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Seven Years of CSD Book Club: Nurturing Skills and Enhancing Worldviews

Lillian N. Stiegler
Southeastern Louisiana University, stieglerlillian@gmail.com

Rebecca Davis
Southeastern Louisiana University, rebecca.davis-2@southeastern.edu

Donna Thomas
University of Louisiana, Monroe, dthomas455@gmail.com

Rebecca L. Parker
Southeastern Louisiana University, rebecca.parker@southeastern.edu

Martha Sherrill
East Tennessee State University, sherrillm@etsu.edu

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Seven Years of CSD Book Club: Nurturing Skills and Enhancing Worldviews

Abstract

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Purpose: CSD faculty at a mid-sized public university invited students and alumni to join a monthly book club focused on topics relevant to professional practice. The goals were (1) to create a pleasurable activity that would serve as a social and intellectual forum for open dialogue; (2) to attempt to address gaps in the less tangible “soft” skills that may not be directly or thoroughly taught in courses; and (3) to help participants see beyond personal interest silos and explore new topics.

Method: The work reviews and summarizes book club research from health care, education and CSD. It describes one book club process and discusses some perceived advantages of exploring literature in a social context.

Results: Previously published research reveals that book clubs are being implemented across a number of health care and education professions and specialties. Results include improvements in mentoring relationships, peer-to-peer bonds, direct and indirect clinical skills, collaboration, perspective-taking, cultural competence and avoidance of burnout.

Conclusions: Book club studies from within CSD and adjacent fields support and validate the original goals for our CSD book club. Also, reports provide evidence for a range of additional benefits of exploring literature as a social activity. Readers may structure book clubs in their own settings, and for their own purposes, based on the ideas presented.

Keywords: book club, CSD, speech-language pathology, audiology, literature

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Cover Page Footnote

We would like to thank our students, alumni and colleagues for their valuable contributions to our book club.

Seven Years of CSD Book Club: Nurturing Skills and Enhancing Worldviews

Lillian N. Stiegler, Southeastern Louisiana University
Rebecca Davis, Southeastern Louisiana University
Donna Thomas, University of Louisiana, Monroe
Rebecca L. Parker, Southeastern Louisiana University
Martha Sherrill, East Tennessee State University

The feasibility and benefits of literature discussion groups, more commonly known as book clubs, have been explored across professional disciplines and higher education programs. In 2015, our own Communication Sciences and Disorders (CSD) book club was nudged into existence by faculty members at a mid-sized public university -- two speech-language pathologists and one audiologist. We were all so moved by Atul Gawande's *Being Mortal* (2014) that we felt compelled to share it with our students. We decided to create a collegial space for thoughtful discussions without the trappings and power dynamics of the classroom. We hoped to explore CSD-related issues that are important, but peripheral, and may not tend to appear in textbooks or lectures. Also, we thought it could be mutually beneficial to look beyond personal areas of interest. After seven years, 50 books, dozens of meetings and hundreds of discussion questions, we are reflecting on our process. It is fulfilling to revisit our book list and realize the range of themes we have covered, and how they overlap, compare and contrast. It reminds us of the breadth of our professions and the complexity of our interactions with a diverse public. This article will review how book clubs are being implemented in health care and education, and describe how we maintain our own group. Our aim here is to share what we have done with the hope of encouraging colleagues at other universities to embrace the discussion of relevant literature and establish their own book club traditions.

Background and Literature Review

Our CSD book club is part of a trend in which book clubs are being adapted for professional enrichment purposes. Since CSD essentially straddles the fields of health care and education, we looked at the uses of book clubs in those spheres.

Health Care

In health care, there is a current movement toward narrative medicine, with the goal of improving patient care through storytelling (Charon, 2012). Since high-quality clinical practice involves quite a bit of listening to, recording and sharing narratives (i.e., patient interviews, case histories, progress notes, after-visit summaries), health care professionals are revisiting the importance of general narrative competence. Charon pointed out that “the care of the sick unfolds in stories” (2012, p.2). She cautioned that as electronic medical records become more about templates and checklists and less about narrative prose, “our waning ability to register the aspects of care that exceed the technical may preclude our very experiencing of them, perhaps impoverishing the care overall” (Charon, 2012, p.4). She suggested that as clinicians read narratives of any style, from memoir to fiction to poetry, they populate a mental stockpile of stories, elements of which may be triggered when a new story presents itself. Fresh stories constantly transform clinicians by keeping their internal narrative stockpiles nurtured and flourishing (Charon, 2012).

