

# COMICS-BASED PRACTITIONER RESEARCH IN THE HEALTHCARE HUMANITIES: A DOCTOR'S QUEST



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# WARNING

I will be asking you to draw a comic in this session.

Don't be scared. It will be OK.



# Credentials/Outline

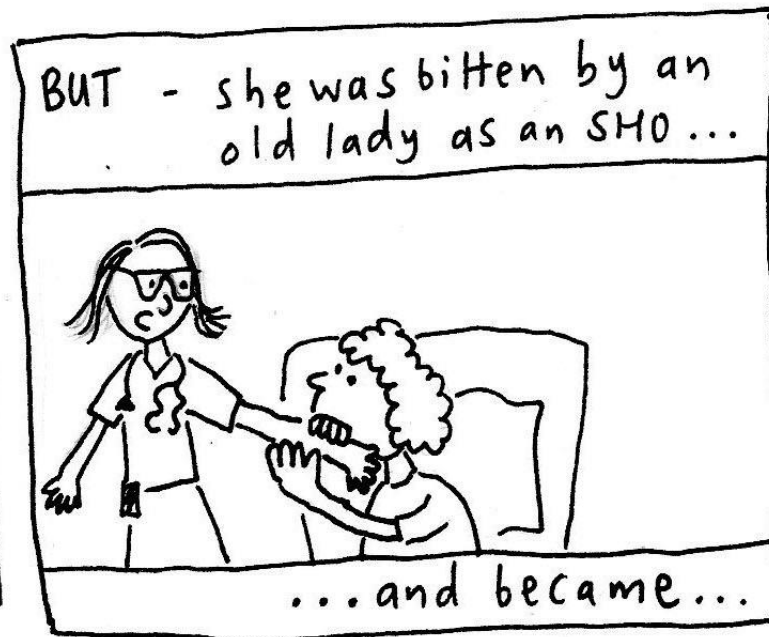
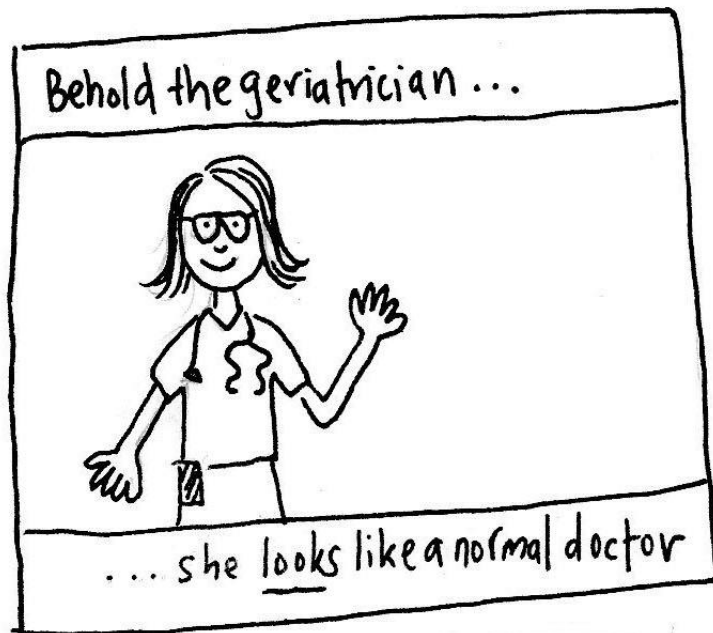
MBBS	Origin story
MA Clinical Education	Hidden curriculum Comics for education
FRCP	Seeing our physician selves Seeing practice
PhD	Comics as research

