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TRANSCRIPT - GR 04 08 22 WIMN Speaker, "The Power of the Voice: Storytelling, Medicine, and The Nocturnists" *Emily Silverman, MD, from the University of California, San Francisco*

- 00:15:24 Okay alright everyone, welcome to grand rounds, the introduction today's.
- 00:15:30 race or who is zooming in.

Unknown Speaker

00:15:33 Florida Dr Rosen.

Jessica Dreicer

00:15:36 hi everyone I'm on behalf of the women and internal medicine network are really excited to have Dr Silverman joining us virtually for grand rounds today.

- 00:15:48 Dr Silverman attended Medical School at Johns Hopkins University and then traveled the other side of the coast, where she completed her internal medicine residency.
- 00:15:59 at the University of California San Francisco where she remained on his faculty and has worked as a hospitalist she's going to be sharing with us today.
- 00:16:10 Some work that she started as a resident sort of following her passion for storytelling and what started as sort of a grassroots medical storytelling project and has now grown through her leadership and her creative vision into a podcast called the nocturnal.
- 00:16:33 That does highlight some of that medical storytelling I mentioned, and has also responded to sort of larger conversations that have been happening.
- 00:16:44 You know in medicine and beyond around the world, with other projects such as audio diary projects stories from a pandemic and black voices and healthcare.
- 00:16:58 And it's one of my favorite podcasts so I really encourage anyone who hasn't listened to check it out and really excited that Dr Silverman is here and to hear a little bit more about her work, so thank you, Dr Silverman.

Emily S

00:17:15 Thank you, can you hear me.

- 00:17:20 it's great, and can you see the slides yes okay great Thank you jess so much for that introduction I'm delighted to be here today.
- 00:17:30 And what I'll be doing is telling you a little bit about the origin story of the nocturnal what we've been working on hopefully persuade you.

- 00:17:42 That storytelling is powerful when it comes to practicing medicine and also take caring of taking care of ourselves and each other and then give you a glimpse into what the future holds so I've called this the power of the voice storytelling medicine and the nocturnal.
- 00:18:04 All right, let me go to the next slide so this photo was taken in January 2016 and I start here, because this is really the moment that the nocturnal was born.
- 00:18:18 So that's me standing at the front of the room and, at the time I was around halfway through my residency in internal medicine, I moved out to UCSF to do my residency as Jeff mentioned.
- 00:18:33 And you know I had always wanted to be a doctor it's it sounds cliché but I was definitely one of those people who, from the time that they were very young, maybe around the age of five or so.
- 00:18:47 I was running around the playground saying, I want to be a doctor, I want to be a doctor and I just loved my pediatrician and I had this really strong insatiable curiosity about the body and how it worked and disease.
- 00:19:03 And the part that came later was the altruism and the wanting to help people I think first and foremost, it was really driven by this curiosity about how it all worked and nobody in my family was a doctor, so it kind of came out of the blue.
- 00:19:19 And I went through all of school and college until I arrived in medical school and I had a wonderful time in medical school.
- 00:19:29 But then around halfway through my residency I started to have this crisis of identity, you could say, and the questions that were coming up for me.
- 00:19:41 were around what does it really mean to be a doctor is it something I wanted to be is it something I wanted to do and what does it look like to be a doctor today.
- 00:19:52 At the time, it was 2016 and medicine was changing a lot, and there were some aspects of the practice of medicine that caught me by surprise.
- 00:20:02 For example, I did not expect when I was a little kid dreaming about being a doctor that I would be spending.
- 00:20:10 Almost half of my day sitting in front of a computer, for example, I did not expect how little time, I would have.
- 00:20:19 To spend with my patients getting to know them getting to know their families getting to know their stories, I did not expect.
- 00:20:27 How much like strangers that patients would feel and how little narrative richness, there was around the practice and.
- 00:20:37 How focused I would seem on numbers like what is the crab name today, and how are the kidneys but really not as much into the person and how their illness fit into the context of their life and, as I move forward with this feeling I realized that I was losing touch with parts of myself.
- 00:20:58 My creative side my humanistic side.
- 00:21:03 Perhaps even a side of myself that was more playful and more joyful and I really felt.
- 00:21:10 bogged down by this drudgery of the electronic health record and just getting caught up in paperwork and things that to me just seemed not to matter as much.
- 00:21:21 And I recognize that this was not just me my colleagues were having similar feelings and, as we all know, even before COVID physician burnout.

- 00:21:31 was a big problem, and so what I wanted to do was create a space where clinicians could come together and talk about what it is to be a doctor today because it's very different than it was even 50-20 years ago.
- 00:21:46 And so the doctrine is actually started as a blog where I would write up my thoughts and tell stories and even do some poetry, and I would post it on this blog and get feedback, and that was nice but.
- 00:21:59 didn't really feel like it was contributing to the discourse, there were already a lot of wonderful medical literary journals out there.
- 00:22:07 Like the Bellevue literary review and the Examined Life Journal and into MMA, and so my blog didn't really feel like it was adding to the conversation, and so I had this questing spirit of like how am I going to create.
- 00:22:24 Because I felt that I would not survive if I didn't create and it all came to a head when a friend of mine invited me to a live taping of the month.
- 00:22:34 And I don't know if any of you are familiar with the month but it's a live storytelling performance and it's also a radio show on NPR.
- 00:22:41 And I went to this event, and it was in this warehouse in San Francisco and people stood up one by one, on stage and told real personal stories.
- 00:22:51 about themselves and I came away from that evening feeling really energized and having this sense that this is what we need to be doing in medicine.
- 00:23:00 We need to be connecting with ourselves and with each other and having conversations about what it is to be a healthcare worker today.
- 00:23:08 So as a busy and burned out medical resident on my days off I would get into my car and drive around San Francisco and search for small little theaters.
- 00:23:19 And I would walk into the room and say I'm Dr Silverman and I want to rent this theater how much does it cost, and I did not have any money.
- 00:23:27 um so what I ended up doing was renting this space, so this was a living room that was part of a communal living situation where they would host.
- 00:23:39 Speakers and panels in this living room sort of like a traditional San Francisco Victorian architecture setup and I was able to persuade.
- 00:23:49 Dozens upon dozens of my colleagues to come and sit in the audience and six of my co residents and to faculty members.
- 00:23:58 To stand up in the front of the room and tell stories related to a theme, the very first theme that I picked was promises and, at the time, there was no story coaching or any preparation whatsoever.
- 00:24:11 which definitely made it feel a little bit dangerous and having to lean into that spontaneity of not quite knowing what was going to happen.
- 00:24:19 But it was a really special night and afterward people in the audience came up to me, I remember a friend of mine, he was in tears.
- 00:24:28 And he said I didn't know that other people felt this way that other people were going through the same thing that I'm going through and this evening has really helped me feel less alone and feel more connected to my job to my patients to myself when is the next one, and so.

