

A watercolor illustration serves as the background. The top half features a blue sky with two black birds in flight. The middle section is a horizontal band of brown and grey washes. The bottom half shows a light green field with a dark fence line and some dark, indistinct shapes. In the bottom right corner, there is a handwritten date and initials in blue ink.

Inspiration Porn

Ethical Storytelling Checklist

Angus Pratt

3/1/20
AP

• In·spi·ra·tion

- /,ɪnspəˈrɑːʃ(ə)n/
- noun: inspiration

~
the process of being mentally stimulated to do or feel something, especially to do something creative.

Porn

/pôrn/

noun: porn; noun: porno

television programs, magazines, books, etc. that are regarded as emphasizing the sensuous or sensational aspects of a nonsexual subject and stimulating a compulsive interest in their audience.

Inspiration Porn

Material is perceived as objectifying disabled people for the benefit or gratification of the able-bodied.

Wikipedia – retrieved October 19, 2022

Value of Story

- \$25 or Tim's Gift card / engagement
- \$250/hr
- Priceless

Exploitation vs Empowerment

Surgical Safety Checklist



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

☐ Yes

Is the site marked?

☐ Yes

☐ Not applicable

Is the anaesthesia machine and medical gas checks complete?

☐ Yes

Is the pulse oximeter on the patient and functioning?

☐ Yes

Does the patient have a:

Known allergy?

☐ No

☐ Yes

Difficult airway or aspiration risk?

☐ No

Before skin incision

(with nurse, anaesthetist and surgeon)

☐ **Confirm all team members have introduced themselves by name and role.**

☐ **Confirm the patient's name, procedure, and where the incision will be made.**

Has antibiotic prophylaxis been given within the last 60 minutes?

☐ Yes

☐ Not applicable

Anticipated Critical Events

To Surgeon:

☐ What are the critical or non-routine steps?

☐ How long will the case take?

☐ What are the anticipated blood loss?

To Anaesthetist:

☐ Are there any patient-specific concerns?

To Nursing Team:

☐ Has sterility (including indicator results) been confirmed?

☐ Are there equipment issues or any concerns?

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

☐ The name of the procedure

☐ Completion of instrument, sponge and needle counts

☐ Specimen labelling (read specimen labels aloud, including patient name)

☐ With the nurse are any equipment issues to be addressed?

To Surgeon, Anaesthetist and Nurse:

☐ What are the key concerns for recovery and management of this patient?

Checklist Manifesto

Atul Gawande

Why a Checklist?



Simplify Complexity

“under conditions of complexity, not only are checklists a help, they are required for success.”



Precise

“We are built for novelty and excitement, not for careful attention to detail. Discipline is something we have to work at.”



Consistent

“We don’t like checklists. They can be painstaking. They’re not much fun.”

Ethics Checklist

Ethics Checklist

16. Will any promises be made to subjects/participants, or to cooperating external agencies, that the investigator later might have difficulty fulfilling? ☐ Yes ☐ No
17. Does the study involve physical stress (or the expectation thereof) such as might result from heat, noise, electric shock, pain, sleep loss, physical deprivation, drugs, alcohol, etc.? ☐ Yes ☐ No
18. Do you foresee that the study might result in the subject's/participant's experiencing mental discomfort (e.g., fear, anxiety, loss of self-esteem, shame, guilt, embarrassment, becoming aware of personal weaknesses)? ☐ Yes ☐ No
19. Will the investigator attempt to induce long-term change in subjects'/participants' behavior or attitudes? ☐ Yes ☐ No
20. Does the study involve any potential risks to third parties who are not participants in the research? ☐ Yes ☐ No
21. Will any individually-identifiable information about subjects/participants be disclosed without their informed consent (e.g., to teachers, doctors, therapists, parents, employers, other researchers, etc.)? ☐ Yes ☐ No
22. Will written feedback on the outcome of the research/scholarship be made available to participating individuals and agencies/institutions? ☐ Yes ☐ No
23. Could public presentation of the study's results possibly harm either the subject/participant, or his/her membership group? ☐ Yes ☐ No
24. Will the investigator report to the Departmental and Senate ethics committees any adverse subject/participant responses to the research/scholarship that exceed the level of adverse responses anticipated and provided for in the project description? ☐ Yes ☐ No

Note: Adverse responses include, for example, emotional distress, physical distress, objections to the conduct of the research/scholarship that cannot be resolved by discussion, etc.

