**Title: Using graphic design to introduce SNAP education to Missouri college students, Mattea Brooks, University of Missouri- Kansas City**

Background: College students experience food insecurity at rates higher than the general population, and low numbers of students know what food assistance programs are available to them. Appealing graphics and toolkits are strategies to reach audiences to promote health, and thus there is a need to develop visually appealing resources to address this inequity and improve access to federal food assistance like the Supplemental Nutrition Assistance Program (SNAP). Methods: Online surveys and focus groups were conducted among 870 Missouri college students across 9 higher education institutions to examine their knowledge and use of SNAP. The data collected is being used in combination with graphic design features to appeal to the students in a campus toolkit that students can utilize. Results: Themes from the data collected include the difficulty in applying for SNAP, low knowledge regarding SNAP; a need for campus resources to assist students with enrolling in SNAP; and stigma associated with being food insecure and being on SNAP. These themes and data are being used to develop this toolkit, which includes 15 pages being designed using Canva. Implications: Next steps for this project are to conduct cognitive testing with college students and other stakeholders to ensure face validity of the toolkit and determine whether the design is appealing. Having a tailored toolkit may help reduce food insecurity via connecting eligible college students with SNAP which can increase their ability to purchase healthy foods and reduce this health inequity.

**Title: Solidarity at the Cultural Front: on disability work in medical contexts,**

**Shane Neilson, Mcmaster University**

In this talk, I sketch my own disability coordinates as physician (mad/autistic), explain the epistemological reasons for barriers to self-disclosure of disabled identity in professional medicine as well as the practical reasons for same, and then I describe well-known ways to improve conditions that are policy-based. My argument is simple but rarely creatively answered: that physicians should make disability representations of themselves in order to change professional medical culture. I conclude by offering a brief reading from one of my own books to illustrate my argument.

Bio: Shane Neilson is a physician, poet, and critic from New Brunswick, now practising in Guelph, Ontario. He published Saving: A Doctor's Struggle to Help His Children, a memoir about intergenerational disability in conversation with professional medical practice, with Great Plains Publishing in 2023. Shane completed his Ph.D at McMaster where his dissertation on the representations of chronic pain in Canadian literature received the Governor-General's Gold Medal. An adjunct professor of family medicine at the Waterloo Regional Campus of McMaster University, Shane's academic interest concerns disability, non-neurotypicality, and chronic illness in the profession of medicine.

**Title: Narrative Medicine Principles at a Spanish-English Free Health Clinic,**

**Julia Ruelle, University of Notre Dame**

Community-based, free health clinics attempt to fill the gap between the health needs of the population and the coverage of Medicaid/Medicare and are characterized by their compassionate care and community basis. Dr. Rita Charon of Columbia University heralds the practice of narrative medicine as central to the mutual participation model of the patient and provider relationship. In this study, doctors, nurses, community health workers, and other volunteers at a free health clinic for Latino undocumented immigrants in Minnesota were surveyed on a number of questions relating to their care and to what extent narratives are prominent. Volunteers from each group were interviewed further to obtain more detailed accounts and narratives. Though free health clinics face challenges in health literacy and resources, their community basis allows for intimate relationships between providers and patients, creating an environment that enables narrative medicine and stories to drive health. Bilingual community health workers delve deeply into the social determinants of health and navigation with patients; the socioeconomic conditions of patients’ lives are also critically interwoven with their medical care for doctors. The distinct dynamics of the migrant patients at this clinic and the volunteer and community-based care from providers provide distinct insights into the power of narratives in providing culturally and socially responsive care. Lessons from this investigation may provide insights into how to better align healthcare design with narrative medicine principles and how to harness the power of narrative in providing care.

**Title: Medical Bodily Unhoming: the sociocultural agency of diagnostics and the impact on the geographic self, Heather Snay, University of Kansas**

Using the geographic self as a mode of conceptualizing the embodied experience, this paper explores the criticality of the diagnostic moment. Analysis of two patient narratives is guided by the theoretical framework of Susan Sontag on the metaphors and social meanings attached to illnesses as well as Homi Bhabha’s concept of ‘unhoming’. The moment of diagnosis is considered as more than an objective moment of medical identification, but as a subjective moment wherein not only medical meaning is inscribed onto the body of the patient, but the cultural and social imaginaries of illness and the specific disease become something that patient forcibly embodies. As a result of this, a sense of alienation from one’s own body can occur as the diagnosis creates new knowledges of that body. This rupture between the mind/body relationship is captured by the term medical bodily unhoming. Revealing the criticality of the moment of diagnosis by providing this geographic way of thinking about diagnosis and its impact on the patient, this paper aims to spark new ways of thinking about how to approach the clinical conversation, and the diagnostic moment.