- 00:24:48After that I built a small team around me totally volunteer based and we started to produce the shows at us theater called the Shelton theater, which is an 80 seat theater in San Francisco.
- 00:25:01And we just recoup the costs of the rental with ticket sales, so we charge, you know five or \$10 a ticket filled up the room.
- 00:25:09With very minimal advertising, I have to say, which I think speaks to the hunger within the healthcare Community to be engaging in our work and in our lives through this more artistic lens.
- 00:25:23And then even that theater started to fill up so we started to do two night shows, and then fast forward to the next slide.
- 00:25:32We have the bravo theater in San Francisco which holds around 360 people, and so this became our home and we did a few shows here, but even those shows started to sell out.
- 00:25:45And so, just before the pandemic in January 2020 roughly four years from the very first gathering the nocturnal sold out a theater of 700 plus seats.
- 00:25:59This was for our show on the theme of transitions and at this point.
- 00:26:04We had a story coaching process, so we would pick the theme put out a call for submissions collect the story submissions.
- 00:26:10select a handful that we thought were promising pair them with the story coach and then have this wonderful evening so if you imagine.
- 00:26:19walking into this theater looking around and you see nurses and doctors and medical students and the hospital chaplain maybe a physical therapist and there's people from ucsf and Stanford and marine and Kaiser and Oakland.
- 00:26:34Just this really lovely Bay area community of healthcare workers gather together away from the hospital away from the sterile clinical environment to to come together and hear stories from their own community and.
- 00:26:49This is a project that I didn't intend to grow in this way it just really snowballed organically and people seemed really interested in showing up and buying a ticket and sitting in the audience.
- 00:27:04That said, the shows would sell out, and so, sometimes I would have people text me that they couldn't get a ticket and they really wanted to hear the stories.
- 00:27:13And so, this idea came up of what if we audio recorded these live shows and release the stories on a podcast.
- 00:27:22So this was the birth of the doctrine is podcasts, and so the format that we decided on for this is each episode is about 30 minutes.
- 00:27:31we'd have a brief intro and then you would hear a story from the stage, and it was tapes.
- 00:27:37The evening of the performance, so you would hear the audience laughing you would hear the audience being silent kind of.
- 00:27:45simulating that experience of being in the room, and then weeks or months later, I would sit down with the storyteller and we would have a conversation in the studio where we would unpack the story go deeper.
- 00:27:57just see where the conversation went and that added a really nice extra dimension to the storytelling experience, where you have the story, and then you have the commentary on the story between me and storyteller.

- 00:28:09 And so, this podcast very quickly developed a national audience, so I would get messages from healthcare workers on the east coast and the Midwest and the South.
- 00:28:20 Even occasionally a message from the UK or Australia or India from people who said that they had found the podcast and that it made them feel better about their decision to go into medicine.
- 00:28:33 You know, restoring their faith in the idea that you know humanism was alive and well, and perhaps it was just you know the dysfunctional system that.
- 00:28:42 made the humanism feel like it was gone, but in reality it was alive and well in the in the American healthcare workforce.
- 00:28:49 And so, as I said, this was a national audience almost like this nervous system of clinician storytellers and clinicians story appreciators around the country who we brought into the doctrine is Community brought into the fold.
- 00:29:07 And then, in March of 2020 the pandemic arrived and that live show that I was mentioning that was in January 2020 so we snuck in right before the pandemic.
- 00:29:19 But then, of course, when covid arrived we couldn't do these live performances anymore.
- 00:29:24 And so my team and I looked at each other and we said Okay, here we are we're a medical storytelling initiative, our goal is to augment clinician wellbeing humanize healthcare transform medical culture, what is our purpose, right now, this major historical event is happening.
- 00:29:46 Probably once in a lifetime event, so how can we use what we have built to serve our Community, so the idea that we came up with was what if we put out a call for audio diaries.
- 00:30:00 Now, this was a very different format than the live show format so for the live show if you were to submit a story we pair you with a coach and you and the coach would work together.
- 00:30:10 To create like a perfect 10 minutes story with a narrative Arc and a beginning, and a middle and an end and a climax and scenes and characters and stakes.
- 00:30:20 There was a lot of work that went into that kind of narrative development.
- 00:30:23 But we recognized, of course, during the pandemic that people didn't have time to engage in that process and the pandemic was happening in real time, and so, how do we capture that, in a way that's practical.
- 00:30:37 So this diary concept is don't prepare don't write don't come up with a script just close the door to your office.
- 00:30:49 or come home after work and turn on your phone and just talk into it and tell us who you are where you are what day it is and what's happening.
- 00:31:00 And so, between the month of March and may of 2020 received several hundred of these audio diary clips from healthcare workers across United States.
- 00:31:11 lot of them are physicians lot of them were nurses, but we also had other types of healthcare workers somehow find us and contribute so we had somebody who worked.
- 00:31:21 In a blood bank, we had a medical equipment delivery truck driver, we had a hospital chaplain and we even had a veterinarian in New York City who submitted an audio diary about.
- 00:31:33 The Animal ventilators that they were donating to the human hospitals, because of the ventilator shortages.

