

COVID 19 & MEDICAL HUMANITIES

Newsletter Scientifica

“Coloro che sognano di giorno sanno molte cose che sfuggono a chi sogna soltanto di notte”

Edgar Allan Poe



The wonderful effects of the new inoculation - Nell'incisione di James Gillray del 1802 si comincia a snobbare Edward Jenner e la vaccinazione antivaioiosa. Erano trascorsi appena 6 anni dall'avvio di questa inestimabile conquista (1 luglio 1796).

Questa newsletter settimanale, redatta dal Servizio Formazione e Sviluppo Risorse Umane della ASL BI in collaborazione con la Biblioteca Biomedica 3Bi, si rivolge ai professionisti sanitari impegnati nella fase di emergenza Covid-19.

Fedeli alla filosofia che ha animato l'agire del nostro Servizio, la newsletter Covid 19 & Medical Humanities affianca alle risorse bibliografiche e agli articoli tratti dalle principali fonti istituzionali e scientifiche alcuni contributi che fanno riferimento alle discipline umanistiche.

Crediamo nel valore generato dall'integrazione dei saperi e ci auguriamo che la pubblicazione incontri il vostro gradimento.

Buona lettura!

Contatti:

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Per info corsi aziendali e supporto webinar

015.1515.3218

biblioteca@3bi.info

Per appuntamenti e ricerche bibliografiche

015.1515.3132

I numeri di queste Newsletter sono visibili e scaricabili dal sito aziendale cliccando qui

Newsletter



Pagina Pensieri Circolari



Pagina Fondazione 3Bi

Comitato Redazionale

**SERVIZIO FORMAZIONE E SVILUPPO
RISORSE UMANE - ASL BI - BIELLA**

VINCENZO ALASTRA - Responsabile
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CRISTINA D'ORIA

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NICOLO' ERRICA - Medico ASL BI

FONDAZIONE 3BI-BVSP

ROBERTA MAORET
LEONARDO JON SCOTTA

Vi segnaliamo nella home page del portale della BVS-P, la sezione in “PRIMO PIANO” dedicata alla documentazione prodotta dalle istituzioni ed arricchita dal contributo di materiali ed articoli prodotti dalle più autorevoli riviste medico scientifiche internazionali sul Covid-19. Per consultarla non è necessaria l’iscrizione; le risorse sono completamente ad accesso libero.



Per ricercare
la letteratura internazionale

La Biblioteca Virtuale per la Salute - Piemonte è uno strumento di supporto all’attività degli Operatori della sanità piemontese. La BVS-P offre periodici elettronici e banche dati agli operatori della sanità piemontese per consentire loro di ricercare progressi e significati nella letteratura scientifica, sui temi della salute e dell’ambiente. Inoltre si propone di promuovere la medicina basata sulle evidenze, e di contribuire alla formazione nel campo della ricerca bibliografica e della valutazione critica della letteratura scientifica.

Articoli Consigliati

JAMA. 2021 Jan 6. doi: 10.1001/jama.2020.27124. Online ahead of print.

[Genetic Variants of SARS-CoV-2-What Do They Mean?](#)

Adam S Lauring, Emma B Hodcroft

PMID: 33404586 DOI: 10.1001/jama.2020.27124

Over the course of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic, the clinical, scientific, and public health communities have had to respond to new viral genetic variants. Each one has triggered a flurry of media attention, a range of reactions from the scientific community, and calls from governments to either “stay calm” or pursue immediate countermeasures. While many scientists were initially skeptical about the significance of the D614G alteration, the emergence of the new “UK variant”—lineage B.1.1.7—has raised widespread concern. Understanding which variants are concerning, and why, requires an appreciation of virus evolution and the genomic epidemiology of SARS-CoV-2.

Mutations, Variants, and Spread: Mutations arise as a natural by-product of viral replication. RNA viruses typically have higher mutation rates than DNA viruses. Coronaviruses, however, make fewer mutations than most RNA viruses because they encode an enzyme that corrects some of the errors made during replication. In most cases, the fate of a newly arising mutation is determined by natural selection. Those that confer a competitive advantage with respect to viral replication, transmission, or escape from immunity will increase in frequency, and those that reduce viral fitness tend to be culled from the population of circulating viruses. However, mutations can also increase and decrease in frequency due to chance events. For example, a “founder effect” occurs when a limited number of individual viruses establish a new population during transmission. The mutations present in the genomes of these viral ancestors will dominate the population regardless of their effects on viral fitness. This same interplay of natural selection and chance events shapes virus evolution within hosts, in communities, and across countries.