**Title: Virtual Art Programming for Adults with Intellectual Disabilities, Sujal Manohar, Baylor College of Medicine & Duke University**

COVID-19 forced individuals and organizations worldwide to find new ways to foster engagement and connection through the arts. Some groups, such as adults with intellectual disabilities, navigated unique barriers and successes when interacting with others in a virtual world. Imagine Art, a non-profit art studio for people with disabilities in Austin, Texas, offered virtual art classes and art-related programs during the COVID-19 pandemic. Fifteen artist interviews and 24 staff surveys were conducted to evaluate the effectiveness of virtual art programming. Results revealed that there is no standard approach for teaching this group; individual experiences and perspectives vary widely. Successes of virtual programs included the lowering of transportation barriers, increased access to programs, increased art production, and ease of teaching of technology-related skills. Challenges included difficulty focusing and teaching hands-on skills on virtual platforms. Organizations should consider hybrid models when developing programs for individuals with intellectual disabilities to maximize the benefits of both approaches. We offer best practices for optimizing online arts programs for people with intellectual disabilities.

**Title: Medical and Algorithmic Intimacy: Philosophical Considerations,**

**Susan V. H. Castro, Wichita State University**

Material and methods: Recent discourses on privacy in medicine and AI IoT, philosophical considerations both recent and historical, conceptual analysis, normative argument. (This is a philosophy paper, not an empirical paper. Thus the scientific paper structure does not apply, e.g. there are no experimental results.) Abstract: Privacy is a central ethical concern both in medicine and for AI IoT\*. It is becoming an increasing concern for the intersection of medicine and AI IoT in Smart medical wearables, implants, and prosthetics. P4 medicine (predictive, preventative, personalized, participatory), a paradigm of medicine that has to some extent been driving medial AI IoT development, has been criticized on various instrumental grounds, for example in “watched pot” arguments that close monitoring of vitals has a negative impact on health. In this paper I take a new tack. Rather than arguing that P4 and Smart medical IoT don’t work or that the central problem of trust they present concerns our right to privacy, I argue that in many of the most acute contexts, intimacy better captures the nature of the ethical concern and the kind of wrong committed when the devices don’t work or when the relationships between medical professionals, patients, corporations, algorithms, and devices are betrayed. As I explain, whereas privacy is primarily informational, intimacy entails the vulnerability of our soma and core identity as persons. In support of shifting our focus to the ethics of intimacy for at least some medical AI IoT contexts, I compare conceptions of intimacy that derive from three philosophical traditions: the individualist Kantian conception of autonomy, the Humean sentimentalist extension of personal identity through possession, and the more recent discourse on relational autonomy. \*AI IoT are artificially intelligent devices that belong to the 'internet of things', i.e. devices that implement machine learning algorithms via internet connection to data servers and controllers; for example smart homes, smart pacemakers, and 'mindreading' prosthetics that continue to 'train' in connection with a server.

**Title: Empowering Experiences and Health Literacy in Maternal Health through Design, Bree McMahon and Dr. Rachael L. Paine, Assistant Professor of Graphic Design, Virginia Tech, University of Arkansas**

The maternal mortality rate in the United States continues to rise, increasing by over 15% since 2019, according to the CDC. Researchers attribute this alarming trend to systemic sexism and racism in healthcare, lack of insurance, limited access to education and pre/postnatal care, and policies restricting care options. The state of maternal health calls for individuals to navigate their own healthcare journey, advocating for themselves, seeking information, and deciphering findings. This process has become a learned skill for many people. Consequently, many Americans face several barriers to honing this skill, better described as health literacy. With one of the highest maternal mortality rates in the world, improving health literacy and access to information is crucial to improving outcomes. However, not all people have equal access to information, and there is a pressing need for accessible tools and resources. Few systems would benefit as enormously from design interventions such as maternal health and childbirth. Designers have a role in generating solutions and tools that are functional and obtainable for users. By collaborating with healthcare professionals, policymakers, and community members, design interventions can significantly improve maternal health outcomes. This presentation offers a literature review and case studies discussing design interventions for the maternal mortality crisis and the opportunities for future designed health literacy tools. Collaboration is key to successfully implementing design interventions that decrease maternal mortality rates. By focusing on the specific needs and challenges of pregnant people and their communities, design solutions have the potential to significantly improve maternal health outcomes in the United States.

**Title: Collaborative Care through Art and Observation in Health Professions Education, Erinne Kennedy, Kansas City University**

Introduction: Visual thinking strategies (VTS) is a way of developing empathy, ambiguity, improved diagnostic skills, and perspective-taking in health professions education. KCU designed a course and partnered with the UMKC to bridge the gap between disciplines by introducing participants to the principles of VTS including observation, interpretation, and the collaborative exchange of viewpoints and its application in interprofessional education (IPE) core competencies. Material and Methods: Through a partnership with the Kemper Museum of Contemporary Art in Kansas City, KCU and UMKC faculty have been trained as facilitators alongside museum docents to use VTS, case-based discussion methods, and a teamwork framework to train healthcare professionals to improve communication and collaborative diagnostic reasoning. Real-world case studies are incorporated for patients with newly diagnosed Type I Diabetes, and COVID-19, allowing participants to apply VTS in simulated healthcare scenarios. Using three two-hour virtual teaching sessions, this course has 10-12 facilitators and 475 students across three programs. Results: The course was evaluated using standardized questions for all University courses as well as a small number of course-specific questions that are scored using a 5-point Likert scale. The response rate for the course evaluation was 20.9%. Conclusion: In this course, learners from diverse backgrounds engage to sharpen observational abilities but also gain an appreciation for the diverse perspectives that different professions bring to the table. Significance: By the end of the course, participants will be equipped with the tools to harness the power of VTS in their respective fields, fostering improved interprofessional collaboration, enhanced patient communication, and patient outcomes.