- 00:31:40So really this tapestry of voices of different types of health care workers who are located in all different cities and towns.
- 00:31:48Around the United States sending in these diaries and the way that we produce this series was almost in the format of Saturday night live, where.
- 00:31:58The week would unfold, we would receive these materials, and then we would listen to them as a team decided.
- 00:32:05What themes are coming up, what are the similarities, what are the contradictions and then we would select maybe five or six or seven of these voices.
- 00:32:13And just string them together back to back and release them as an episode related to a topic or theme, and then the clock would reset.
- 00:32:22And then you know, we would do it again the next week and we did this for 10 weeks in a row.
- 00:32:27really just building it in the moment and so as a director your experience might be to submit an audio Diary, and then the next Tuesday to hear your voice on the podcast.
- 00:32:38Alongside somebody across the country, who is going through the experience with you, and so this audio documentary series.
- 00:32:46We called stories from a pandemic, this is the artwork that we commissioned for the series by the wonderful Lindsay mound.
- 00:32:54And we had so many audio diaries that we couldn't fit all of them into the documentary so we have now the documentary itself, but then we also have this much larger library of audio diaries from that time.
- 00:33:08That was in March to May of 2020 and then about a year later, we produced a second part of that documentary it was called stories from a pandemic, part two.
- 00:33:18Where we checked back in with the diagnosis, from the beginning and heard about what it was like to be muddling through the pandemic a year later, and this was right around the time that the vaccines were coming out, and so we have.
- 00:33:31audio recordings of people getting their vaccines for the very first time, and so, continuing to collect that story in real time.
- 00:33:43After after collecting all of that material all of that material, we were fortunate to make contact with the United States library of Congress.
- 00:33:52And they were really excited about what we were doing and.
- 00:33:56ended up acquiring our audio diary series and library as a historical record of that time and so we're really proud that we were able to trap that lightning in a bottle.
- 00:34:09and preserve it so that scholars and historians and researchers in future generations can have access to those clips and really hear straight from the mouths of the healthcare workers what it was like.
- 00:34:23On the ground, which is a really unique form of testimony as opposed to, for example, interviewing people months or even years after the event, about their memories.
- 00:34:32These are hot audio diaries where people are recording the day of so that was some of the work of my life, I would say.
- 00:34:41And i'll just add that, during that time I was practicing as a hospital medicine physician at the Zuckerberg San Francisco general hospital and I.
- 00:34:49was going into the hospital to take care of covert patients, and so, for me personally, it was very therapeutic to be working on this project, because I was scared just like everyone.

- 00:34:58 And so, when I showed up at the hospital in the morning, to me it kind of felt like I had this invisible group of people standing behind me who are going through, it right alongside with me and then I would work.
- 00:35:10 shift for a few days and then come home and lay in bed at night with my headphones and just listen to these voices of healthcare workers across the country who were going through the same experience.
- 00:35:22 This is a quote from one of our audio diaries Just to give you a flavor for the impact of participating in the project.
- 00:35:30 So she says, I was not prepared for how much this would mean to me I to have only recently re listen to the podcast and was shaken by how raw all of our voices sound.
- 00:35:40 I put that time period into a box and place it on a shelf I don't think I realized until now How sad that made me.
- 00:35:46 Now, knowing that those raw moments will be preserved in time in such a monumental way and in such a monumental place brings me comfort.
- 00:35:53 The fact that I was a part of something that will allow future generations to understand, makes me proud, thank you for giving me the opportunity to participate in this project, it means so much more than I ever thought it would.
- 00:36:06 And so I was really moved by this quote and one part of it that I really connected to was the sentence about.
- 00:36:12 I've only recently really listened and was shaken by how we sound.
- 00:36:17 Because, for me, personally, I listened to the pandemic episodes when they came out, but then, once they came out I didn't listen to them again.
- 00:36:25 Until several months later, and it really wasn't until the second listening that I finally let myself.
- 00:36:32 feel the emotions and realize like wow this actually happened, I think, early in the pandemic, when we were scrambling to put this project together, there was almost like an artistic distance, for me, so it allowed me to.
- 00:36:47 shield myself from the emotional reality of what was going on almost like the lens of the photographers like I was behind the camera and, if I can make this pandemic and artistic project that somehow that would keep me safe, and so I connected a lot with what she said there.
- 00:37:07 So this next image is from our second audio documentary series so.
- 00:37:12 The pandemic, as it did many industries really stretched us to reimagine our workflows and to get creative with how we were doing things and so going from this.
- 00:37:22 Perfectly crafted story to perform onstage to this raw audio diary format, we decided that we wanted to try that again.
- 00:37:30 This time after George Floyd in the summer of 2020 we felt called to amplify the voices of our black brothers and sisters in healthcare, and so we produced another series.
- 00:37:43 Where each episode had a theme and featured the contributions of people around the country who identify as black and who wanted to share their experience.
- 00:37:52 This series was hosted by my good friend, Dr Ashley McMullan an executive produced by Dr Kimberly Manning.
- 00:37:59 Ashley's based at ucsf Kimberly is based on Emory university and they really were the ones driving this project, and we were really.

