alternative content model for this exhibition, we have also looked to interrogate how we present the work. Rather than collecting work of a specific form or theme into segregated areas in the gallery, we have sought, where possible, to collect different types of work together. This heterogeneous gathering of subjects, sizes and formats creates opportunities to juxtapose these pieces and invite new discoveries. For example, placing a large-format artist's film next to a maquette of a condo prototype employing cutting-edge sensor technology helps to bring to light the immediate contrast of form and media found in the exhibition. Importantly, though, this placement of contrasts engages the viewer into an active state in which there is opportunity to have a dialogue concerning not just an individual piece, but also the collection of pieces. In Marcel Duchamp's speech, "The Creative Act," he argues for both the value and the recognition of what the viewer brings to the work: he maintains that "the spectator brings the work in contact with the external world by deciphering and interpreting its inner qualifications and thus adds his contribution to the creative act."² This active relationship between exhibitor and viewer is even more crucial when we are discussing the formation and definition of a developing field.

In addition to the opportunities created by the juxtaposition of individual works, there is also recognition of all the spaces in the exhibition. While often we are led to believe that importance lies in the individual, and often physically segregated, works on the walls, what is equally as important and interesting for this show is the space between the works.

Threading through all of the submissions are connections, some obvious and highlighted by the organizing committee, others more subtle and elusive. It is these linkages between the works, particularly the delicate, temporal and personal ones, that are especially interesting here. These just-seen threads run across, and often through, the gallery walls, helping not only to tie individual works together across media, form and space, but also to visualize for acknowledgement, debate and discussion the field of the health humanities.

Future Possibilities

In the 1941 short story, *The Garden of Forking Paths*, Jorge Borges describes a world in which all futures are conceivable, where “all possible outcomes occur; each one is the point of departure for other forkings.”³ It is hoped that this exhibition helps to visualize, to bring to life the possibilities for the field of health humanities by curating together a rich collection of voices, media and forms, and creating opportunities for engagement and dialogue to drive forward the discussion. Importantly, this exhibition is not the conclusion of a journey, but the beginning of new opportunities.

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1. Borges, Jorge. 1962 [2000]. “The Garden of Forking Paths”. In *Labyrinths: Selected Stories and Other Writings*. London, UK: Penguin. 44–54, 50.
 2. Duchamp, Marcel. 1957 [1959]. “The Creative Act.” Speech from *Session on the Creative Act*, Convention of the American Federation of Arts, Houston, TX. In *Marcel Duchamp*. Edited by Robert Lebel. New York: Paragraphic Books. 77–78, 78. Web.
 3. Borges, 52.



InSight

Visualizing
Health Humanities

Work from the exhibition



Just Keep Breathing

WENDY AUSTIN & TIMOTHY J. ANDERSON

This play by Timothy J. Anderson began in 2008–2010 with the CIHR-funded study, “The Experience and Resolution of Moral Distress in Paediatric Intensive Care Teams: A Canadian Perspective.” The principal investigator, Dr. Wendy Austin, and her co-investigators, Dr. Franco Carnevale, Dr. Arthur Frank and Dr. Daniel Garros, interviewed practitioners working in paediatric intensive care units in Canadian hospitals, in a multidisciplinary narrative inquiry within a framework of participatory action research. The project included an interdisciplinary advisory group representing the perspectives of practitioners, management and academics. Nurses, intensivists, social workers, respiratory therapists, dieticians and residents/clinical fellows were asked for their stories of moral distress. The interviews were transcribed, the stories were extracted and the participants worked with the research team to ensure that their stories expressed their experiences. The research group developed a typology from the resulting 50 stories, guided by Dr. Frank. Timothy J. Anderson had been project coordinator for the study, working with the participants on their stories and with the research group on the typology. After finishing his contract as coordinator, he was commissioned as part of the dissemination phase. He had worked on many commissions and adaptations before, but this was a challenge: honouring the voices and experiences of others in a satisfying dramatic framework. The stories in the play are composites reflecting the different narrative types and incorporating both the experiences of moral distress and the resolution strategies which were voiced by the participants. The play is in two acts with an intermission, and runs for approximately 90 minutes. It premiered on March 31, 2012 at the Arts-Based Research Space at the University of Alberta. The cast was drawn from the Come Over and Play acting community, which had generously provided support in giving a reading of the first draft, and which is remounting the play for this exhibit.









Untitled #20, #12 and #18

BRENDA BARRY BYRNE

Untitled #20 and *Untitled #12* and *#18* focus on the scarred body, specifically my body and my 23 cancer-related (Aggressive Angiomyxoma) surgeries. The work speaks to identity and power, notions of illness and the socially constructed body. The work questions sexuality and mortality, survival and acceptance, the impact of an altered body and affects of identity both physically and mentally. The work questions what is appropriate subject matter for a 'portrait' of the female body. The beaded vulvas represent the idea of incompleteness, a dissolving of boundaries, and reclaiming power. The beaded vulvas have an obtrusive presence, and sensuality is foregrounded, not to be rejected or surpassed, but acknowledged and confronted. Despite the highly personal nature of the work, the pieces question the larger cultural constructions of the female body and definitions of a healthy or normal body through the very public confrontation of the scarring and mutilation/deterioration of my own body. We consciously know/experience our body's surface, which is included in our conception of ourselves as subjective beings. The skin offers an illusion of invulnerability. I am intrigued by the feelings of repulsion provoked by a break/mutilation in the continuity of this acceptable surface. The scarring representations found in the work open up a dialogue about gender ideologies, conventions of beauty and health, and the construction of identity. This dialogue, within itself, becomes an act of empowerment.



Honour Our Health

SYLVIA BARTON
(PAINTING BY JERRY WHITEHEAD)

This work was created by the Aboriginal artist, Jerry Whitehead, during the International Conference of Community Health Nursing Research Symposium held at the University of Alberta in May, 2011. While Jerry resided with us for three days, we watched him paint and stole moments with him to converse about the visualizations that were taking shape on canvas. Within this context of an intercultural story, he helped us to learn ways that balance a scholarly approach with creative moments, connecting elemental humanness to ourselves and others. We discovered alongside Jerry, who was living out an artistic story, things that were drawn forth in response to observing the intercultural expressions he was creating. He helped us to re-examine ourselves as health professionals, to re-search for understanding located in the labyrinth of social connections, and to redefine our humanity and well-being. Ultimately, the painting was a lens which gave participants an opportunity to reflect on Aboriginal knowledge. Visualizing intercultural expressions of equity, diversity and health through art reminded us to be sensitive to the elicitation of life stories. The painting opened our eyes to the insightful details circumscribed by relationship, history and landscape, which were formulated by the artist's oral narratives through art. For most of the symposium's attendees who were non-Aboriginal, Jerry's time with us led us to think about health equity, social justice and diversity in new ways.





Dreams of children

Everyone is good enough
Everyone is right
Everyone deserves a home

Everybody needs friends
Everyone needs their space
All the people are equal
So what really is the human race?

Perhaps our only problem
Is some refuse to see
Not everyone else is the troubled
The real trouble is you and me

So if we work together
As a team, me and you
Maybe we can rebuild our world
And make our dreams come true.

Crystal

Our Lives from Our View: Exploring the Culture of Youth Homelessness

NICOLE BRETZER

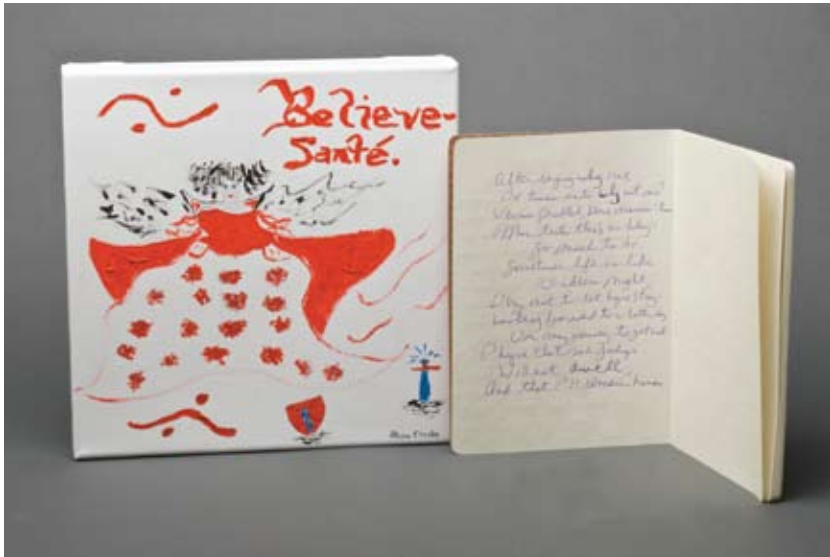
Humans are occupational beings, occupation being the "[E]ngagement or participation... in everyday life endeavors."¹ Occupations, the everyday activities that we participate in, fit into several domains, not simply as a means of productivity. This engagement and the resulting levels of satisfaction play a significant role in influencing our health and quality of life. While conducting research on the culture and occupations of homeless youth, I was exposed to the very harsh, raw and intriguing world of teens living a very different lifestyle, and participating in very different occupations than those of my own. In *Our Lives from Our View*, I invite you to view artwork and poetry created by homeless youth as you enter their world. This artwork expresses so many emotions; some of the works are beautiful while some may be seen as a stark contrast. Each individual's perception of these works will be their own, but a common theme emerges in that this artwork is an outward expression of individual needs, frustrations, inspirations or ambitions. In other words, this body of artwork is an outward expression of the artists' health. This voyeuristic look into the culture of youth homelessness may evoke serious thought in regards to our beliefs about this subculture, our perceptions of health and the actual health of these individuals. I encourage viewers to consider the comparison between their own occupational engagement and perceived health, and those of the homeless youth.

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1. Christiansen, Charles. H., and Elizabeth A. Townsend. 2010. *Introduction to Occupation: The Art and Science of Living*. 2nd ed. Upper Saddle River, NJ: Pearson Education.





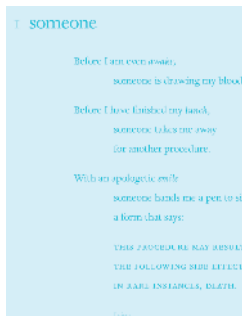




Angelaes Rosina—Meditations

ALISON CLARKE

I know that a power from up above, God and Jesus, helped to heal me, and get me through dealing with cancer twice. In addressing this, my poem also shows how writing, a therapeutic form of art, helped me on my journey to heal. Art therapy is a powerful tool in the field of health sciences. Writing and painting can be useful tools on a patient's journey to recovery.



I someone

Before I am even *awake*,
someone is drawing my blood.

Before I have finished my *lunch*,
someone takes me away
for another procedure.

With an apologetic *smile*
someone hands me a pen to sign
a form that says:

THIS PROCEDURE MAY RESULT IN
THE FOLLOWING SIDE EFFECTS OR,
IN RARE INSTANCES, DEATH.

I sign.

Then someone injects *radioactive dye*
into my hand.

If I do die, lying here,
on this cold, hard, sheet-covered slab,
the last thing I'll see is not someone, but
the dust clinging
to the ceiling vent.

patients

SUSAN COLBERG

Writing this series of poems helped me learn from, and cope with, aspects of my experience as a patient during breast-cancer treatment and a life-threatening infection that resulted from the effects of that treatment. The typographic compositions aim to express emotions and experiences that had a profound impact on me, including interactions with health professionals, the effects of various medical procedures that I underwent and the consequences of being in the hospital environment for an extended period of time. The works embody some hard-won knowledge and make it communicable by giving tangible form to thoughts, feelings and memories. I hope that these words provide members of the public in general, and health professionals in particular, with insight into, and understanding of, the inner life and point of view of a single patient. They may also resonate with patients and encourage them to reflect on and express difficult emotions, to deal with them effectively. Significant amounts of tenacity and courage are required to get through such an experience, and so the title of the series is *patients*—"capable of enduring."

4 my room @ 2:00AM

Screaming from down the hall.

I lie in the darkness unable to move
and think of a mediæval torture chamber
where distant cries can be heard.

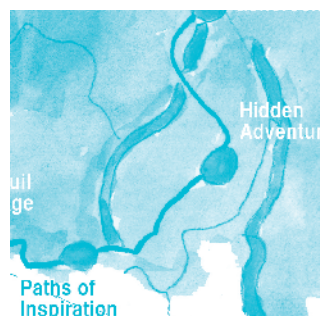
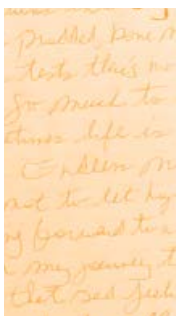
No. No. Leave me alone. Leave me alone.

Then I hear rustling, running, shouting, muffled
breathing...breathing...breathing.
Then silence.

A sliver of light comes from the crack in the door.

"You ok?" asks the night nurse.

"I'm ok." I say, but I wonder about
the voice down the hall.