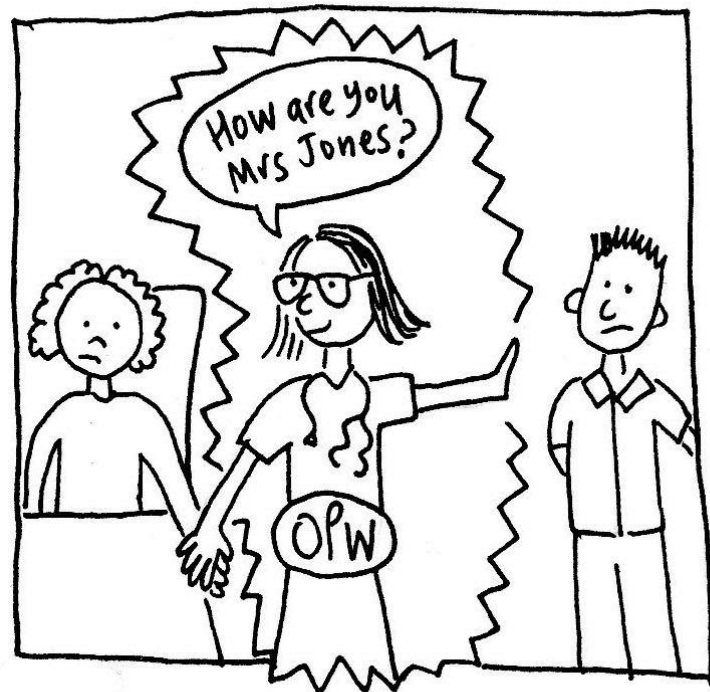


# MBBS: Origin Story

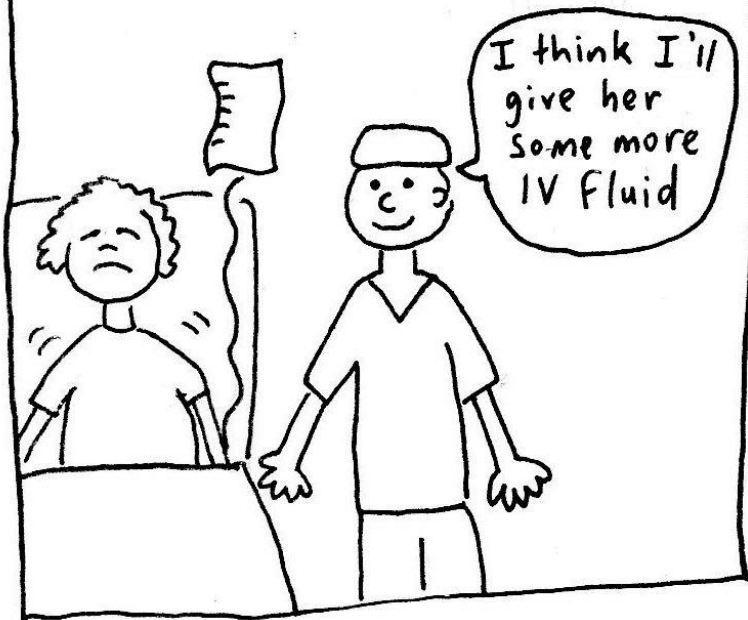
# SUPER-GERIS

How geriatricians  
really see themselves...

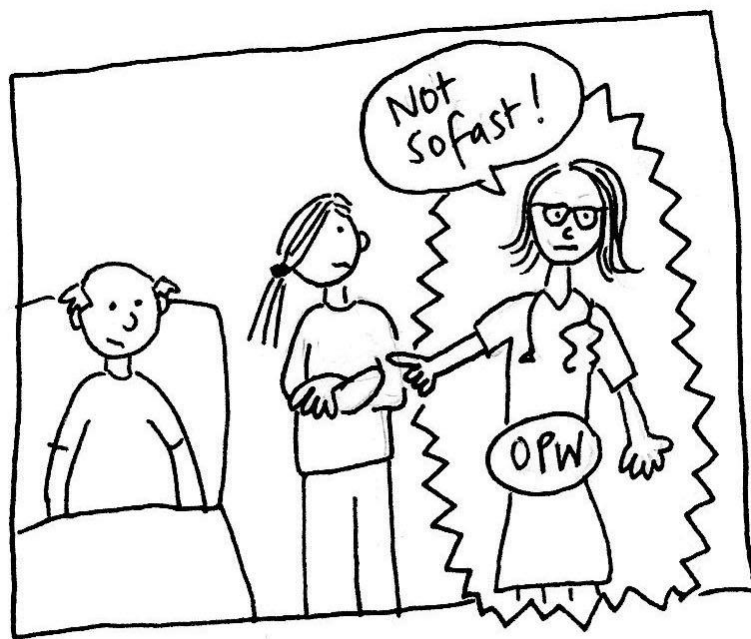




Saving old people from orthopods...









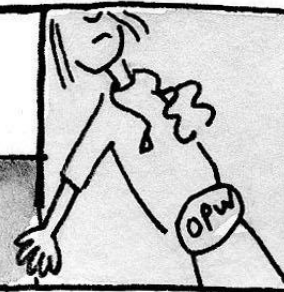
Of course all  
superheroes have  
their kryptonite...



MA: Hidden curriculum

RECOVERY / RESTITUTION - erm, not yet

Old Person Whisperer is a wounded storyteller, too.



← After  
Arthur  
Frank

As a medical registrar I often felt **HOUNDED**



I had to ARMOUR UP to keep it together



Your constant  
demands and  
obvious  
suffering  
cannot harm  
me now.



Sometimes I felt resigned, detached, like a ZOMBIE



Even emergency calls became a welcome relief

Let's  
run  
(away)

= BEEP =  
CARDIAC =  
ARREST //



Follow the  
algorithm  
then they  
either die  
or go to  
ITU.  
Easy.

