
Narrative Medicine Bridging The Gap Between Evid

Teaching Empathy in Healthcare
 Mental Health Intervention and Treatment of First Responders and Emergency Workers
 Victorian Contagion
 Narrative Based Medicine
 Narrative Therapies with Children and Adolescents
 The Illness Narratives
 The Chief Concern of Medicine
 A Social Dreaming Experience at the Time of COVID 19
 Languages of Care in Narrative Medicine
 The Death Gap
 Narrative-Based Practice in Health and Social Care
 What Patients Say, What Doctors Hear
 Narrative Medicine
 Intelligent Systems for Sustainable Person-Centered Healthcare
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 Revitalizing Health Through Humanities: Foregrounding Unheard Trends
 The Cancer Plot
 The Practical Playbook III
 The Bloomsbury Companion to Contemporary Philosophy of Medicine
 User-Driven Healthcare and Narrative Medicine: Utilizing Collaborative Social Networks and Technologies
 Narrative Medicine
 Narrative Medicine
 Communities in Action
 Cultural Contexts of Health
 Understanding Medical Education
 Patient Centered Medicine
 Global Perspectives on Probing Narratives in Healthcare
 Culture, Spirituality and Religious Literacy in Healthcare
 The Principles and Practice of Narrative Medicine
 Attending
 Keywords for Health Humanities
 Bridging the Gap Between AI, Cognitive Science, and Narratology With Narrative Generation
 Non-violent Communication and Narrative Medicine for Promoting Sustainable Health
 Minimal English for a Global World
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Teaching Empathy in Healthcare

Routledge

A definitive and authoritative guide to a vibrant and growing discipline in current philosophy, *The Bloomsbury Companion to Contemporary Philosophy of Medicine* presents an overview of the issues facing contemporary philosophy of medicine, the research methods required to understand them and a trajectory for the discipline's future. Written by world leaders in the discipline, this companion addresses the ontological, epistemic, and methodological challenges facing philosophers of medicine today, from the debate between evidence-based and person-centered medicine, medical humanism, and gender medicine,

to traditional issues such as disease, health, and clinical reasoning and decision-making. Practical and forward-looking, it also includes a detailed guide to research sources, a glossary of key terms, and an annotated bibliography, as well as an introductory survey of research methods and discussion of new research directions emerging in response to the rapid changes in modern medicine. "Philosophy needs medicine", Hillel Braude argues, 'to become more relevant'. By showing how modern medicine provides philosophers with a rich source of material for investigating issues facing contemporary society, *The Bloomsbury Companion to Contemporary Philosophy of Medicine* introduces the opportunities medicine offers philosophers together with the resources and skills required to contribute to contemporary debates and discussions.

[Mental Health Intervention and Treatment of First Responders and Emergency Workers](#) Edinburgh University Press

"This book explores various individual user-driven strategies that assist in solving multiple clinical system problems in healthcare, using social networking to improve their healthcare outcomes"-- Provided by publisher.

Victorian Contagion Basic Books
Victorian Contagion: Risk and Social Control in the Victorian Literary Imagination examines the literary and cultural production of contagion in the Victorian era and the way that production participated in a moral economy of surveillance and control. In this book, I attempt to make sense of how the discursive practice of contagion governed the interactions and correlations between medical science, literary creation, and cultural imagination. Victorians dealt with

the menace of contagion by theorizing a working motto in claiming the goodness and godliness in cleanliness which was theorized, realized, and radicalized both through practice and imagination. The Victorian discourse around cleanliness and contagion, including all its treatments and preventions, developed into a culture of medicalization, a perception of surveillance, a politics of health, an economy of morality, and a way of thinking. This book is an attempt to understand the literary and cultural elements which contributed to fear and anticipation of contagion, and to explain why and how these elements still matter to us today.