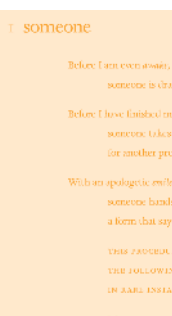
Heart's Murmur

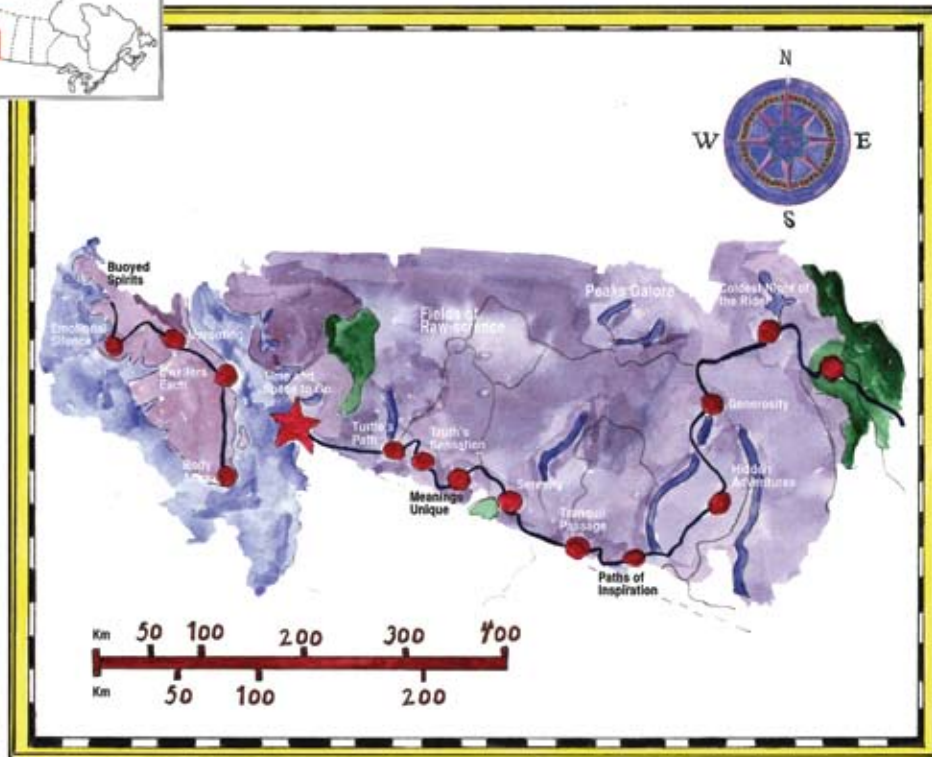
MICHAEL COULIS

This work is a collaborative piece of art combining solo guitar, voice and topographic watercolor maps, is an autobiographical narrative expressed in the form of an Atlas of personal cartography. It stems from a solo, cross-Canada bicycle journey which I took after the death of my wife, Kerry McNamara. Elliot Thomas provides the solo guitar accompaniment with a score that he has composed by musically translating a narrative essay appearing in my publication, *Expanding the boundaries of cartography*.... Alice Major reads 11 captions which accompany the topographic watercolor maps; these are excerpts from the narrative essay, and are chosen as verbal gestures loosely mirroring the cyclist's emotional trajectory as he crosses the Canadian landscape. Through composing this work, I aim to express the generative force found through an aesthetic of participation. The watercolors, originally made for my master's-degree research, are expressive illustrations of a solitary experience with grief and personal turmoil. My turning toward artful forms of expression as a way of coping with grief not only facilitated a discharge of conflicting emotions associated with grieving at that time; it also developed into an expanding medium, a catalyst for inclusion, one could say, for others who are confronting grief, depression and feelings of prolonged meaninglessness—feelings which often accompany an experience of loss. Setting the watercolor maps to a combined performance of voice and guitar becomes yet another emotionally progressive development toward connecting ourselves individually and collectively through recapitulating narratives of mortality, itself a powerful impetus towards new and beginning chapters in life's story.

Map 7. FREEDOM'S IMPULSING (British Columbia)

Discovering and recognizing one's ownership of grave feelings of discomfort is a maturing process. The creation of a voice which is connected to senses dwelling deep inside and largely expressionless—but existing as the emotive self—is a rich source helping to shape *sensus communis* (public communications).





Map #7 Freedom's Impulsing

Buoyed Spirits*

41 kms/2 hours 30 minutes

Emotional Silence*

102 kms/5 hours 30 minutes

Uprooting*

87 kms/5 hours

Dwellers Each*

110 kms/6 hours

Body Acbe*

Time and Space to Go*

85 kms/5 hours 30 minutes

Turtle's Path*

65 kms/5 hours 30 minutes

Truth's Sensation*

48 kms/6 hours

Meanings Unique*

138 kms/8 hours 30 minutes

Serenity*

130 kms/9 hours 30 minutes

Tranquil Passage*

98 kms/8 hours

Paths of Inspiration

152 kms/10 hours 45 minutes

Hidden Adventure*

138 kms/10 hours

Generosity*

128 kms/8 hours 30 minutes

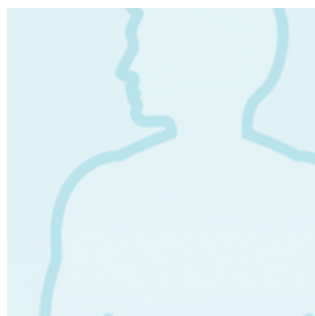
Coldest Night of the Ride!*

Fields of Raw-science'

Recombinant (Ode to William Carlos Williams, WCW)

ROBERT FERRARI

Read the fourth line very carefully. The issue here is the extent to whom creativity and intelligence can be reduced to, or explained by, genetics. William Carlos Williams (WCW), a physician and celebrated poet, to whom this poem is an ode, must himself have wondered what determines both the development and expression of creativity in an individual. The desire to reduce this explanation to one that derives from understanding our genetic code immediately reaches an incongruity: people cannot be wholly measured by, or contained within, their genetic sequence alone. The poem, *Recombinant*, demonstrates an incongruity. At first glance, *Recombinant* appears to describe William Carlos Williams' genius as the result of a marvellous mutation. William Carlos Williams (or at least his creativity) is wholly contained within the displayed genetic sequence, so well contained, in fact, that at first nothing seems out of place. On further inspection, it becomes clear that the mutation of WCW is entirely out of place, because the genetic code is itself constrained by certain rules. Immediately, one inverts the meaning of the poem to indicate how 'unnatural' it is to contain individuals' creativity within their genetic sequence.



Recombinant (Ode to William Carlos Williams, WCW)

ATGGCGACACGAACTCAAGCCAGGGGGGGGGGGGGTGTGGTTGAATTGTTGTATGCGTTT
GAGAGCGGTAATGAACAAATTAAAAAAATCGCTTCCAGCATGTTAGAAGAAAAAAAAAAAAA
GATTAAAAACAACCAGCTGCTTTCGCTTTAAGCCTTTTAAATGGCGTGTTATTAGCATT
GATTGACGCTCTCATCAACCGCAWCWAAAGACTGGGATTTCAAGCGATTAGGGAGCAT
GAAAAGGCGATTTTACGCTTAGCAGCGTATGCTGAGCCTAACACCCTAAATTTTAAAC
GCTATCTTGGATTCTTTGAGCAAAAAGCTCGCTCAAAAACCCTTGATTTAAATGCAAAT
CATAGAAGGGAAATTGCAATTACAAGGGAATGAAAAAATCGCTATTTTAAACATCGC
GCTTCAACCATATCATCACAGACAGATTAAAAGAAGGGGGATGGATTG

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[U of A](#)
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[News \(73\)](#)
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current layer: generic

cardio

X-ray

Description of the problem revealed in the X-ray view: reactive arthritis (dial) it has symptoms similar to various other conditions collectively known as "arthritis"

360°

back side

Grid Search

The posterior interosseous nerve (or dorsal interosseous nerve) is a nerve in the forearm. It is the continuation of the deep branch of the radial nerve after this has crossed the supinator muscle. It is consistently diminished in size compared to the deep branch of the radial nerve. The nerve fibers originate from cervical segments C7 and C8.

Deep to the tendons which form the borders of the anatomical snuff box lies the radial artery which passes through the anatomical snuff box on its course from the radial neck pulse detection area to the proximal space between the first and second metacarpals to contribute to the superficial and deep palmar arches. The trochlear vein arises within the anatomical snuff box, while the distal subcutaneous branch of the radial nerve can be palpated by sliding along the anterior pulvis larynx with the dorsal aspect of a fingernail.

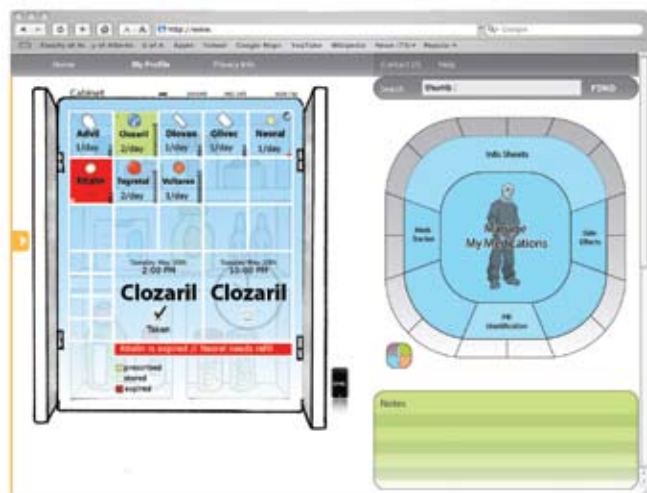
Symptoms

Allergies

Injuries

Health Alerts

Notes



CHI: An Interdisciplinary Digital Humanities Project on Canadian Health Information Design

CARLOS FIORENTINO, STAN RUECKER, LISA GIVEN, CAMRYN BOECHLER & MARK BIEBER

These screenshots were part of the design phases of CHI (Center for Health Information), a multi-phase project on interface design for public consumers of health information, the results of which were in papers at conferences on digital humanities, health and information design. Our team includes scholars in humanities computing, library and information studies, visual communication design, computing science and pharmacy. Initially, we developed a visual browser for pill identification,¹ which helped to validate the rich-prospect browsing principles,² where some meaningful representation of every item in a collection is coupled with tools for manipulating the display. We subsequently looked at online health behaviours of people who manage complex health regimes for many people, of which managing pills is a potential component. Studies³ show that people are increasingly interested in accessing health information online, but that new tools are needed. Many of the interdisciplinary issues that we faced were addressed in a prior publication:⁴ these include the need for team members' discussions around dissemination, deadlines, future phases, professional dignity and goodwill. However, working in the Canadian context added two concerns: issues of funding, where the federal tri-council structure led to our accessing arts funding rather than medical funding; and the need to create our original prototype using American pills, since Canadian pill information is controlled by a single organization—even though pill morphology varies by country. Now we are planning a user study of the second prototype; this gives us the opportunity to pause and consider the lessons we have learned over the past few years.

1. Given, Lisa, Stan Ruecker, Heather Simpson, Bess Sadler and Andrea Ruskin. 2007. "Inclusive Interface Design For Seniors: Exploring the Health Information-Seeking Context." *JASIST* 58(11): 1610–1617; Ruecker, Stan, Lisa Given, Heather Simpson, Bess Sadler and Andrea Ruskin. 2007. "Design of a Rich-Prospect Browsing Interface for Seniors: A Qualitative Study of Image Similarity Clustering." *Visible Language* 41(1): 4–22.
2. Ruecker, Stan. 2009. "Rich-Prospect Browsing Interfaces." In *Encyclopedia of Multimedia Technology and Networking*. 2nd ed. Edited by Margherita Pagani. Hershey, PA: Idea Group International. 1240–1248.
3. Al-Busaidi, Asma, Alex Gray and Nick Fiddian. 2006. "Personalizing Web Information for Patients: Linking Patient Medical Data with the Web via a Patient Personal Knowledge Base." *Health Informatics Journal* 12(1): 27–39; Rada, Roy. 2006. "Information Retrieval for Online Patient Groups." *Health Information and Libraries Journal* 23(1): 60–65.
4. Ruecker, Stan and Milena Radzikowska. 2008. "The Design of a Project Charter for Interdisciplinary Research." In *Proceedings of Designing Interactive Systems (DIS 2007)*. Cape Town, South Africa. February 28, 2008.