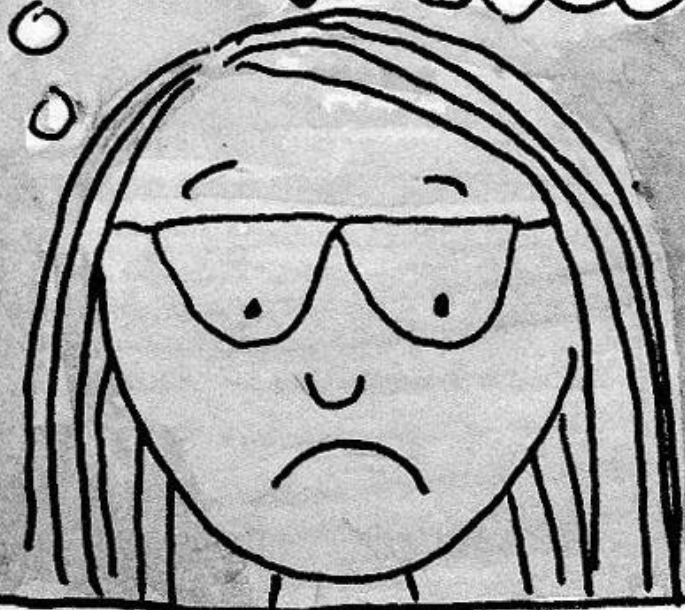


One of the positive effects was a feeling of **EUPHORIA** ...



Though the joy could be  
short lived

I'm on call  
again this  
weekend



True, it didn't kill me, but I'm not sure it made me stronger

↑  
Dear Nietzsche,  
You were  
wrong about  
that.

Regards,  
OPW

Copy to:  
kellyclarkson  
kanye west  
etc

True, it didn't kill me, but I'm not sure it made me stronger

↑  
Dear Nietzsche,  
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Regards,  
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Copy to:  
kellyClarkson  
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etc

Oncall consultant, last Sunday afternoon

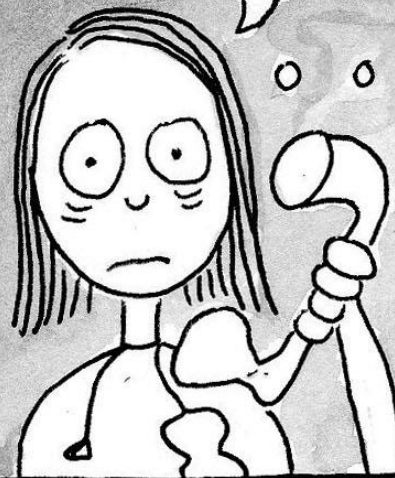
Can you  
sign this  
DNAR form?

Mrs Jones'  
Family are  
not happy

Ok, yes, send them in

Where did  
I put  
that  
armour?

My patient  
is unwell,  
too



# MA: comics for education

Comic by Caitlin McGirr: Year 5 medical student (done in year 2 as part of SSC)



# MY Demon BY Caitlin



The  
IMPOSTER

I don't deserve to be at medical school.

I didn't understand  
that lecture.

You never do.  
Everyone else  
does and  
they pass  
exams.

I took someones place who actually deserved it.

After your interview this  
morning we'd like to  
offer you a place!

They just felt  
sorry  
for you.

Everyone can see I don't belong...

she's lying. That's  
just something  
people say.

Your presentation was  
great today!