25. Will the investigator explain to the subjects/participants that if they are ☐ Yes ☐ No

<https://www.uwinnipeg.ca/research/docs/forms/ethics-cat-b-checklist.pdf>

Ethical Storytelling Checklist

We pledge to:

- **Tell others' stories the way we want our story told.**
- **Always put people first.**
- **Explain to constituents the purpose of the story**, where it will be used and answer any questions they might have before photographing, filming or recording.
- **Find an able translator** if we speak different languages.
- **Ask** the constituent **if they wish to be named or identified** and act according to their wishes.
- Use all images and messages with the full understanding, participation and **permission** of the constituent or the constituent's legal guardian.
- **Uphold the dignity of our constituents** through empowering imagery and messages that motivate engagement and inspire hope.
- **Truthfully represent a situation** or story to educate our audiences of the realities, complexities and nuances of the issues we advocate for.
- **Not use images, footage or words that sensationalize** or stereotype a person or a situation.
- **Ask for feedback** from our constituents and incorporate this feedback into the final story.
- **Abide by international law**, standards and protocols related to vulnerable persons, including the United Nations Convention on the Rights of the Child ([CRC](https://www.unicef.org/crc)).
- Listen to **our constituents' voices** and respect their decisions, story and journey.
- Hold a posture of **humility and learning**, recognizing that failures can be our biggest educators.
- **Seek advice** if we question whether a particular story, message or image is not in alignment with ethical storytelling practices.
- **Not tell the story**, despite the resources invested, when the story cannot be told with the integrity of this pledge.
- **Take ownership of our responsibility** to uphold integrity in our storytelling and messaging.

<https://www.ethicalstorytelling.com/pledge/>

Surgical Safety Checklist



World Health
Organization

Patient Safety

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Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

☐ Yes

Is the site marked?

☐ Yes

☐ Not applicable

Is the anaesthesia machine and medication check complete?

☐ Yes

Is the pulse oximeter on the patient and functioning?

☐ Yes

Does the patient have a:

Known allergy?

☐ No

☐ Yes

Difficult airway or aspiration risk?

☐ No

Before skin incision

(with nurse, anaesthetist and surgeon)

Have all team members confirmed their identity, name and role?

Confirm the patient's name, procedure and where the incision will be made.

Has antibiotic prophylaxis been given within the last 1 hour?

☐ Yes

☐ Not applicable

Anticipated Critical Events

To Surgeon:

☐ What are the critical or non-routine steps?

☐ How long will the case take?

☐ What is the anticipated blood loss?

To Anaesthetist:

☐ Are there any patient-specific concerns?

To Nursing Team:

☐ Has sterility (including indicator results) been confirmed?

☐ Are there equipment issues or any concerns?

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

☐ The name of the procedure

☐ Completion of instrument, sponge and needle counts

☐ Specimen labelling (read specimen labels aloud, including patient name)

☐ Whether there are any equipment problems to be addressed

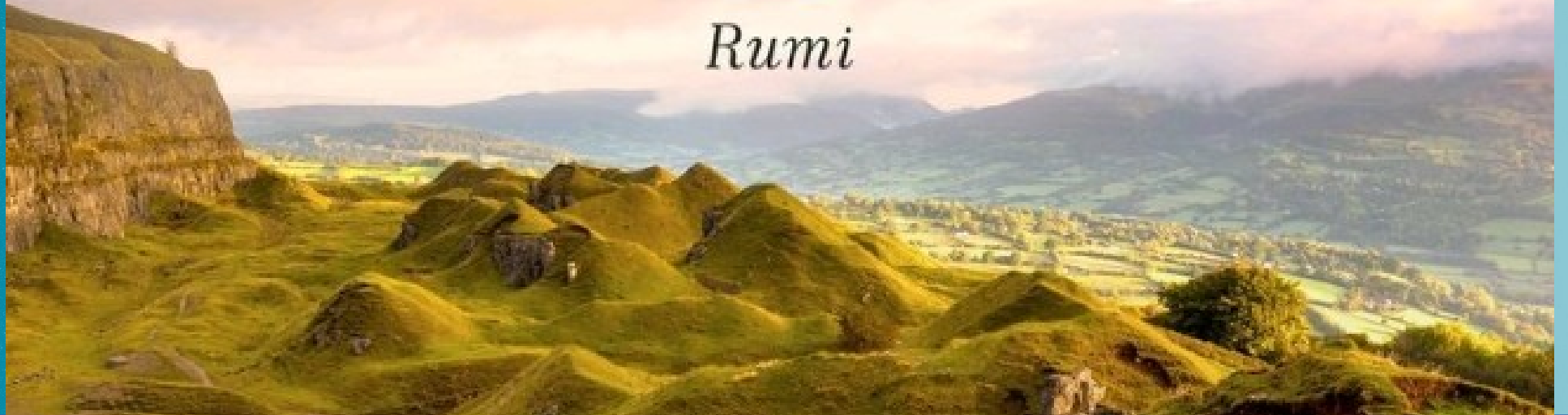
To Surgeon, Anaesthetist and Nurse:

☐ What are the key concerns for recovery and management of this patient?

Checklist Manifesto
Atul Gawande

Before you speak, let your words pass through
three gates: At the first gate, ask yourself “Is it
true?” At the second gate ask, “Is it necessary?”
At the third gate ask, “Is it kind?”

Rumi



Truth and Honesty

- Perspective
- Misinformation
- Attribution

Privacy and Consent

- Intersection of Stories
- Witness
- Permission/Consent

Trauma

- Self care
- Trauma Awareness
- Community - connection

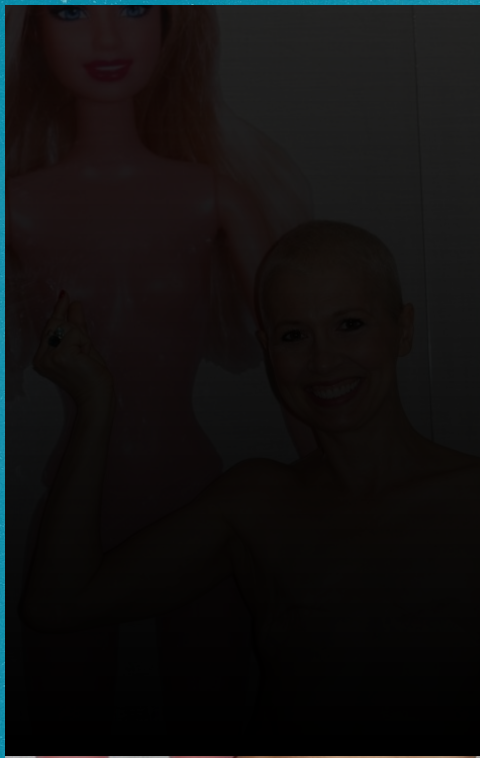


Going Flat

1/8/20
R



With permission



ARE
YOU
PINK
FOR
PEOPLE?



YouCanThrive.org



DONATE NOW

YOUCANTHRIVE.ORG/DONATE
JUST \$18 GIVES CARE
FOR A WOMAN
SURVIVING BREAST CANCER



How do you tell
the story of male
breast cancer?

A watercolor painting of several red tulips with green leaves and yellow stems, set against a light blue and white background. A white icon, resembling a stylized sun or a flower with a central circle and radiating lines, is overlaid on the upper part of the painting. The text "Justified Anger" is written in large, bold, red letters across the middle of the image.

Justified Anger

21
10
20

RB

Patient Engagement

- Health Office Merger Strategic Plan
- 1 week - single page summary
- 2 days - 27 slide deck
- 17 patients in a one hour meeting
- Carefully prepare 2 minute comment



Reality

Fiasco!

How do you tell
the story of
institutional
failure?



Lung Cancer

09
09
22
AB.



Stigma



25% of cancer deaths
Limited screening
Late diagnosis
Limited research
Poor treatments.

**How do we tell this
story in a way that
makes change and
doesn't silence
folks?**

A watercolor illustration of several yellow flowers with green stems and leaves, rendered in a soft, painterly style. The flowers are the central focus of the page, with some in full bloom and others as buds.

**Stay Awkward
Brave and
Kind**

Brené Brown

Thank you

08
08
22
AB



Angus Pratt

Storyteller



Emerging Writer – Surrey Muse
Wellspring Digital Stories
“We had to Be” Anthology

Health Activist



Lung Cancer Canada
Canadian Cancer Society
Breathe Hope