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Perspective Article

Formalized Storytelling in Emergency Medicine

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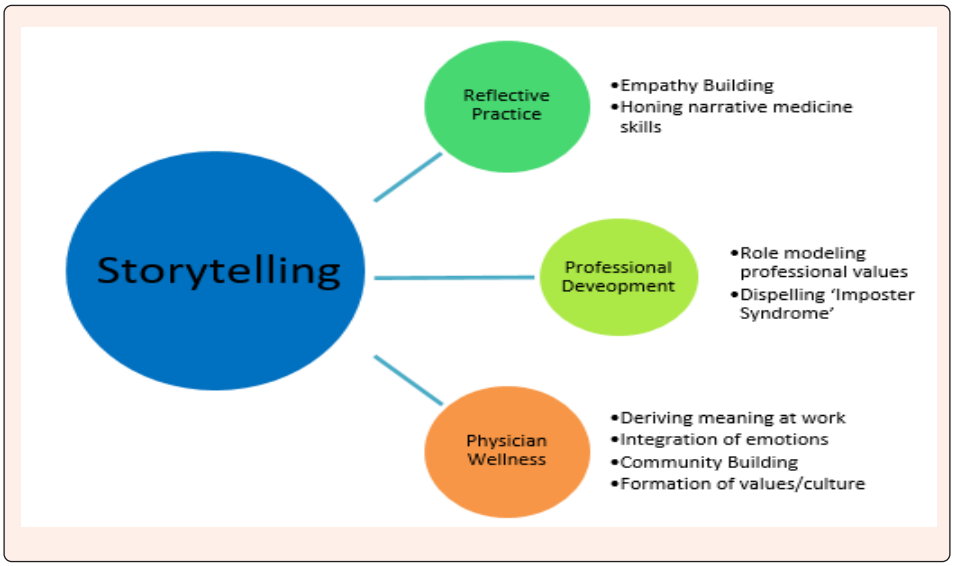
Abstract

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. These hospital stories typically have themes that can be 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. Eliciting and attending to these wholesome stories may present an untapped opportunity for reflection, professional development and wellness promotion as elaborated below.



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 acumen [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 emotional residue that becomes embedded over the course of a career [10]. The same is true for contentious interactions with staff and colleagues in the stressful environment of the hospital. Without reflection, negative reactions to patients and clinical work can go unquestioned, and hasty conclusions about medicine can become entrenched and ossify in the doctor's mind, tainting future practice. This is the mechanism for the kind of disengagement that is the foundation of burnout. Without reflection, a clinician is in danger of repeating dysfunctional patterns and creating lifelong habits of thought and behavior that comprise the substance of an unsatisfying career. The purpose of reflection is to examine the lived-experience of medical practice and to ask questions about it. To reframe it-to think of what happened in a way that supports positive meanings and conclusions. Storytelling is formalized reflection [11]. The teller presents event with the benefit of hindsight. The span of time between an event and the telling of the event allows for consideration of what has happened and its reinterpretation. In these storytelling events, challenging scenarios are re-examined and reframed. They are processed. For example, a difficult encounter with a patient or family member may be recast in the more generous light of hindsight. Telling a story involves reflecting on one's values. Hearing a story can prompt moral reflection in the listener. Clinicians who have listened to a story may retain an aspect of the narrative and bring it back in some form to their clinical work.

Professional Development

Role Modeling Professional values

Recent conceptualizations of professional identity development have highlighted the role of socialization 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 for public consumption happen to be the ones that align with the professional norms of the community. The communal focus on values serves to guide healthy professional development for storytellers and audience alike. Hearing a story can also prompt moral reflection and change in the listener. Clinicians who have listened to a story may retain an aspect of the narrative and bring it back in some form to their own work.