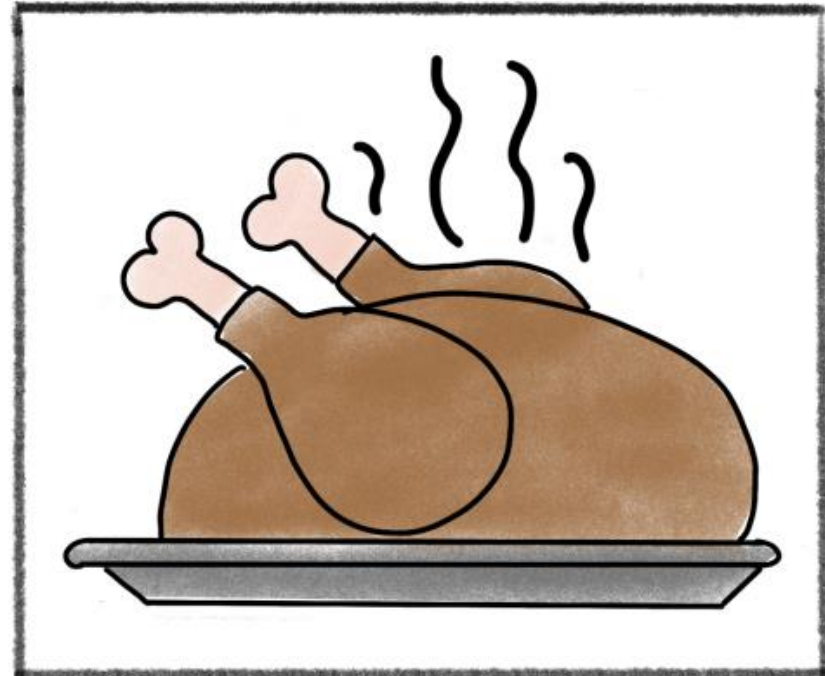
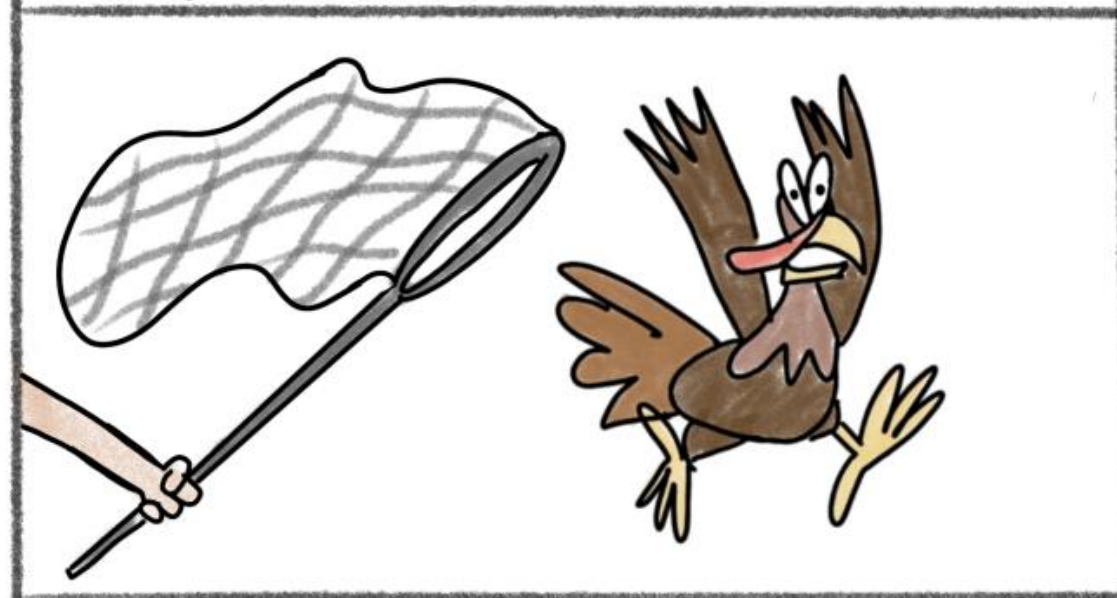
... that I'm a fraud.



It's just luck I've made it this far.



Nobody can find out.





# FRCP: Seeing our physician selves

Imagine we are researchers interested in:

- How do physicians see themselves as specialists?
- What are the stereotypes of physicians in the UK?

Elicit data:

- 8 minutes to draw a short comic strip of a time recently that you acted like your specialty

# Regarding\* the elderly patient ...

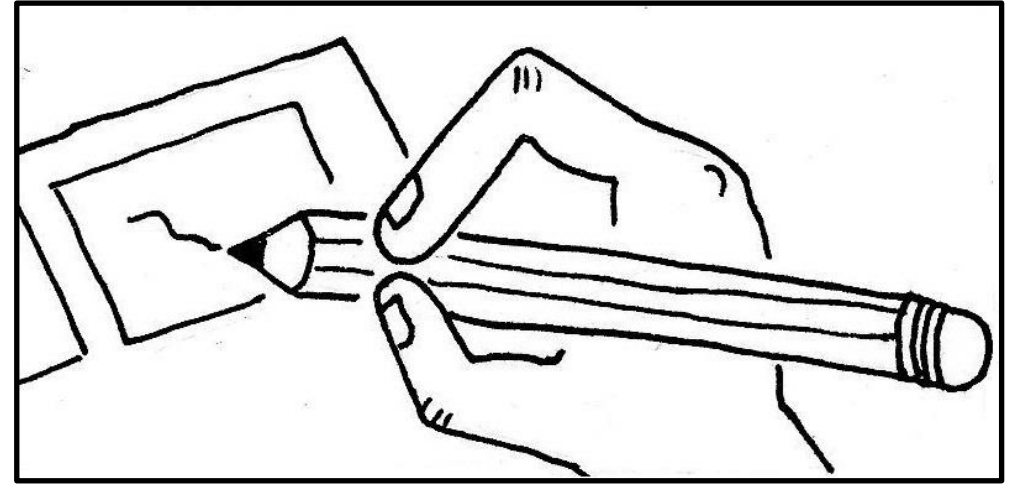
What specialists see when they look  
at a 93 year old woman ...



\*after Foucault



Over to you: Draw



8 minutes:

Draw a short comic strip of a time recently that you acted like your specialty

2 minutes: Share with person next to you

- How do physicians see themselves as specialists?
- What are the stereotypes of physicians in the UK?