Many medical schools in the U.S. now incorporate aspects of narrative medicine within formal curricula and/or via extracurricular reading in informal groups (Henderson et al., 2020). Ney et al. (2023) described a successful project that required full cohorts of 4th-year medical students to read medical humanities literature and participate in book clubs led by faculty members representing twelve different specialties. Their results indicated that book clubs helped build strong faculty-student mentoring relationships and enhance bonds among peers. Henderson et al. (2020), who implemented and studied an informal student-faculty book club,

reported similar findings. Student participants noted that when they saw their teachers appreciating literature as a valuable leisure activity, it helped them view outside reading as an important thing to do. Faculty reported feeling surprised and proud of students' insightful contributions to discussions; one said, "...I learned more from them at the book club...I think the students have a much stronger, more equal voice and it's fun to see that" (Henderson et al., 2020, p. 6). Other benefits cited in medical literature on book clubs include increasing empathy, enhancing perspective-taking, improving listening skills, furthering professional development, informing clinical practice and, importantly, decreasing burnout by cultivating a stronger sense of community and restoring professional joy (Chisholm et al., 2018, Jordan, et al., 2021; Marchalik et al., 2019). Similar benefits are described in book club literature from nursing education, pharmacy education, and adjacent healthcare fields (Chappell & Dervay, 2016; Gottlieb & Gottlieb, 2017).

Education

A complementary phenomenon exists in the field of education. The concept of *multi-literacies*, defined as the set of critical habits required to express and consume various forms and sources of meaning available in the 21st century, is being advanced (Gardiner, et al., 2013; Gardiner & Cumming-Potvin, 2015). Instead of viewing literacy only in terms of written language on printed pages, education scholars now include digital texts and multiple other modalities such as oral language (e.g., podcasts, raps), visual representations (e.g., photographs, sculptures), gestural representations and audio representations (e.g., music), all under a broad multiliteracies umbrella (Cope & Kalantzis, 2013). Faculty-student-practitioner book clubs are being implemented, both in teacher preparation programs and as professional development opportunities for practicing teachers, in order to facilitate and support this pedagogical shift (Burbank et al., 2010; Gardiner et al., 2013; Gardiner & Cummin-Potvin, 2015).

One of the most common themes across the literature on education book clubs is the notion of collaboration within communities of practice (CoP). Multiliteracies book clubs were created based on CoP principles that learning is generated when people (1) do things together, (2) negotiate meaning, (3) ask questions about knowledge and viewpoints, and (4) create social relationships (Gardiner & Cumming-Potvin, 2015). These book clubs were not only found to generate feelings of connection, but also to create communities in which pre-professionals and professionals at every level of experience could learn from one another. One group reported that teachers “became comfortable scaffolding the knowledge of their peers” (Gardiner et al, 2013, p. 370). Another found that the multi-level structure of their book club empowered beginning teachers to engage in advanced discussions of multiliteracies pedagogy (including issues such as equitable teaching and cultural competence) because they had the support of experienced peers (Burbank et al., 2010).

Communication Sciences and Disorders (CSD)

Within the CSD professions, the book club concept is being applied in different ways. The most common reported use is as a clinical group context for individuals with aphasia, which often doubles as a teaching context for CSD students. After Bernstein-Ellis and Elman described their Book Connection format and “reading ramps” accessibility practices (e.g., use of audiobooks, books with linear plots, partner assistance, weekly worksheets), aphasia book clubs have thrived in university clinics and elsewhere (Bernstein-Ellis & Elman, 2007; Henriksson & Lasko, 2019; Naperala, 2019). According to participants, the weekly discussions are the best and most important part. It is a time when people with aphasia are able to express themselves in ways that may not be available to them otherwise. During the COVID-19 pandemic, virtual book clubs became a salvation, both for individuals with aphasia who had limited opportunities to interact and socialize, and for students who desperately needed clinical experiences.

Book clubs are also proving to be beneficial for other populations with communication disabilities. Kosmicki (2016) gathered information on using book clubs as clinical contexts for autistic children. She described opportunities for strengthening reading comprehension skills while simultaneously practicing social communication and interaction. She provided a free workbook for creating an elementary age book club (3rd and 4th grade) for autistic children (Kosmicki, 2016). Rogers (2022) reported on her successful iBookclub (the “i” refers to inclusivity and individuality), a community group for adults who communicate with speech-generating devices. Although this was conceived as an opportunity for socialization and intellectual stimulation, participants and family members reported more willingness to communicate and expanded conversational skills.