Public Awareness Campaign about Antibiotics Abuse

JORGE FRASCARA & GUILLERMINA NOËL

The abuse of antibiotics is promoting the development of antibiotic-resistant bacteria. The Center for the Evaluation of the Effectiveness of Health Services for the Emilia-Romagna Region (Italy) commissioned us to design a campaign aimed at general practitioners and the public, to promote the reduction of excessive prescription of antibiotics. Our proposal was based on providing family doctors with a twofold leaflet that outlined three possible scenarios responding to patients' complaints of colds and flu. After using the scenarios as a basis to discuss a specific case with a patient, family doctors may use another panel to write personalized recommendations and prescriptions for the patient. Thus patients leave the doctor's office with a prescription and general information aimed at informing them about when and why to use antibiotics. If antibiotics are prescribed, the leaflet also informs how they should be taken. This leaflet was accompanied by posters and pocket-sized booklets based on the same concept: "*Antibiotics: solution or problem?*" They are a solution for many infections, but used inappropriately they can lose their power. This could become a big problem." These other pieces were produced to be available in doctors' and hospitals' waiting rooms, as well as in pharmacies. The campaign has been implemented in two provinces of the Emilia-Romagna Region, where the use of antibiotics will be monitored before and after the campaign, and compared to two separate provinces where no intervention took place; we will have results later this year. The project demonstrates how knowledge of communication as a cognitive process can help organize the contents of a message, and how knowledge of visual design can optimize the visual presentation of health information.



Soluzione o problema?

ANTIBIOTICI

Sono una soluzione per molte infezioni,

ANTIBIOTICI

però usati a sproposito
possono perdere il loro potere.

ANTIBIOTICI

Questo potrebbe essere un grande problema.

ANTIBIOTICI

Soluzione o problema?

Sono una soluzione per molte infezioni,
però usati a sproposito possono perdere il loro potere.

Questo potrebbe essere un grande problema.

ANTIBIOTICI

Soluzione o problema?

Soluzione o problema?

ANTIBIOTICI

Sono una **soluzione** per molte infezioni,

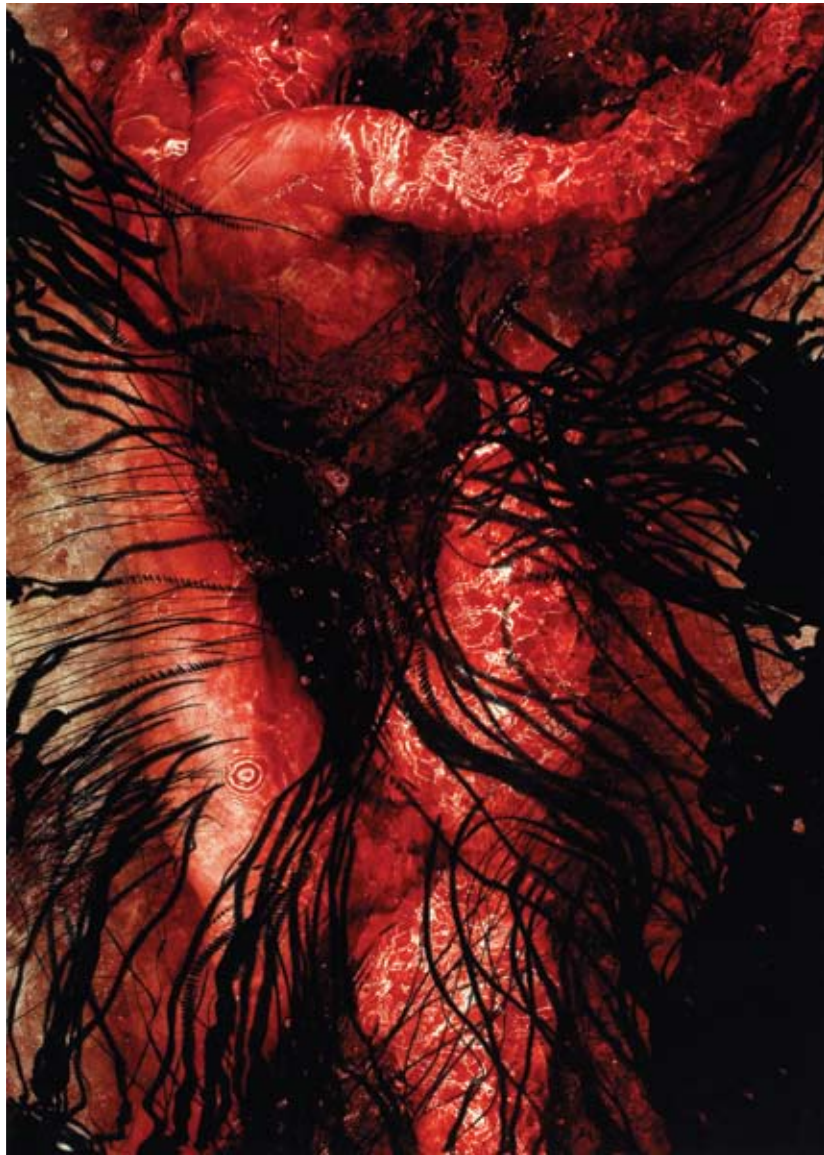
ANTIBIOTICI

però usati a sproposito
possono perdere il loro potere.

ANTIBIOTICI

Questo potrebbe essere un grande **problema**.



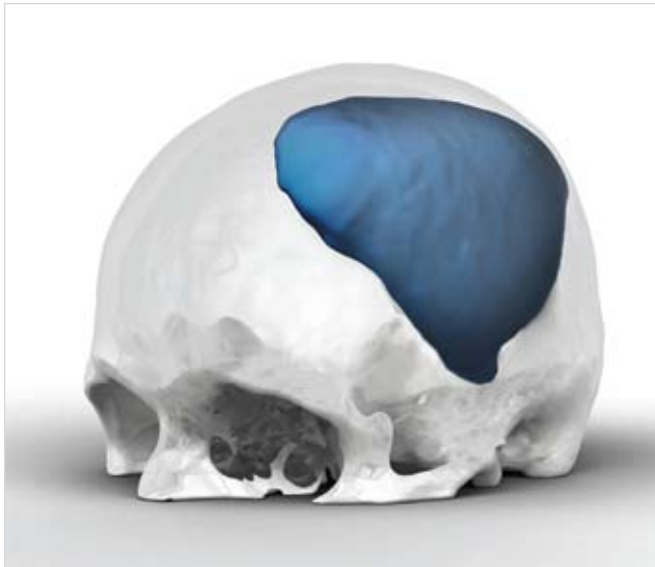


Invasion II and Invasion III

LIZ INGRAM

These two works are part of a new series of prints that is a direct outgrowth from a recent collaborative installation project (with Bernd Hildebrandt) entitled *Differentiating Faith*. This interactive installation, produced for the exhibition and book, *Perceptions of Promise: Biotechnology, Society and Art*, centre around the theme of stem-cell research. The project began with a workshop retreat that brought together scientists, bio-ethicists and artists in Banff, Alberta, which resulted in very stimulating cross-disciplinary discussion and subsequent ongoing correspondence throughout the development of the artworks and essays. Based on the imagery and the concepts developed for this installation project, I subsequently produced a series of prints on paper, *Invasion I – VI*. These prints (*Invasion II* and *Invasion III*) are part of this series, which portrays the human body in a state of flux and mutation in an unfamiliar environment of water, bodily fluids and marks representing unfamiliar forms which could be life-giving or life-threatening. With this work, I am attempting to express and make visual some of our fears and our hopes that are stimulated by both the precarious state of our natural environment and by current medical research and advancements in biotechnology and stem-cell research. In general, through my artwork I am attempting to reconnect the viewer to a sense of our place in nature—a sense of place that seems to be disappearing rapidly in our highly technological world. My recent works investigate feelings and memories of belonging, associated with sinking into water—perhaps into a fast-flowing stream, or perhaps into a warm bath—and with our harboured desires for the safety of the womb. The work is about vulnerability and strength, about a cycle of disappearing and emerging, about wonder and uncertainty.





Medical Visualization

BEN KING

Effectively communicating a complex medical diagnosis or procedure without terrifying patients and their families is an immense challenge for medical professionals. This work represents an exploration of balancing the pragmatic needs of the medical world while developing imagery that does not rely on graphic depictions of medical procedures. Effective communication that fosters patients' understanding builds confidence between medical professionals and patients. The medical model represents the transition from 2D imagery to 3D objects that can act as both an explanatory aid for patients and as a hands-on training tool for surgical education. This occurs through a digital process utilizing scanning, computer-aided design and additive fabrication (commonly called 3D printing). Incorporating software and fabrication into medical procedures opens new avenues of visualization, while also demonstrating tangible value in eliminating surgeries, reducing operating time and improving patient outcomes. This process of medical modeling involves capturing human anatomy from medical scan data such as CT (computed tomography), MRI (magnetic resonance imaging) or utilizing a surface laser scanner. This data is imported into a software program in which areas of anatomy can be segmented and isolated to evaluate, diagnose, plan and communicate; then it can be exported into a variety of formats, after which the data can be used for 2D or 3D visualization. Computer-aided design and rendering software partner to create 2D visuals, while additive fabrication devices can bring this data into the tangible 3D world using a variety of materials such as ABS (acrylonitrile butadiene styrene), commonly used to manufacture products such as Lego. Additive fabrication differs from traditional subtractive manufacturing techniques (machining or woodworking) where material is removed and joined, often requiring complex molds or fixtures. Both the images and the model represent a sample of visual communication tools developed in collaboration with iRSM (Institute for Reconstructive Sciences in Medicine).







Andai, Yohor and Tsam: Psychological and Community Health in Mongolian Circle Dance Rituals

CATHERINE KMITA

This installation will present alternate views of health practices and art from a Mongolian perspective. *Andai*, *yohor* and *tsam* are three Mongolian circle-dance rituals that are used for various health functions. *Andai* is a shamanic circle dance from Inner Mongolia that is used to alleviate a heavy disease among young women suffering from problems in love or marriage or with in-laws. The community and the shaman gather together in a ritual and sing and dance to help the young girl to sweat out her illness. *Yohor* and *tsam* are used for the health of the community in general. *Yohor* is a shamanic circle dance and ritual used to ensure success for the community for the year by encircling a sacred mountain with the dance, which occurs along with shamanic rituals at the site. *Tsam* is a Buddhist circle dance and ritual that is performed to chase evil spirits into a dough figure in the center of a series of concentric circles; the figure is subsequently burned in a fire to, once again, ensure the health of the community for the year. In this exhibition, I will present photographs of *tsam* rituals from Ulan-Ude, Siberia and Ulaanbaatar, Mongolia as well as a video loop of the *yohor* dance around Exe Yord Mountain near Lake Baikal in southern Siberia. An interactive component will be presented during the opening and closing of the exhibition, in which participants will dance *andai* with the intention of sending healing to patients in the University of Alberta Hospital. All three circle dances will thus be presented to illuminate present Mongolian perspectives on healing and health in the community in shamanic and Buddhist rituals.





Preclinical Body

KAISU KOSKI

The video piece belongs to a series of artworks resulting from an arts-based inquiry and a postdoctoral fellowship conducted at the U of A Faculty of Medicine and Dentistry in 2011. It is a poetic documentary which explores various representations of the body offered in different learning contexts in the preclinical curriculum, moving through discovery learning, clinical skills and anatomy lab experiences. The images and sounds involved derive primarily from 13 interviews with medical students and their clinical preceptors, but they intertwine with studio-based responses rendering the artist-researcher's presence transparent. Next to exploring the representations of the body in medical education, the series also highlights the role of the hand in medicine, for instance, as a manifestation of various skills and the primary physical connection between a doctor and a patient.





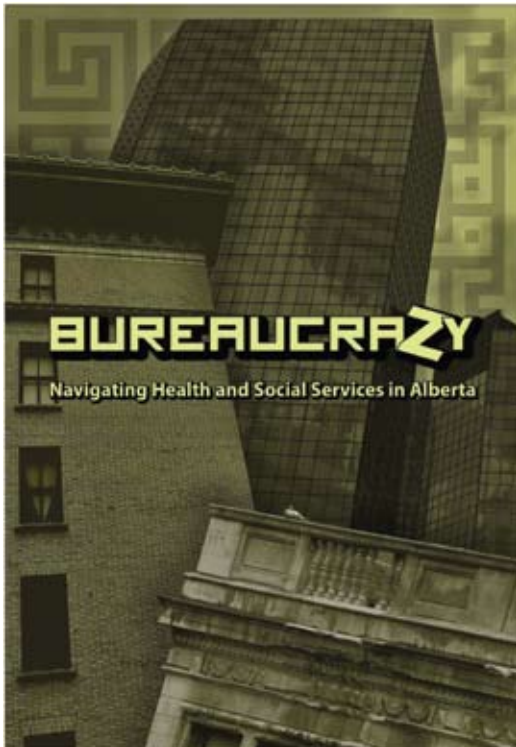


The Space Between You and Me

AGNIESZKA MATEJKO & BOB LYSAY

The Space Between You and Me is a visual art installation depicting the insight of youth with Tourette Syndrome (TS). This work was produced with the help of seven youth participants who shared their knowledge and experience of living with a unique disorder. Their insight into neurological conditions breaks stereotypes and provides an inspiring perspective on health issues. These youths depict their condition as a continuum of nature and not a disorder to be battled. Images of nature with a broad range of motions were employed as a backdrop to the stories. A young dancer created original choreography interpreting Tourette motions; this expresses the beauty and artistry of TS motions as opposed to the common perception that differences in motion are to be feared. The youth suggested that fragmented images be used in the installation to reflect their experience. Sounds and sights surround the viewer, creating a visceral sense of what it is like to have TS. This installation is technologically unique, as three projected images are computer-synchronized; for example, the dancer moves from screen to screen, allowing the viewer to be entirely surrounded by images. In this installation, the beauty, poignancy and inspiring insight of youth with disorders are explored.