Lancet. 2021 Jan 8; S0140-6736(20)32656-8. doi: 10.1016/S0140-6736(20)32656-8. Online ahead of print.

[6-month consequences of COVID-19 in patients discharged from hospital: a cohort study](#)

Chaolin Huang, Lixue Huan, Yeming Wang, Xia Li 4, Lili Ren 5, Xiaoying Gu 6, Liang Kang 1, Li Guo 5, Min Liu 7, Xing Zhou 4, Jianfeng Luo 4, Zhenghui Huang 4, Shengjin Tu 4, Yue Zhao 8, Li Chen 8, Decui Xu 8, Yanping Li 8, Caihong Li 8, Lu Peng 8, Yong Li 3, Wuxiang Xie 9, Dan Cui 10, Lianhan Shang 11, Guohui Fan 6, Jiuyang Xu 12, Geng Wang 13, Ying Wang 5, Jingchuan Zhong 5, Chen Wang 14, Jianwei Wang 5, Dingyu Zhang 1, Bin Cao 15

PMID: 33428867 DOI: 10.1016/S0140-6736(20)32656-8

Abstract:

Background: The long-term health consequences of COVID-19 remain largely unclear. The aim of this study was to describe the long-term health consequences of patients with COVID-19 who have been discharged from hospital and investigate the associated risk factors, in particular disease severity. **Methods:** We did an ambidirectional cohort study of patients with confirmed COVID-19 who had been discharged from Jin Yin-tan Hospital (Wuhan, China) between Jan 7, 2020, and May 29, 2020. Patients who died before follow-up, patients for whom follow-up would be difficult because of psychotic disorders, dementia, or re-admission to hospital, those who were unable to move freely due to concomitant osteoarthropathy or immobile before or after discharge due to diseases such as stroke or pulmonary embolism, those who declined to participate, those who could not be contacted, and those living outside of Wuhan or in nursing or welfare homes were all excluded. All patients were interviewed with a series of questionnaires for evaluation of symptoms and health-related quality of life, underwent physical examinations and a 6-min walking test, and received blood tests. A stratified sampling procedure was used to sample patients according to their highest seven-category scale during their hospital stay as 3, 4, and 5-6, to receive pulmonary function test, high resolution CT of the chest, and ultrasonography. Enrolled patients who had participated in the Lopinavir Trial for Suppression of SARS-CoV-2 in China received severe acute respiratory syndrome coronavirus 2 antibody tests. Multivariable adjusted linear or logistic regression models were used to evaluate the association between disease severity and long-term health consequences. **Findings:** In total, 1733 of 2469 discharged patients with COVID-19 were enrolled after 736 were excluded. Patients had a median age of 57·0 (IQR 47·0-65·0) years and 897 (52%) were men. The follow-up study was done from June 16, to Sept 3, 2020, and the median follow-up time after symptom onset was 186·0 (175·0-199·0) days. Fatigue or muscle weakness (63%, 1038 of 1655) and sleep difficulties (26%, 437 of 1655) were the most common symptoms. Anxiety or depression was reported among 23% (367 of 1617) of patients. The proportions of median 6-min walking distance less than the lower limit of the normal range were 24% for those at severity scale 3, 22% for severity scale 4, and 29% for severity scale 5-6. The corresponding proportions of patients with diffusion impairment were 22% for severity scale 3, 29% for scale 4, and 56% for scale 5-6, and median CT scores were 3·0 (IQR 2·0-5·0) for severity scale 3, 4·0 (3·0-5·0) for scale 4, and 5·0 (4·0-6·0) for scale 5-6. After multivariable adjustment, patients showed an odds ratio (OR) 1·61 (95% CI 0·80-3·25) for scale 4 versus scale 3 and 4·60 (1·85-11·48) for scale 5-6 versus scale 3 for diffusion impairment; OR 0·88 (0·66-1·17) for scale 4 versus scale 3 and OR 1·77 (1·05-2·97) for scale 5-6 versus scale 3 for anxiety or depression, and OR 0·74 (0·58-0·96) for scale 4 versus scale 3 and 2·69 (1·46-4·96) for scale 5-6 versus scale 3 for fatigue or muscle weakness. Of 94 patients with blood antibodies tested at follow-up, the seropositivity (96·2% vs 58·5%) and median titres (19·0 vs 10·0) of the neutralising antibodies were significantly lower compared with at the acute phase. 107 of 822 participants without acute kidney injury and with estimated glomerular filtration rate (eGFR) 90 mL/min per 1·73 m² or more at acute phase had eGFR less than 90 mL/min per 1·73 m² at follow-up. **Interpretation:** At 6 months after acute infection, COVID-19 survivors were mainly troubled with fatigue or muscle weakness, sleep difficulties, and anxiety or depression. Patients who were more severely ill during their hospital stay had more severe impaired pulmonary diffusion capacities and abnormal chest imaging manifestations, and are the main target population for intervention of long-term recovery. **Funding:** National Natural Science Foundation of China, Chinese Academy of Medical Sciences Innovation Fund for Medical Sciences, National Key Research and Development Program of China, Major Projects of National Science and Technology on New Drug Creation and Development of Pulmonary Tuberculosis, and Peking Union Medical College Foundation.