Sylvan (2019) studied the efficacy of in-class CSD book clubs as a way to encourage concern, empathy and compassion for individuals served. These attributes, at the time, were listed among the standards for CSD graduate programs set forth by the Council on Academic Accreditation for Speech-Language Pathology and Audiology (CAA, 2022). Students were given a choice of three well-written memoirs related to individuals living with speech/language disabilities and how their families provided support. All students who had selected a given book met throughout the semester for unstructured book club-style discussions. Afterwards, the students were required to write reflection papers and respond to a survey. Upon analysis, Sylvan found that her students described strong emotional reactions to the stories, imagined themselves in the characters’ shoes, and felt inspired to become competent, compassionate professionals. While the terms “concern”, “empathy” and “compassion” are no longer part of the updated standards for 2023 (CAA, 2022), Sylvan’s study demonstrated that reading and discussing relevant literature does indeed appear to help CSD students develop some of the soft skills that are critical for all helping professions (Sylvan, 2019). This is quite similar to data

reported about health care and education students, as well as practicing professionals and teachers.

A Description of How Our CSD Book Club Operates

We have not made an empirical study of our informal book club, but seek to share some processes, artifacts, and anecdotes that may pique readers' curiosity. We are not aware of any report in the CSD literature that describes a non-classroom-based faculty-student book club like the one we have created and maintained.

The Books

Our books are chosen by popular vote. At the end of each semester, we discuss possible topics of interest, and participants suggest specific books, topics or genres. Once we have our selections, we attempt to alternate non-fiction and fiction, and intersperse potentially darker, more uncomfortable subjects with lighter, more uplifting ones. All genres are considered; we have been as enlightened by discussing children's novels and graphic memoirs as we have by adult-oriented non-fiction histories and science writings. We learned to schedule longer, more challenging books (e.g., Steve Silberman's *Neurotribes* (2015)) over summer and winter breaks, to be discussed at the first meeting of the following semester. (See Table 1 for the full list).

The Meetings

Three meetings per semester is ideal for our academic setting. We view this decision as one of quality over quantity. A month before each meeting, a message announcing the date, current book selection, and a brief synopsis, is disseminated via mass email and social

Table 1*Book Club Selections*

Main Subject Area	Example Books	Authors
Addiction	Hey Kiddo	Jarrett Krosoczka
Aphasia	A Stitch of Time	Lauren Marks
Autism and Neurodiversity	Neurotribes The Curious Incident of the Dog in the Night-Time Look Me in the Eye	Steve Silberman Mark Haddon John Elder Robeson
Deaf Community	Hands of My Father	Myron Uhlberg
Death and Dying	Being Mortal When Breath Becomes Air	Atul Gawande Paul Kalanithi
Dementia	Where the Light Gets In	Kimberly Williams-Paisley
Family Roles/Subtleties	Rules Riding the Bus with My Sister	Cynthia Lord Rachel Simon
Foster Care System	Another Place at the Table	Kathy Harrison
Hearing Impairment	El Deafo Sound	CeCe Bell Bella Bathurst
Historical Influences	The Immortal Life of Henrietta Lacks Quackery Being Heumann Better	Rebecca Skloot Lydia Kang, Nate Pederson Judith Heumann Atul Gawande
Immigration	The Book of Unknown Americans	Cristina Henriquez
Living with Chromosomal Differences	The Boy Who Loved Too Much Wonder Schuyler's Monster	Jennifer Latson R. J. Palacio Robert Rummel-Hudson
Living with Neuromotor Disability	Inside the O'Briens Lucky Man No Time Like the Future Tuesdays with Morrie Laughing At My Nightmare The Diving Bell and The Butterfly My Left Foot	Lisa Genova Michael J. Fox Michael J. Fox Mitch Albom Shane Burcaw Jean-Dominique Bauby Christy Brown
Neurology	Brain on Fire Remember The Teenage Brain	Susannah Cahalan Lisa Genova Frances Jensen
NICU/Extreme Prematurity	Juniper	Kelley & Thomas French