Narrative Based Medicine Oxford University Press

Storytelling is an essential tool for reporting and illuminating the cultural contexts of health: the practices and behavior that groups of people share and that are defined by customs, language, and geography. This report reviews the literature on narrative research, offers some quality criteria for appraising it, and gives three detailed case examples: diet and nutrition, well-being, and mental health in refugees and asylum seekers. Storytelling and story interpretation belong to the humanistic disciplines and are not a pure science, although established techniques of social science can be applied to ensure rigor in sampling and data analysis. The case studies illustrate how narrative research can convey the individual experience of illness and well-being, thereby complementing and sometimes challenging epidemiological and public health evidence.

Narrative Therapies with Children and Adolescents IGI Global

Narrative-Based Practice in Health and Social Care outlines a vision of how witnessing narratives, paying attention to them, and developing an ability to question them creatively, can make the person's emerging story the central focus of health and social care, and of healing. This text gives an account of the practical application of ideas and skills from contemporary narrative studies to health and social care. Promoting narrative-based practice in everyday encounters with patients and clients, and in supervision, teaching, teamwork and management, it presents "Conversations Inviting Change," an established narrative-based model of interactional skills. Underpinned by an account of theory from narrative studies and related fields, including communication theory and systems thinking, it is written for students and

practitioners across a broad range of professions in primary and secondary health care and social care. More information about "Conversations Inviting Change" is available at www.conversationsinvitingchange.com.

This website includes podcasts, presentations and further teaching material as well as details of forthcoming courses, and is continually updated with information about the approach described in this book.

The Illness Narratives Taylor & Francis
Empathy is essential to effectively engaging patients as partners in care. Clinicians' empathy is increasingly understood as a professional competency, a mode and process of relating that can be learned and taught. Communication and empathy training are penetrating healthcare professions curricula as knowledge about the most effective modalities to train, maintain, and deepen empathy grows. This book draws on a wide range of contributors across many disciplines, and takes an evidence-based and longitudinal approach to clinical empathy education. It takes the reader on an engaging journey from understanding what empathy is (and how it can be measured), to approaches to empathy education informed by those understandings. It elaborates the benefits of embedding empathy training in graduate and post-graduate curricula and the importance of teaching empathy in accord with the clinician's stage of professional development. Finally, it examines systemic perspectives on empathy and empathy education in the clinical setting, addressing issues such as equity, stigma, and law. Each section is full of the latest evidence-based research, including, notably, the advances that have been made over recent decades in the neurobiology of empathy. Perspectives among the interdisciplinary chapters include: Neurobiology of empathy
Measuring empathy in healthcare
Teaching clinicians about affect
Teaching cultural humility: Understanding the core of others by reflecting on ours
Empathy and implicit bias: Can empathy training improve equity?
Teaching Empathy in Healthcare: Building a New Core Competency takes an innovative and comprehensive approach towards a developed understanding of empathy in the clinical context. This evidence-based book is set to become a classic text on the topic of empathy in healthcare settings, and will appeal to a broad readership of clinicians, educators, and researchers in clinical medicine, neuroscience, behavioral health, and the social sciences, leaders in

educational and professional organizations, and anyone interested in the healthcare services they utilize.

The Chief Concern of Medicine Routledge

From one of America's most celebrated psychiatrists, the book that has taught generations of healers why healing the sick is about more than just diagnosing their illness. Modern medicine treats sick patients like broken machines -- figure out what is physically wrong, fix it, and send the patient on their way. But humans are not machines. When we are ill, we experience our illness: we become scared, distressed, tired, weary. Our illnesses are not just biological conditions, but human ones. It was Arthur Kleinman, a Harvard psychiatrist and anthropologist, who saw this truth when most of his fellow doctors did not. Based on decades of clinical experience studying and treating chronic illness, *The Illness Narratives* makes a case for interpreting the illness experience of patients as a core feature of doctoring. Before *Being Mortal*, there was *The Illness Narratives*. It remains today a prescient and passionate case for bridging the gap between patient and practitioner.