**Title: Writing through Resistance: Using Writing to Understand Medical Mistrust,**

**Sam Allen Wright and Wilton Wright, William Penn University**

In the United States’ polarizing political climate, it’s easy to villainize people who choose not to vaccinate or people who dismiss germ theory as a conspiracy theory. However, in order to fully understand why so many people doubt medical science, our presentation argues that we need to better understand the roots of medical mistrust. In this presentation, we discuss how to use various writing exercises and readings in the classroom to address and understand medical mistrust, as well as help us confront our own experiences and understanding of health and healthcare. Our writing exercises and short readings—designed to be adapted to a variety of classrooms and workshops—help the writer understand their own views on medicine and to understand those around them.

Bios: Sam Allen Wright, Ph.D. is an Assistant Professor of English at William Penn University. She specializes in the medical humanities, creative non-fiction, and 20th century American literature. She is the author of American Life Writing and the Medical Humanities: Writing Contagion (Emerald Publishing, 202), and is currently working on another book project tentatively titled “Media Literacy and COVID-19.” Lastly, Sam and Wilton are also collaborating on an edited collection about illness and disability in the classroom.

Wilton Wright, Ph.D. is an Assistant Professor of English at William Penn University. He specializes in writing pedagogy, gender studies, and film studies. He is currently working on a book project about teaching gender studies through film in the undergraduate classroom.

**Title: Applying the Prism Model to Design Arts and Humanities Medical Curricula, Sujal Manohar, Baylor College of Medicine**

The arts and humanities (A&H) have a fundamental role to play in medical education. Integration of the A&H can support medical learners’ development of core competencies, some of which may be difficult to teach via traditional methods. Like all medical curricula, those integrating the A&H are more likely to achieve the desired outcomes when the learning domains, goals, objectives, activities, and evaluation strategies are well-aligned. Few faculty development programs focus on helping medical educators design A&H curricula in a scholarly manner. The Prism Model is an evidence-based tool that has the potential to support educators seeking to develop A&H medical curricula in a rigorous way, which will maximize their impact. The model posits that the A&H can serve four pedagogical functions for medical learners: 1) skill mastery, 2) perspective taking, 3) personal insight, and 4) social advocacy. Although the Prism Model has been described in the literature, no practical guidance exists for medical educators seeking to apply the model to the development of a specific A&H curriculum.

This presentation will provide medical educators a step-by-step demonstration of how to use the Prism Model to design an A&H curriculum. Beginning with the first step of selecting a learning domain (for demonstration purposes, we have selected tolerance for ambiguity) through the final step of evaluating the curriculum, this paper helps medical educators apply the four lenses Prism Model to develop a A&H curriculum with the intentionality and rigor needed to achieve the desired learning outcomes.

**Title: In Vesalius’s Footsteps: Taking Medical Students Abroad, Elisabeth Brander, Washington University-St. Louis School of Medicine**

As a field, medicine looks toward the future. Knowledge of medical history is not a requirement for qualification as a physician, and medical curriculums rarely offer any formal instruction in the subject. But an understanding of medicine’s development from the classical period to the 19th century can still offer intangible benefits. To that end, the special collections staff at Washington University in St. Louis’s Bernard Becker Medical Library offers programming related to the history of medicine throughout the year. This typically includes lectures and open houses, but in 2023 they sponsored a trip to Italy over spring break as a “miniature study abroad” giving students the opportunity to immerse themselves in the cultural atmosphere that produced some of the most famous early medical texts. In their response essays, students commented on how this intimate engagement with the past helped them come to terms with aspects of their own experiences as bourgeoning medical professionals. This trip highlighted the value that humanities-focused experiences have for medical students, and the hope is to turn it into an annual program offering. This presentation will address the process of developing the trip, what the trip encompassed, and the outcomes.

**Title: The Art of Empathy: Association of Online Art-Based Education and Interns’ Empathy. A Mixed Methods Study, Dominique, Harz, Harvard Medical School**

Background. Teaching empathy is challenging, and while numerous studies have explored the role of art-based education on empathy, evidence is lacking, particularly within graduate education. This study explores the association between an art-based curriculum and empathy among interns. Materials and Methods. We implemented a mixed-methods cross-sectional study in 2020. The intervention involved an art-based empathy-focused curriculum. Post-intervention, the Toronto Empathy Questionnaire (TEQ) and the Jefferson Scale of Physician Empathy (JSPE), were administered to assess interns' empathy. Additionally, interviews were conducted to add new insights. Results. 31 interns participated in the study. Quantitative analysis revealed no significant association between empathy and TEQ scores (p=0.111) or JSPE scores (p=0.486). However, significantly higher scores in the 'Compassionate Care' subscale of JSPE (p=0.039) were observed within the intervention group. Thematic analysis of the four interviews unveiled the curriculum's impact on empathy, with "Perceived Impact" and "Unperceived Impact" as main themes. Conclusions. An association was found between the art-based curriculum and specific facets of empathy –particularly interns' attitudes concerning emotions' role in patient care and doctor-patient relationships. Interns also shared the curriculum's positive influence on their reflections and behaviors toward empathy. However, the absence of association between the art-based curriculum and the full quantitative instruments prompts to reconsider how to evaluate the empathy construct. This raises the question of whether a shift towards a constructivist paradigm, emphasizing qualitative methods, might be better to capture the essence of empathy's complexity. Significance: Our findings suggest that an art-based curriculum holds promise for teaching empathy to graduate students.