The Imposter Syndrome

The Imposter syndrome, a psychological pattern in which people doubt their worth and accomplishments and are anxious of being exposed as incompetent or a fraud, is common at all levels in medicine. While it may motivate clinicians to improve, it adds to the distress of medical practice and reduces career satisfaction [14-18]. Imposter thoughts complicate professional identity development [19,20]. Hearing peers and colleagues, particularly mentors or more experienced physicians, relate stories about their inadequacies and failings, about embarrassing episodes and humbling experiences, normalizes these inevitabilities and can potentially allay imposter thoughts. Stories that involve these sorts of self-revelations are common in a storytelling forum and are experienced as reassuring for trainees as well as for established clinicians. To the extent that it provides a forum conducive to honest self-revelation, formalized storytelling can provide a reality check and a relief from alienation for doctors who think they're the only ones who may be struggling with medical practice.

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.

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 for some doctors, while for others it is 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, freeze, create or re-imagine meaning" [11]. Narratives that inspire, that teach wholesome values, 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.

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 Coulehan 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].

Storytelling-A Unique Modality

When information is communicated as a narrative or sequence of events, the listener is effortlessly engaged and draws their own conclusions. Meaning is discovered as if through experience and perhaps retains some of the vitality of experiential. A paragraph about humanism in a textbook is by comparison an abstraction without context. Facts and imperatives about providing compassionate care do not carry the same relevance or digestibility as do stories. For these reasons, stories are an effective modality to transmit moral lessons about our work. To take an example from an event, an ER doctor who relates her personal tale of becoming ill, fearing death and leaving behind family presents a narrative that is authentic and personally meaningful and conveys universally relevant themes that can inform medical practice. At the same time, such a story of personal illness imparts an implicit lesson: that it is alright to speak about one's insecurities. This lesson may never be articulated overtly, but it remains part of the message. The storyteller embeds values and attitudes in their story, often in implicit and seamless ways. Listening to the story, one absorbs these values unconsciously. *Oral* storytelling in particular is

a social act that is informed by the properties of spoken communication. Its difference from the written narrative becomes clear when someone reads a prepared document-the communication becomes one step removed from the source, it is felt as more constructed and therefore less authentic. It is less engaging. We relay our confidences to one another through natural speech, not written speeches. While spoken narratives can also be constructed versions of the truth and exercises in mythmaking, it is still easier to hide behind a crafted written piece. Perhaps our capacity to discern authenticity is more fully developed for spoken communication. Oral storytelling has unique characteristics as compared to reading narrative, not to mention reading non-narrative expository texts such as a textbook or journal article.

Cautions

Any unscripted event has the potential for unforeseen complications. Individuals make themselves vulnerable by publicly articulating their perspectives and insecurities. To protect this vulnerability, 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 prudence and preparation and 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 host institution or even a professional accreditation body. In the dozens of events we have held, nothing approaching this outcome has ever occurred.

Application

Formalized storytelling is a unique occasion to get practitioners together in a social setting in which they not only enjoy them5

elves, but also leave with a heightened experience of their practice. They are elevated morally and professionally. In our experience, the storytelling opportunities have humanized and relaxed our work environments. They may even prime doctors to attend to the stories that swirl around them, enriching their practice and orienting them toward the human element in medicine. The events that were initially limited to emergency physicians from academic programs in the New York City area have spread to national conferences, to hospitals across disciplines and to residency programs. While we have recognized the benefits of out of hospital venues, we have also held productive events during regularly scheduled academic conference time. The majority of our sessions have been open to spontaneous participation, but we have also held events with planned speakers during an internal medicine grand rounds conference. The diverse manifestations of the storytelling forum speak to the simple power of the concept and argue against proposing a standardized experience. While the events have been greeted with great enthusiasm, there are numerous variations to the form that remain to be explored. Dialogical reflection could be elicited by giving an emcee or the audience the role of responding to an articulated narrative and teasing out its implicit assumptions-a way of moving a storyteller closer to the truth [42]. There is also the question of how 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 whose stories 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 truth 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 quantitative 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 virtue. 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

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