

WAYS OF SEEING IN HEALTHCARE

ANZAHPE CONFERENCE 2020



PREFACE

GABRIELLE BRAND

Welcoming a new decade and 2020 nobody would have predicted, the impactful consequence of the COVID-19 global pandemic, especially on our health professions community. It was with great sadness that we learned that our annual ANZAHPE 2020 Vision for Learning Cultures conference would no longer proceed. This week marks the date we would be packing bags, boarding flights, making last minute changes or nervously practising our oral presentation in front of the hotel bathroom mirror.

For the first time, we called for submissions for the Way of Seeing in Healthcare exhibition which aimed to promote different ways of knowing, and challenge presiding 'knowledge' in health care that privileges certainty, science and individualism. We wanted to widen the lens, to provoke, challenge and inspire us to think more deeply about learning cultures through showcasing the creative talents of our health professions education community, including educators, researchers, clinicians and students.

You heard the call and we were delighted to receive and now share with you a selection of creative works. From paintings, photographic montages, poetry, sculpture, MRI art and film, that all beautifully captures the unique aesthetics of what it means to be a health professional.

One of my favourite Educational philosophers John Dewey described *Art as Experience*:

"Art sensitively shapes our experiences of the world by evoking new possibility. If art just simply conveyed what is customary and familiar, there would be little tendency to reflect. The power of works of art is that they are means by which we enter, through imagination and the emotions they evoke, into other forms of relationship and participation than our own" (Dewey, 2005).

We hope this book creates a space for you to connect with each other, find resonance with the unique artistry of your colleagues and learn how they integrate humanities-based pedagogies to foster empathy and reflection in both themselves and their students. From these pages, it is clear that health humanities are of growing interest and presents an exciting opportunity to introduce a new way of seeing that intersects with our personal and professional experiences of health professions education and practice.

WAYS OF SEEING IN HEALTHCARE

"Seeing comes before words. The child looks and recognizes before it can speak. But there is also another sense in which seeing comes before words. It is seeing which establishes our place in the surrounding world; we explain that world with words, but words can never undo the fact that we are surrounded by it. The relation between what we see and what we know is never settled."

John Berger, Ways of Seeing, 1972.

ANZAHPE

The Australian & New Zealand Association for Health Professional Educators (ANZAHPE) is the peak organisation for practitioners involved in the education and training of health professionals in Australia and New Zealand. ANZAHPE (pronounced affectionately as "anza-pee") is comprised of clinicians, academic educators and students, and supports and advances education in the health care professions.

Formed in 1972 as ANZAME (the Australasian and New Zealand Association for Medical Education) by a small band of medical educators striving to develop medical education as a scientific discipline. These early members were mostly from medical schools and shared the view that teaching should be student-centred, and that "problem solving" should

provide the basic philosophical and psychological underpinning of the new medical curricula.

The life of the organisation has paralleled the substantial changes in learning and teaching in health professional education that have occurred in the last 40 years. Since then the membership has expanded to embrace all of the health professions, many of whom have educational sub-specialities.



ANZAHPE
Australian & New Zealand
Association for Health
Professional Educators



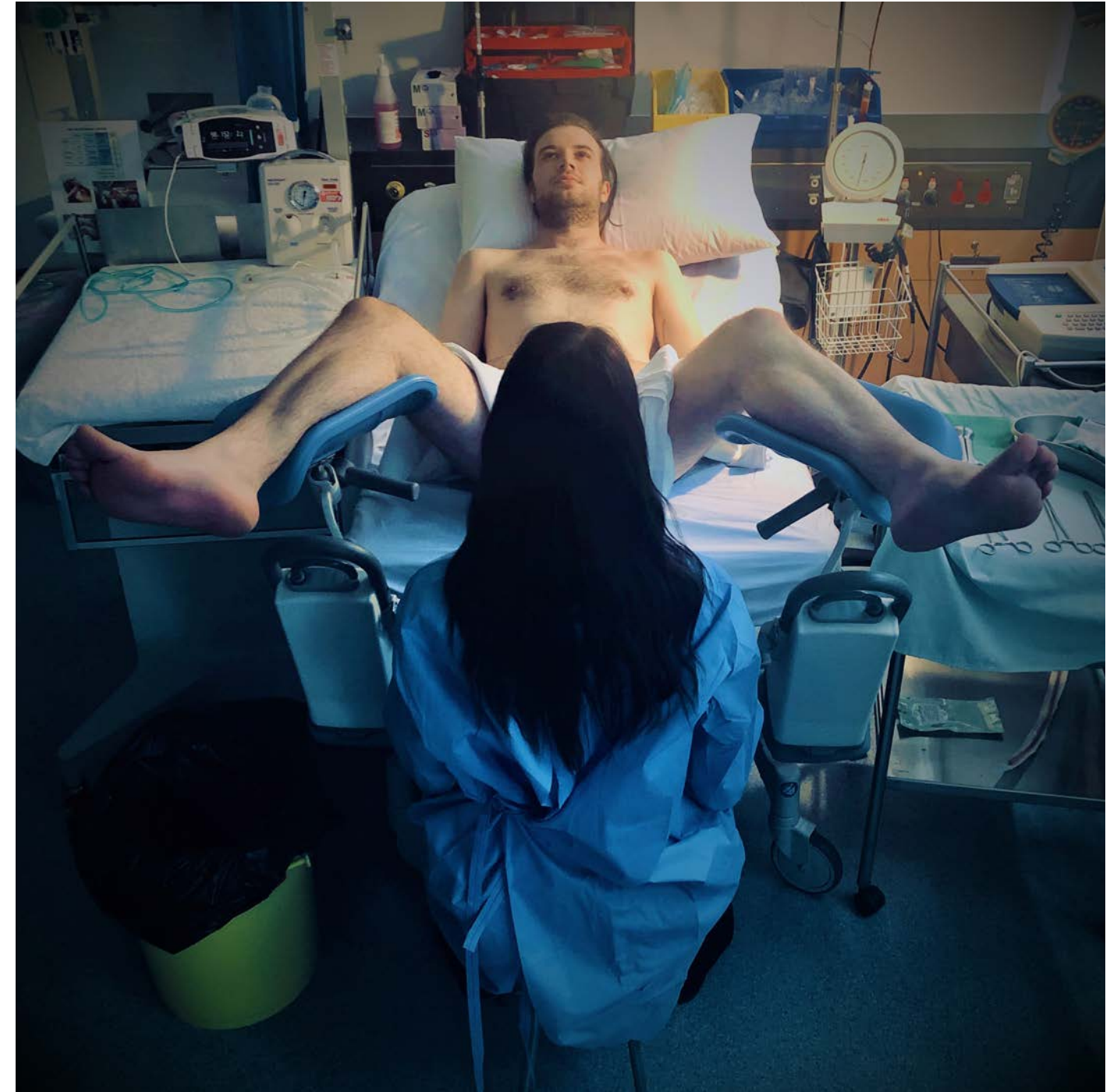
TIME TRAVEL IN THE ED

Emergency Medicine is mostly defined by time and we are all time travellers in the ED. This is particularly the case for trainees, who use their interactions with emergency physicians to travel backwards and forwards in time to provide the best possible patient care. Emergency physicians use time to mentor trainees in their time travelling, by teaching and through clinical care. This time travel happens

at multiple levels and allows us to contextualize emergency medicine for patients and how they become adjusted in time. Take the time to enjoy this video, which reflects the team approach to timely patient care.

<https://vimeo.com/315369423>

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JUST RELAX

As a midwifery educator, I ask students to explore routine practices that may either support women's autonomy and strength or alternatively, leave them feeling unsafe and disempowered. This composition places a man in a familiar birthing position (lithotomy), alone and surrounded by technology. The healthcare

provider is taking control at the foot of the bed and asking him to "just relax". The aim of the photo is to evoke discomfort, so students consider how a woman may experience this common position of extreme vulnerability.

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Longitudinal

Hear it trickle
Watch it make ripples
As your winter woolies prickle
And that familiar pain briefly cripples
Cup it in shaky hands like hourglass sands
Feel time slipping away into a forgotten past
Feel cold and alone yet prepared to take a stand
To fight the good fights and feel better at long last
Hear the underdog howling at all phases of the moon
Smell an evening meal that's nearly ready in the kitchen
Continue smiling and laughing and whistling a sweet tune
While battered spirits take off like bulletproof clay pigeons
Those cogs in your body's clock begin to turn less erratically
In time with your calmer mind as you lay there so angelically
Stare at this ceiling in half-light; envision a view thru a skylight
See stars beyond a half moon, & consider what'll happen soon
Reread a list of your life goals and consider each one logically
It's very hard to strike gold but you will do so metaphorically
Sense your life expectancy lengthen smidgeon by smidgeon
Cast shadows on a cautious optimism in the late afternoon
Give thanks for your GP, medical specialists, and surgeons
See this black pond reflect the white light of a half moon
Do not forget your own part when new actors are cast
Remain smart, funny, kind-hearted and in command
Learn how a fish out of water can still stand fast
Scatter sands until the new moon is at hand
Until that old pain no longer cripples
As your summer dress crinkles
All water makes ripples
Hear it trickle

LONGITUDINAL

I am a Senior Lecturer (Education and Research) at the Monash University School of Rural Health, Bendigo. My background encompasses pharmacy, epidemiology, biostatistics, and poetry. Periodically, I run poetry writing workshops aimed at improving empathy, reflection, and wellbeing among medical and pharmacy students. I created this particular concrete poem to convey the longitudinal patient

journeys of resilient patients and loved ones through words and an image. The semicircular shape of a half moon represents the fact that people who experience ill health are often partway through long-term illness narratives.

This piece was first published in the Medical Journal of Australia: Leach MJ. Longitudinal. MJA. 2015; 203(7): 307.