FRCP: Seeing practice

Open Letter(s) about The Corridor...

Dear Chief Exec,

The fact that we are now "caring" for our patients in a corridor every day is outrageous. It is undignified for patients and unsafe. Staff are demoralised. It can't continue. Please help.

Dear BGS,

Care in the corridor is especially bad for older people. They are stuck and can't leave and they get deconditioned. It is adding to their length of stay in hospital and actively harming them. Please help.

Dear RCP,

As a physician, I cannot practise medicine to any safe standard in the corridor environment. My decision-making is warped, I cannot assess patients adequately. I am trying to balance a risk of 48 hours in these conditions with going home while unwell. Please help.

Dear GMC,

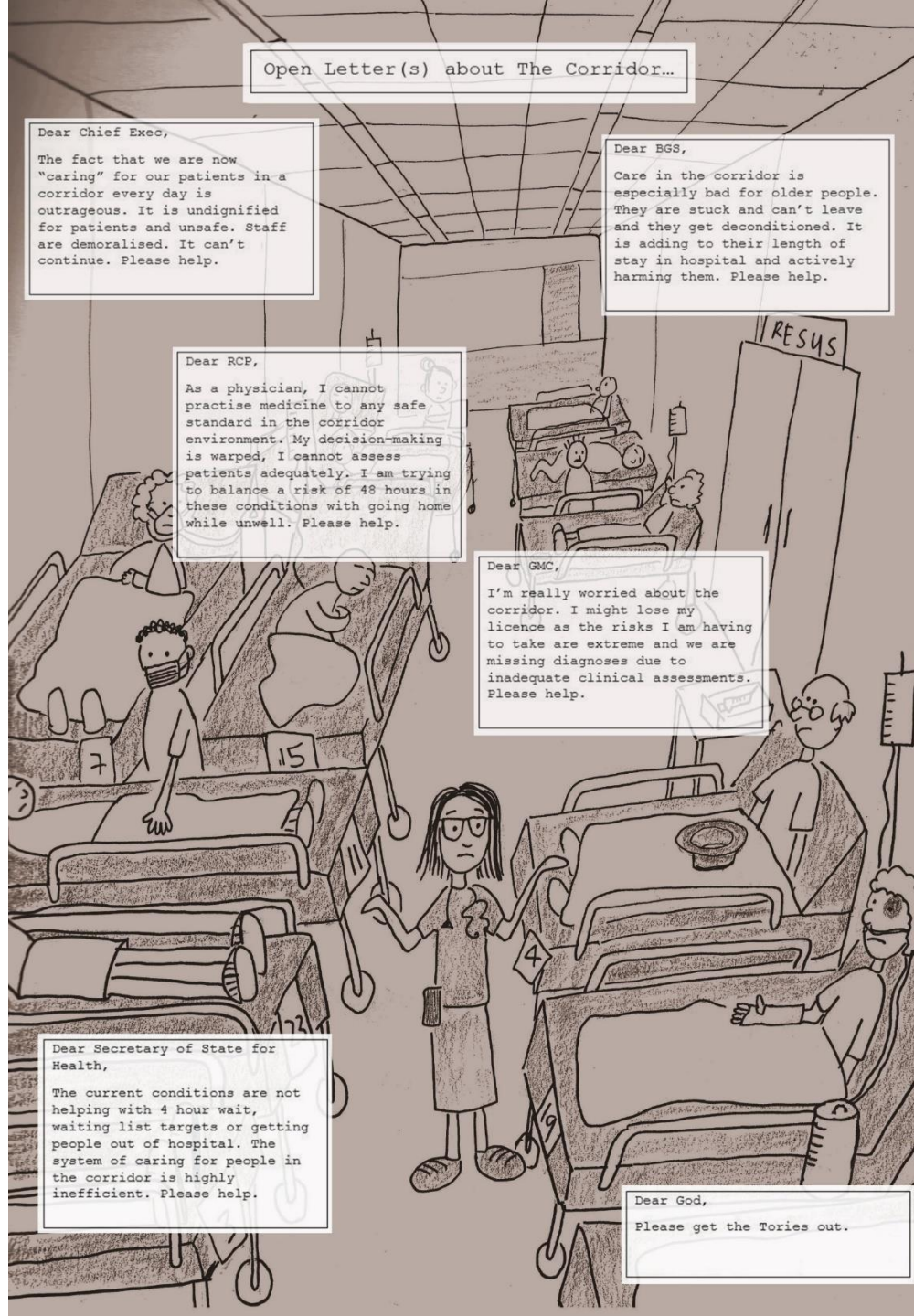
I'm really worried about the corridor. I might lose my licence as the risks I am having to take are extreme and we are missing diagnoses due to inadequate clinical assessments. Please help.

