Formalized Storytelling in Emergency Medicine

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Abstract

Storytelling is an effective tool for medical education. The authors describe a formalized storytelling program for physicians. A conceptual model is proposed for why storytelling events are an effective modality across the domains of reflective practice, professional development, and physician wellness. Formalized storytelling is a novel strategy for professional development in medicine. In this paper, we describe a storytelling program for emergency physicians and propose a conceptual model for why storytelling events are an effective way to address the imperatives of reflective practice, professional identity development and physician wellness. Since 2015, groups such as Airway-Stories have held events for emergency physicians to help them relate and reflect on stories told by colleagues in a relaxed setting. These storytelling events are live forums in which physicians can share stories about experiences of patient care with an audience of their peers. The events were initially held at local venues in order to create physical and emotional distance from the clinical workplace, but have since proliferated to include many academic emergency medicine conferences and, during Covid-19 lockdowns, international videoconferences. Participants have primarily included emergency medicine faculty and residents, though more recently; these events have integrated other disciplines and health professions in medicine. The narrative topics span the breadth of clinical scenarios and have provided a forum for reflection in a group setting. The stories from these events have involved expressions of pride, humor, gratitude, as well as sadness and regret, along with a variety of authentic emotions that are otherwise not given expression in a formal curriculum or during physician meetings or conferences. Given the unscripted nature of these events, it has been somewhat surprising that the narratives have almost without exception manifested professional virtue and evinced the core humanistic values of medicine. There have been few if any stories with cynical or demoralizing themes. This observation has led us to believe that formalized storytelling events are a way to tap into these positive narratives and that they hold promise in supporting medical professionalism.

Background

Storytelling falls within the rubric of narrative medicine, a field whose relevance to medical education is supported by an ever-growing body of literature. Narrative and storytelling are embedded in the core of our profession, most obviously in the History of Present Illness (HPI), and narrative competence has been proposed as a crucial clinical skill [1,2]. While storytelling has always been entwined with the HPI and therefore a companion to clinical medicine, its extraction from the patient encounter and identification as an educational tool is a relatively recent phenomenon. The literature on oral storytelling in medicine is sparse yet stories abound in medicine. The culture of the hospital is embedded in and shaped by conversations between doctors and the stories they tell each other to explain their circumstances and the events that transpire. This observation has led us to believe that formalized storytelling events are a way to tap into these positive narratives and that they hold promise in supporting medical professionalism.
Reflective Practice

Reflective practice can be defined as “the exercise by which professionals, become aware of their implicit knowledge base and learn from their experience” [6] and reflection about one’s work is an important tool for learning and shaping mental models. There is a large body of literature supporting the value of reflection in improving diagnostic accuracy and clinical outcomes [7] but it can also be directed to shaping and developing professional attitudes, beliefs and values [8,9]. Formalized reflection is especially important in emergency medicine as clinicians see dozens of patients in rapid succession each day, often without an opportunity to process events and their reactions to them. Encounters with patients who are hostile, fearful, marginalized or alienated can leave harmful emotions unprocessed and can complicate professional identity development [19,20]. The value of storytelling extends beyond its obvious usefulness in medical practice and reduces career satisfaction [14-18].

Professional Development

Role Modeling Professional values

Recent conceptualizations of professional identity development have highlighted the role of storytelling in a community of practice [12,13]. A storytelling event represents such a domain in which individuals encounter the collective “on its best behavior,” which is to say the narratives that are deemed by speakers to be appropriate. Embedded in and shaped by conversations between doctors and the stories they tell each other to explain their circumstances and the events that transpire. These hospital stories typically have themes that are tribal, cynical and distrustful and advance the hidden drivers of engagement in the healthcare workplace. Three of these drivers can be directly related to burnout and thereby reduce measures of burnout.

Social Support and Community

Storytelling events bring practitioners together in a social space away from the associations of hospital medicine, in line with observations that transformative learning benefits from separation from the classroom [38]. The events themselves are entertaining and joyful. Similar institution-scale interventions designed to get practitioners together have successfully improved meaning and engagement in work and reduced depersonalization [39]. Getting people together is its own reward: in a systematic review of resident well-being, social relatedness was one of three fundamental factors that correlate with wellness [40].

Culture and Values

The third domain in which storytelling can be useful is in shaping the culture of an institution. Culture can be defined as “the matrix of stories, symbols, beliefs, attitudes, and patterns of behavior in which we find ourselves.” [41] The culture of the hospital is embedded in and shaped by conversations between doctors and the stories they tell each other to explain their circumstances and the events that transpire. These hospital stories typically have themes that are tribal, cynical and distrustful and advance the hidden curriculum of hospital medicine [3,4]. Stories can be important in changing the culture of an institution [5] not just because they are the best way of introducing new narratives, but because the culture of the hospital is embodied in narratives. As Coulahan suggests, institutional culture change is possible through a narrative-based professionalism in which stories serve as a catalyst to change the range of permissible thoughts and attitudes, to a professionalism that “engages the heart” [41].