**Title: “Creating an Undergraduate Certificate in Medical Humanities”,**

**Amber Abernathy and Stephen Berkwitz, Missouri State University**

In 2019, we collaborated with other Missouri State University faculty to develop an undergraduate certificate in the Medical Humanities. Drawing upon existing courses and faculty expertise in diverse fields including Religious Studies, Psychology, Sociology, English, History, and Anthropology, we created a certificate program to help students increase their capacity to deal with important issues related to wellbeing, empathy, mindfulness, resilience, narrative competency, ethical research, and compassionate care, as well as seeing the personal within the context of larger social and medical health care structures. It was also designed in response to interest from people in various health and human services fields. Drawing upon material generated in the process of developing this certificate, we will share in an oral presentation the planning and practical steps taken to provide students and community members the ability to complete a coherent concentration of courses that highlight the human elements that arise in working with patients or clients in health care settings. We will also give examples of some courses included in the Medical Humanities certificate to show some of the different ways that faculty members could contribute to the development of this program. We will further share results that attest to the popularity of the program and present some conclusions about the work we have done. We also will highlight how the program led to an additional focus on Mental Health and Spirituality. This presentation may show how a Medical Humanities program can be created and implemented in other colleges and universities.

**Title: The Art of Medicine: A Cross-Disciplinary Course that Bridges Art & Science, Patricia Olynyk, Washington University- St. Louis**

Over the past several decades, a growing number of universities have developed medical humanities programs that unite the arts, humanities, and medicine. All three have made a detectible move toward de-emphasizing the boundaries that define each field, and this has influenced debates over medicine’s status as a science or an art. While this coalescence also supports the claim that art can play a vital role in medical education, most programs emphasize art’s instrumental role rather than its intrinsic value. This presentation will explore the intrinsic value of the intellectual and creative work undertaken by artists by way of exemplars that function as sites of critical inquiry and knowledge-production. Beginning with an introduction to the Medical Humanities Minor at Washington University in St. Louis, this talk will probe the “connective tissue” that binds the medical humanities and the visual arts through a Provost-funded, cross-disciplinary course: The Art of Medicine. This course, team-taught by multimedia artist Patricia Olynyk and cultural historian Dr. Rebecca Messbarger enrolls artists, humanists and “pre-med” students alike, offering a singular encounter with the changing landscape of contemporary art and western medicine from ancient times to the present day. As a gateway course to the Medical Humanities Minor, The Art of Medicine moves beyond instrumentalizing art, which enhances visual literacy, creative thinking, bias awareness, and ethical reasoning, to investigate how an artistic practice can function as a unique form of inquiry that advances the social, ethical, and humanistic investigation of health, well-being, and the delivery of care.

**Title: How the "Most Influential Physician Who Ever Lived" Treated Not Only Patients But Also Societies, Richard Gunderman, Indiana University**

John Locke (1632-1704) has been called the "most influential physician who ever lived." He studied medicine at Oxford, practiced alongside the "English Hippocrates," Thomas Syndenham, and saved the life of one of England's most important statesmen, the Earl of Shaftesbury. Yet it was not so much in medicine as through philosophy and political theory, as well as in founding both economic and political liberalism, that Locke's contributions have shone most brightly through the centuries. So deeply were the founders of the United States steeped in Locke that some have accused the authors of the Declaration of Independence of plagiarizing him, and he contributed more to classical republicanism and liberalism than any other thinker. His ideas live on in the constitutions of nations throughout the world, and no thinker has done as much to establish the protection of intellectual, economic, political, and religious freedoms as the central missions of government. This presentation will review Locke's life, highlighting many of his signal contributions, and encourage participants to reflect on the enduring fruitfulness of Locke's ideas for contemporary medicine, the humanities, and the medical humanities.

**Title: Generality and Specificity: Art, Anatomy and the Illusion of Objectivity in Artistic and Medical Imagery, Andrew Graciano,** **University of South Carolina**

In this paper, I examine the visual tensions among anatomical accuracy, artistic ideals and human reality as they were taught in art academies and appear in both historical anatomical and medical illustrations, and modern models and imaging. The scientific motives of anatomical truths and empirical observation are/were driven by a desire to achieve an elusive objectivity. The artistic motives of classical ideals and perfection were driven by the need to create art that embodied the eternal cultural examples of the ancient past. The imperfect reality of the specific human body, in the living model, however, cannot be ignored, nor can the errors of omission and arbitrary color coding of medical models and imaging. As we examine these competing goals and visual examples, we should see that anatomical and medical visual culture shares many goals, concerns, and problems with artistic visual culture.