A Social Dreaming Experience at the Time of COVID 19 University of Chicago Press

The Principles and Practice of Narrative Medicine articulates the ideas, methods, and practices of narrative medicine. Written by the originators of the field, this book provides the authoritative starting place for any clinicians or scholars committed to learning of and eventually teaching or practicing narrative medicine. *Languages of Care in Narrative Medicine* Springer

We hear plenty about the widening income gap between the rich and the poor in America and about the expanding distance separating the haves and the have-nots. But when detailing the many things that the poor have not, we often overlook the most critical—their health. The poor die sooner. Blacks die sooner. And poor urban blacks die sooner than almost all other Americans. In nearly four decades as a doctor at hospitals serving some of the poorest communities in Chicago, David A. Ansell, MD, has witnessed firsthand the lives behind these devastating statistics. In *The Death Gap*, he gives a grim survey of these realities, drawn from observations and stories of his patients. While the contrasts and disparities among Chicago's communities are particularly stark, the death gap is truly a nationwide epidemic—as Ansell shows, there is a thirty-five-year difference in life expectancy between the healthiest and

wealthiest and the poorest and sickest American neighborhoods. If you are poor, where you live in America can dictate when you die. It doesn't need to be this way; such divisions are not inevitable. Ansell calls out the social and cultural arguments that have been raised as ways of explaining or excusing these gaps, and he lays bare the structural violence—the racism, economic exploitation, and discrimination—that is really to blame. Inequality is a disease, Ansell argues, and we need to treat and eradicate it as we would any major illness. To do so, he outlines a vision that will provide the foundation for a healthier nation—for all. As the COVID-19 mortality rates in underserved communities proved, inequality is all around us, and often the distance between high and low life expectancy can be a matter of just a few blocks. Updated with a new foreword by Chicago mayor Lori Lightfoot and an afterword by Ansell, *The Death Gap* speaks to the urgency to face this national health crisis head-on.

The Death Gap NYU Press

Showcasing approaches as creative and playful as young clients themselves, the book presents therapy as a dialogue of discovery. Through transcripts and compelling case examples, contributors illuminate how drama, art, play, and humor can be used effectively to engage with children of different ages, and to honor their idiosyncratic language, knowledge, and perspective.

Narrative-Based Practice in Health and Social Care Bloomsbury Publishing

Can refocusing conversations between doctors and their patients lead to better health? Despite modern medicine's infatuation with high-tech gadgetry, the single most powerful diagnostic tool is the doctor-patient conversation, which can uncover the lion's share of illnesses. However, what patients say and what doctors hear are often two vastly different things. Patients, anxious to convey their symptoms, feel an urgency to "make their case" to their doctors. Doctors, under pressure to be efficient, multitask while patients speak and often miss the key elements. Add in stereotypes, unconscious bias, conflicting agendas, and fear of lawsuits and the risk of misdiagnosis and medical errors multiplies dangerously. Though the gulf between what patients say and what doctors hear is often wide, Dr. Danielle Ofri proves that it doesn't have to be. Through the powerfully resonant human stories that Dr. Ofri's writing is renowned for, she explores the high-stakes world of doctor-patient communication that we all must navigate.

Reporting on the latest research studies and interviewing scholars, doctors, and patients, Dr. Ofri reveals how better communication can lead to better health for all of us.