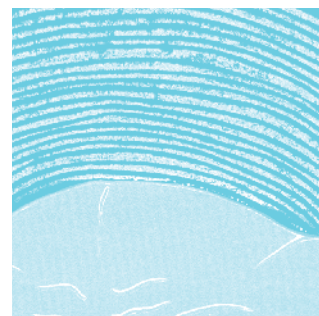


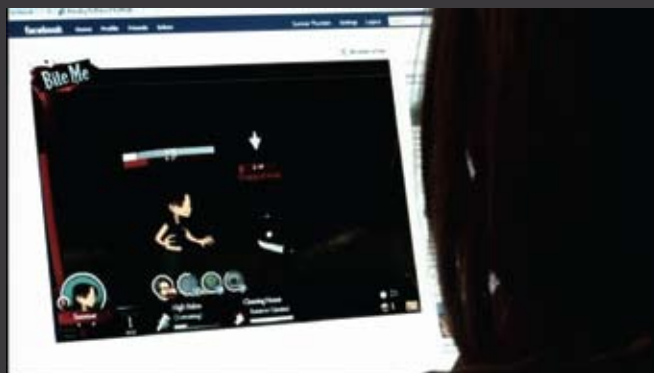


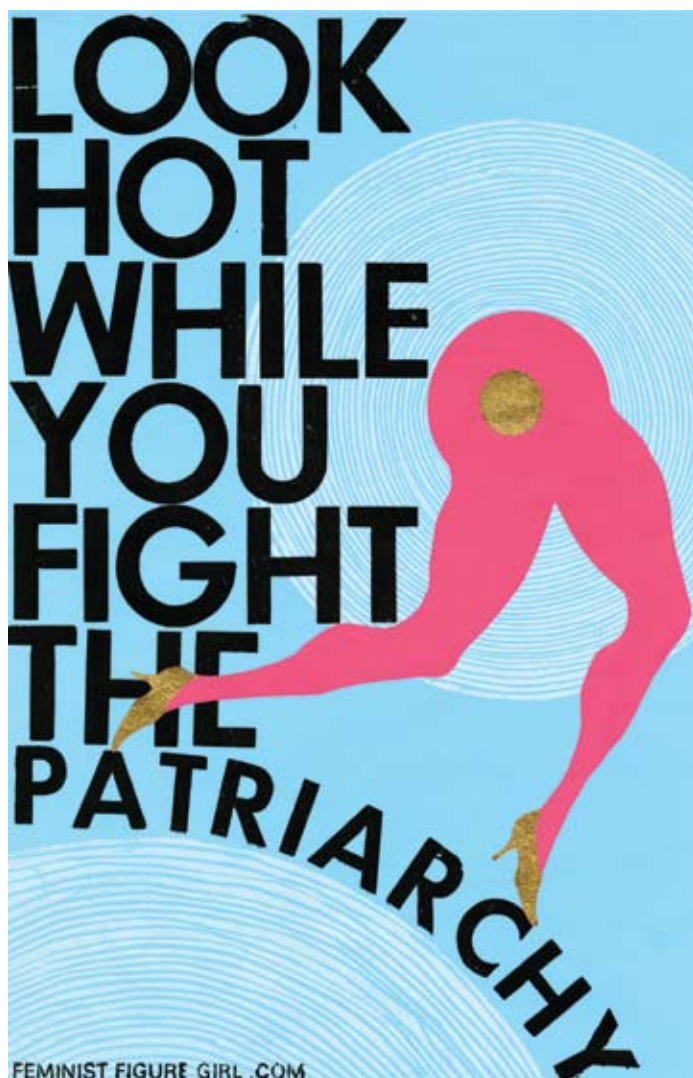
BureaucraZy: Navigating Health and Social Services in Alberta

MARIA MAYAN

BureaucraZy is a documentary film based on the Family First Edmonton's (FFE) "Photovoice" research project. It profiles four single mothers with low incomes who volunteered to share their experiences in accessing health and social services in Alberta. The film, along with the accompanying discussion guide, is designed to be used as a tool for policy and decision-makers, service providers, students and others interested in improving the provision of health and social services in Alberta. One of the biggest challenges of effectively delivering health and social services in Alberta is that most public funding is directed towards specific issues. As a result, most programs geared to Albertans with low incomes are fragmented, with little integration across systems. To improve service integration, it is important to understand the personal perspectives of the Albertans who experience these obstacles. The Photovoice project sets out to gain these perspectives and gather insights from low-income Albertans on how to improve service integration and delivery, and family health outcomes. The process highlighted specific health and social-service practices that actively discourage the participation of mothers and reduce the likelihood of their returning to the service despite continued need. The film features 4 of the 10 mothers participating in the research project. As a whole, FFE represents a health-humanities project as it incorporates experts from across disciplines and sectors to address the multifaceted health needs of low-income families. The Photovoice project is an example of how visual culture can be used within the health humanities to communicate research findings to people with the power to make change.







Envisioning Feminist Figure Girl

LIANNE McTAVISH
(POSTERS BY PATRICK J. REED)

As illustrated in two posters by Patrick J. Reed, this project, called “Feminist Figure Girl” (www.feministfiguregirl.com), allowed me to examine the contemporary fitness culture. Accustomed to pursuing historical research in libraries, archives and museums, for this study I employed an auto-ethnographic approach to analyze the physicality of my efforts while training and dieting to compete in the “Figure” category of a bodybuilding competition. Much of the previous scholarship on bodybuilding was produced by authors who had never participated in the sport and had thus necessarily focused on the images of bodybuilders in films and magazines. I wanted to discover what it felt like to train for a show, and in January, 2011, I hired a professional diet coach, took posing lessons, devised a new weightlifting program with my personal trainer, increased my daily cardio workouts and purchased a membership at a tanning salon. I hit the stage on June 4, 2011, competing at the Northern Alberta Bodybuilding Championships in Edmonton. The intense preparation produced insights about the shifting historical conceptions of health. During the early modern period in Europe, there was no normal body; every body was different, responding to changes in climate, food and physical activity. Early modern individuals were largely responsible for knowing and treating their own bodies. Contemporary bodybuilders observe their flesh in a similar manner, noting how it responds to supplements, utilizes carbohydrates and stores fat. Like the early modern body, this built body is always in flux: bulking up before dieting down, absorbing water before shedding it. In the end, instead of viewing my body as a form to be manipulated and ultimately controlled—the image often offered by the commercialized diet industry—I came to understand it as a process, a position that helpfully (and I would argue healthily) focuses on physical experience rather than superficial appearance.



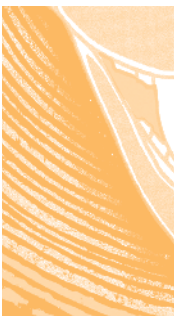


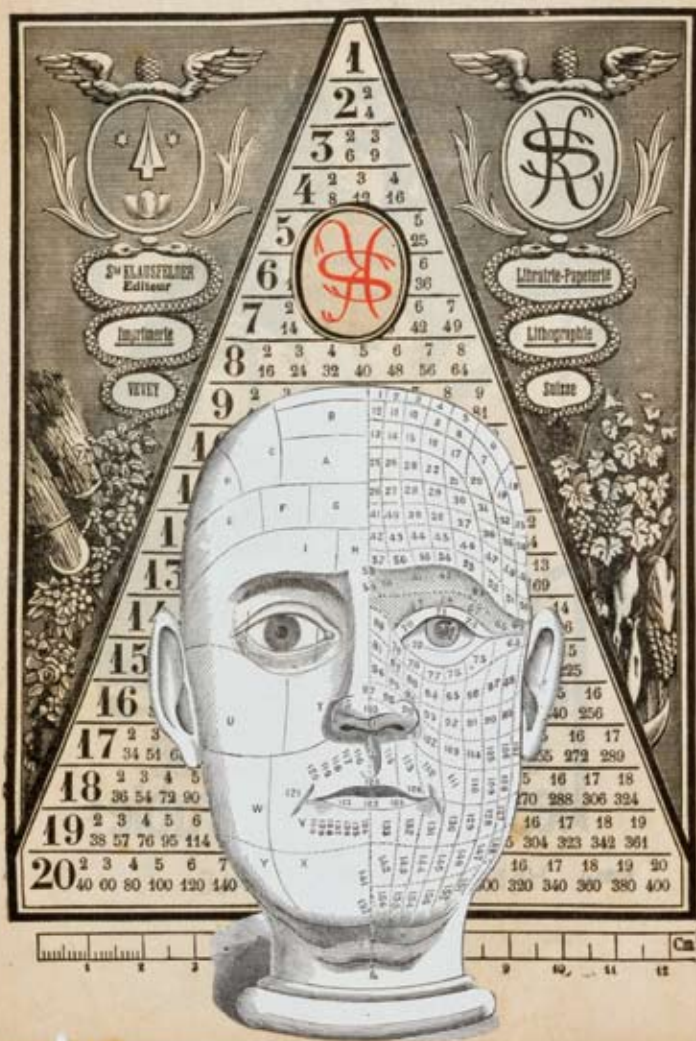


Anatomie

GLORIA MOK

This work is an appreciation of the details of historical illustrations of human anatomy. It places anatomical structures in a strange environment to create a surrealistic milieu.





g. l. m. m. c. 2010

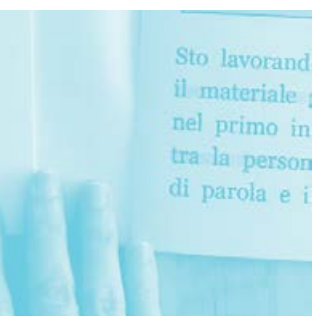


Techniques (of Care)

BRAD NECYK



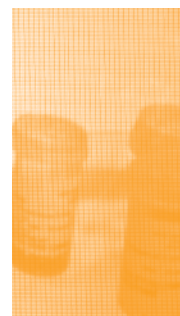
This video examines the various techniques that our bodies develop in response to social conditions within the context of mental illness, pairing the technique of psychoactive medications with two other techniques of care, fitness and hygiene. Mental illness can be viewed in two primary ways: as a chemical imbalance within the brain or as the mind's inability to adapt to contemporary social conditions. In the latter case, the capacity to properly internalize the various technologies and economies of power that shape populations can misfire within the individual, creating a maladaptation. The body becomes a site of innumerable micro-exertions of power and develops various techniques to maneuver around social conditions. The necessity of repeating and maintaining these performative acts or enactments opens them up for micro-resistances or subversions through an optimization or non-optimization of techniques. The optimized technology when administering to mental illness is psychiatry—a complete anatomization of the body, installing sublimated substances into the central nervous system to metabolize and precisely bind to its structures and alter subjective experiences. Psychiatry has attempted to capture the heterogeneity of depression with the same visible precision of the medical gaze, through the various categorizations of symptoms and their disorders and degrees of severity. With clinical depression projected to affect upwards of 50% of the western population and its becoming the leading cause of disability, a number of questions are beginning to arise. Is this the result of an over-diagnosis of normal maladies? Is it the multiplicity of recognized symptoms to fit almost every circumstance? Is it in our food or lifestyle? Or is it in the maladaptation within a growing population to the fabric of contemporary social conditions with its technologies and techniques of power?



Informed Consent for Patients with Aphasia

GUILLERMINA NOËL

Obtaining consent is an essential process in research. However, obtaining consent from people with a communication disability such as aphasia is difficult. Aphasia impacts on people's abilities to understand research goals and to communicate decisions. Concurrent deficits in language, attention and memory may affect the capacity to follow the information given. There are three main aspects: what needs to be communicated, to whom and in which situation. What needs to be communicated varies significantly depending on the type of informed consent: a surgery, a drug trial or an interview regarding living with aphasia. The needs and the language disorder of persons with aphasia also vary significantly. This makes it difficult to talk in general about the process of informed consent, which process must be adapted for people with aphasia. However, there is little evidence regarding how to communicate this information to facilitate understanding, and it is generally assumed that the use of images might facilitate access to information. Thus the goal of the study was to identify facilitators and barriers in informed consents to interview people with aphasia. This is a qualitative study. During my PhD, I observed two informed-consent processes. Using a reading-aloud protocol, I observed the reading process of eight patients with aphasia. Based on the findings from the first observation I redesigned the informed consent and conducted a brief interview with six participants with aphasia, comparing the two different informed consents (called A and B). The main result regards the use of images: the study suggests that the use of images might not facilitate access to information. When the image is not integrated with the text, it is ignored by readers. In addition, the study suggests that participants with aphasia prefer images that are realistic rather than childish.