Parenting Across Cultures	Child, Please Bringing Up Bebe Achtung Baby Battle Hymn of the Tiger Mother	Ylonda Gault Caviness Pamela Druckerman Sara Zaske Amy Chua
Poverty and Homelessness	A Framework for Understanding Poverty Stories from the Shadows	Ruby Payne James O'Connell
Second Language Learning	When In French	Lauren Collins
Social Issues	Elinor Oliphant is Completely Fine Speak Grit	Gail Honeyman Laurie Halse Anderson Angela Duckworth
Social Justice	Just Mercy	Bryan Stevenson
Sociolinguistics	You're the Only One I Can Tell What the F: What Swearing Reveals About Our Language	Deborah Tannen Benjamin Bergen
Stuttering	Paperboy	Vince Vawter
Transgender Experiences	This is How It Always Is	Laurie Frankel
Traumatic Brain Injury	The Night the Lights Went Out Where Is the Mango Princess? Gabby	Drew Magary Cathy Crimmons Giffords, Kelly, Zaslow

media. We strive to keep our meeting day, time and place consistent, and we opt for an informal location so we can share snacks and avoid the power dynamics that may be associated with classrooms (Cantero et al, 2016; Sidky, 2017). From the beginning, one of our leaders maintained an online option for those living outside our area, so we transitioned easily to completely virtual during the pandemic.) Our meetings last approximately one hour, but there are often lingering conversations afterwards; this phenomenon is reported in the research as well (e.g., Gardiner et al, 2013; Henderson et al., 2020).

The Participants

Our group is open to all current undergraduate and graduate CSD students, current and retired faculty, and importantly, alumni. We believe that our alumni, who tend to be young practicing clinicians, serve as outstanding role models for current students in the book club context. Participation is optional for current students, but we encourage them to join us, and welcome them when they appear. We make it clear that participants are not required to have read the book in its entirety, or at all, although most of them do. We believe there are benefits to simply listening to the discussions, and in our experience, those tentative “trial” visits often lead to consistent attendance. The number of attendees per meeting fluctuates, with an estimated average of eight participants per meeting, and a range of three to twelve.

The Discussions

Our discussions are loosely guided by ten questions, pre-prepared by a faculty leader (see Table 2). We now have a considerable archive of discussion questions that we are happy to share. No one is forced to contribute commentary. We find that (a) new participants are often quiet at first, but will share more after they feel comfortable and observe other students commenting; (b) faculty can model remarks and then leave a period of silence for others to jump in; and (c) faculty can highlight the value of various contributions to encourage further sharing. Our last question is always something to the effect of “What single word or phrase would you use to describe this book?” and in our experience, most participants will answer.

In the spirit of the narrative medicine concepts discussed earlier, our discussions almost always include the sharing of our own clinical experience stories. There are a myriad of parallels to be drawn between the narratives we read and our own practices. Moreover, we feel that we have encountered multiliteracies firsthand, because our readings have inspired us to listen to songs, explore the gestures of other cultures, sample recipes (including the chocolate

mayonnaise cake in *Riding the Bus with My Sister* (Simon, 2013), watch video interviews and documentaries featuring authors and subjects, and view works of art.

As our book list grows over the years, it is illuminating to reflect back during discussions to compare narratives across and within categories. As an example, we can point to three books on traumatic brain injury (TBI) category: *Gabby* (Giffords et al, 2012), *Where Is the Mango Princess?* (Crimmons, 2012) and *The Night the Lights Went Out* (Magary, 2021). These were similar in that each book chronicles an individual's recovery from a severe TBI – a gunshot wound, a speedboat accident, and a hard fall onto a concrete floor, respectively. All three injuries involved substantial neurologic damage. Each narrative describes a period during which the individual was comatose while family members anxiously awaited an outcome, and all three describe challenges in maintaining a marriage post-TBI. In contrast, the individuals with TBI experienced vastly different recovery arcs, disabilities, and family dynamics. One book includes a description of a permanent, TBI-related hearing loss with subsequent grieving and cochlear implantation, while the others do not mention hearing loss at all. Also, one individual had access to enormous financial resources to support rehabilitation, while the other two (and their families) had more limited options and consequent stress over how to pay the bills. We believe these comparisons deepen our conversations, and it is not uncommon for newer participants to be inspired to read previous books on their own.