- 00:38:10 honored to be recognized by the webby awards for our work in this series that black, which we call black voices in healthcare, and this is the poster that we created for that series.
- 00:38:22 And I learned a lot from hearing those voices and putting together that project with Ashley and Kimberly, but it was it was like we were taking the diary format from the pandemic series and then trying it out with another theme.
- 00:38:41 And here I'm just bringing you up to speed.
- 00:38:46 We are working on a new audio documentary series on the topic of shame in medicine and, as you may be able to tell.
- 00:38:55 The artistry and the illustrations and the images are really important to us, so this is the artwork from shaman medicine, this is an Italian artist his name is Ben de Conti.
- 00:39:07 And he's a collage artist and the black voices and healthcare artist is a woman and Ashley flurry all.
- 00:39:13 Incredibly talented and we are very deliberate about creating artwork that feels warm and human and organic as opposed to the cold silver white and blue.
- 00:39:26 imagery that is so often associated with medicine and with hospitals, and so the way that this shaman medicine project came to life is.
- 00:39:34 About halfway through the pandemic starting I got an email from a philosopher in the United Kingdom and her name is Luna Dulles all and she has a grant from the Wellcome trust to study the topic of shame in medicine.
- 00:39:48 So, believe it or not, there isn't very much research or literature out there about shame and healthcare.
- 00:39:55 There is a body of work about shame in general about the phenomenology of emotion and how it works and how it operates in society.
- 00:40:04 But specifically shame experiences and healthcare as it pertains to being a clinician interacting with patients.
- 00:40:11 There just is not that much written about this or studied.
- 00:40:15 And, to the extent that there is a lot of the work has been done by Luna and also by her collaborator will bind them who's a physician at Duke University and he studies sharing experiences in medical learners.
- 00:40:29 And so Luna reached out to me, and she said I've been listening to your podcast for a while and I've noticed that a lot of the stories whether it's black voices or stories from pandemic or even some of the stories from the stage.
- 00:40:41 A lot of those stories feature shame as an emotion and I had never thought of that before, so I actually went back and listened to some of our old stuff and I realized that she was right.
- 00:40:52 This emotion comes up a lot in healthcare and she said to me, would you want to collaborate on some kind of audio documentary that's exploring the culture of medicine, through the lens of shame.
- 00:41:04 And I said absolutely because it just sounds so interesting to me so we've been working on this project on and off for the last couple of years coven has required us to kind of set down the shame project and pick back up the coven project.
- 00:41:19 But intermittently we've been working on this and we're hoping to be finished with it in the next few months and then release it this fall.

- 00:41:26 And what we did, again, is put out a call for stories that are related to shame in medicine, we got.
- 00:41:34 I want to say 200 stories and then as a team, we listened to those stories together and decided how we wanted to.
- 00:41:42 clump the stories by theme and by episode, and so the series is starting to congeal and come to life, we have a story about shame, or we have an episode rather about shame and learning so how.
- 00:41:55 Shame is used as a teaching tool as a pedagogical tool and healthcare, we have a story about shame and error, so how shame comes up when people experience either medical errors or adverse events or bad outcomes.
- 00:42:09 We have an episode on shame and litigation, so what is the experience of being a clinician and being sued rightly or wrongly.
- 00:42:17 How does that change your sense of yourself as a good clinician or as a good person even and a lot of really emotional testimony from clinicians who are talking about these things so we're really excited to.
- 00:42:32 create some sound design and metaphor and shape this series about shame in medicine and hopefully just lift the lid on the topic and start conversations about what are the contours of shame in our medical culture.
- 00:42:46 What are the stories we tell ourselves and each other about shame, do we want to continue to tell those stories, or do we want to tell a different story, what does that look like.
- 00:42:55 And just giving people a vocabulary, for how to describe shame phenomena in healthcare and so that's what we're working on at the moment, and then, of course.
- 00:43:06 Now that the pandemic is simmering more the emergency phases is past Thank God.
- 00:43:14 We are planning our first live show again and that's going to take place in San Francisco on Friday June 10 and the theme for that show is together again.
- 00:43:24 For obvious reasons, and so we're just putting that together now and really excited to get back out there and to experience the magic of a live show.
- 00:43:34 So.
- 00:43:36 that's the end of my slideshow I've gone now for about 30 minutes.
- 00:43:41 I guess before I open it up for Q and A, I just wanted to share an example with you about how storytelling impacts our audience when it comes to patient care, so I think.
- 00:43:54 The impact of storytelling on one's personal wellness seems pretty obvious, for me, anyway, when I'm going through a difficult experience.
- 00:44:05 or trouble at work, the way that I process that is through.
- 00:44:10 You know journaling writing the arts I've always been that way I like to take reality and filter it through the arts and then create some kind of work of art and then that to me conveys some kind of meaning or truth.
- 00:44:22 And I think that's true for a lot of people whether they engage in acts of creation.
- 00:44:27 professionally or more informally as a hobby another way that people often deal with difficult experiences is through movement through exercise, and so I really see storytelling almost like a form of exercise.
- 00:44:41 just happens more internally and externally it's a way to take all the energy in and metabolize it and then release it.
- 00:44:47 So storytelling and burnout and clinician well being.