What Patients Say, What Doctors Hear IGI Global

Elaborating with the concepts of culture and religious literacy, this volume examines theoretical, methodological and empirical aspects of the practice and study of religion and non-religion, culture, spirituality and worldviews within healthcare. In modern multi-cultural and multi-religious societies, a host of new issues have arisen concerning culture, religion and spirituality within healthcare, especially when people face serious and life-limiting illness. Healthcare professionals are faced with challenges addressing and handling patients' cultural expressions of religiosity, spirituality and existential concerns. The variety needs to be met without essentializing the concepts of culture and religion, and with an ability to include the non-religious as well as new types of spiritualities. This collection reflects on the tension between cultural, religious and spiritual dimensions of care in a secularized healthcare institution and describes implications of this tension for healthcare professionals and patients. The book engages with an ongoing scholarly discussion about religious literacy in healthcare, and contributes perspectives, experiences and empirical examples from the Nordic countries, especially Sweden. It gives suggestions for practical application of research to healthcare practice, highlighting challenges and ideas for how to integrate religious, non-religious, and spiritual dimensions in care. This is an important contribution to the literature on religious literacy and provides a vital reference for students, scholars and healthcare professionals with an interest in the complex relationship between culture, spirituality, and religion in healthcare. Chapter 6 of this book is freely available as a downloadable Open Access PDF at <http://www.taylorfrancis.com> under a Creative Commons [Attribution-Non Commercial-No Derivatives (CC-BY-NC-ND)] 4.0 license.

Narrative Medicine National Academies Press

The book describes the experience of four Social Dreaming Matrices held online between March and May 2020, during the first lockdown caused by the Covid 19 emergency. The pandemic isolated us and imposed prolonged contact with ourselves and our solitary thoughts. Against this backdrop, there was hope for change, a desire for a different kind of sociability and

different forms of intimacy. On the basis of this evidence, our research supports the shift "from experiencing trauma to reacting to trauma", looking at a collective traumatic experience not only as something to be overcome but as an opportunity for a transformation that changes our mental schemes in relation to the external context. We have identified Social Dreaming as a privileged technique to overcome a collective traumatic experience, supporting its elaboration through collective feelings, new connections between intuition and rational thought, the discovery of community meanings. The authors's thesis is that the much-needed transition from 'magical thinking' to 'transformative thinking' takes place in a setting that is able to contain the anxieties of life's transitional phases, supporting the creation of new rituals and new social bonds and sustaining the passage from "me" to a "wider we".

Intelligent Systems for Sustainable Person-Centered Healthcare IGI Global

Narrative Medicine Springer

Tornado of Life Oxford University Press

This book examines all aspects of narrative medicine and its value in ensuring that, in an age of evidence-based medicine defined by clinical trials, numbers, and probabilities, clinical science is firmly embedded in the medical humanities in order to foster the understanding of clinical cases and the delivery of excellent patient care. The medical humanities address what happens to us when we are affected by a disease and narrative medicine is an interdisciplinary approach that emphasizes the importance of patient narratives in bridging various divides, including those between health care professionals and patients. The book covers the genesis of the medical humanities and of narrative medicine and explores all aspects of their role in improving healthcare. It describes how narrative medicine is therapeutic for the patient, enhances the patient-doctor relationship, and allows the identification, via patients' stories, of the feelings and experiences that are characteristic for each disease. Furthermore, it explains how to use narrative medicine as a real scientific tool. Narrative Medicine will be of value for all caregivers: physicians, nurses, healthcare managers, psychotherapists, counselors, and social workers. "Maria Giulia Marini takes a unique and innovative approach to narrative medicine. She sees it as offering a bridge - indeed a variety of different bridges - between clinical care and 'humanitas'. With a sensitive use of mythology, literature and metaphor on the one hand, and scientific

studies on the other, she shows how the guiding concept of narrative might bring together the fragmented parts of the medical enterprise". John Launer, Honorary Consultant, Tavistock Clinic, London UK

Health Humanities for Quality of Care in Times of COVID -19 IGI Global

Unlike any existing studies of the medical humanities, *The Chief Concern of Medicine* brings to the examination of medical practices a thorough---and clearly articulated---exposition of the nature of narrative. The book builds on the work of linguistics, semiotics, narratology, and discourse theory and examines numerous literary works and narrative "vignettes" of medical problems, situations, and encounters. Throughout, the book presents usable expositions of the ways storytelling organizes itself to allow physicians and other healthcare workers (and even patients themselves) to be more attentive to and self-conscious about the information---the "narrative knowledge"---of the patient's story.