Lancet Respir Med. 2021 Jan 8;S2213-2600(20)30570-1. doi: 10.1016/S2213-2600(20)30570-1.

[Sedation in mechanically ventilated patients with COVID-19](#)

Valerie Page

PMID: 33428873 DOI: 10.1016/S2213-2600(20)30570-1

Abstract: Delirium in critical illness represents a considerable burden for individual patients, their family members, health-care services, and society. In the past decade, a number of initiatives have been launched with some success in the UK and internationally, with the aim

of educating and challenging clinicians to improve sedation practice.^{1,2} Less sedation results in lower delirium prevalence, and lower prevalence of delirium is associated with better patient outcomes.^{3,4} The Pan American and Iberian Federation of Critical Medicine and Intensive Therapy, German, and US sedation guidelines all recommend mechanically ventilated patients are kept awake or easily aroused, with effective pain control.

Sedation of critically ill patients requiring mechanical ventilation is a complex health-care intervention and patient distress is an understandable concern for clinicians. Progress has been made regarding recognition of the importance of sedation assessment, routine delirium screening, and improving sedation practice. However, in a 2019 sedation reduction trial, only 52–57% of all patients were lightly sedated (defined as at least briefly awoken by voice) in the first 48 h after intensive care unit (ICU) admission.⁵ In the context of a research trial, it is difficult to achieve the correct level of sedation, thus, how much more difficult is it to achieve in day-to-day clinical practice? Difficulty in achieving optimum levels of sedation combined with the challenges and clinical course of COVID-19 infection creates a difficult scenario for clinicians.

N Engl J Med. 2021 Jan 6. doi: 10.1056/NEJMoa2033700. Online ahead of print.

[Early High-Titer Plasma Therapy to Prevent Severe Covid-19 in Older Adults](#)

Romina Libster, Gonzalo Pérez Marc, Diego Wappner, Silvina Coviello, Alejandra Bianchi 1, Virginia Braem 1, Ignacio Esteban 1, Mauricio T Caballero, Cristian Wood 1, Mabel Berrueta 1, Aníbal Rondan 1, Gabriela Lescano 1, Pablo Cruz 1, Yvonne Ritou 1, Valeria Fernández Viña 1, Damián Álvarez Paggi 1, Sebastián Esperante 1, Adrián Ferreti 1, Gastón Ofman 1, Álvaro Ciganda 1, Rocío Rodríguez 1, Jorge Lantos 1, Ricardo Valentini 1, Nicolás Itcovici 1, Alejandra Hintze 1, M Laura Oyarvide 1, Candela Etchegaray 1, Alejandra Neira 1, Ivonne Name 1, Julieta Alfonso 1, Rocío López Castelo 1, Gisela Caruso 1, Sofía Rapelius 1, Fernando Alvez 1, Federico Etchenique 1, Federico Dimase 1, Darío Alvarez 1, Sofía S Aranda 1, Clara Sánchez Yanotti 1, Julián De Luca 1, Sofía Jares Baglivo 1, Sofía Laudanno 1, Florencia Nowogrodzki 1, Ramiro Larrea 1, María Silveyra 1, Gabriel Leberzstein 1, Alejandra Debonis 1, Juan Molinos 1, Miguel González 1, Eduardo Perez 1, Nicolás Kreplak 1, Susana Pastor Argüello 1, Luz Gibbons 1, Fernando Althabe 1, Eduardo Bergel 1, Fernando P Polack 1, Fundación INFANT–COVID-19 Group