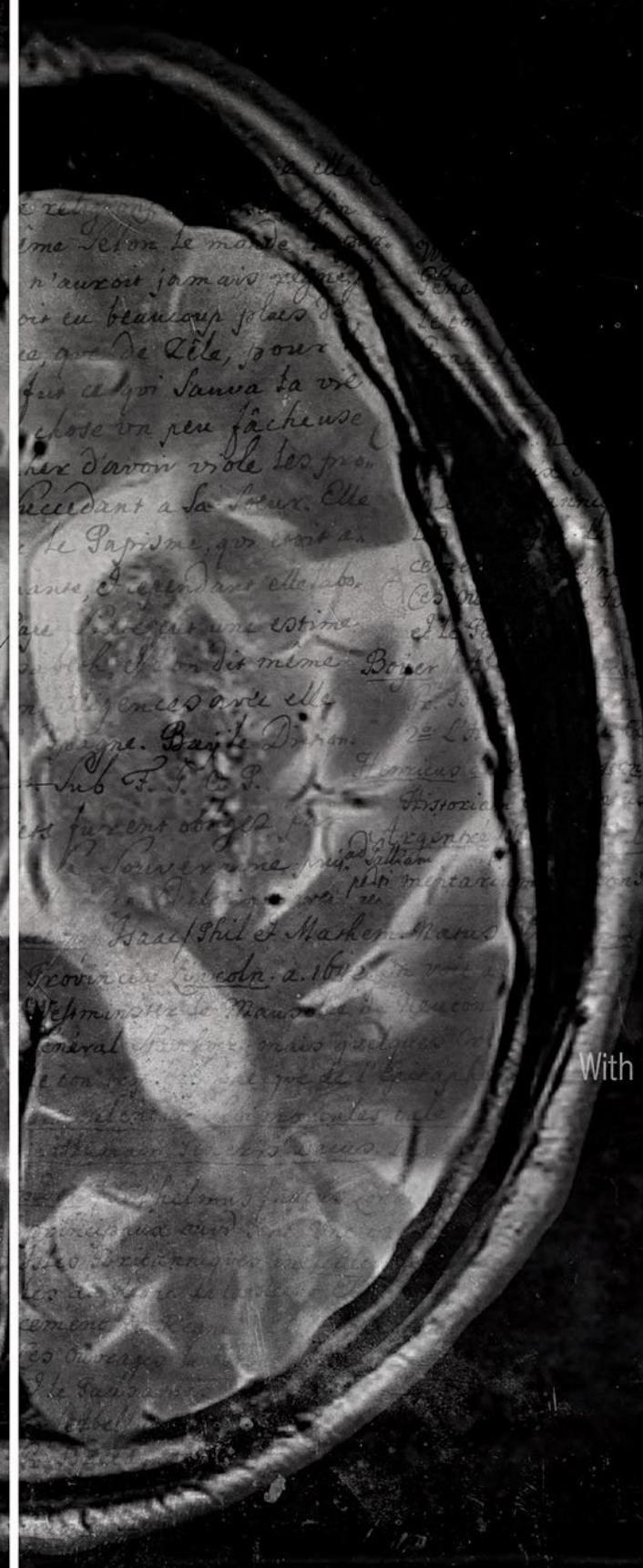
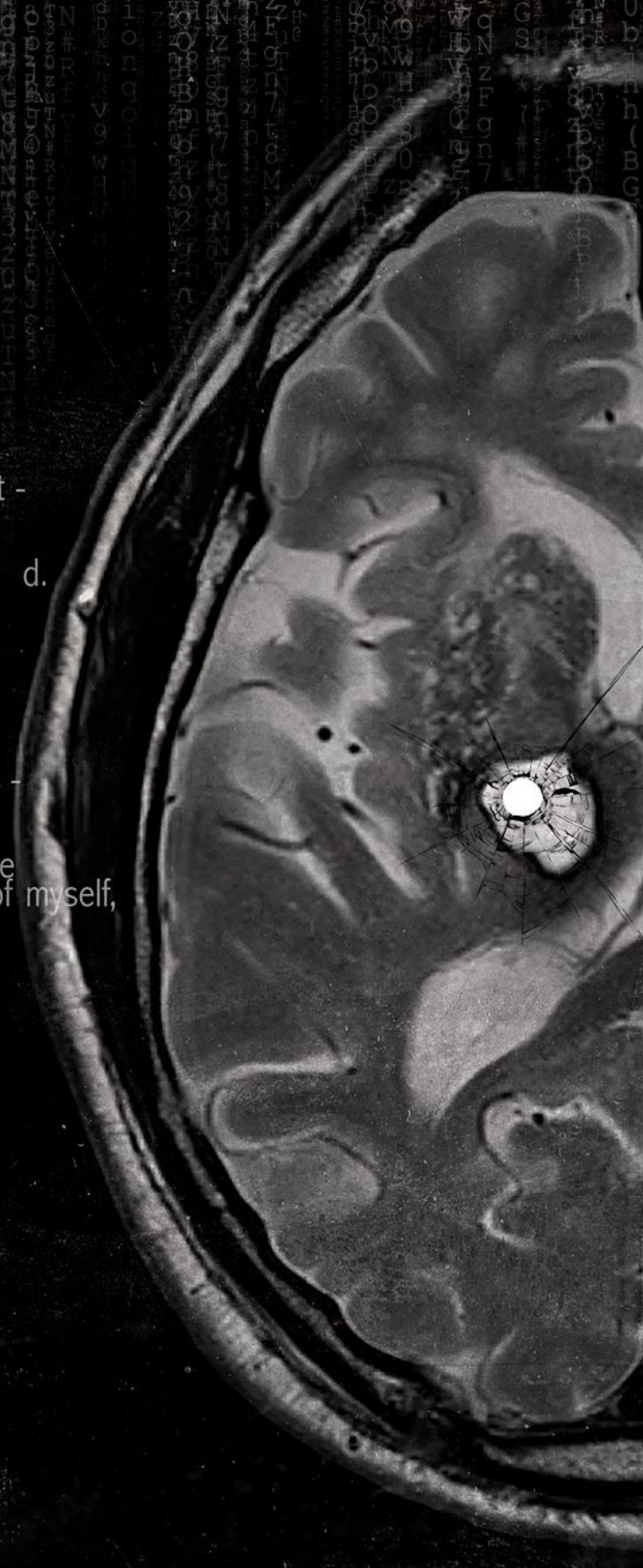
Afterstroke

1.

What is the alphabet?
a- b- c...
Then nothing.

My stroke - own it -
blasted a hole in my brain.
Sounds, words, sentences
disappear like tumbleweed.

Numbers, modifiers,
prepositions
multi-syllable words -
once friends,
now baleful enemies.
Tiny connections making sense
of the world, and of myself,
gone.



Hob-goblins prance and gabble
in the vacant space.

With the stroke of the pen
my writer's life is erased.

2.

The pain comes late
It doesn't go away.

That's when, why,
I come undone.

- Susan Varga

AFTERSTROKE

This creative MRI artwork integrates 'art' and 'science' to explore the raw reality of what life is really like following a stroke. The words and imagery are infused into the MRI image in order to bridge clinical and human experiences that privilege patient voice. Emotional and embodied. I encourage you to pause, connect, reflect and bravely contemplate

what is at stake for our patients as you immerse and linger in Susan Varga's powerful poetry. A humanistic lens that acknowledges the fragility of human life and reminds us of our core health professionals values of empathy, service and respect for patients.

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YOU ARE ENOUGH...

In 2015 a photograph of a Californian doctor crying after his patient died, went viral, eliciting an outpouring of emotion through shared stories.

This collage unpacks the response to this photo; capturing the overwhelming complexity of emotion in medicine shaped by culturally defined expectations and norms.

Reflecting the unwritten rules of medicine's community of practice, emotion is often noticeably absent, hidden or reframed as 'detached concern' where the preference is to 'act on the side of coldness' rather than be seen as too emotional - at an enormous cost to both patients and their doctors.

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INSIDE OUT

Art can provide new ways of communicating about health and the body. This artwork started with the idea that many people are afraid of their own bodies. We believe that ignorance of the body contributes to this fear. Therefore, we wanted our artwork to ease their fears. So this photograph seeks to find a way to show bodily organs as complex and beautiful.

Thus such artworks can impact and create more lasting memories upon viewers and may help us change our perceptions of the inner workings of the body.

Artwork by Yang Xueying, medical student, as part of a Medical Arts Project devised by Daniel Vuillermin, School of Health Humanities, Peking University.

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Yang Xueying (Student)
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Nurse Summary	
Name:	Juliet
Position:	Registered Nurse
Home Town:	Sydney
Current City:	Nhulunbuy
Allergies:	Traffic

I My name is Juliet, I'm a registered nurse and have worked in emergency for over 20 years.

S I didn't realise the differences in patient care until I worked in Nhulunbury. We don't have a CAT scanner, MRI or CT. If patients need those services they need to fly out & that can take hours or days. There is no acute psychiatric services, yet we have quite a lot of patients that present with mental health conditions. Emergency has always been a bit like a one way street, patients come, we sort them out & send them to wherever they need to go but here there is no ICU or HDU so if a patient deteriorates on the ward they come back to emergency until we can fly them out to Darwin. During my career, one of the big changes we have had in treatments available to patients is thrombolysis for infarct. When I first started nursing that was not a treatment that was available so we used to thrombolise all the STEMIs or acute infarcts. Which I hated doing because it was always such a risky treatment & patients would have lots of arrhythmias, yet that is what we are doing here because of the time and distance to get someone to the angio suite in Darwin. This is like stepping 20 years back in time.

B I've been nursing for quite a while. I finished my nursing studies in 1994 & started working in 1995. I wasn't sure if I was going to get a new grad because I got pregnant in my last year of uni & I had my first child 2 weeks after I finished the course. I later became a NUM in emergency, then I was an after-hours nurse manager & now I'm back to ward nursing.

A The only reason I left Sydney, is the same reason why I moved up here, it was because I couldn't afford life in Sydney as an RN. I think a lot of nurses are in a similar position. Nursing is a good job, but you'll find nurses being forced out of capital cities because the cost of living has risen so much & it's difficult for families. I enjoy clinical nursing, I enjoy working with patients & I like learning about indigenous culture but I also enjoyed the challenges of management.

R I would recommend Nhulunbuy to nurses with families because you don't have to pay rent here & you get 2 FOILs a year. It's a nice and safe town that is great for kids. It is also lovely to explore Australia, I recommend it! We always planned to leave Sydney but we never thought we would move to Arnhem Land.



Nurse Summary	
Name:	Olivia
Position:	Registered Nurse
Home Town:	Horsham
Current City:	Nhulunbuy
Allergies:	Social Norms

My name is Olivia & I'm Registered Nurse in Emergency.

S I live in a short stay unit beside Gove District Hospital. In terms of possessions all I have here is my clothes, toiletries, a few books, a speaker, a laptop, our car & rooftop tent. The house came with the bare essentials. Now, I really wonder why I had all this stuff back home. I'm 6 weeks away from the end of my 12 month contract. We have made 2 best friends here and it has made our time here. We are driving home in September over 2 & a half months via the WA coast & SA coast.

B I was born & bred in a small country town in Victoria called Horsham. I moved to Melbourne because I wanted greater exposure to the big hospitals. I didn't enjoy it so I moved to Geelong & a job opened up in emergency & I fell madly in love with nursing. I worked there for 2 years & did a post graduate in emergency nursing. Over time my partner & I had developed busy lives. We were present in the house together but not present, we didn't have any problems with our relationship but we would wake up to the same thing every single day. Since living here, our whole mind-set has changed. I come home for lunch & dinner breaks. Every weekend we go camping & fishing & do things we would never do at home. We have just bought a Nissan Patrol & it's all decked out with a rooftop tent. This lifestyle has been the best for our relationship.

A What I thought was nursing has changed. While I loved the 'the really sick patients' I also love the time where you get to sit by the patient's bedside & have a good chat with them, about their health condition or their life in general. I feel there is a lot more time here to appreciate that nurse patient relationship.

R It's important for nurses to take care of themselves. If I was at home & I had a shift day I would go on the treadmill with my headphones for an hour. Here I go for a walk, I don't put headphones on, I don't take my phone & I don't necessarily have to go to the bush. I go down as far as the main street or I walk out to the lookout & literally scan where I am. I take in the ocean & then on the other side is the red dirt & you see the contrast between the two. For the first time in my life I am not distracted by social media. I can simply go for a walk & take in what is around me.

HANDOVER

Handover is a critical time for a nurse and the patient. It is the exchange of vital information and professional responsibility. I titled this artwork handover because that's what nurses do, they handover information that is critical to an individual's health care. This artwork is the handover of four nurses working remotely in Nhulunbuy, Northeast Arnhem Land. Their interviews are displayed as progress notes in an adaptation of ISBAR and they expose the beauties and inequities in Australian healthcare.

The interviews are in an ISBAR format and in this artwork ISBAR has been modified to:

IDENTIFY - An introduction of the nurse and their role.

SITUATION - Current experiences as a nurse living and working in Nhulunbuy.

BACKGROUND - previous experiences that led the nurse to the present.

ASSESSMENT - nurses accounting recent experiences, inequities and or concerns.

RECOMMENDATION - recommendations or advice to future nurses and the general population.

Rachel Famularo
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Nursing Progress Notes



Nurse Summary	
Name:	Raka
Position:	Registered Nurse
Home Town:	Port Moreseby
Current City:	Nhulunbuy
Allergies:	Racism

My name is Raka, I am an RN & I've just finished work.

S In Nhulunbuy, East Arnhem Land, The Yolngu People are the Traditional Owners of the Land & they are very proud people & so they should be. The Yolngu People have an amazing connection with their Land, Language & Culture. East Arnhem Land is a very beautiful area & it's very family orientated here. I am new to Nhulunbuy, people have been very friendly & help each other. There are a lot of community events, especially if someone in the community is unwell.

B I have lived in PNG, NT, QLD, VIC, SA, WA & NSW. I have worked in all kinds of jobs from cattle stations to ward clerk. After 5 years of being a patient care assistant, I made the decision to be a nurse. At University, I completed my first year of RNs but then changed and completed my EN training. One of the main reasons was because my lecturer told me that 'I wasn't smart enough to be a nurse' I'm not academic, I'm very practical. I worked as an EN for 5 years before I went back to University because my boss encouraged me to further my education. I now have a post grad in emergency nursing and I'm preceptoring for external students at a Post Graduate Level. So, don't listen to people that tell you you're not good enough.