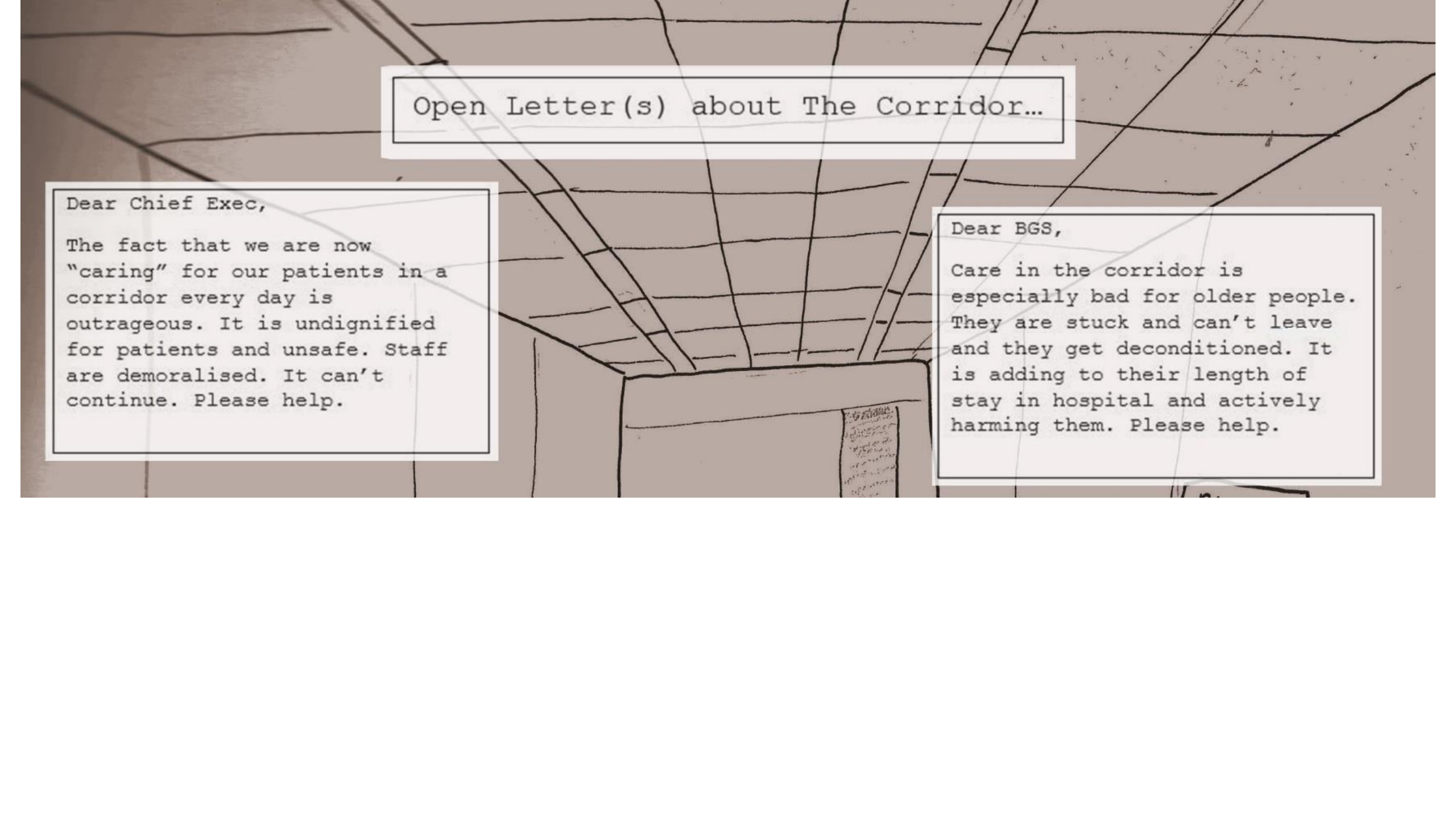
Dear Secretary of State for Health,

The current conditions are not helping with 4 hour wait, waiting list targets or getting people out of hospital. The system of caring for people in the corridor is highly inefficient. Please help.

Dear God,

Please get the Tories out.





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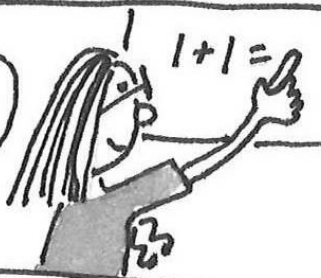
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# PhD by published works