- 00:44:52 To me it seems pretty clear same thing with culture and Community building, as you can imagine if you get everybody in your hospital into a room to share a beautiful night and people are dressed up and they bring a date and their strengths.
- 00:45:04 That definitely fosters a sense of joy and togetherness, but I think less clear is this idea of storytelling.
- 00:45:13 Changing the way that we show up for our patients at the bedside.
- 00:45:16 A lot of physicians who I talked to they say I'm not a storyteller I'm not a writer I'm not a poet, I am a doctor, and I would argue that storytelling is at the heart of medicine.
- 00:45:27 And here's an example of a way that one of our stories change the practice of an audience Member we had.
- 00:45:35 a psychiatrist stand on stage and tell a story called burn the map and the story opens with him at a psychiatry conference and.
- 00:45:44 he's going to all these different talks and workshops and he sees that there's an improv workshop at this psychiatry conference.
- 00:45:52 And so, he opens the door and he goes and he thinks maybe I'll sit in the back and take a nap.
- 00:45:57 But he's surprised to find that it's an experiential workshop, and he looks around and there's all of these friends and colleagues who are engaged in these silly theater games and he's a shy kind of a person.
- 00:46:08 more of a serious kind of a person definitely is out of his comfort zone and feels kind of ridiculous.
- 00:46:15 In this room, but ultimately he lets his guard down and he participates in this improv workshop, and he has, at a time.
- 00:46:21 And then, a few months later he's in the hospital and it's a really busy day on the psychiatry consult service and they're juggling all these pages and everything is crazy and they get a page.
- 00:46:34 From a surgical service about a console to evaluate a young man who recently had a spinal cord injury and is paralyzed from the waist down and is reporting suicidal ideation so they've consulted psychiatry to come and evaluate his suicidal ideation.
- 00:46:47 So he and his residents show up at the door of this patient and they're kind of brainstorming how they're going to approach this patient and they go into the room and the resident starts.
- 00:46:57 By introducing herself and says I'm so and so I'm from psychiatry we heard that you're suicidal.
- 00:47:03 And then starts to go down this checklist of the depression symptoms, you know how is your sleep, how is your mood how's your appetite and so on and so forth.
- 00:47:12 And the patient is not really engaged and doesn't really feel connected in this moment, and so, then the attending psychiatrist.
- 00:47:19 remembers back to this improv workshop, and he remembers one of the tenants of improv which is us what's in the room.
- 00:47:28 So he looks around the room and he sees a photo on the wall of the patient and his friends on a camping trip and he says, oh that's the lovely photo.
- 00:47:36 And then suddenly the patient launches into this long story about how he and his friends love the outdoors and camping.

- 00:47:42 And one time they scale this mountain and it was snowing and they got lost, and they thought that they weren't going to survive, they weren't going to be able to find their way down the mountain before nightfall.
- 00:47:52 But then they realized that they just needed to start a fire they had nothing to burn then they realized that they could burn their map.
- 00:48:00 And what they realize is they didn't need to burn the entire map, they just had to burn the part of the map that they didn't need.
- 00:48:06 And he tells this whole story and long story short, it becomes a metaphor for this man and his spinal cord injury and his healing process.
- 00:48:17 and burning the parts of the map that you know that you have to burn in order to survive, and the psychiatrist and the resident come out of the room and they look at each other and they're just kind of bowled over by the way, that.
- 00:48:30 abandoning their script and their checklist and leaning more into improvisation and spontaneity totally shifted the interaction with the patient.
- 00:48:39 So this is the story, so he tells it on stage in front of a room of 700 of his peers and then it comes on to the podcast and we talk more about the story and then podcast episode launches and you know.
- 00:48:52 Several thousand healthcare workers across America hear this story, and then I get an email about a week later, from a rheumatologist.
- 00:49:00 And he said, you know, I was listening to the story burn the map and I had never thought about clinical medicine in that way, and it really stayed with me and.
- 00:49:09 A few days later, I was in my rheumatology clinic and this young woman showed up.
- 00:49:13 And she had a history of rheumatoid arthritis and she had been on all these different drugs and nothing really seemed to be working nothing really seemed to be helping and my initial instinct was.
- 00:49:21 I don't think I'm going to be able to help this person he was getting ready to go in the room and evaluate her for other conditions like fibromyalgia and things like that.
- 00:49:30 So he gets in the room and he's about halfway through the interaction when he remembers burn the map and then he.
- 00:49:36 abandons his script and he just starts to feel into the moment and what does she want to talk about and what's important to her and.
- 00:49:44 long story short, she ends up telling her telling him this whole story about her mother and.
- 00:49:51 struggling with alcohol use disorder and they end up coming up with a plan that is related to that and to finding.
- 00:50:00 A therapist and then only after that interaction occurs does this patient open up and is able to fully engage with him about her rheumatoid arthritis in a way that feels more grounded in trust and authenticity.
- 00:50:13 And so, this rheumatologist said I'd never done this before and it really changed the way that the interaction went, thank you for sharing this story, thank you to the psychiatrists for sharing for the map.
- 00:50:25 So that's just one example of how storytelling can create connections and you know just change the way that we see things and see the world.

- 00:50:34 Especially in clinical medicine, I think, sometimes we have to unlearn some of the checklists and remind ourselves how to engage our right brains, a little bit more the parts of our brains that are.
- 00:50:45 More free associative and spontaneous and improvisational and I think that's something that storytelling and just really getting curious about somebody in their experience can really help foster and cultivate.
- 00:50:59 So I'll stop there I'm again just so thrilled to be here and to be telling you my story and we'd be happy to answer any questions.

UVA IMR

00:51:09 Right excellent.

Unknown Speaker

00:51:15 Okay.

UVA IMR

00:51:17 The question in the chat or ask them you did, and I will meet you so you can ask your question directly to Dr Silverman I'll get started.

- 00:51:26 I know that he said the podcast about shame hadn't come out, but I was wondering if you know, without any spoilers if you could just give us maybe just a preview on what some of the insights were from the one about shaming.
- 00:51:38 Reading about that a lot here at least enough.
- 00:51:41 To medicine residency.

Emily S

00:51:45 it's a great question I've learned a lot about just the emotion of shame from my conversations with will and Luna and I think what's interesting about shame is.

- 00:51:55 It it's a self conscious emotion and so, unlike emotions like joy or anger shame is really grounded in this idea of looking at yourself and judging yourself and the way that will describe this to me is.
- 00:52:14 When you have an acute shame experience there's a very specific physiologic signature to that so flushing of the cheeks a heat in the face sort of a hanging of the head dropping of the shoulders sometimes there's an impulse to run or escape.
- 00:52:30 Will himself tells this story and he's told it publicly about a time he was delivering a baby and there was a.
- 00:52:39 bad outcome, and he just walked right out of the delivery room down the hall into another room and there was a table and he just crouched under the table and was crying us crouch they're almost like a hiding response.