A As a Nurse, I have travelled and worked in a variety of places. I've worked in Cairns, Darwin, Alice Springs, Doomadgee, Weipa, Nhulunbuy & Tenant Creek to name a few. I have predominantly worked in areas with a larger number of Indigenous Australians and have been witness to things, that Western Medicine cannot explain. I can only tell you a limited amount because of confidentiality, but once we had a patient who clinically should have died. Medical staff used every possible medical resource they knew however, prognosis remained poor. The Indigenous Medicine Man came with members of the patient's family. He blew a Digeridoo at the patient's head, chest & abdomen and then he sang. The family all came and prayed. The patient was flown to a bigger hospital & it was difficult to manage care in flight but last I heard they were out of hospital & recovering.

R There are many opportunities as a remote nurse, the ability to travel is a big draw card for me. I enjoy the flexibility and I'm interested in traveling and seeing new places and meeting new people. There are many opportunities when you're a nurse, you just have to search for them. They aren't always in plain sight. So get your degree, pack a bag, get in your car & go!



TOP LEFT - 'Outdoor Classroom' The image depicts four nurses and their families exchanging knowledge with Indigenous Elders in one of the most beautiful classrooms in Australia. The nurses work at Gove Hospital and are learning phrases in Yolngu that will enhance their cultural safety and transform the hospital experience of Yolngu People.

MIDDLE LEFT - 'An Exchange of Knowledge' The image depicts an Indigenous Elder, Jawa, sharing his knowledge of The Land including bush medicine.

BOTTOM LEFT - 'Self-care Sunsets' This image showcases a nurse watching the sunset after a long shift.

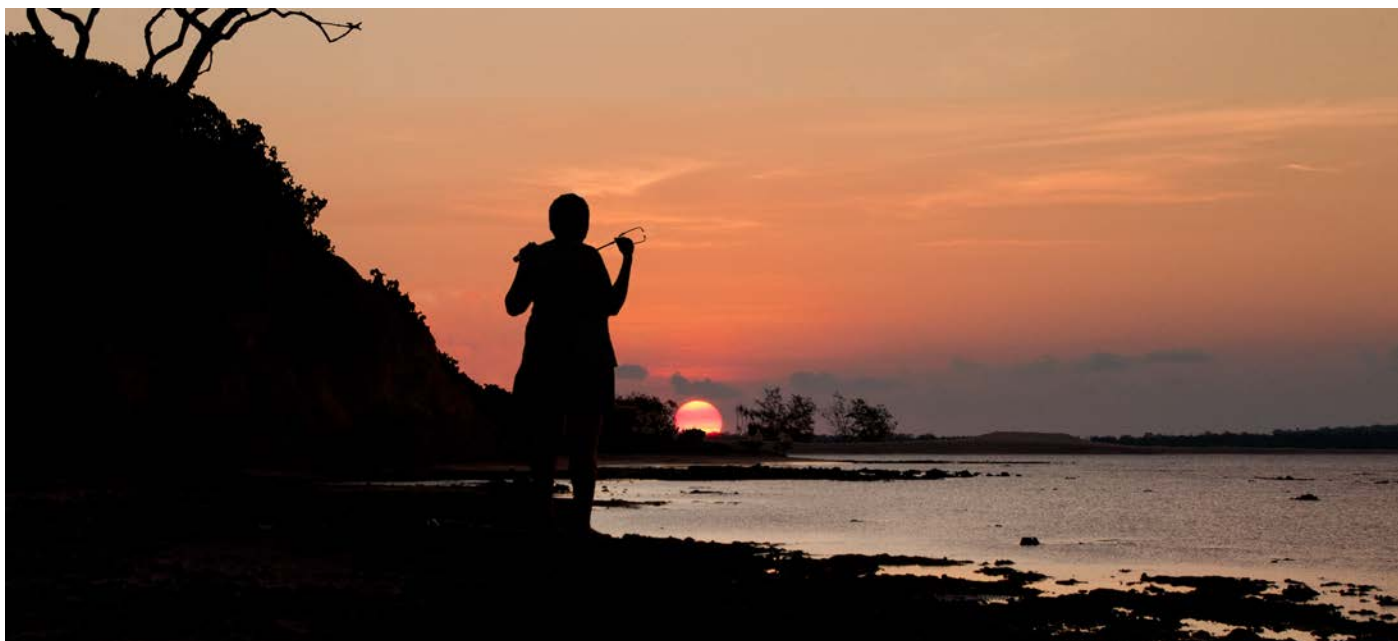


TOP RIGHT - 'Could be Good, Could be Bad' The image is of a red berry used in bush medicine. Due to language barriers, it was difficult to understand if this berry was used for contraception, abortion or both.

2ND RIGHT - 'Bawaka' Is the view of the beach also known as lonely beach.

3RD RIGHT - 'Op Shop' Indigenous Elders describe the beach as their op shop because they clean up and repurpose rubbish that washes up on the beach.

BOTTOM RIGHT - 'Generational' The son of Jawa writing phrases in Yolngu in the outdoor classroom.



This project received funding from the Harold and Gwenneth Harris Endowment for Medical Humanities, Harris Fellowship 2017, reference HF-2017-6.' by Rachel Famularo



REIMAGING THE CURRICULUM

This item has been created to challenge the dominance of Western scientific knowledge within science and medicine. It specifically reflects my involvement with the Jindaola project (embedding Indigenous knowledges within the curriculum). Jindaola is a journey, which has enabled me to recognise and challenge the impact of colonisation on the curriculum. The DNA double-helix was chosen to represent

Western knowledges, while the yarn is the colour of the Aboriginal flag. The colours are commonly accepted to represent the Aboriginal people of Australia (black); the Sun, the giver of life (yellow) and the red earth (red).

Crochet pattern by Nadine Patterns (Nadine Borovicka 2008)
Language map: Reconciliation NSW

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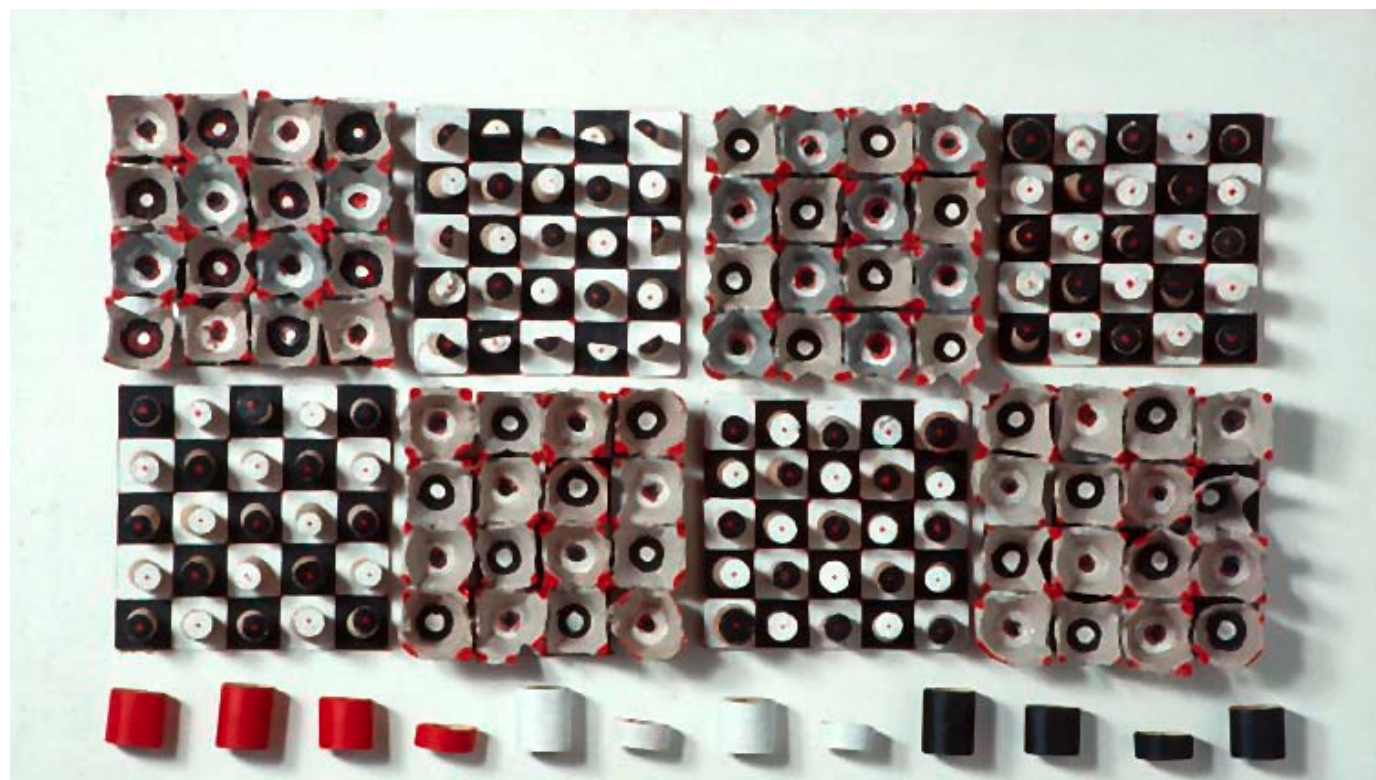


ADVENTURES IN THE SIOUX MEDICAL MUSEUM

This selection of photographs reflects a visit to the Sioux Empire Medical Museum, South Dakota USA. Tucked away in the basement of the Sanford Hospital, the museum was a quiet room busy with historical artefacts. I wandered around, recognising some elements. That nurse's uniform was my friend's from The Alfred 30 years ago. The iron lung had echoes

of post-polio patients describing their time among other children. On that wall - medical equipment that was sterilised and re-used over and over. If these were historical artefacts – and I had real experience of them – did that make me part of the collection?

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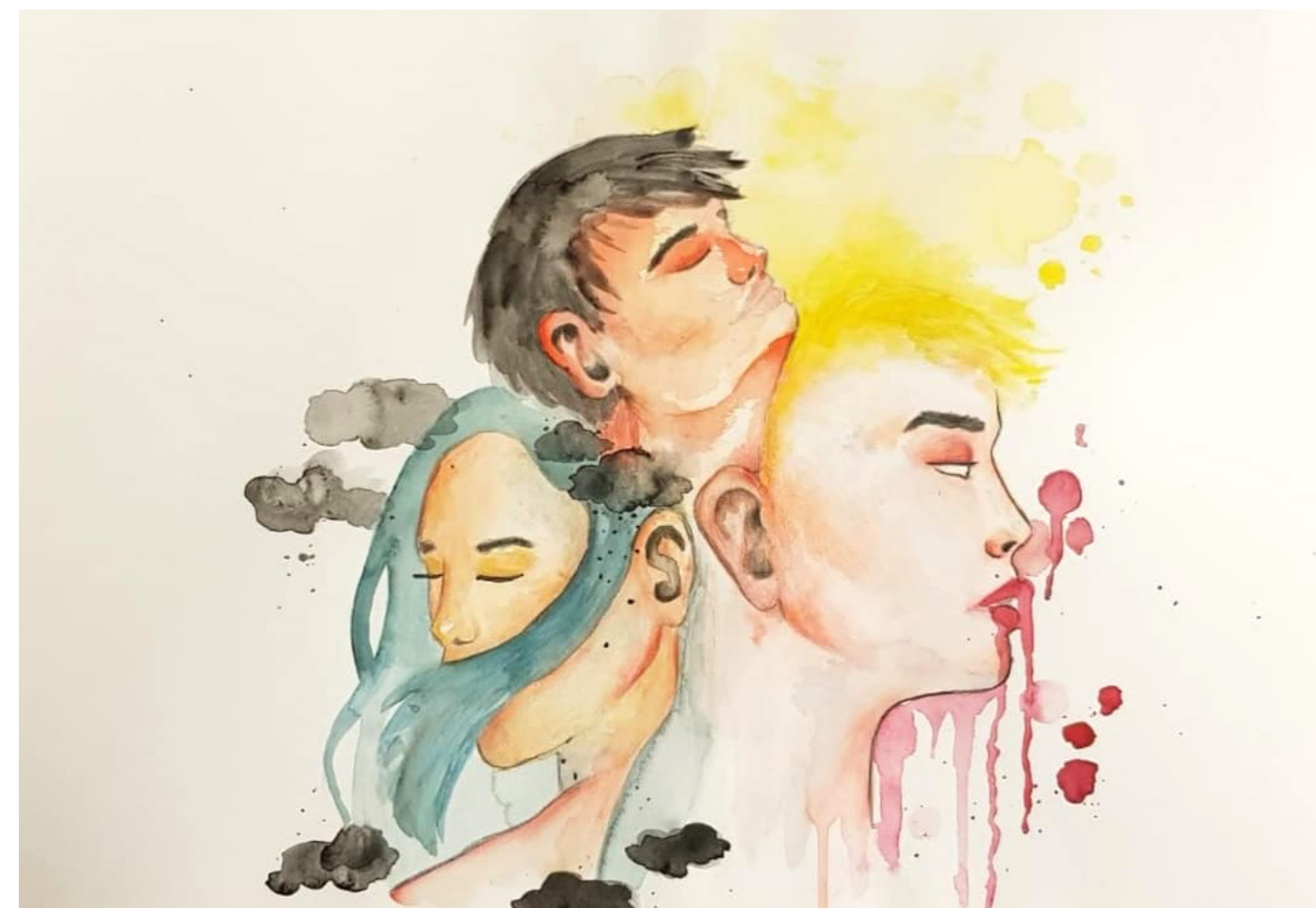
AND THEN

“This work articulates a unique collaboration between an artist and an optometrist. Through the use of low-relief assembled materials, grids, the repetition of circular motifs and processes of cutting, slicing, and reassembling, this artwork suggests an expanded field of vision that shapes your perceptions differently depending on the angle you choose to adopt.