**Title: Artful Bodies: Teaching About Histories of Anatomical Illustration, Drew Bourn**, **Stanford Medical History Center**

The Stanford Medical History Center is the archives and rare books collection for the Stanford University School of Medicine. For many years we have used our rare books to give presentations on changes in anatomical illustration from the sixteenth century to the present. We give these presentations to Stanford affiliates in a range of fields, including history, art history, foreign languages, anthropology, and more. In each instance we focus on changes in the artistic styles and the technologies used to visually represent human bodies. We also consider ways that these anatomical illustrations involve forms of power. For example, how do these histories of visual culture help us think about the ways medicine has historically worked as a form of authority to classify bodies as normal versus abnormal, healthy versus pathological, or human versus monstrous? How has this anatomical art asserted, reinforced, or contested politically charged notions of difference, such as gender and race? And what opportunities does this examination provide us – as medical clinicians and researchers, as scholars, as artists, or as activists – to think about how we might do our work in the future? I will discuss the rare books we use and show examples of the illustrations, as well as talk about the ways the presentation is tailored to different audiences.

Drew Bourn PhD MLIS is the Historical Curator at the Stanford Medical History Center.

**Title: Physiognomic Authority in Wollstonecraft’s “Cave of Fancy”, Amy Gates, Missouri Southern State University**

In the 1790s, authors regularly employed Lavaterian physiognomic theory as a means of characterization. In 1787, British writer, philosopher, and proto-feminist Mary Wollstonecraft was at the forefront of this trend, translating Lavater’s Physiognomische Fragmente and incorporating his principles into her odd, unfinished tale “Extract of the Cave of Fancy.” Here, the dead—static corpses and animated spirit—become a physiognomic training ground for a young girl. In addition to the indispensable literary studies research method of close reading primary texts, including first editions held by Chicago’s Newberry Library, this project draws on historicist and feminist literary theory and is informed by developments in the fields of career theory, disability studies, and narrative medicine. As a result, I argue Wollstonecraft’s emphasis is less on the imaginative potential of fancy as Julie Carlson claims or sensibility as Syndy McMillen Conger proposes, but instead on Sagesta’s potential authority as a physiognomist attending to both corporeal and incorporeal qualities while maintaining appropriate boundaries. Wollstonecraft suggests that developing physiognomic skills is an empowering educational strategy for women, placing them in positions from which to assess others and to formulate their own responses. Furthermore, careful attention to this vastly understudied text reveals that, although she did not return to physiognomic theories in later work, “Cave of Fancy” surprisingly prefigures Wollstonecraft’s ongoing interest in women’s education, the relationship between body and mind, and the potential for women to attain professional skills and hold self-supporting careers, including in the medical field.

**Title: Art and Medicine: A Discussion of Visual Literacy and Analysis in the 20th Century,**

**Bailey Carruthers, George Washington University**

Stefan Hirschauer, an academic in Sociological Theory and Gender Studies once wrote, “Much effort has gone into making images look like the body and the body like the image and that these mutually produce ways of seeing for both doctors and artists.” Hirschauer is referring to the application of visual literacy employed by both medical professionals and artists in their respective fields to interpret, convey, and draw conclusions without the assistance of detailed script. “Art and Medicine: A History of Visual Literacy and Analysis in Complementary Fields” was written to analyze the importance of visual cues in the different yet intersecting fields, and the impact that can be had by this skill. Inspired by the life of Dr. Luther W. Brady, who found professional success in the medical field as a leading radiation oncologist, accompanied by his personal interest in art, led to a life full of advancement in medicine through employed robotics for precise radiation treatment, and to a private collection of art that was compiled of artists that Brady was often close personal friends of. Through the analysis of employed color, the ornate relationship of medical renderings and art, and societal cues, this paper examines the use of visual literacy and analysis in the complementary fields of art and medicine.

**Title: The Face Behind The Mask: Medical Patient Portrayal As Artistic Truth, Fabiana Buitor Carelli, Princeton University**

Discovering the intricate layers of Pablo Picasso's creative process unveils a profound intersection of art, culture, and representation. Recent technological advancements enabling the visualization of pigment distribution within paint layers provide unprecedented insights into Picasso's masterpieces.

In 1907, amidst Picasso's successes in the "Blue" and "Rose" periods, his visit to the Trocadero Museum at twenty-six ignited a creative awakening. Patronized by Gertrude Stein and her brother Leo, Picasso navigated a vibrant Parisian avant-garde scene intertwined with dynamic rivalry and friendship with Henri Matisse. Matisse's introduction of African art, epitomized by a Vili sculpture from the Democratic Republic of Congo, reshaped Picasso's perspective, as art's essence transcended cultural boundaries.

The most iconic testament to this transformative encounter was Picasso's portrait of Gertrude Stein. Overcoming creative impasse, inspired by the mask-like features of African art, Picasso reimagined Stein's portrait, unraveling the complex interplay between identity, representation, and artistic truth.

Drawing on the philosophies of Paul Ricoeur and Martin Heidegger, this paper aims to contemplate the nexus of truth, metaphor, and imagination in both art and medicine. Acknowledging the inherent fiction in medical patient portrayal conveyed in clinical case reports, it emphasizes the nuanced authenticity within medical narratives, encapsulating the essence of creativity, identity, and the interplay of truth and fiction.