Gas Mask Asana

ZACHARY POLIS

Gas Mask Asana involves the performance of a full-length yoga sequence in a WWII-era gas mask by Zachary Polis. Behind the performer is historical video illuminating the performing space. This piece explores cultural breathing patterns and how politics affects the body and breath. The gas mask is allegorical: it personifies the breath and the function of breath with the external world. Typically, one wears a gas mask in an environment that is stressed, whether chemically, biologically or politically. When people find themselves in stressful environments there's a shift in the breath, too. How does our political and cultural history/stress affect our breath? For many people, breathing tends to be an automatic action, one that is habitual and unconscious. But breath can be controlled with the diaphragm, the intercostal muscles, etc. When we become aware of our own bodies, we learn how to engage with our breath consciously and control and focus the mind. After all, what is the mind but a response to breath? Most actors know that if a speech or physical gesture isn't working, they must find the rhythm of the breath because of its tremendous influence over emotional patterns and thought patterns. With healthy and intuitive breathing comes a clear and relaxed mind, a sense of well-being, and full access to emotional responses. But what happens when the breath becomes compromised by something like a gas mask? What are the physical implications and limitations? What are the political implications? How do acts of human warfare affect our relationship to the natural world? How is our breathing a response to the world around us? And how is our external and internal world a response to our breathing?

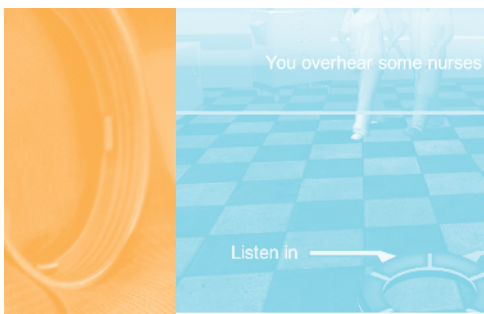


Geri-Monologues

ZACHARY POLIS & NIKKI SHAFEEULLAH

The Geri-Monologues is a series of monologues performed by senior citizens who are members of "GeriActors and Friends," an Edmonton-based intergenerational theatre company. These monologues are the result of workshops that involved sharing life stories, discussion and improvisation as entry points into the dramatic exploration of memory. We all have a deep hunger for intergenerational contact, whether we are aware of it or not. But because of our increased mobility, we have lost the sustained generational contact that we used to have. But these older people have lived, are full of experience, and have stories to share and knowledge to transmit. Intergenerational theatre establishes a community between older and younger generations and allows older generations to share their stories, wisdom and lives (past and present) with younger communities. Intergenerational theatre is considered a pathway for creative and healthy ageing. Using theatre as a technique for reminiscence allows participants to engage actively with the inherently dramatic content of memory in a way that is playful and freeing for the imagination, and which may reveal the metaphor or universality of the life event. The strength of this theatrical reminiscence is that it allows for creative problem-solving and acceptance of past events. Life review is an essential part of growing older; with life review, we establish meaning for the lives we have lived. Part of ageing is reflecting upon experiences and coming to terms with the past, while also accepting the complexities of life. John Kunz and Florence Soltys cite the psychologist, Donald Winnicott, noting that "play (like creativity) is a transitional space somewhere between reality and fantasy where we are free to explore our thoughts, feelings and memories without fear of real-world consequences."¹

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1. Kunz, John A. and Florence Gray Soltys. 2007. *Transformational Reminiscence: Life Story Work*. New York: Springer. 131





CatHETR: Serious Gaming for Health

GEOFFREY ROCKWELL, MICHAEL BURDEN, DIANE AUBIN,
SHARLA KING, PATRICIA BOECHLER, SEAN GOUGLAS
& PATRICK VON HAUFF

The "CatHETR" project explores how video games might be used in health education to support communication and collaboration skills that can help improve patients' safety. In this exhibition, we showcase a first-person 'serious game' in which the student player accompanies a physician on his rounds through a virtual hospital ward. On that journey, the player interacts with the physician, hospital staff and patients, testing the player's ability to communicate patient information. In each interaction, the player is presented with a menu of dialogue options from which to select the best response. Determining the correct course of action is far from obvious, however. Designed together with practicing health professionals, the scenarios are realistic, pertinent and challenging. Players must draw on a variety of sources to make correct decisions, including direct information provided by medical staff and ambient cues in the environment as well as their own prior knowledge. At the end of the game, players are presented with a summary of their decisions with feedback to encourage individual reflection and discussion. We assessed the game with 14 pre-licensure students from nursing, medicine, nutrition, occupational therapy, speech language pathology, recreational therapy and respiratory therapy. The participants were observed playing the game and afterwards were asked to complete a questionnaire on their perception of the game's effectiveness for skill-building and learning. Overall, the participants found the game to be an enjoyable and effective way to learn and expressed a high interest in playing such games as part of their learning. We are now seeking collaborators to refine the prototype for use in classrooms.

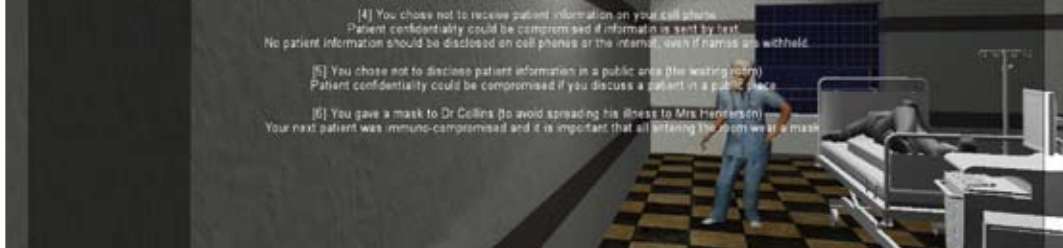


Hi, how's it going? I just had a really interesting patient. Let me text you the details.



Your Choices:

- [1] You chose to read the charts
Before going on rounds, it is important to read the patient charts so that you have as much up-to-date information about the patients.
- [2a] You chose to talk with the nurses going off-shift
These nurses were on the previous shift and had important information to relay about one of the patients.
It is important to interact with other staff between shifts to exchange information about the patients.
- [2a] [2b] You chose to ask the nurses about the allergy
Unless you inquired further about the allergy, you would not have found out about a serious allergic reaction to a patient's medication.
This reaction was not documented on the chart, and a serious medical error could ensue if not corrected.
- [2b] [3] You chose to alert Dr. Collins to Mr. Smith's reaction to penicillin
Because the allergic reaction was not documented, Dr. Collins is unaware of it, and the patient's health would be compromised unless you point it out.
- [4] You chose not to receive patient information on your cell phone
Patient confidentiality could be compromised if information is sent by text.
No patient information should be disclosed on cell phones or the internet, even if names are withheld.
- [5] You chose not to disclose patient information in a public area (the waiting room)
Patient confidentiality could be compromised if you discuss a patient in a public place.
- [6] You gave a mask to Dr. Collins (to avoid spreading his illness to Mrs. Henderson)
Your next patient was immuno-compromised and it is important that all entering the room wear a mask.





Chronos Protos and Self-Renewal Pathway

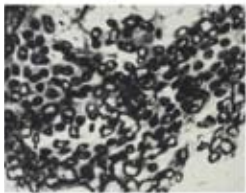
DANIELA SCHLÜTER

Daniela Schlüter's large drawings reveal miniature stories. These artistic visions close in on the growing tendencies to transform the human into post-human, homo sapiens into homo faber, someone born into something made. For this exhibition, Schlüter worked with stem-cell researcher Paul Cassar from the Institute of Medical Science, University of Toronto and the Max Planck Institute for Molecular Biomedicine in Münster, Germany. By placing distinct chromosome maps and encoded envisioned proteins—the visualized blueprints of individuated life—next to mythic scenes of generic human and animal creatures, this series presents the striking and often confusing paradox behind the dawning age of biotechnology. Schlüter's work shows bodies and their interiors, including pictures of her own chromosomes alongside images of heads, chairs, raves, willow trees, embryonic stem cells and drawings produced by the scientist, Paul Cassar, which are based on his research subject, the protein, Makorin-1. Requiring the intensely close looking often employed by scientists, Schlüter's work restages the scientific gaze that moves relentlessly inward, from bodies to cells to genes and proteins. By increasingly regulating the natural lottery, humanity ventures on an unknown journey. Rather than resolving the constitutive tension between the undeniable promises of self-perfection and the equally pressing anxiety of self-effacement, these richly layered images perform an unsettling suspension of judgment. Alarming and comforting emotions and images flare up and die down. Half-knowingly, half-unknowingly, viewers become detective and witness of their own past, present and potential futures.







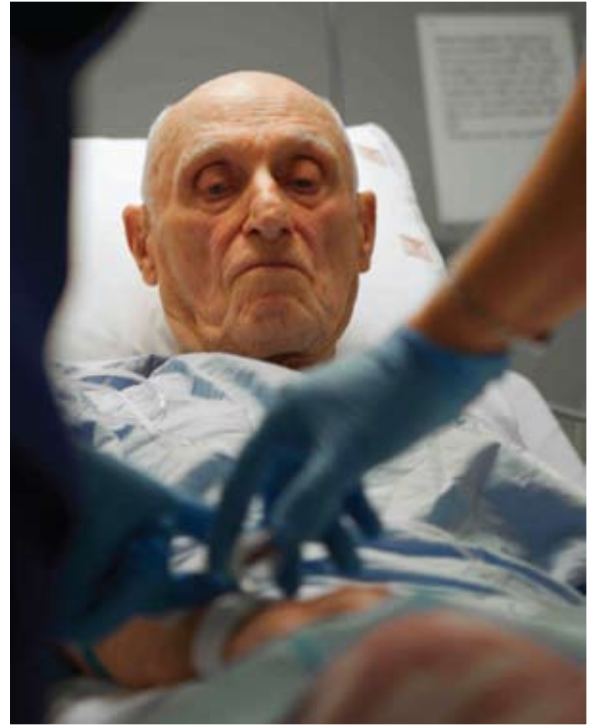


Life Beneath the Surface

ANDREA SOLER

A few years ago, I became attracted to the interconnection between microscopic life forms and larger phenomena in nature. For years, I have been interested in exploring what lives beneath the surface. I have imagined what grows in secluded environments, be they wetlands, ice formations or microscopic views of nature and the human body. Smaller life forms that we cannot see at first glance are of particular interest to me. It was in this search for microscopic life that I met Dr. Lakshmi Puttagunta from the Department of Laboratory Medicine & Pathology, University of Alberta, and had the opportunity to closely look at samples of human tissue with cancer. Dr. Puttagunta explained the behaviour of the cancer cells, and as a visual artist, I was fascinated to see how something so destructive could be so appealing visually. This body of work is part of my research into the patterns and unique visual language of microscopic life, from bacteria to cancer cells. The work explores the concept of enlarging a microscopic geography to create a new visually rich and dynamic habitat. The piece titled *cancer cells* is a printmaking series based on photographs of both cancerous and healthy cells in human tissue. It aims to capture the strange beauty in the organized chaos of cancer cells. It is a difficult piece, as it is related to disease and trauma. *Tongue bacteria* is a large, colourful painting to which viewers are sometimes attracted and then repelled when they learn that the piece is inspired by the bacteria that could potentially inhabit the inside of their mouth. Based on photos from plant stems and water lilies, *acculturation* is a hybrid, a mixture of micro and macro images that create a new space resembling internal organs.





At age 89, Guy spends his time building aircraft in his garage while his car is parked outside. The neighbours frequent the workshop, intrigued by the low-wing, two-seater PL-2 he is currently working on as a gift for his daughter, Dena. Now a retired machinist, Guy lives in Redwater, AB, where when he isn't building aircraft, he's chasing gophers. His grandfather came to Canada from the Ukraine in 1891. Guy served in WWII in Belgium, Holland and Germany. He hopes to be back in his garage soon.



Re-Humanizing Medicine

SARAH STONEHOCKER & SAHIL GUPTA

The hospital environment can be dehumanizing. Focus is often on caring for patients with diseases, lab tests and medical devices. This approach deconstructs a patient's personal identity and deprives both patients and practitioners of the human element of care. The physical constructs around the patient reinforce this image: consider the hospital gown, monitoring equipment and barcode wristband. Using contrasting photographs of patients, we hope to draw attention to this disconnect and highlight the value in 're-humanizing' medical care.



Art of Medicine—Fifty People, One Question

RANNIE TAO

In the current Canadian medical curriculum, there is a lack of space for the exploration of arts and humanities in medicine. As a result, it is difficult for students to appreciate aspects of healing beyond medical sciences and diagnosis.¹ This is a video interviewing 50 people, asking a question: what does the term “the art of medicine” mean to you, expressing as words, pictures, movements or poses? Interviewees are required to think and answer on the spot, in hopes of capturing their authentic, inner voices. The purpose of this project is to create a space for self-reflection in the intense medical curriculum.² This will also be an opportunity to recognize and address the hidden curriculum of medical school, which will encourage a process of self-analysis and will ultimately afford the opportunity to continually renew and reinvigorate the culture and value system of medical education.³ Hopefully, this project will contribute positively to patient-centered care as well as physicians’ wellness within Canada’s healthcare system.⁴

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1. Haidet, Paul, P. Adam Kelly and Calvin Chou. 2005. “Characterizing the Patient-Centeredness of Hidden Curricula In Medical Schools: Development and Validation of a New Measure.” *Academic Medicine* 80(1): 44–49.
 2. Coulehan, Jack and Peter C. Williams. 2001. “Vanquishing Virtue: The Impact of Medical Education.” *Academic Medicine* 76(6): 598–605.
 3. Association of Faculties of Medicine of Canada. 2010. “The Future of Medical Education in Canada: A Collective Vision for Medical Education.” 23. Web.
 4. Hafferty, F.W. 1998. “Beyond Curriculum Reform: Confronting Medicine’s Hidden Curriculum.” *Academic Medicine* 73(4): 403–407.