- 00:52:53 And so just learning about shame and how it manifests in the body and then cognitively what is happening, during a shame, experience and so.
- 00:53:01 What happens is, you see yourself as you are, and then you see it an idealized version of yourself.
- 00:53:06 And it's the delta between the two that causes shame is that this is how I am this is how I should be or how I want to be, and those two things don't match, therefore, I experience shame.
- 00:53:16 and shame is a very pro social emotion, because the opposite of shame is belonging.
- 00:53:22 And so, if you think about it, if you're experiencing shame it's because you don't want to be kicked off the island you don't want to be excommunicated you don't want to be shunned.
- 00:53:30 by your tribe or by your group or by your family and so it's an extremely primal emotion that has the power to drive behavior.
- 00:53:40 And when you're comparing your current self with your ideal I self or expected self That begs the question of okay well let's look at that idealized self let's look at that expect itself what is that.
- 00:53:55 What is that story and so as the shame team was meeting, week after week, we started to open this conversation around the ideal Dr.
- 00:54:05 Most of the stories that we feature are from medical students residents fellows and attending physicians we do have.
- 00:54:11 A few voices from other types of healthcare workers like nurses, but it really is predominantly focused on the physician Arc and the physician experience.
- 00:54:19 And so we asked ourselves what is the ideal doctor, what is the story that we tell ourselves and each other about who a doctor should be how they should behave how they should look how they should think.
- 00:54:29 And that was a really rich and fruitful conversation, and if you trace the history of this concept of the ideal doctor it goes back very far very ancient even in the writings of parties.
- 00:54:42 There are prescriptions for how a doctor should shave and how they should smell, and what they should wear and it's just very specific and so really unpacking this idea of what is the ideal doctor and who decides and.
- 00:54:56 You know what do we think about that, what do we want to keep What do we want to discard that has been some of the most interesting and fruitful conversation that has come out of our producing the shame in medicine series.

UVA IMR

00:55:09 We got a question from Dr please yoga, how do you deal with confidentiality and the stories the highest bar being that someone hearing the story would not recognize it as a story about them to people get permission from the patient or calling or change the details enough to be on recognized.

Emily S

00:55:26it's a great question um it sounds like you already have a framework of Peggy a little bit for how to deal with confidentiality.

- 00:55:32And it's a difficult issue, and I think people have different thresholds of what they're able to tolerate the most, as you said, the highest bar being that somebody wouldn't be able to recognize themselves.
- 00:55:43And I think you know people fall in different areas of the spectrum of what bar they feel they need to clear in order to not be violating some kind of ethical code, you know, certainly hipaa that's a legal issue, we would never want to violate hipaa, and so this is how I think about it.
- 00:55:59People talk a lot about storytelling and they asked me well, what about the patient, what about the patient voice, what about patient storytelling.
- 00:56:06And I think the patient experience is hugely important that's why we're all here that's why we all went into medicine.
- 00:56:12But I have seen a lot of illness memoir and patient experience and you know patient advocacy organizations and as a physician myself I think what I was seeing less of just in the landscape in general, was.
- 00:56:27People thinking about how do we care for the caregiver and I think this came up a lot during covid.
- 00:56:34When you know clinicians we're going into the hospital and they didn't have enough P P, and they really didn't feel like they were being kept safe or that they were valued, or they felt expendable and so.
- 00:56:45This idea of who takes care of doctors and so that is really where I have always steered the nocturnal.
- 00:56:53is not as much to center the patients, but really we're centering the care providers and exploring what it is to be a care provider and how do we.
- 00:57:03You know augment our well being and how do we take care of ourselves, so that we can show up and be there and be refreshed and happy and healthy and curious.
- 00:57:12For our patients and so that's a very long way of saying when we cultivate stories for the nocturnal we really want the stories to be about you about the healthcare worker.
- 00:57:25So some of you may have heard of this concept of the hero's journey, this is a concept that was written about by Joseph Campbell who's one of.
- 00:57:33The most famous story theorists out there.
- 00:57:36And there's this traditional story structure where there's a status quo and there's a hero, and then there's an inciting incident and a call to adventure and then the hero leaves home and crosses over the threshold into the unknown.
- 00:57:48encounters obstacles there's a climax, and then a resolution, and so, for us at the doctrine is the hero in the story the hero going around that circle is not the patient, it is you.
- 00:58:00And so we really have to coach clinicians to put themselves in their stories.
- 00:58:06That was actually one of the first pieces of feedback that I got from a mentor over at npr she worked at a storytelling show called snap judgment.
- 00:58:13She came to that very first show in January 2016 and sat in the audience and we had coffee a couple weeks later, she says, the most important thing is that they need to put themselves in their stories.

- 00:58:24 Which is hard for physicians because we're so used to erasing ourselves and seeing ourselves as altruistic and sacrifice and even in our medical notes, we write in the passive voice.
- 00:58:35 You know, we don't say I prescribed antibiotics, we say antibiotics were prescribed so we're very invisible and So how do we make ourselves visible and so.
- 00:58:44 If somebody's going to come on stage and tell a story at the nocturne is about themselves, it may or may not even include a patient anecdote.
- 00:58:51 So if you listen to a lot of our stories, some of them don't feature patients at all, we had a physician, who told a story about waking up in her own icu after having an amniotic fluid embolism and.
- 00:59:02 having to deal with recovery from that and then going back to work, and she walks in the room, and one of her colleagues is there and they're kind of nursing out about her own resuscitation and how much blood they needed and so on and so forth.
- 00:59:14 and her colleagues is how many minutes, where you down she says about five minutes, and he says Oh well, that's not very long.
- 00:59:21 So the whole story is about how her near death experience getting gets minimized in that moment.
- 00:59:26 And it's a very interesting story and actually doesn't feature any patient anecdotes at all, so this is just to say that there may or may not even be patients and stories if we are talking about ourselves.
- 00:59:36 That said, a lot of what's interesting about our job does involve interacting with patients and their families.
- 00:59:42 And so, if one of the characters in the hero's journey is a patient or a patient's family member, then yes, we have to talk about how to protect privacy and confidentiality.
- 00:59:51 Certainly not violating hipaa and the way that we get around it is just as you said, Peggy we either have the patient give consent and they sign a release form.
- 01:00:00 Or we change details, so that the patient is not able to recognize themselves to the best of our ability.
- 01:00:06 Sometimes it's difficult to do that without completely compromising the integrity of the story, and so that's something that people use their judgment on.
- 01:00:13 oftentimes people are telling stories about patients that they've seen 20 years ago.
- 01:00:19 For those of us in the audience, who have been in this career a long time, you may notice that there are stories that live inside you.
- 01:00:26 That happened a long, long time ago and you may not even remember the name of the person you care for and you may not be able to reach out to them and ask for consent or they may not even be living anymore.
- 01:00:36 And so, yes, we scramble details, whether that's you know from a hat, then we make it a backpack or if it's lung cancer, then we make it colon cancer.
- 01:00:46 And we just have a disclaimer up top that says details may have been changed to preserve patient confidentiality.
- 01:00:51 The last thing i'll say is just to think about intent so when you're getting on stage and telling a story as a physician or any other type of healthcare worker I think it's important to think about why are you telling the story.
- 01:01:02 And if you're telling the story, because it has some kind of shock value.