- (1) Al-Jawad, M. (2015) "Comics are Research: Graphic Narratives as a New Way of Seeing Clinical Practice", *Journal of Medical Humanities* 36(4), 369-374.
- (2) Al-Jawad, M. (2017) "Dementia: How the Humanities Can Help Us Confront the Demons of Practice", Chapter in: Wells P. (ed) *Treating Body and Soul: A Clinician's Guide to Supporting the Physical, Mental and Spiritual Needs of their Patients*. London: Jessica Kingsley.
- (3) Idelji-Tehrani, S. and Al-Jawad, M. (2019) "Exploring gendered leadership stereotypes in a shared leadership model in healthcare: a case study", *BMJ: Medical Humanities* 45(4), 388-398.
- (4) Al-Jawad, M. and Czerwicz, M.K. (2019) "Comics", Chapter in: Klugman, C.M. and Lamb, E.G. *Research Methods in the Health Humanities*. Oxford: Oxford University Press.
- (5) Al-Jawad, M., Connor, J. and O'Sullivan, P. (2020) "Exploring how Small Acts of Friendship encourage human flourishing on medical wards for older people", *International Practice Development Journal* 10(2) [6].
- (6) Foresheew, A. and Al-Jawad M. (2022) "An intersectional participatory action research approach to explore and address class elitism in medical education", *Medical Education*. 56 (11), 1076-1085.
- (7) Al-Jawad, M., G. Chawla and N. Singh (2024). "Creating comics, songs and poems to make sense of decolonising the curriculum: a collaborative autoethnography patchwork." *Medical Humanities*. 22;50(1):1-11

# Conclusion Comic

OK, friends, let's  
sum it up...





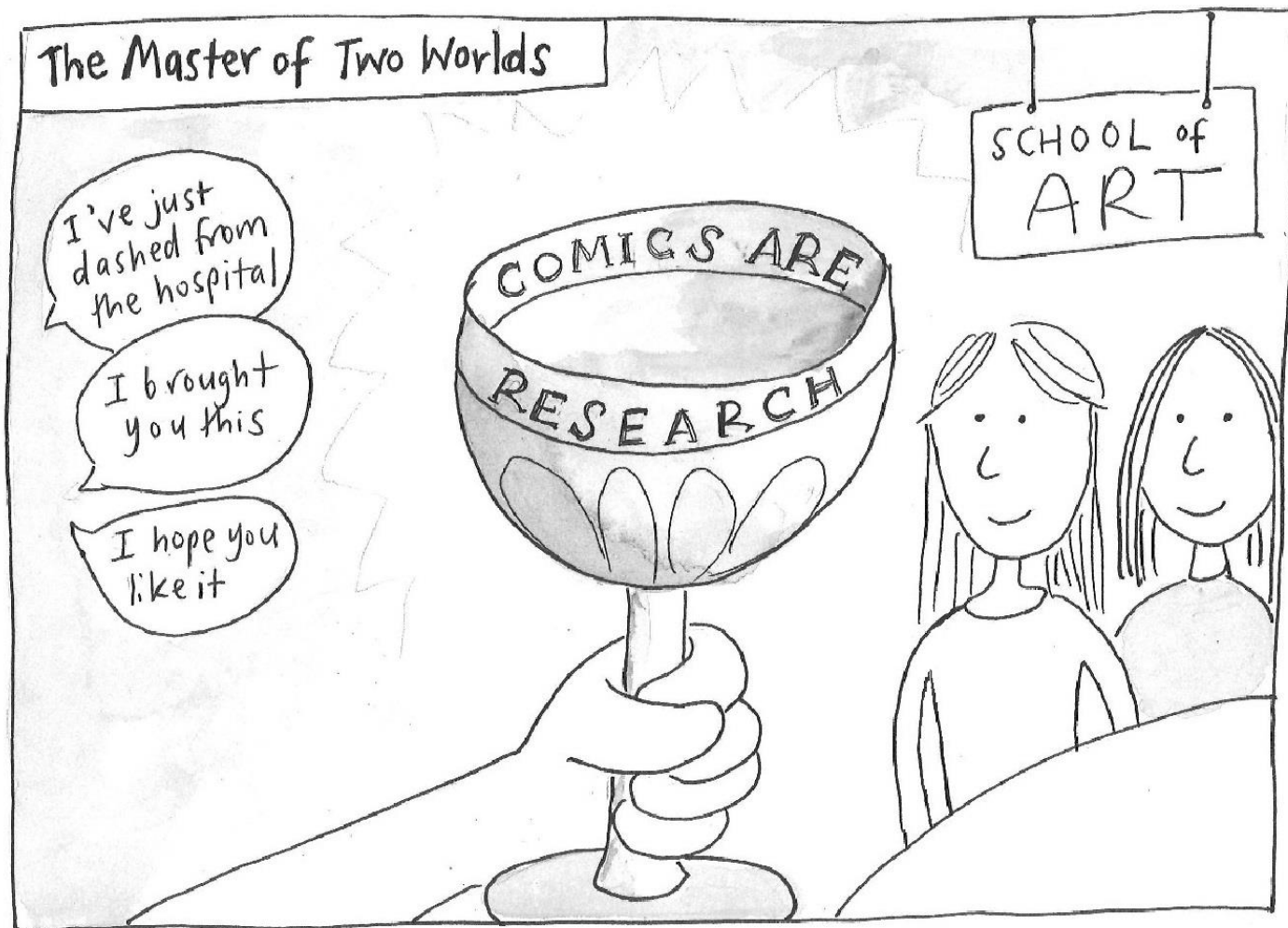
So, I've been on a quest, got a map...