Anecdotally, some of the richest discussions seem to occur when there is a mismatch between what we believe about our professions, and what is part of a given book. For example, the intriguing novel *Inside the O'Briens*, by Lisa Genova (2015), tells the story of Joe, a man diagnosed with Huntington's Disease, and the challenges faced by his family. There is not a single mention of an SLP in the story; however, in one scene, the physical therapist receives a report from Joe's wife that he is "slurring" words. She performs a caricature of an oral exam,

Table 2

Sample Discussion Questions. Brain On Fire: My Month of Madness (Cahalan, 2013)

1. Why do you think Susannah wrote this book?
 2. Did the book make you feel vulnerable?
 3. Relatives, friends and physicians in Susannah's life (and Susannah herself) wondered if she was suffering from a mental illness. Did this book change your views about the term *mental illness*?
 4. Did the book change the way you think about the nature of a person's personality?
 5. What did Susannah's story teach us about memory? How do you feel about the fact that she "remembers" things that didn't actually happen? Do you think some of your own "memories" are really from the perspective of others?
 6. How did the illness affect Susannah's language skills...comprehension, expression and all aspects of literacy?
 7. After reading this, do you have as much faith in the accuracy of medical diagnoses? Will you be more skeptical about your patients'/clients' diagnoses? What could have happened to Susannah if she hadn't been lucky enough to finally get the correct diagnosis?
 8. It is said that when we suffer with a serious illness, we learn who our true friends are. Who were Susannah's true friends and how did you feel about their ability to support her? What do you think is the best thing family/friends did in her situation?
 9. Do you think Susannah actually made the 100% recovery she thinks she did? Why or why not?
 10. What is a single word or phrase you would use to sum up this book?
-

with his wife, to "strengthen mouth and jaw muscles" (p.304). While this novel certainly taught important lessons about Huntington's and relevant family dynamics, students were especially indignant: Where were the SLPs? Why was this inappropriate treatment described? Similar dissonance occurred when we read the book *Sound: Stories of Hearing Lost and Found*, by Bella Bathurst (2017). The author lived for 12 years with a severe and "mysterious" hearing then gives Joe a lollipop and asks him to hold it in his mouth while she pulls on the stick. She sends

him home with the suggestion that he get some lollipops and do this exercise at home impairment, and otosclerosis is the ultimate diagnosis. Where were the audiologists? Why wasn't otosclerosis diagnosed earlier?

Positive portrayals of CSD professionals are supportive and encouraging, and we love to encounter them. However, negative portrayals can stimulate lively discussions as well (as also noted in Sylvan, 2019). For example, the award-winning book for young readers, *Rules*, by Cynthia Lord (2006), which is often required reading in middle schools, has an unnamed SLP character. Some scenes take place in the waiting area of a therapy clinic. Every time the SLP speaks to her client, her words are presented in all caps, conveying that she is speaking overly loudly to a nonspeaking teenager who uses a communication book as a low-tech augmentative/alternative communication (AAC) system. Her interactions with his mother are presented in lowercase text. Each time the SLP appears, she greets the client, then asks the mother about the client's day, instead of asking him directly. This situation is presented as frustrating but comical. In two scenes, the young man uses his AAC system, accessing individual word/phrase cards to create the messages "Stupid. Speech. Woman." (p. 48) and "Speech. Woman. Stinks a big one!!!" (p.75). We believe it is important for us to know what the public is reading, and to be prepared to counteract negative stereotypes.

Conclusion

Our efforts to increase dialogue and expose participants to new knowledge are realized through this project in a way consistent with the positive outcomes previously discussed in book club literature from health care and education. We hope our book club's relative longevity and artifacts (i.e., booklist and discussion questions) demonstrate that we have met our original objectives of creating a forum for dialogue, exploring lesser-discussed aspects of CSD, and exposing ourselves to new topics. Notably, we have also become more aware of the need for

advocacy in CSD, because our book club provides exposure to social and cultural differences, positive and negative portrayals of CSD professionals, and misperceptions/misinformation about CSD topics.

We are fascinated by the diversity of book club styles and approaches in the professional literature. The groups are large or small, mandatory or voluntary, in person or virtual, formal or informal, general or narrowly focused, more serious or more playful. Some involve only a single meeting, while others, like ours, become regularized and consistent over time. Book clubs for pre-professionals and professionals are created for a wide variety of reasons that include multiple forms of teaching and learning, aspects of therapeutic intervention, and intentionally setting aside time for social closeness. One clear point of agreement across the entire literature base is that book clubs are a thoroughly worthwhile pursuit. Future research may provide more specificity about the properties of book clubs that give them value, but in the meanwhile, we can borrow some wisdom from psychology's tradition of therapeutic storytelling. Bergner described stories as orderly "cognitive packages" that comprise meaningful sequences of related events destined to wind up at a conclusion (2007). He wrote, "There is something about a good story, particularly one with personal relevance to the [reader] that gives it unusually good staying power" (Bergner, 2007, p. 152). We hope to see the book club concept become a fixture of teaching and learning in CSD.

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