**Title: Microscope, Stethoscope, Kaleidoscope: The Multivalent Art of Narrative Pedagogy, Derek McCracken, Columbia University**

We are all patients, we are all caregivers, we are all mortal. How we orient ourselves in relation to others may determine how we center ourselves in the world writ large: activist, anarchist, anthropologist, artist – the list goes on and on. But as educators, what if we adopt a multivalent perspective, one that connects our art-and-science self to a through line of narrative? What stories do we tell ourselves? What stories might we co-create with our students and colleagues? How does this story-infused narrative serve the greater good? Using a combination of art, music, literature, and testimony, these are some of the questions I explore in “Microscope, Stethoscope, Kaleidoscope: The Multivalent Art of Narrative Pedagogy.” Since 2018, I have taught and lectured in the field of narrative medicine, an interdisciplinary field that draws on the arts and humanities to inform caregiver education in clinics and in communities. My course, “Narrative Medicine Pedagogy: Goals, Methods, Context,” is part of the Columbia University School of Professional Studies Narrative Medicine Certification Program. My students range from physicians practicing in Singapore to a fiber artist/educator in the U.S. South. Collectively they represent a global community dedicated to improving their narrative competency: the ability to receive and respect the stories that people convey directly or indirectly in order to co-create a future-focused narrative. Narrative pedagogy recognizes intersectionality as the space where conflict is encouraged, creativity is paramount, and health equity is a desired outcome.

**Title: Shared Wisdom: Documenting and Preserving the Oral History of Retired and Retiring Healthcare Practitioners (Student w/ Faculty), Ian McCoog, Geisinger College of Health Sciences**

What do you do with the questions you want to ask after a person is gone? The authors of this study experienced this conundrum firsthand and decided to document the stories of retired and retiring healthcare practitioners in order to document their experience and share their expertise with future generations. In addition to archiving interviews, the researchers are analyzing transcripts to identify themes that express commonalities in practitioners at the end of their careers. This is a qualitative research study that involves interviewing retired and retiring healthcare practitioners and identifying themes that develop through the coding of data. The team also hopes to archive records of the interviews for future medical students, families, and friends of those interviewed. The study has progressed with the identification of storytelling's role in medical humanities, the development of 20 questions for participants to choose from, the establishment of the study structure, and initial proof-of-concept interviews. The study emphasizes the significance of narrative in medicine, fostering empathy, compassion, and understanding. This research highlights the value of oral history in healthcare, emphasizing the role of narrative in facilitating conversations and preserving collective wisdom. The outcomes of this study contribute to medical education by adding to the body of literature on narrative-based medicine and fostering patient-centered practice in medical students in addition to ensuring the transmission of valuable knowledge.

**Title: Intergenerational art and storytelling program benefits medical student volunteers and older adults (STUDENT), Manohar, Sujal and Oloyede, Oluwapelumi, Baylor College of Medicine**

Background:Older adults in residential communities face loneliness and isolation, challenges exacerbated by COVID-19, leading to adverse physical and mental health outcomes. Intergenerational arts and humanities programs have shown success in addressing these challenges while also allowing students to better understand aging populations. Such programs have been shown to benefit older adult mental health, quality of life and sense of community and improve medical learner attitudes towards older adults. Methods:We started the Draw YOUR Story program at a residential living community in Houston, Texas. Draw YOUR Story connects premedical and medical student volunteers with older adults in a weekly art and storytelling activity. To evaluate the program, we utilized a focus group with older adults and pre-and post-volunteering student surveys with questions about their attitudes towards older adults and an Interpersonal Reactivity Index questionnaire. Results:Pre-and post-volunteer surveys with student volunteers (n =18) showed an increase in student comfort working with older adults (p = 0.02). Students who spent less time volunteering reported a decline in their perceptions of older adult quality of life, when compared to more frequent volunteers (p = 0.02). Older adults' focus group findings showed that the program encouraged learning of new skills, offered time for personal reflection, connected them to medicine and health, and furthered desire for community. Conclusion: Draw YOUR Story can benefit both students and older adults, increasing student comfort with older adults, providing aging adults opportunities to learn new skills and reflect, and building intergenerational connections.

**Title: Reshaping Women Narratives: Igniting Courage in Women’s Voices through the Power of Storytelling, Kayla Branstetter, Crowder College**

When we write, we lay out a line of words. This passage of words can be a miner’s pick, a woodcarver’s gouge, a surgeon’s probe. We use words until they expose a path for us to follow. Then we find ourselves in new territory. Is it a dead end, or have we located the real subject? In a writer’s self-effacement, we lay down the words carefully, watching the angles form, shaping the story, and revealing some truth. Putting a story together is interesting and exhilarating. The task is difficult and complex that engages all of our intelligence. A writer uses a handful of strategies to build trust between them and their readers. Two years ago, I embarked on a journey across the country that introduced me to twenty-six women. These women were from rural, urban and suburban areas, representing a variety of socioeconomic statuses, ethnicities, religions, and ages focusing on their reproductive health, mental health, choices surrounding bodily autonomy, and experiences with trauma in which they were not able or allowed to exercise free choice. From this experience and research, I’ll introduce storytelling strategies I employed to craft these women’s stories that healthcare professionals could adopt to create a safe space, build trust, and remove shame to improve healthcare among women.