"...I think **caring, compassion and kindness** are one of the most important aspects a health care provider can offer their patients next to their knowledge and expertise."

-Alexandra Sheppard, Dental Hygienist

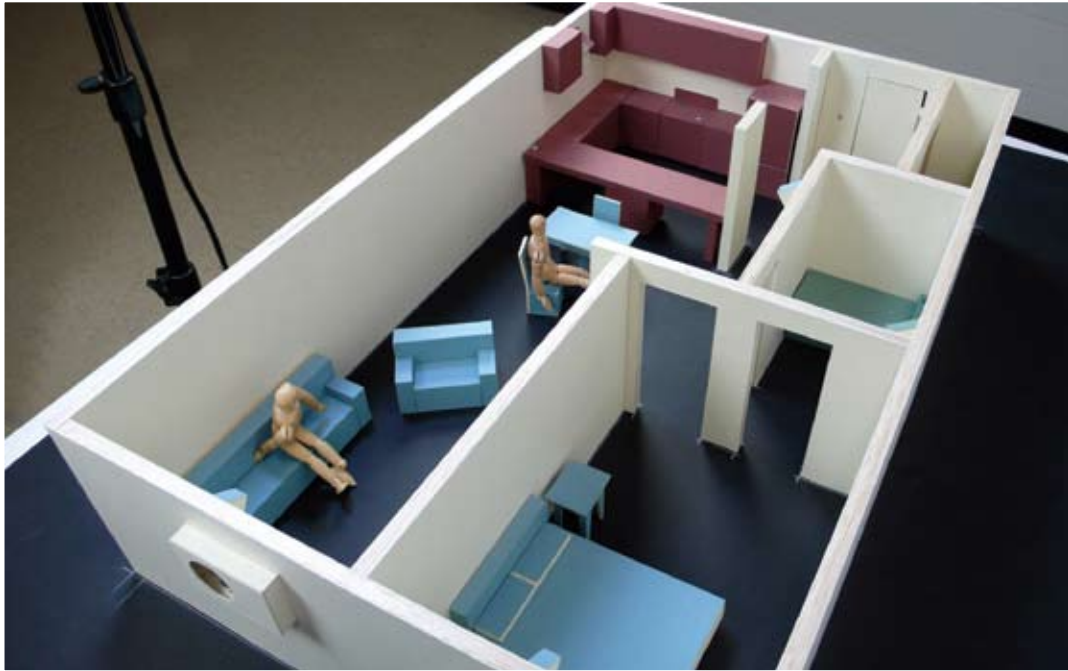


3D Model of the Smart Condo™: Using Sensors and Virtual Reality to Facilitate Aging in Place

JULIA VLASENKO, ROBERT LEDERER, ELENI STROULIA,
IOANIS NIKOLAIDIS, LILI LIU, GREIG RASMUSSEN &
CHERYL SADOWSKI

The anticipated increase in the world population, people's desire to live at home for as long as possible, and the shortage of health-care professionals give rise to the need for technological supports for people with chronic conditions to monitor and take care of their own health at home. The Smart Condo™ project, housed in the Health Sciences Education Research Commons in the Edmonton Clinic Health Academy, is a living lab in which an interdisciplinary research team with faculty members and students from Occupational Therapy, Industrial Design, Computing Science and Pharmacy develops products and systems to address this problem. The Smart Condo™ is a one-bedroom, fully functional apartment, designed and furnished according to Universal-Design principles. In this environment are systems sensors, actuators and "smart" embedded devices, all integrated through a software platform. The platform collects sensor readings and data produced by the devices and analyzes it to infer information about the occupant's activities and the state of the environment. Through these analyses, caregivers can recognize exceptional and potentially problematic patterns of (in)activity that may relate to medication issues or changes in the physiological and/or cognitive state of the client. Based on such evidence, decision-making on care for clients can become highly personalized and better informed. Initial products under review and development are a pharmaceutical-dispensing system that can better deliver a medication protocol, and an indoor walker that can monitor speed, direction and load forces applied to the frame by the user.





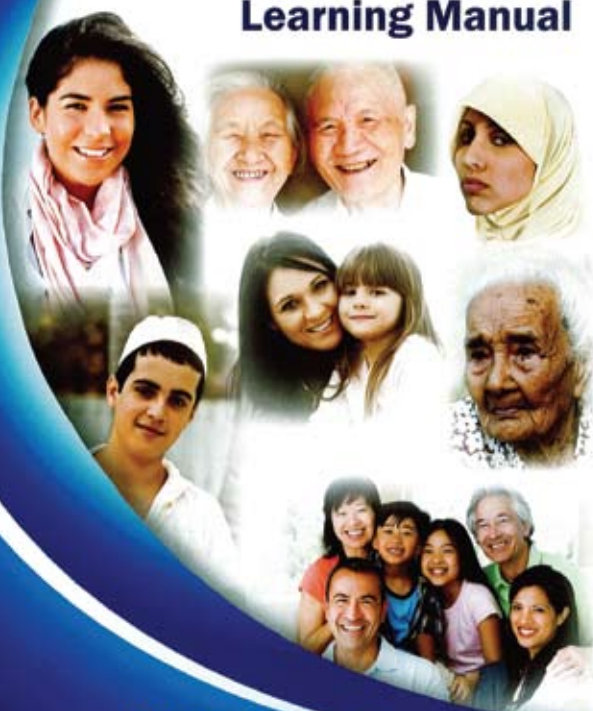
Cultural Competency Skills for Health-Care Professionals: Videos for Teaching Cultural Competency Skills

EARLE WAUGH, OLGA SZAFRAN & JEAN TRISCOTT

Cultural diversity is an increasing challenge for health professionals who are faced with caring for patients from many cultures, with different languages and different understandings of illness and health. While health professionals may recognize the importance of cultural issues in interactions with patients, they have received little or no training in cultural competence. Employing elements of participatory research and a modified consensus group process, we examined how dementia and end-of-life issues are recognized, cared for and treated in five cultural communities in northern Alberta—Aboriginal (Cree), Francophone, Mandarin-speaking Chinese, Cantonese-speaking Chinese, and Muslim—with 65 participants. The consensus group findings revealed distinctive differences in how dementia/end-of-life issues were viewed across cultural groups. Health professionals in these communities were also surveyed to examine their clinical cultural competencies. The survey findings indicated that health professionals lacked both knowledge and skills in dealing with culturally diverse patient populations. The consensus group and survey findings both formed the basis for the development of the scenarios for eight teaching videos. The videos address cultural issues related to end-of-life, treatment conflict, informed consent, living wills/ personal directives and caregivers' stress. Four of the videos are in English and four in the language of the cultural community. Translation of the research findings into an educational tool required interdisciplinary collaboration between professionals in academia, medicine, social and religious studies, film studies and drama. This work is being used to teach cultural competency skills to students, residents and practitioners in the health sciences, and it forms the basis of the *Cultural Competency Skills for Health Care Professionals Learning Manual*. In 2009, four of the films were nominated for "Best Educational Film" at the Alberta Motion Picture Industry Awards.



Cultural Competency Skills for Health Care Professionals Learning Manual



Earle Waugh, PhD
Olga Szafran, MHSA
Jean A.C. Triscott, MD, CCFP
Centre for the Cross-Cultural Study of Health and Healing
Department of Family Medicine
University of Alberta



Serpens Oleum: The Phantasmagoric Amphigorium of Dr. Wybury

MARLENA WYMAN & CHRIS WESTBURY



As information consumers, we are bombarded with medical advice, often without sufficient contextual information to make sense of it. The *serpens olea* (snake oils) of the 21st century are not crackpot elixirs deliberately sold by unscrupulous con men as medicine; they are genuine scientific truths stripped of their scientifically-necessary nuance; shadows of fact translated into sound bites for a mass audience that has no patience for the subtleties of scientific fact. The interactive art installation, *Serpens Oleum: The Phantasmagoric Amphigorium of Dr. Wybury*, offers a wry commentary on this state of affairs. This work pairs real objects and original digital images of artworks that allude to Victorian medicine (by visual artist Marlena Wyman) with a computerized language generation system (developed by Chris Westbury) that produces (random and untrue) pseudo-medical proclamations in real time. Viewers are invited to interact with the work by pressing a lever in response to the ever-changing array of images (the phantasmagoria) displayed on a computer screen set into a 3D Victorian curiosity cabinet filled with medically-related oddities. When the lever is pressed, the viewer is presented with randomly generated bogus medical advice (the amphigory) on the computer screen. By confronting viewers with a functionally infinite amount of authoritative nonsense, we question what it means to 'know' a proposition as a fact. By contextualizing a modern source of 'information' with Victorian medical culture and evocative visual images of the human body, we raise questions about the relation between contemporary medical facts and the discarded and discredited, almost comically ignorant, medical 'facts' of earlier times. The work is not an attempt to cast disrepute upon modern medical science. Rather, we seek to raise questions about how medical findings are presented and simplified for popular consumption, and to what extent we can incorporate such 'partial truths' into our daily lives.

...building a reflective practice...

THERESA ZIP



This work shows another kind of processing of professional experiences in the health humanities. I work with teens and children in the foster care system as a registered art therapist. Often, what's on my mind at the end of a day of their stories and art-making and my report-writing are visceral impressions. It's satisfying to get these impressions out in physical form. Sometimes I want to make a block, but don't know where to start. I maintain a large selection of pre-cut words and phrases. It is a curiously exhilarating feeling to close my eyes and choose one at random. It may seem right on, or right off, but it's always interesting. Then, I use intentional colour, images, objects or other pre-cut words to expand and contextualize whatever comes. Sometimes it's effortless and mindless, other times it's really intense and challenging; the process of making art from experiences is very effective at containing ambiguous and complicated feelings. The size of the blocks was not planned. They are surplus off-cuts from construction. I find this works well with my aesthetic on many levels: recycled, re-purposed materials, intimate in scale, capable of being held in one's hand and arranged or stacked, like child's play, but solid and stable enough to hold strong images, words and fragments in a 3D exploration. Friends have remarked that the ability to turn the blocks around in your hands invites further discovery and personal reflection as the viewer interacts with them. I like this quality, and encouraging the handling of the blocks fits well with the accessible, hands-on qualities of art therapy.





Participating Classes

DES 395 A1

Instructor:
Bonnie Sadler Takach

STUDENTS:
Hannah Braun
Anne Brown
Hyeoi-Lee Choi
Natika Culham
Rachel Denholm
Chong Du
Janelle Holod
Linnea Lapp
Sarah Oberik-Olivieri
Tiffany Schlichter
Lydia Stewart
Ashley Truong
Kimberly vanderHelm
Joseph Watterson
Anastacia Zadolia

DES 493 A1

Instructor:
Bonnie Sadler Takach
Teaching Assistant:
Maria Goncharova

STUDENTS:
Shayla Andersen
Jianing Chee
Eric Chiang
Sarah Chou
Jenna Clarahan
Stephanie Esak
Robin Good
Erin Greenough
Nathaniel Johnson
Chenyi Liao
Justine Milton
Sarah Oberik-Olivieri
Eric Scott
Susannah Scott
Katya Worbets

DES 493 X1

Instructor:
Judy Armstrong
Technical Assistant:
Sergio Serrano

STUDENTS:
Kayla Callfas
Xueni Chen
Jarryd Csuti
Janet Ferguson-Roberts
Daniel Gauthier
Xuanzi Han
Andrea Hartoyo
Crystal Hofer
Kiersten Marchand
Jackson McConnell
Albert Paschen
Justin Pritchard
Katrina Regino
Yunwen Zhu

DES 593 A1

Instructor:
Susan Colberg
STUDENTS:
Justine Brown
Alexandra DesCotes
Iwona Faferek
Bryan Kulba
Laface Juliana
Erin Lindquist
Nicolas Perez Cervantes
Christine Rossi
Matthew Satchwill
Shannon Thomas
Kathleen Walton
Meiyi Wang