PMID: 33406353 DOI: 10.1056/NEJMoa2033700

Abstract:

Background: Therapies to interrupt the progression of early coronavirus disease 2019 (Covid-19) remain elusive. Among them, convalescent plasma administered to hospitalized patients has been unsuccessful, perhaps because antibodies should be administered earlier in the course of illness.

Methods: We conducted a randomized, double-blind, placebo-controlled trial of convalescent plasma with high IgG titers against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in older adult patients within 72 hours after the onset of mild Covid-19 symptoms.

The primary end point was severe respiratory disease, defined as a respiratory rate of 30 breaths per minute or more, an oxygen saturation of less than 93% while the patient was breathing ambient air, or both.

The trial was stopped early at 76% of its projected sample size because cases of Covid-19 in the trial region decreased considerably and steady enrollment of trial patients became virtually impossible.

Results: A total of 160 patients underwent randomization. In the intention-to-treat population, severe respiratory disease developed in 13 of 80 patients (16%) who received convalescent plasma and 25 of 80 patients (31%) who received placebo (relative risk, 0.52; 95% confidence interval [CI], 0.29 to 0.94; P = 0.03), with a relative risk reduction of 48%.

A modified intention-to-treat analysis that excluded 6 patients who had a primary end-point event before infusion of convalescent plasma or placebo showed a larger effect size (relative risk, 0.40; 95% CI, 0.20 to 0.81). No solicited adverse events were observed.

Conclusions: Early administration of high-titer convalescent plasma against SARS-CoV-2 to mildly ill infected older adults reduced the progression of Covid-19. (Funded by the Bill and Melinda Gates Foundation and the Fundación INFANT Pandemic Fund; Dirección de Sangre y Medicina Transfusional del Ministerio de Salud number, PAEPCC19, Plataforma de Registro Informatizado de Investigaciones en Salud number, 1421, and ClinicalTrials.gov number, NCT04479163.)

Occup Med (Lond). 2021 Jan 13;kqaa220. doi: 10.1093/occmed/kqaa220. Online ahead of print.

[Mental health of staff working in intensive care during COVID-19](#)

N Greenberg, D Weston, C Hall, T Caulfield, V Williamson, K Fong

PMID: 33434920 DOI: 10.1093/occmed/kqaa220

Abstract:

Background: Staff working in intensive care units (ICUs) have faced significant challenges during the COVID-19 pandemic which have the potential to adversely affect their mental health.

Aims: To identify the rates of probable mental health disorder in staff working in ICUs in nine English hospitals during June and July 2020.

Methods: An anonymized brief web-based survey comprising standardized questionnaires examining depression, anxiety symptoms, symptoms of post-traumatic stress disorder (PTSD), well-being and alcohol use was administered to staff.

Results: Seven hundred and nine participants completed the surveys comprising 291 (41%) doctors, 344 (49%) nurses and 74 (10%) other healthcare staff. Over half (59%) reported good well-being; however, 45% met the threshold for probable clinical significance on at least one of the following measures: severe depression (6%), PTSD (40%), severe anxiety (11%) or problem drinking (7%). Thirteen per cent of respondents reported frequent thoughts of being better off dead, or of hurting themselves in the past 2 weeks. Within the sample used in this study, we found that doctors reported better mental health than nurses across a range of measures.

Conclusions: We found substantial rates of probable mental health disorders, and thoughts of self-harm, amongst ICU staff; these difficulties were especially prevalent in nurses. Whilst further work is needed to better understand the real level of clinical need amongst ICU staff, these results indicate the need for a national strategy to protect the mental health, and decrease the risk of functional impairment, of ICU staff whilst they carry out their essential work during COVID-19.