Reflective Practice

Storytelling for Wellness and Burnout Mitigation

Much has been written about the epidemic of physician burnout [29-31]. Work engagement is a concept that has been proposed as the functional opposite of burnout [32,33], and it follows that activities that improve engagement in work can reduce measures of burnout. In a recent review article, Shanafelt and Noseworthy suggest seven drivers of engagement in the healthcare workplace. Three of these drivers can be directly addressed by storytelling: meaning in work, social support / community at work, and work culture and values [34]. We address these below.

Meaning in Work

Work engagement is supported by meaning, an elusive term that refers to a sense of significance or value in work, a quality of the work that contributes to a sense of purpose. Doctors who find meaning in their work are more likely to be engaged and less likely to suffer burnout. Loss of meaning, on the other hand, appears to be related to development of burnout [34,35]. Meaning is not inherent in work, but rather is actively constructed [36]. The practice of medicine is inherently meaningful. However, it can be empty, pointless and unsatisfying. Meaning is enhanced by “a subjective belief that one’s work is significant” [37]. Storytelling can teach people new ways of seeing their practice in a way that supports positive meanings. Storytelling has the capacity to “uncover, discover, froze, create or re-imagine meaning” [11]. Narratives that inspire, that teach who we are, that help practitioners participate in “personal recognition of positive events at work,” [34] are likely to furnish meaning, improve engagement and thereby reduce measures of burnout.

Emotional Integration

Narratives that touch the heart give practitioners tacit permission to feel. Getting doctors to recognize, accept and feel their emotions in the context of the pervasive alexithymia [21] of the profession is healthy [22,23]. It may even improve patient care insofar as good judgment and decision making seem to rely on emotion [24-27]. Not to mention the benefit to the patient of an emotionally present clinician. Authentic emotions between physician colleagues have the potential to reduce burnout due to emotional labor in medicine [28]. Storytelling is an excellent way to introduce emotional content and an affective component to medicine. Listeners are given permission to exist in an emotional space among their peers and problematic emotions can be expressed and normalized.

Traditional didactic forms have little to offer in this realm, nor does clinical instruction at the bedside. Emotional wholeness bridges professional development and wellness.

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Conflicts of Interest


Cautions

Any unscripted event has the potential for unforeseen complications. Individuals make themselves vulnerable by publicly articulating their perspectives and insecurities.

We rely on the generosity of an understanding audience but also on the emcee to set a supportive tone for the event. Beyond that, storytellers could embarrass or implicate themselves in serious misbehavior. There could be uncomfortable or explosive accusations about the hospital or other untoward occurrences. While it is worth noting that this is a possibility in any gathering of physicians, the semi-public nature of these events dictates a role for the emcee in reorienting the flow of the event should it stray from the goals. Should there be revelations of serious misconduct, the event organizers must consider reporting to an appropriate organization, whether it be a hospital or professional accreditations body.

We have recognized the benefits of out of hospital venues, we have also held productive group discussion. An “introduction to the wards” symposium featured a series of stories told by senior residents and practicing physicians. It would take some creativity to apply oral storytelling might be incorporated into traditional medical didactics. At our institution, we have done reflective practice rounds with small groups of medical students and residents about a memorable clinical event becomes the nidus for a group discussion. An “introduction to the wards” symposium featured a series of stories by senior residents and practicing physicians. It would take some creativity to apply storytelling to tasks beyond professional development and the humanities. A storytelling-based morbidity and mortality conference, for instance, could introduce a subjectivity that better conveys the perspective of the physician—for instance, the granular details of a bad case or the emotional truths of a bad outcome. One might hope that the form would allow better penetration into the faulty reasoning or habits of mind behind a bad case. Research on formalized storytelling should focus on qualitative thematic analysis to verify what we have observed informally, that the stories that doctors tell each other in public are as a rule virtuous and positive. This observation—though not empirically confirmed—has been plain to see, and may be a function of the culture of the event and the expectations set by the emcee. or perhaps doctors have always been waiting for a forum in which to profess their virtues. The hospital or clinical environment, with its harsh exigencies and embedded culture, may not be considered suitable for such sentiments.

Conflicts of Interest

The authors are members of Airway Storytelling Forum

References


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18. Helfman RM, Crişan LG, Houser D, Mclea M, Miu AC (2010) Emotion regulation application to professional development. A storytelling-based morbidity and mortality conference, for instance, could introduce a subjectivity that better conveys the perspective of the physician—for instance, the granular details of a bad case or the emotional truths of a bad outcome. One might hope that the form would allow better penetration into the faulty reasoning or habits of mind behind a bad case. Research on formalized storytelling should focus on qualitative thematic analysis to verify what we have observed informally, that the stories that doctors tell each other in public are as a rule virtuous and positive. This observation—though not empirically confirmed—has been plain to see, and may be a function of the culture of the event and the expectations set by the emcee. or perhaps doctors have always been waiting for a forum in which to profess their virtues. The hospital or clinical environment, with its harsh exigencies and embedded culture, may not be considered suitable for such sentiments.

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