DES 593 X5

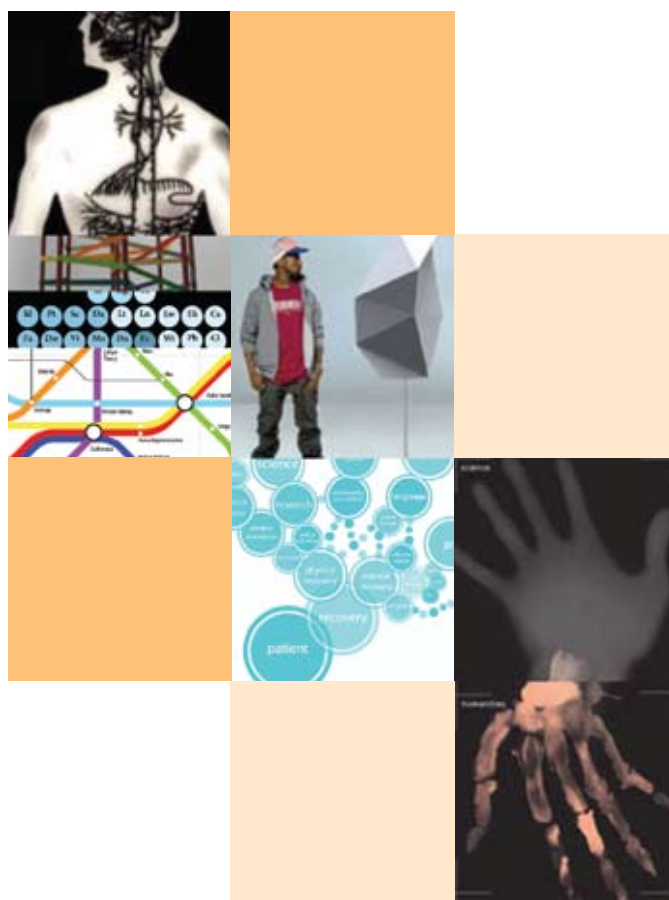
Instructor:
Nada Zeljkovic
STUDENTS:
Erin Cochrane
Alison Hui
Davis Levine
Stephen Lewis
Sara Meyer
Natasia Ouellette
Lauren Sigvaldason
Christine Wills

"Visualizing Health Humanities" Cube Poster Series

KIM VANDERHELM (BASED ON WORK BY
VISUAL COMMUNICATION DESIGN STUDENTS)

Students in visual communication design worked together to visually represent the interdisciplinary connections in the emerging field of health humanities, and to design visual concepts for the **InSight** exhibition.

Kim vanderHelm, a student involved in the class project, designed a set of large cubes reproducing details of the students' work, so that visitors to the exhibition can rearrange the cubes to explore different juxtapositions of visual depictions of the health humanities. She also designed a set of posters containing small-scale cube templates so that visitors can cut out and assemble their own "Visualizing Health Humanities" cubes.



make your own!

cut out the template
to make your own
Visualizing Health
Humanities cube!



Health humanities is an emerging interdisciplinary field that connects medicine, health sciences, arts, humanities and social sciences. Encompassing fields such as literature, narrative medicine, history of medicine, philosophy and ethics, medical anthropology, medical sociology, environment and health, art, visual culture, health design and communication, drama, music and much more, health humanities is concerned with human needs related to healthcare and the practice of medicine.

Left to right: Rachel Gosselin, Gerard Egan, David Thompson, Adam, Shannon Thompson, Kari, Moushumi, Nabila Qureshi

Students in visual communication design worked together to visually represent the interdisciplinary connections in the emerging field of health humanities, and to design visual concepts for the InSight exhibition. The exhibition features a set of large cubes reproducing details of the students' work, so that visitors to the exhibition can rearrange the cubes to explore different juxtapositions of visual depictions of the health humanities. This is one of a set of posters containing small-scale cube templates so that visitors can cut out and assemble their own "Visualizing Health Humanities" cubes.

InSight Visualizing
Health Humanities
insight.healthhumanities.ca May 15 to June 9, 2012

Fine Arts Building Gallery, 1-1 Fine Arts Building,
University of Alberta, 89 Ave & 112 St, Edmonton
Tue to Fri: 10-5; Sat: 2-5 (closed Sun, Mon & holidays)
Opening reception: Thu, May 17, 2012, 7-10 pm

“Visualizing Health Humanities” Visual Values: Finding the Path

BRYAN KULBA

The challenge with a branding guide is that as a brand crosses from one medium to another, or evolves in new ways, more rules have to be added. **InSight** is a good example of a project that spans a number of formats, including exhibit design, interaction design, poster and promotions design, book design and web design. All these incarnations of **InSight** will be done by a number of designers. The development of a traditional branding guide presents two problems. The first is the limited time frame. Complex branding guides evolve over time, and grow as new projects explore and push the edges of the brand guidelines into new formats. The time spent covering all the parameters of the different media would be better spent creating the materials needed for **InSight**. Second, more rules bring more limitations on the originality of the designer.

To address these branding limitations during the **InSight** project, I developed the idea of “Visual Values.” Instead of being a branding limitation, the values could be considered opportunities. Visual values are a tool meant to complement a simple set of brand guidelines for logos, colour and typography. They are a series of conceptual routes which designers can explore in their work. Instead of a strict set of rules, visual values are a verbal expression of a theme or an idea which has a connection with the meaning and goals of the **InSight** exhibit and may have been used to some success in previous design deliverables. Visual values are intended to be open-ended, to allow the designer to explore and create new manifestations of the brand.



BLOCKS

The poster has a marvelous arrangement of text blocks, when replaced with solid colour, creates an engaging group of blocks (below). These blocks can represent the physical pieces in the exhibit or window which provides framing for interpretation of the piece.



LOGO

The original logo was a thinner, customized version of Museo. The new logo was a bolder approach that built upon a relationship between title and subtitle. The contrast between the title and subtitle can be used as inspiration to create a similar visual tension and dialog among other elements.

COLOURS

Colours can be used as a hierarchical device through the use of contrasting blocks. Images can be duotoned with the accent colours or desaturated and then overlaid with the accent colours.

TYPEFACE

The nuances of a good typeface can be leveraged to make a brand stand out. Different sizes and weights of Museo can be used to create contrast and visual movement. Visual shifts can be achieved from block to block through the use of typographic contrast.

	Dark Grey C: 70 M: 45 Y: 60 K: 50 R: 59 G: 37 B: 50 Hex: #383838
	Light Grey C: 15 M: 10 Y: 10 K: 0 R: 214 G: 217 B: 219 Hex: #D0D0D0
	White C: 0 M: 0 Y: 0 K: 0 R: 255 G: 255 B: 255 Hex: #FFFFFF
	Orange C: 0 M: 45 Y: 100 K: 0 R: 249 G: 157 B: 78 Hex: #F9903C
	Green C: 35 M: 0 Y: 100 K: 0 R: 178 G: 210 B: 51 Hex: #B2D233
	Blue C: 75 M: 0 Y: 15 K: 0 R: 0 G: 187 B: 214 Hex: #00B0D6

Main Headings - Museo 900

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

Headings - Museo 500

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

Body - Museo 300

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

List of Works in the Exhibition

(page numbers provided for works reproduced in this publication)

Wendy Austin and Timothy J. Anderson

Just Keep Breathing

play for seven actors by
Timothy J. Anderson, 75 min.
photo of performance (p.23)
*During this exhibition, this play
was performed at the Edmonton
Clinic Health Academy*

Brenda Barry Byrne

Untitled #20 (p.24)
mixed media, 15.5 x 19.5"

Untitled #18 (p.25)
mixed media, 10 x 5"

Untitled #12 (not pictured)
mixed media, 7 x 5"

Sylvia Barton

Honour Our Health (p.27)
painting by Jerry Whitehead
30 x 40"

Acknowledgments to the International Collaboration for Community Nursing Research (ICCHNR) Planning Committee 2011: Ros Bryar, Leah Feist, Gina Goodman, Leanne Johnson, Sally Kendall, Kaysi Kushner, Gerri Lariuk, Jean McIntosh, Judy Mill, Jane Oseiware, Carmen Pallett, Linda Reutter and Solina Richter.

Nicole Bretzer

Our Lives from Our View
poetry and photographs
of paintings

Dreams of Children (p.28)
poem by Crystal

Untitled (p.29, top)
by unknown artist

Untitled (p.29, bottom)
by unknown artist
(design assistance
by Jennifer Duby)

Alison Clarke

Angelaes Rosina—Meditations
and small journal (pp.30–31)
acrylic on canvas, 12 x 12"

Susan Colberg

patients
seven panels (not all pictured)
1 of 7 (p.32) and 4 of 7 (p.33)
digital print, 17 x 34"

Michael Coulis

Heart's Murmuring:
"Map 7. Freedom's Impulsing
(British Columbia)" (p.35)
11 watercolour maps and an
audiovisual installation, unknown
length (design assistance
by Davis Levine)

Robert Ferrari

*Recombinant (Ode to William
Carlos Williams, WCW)* (p.37)
digital print, 28 x 22"
(design assistance
by Davis Levine)

Carlos Fiorentino et al.

*CHI: An Interdisciplinary
Digital Humanities Project on
Canadian Health Information*
digital print, unknown dimensions
screenshots (pp.38–39)

Jorge Frascara and Guillermina Noël

*Public Awareness Campaign
Against Antibiotics Abuse*
didactic panel (not pictured)
digital print, 35.5 x 63"
details: logo and brochure (p.40)
and additional materials (p.41)

Liz Ingram

Invasion II (p.43)
digital and drypoint print,
50 x 35"

Invasion III (p.42)
digital and drypoint print,
50 x 35"

Ben King

Medical Visualization
four digital prints, 11 x 14"
"Cranioplasty" (p.44, top)
"Transition" (p. 45)
"Maximilla" (not pictured)
"Zygoma" (not pictured)
Medical Model (p.44, bottom)
ABS-created using additive
fabrication (3D print),
12 x 12 x 12"

Catherine Kmita

*Outer Tsam, Dashchoilin
Monastery, Ulaanbaatar,
Mongolia* (p.46)
digital print, 11 x 17"

*Inner Tsam, Dashchoilin
Monastery, Ulaanbaatar,
Mongolia* (p.47)
digital print, 11 x 17"

*Tibetan style Tsam at Dunkhoir
Monastery in the Ulan-Ude,
Buraytia* (not pictured)
digital print, 11 x 17"

*Yohor, Yordin Games, Exe Yord
Mountain, Lake Baikal, Siberia*
(not pictured)
video, unknown length
(design assistance by Kevin Zak)

Kaisu Koski

Preclinical Body
video, 10 min. 15 sec.
video stills (p.48)
With thanks to all of those who
participated in the arts-based inquiry,
"Representations of the body in
medical education," including: Kerry
Atkins, Melanie Bodnar, Chantelle
Bowden, Pamela Brett-MacLean,
Sarah Forgie, Marie Gojmerac,
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Saxinger, Urooj Siddiqui, Trish
Sigurdson, Jonathan White and Tim
Winton. Thanks to Dr. Pamela Brett-
MacLean and the AHM program at
the Faculty of Medicine & Dentistry.

Agnieszka Matejko and Bob Lysay

*The Space Between
You and Me*
video installation
24 x 36 x 10'
installation view (pp.50–51)
*During this exhibition, this piece was
installed in the Second Playing Space
in the Timms Centre for the Arts*

Maria Mayan

*BureaucraZy: Navigation
Health and Social Services
in Alberta*
video and discussion guide,
19 min.
cover artwork [designer
unknown] (p.52)
video stills (p.53)

**Lianne McTavish
and Patrick J. Reed**

*Envisioning Feminist
Figure Girl*

posters by Patrick J. Reed
digital print, 11 x 17"
"Look Hot While You
Fight the Patriarchy" (p.54)
"Panther" (p.55)

Gloria Mok

Anatomie

series of six collages
(not all pictured), 12 x 16"
untitled (p.56) and untitled (p.57)

Brad Necyk

Techniques (of Care)

video, 5 min. 25 sec.
video still (p.58) and
digital print of still (p.59)

Guillermina Noël

*Informed Consent for
Patients with Aphasia*

didactic panel (not pictured)
digital print, 35.5 x 23.5"
details: booklet cover and
interior details (pp.60–61)

Zachary Polis

Gas Mask Asana

live performance
(actual performance not pictured)
promotional images (pp.62–63)

**Zachary Polis and
Nikki Shaffeeullah**

Geri-Monologues

video, unknown length
video stills (p.65)

Geoffrey Rockwell et al.

CatHETR

video game, screenshots (p.67)

Daniela Schlüter

Chronos Protos I, detail (p.68)
printmaking and mixed media
43 x 64"

Chronos Protos II (p.69)
printmaking and mixed media
43 x 64"

Self-Renewal Pathway

(not pictured)
printmaking and mixed media
24 x 32"

Andrea Soler

tongue bacteria (p.70)

acrylic on canvas, 60 x 48"

acculturation (p.71, top)

photo-etching print, 10 x 21.5"

cancer cells (p.71, bottom)

photo-etching print, 7 x 28"

**Sarah Stonehocker
and Sahil Gupta**

Re-Humanizing Medicine

four photograph pairings
and short descriptions,
digital print on canvas, 16 x 20"
"Guy" (p.73), "Josephine," "Don"
and "Dolfi and Toni" (not pictured)

Rannie Tao

*Art of Medicine—Fifty People,
One Question*

video, 17 min.
video stills (p.75)

Julia Vlasenko et al.