Keywords: COVID-19; PTSD; doctors; intensive care; mental health; nurses; self-harm.

J Clin Nurs. 2021 Jan 12. doi: 10.1111/jocn.15637. Online ahead of print.

[Patients recovering from COVID-19 pneumonia in sub-acute care exhibit severe frailty: Role of the nurse assessment](#)

Elena Mandora 1, Laura Comini 2, Adriana Olivares 2, Michela Fracassi 1, Maria Grazia Cadei 3, Mara Paneroni 4, Lucia Marchina 5, Adrian Suruniuc 5, Alberto Luisa 5, Simonetta Scalvini 1, Giacomo Corica 3, Michele Vitacca 4

PMID: 33434372 DOI: 10.1111/jocn.15637

Abstract:

Aims and objectives: To document the level of frailty in sub-acute COVID-19 patients recovering from acute respiratory failure, and investigate the associations between frailty, assessed by the nurse using the Blaylock Risk Assessment Screening Score (BRASS), and clinical and functional patient characteristics during hospitalization.

Background: Frailty is a major problem in patients discharged from acute care, but no data are available on the frailty risk in survivors of COVID-19 infection.

Design: A descriptive cross-sectional study (STROBE checklist).

Methods: At admission to sub-acute care in 2020, 236 COVID-19 patients (median age 77 years - interquartile range 68-83) were administered BRASS and classified into 3 levels of frailty risk. The Short Physical Performance Battery (SPPB) was also administered to measure physical function and disability. Differences between BRASS levels and associations between BRASS index and clinical parameters were analyzed.

Results: The median BRASS index was 14.0 (interquartile range 9.0-20.0) denoting intermediate frailty (32.2%, 41.1%, 26.7% of patients exhibited low, intermediate and high frailty, respectively). Significant differences emerged between the BRASS frailty classes regards to sex, comorbidities, history of cognitive deficits, previous mechanical ventilation support, and SPPB score. Patients with no comorbidities (14%) exhibited low frailty (BRASS: median 5.5, interquartile range 3.0-12.0). Age ≥ 65 years, presence of comorbidities, cognitive deficit and SPPB % predicted $< 50\%$ were significant predictors of high frailty.

Conclusions: Most COVID-19 survivors exhibit substantial frailty and require continuing care after discharge from acute care.

Relevance to clinical practice: The BRASS index is a valuable tool for nurses to identify those patients most at risk of frailty, who require a program of rehabilitation and community reintegration.

Keywords: coronavirus; disability; nursing; outcome; physical function; rehabilitation.

Morbidity and Mortality Weekly Report (MMWR)

[Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine — United States, December 14–23, 2020 - Early Release / January 6, 2021 / 70](#)

Summary:

What is already known about this topic?

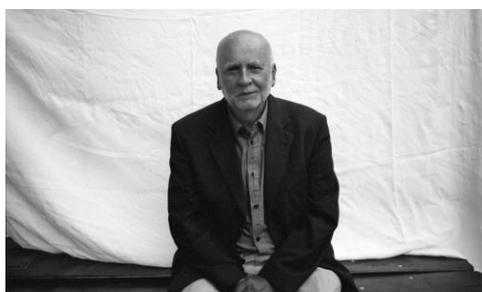
Anaphylaxis is a severe, life-threatening allergic reaction that occurs rarely after vaccination.

What is added by this report?

During December 14–23, 2020, monitoring by the Vaccine Adverse Event Reporting System detected 21 cases of anaphylaxis after administration of a reported 1,893,360 first doses of the Pfizer-BioNTech COVID-19 vaccine (11.1 cases per million doses); 71% of these occurred within 15 minutes of vaccination.

What are the implications for public health practice?

Locations administering COVID-19 vaccines should adhere to CDC guidance for use of COVID-19 vaccines, including screening recipients for contraindications and precautions, having the necessary supplies available to manage anaphylaxis, implementing the recommended postvaccination observation periods, and immediately treating suspected cases of anaphylaxis with intramuscular injection of epinephrine.