Improving Mental Health and Wellbeing Through Bibliotherapy

Oxford University Press

This book examines all aspects of narrative medicine and its value in ensuring that, in an age of evidence-based medicine defined by clinical trials, numbers, and probabilities, clinical science is firmly embedded in the medical humanities in order to foster the understanding of clinical cases and the delivery of excellent patient care. The medical humanities address what happens to us when we are affected by a disease and narrative medicine is an interdisciplinary approach that emphasizes the importance of patient narratives in bridging various divides, including those between health care professionals and patients. The book covers the genesis of the medical humanities and of narrative medicine and explores all aspects of their role in improving healthcare. It describes how narrative medicine is therapeutic for the patient, enhances the patient/doctor relationship, and allows the identification, via patients' stories, of the feelings and experiences that are characteristic for

each disease. Furthermore, it explains how to use narrative medicine as a real scientific tool. Narrative Medicine will be of value for all caregivers: physicians, nurses, healthcare managers, psychotherapists, counselors, and social workers. *Í* Maria Giulia Marini takes a unique and innovative approach to narrative medicine. She sees it as offering a bridge *Í* indeed a variety of different bridges *Í* between clinical care and *Í*humanitas*Í*. With a sensitive use of mythology, literature and metaphor on the one hand, and scientific studies on the other, she shows how the guiding concept of narrative might bring together the fragmented parts of the medical enterprise*Í*. John Launer, Honorary Consultant, Tavistock Clinic, London UK.

Cultivating Compassion Guilford Press

This book explores how digital storytelling can catalyze change in healthcare. Edited by the co-founders of the award-winning Patient Voices Programme, the authors discuss various applications for this technique; from using digital storytelling as a reflective process, to the use of digital stories in augmenting quantitative data. Through six main sections this second edition covers areas including healthcare education, patient engagement, quality improvement and the use of digital storytelling research. The chapters illuminate how digital storytelling can lead to greater humanity, understanding and, ultimately, compassion. This collection will appeal to those involved in delivering, managing or receiving healthcare and healthcare education and research, as well as people interested in digital storytelling and participatory media.

Revitalizing Health Through Humanities: Foregrounding Unheard Trends Health Evidence Network Synthe

The stress that comes with being a first responder has been known to lead to depression, anxiety, substance abuse, and suicide. However, few clinicians are informed about these health concerns and how to adequately treat them in this population. Therefore, there is an urgent need for practitioners to understand the latest information regarding treatments that will be useful to this specific population. *Mental Health Intervention and*

Treatment of First Responders and Emergency Workers is an essential reference source that focuses on the latest research for diagnosing and treating mental health issues experienced by emergency personnel and seeks to generate awareness and inform clinicians about the unique circumstances encountered by these professionals. While highlighting topics including anxiety disorders and stress management, this book is ideally designed for clinicians, therapists, psychologists, psychiatrists, practitioners, medical professionals, EMTs, law enforcement, fire departments, military, academicians, researchers, policymakers, and students seeking current research on psychological therapy methods regarding first responders. *The Cancer Plot* University of Michigan Press

In this landmark Companion, expert contributors from around the world map out the field of the critical medical humanities. This is the first volume to introduce comprehensively the ways in which interdisciplinary thinking across the humanities and social sciences might contribute to, critique and develop medical understanding of the human individually and collectively. The thirty-six newly commissioned chapters range widely within and across disciplinary fields, always alert to the intersections between medicine, as broadly defined, and critical thinking. Each chapter offers suggestions for further reading on the issues raised, and each section concludes with an Afterword, written by a leading critic, outlining future possibilities for cutting-edge work in this area. Topics covered in this volume include: the affective body, biomedicine, blindness, breath, disability, early modern medical practice, fatness, the genome, language, madness, narrative, race, systems biology, performance, the postcolonial, public health, touch, twins, voice and wonder. Together the chapters generate a body of new knowledge and make a decisive intervention into how health, medicine and clinical care might address questions of individual, subjective and embodied experience.

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