**Title: Tok Therapy: Conceptualizing Chronic Narratives in the #LongCovid Community (STUDENT), Lauren Chivington, Rachel Rubino, Luxin Yin, Shalini Abayasekara, The Ohio State University**

In The Wounded Storyteller, Arthur Frank proposes that, “the disease that sets the body apart from others becomes, in the story, the common bond of suffering that joins bodies in their shared vulnerability” (xi). We engage Frank’s framework of restitution, quest, and chaos narratives to examine how Tiktok users in the #longcovid community narrate their chronic illnesses and develop support networks on the digital platform. We ask: how does Frank’s framework shape our understanding of #longcovid TikTok narratives? Conversely, how can these digitally mediated narratives extend Frank’s framework? Our study comprises ten #longcovid and #longhauler narratives from TikTok. To support our analysis, we apply thematic analysis of video narratives, as well as sentiment modeling with R to visualize sentiment variations in user comments over time. Our results indicate that #longcovid narratives do not seamlessly fit into Frank’s typology. Instead, we propose a fourth narrative type–the Chronic Narrative–which incorporates elements of restitution, chaos, and quest while foregrounding repetition. In the chronic narrative, illness is represented not as a journey with a clear endpoint nor a chaotic antinarrative, but as a coherent telling of fluctuations between illness and health. Our analysis furthermore develops an understanding of digitally mediated tellings of chronicity within medical humanities scholarship. Like TikTok video loops, chronicity is defined by repetition. The cyclical delivery of these narratives amplifies the persistent presence of the users’ chronic illnesses. These findings carry therapeutic implications for TikTok creators and viewers as they foster solidarity and legitimize their long Covid experiences.

**Title: Healing the Healer: The Healing Power of Art, Nancy Tilson-Mallett, University of Missouri Kansas City- Medical School**

“Healing the Healer” is a course that I developed for the University of Missouri Kansas City School of Medicine Humanities Department in 2018. Art courses at medical schools tend to focus on Visual Thinking Strategies or an introduction to Art History. Very few teach hands-on art. My course is unique because the students learn art techniques and create art based on a particular theme, such as Empathy, Self-Care, or Humor in Medicine. One session is dedicated to relaxation techniques, visualization of “finding your peaceful place” and then painting their peaceful image. My PowerPoint Presentation will provide many ideas on how to incorporate art into the humanities curriculum. I am unique in that I am a physician and a visual artist. Over my 40+ years of medical and art practice, I have studied how I think and work as an empath/visual thinker/creative to straddle both worlds, backed by extensive reading of the humanities literature.

**Title: Writing towards Wellness: Creative Writing Pedagogy and the problems of Narrativity the Narrative Medicine Classroom, David Griffith, University of Notre Dame**

Much has been written regarding the effectiveness of courses in narrative medicine when it comes to the training of medical and nursing students, but little has been written about the efficacy of narrative medicine courses within undergraduate or graduate creative writing programs. Given the notable uptick in the number of creative writing programs offering tracks, concentrations, and/or certificates in narrative medicine, it is important and necessary to explore the efficacy of narrative medicine courses within creative writing programs as opposed to those offered within the context of medical school curricula. To do so, I will explore the ways narrative as a mode of writing, investigating, and knowing can actually be said to lead to improved health or wellness. In pursuit of this question, I will briefly review the debate over the “narrative turn” in the humanistic and social sciences, and resulting disputes as to whether human beings can achieve what Philosopher Alisdair MacIntyre calls “narrative unity,” and whether such unity may promote well-being. Finally, I will turn my attention to the specific and unique ways that best-practices in creative writing pedagogy, and conceptual approaches to the crafting of personal narrative (Lopate’s “The Importance of Turning Oneself into a Character” and Gornick’s The Situation and the Story) are supportive of MacIntyre’s claims. To conclude, I will draw upon my own experiences teaching undergraduate narrative medicine courses, informed by a distinctly creative writing pedagogical approach, to elucidate the reasons why the increasing number of narrative medicine courses offered with creative writing programs is a welcome development that should be carefully studied and embraced.

**Title: Reader’s Theatre - a Tool for Developing CanMed Roles, Kaid van Kampen, UBC Orthopedics**

Reader’s theatre is a form of theatre in which actors read scripts aloud to the audience, typically without using full sets, props or costumes. Theatre has been used in medicine to explore physician-patient relationships, promote a humanistic understanding of diseases and train healthcare workers for difficult clinical encounters. This pilot project employs the use of reader’s theatre to stage a production of The Plague, by Neil Bartlett based on Albert Camus’ book featuring healthcare professionals (HCP) as actors. The play was chosen for its commentary on the role of medical professionals during an epidemic and its illustration of human responses to crises. The goals of the project were to understand the benefits and drawbacks of participating in and producing the show, as measured by the participant's perception of how the experience may have impacted their capacity to build CanMEDs roles. There were six actors in total who participated, one who was also the producer of the production and another HCP who directed (n=7). Three of the participants were medical students, two were residents in psychiatry and public health and preventative medicine and another was an academic neurologist. Recruitment of actors was through social media and newsletter advertising. Rehearsals began in June 2022 and the play was performed in December 2022 at the Tarragon Theatre, Toronto, Ontario, Canada. The participants remarked that the experience allowed them to a) reconnect with arts b) develop CanMED roles especially communication, collaboration and scholarship and c)improved wellness. While this is a small pilot project, it uniquely emphasizes the use of theatre as a form of building CANmed roles and enhancing reflective practice. Informal audience remarks noted that they felt the play resonated with their roles as HCPs, that theatre was an engaging format to address themes in the play and that they supported the use of humanities in medicine.