3D Model of the Smart Condo™

interactive multimedia installation,
unknown dimensions
detail of model (p.77)

Earle Waugh et al.

Cultural Competency Skills

for Health-care Professionals
digital print, unknown dimensions
videos and poster (not pictured)
cover artwork [designer
unknown] (p.79)

**Marlena Wyman
and Chris Westbury**

Serpens Oleum:

The Phantasmagoric

Amphigorium of Dr. Wybury

mixed-media installation,
2.5 x 6 x 1'
details (p.80) installation view (p.81)
photo credit: ToBeInPictures.com

Theresa Zip

*...building a reflective
practice...*

mixed-media installation,
variable dimensions (p.82–83)

**Kim vanderHelm and
Visual Communication
Design students**

"Visualizing Health Humanities"

Cube Posters (p.85)

digital prints, 11 x 17"

Images on cube: top to bottom,
left to right: Rachel Denholm,
Janet Ferguson-Roberts, Jarryd
Csuti, Albert Paschen, Shannon
Thomas, Katya Worbets and
Natasia Ouellette.

Image details (p.84):

Davis Levine, Xuanzi Han, Crystal
Hofer, Kiersten Marchand, Matthew
Satchwill, Jarryd Csuti, Janet
Ferguson-Roberts, Albert Paschen,
Eric Chiang, Stephanie Esak, Jianing
Chee and Jackson McConnell.

Contributors

Alan Bleakley is Professor of Medical Education and Deputy Director of the Institute of Clinical Education at the Peninsula College of Medicine and Dentistry at the Universities of Exeter and Plymouth in the UK. He has worked in higher education for 35 years across three teaching and research careers: psychology and psychotherapy, education studies and medical education. He specialises in identity construction in work-based clinical settings, and in the application of the medical humanities to medical education. His recent work has focused on collaborative inquiry with operating-theatre teams, to look at effective teamwork within a patient safety agenda. His latest book is a co-authored re-visioning of medical education for the 21st century.

Bonnie Sadler Takach is Associate Professor of Design Studies and Coordinator of Visual Communication Design in the Department of Art & Design at the University of Alberta. Her work involves the visual translation of knowledge, and the collaborative design and evaluation of health messages. She was co-investigator of a CIHR Knowledge Translation Grant to study strategies for critically appraising children's health-information websites. She integrates research into teaching, involving participatory methods with community partners. She is a co-recipient of a Teaching and Learning Enhancement Fund grant to explore alternative approaches in design education. She has researched and presented her work locally and internationally.

Pamela Brett-MacLean is Assistant Professor and Director of the Arts & Humanities in Health & Medicine Program in the Faculty of Medicine & Dentistry (FoMD) at the University of Alberta. She holds a PhD in Interdisciplinary Studies, focusing on arts and health. She is committed to enhancing teaching and learning by infusing arts and humanities perspectives in curricular and co-curricular activities, with a view to encouraging more compassionate, patient-centred care within the FoMD. She is committed to collaborative explorations into the scope and possibilities of an expanded medical/ health humanities field, both within the University of Alberta and beyond.

Aidan Rowe is Assistant Professor of Design Studies (Interactive New Media) at the University of Alberta. He holds degrees from the University of Alberta, University of Westminster and Goldsmiths College, University of London. He teaches design fundamentals, interactive media, design theory and information design. His research, curatorial and practice interests are in design and education. Recent practice-based work explores human-computer interaction, net.art and information aesthetics. Written and pedagogic work revolves around understanding and improving design education in practical and theoretical forms. He has lectured and taught design in Canada, Japan, Korea, Germany, Hong Kong, France and the UK.

Geo Takach is a senior writer, instructor, speaker and filmmaker based in Edmonton. His epic quest to define the essence of Alberta, *Will the Real Alberta Please Stand Up?*, was released as a documentary film for television, a book (winner of the gold medal for "Best non-fiction, Western Canada" at the International Book Publishers Awards in New York City in 2011) and a migraine. He has taught at three Albertan universities. He is also a PhD candidate in Communication and Culture at the University of Calgary, focusing on how place-identity is constructed and contested visually in a resource-based economy.

**Thirty-two entries were displayed or performed
in or near the Fine Arts Building Gallery at the
University of Alberta from May 15 to June 9, 2012.**

These came from students, faculty, staff, and alumni in a wide variety of areas or units, including:

- Centre for the Cross-Cultural Study of Health & Healing
- Community-University Partnership for the Study of Children, Youth, and Families
- Faculty of Arts:
Anthropology, Art & Design (Fine Arts, Design Studies, History of Art, Design and Visual Culture), Interdisciplinary Studies, Drama, History and Classics, Humanities Computing
- Faculty of Education:
Educational Psychology, Secondary Education
- Faculty of Pharmacy and Pharmaceutical Sciences
- Faculty of Graduate Studies and Research
- Faculty of Medicine & Dentistry:
Pediatrics, Medicine,
- Faculty of Nursing
- Faculty of Rehabilitation Medicine:
Occupational Therapy
- Faculty of Science:
Psychology (Behavioural, Systems, and Cognitive Neuroscience)
- Health Sciences Council
- School of Library and Information Studies



Acknowledgements

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advice and assistance:

Louise Asselstine	Alberta Foundation for the Arts
Kathleen Berto	Art & Humanities in
Betsy Boone	Health & Medicine program
Blair Brennan	Department of Art & Design
Fraser Brenneis	Fine Arts Gallery committee
Cary Brown	Faculty of Arts
Vera Caine	Faculty of Medicine & Dentistry
Susan Colberg	
Cindy Couldwell	
Jennifer Duby	Jane Sadler and (in memory of) Lloyd Sadler
Lyubava Fartushenko	
Kimberly Fraser	anyone else we may
Cezary Gajewski	have missed inadvertently
Maria Goncharova	
Sean Gouglas	In memory of Dr. B. William Shragge
Joan Greer	(d. 2012) whose leadership has helped
Lois Harder	to advance the field of medical/health
Carol Hodgson	humanities in Canada.
Ken Horne	
Liz Ingram	
Ramona Kearney	
Kobot Industries	
Bryan Kulba	
Rob Lederer	
Davis Levine	
Lianne McTavish	
Gavin Renwick	
Geoffrey Rockwell	
David Roles	
Adolfo Ruiz	
Kent Stobart	
Stan Szykowski	
Andrea Van Der Ree	
Kim vanderHelm	
Patrick von Hauff	
Verna Yiu	
Kevin Zak	
Heather Zwicker	



InSight Visualizing Health Humanities

A note on the design:

The **InSight** visual identity was originally designed by Bryan Kulba as part of a senior design class project and developed as a special project, both under the instruction of Bonnie Sadler Takach. The visual identity was then expanded to address promotional needs (in both print and web) for the exhibition and the publication. Those involved in the evolution of the **InSight** visual identity and its applications include Bryan Kulba, Bonnie Sadler Takach, Aidan Rowe and Sergio Serrano.

A note on the publication:

The layout of this book presents each piece accompanied by thumbnails of the work on the previous and the following pages, with the goal of giving you an experience akin to being in the exhibition. Rather than looking at each individual work on its own, we wanted you to locate the work within a continuum of the many possibilities in this emerging field. We invite you to draw your own connections and links among the work, and to consider how different disciplines and practices have approached health humanities.

colophon

Book design by Sergio Serrano, www.gosergiogo.com

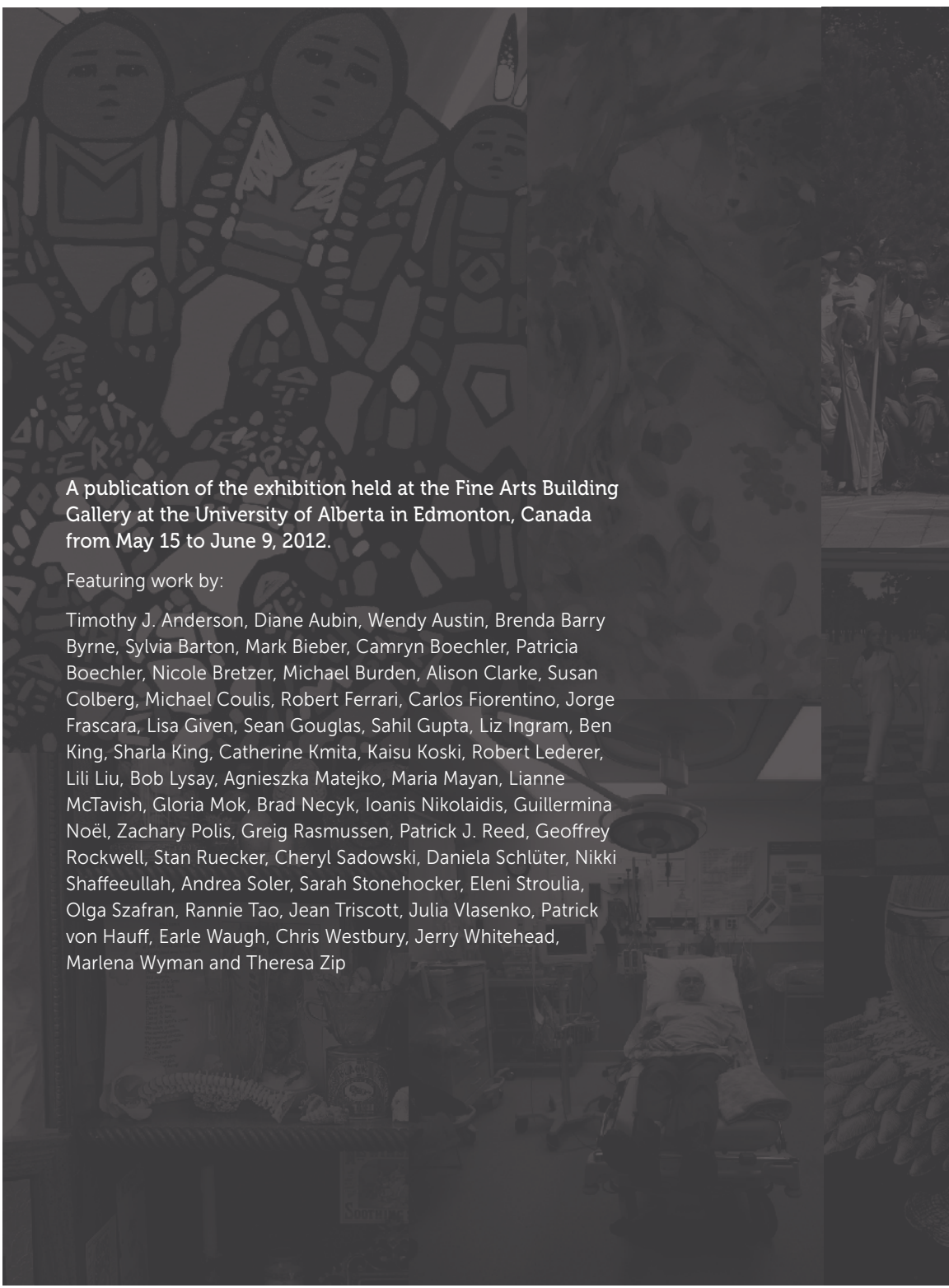
Photo credits: Louise Asselstine and exhibitors.

The typefaces used throughout this book are Museo and Museo Sans, designed by Jos Buivenga and distributed by the type foundry, [exljbris](http://exljbris.com).

This book is printed on 80lb text Cougar opaque smooth in the interior and 100lb cover Cougar opaque smooth—both FSC-certified papers.

This book was printed and bound by McCallum Printing Group in Edmonton, Alberta, Canada.





A publication of the exhibition held at the Fine Arts Building
Gallery at the University of Alberta in Edmonton, Canada
from May 15 to June 9, 2012.

Featuring work by:

Timothy J. Anderson, Diane Aubin, Wendy Austin, Brenda Barry
Byrne, Sylvia Barton, Mark Bieber, Camryn Boechler, Patricia
Boechler, Nicole Bretzer, Michael Burden, Alison Clarke, Susan
Colberg, Michael Coulis, Robert Ferrari, Carlos Fiorentino, Jorge
Fascara, Lisa Given, Sean Gouglas, Sahil Gupta, Liz Ingram, Ben
King, Sharla King, Catherine Kmita, Kaisu Koski, Robert Lederer,
Lili Liu, Bob Lysay, Agnieszka Matejko, Maria Mayan, Lianne
McTavish, Gloria Mok, Brad Necyk, Ioanis Nikolaidis, Guillermina
Noël, Zachary Polis, Greig Rasmussen, Patrick J. Reed, Geoffrey
Rockwell, Stan Ruecker, Cheryl Sadowski, Daniela Schlüter, Nikki
Shaffeeullah, Andrea Soler, Sarah Stonehocker, Eleni Stroulia,
Olga Szafran, Rannie Tao, Jean Triscott, Julia Vlasenko, Patrick
von Hauff, Earle Waugh, Chris Westbury, Jerry Whitehead,
Marlena Wyman and Theresa Zip