- 01:01:06The story of that is like oh you'll never believe this crazy thing I saw on the ED it was so cool it was so gross are so intense.
- 01:01:13And it has that feeling of being sensationalize then we steer away from those stories, but if you're telling a story and it's really stemming from a place of.
- 01:01:23curiosity and doubt and just wanting to understand and grappling you know, with some kind of issue internally and your motives are.
- 01:01:33Out of respect, then then that's the type of story that we're very interested in hearing and so Those are the three ways that I think about it is number one the story is yours.
- 01:01:42you're telling your own story you're not telling someone else's to is if patients are involved, how do we protect the privacy and the three thinking about intent.
- 01:02:02I see another question in the chat.

UVA IMR

01:02:05I was muted yeah do you see the second question, Dr Duncan about gallows humor.

Emily S

01:02:09Yes, do you have to deal with what is referred to as gallows humor in the stories, yes, we do when you're dealing with life and death, sometimes dark humor emerges.

- 01:02:23I personally love dark humor but yes, you have to be very careful about that and be careful that you're operating from a place of respect there's been a lot written about this topic.
- 01:02:37One person said it like this, and I like it, they said, the difference between gallows humor, that is, you know, interesting and good and gallows humor that is disrespectful and bad is the difference between walking through a graveyard and whistling versus kicking over the headstones.
- 01:03:01I just like that image, so when we're telling a story that has to do with dark topics, whether it's death, whether it's pain, suffering, you know mental illness suicide things like that.
- 01:03:14I feel into my intuition, and I say does this feel like we're walking through the graveyard and whistling or does this feel like we're kicking over the headstones and you know that's a collaborative process as well.
- 01:03:26Sometimes i'll ask the storyteller How does this feel to you or sometimes i'll turn to somebody else on my team and i'll say how do we feel about this does this feel right and usually.
- 01:03:39If you can crowdsource the intuition, you can thread that needle in terms of tone and hopefully get to a story that.
- 01:03:49isn't afraid to tread in these difficult areas but it's also maintaining respect.

UVA IMR

01:03:57A question in the audience here, I think you should you should be able to you'll be picked up.

- 01:04:04I feel tired at the end of the day and i'm curious how you like cultivate creative energy during residency or like on the wards or whatever wonder busy.

Emily S

01:04:18yeah it's a good question it's a big question in some ways it's the million dollar question.

- 01:04:25Healthcare is a business.
- 01:04:29The days of independent practice our.
- 01:04:33Her of that being in its heyday are behind us, the days of people being self employed and hanging up a shingle and being a Community doctor and having control.
- 01:04:44I want to say, the numbers have jumped tremendously in terms of people who are self employed versus people who are employed by either a big company or a big health system, I think something like 70 or 75% of physicians and American our employed by some kind of you know, large.
- 01:05:02system and when you're employed by a large system.
- 01:05:06You know, and things our profits are then you are asked to do more and more with less and less because.
- 01:05:12That is what gives the best profit margin and, of course, we know that you know healthcare economies are really distorted and the incentives are all out of whack.
- 01:05:19And so yeah at the end of the day, we're tired, because the incentives are completely messed up and so.
- 01:05:27there's kind of two ways to think about that number one is okay, how do I just like put my head down and survive in that system and not burn myself out.
- 01:05:35And then number two is, can I do anything as a clinician to actually speak up and change the system.
- 01:05:41So one thing I've been thinking a lot about lately, is how we can take these stories and take the art and put it to work.
- 01:05:46How do we awaken physicians to their own power and their own voice and have people come together and organize and speak up and talk about taking the profession back.
- 01:05:57From these administrators and business people, so that you know, hopefully, you know generations in the future clinicians are not as.
- 01:06:04exhausted, at the end of the day, because of the way that they're being made to work.
- 01:06:08That doesn't solve the problem of what are you going to do tomorrow in order to feel less tired I don't have a great answer.
- 01:06:14You know, everybody has their own way of dealing with it like I mentioned earlier, some people get a lot out of journaling some people get a lot out of exercise sometimes what you really need is asleep.

- 01:06:25interacting with family and friends, I think the most important thing is just to pay attention to yourself, and what brings you energy and what depletes you of energy, because it may not be what you think.
- 01:06:38You may think that you know journaling every day for two weeks will bring you energy and then you try it out and you're like actually.
- 01:06:44I feel more tired than I did before that didn't feel good that didn't serve me, in which case I would suggest, maybe stop, and you know, try to find the activities that.
- 01:06:53Once you're finished with the activity that you have more energy than you had going in energy is very mysterious and the way it works is very mysterious We talked a lot about time and medicine and work life balance and how many hours we spend doing different things.
- 01:07:08But energy and time aren't necessarily correlated you could have a trauma surgeon work a 24 hour shift and then come out of it and feel totally amped and energized, even though they haven't slept.
- 01:07:18Conversely, you could have someone who sleeps eight hours a night, but every day they're engaging in activities that are soul sucking and they just feel fatigued and tired all the time.
- 01:07:27And so on time and energy aren't necessarily linked I think it's more about that alchemical thing like does this thing bring you life force and, if so, just try to find those things and engage with them as much as you can until the system changes which, hopefully, it does.