The notion of one-size fits all does not conform to health professional education. It is dissimilar, irregular and has no standard outline; yet, when put together, it forms a perfect square (and a larger rectangle) that clearly outlines the positive effect of inter-professional collaboration.”

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FACE TO FACE

This painting was made as a reflection piece after the completion of a community-based placement in a rural disability clinic. Each face represents a lesson learnt during this experience, which has significantly impacted my perspective on adults with intellectual disability, and my future practice as a clinician. The left face symbolises the issues faced

by this population: mental health, depression, lack of voice in the community, fused and interconnected with the right face, which demonstrates the sacrifice and physical constraints of their disability. The middle face signifies the joy found when working with people with disabilities to provide them freedom to express themselves without judgement.

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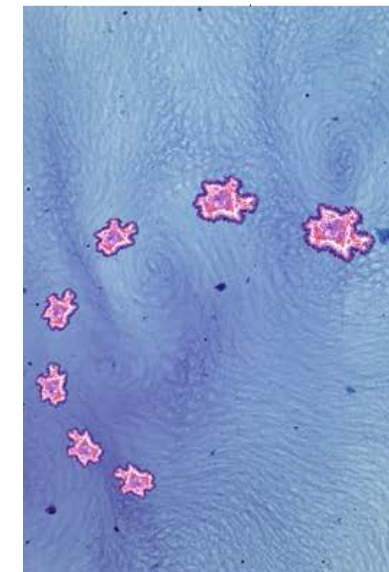
THE SUTURE PROJECT

This is a community art project operating out of a simulated learning space shared by The University of Queensland's Greenslopes Clinical School and the attached private hospital.

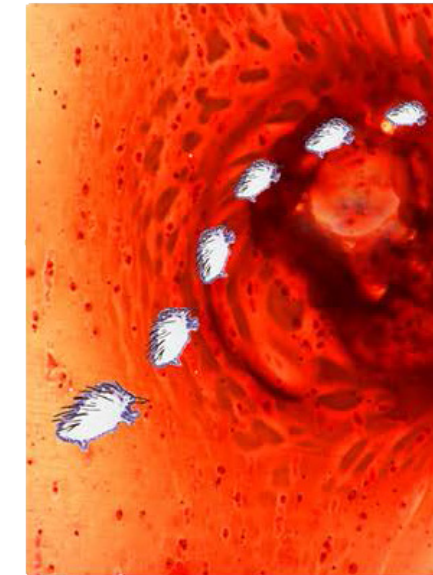
The Suture Project invites all health professionals and students who visit the simulation space to participate using suture as the medium. The work hopes to build community and connection through the co-creation of an art piece. We ask those participating to consider the purpose and inevitable nature of sutures in health narratives.

This may include the act of closing wounds in all the ways we do, holding a wound in place; and restoring connectedness of flesh until the time it cannot. As pictured, sutures are placed on a rectangle of linen fabric. This project considers materials, common threads and tools that weave us all together. The project completion is ongoing interrupted by the Covid-19 restrictions of 2020.

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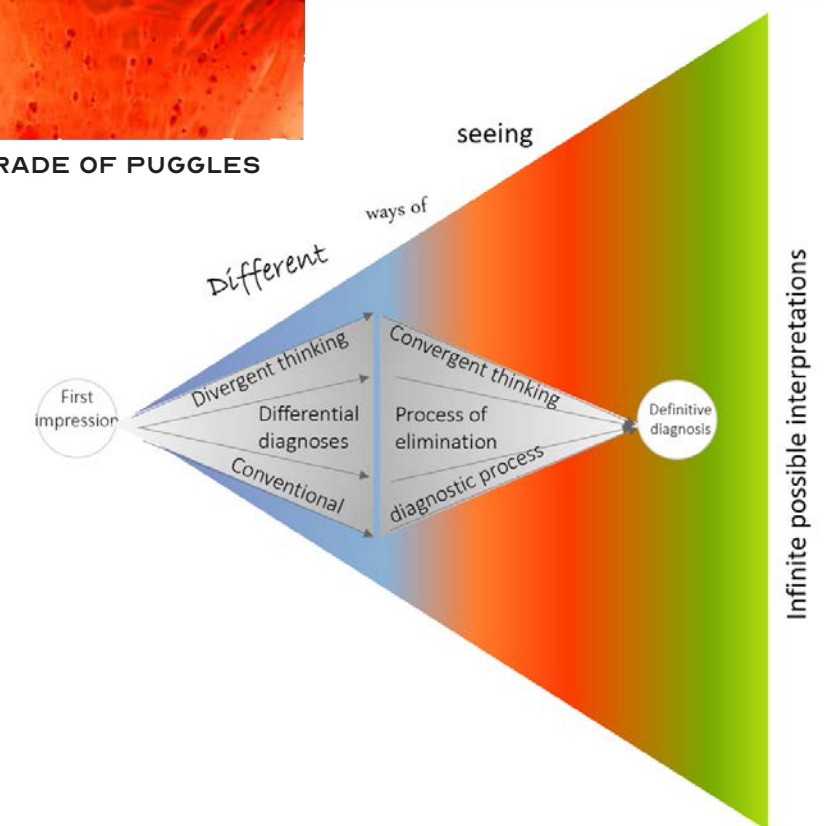
A TWIRL OF TURTLES



A PARADE OF PUGGLES



A HERD OF HARES



A TWIRL OF TURTLES

This triptych “A twirl of turtles, a parade of puggles and a herd of hares” shows different ways of seeing the microscopic images I encounter as an anatomical pathologist. When training junior pathologists, I ask, “what else could this be?” to stimulate divergent thinking and generate differential diagnoses. Then by a process of elimination we converge the possibilities to a definitive diagnosis.

This triptych challenges the conventional diagnostic process by expanding the divergent thinking phase. In this different way of seeing, I have reinterpreted scale, reversed the colour and reinvented the description. Did you know there are collections of little animals in our bronchioles?

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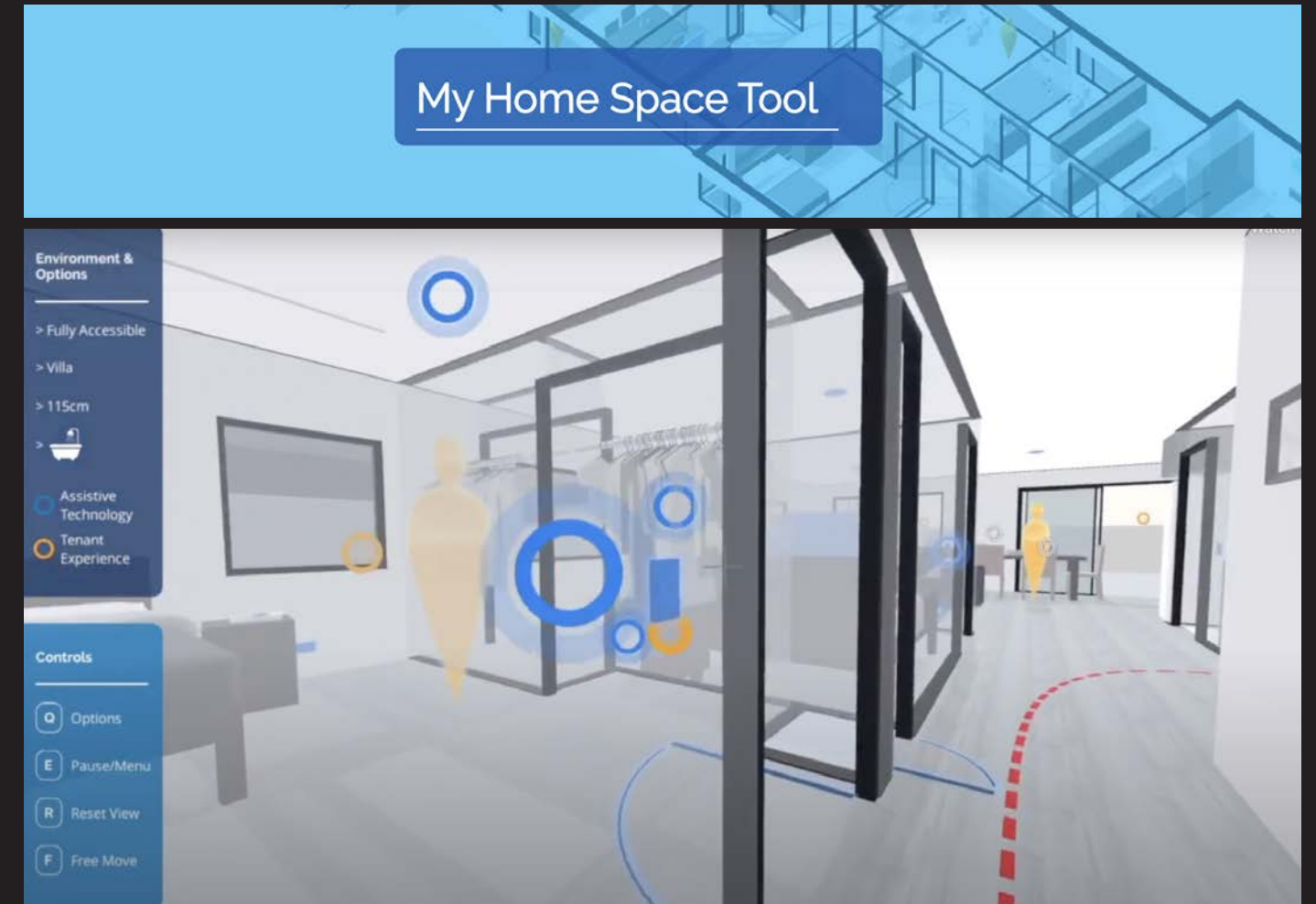


PLACENTAL VARIATIONS

Contrasting a well vascularised placenta attached to a healthy fetus compared to a pale small placenta in a pregnancy complicated by growth restriction.

The latin origins of Placenta means a “flat cake” based on its shape. What we forget is that like humans placenta also come in different “shapes and sizes”. A placenta is often called “the blueprint of pregnancy” and studying its anatomical variations may frequently explain why babies may differ in their development.