**Title: Using improvisation to explore the role of everyday objects in patient provider communication in the outpatient setting, Dr. Lisa Erdman, Dr. Michael Green, Dr. Cheryl Delasega, Penn State College of Medicine**

It is widely acknowledged that effective communication is critical for establishing a therapeutic relationship between the patient and clinician. However, in medical education research, there has been relatively little emphasis on non-verbal aspects of communication in the clinical setting, even though it has been shown that non-verbal communication (body gestures, positioning in the room), impacts how the patient perceives their relationship with their provider.

Building on communications research with standardized patients, this study considers everyday objects as an integral component of non-verbal clinical communication. For example, the door is a way to enter the room, but it also has meaning beyond its operative function, depending on how the clinician knocks on and opens the door before entering the room. Using performative improvisation, the study examines physical elements in the outpatient clinical setting that are typically overlooked in courses on medical communication. The primary goal is to explore how students’ awareness of everyday objects in the clinical setting can affect outpatient communication between provider and patient.

Preliminary data for this research was collected in Spring 2023, through an arts-based intervention with 4th-year medical students enrolled in an elective course on medical improvisation at Penn State College of Medicine. The intervention staged a mock clinical encounter where emphasis was placed on interactions between the student, a patient, and two physical objects: the exam room door and chairs. Additionally, students engaged in self-reflective writing exercises about their relationship to specific exam room objects. If successful, the study has the potential to improve the clinical work environment.

**Title: Understanding Pain through Abhinaya: How can Bharatnatyam change healthcare delivery, Aadhya, Subhash, Missouri Southern State University**

Our bodies bear the narratives of our journey in disease and health. To understand these narratives, empathy plays a crucial role, especially in health care. Unfortunately, many patients convey a sense of disconnect in their interactions with their physicians. To bridge this gap, an Indian classical dance form Bharathnatyam can be a medium to understanding pain and emotion. Bharatanatyam, a traditional art form with a history spanning 2000 years, has served as a medium for storytelling. As in the name, Bharatanatyam is a fusion of Bhava (emotion), Ragam (music), and Talam (rhythm). Exploring the element of Bhava using abhinaya which is the art of facial expressions can serve as a valuable approach to assist physicians in conveying greater compassion and empathy towards their patients. This study analyzes the 9 emotions of Bhava expressed through abhinaya in a series of images including love, amazement, anger, disgust, sadness, amazement, fear, peace, and laughter. In these images, the dancer is required to put themselves in the shoes of the character and express their emotions as their own. As a result, the practice of narrating a story through Abhinaya has the potential to enhance an individual's capacity to empathize with others. For physicians, this translates to expressing heightened compassion and empathy when delivering healthcare. Bharatanatyam has the potential to help physicians foster a deeper connection with their patients.

**Title: Interconnectedness of Dance, Life, and our Overall Well- Being, Raven Gibbs, Private Practice Psychotherapist**

In the world of dance, the roles of student and teacher are intertwined, constantly evolving, and deeply interconnected. This paper presentation delves into the unique and transformative nature of dance as a medium that not only enables individuals to learn and grow as students, but also encourages them to embrace the role of a teacher.

**Title: Stigmatic Abstraction: Art Therapy in 1940s Brazil, Dana Ostrander, Washington University, Kemper Art Museum**

On a normal day in 1947, a Brazilian man named Emygdio de Barros was brought from his quarters in a psychiatric hospital into an old washroom-turned-art studio. At that point he had already been institutionalized for 23 years. A small, impressionistic watercolor he made had led hospital staff to transfer him into one of the first art therapy programs in the world, at the Engenho de Dentro hospital in Rio de Janeiro. This paper considers the origins of art therapy in Brazil, exploring its complicated duality as both a groundbreaking mental health treatment but also a movement co-opted by self-promotional Brazilian modernists. Dr. Nise da Silveira founded the art studio at Engenho de Dentro in 1946, positing creative expression as a therapeutic alternative to lobotomy and electroshock therapy. After artworks from the studio were exhibited publicly in 1947, the hospital gained notoriety, bringing countless artists to Rio to meet the patients. These artists took a romanticized view of madness, believing patients had special access to the unconscious and its universal abstract forms. Their rhetoric minimized the harrowing clinical context and effectively erased the lived experiences of those interned. As Silveira asked, “what if you discover how the long hours of the days pass for the inhabitants, for months and years on end?” My paper argues that in spite of the art studio’s limited capacity and funding – which minimized its impact on the actual patient population at Engenho de Dentro, even while Brazilian artists benefited from its legitimization of abstraction – the studio’s existence set a vital precedent for asylum reform in Brazil and worldwide.