UVA IMR

01:07:44Good time we've got two questions in the chat.

- 01:07:48One is around could issued your team during work is there qualitative weigh and measure the impact of this time.

Emily S

01:07:55yeah that's a great question one of the reasons why it's been difficult to measure this work is because it's just really difficult to measure the impact of something like art.

- 01:08:09I am not.
- 01:08:11I am not like taxiing in the same type of material that many other physicians are you know numbers and data and so on and so forth stories are different and.
- 01:08:24There are ways to approach it so you know one way is to think about this qualitative data, so do we survey people.
- 01:08:32After a live show, for example, do we survey people after they listen to a podcast episode, or even an entire podcast series.
- 01:08:40and ask them, you know how did this shift your perspective How did this make you feel did it make you feel connected rejuvenated did it spark a new question in your mind and so on and so forth.
- 01:08:50You can collect that data, and you can have them, you know rank things.

- 01:08:54 on a scale and you can also, of course, provide a text box for people to just dump in you know how they responded and then code that and research that.
- 01:09:02 other ways to measure impact include things like number of tickets sold to a live show.
- 01:09:08 Number of podcast downloads number of social media shares and likes all of these different metrics of engagement and dissemination that can help you understand whether your work is.
- 01:09:22 You know resonating or not, we have never actually done a formal coded qualitative research, study, about the impact of our work on the clinician workforce.
- 01:09:35 it's something that I'm interested in, so if anybody in the audience is a qualitative researcher and has an interest in storytelling and clinician well being.
- 01:09:43 Please reach out to me because I think it would be very interesting to formalize that and see how we can collect that data without.
- 01:09:53 Without negatively impacting the experience of attending a live show, and you know, listening to a podcast.
- 01:10:01 As I said, you have to be very careful with the medical humanities, because if you try to jam it down people's throats they often rebel and they don't like it.
- 01:10:09 Like if you pull someone out of a busy day at work and you say sit in this room for an hour and read a poem and their pages going off like they're going to hate that.
- 01:10:17 But if you rent a theater and it's a beautiful night and, as I said, there's music and there's drinks and it feels like a night out.
- 01:10:23 Then that's going to be something people are drawn to, and so you just have to be careful not to take that and make it feel like a research, study.
- 01:10:30 But I think there's a way to do it, I think there's a way to to have it both ways, and that is something that I'm interested in exploring in the future.

UVA IMR

01:10:39 And I last question perfectly on this from Dr.

- 01:10:43 Susan, thank you for joining us today and on Monday just wants to ask what your dream topic or project.

Emily S

01:10:52 ooh it's a great question.

- 01:10:56 In addition to being passionate about audio storytelling oral storytelling you know very ancient form of storytelling.
- 01:11:06 I do also right, and right now i'm talking to the editor in Chief of a magazine that's actually in your neck of the woods it's the Virginia quarterly review or V qr I don't know if you've heard of it.

- 01:11:18 And it's this wonderful literary Journal and the editor in chief there Paul and I have been talking about physician burnout for a long time and he's always wanted me to write something for him about physician burnout and I've always felt because.
- 01:11:30 I feel like there's just been thought piece after thought piece about physician burnout and it's just a lot of describing the problem and not a lot of action.
- 01:11:38 But, more recently, Paul and I have talked about me writing an article about people out there, specifically clinicians specifically doctors who are trying to take the profession back in whatever way and so.
- 01:11:54 That is a dream project that I'm just now starting to think about working on probably will start off as a written essay that I that I work on with Paul.
- 01:12:04 But I'm very interested in seeing how some of those voices could be parlayed into the audio form or even into some kind of live experience, where there's a panel and there's a discussion about.
- 01:12:15 Where is change happening, where are the pockets of of physicians taking the profession back and that can be anything from just old school ways of organizing like unionizing to.
- 01:12:27 People who have decided to unplug from the system altogether and open direct to patient care practices, where they just don't take insurance.
- 01:12:34 And it's physician owned and it's physician run and it's extremely lean and you don't see like 40 administrators, for every clinician.
- 01:12:40 And yes, there are challenges with that, because if people don't have insurance, then we have to figure out a subscription model paying out of pocket.
- 01:12:48 But people are innovating around how care is delivered in the United States, and so the direct to patient care movement is something that I've been kind of stepping into and learning more about.
- 01:12:57 I've also talked to people who are way smarter than me who are thinking about ways to use things like blockchain.
- 01:13:06 to organize physicians So the idea is you would upload your physician credentials to a website, you would get a digital credential that's a token like an nfc.
- 01:13:16 And then you would join a collective of physicians and then together.
- 01:13:20 They call it a Dow a decentralized autonomous organization so there's no CEO there's no structure you kind of govern yourselves.
- 01:13:28 And you can you know do things and vote on things, and that is another way of organizing that is kind of a future oriented.
- 01:13:36 very different from like the AMA, for example, and so I've talked to people who are thinking about that so In short, I think my dream project right now is.
- 01:13:45 Once the shame project is over and we've kind of characterize the problem of shame in our culture and then after six years of you know, doing all these burnout stories.
- 01:13:55 My dream is how do we shine a light on the people who are having a little bit of swagger and having a little bit of rebellious energy and kind of trying to make change and make waves in healthcare to try to make it better.

UVA IMR

01:14:10Right awesome thanks so much for the presentation of the Q amp a fantastic.

Emily S

01:14:16Thank you, thank you for having me and if anybody wants to chat you can just reach out, I met Emily dot silverman@ucsf.e