La città in cui vorrei abitare

È una città silenziosa al crepuscolo,
quando pallide stelle riprendono i sensi,
e a mezzogiorno sonora per le voci
di ambiziosi filosofi e mercanti
che hanno portato velluti dall'Oriente.
Vi ardono i fuochi delle conversazioni
non certo i roghi.
Le vecchie chiese, le pietre muscose
di antiche preghiere sono la sua zavorra
e il suo razzo diretto verso il cosmo.
È una città imparziale
che non condanna gli stranieri,
una città che rapida ricorda
e lentamente scorda,
che tollera i poeti e perdona ai profeti
la mancanza di humour.
È una città eretta
in base ai preludi di Chopin,
da cui ha preso solo la gioia e la tristezza.
Un largo anello di colline
la circonda; vi crescono
i frassini campestri e il pioppo slanciato
che è il giudice del popolo degli alberi.
Un fiume vivace che vi scorre in mezzo
notte e giorno sussurra
saluti incomprensibili
delle sorgenti, delle montagne, del cielo.

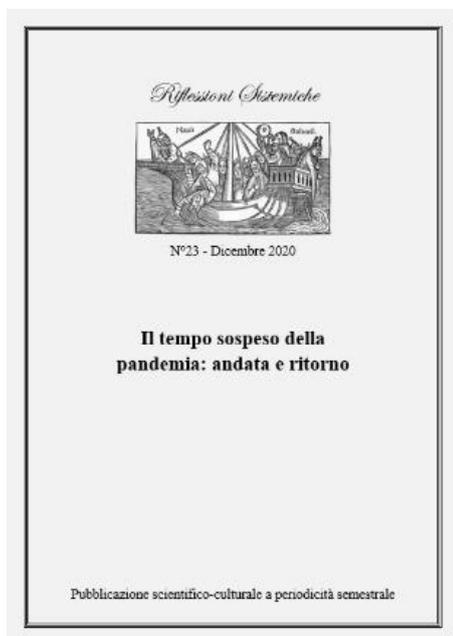
Adam Zagajewski



I WEBINAR DI PENSIERI CIRCOLARI TORNANO SU FACEBOOK!

Ogni giovedì, dal 7 gennaio al 4 febbraio, alle ore 18.00, i webinar di Pensieri circolari verranno trasmessi **in diretta sulla pagina Facebook** "Pensieri circolari".

Un ottimo modo per rivedere gli interessanti interventi dei relatori, commentandoli in diretta con la community di medicina narrativa.



Estratto da: **“Il Tempo sospeso della pandemia: andata e ritorno”**.

Rivista semestrale online di AIEMS Associazione italiana di Epistemologia e Metodologia Sistemiche
<http://www.aiems.eu>

NAVIGATIO VITAE. SULLA STESSA BARCA CON O SENZA VELE.

(...) L'emergenza Covid sembra un mare in tempesta in cui cercare un ordine labile, in cui ci si può trovare a correre il rischio di naufragare o in cui il caso ci porta ad essere spettatori del naufragio, di quello spettacolo di vita e di morte che la natura mette in scena ciclicamente. La metafora nautica (del navigare a vista, del naufragio, del siamo tutti sulla stessa barca, del diario di bordo), e in particolare quella del naufragio con spettatore, riflette molte delle mie riflessioni su come immaginare una bussola resiliente in questo scenario. Questa metafora ha una lunga storia. La sua interpretazione riflette le trasformazioni culturali e sociali dell'agire umano di fronte all'evoluzione della natura e alla possibilità di controllarla.

Il suo successo risiede nel saper tenere insieme polarità di significati come rischio e sicurezza; immobilità e movimento, attore e spettatore, teoria e prassi, accoglie gli opposti presentando ruoli che potrebbero scambiarsi in un attimo. Il desiderio che muove verso tali polarità attraversa il vissuto dell'emergenza. Si vorrebbe sicurezza ma si guardano i tanti in prima linea e ci si chiede come

dare il proprio contributo (oltre a restare a casa). Si vorrebbe custodire il proprio luogo di cura familiare ma ci si vorrebbe gettare nel mare in tempesta, essere all'altezza della situazione (...)