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MY HOME SPACE

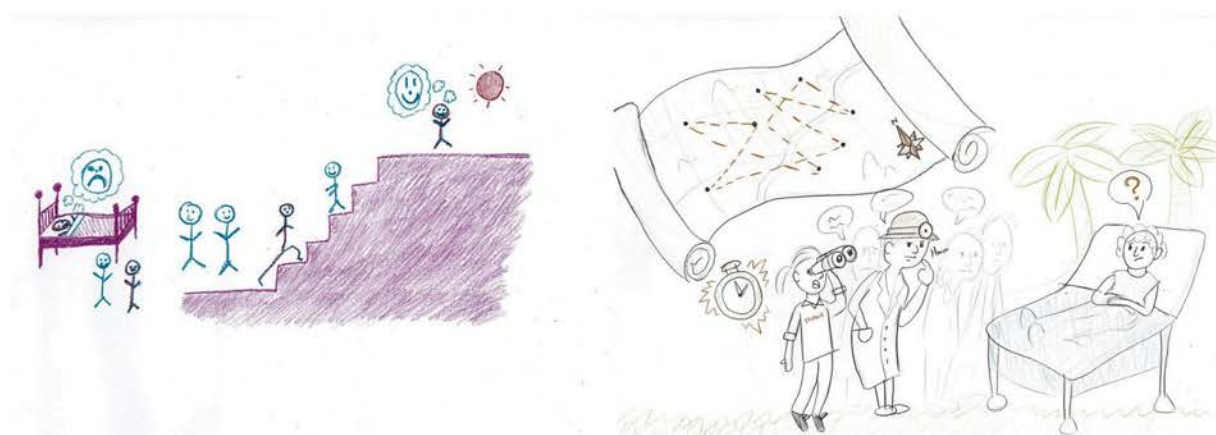
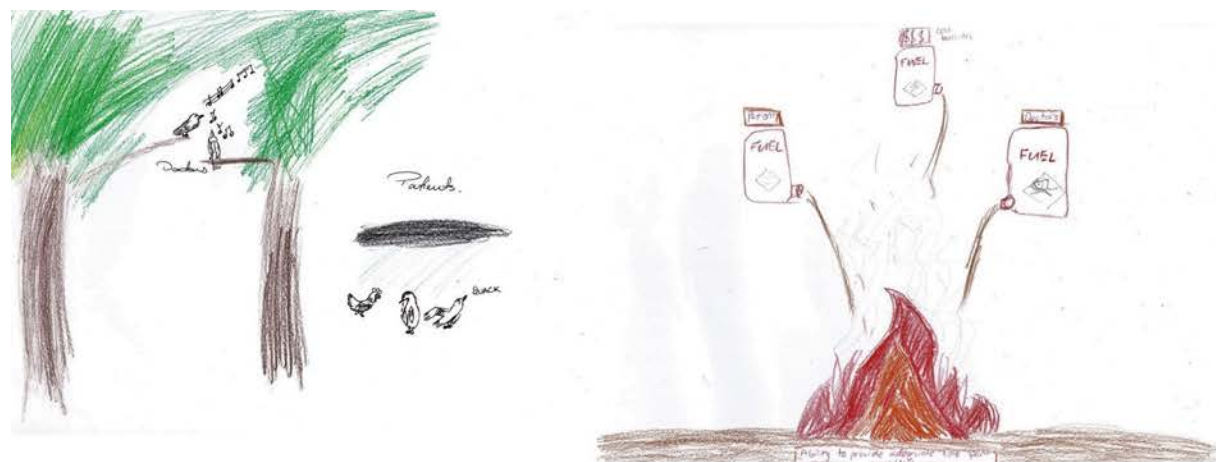
Ways of seeing government disability housing policy through a 3D virtual housing gamespace
<https://www.myhomespace.org/>

Introduction of Australia’s \$22B National Disability Insurance Scheme (NDIS) represents monumental disability reform. Education for NDIS participants and health professionals on NDIS Specialist Disability Accommodation rules and policy will help individuals to meet personal housing aspirations.

Our interdisciplinary team includes people with lived experience of disability, health professionals, architects and designers. We have delivered an innovative education tool that provides health professionals, designers and NDIS participants with ‘ways of seeing’ complex NDIS housing policy through a free online 3D virtual housing gamespace. On the home page of myhomespace.org, an NDIS participant will take learners on a pre-recorded tour of My Home Space.

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HOW STUDENTS SEE THE IMPACT OF COMPLEX HEALTH SYSTEMS ON PATIENT CENTRED CARE AND LEARNING

A collage of rich pictures by fourth year medical students, portrays the way students see complexity in practice and clinical learning environments.

Centrally, a student captures the 'Various Paths of Medicine', with challenges and uncertainty, from medical school into the complex health system, and patients with complexity to care for at the end of each path.

Surrounding this are images of issues for achieving patient-centred care: 'Doctors Singing their Own Tune'; consultation time constraints and 'Fuel for the Fire'; 'Safari Ward Rounds' excluding patients and students; and goal setting with patients leads to 'Small Steps Back to Health' amidst complexity.

FOOD IS MEDICINE

Her heart rate dips as the night falls
The monitor signalling a perilous low
Reminding us of the close call.
Confined to bed, for fear of falling.
Her back, corrugated
Her muscles, wasted
Face angulated and sunken now
She looks well past her young years
Her stomach swollen
With the routine of refeeding.
Food is medicine I tell her.

I walk around the hospital, in a state of perpetual jet lag
Recounting the last three months of her life
The preseason fitness routine
Negotiations in the supermarket
She's just a fussy eater
It must be the teenage hormones
I first thought.

Grain by grain, we sit restless until the last one is gone.
Tissues shoved in draws and wardrobes
Lunches buried
Ice cream now eaten with a fork,
Leftovers crafted with precision,
Belying the magnitude of her distress.
A handful of nuts, her swallow freezes
Anxiety, paralysing her lips
I try harder, to no avail.

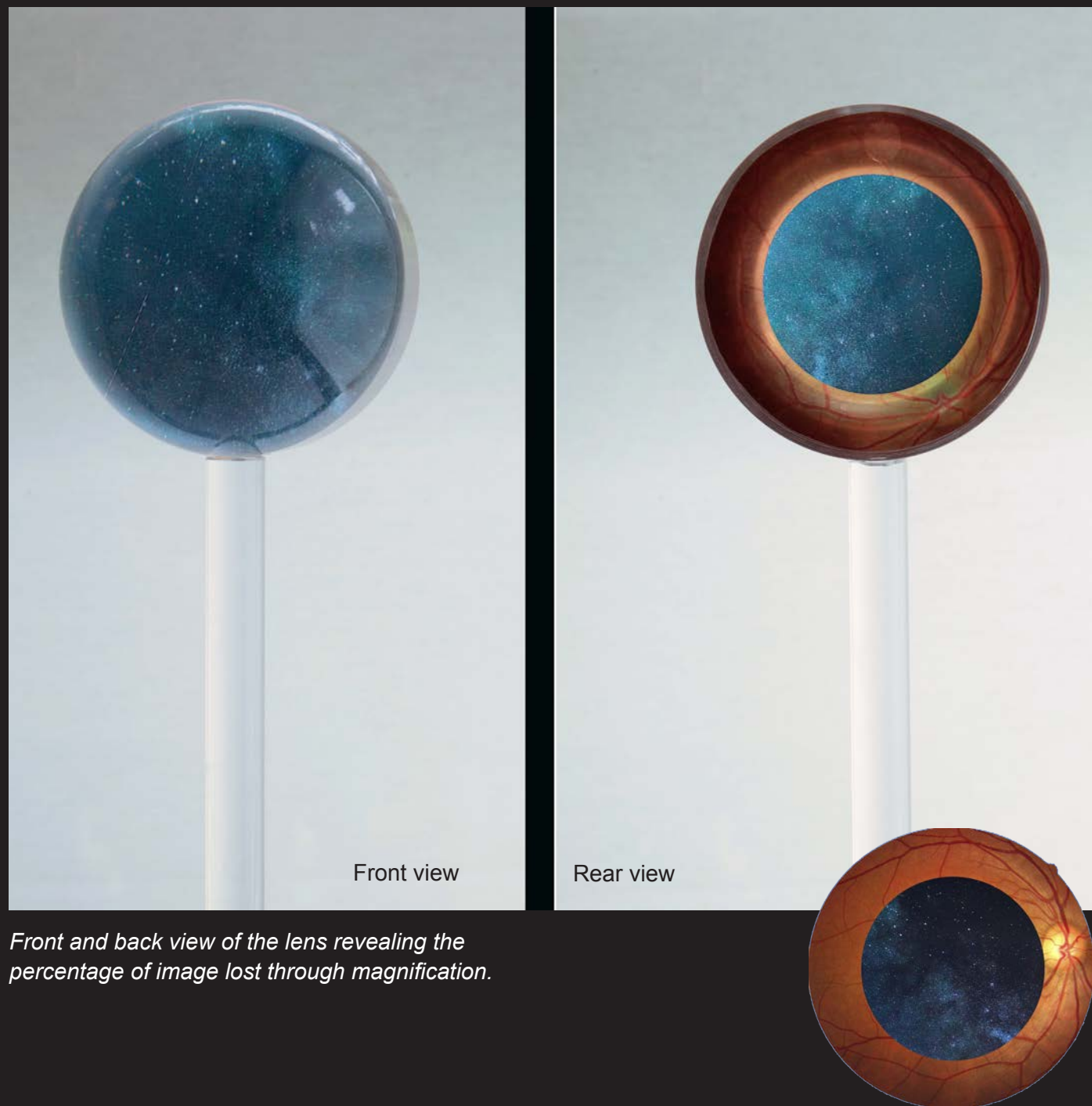
She's lost in a turmoil of fear
Eyes vacant
A ghost of her former self
Moving through the world
Leaving no foot print
She shivers in the sun
Layers of cloth replace nature's blanket
Before her eyes, a new friend appears
Leading her away from old
And whose irresistible chatter
Persuades a new reflection
I try to protect her.

Now sleeping beside her, a new journey begins
Filled with conflict, tears and isolation
We are all vulnerable
To its manipulation
And feel the voracity of its obsessions
Mourning the ease of her carefree childhood
Aware of the long road ahead
Food is medicine I tell her.

FOOD IS MEDICINE

Poetry may be used in medical education to encourage empathic practice and better understand the patient perspective. Through exploration of metaphor and narrative, critical reflection may occur, uncertainty may be felt, and memory activated. This four stanza poem on anorexia nervosa was written for medical students. Textbook criteria for anorexia nervosa

do not convey the magnitude of delusional thought processes, the physical impact of an eating disorder or the stress evoked upon the patient's family. The poem intends to encourage students to think about the patient and carer's vulnerability, the mental and physical burden of disease and to challenge stereotypes.



Front and back view of the lens revealing the percentage of image lost through magnification.

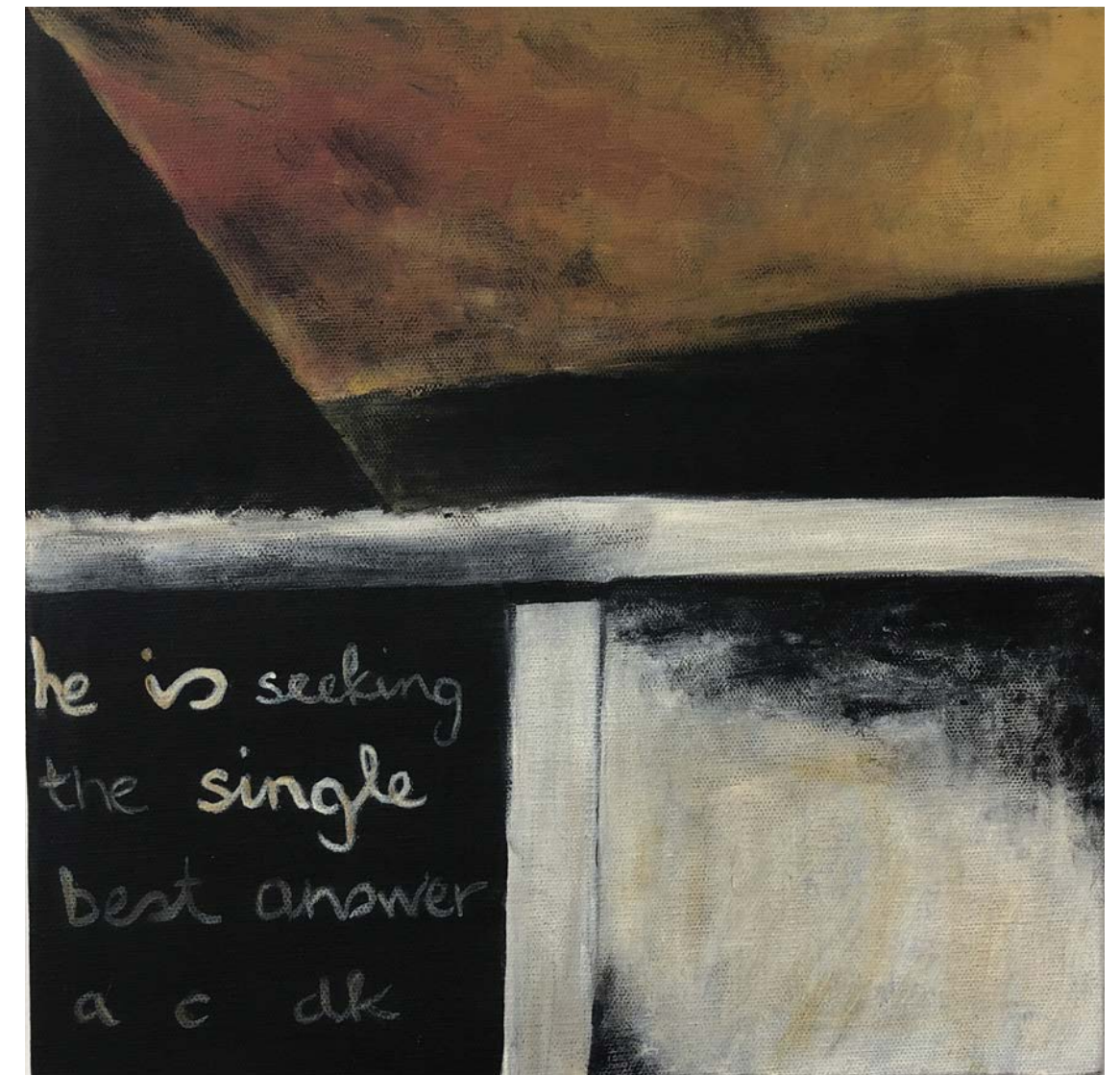
THE UNIVERSE AND EYE

The power of magnification has greatly expanded our access to nature on both miniscule and cosmic scales. Optical devices such as the magnifying glass focus our attention on an otherwise unseen level of reality, but in doing so, we often forget that a percentage of the visible world is lost in the process. Lying within the boundary of the lens but beyond its sphere of magnification, this lost information is captured but not revealed by the optical device. We are seldom conscious of this concealment, hence

we must also examine the edges and peripheries of our object of study.

The work becomes metaphorical of our epistemic tools and systems, their limitations and habituated points of view. By manifesting these epistemological challenges in material terms, the work prompts us to ask what new insights might be revealed by taking an alternative point of view?

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HE IS SEEKING THE SINGLE BEST ANSWER

When we moved to NZ, I discovered Colin McCahon. I love his simple landscapes, tones and incorporation of text. This painting was inspired by McCahon's 'He is calling on Elias'. At the time we were introducing progress testing (PT) in Auckland. It plays on McCahon's text and one of the buzzwords of PT – title, 'He is seeking the single best answer'.

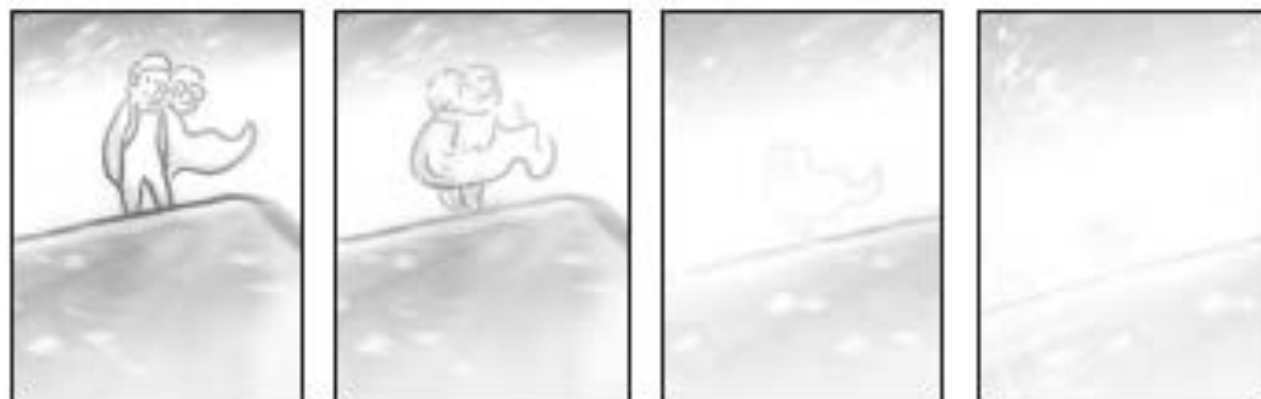
We were a bit earnest about PT and this felt like having some fun with that, using another medium. McCahon was a visionary modernist, PT is a test for learning, and this is my re-vision of McCahon's work.

Original artwork by Colin McCahon:
<http://www.mccahon.co.nz/cm000300>

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RISKS ARE FOR BASE JUMPERS.



NO RISK

This illustration panel is part of a film and graphic novel examining how we as health professionals manage risks and safety for older residents living in nursing homes. It reflects a clash of cultures between the paternalism of health and, the human rights world of promoting dignity and autonomy.

While it is important to protect the safety of an individual, our role as health professionals should be to support older people in making their choices that enhance their life. At times this requires challenging the status quo and recognising that paternalism is not the answer.

Joseph Ibrahim

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ALEXITHYMIA

Alexithymia is the inability to identify emotions within one's self. They may have difficulty describing their feelings, thinking in concrete and realistic terms rather than imaginatively. Even their dreams might be colourless, and impoverished of sensation and feeling. This lack of emotional awareness can also extend to interpersonal relationships, with an inability to recognize the emotions of others. Unintentionally, these people may be subsequently perceived as cold or uncaring. Unable to express themselves, some may have unexplained somatic symptoms like gastrointestinal or joint pain.

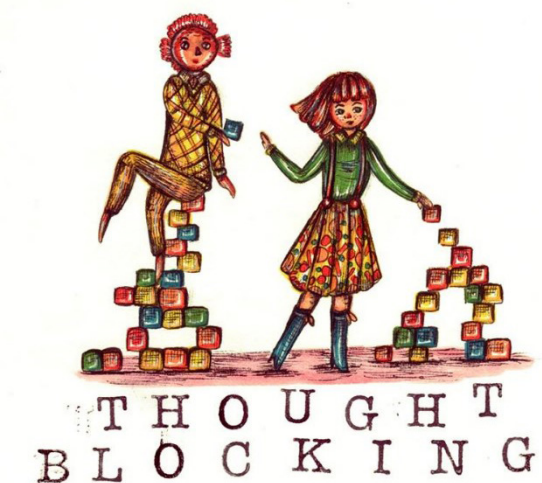
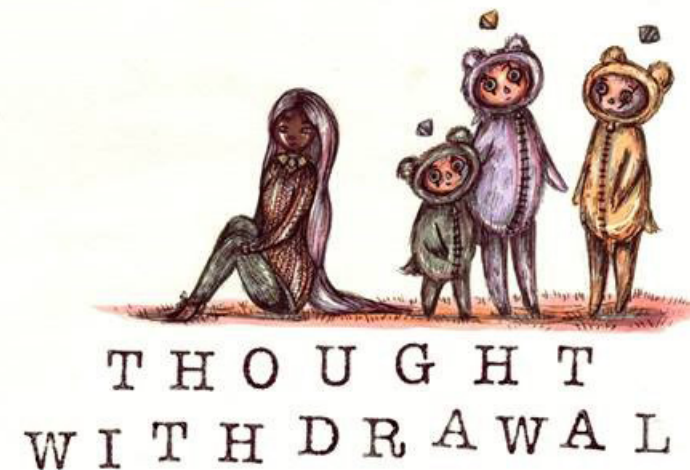
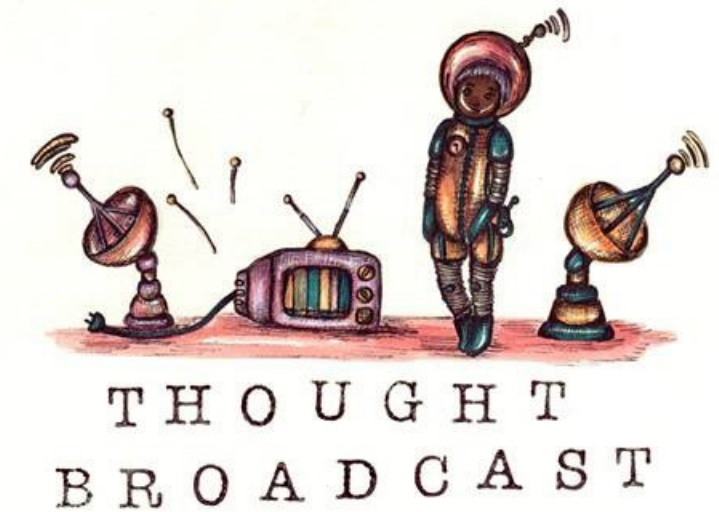
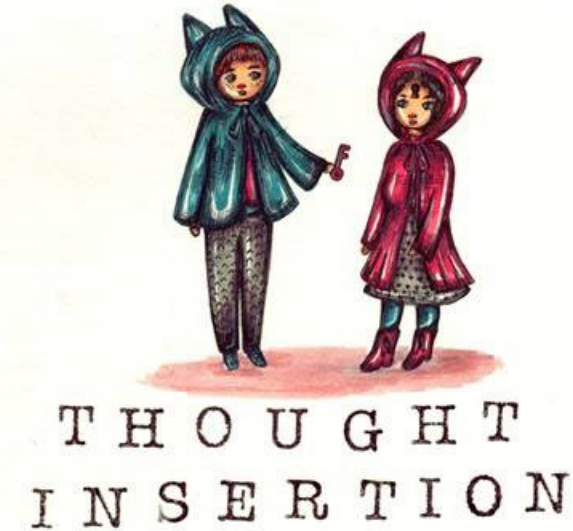
The emotional blindness of the girl in grey is apparent. Despite emotions such as anger, happiness, and misery being present and languishing for her attention, she covers her eyes and shows no perception. It is possible she appreciates they are present, on some level, as they tug at her dress and shout. But she cannot name them with her eyes squeezed shut.

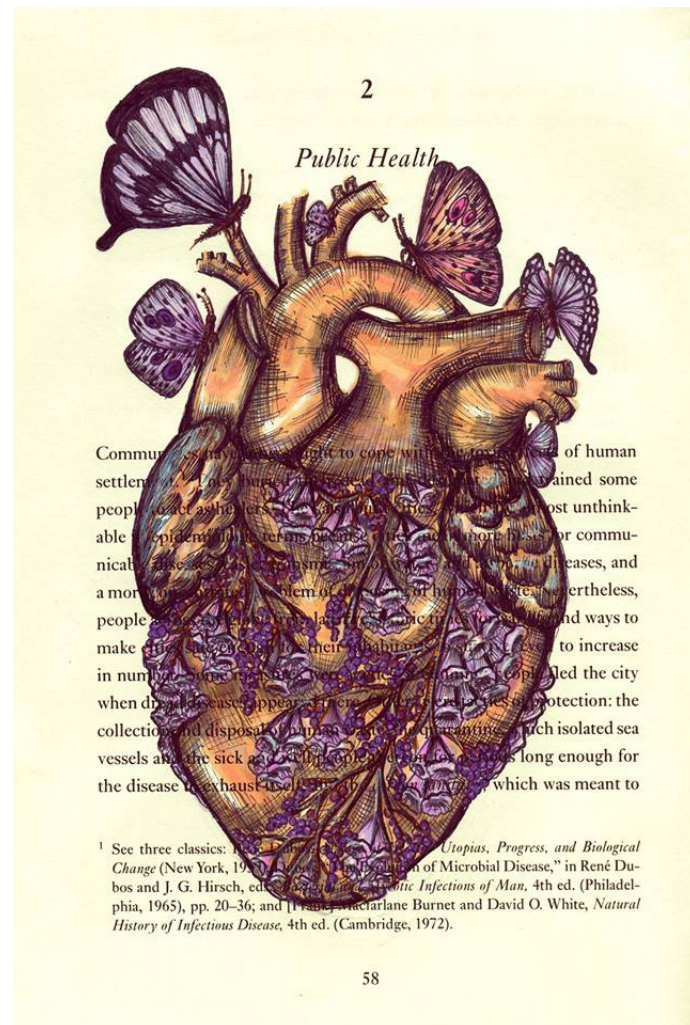
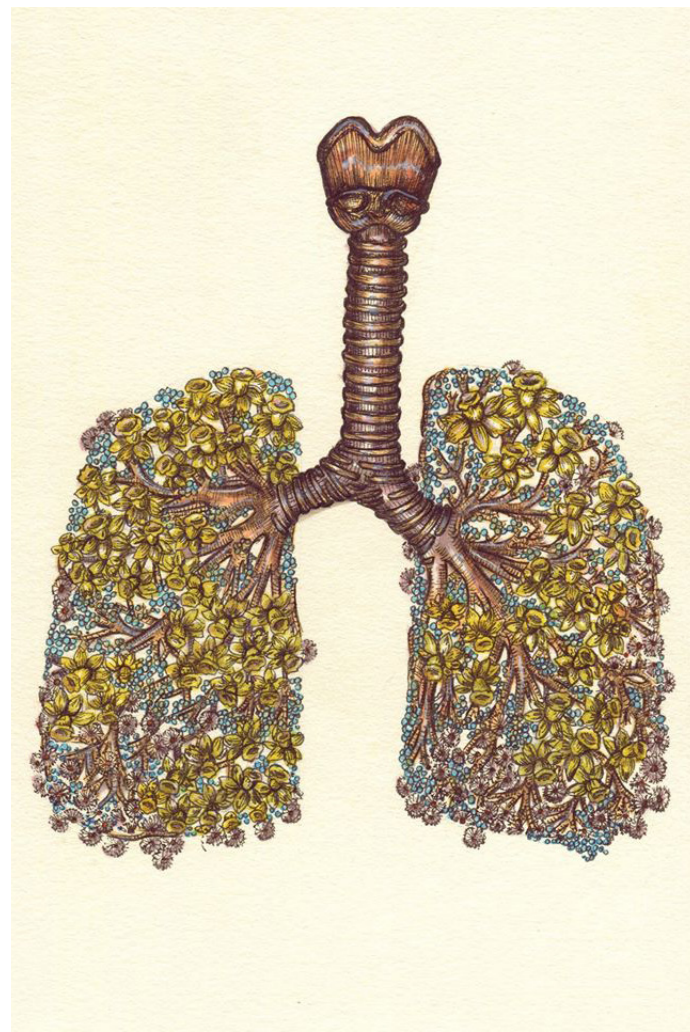
DSM-5

I've just completed medical school at The University of Melbourne and am a junior doctor next year. I also have experience as a carer, and as a disability support worker. This led to an interest in psychiatry, which led to my current work in mental health research! During medical school I drew approximately

200 drawings which illustrate the DSM-5, with some samples attached below. As a student I felt the drawings helped me conceptualize complex mental disorders during my psychiatry term, and also communicated the challenging and sensitive conditions to others.

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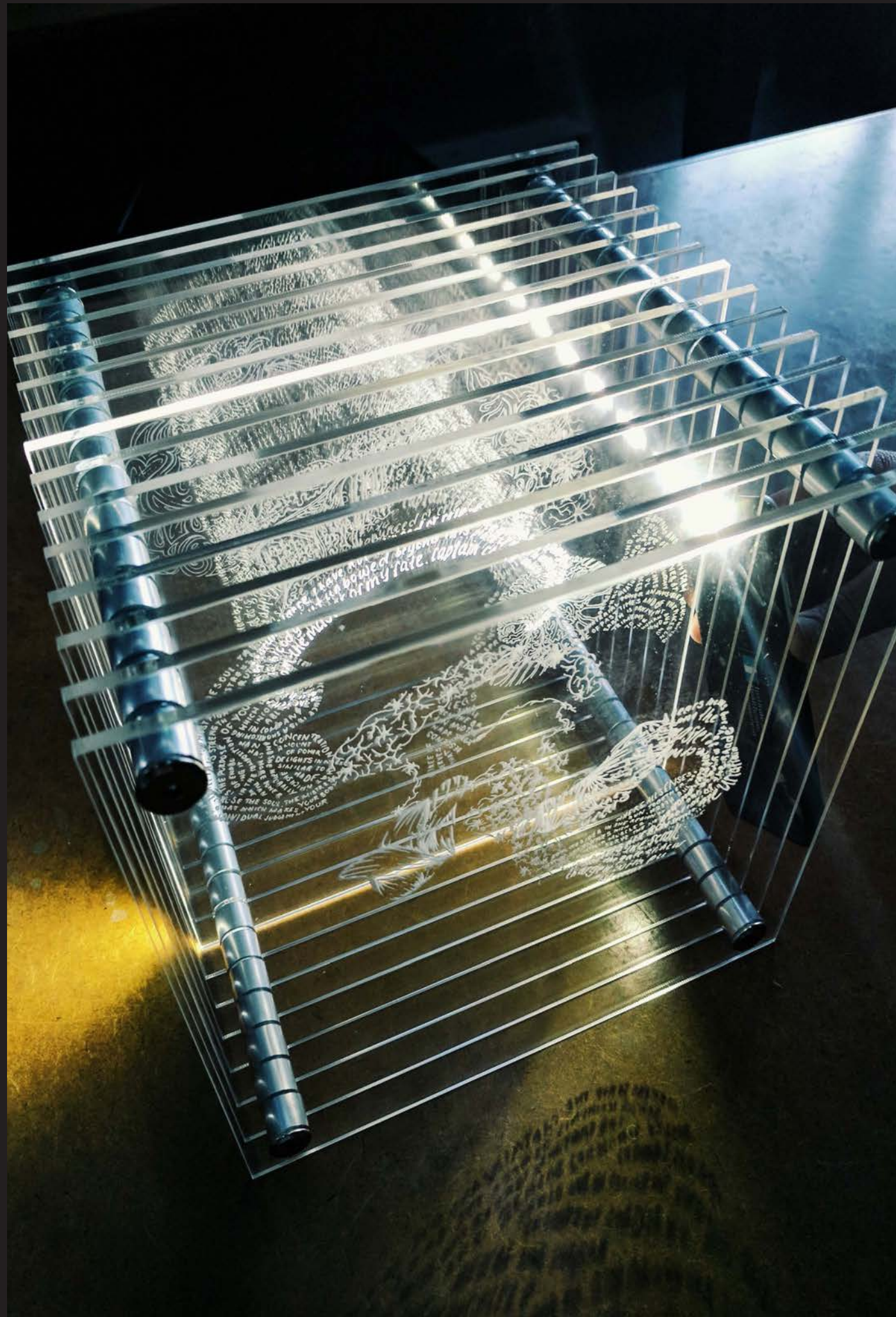




ANATOMY IN NATURE

This is a collection of anatomical artwork which was completed throughout medical school. I found art to be a great way to unwind after clinical placements, especially during difficult rotations such as palliative care. Sketching these anatomical drawings reminded me of the beauty of medicine at the time. Medicine

can often be all encompassing and take up much of life, so I found incorporating a different hobby into medicine let me to maintain a diverse interest in different areas, such as art, music, and reading.

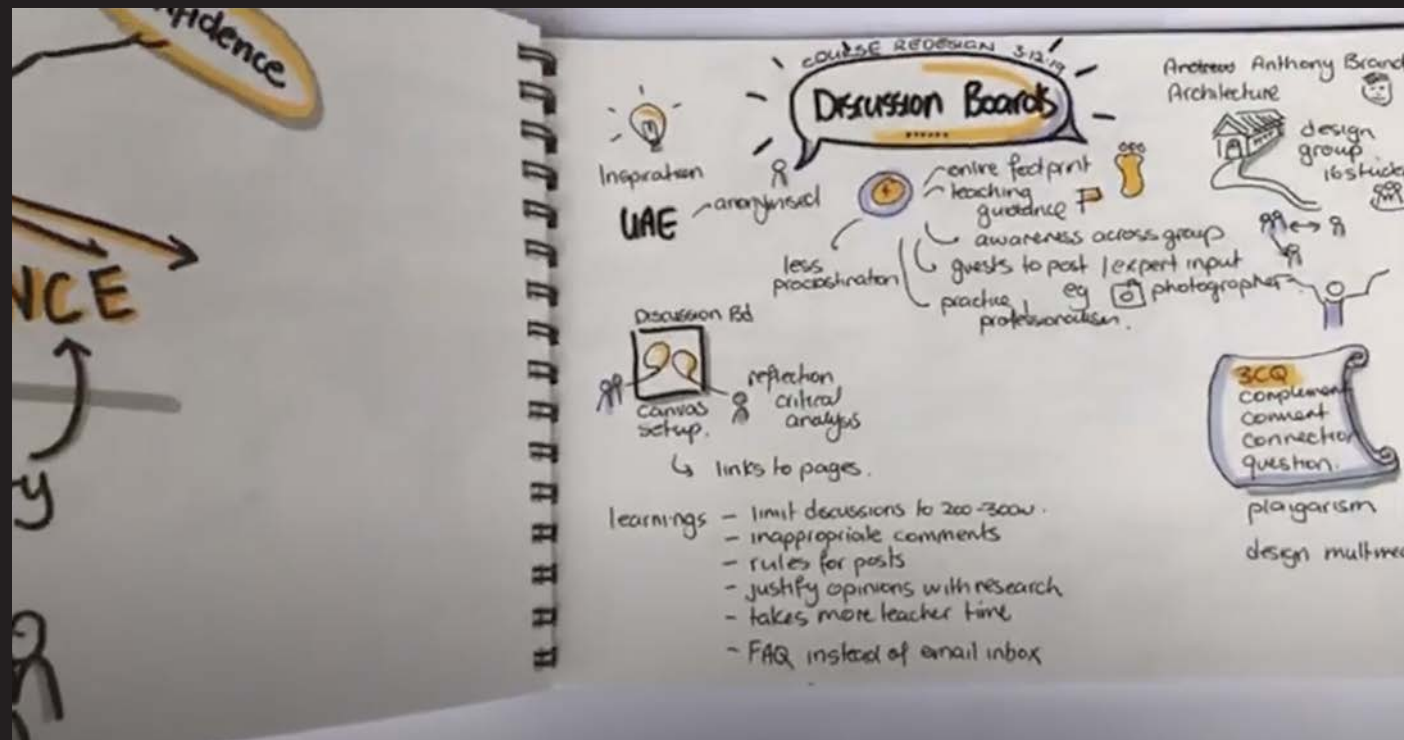


STRENGTH OF THE HUMAN MIND

The sculptural representation of the fascinating human brain 'puzzle' was completed as I was applying to become a health profession student; an exploration of the complex brain as the facilitator of the strong mind. The blend of poetry, scientific writings, neuron and muscular patterns engraved onto perspex portray the interplay between mental

fortitude and the physiology of the brain. An interactive element of the piece, light scanned along the side of the cube, illuminates a synapse-like effect. This work is all the more relevant now for the resilience and capability required in the journey to becoming a health professional.

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DUAL CODING FOR TEACHERS: SKETCHNOTES ON EDUCATION

In health professions education conferences such as ANZAHPE, we as educators are surrounded by learning experiences. How can we effectively capture and make meaning of what we see and hear? I have moved from furiously typing (transcribing) on my laptop, to slowing down, listening, then synthesising information from a presentation as a visual sketchnote. In this hand drawn sketchnotebook I have visually recorded academic development topics in higher education.

<https://youtu.be/WsrTozVPFGY>

Sketchnoting activates dual-coding, where we process verbal and visual information through separate channels. Research in cognitive neuroscience shows incorporation of visuals improves the capacity of our working memory and can evoke an emotional response. Sketchnotes are fun to create, help me make meaning, and are visually pleasing to revisit and to share.

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Photographer - KDMedia

KRYSTAL KRASH

"The Delta Collective" are a group of health professional educators using creative methods to help teach health professionals. This photograph was created by The Delta Collective and photographed by KDMedia.

The narrative of simulation education is explored within this work. Concepts of reality and perspective

are displayed. The lens which one sees, and is seen, is looked at through the eyes of viewer and of a simulation mannequin. By highlighting the intentional manipulation of the learning space through material overcompensation, within these pictures we hoped to speak of the importance of consideration to material matters in the creation of medical knowledge.

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LEARNING FROM ANYWHERE: REACH FOR THE STARS

A vision for learning cultures, is a vision for diversity and inclusivity. The ability for healthcare professionals to educate is a powerful universal skill that allows us

to empower ourselves, our colleagues and patients to reach for the stars. As it has been said: "Who is wise? The one who learns from all people."

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A COLLECTION OF EXPERIENCES POEMS BY JANETTE TOLICH

The language of whole person encounter – a hermeneutic phenomenological exploration

“If we see humans as interacting beings rooted within a meanings context, we need to see them in illness this way as well” (Carel, 2008, p. 20). A new language is needed and change in perception for biomedical healthcare to reconnect the whole experiencing person in illness.

One must first grasp the essence of this lived experience as a growing hermeneutic explorer.

<https://wholeperson.healthcare/>

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Hidden spaces

Oscillating
Between
Something I am trying to recognise
Calling it a calling
Calling it a compulsion
But not wanting it revealed
Precious yet mysterious
Doesn't everyone already know?

Maybe I don't want 'them' to know,
to know the hidden secrets, the path I walk down
The tears I witness
The calm
The waiting
The healing
The moving
The rush of awakening with another
Only for that time and place
Contingent

Remote
Complex
Simple
Intangible generosity-could it just be love?

So when I need courage to tread into the unknown,
to keep walking in the undergrowth
alone and 'together'
What I say to my followers
Those I respect
Those who grew Me
This is a small contribution
It is growing a gardenia in a dark corner,
its tiny glossy leaves,
it's once a year tender flower

It smells like human suffering pregnant with healing
The gaze between two lovers
Its touch elusive like the wind as it passes
Tasting like the heavy wait for the rain
The sound of evocative silence,
broken by the footfall of the tramper
The harnessing of a life-force

It is space and only space
This oscillation.

- Janette Tolich

ENCOUNTERING OTHER

Practice poem - evokes yearning to be seen as a whole person in healthcare.

Name me

Name me why don't you
Is it I that am here?
I come
Creeping to your door in what capacity I do not know
Can you please reveal me to me?

I wait
Why does this world wait?
This forever waiting in this healthcare system
The waiting world, growing bigger
Waiting to be heard and still, I crouch

Could it be it is not my place?
This world yours not mine?

Name me why don't you as the person
One who came to the name on your door
Seeking wellness

Let me in your door
Let us look around together
Put the pieces back together

No more cowering in the darkness
Let's shed light to the dark distant corners
Those sad and happy corners

Then let us walk out together.

- Janette Tolich

ENCOUNTERING MYSELF

Poem - the search to find the whole-self in therapeutic encounter.

Self a clinical philosophy

Confusion reigns
Our search for meanings to explain ourselves
Fragmented my separated mind and body, diminishing me
My-unhomelike-being -in-the-world
Where I don't feel like myself anymore

I sit here beside myself
With anxiety
Could it be that this is my becoming?
Like myself again

I am and only exist in my object relation to you
You have become my capacity, while I wait to become myself again

I wait for the world of literature to catch up
To fall into step with my real experiencing self
Healing awaits where this wholeness becomes.

- Janette Tolich

BECOMING KNOWN IN CLINICAL ENCOUNTER

Poem - vulnerability and safe boundaries in the whole person encounter.

The Invitation

Prepare the path we take together
The road less travelled
The suffering stranger & the Good Samaritan
A path hidden in the undergrowth
Softly cradled in the green moss
Beckoning my pain
Exposing my truth
In this safe protected place
Where I lie back and you take out my heart
I am remembered
A place to bring all of me and all of you
Re awakening my soul, my whole and my identity
Holding each other broken and fragile
Together we hold the boundaries
Contain me
Please
Not too tightly so I can move to find the freedom that is me
Vividly intensely to become me again in your presence.

- Janette Tolich

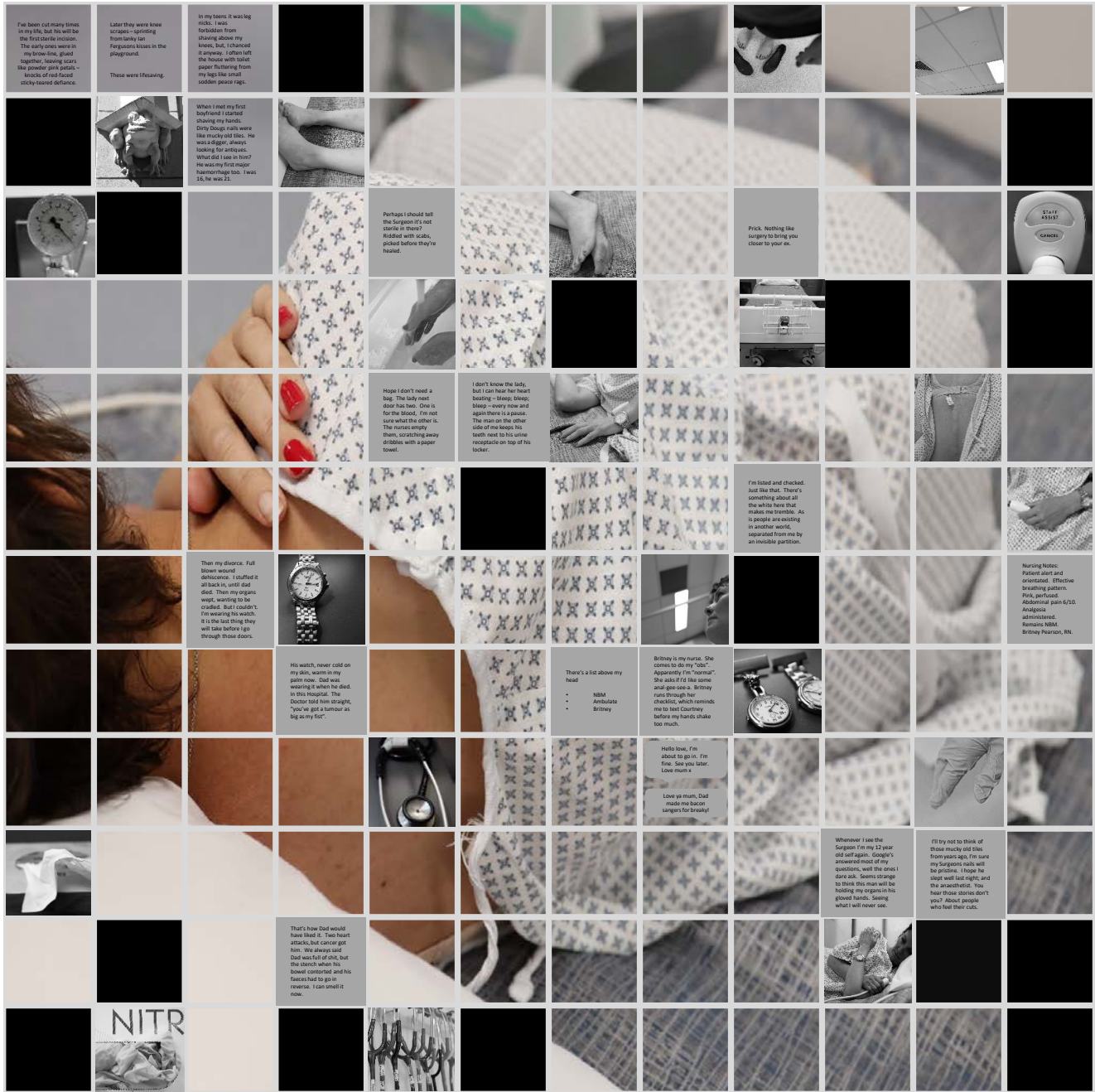
A WHOLE PERSON ENCOUNTER

Poem - flourishing in a whole person space in healthcare.

The Marketplace at Dawn

A mist hangs over the marketplace
Slowly arriving,
the light of dawn brings with it the chatter of voices
Colour, shape, smell and sound boisterously arrive
Alive and reverberating
An exchange of life
Organic and emergent
Curiosity creating this prairie space
The dancefloor opens up
Where
Life makes its arrival
In
The in-between space.

- Janette Tolich



CUTS

Layered in a single monologue, ‘Cuts’ explores facets of a complex relationship with health and healthcare. Patient vulnerabilities and past experiences are exposed in an effort to capture dynamic exchanges between healthcare facilities and patients, what is said and not said, what is seen and not seen, what

is often taken for granted. As healthcare professionals we strive to provide care that is person-centred, however, we are such multifarious creatures, perhaps this concept needs to be reimaged?

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I’ve been cut many times in my life, but this will be the first sterile incision. The early ones were in my brow-line, glued together, leaving scars like powder pink petals – knocks of red-faced sticky-teared defiance. Later they were knees scrapes - sprinting from lanky Ian Ferguson’s kisses in the playground. These were lifesaving.

In my teens it was leg nicks. I was forbidden from shaving above my knees, but, I chanced it anyway. I often left the house with toilet paper fluttering from my legs like small blood sodden peace flags. When I met my first boyfriend I started shaving for hands, Dirty Doug’s nails were like mucky old tiles. He was a digger, always looking for antiques. What did I see in him? He was my first major haemorrhage too. I was 16. He 21.

Then my divorce. Full blown wound dehiscence. I stuffed it all back in, until dad died. Then my organs wept, wanting to be cradled. But I couldn’t. I’m wearing his watch. It will be the last thing they take before I go through those doors. His watch, never cold on my skin, warm in my palm now. Dad was wearing it when he died. In this hospital. The doctor told him straight, ‘you’ve got a tumour as big as my fist.’ That’s how dad would have liked it. Two heart attacks, but cancer got him. We always said dad was full of shit but the stench when his bowel contorted and his faeces had to go in reverse. The smell of stale organs. I can smell it now.

Perhaps I should tell the surgeon it’s not so sterile in there? Riddled with scabs, picked before they’d healed.

Hope I don’t need a bag. The lady next door has two. One is for blood, I’m not sure what the other is. The nurses empty them, scratching away dribbles with a paper towel. I don’t know the lady but I can hear her heart beating – bleep, bleep, bleep - every now and again there is a pause.

The man on the other side of me keeps his teeth next to his urine receptacle on top of his locker.

There’s this list above my head:

- NBM
- Ambulate
- Britney

Britney is my nurse. She comes to do my ‘obs.’ Apparently, I’m normal. She asks if I’d like some anal-gee-see-a. Britney runs through her checklist, which reminds me to text Courtney before my hands shake too much,

“Hello love, I’m about to go in. I’m fine. See you later. Love mum x”
“Love ya mum. Dad made me bacon sangers for breaky!”

Prick. Nothing like surgery to bring you closer to your ex.

I’m listed and checked. Just like that. There’s something about all the white here that’s making me tremble. As if people are existing in another world, separated from me by an invisible partition.

Whenever I see the surgeon I’m my 12-year-old self again. Google has answered most of my questions, well, the ones I dare to ask. Seems strange to think this man will be holding my organs in his gloved hands. Seeing what I will never see. I’ll try not to think of those mucky old tiles from years ago, I’m sure the surgeon’s nails will be pristine. I hope he slept well last night, and the anaesthetist. You hear those stories, don’t you? About people who feel their cuts.

Nursing notes:
Patient alert and orientated. Effective breathing pattern. Pink, perfused. Abdominal pain 6/10. Analgesia administered. Remains NBM. - Britney Peterson, RN.

WAYS OF SEEING IN HEALTHCARE - ANZAHPE CONFERENCE 2020

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