and now I find myself back in the corridor of A&E, trying to look after unwell older people

... but the work I do is still exhausting & difficult

I might have mentioned before, the NHS is in crisis

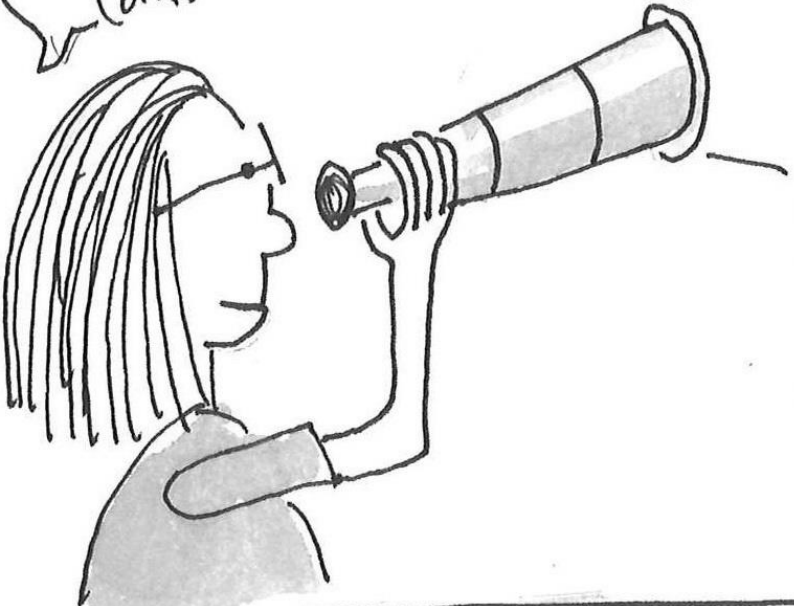
World's smallest violin  
poor you!  
what about me? I've been here for 48 hours!



**Holy Grail** - it's time to answer the questions

HOW HAS A COMICS-BASED  
RESEARCH METHODOLOGY  
OFFERED INNOVATIVE  
PERSPECTIVES ON...

hmm let's see  
(differently)



CLINICAL PRACTICE?



We must pay  
attention to  
emotional &  
spiritual aspects  
of work

LEADERSHIP ?



We can disrupt  
& subvert  
assumptions  
about  
power

MEDICAL EDUCATION?







We should  
recognise  
intersectional  
inequalities &  
form networks  
to challenge  
the academy



# WHAT FORM CAN COMICS - BASED RESEARCH METHODS TAKE?

## Notes on comics in research

- Good for elicitation  
↳ participants draw   interviews  
esp taboo subjects / defended
- Part of visual methods / narrative  
↳ but it's own arts-based methodology
- Depth of reflexivity esp good for autoethnography
- Analysis of qual data → linking ←  
→ comics are the BRIDGE between  
theory & practice 
- Funny / dark / serious / silly simultaneously ...
- Presenting data / outcomes
  - Mapping → 

# WHAT ROLE DO COMICS HAVE IN PRACTITIONER RESEARCH?

Comics  
illuminate  
practice



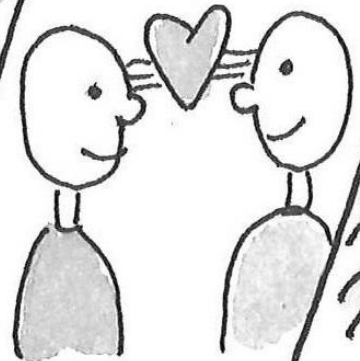
comics are  
a lens for  
reflection/  
refraction



comics allow  
for layers  
of  
complexity



comics  
encourage  
empathy &  
connection



comics  
queer  
research



WHAT CAN  
THE USE OF  
COMICS OFFER  
THE PRACTITIONER-  
RESEARCHER  
& THEIR  
AUDIENCES?



For me, comics  
are the way I  
understand & change  
practice ... & connect  
with an audience,  
to help them also  
reflect, resist,  
subvert & survive ...  
especially  
~~even~~ in times where  
"healthcare" means older  
people on trolleys in a  
corridor for days ... trails  
off into unintelligible ranting ...

I think she's  
got a point  
o o o



hmm maybe you  
need to do a  
comic about  
the corridor?





Comics and ART are not luxuries\*, they are essential for meaningful practitioner research in the healthcare humanities, and for practice in healthcare. I hope I have convinced you to join in!

\* thanks again Andre Lorde

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<https://oldpersonwhisperer.wordpress.com/>

Twitter: @OPWhisperer