Di Patrizia Garista Socia Ordinaria AIEMS, Terni - Pedagogista, Ricercatrice INDIRE

Vi segnaliamo la sezione online **“NOI E LORO”** del quotidiano

LA STAMPA

in cui potrete ascoltare gratuitamente interessanti **podcast**

<https://www.lastampa.it/salute/dossier/noi-e-loro>

Noi e loro

Con il contributo incondizionato di
AstraZeneca

**La storia delle epidemie e delle nostre difese.
 Tucidide, Lady Montagu, Manzoni, Roth:
 i racconti dei grandi scrittori**

Lecture di **Sonia Bergamasco** e **Neri Marcorè**
 con il commento di **Alberto Mantovani**

IL PODCAST



PRIMA PUNTATA
**L'orchestra immunologica al
 tempo di Covid-19**



Siamo lieti di invitarvi a prender parte al webinar "**CURA DI SÉ E CURA DELL'ALTRO. La pratica educativa come pratica di cura**".

Il seminario online si terrà **ven 5 feb 2021**, dalle ore **14.30** alle ore **17.30** e vedrà esperti del mondo dell'Educazione e della Salute tracciare una disamina di alcuni temi che concorrono a delineare una Cultura della Cura intesa come *promozione di una vita buona e in salute*.

La partecipazione è gratuita. Link per l'iscrizione: <https://attendee.gotowebinar.com/register/1685679280544330511>

Per ogni ulteriore utile informazione contattare la segreteria di Pensieri Circolari al n° **015 15153218**.



Convegno online

CURA DI SÉ E CURA DELL'ALTRO

La pratica educativa come pratica di cura

RAZIONALE E DESTINARI

"La cura è la dimensione essenziale della vita umana perché senza cura l'esistenza non può fiorire".

Luigina Mortari

La Scuola, insieme a tutte le istituzioni educative, è chiamata a collaborare per sostenere, sviluppare, valorizzare e rinnovare una cultura della cura di sé e dell'altro. Il convegno intende mettere in evidenza come pratiche educative centrate su contributi artistico-espressivi diversi (letteratura, cinema, fotografia, pittura, ecc.) possano consentire di esplorare pedagogicamente il tema della cura evidenziandone gli elementi essenziali, le forme e gli ambiti nei quali la relazione di cura può costituirsi a fondamento di ogni pratica di promozione della salute e di future opportunità di cittadinanza attiva.

Il Convegno è rivolto a insegnanti e professionisti di area psico-sociale, educativa e sanitaria.



Paul Klee - Senecio - Kunstmuseum

DIRIGENTI SCOLASTICI PROMOTORI DEL CONVEGNO

Donato GENTILE, Liceo Avogadro Biella
Giovanni MARCIANO, I.I.S. Q. Sella Biella
Raffaella MIORI, I.I.S. Eugenio Bona Biella
Cesare MOLINARI, I.I.S. Gae Aulenti Biella
Gianluca SPAGNOLO, I.I.S. G. e Q. Sella Biella

VENERDÌ 5 FEBBRAIO 2021
ore 14.30 - 17.30
online

PROGRAMMA

Avvio dei lavori e saluti delle autorità,
 con l'intervento del **Ministro On. Lucia Azzolina**.

Interventi:

Vincenzo ALASTRA

Responsabile Formazione e Sviluppo R. U. ASL BI e
 Prof. di Psicodinamica delle Relazioni - Università di Torino
Complessità della cura

Maria Luisa IAVARONE

Prof. Ordinario di Pedagogia generale e sociale -
 Università degli Studi di Napoli "Parthenope"
Potere, volere, curare.
Per un progetto di benessere educativamente sostenibile

Federico BATINI

Prof. Associato di Pedagogia Sperimentale - Università degli Studi di Perugia
Storie e letture ad alta voce per la crescita,
l'apprendimento, la cura di sé, degli altri, del mondo

Simone GIUSTI

Prof. di Didattica della Letteratura Italiana - Università degli Studi di Siena
Per il verso giusto. La lettura della poesia
e la comunicazione in ambito socio-educativo

Presentazione del Protocollo di intesa:

Laboratorio permanente Cura di sé e cura dell'altro

Con la collaborazione scientifica di:



Con il sostegno di:

