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# Making space for stories: promoting physician and medical student well-being through successful medical education storytelling events

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## Abstract

Storytelling events in medical education settings are a powerful way to share stories, build community, promote resilience, and foster well-being, but many educators are unsure how to go about creating an event. This paper outlines practical tips to empower readers to plan and carry out a successful, impactful storytelling event.

**Keywords** Storytelling in medicine, Resilience, Well-being, Medical humanities, Medical Education, Narrative medicine

## Introduction

Stories are powerful. As author Pat Conroy wrote, “The most powerful words in English are, ‘Tell me a story,’ words that are intimately related to the complexity of history, the origins of language, the continuity of the species, the taproot of our humanity, our singularity, and art itself.” [1] Stories promote well-being by inspiring us, helping us make sense of our world, and bringing us together.

Across cultures and throughout human history, storytelling is a constant: all cultures ever studied use story in some capacity [2]. This is true in the culture of medicine too. For centuries, stories of illness—inextricably tied to

the patient and physician experience—were the primary means of dissemination of medical knowledge. With the rise of evidence-based medicine in the latter half of the twentieth century, however, the role of storytelling in medicine was minimized and perception of it became largely negative [3]. It was not until the early days of the twenty-first century, largely through the Narrative Medicine movement founded by Dr. Rita Charon, that stories in medicine began to be recontextualized and celebrated [3].

The understanding of the power of story and narrative in medicine has grown in recent years with the growth of Narrative Medicine programs of various sizes throughout the country [4], at least 50 peer-reviewed medical journals publishing narrative pieces, and an increasing number of live, virtual, and podcasted storytelling events featuring physicians and physicians-in-training. A 2020 report by the Association of American Medical Colleges (AAMC) entitled, “The Fundamental Role of the Arts and Humanities in Medical Education” [5] also highlighted the importance of storytelling in medicine. This excitement about storytelling is not just a fad; there is

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neuroscience to back up why storytelling is so powerful. Through the telling and hearing of stories, we experience neural coupling and emotional transportation, neuroscience phenomena that demonstrate on a biological level how stories connect people, promote empathy, and decrease prejudice [6–8].

### **Storytelling in medical education settings**

Despite widespread wellness efforts, burnout remains rampant in medicine [9] and burnout is particularly pervasive among medical trainees [10, 11]. Recent research has shown that social and professional isolation are closely linked with both burnout and depression among both practicing physicians [12] and medical trainees [13].

Our research has shown that in a medical education setting, attendees at storytelling events experience an increased sense of connection, a reconnection to meaning and purpose in their work, feelings of hope and renewal, and a sense of gratitude [14]. However, while many people working in medical education are excited about the idea of storytelling events, we have found that many educators are unsure how to go about creating one. We have a track record of organizing successful storytelling events for both UME and GME learners as well as for faculty and staff [15]. We have done live and virtual events with a range of audiences and have helped coach others to host similar events. In this paper, we outline specific steps and suggestions that will empower medical educators to plan and carry out a successful and impactful storytelling event.

Storytelling in medical education is grounded in the educational frameworks of reflective practice [16] and social cognitive theory [16]. Storytelling begins with reflective practice. As storytellers prepare for a storytelling event by writing down their stories, they are engaged in reflective writing—a type of reflective practice that has been shown to improve health and wellbeing [17, 18]. Through the reflective process of crafting the memory of an experience into a coherent, engaging narrative, the writer is better able to identify meaning and purpose in that experience. This is a key aspect of the power of storytelling to promote well-being in medical trainees, since finding meaning in one's work has been shown to promote resilience and decrease burnout in physicians [19, 20].

Social cognitive theory also undergirds the effectiveness of storytelling events in medical education. Storytellers serve as role models for audience members. They demonstrate the power of both reflective practice and vulnerability. As listeners witness peers and faculty being vulnerable and sharing reflective narratives, they are inspired to replicate that behavior and share their own stories—either informally or at future storytelling events. In our setting, we have watched this manifest as a

growing, vibrant culture of storytelling. Over time, reflective writing and storytelling have gone from activities done by a small fringe group to a highly valued practice within a wide range of settings in our academic community. Storytelling has become a community-building tool, which is another reason storytelling events can be powerful ways to promote well-being; multiple studies have shown when physicians feel more connected to others, they are more resilient and less risk for burnout [20–24].

### **Identify your audience**

Our first storytelling event was sponsored by the board of the Metro Minnesota Council on Graduate Medical Education (MMCGME), a consortium of academic medical centers in our community, as part of an effort to build community amongst the many graduate medical education (GME) training programs within our community. As a result, our primary audience for this event was medical residents, fellows, and leadership and core faculty of these training programs. Building on the success of these events, we have also planned and implemented storytelling events for medical students in the undergraduate medical education (UME) space, as well as for faculty within departments.

In our experience, we have found that the same principles apply to planning events across the spectrum of medical training and practice, but that is important that the storytellers are representative of the audience for which the event is targeted. We have occasionally allowed faculty present stories at the GME event, but have not had faculty to present at UME events.

We have also found that attempting to reach a larger audience often results in a more successful event, as it is easier to draw both storytellers and audience members from a larger pool.

### **Pull together the right team**

To ensure a successful event, involve key stakeholders early in the planning process. Include members of your target audience in the planning process and try to recruit a planning committee that includes a diversity of voices.

As an example, for our first multi-institution event for a graduate medical education (GME) audience, we formed a planning committee of residents and faculty from a broad sampling of programs and institutions. We began by reaching out to residents and fellows who had been active in the monthly writing group we host to see who might be interested. In addition, we emailed program directors at all the institutions to ask if they knew people who might be interested in participating. For subsequent events, we also recruited people who had been storytellers at a previous event. For undergraduate medical education events, we include medical students on the committee. They are recruited from our medical school's

Art and Medicine student interest group, from participants in a reflective writing course we teach, and from storytellers at past events.

Because all our GME and UME events have included storytellers from diverse range of lived experience, racial and ethnic backgrounds, and sexual orientation, our committees have reflected similar diversity.

For all our events, we have opted to allow potential storytellers to participate in the event planning committees by designing the story selection process in a way that eliminates potential conflicts-of-interest. It is also useful to solicit the support of leadership at the institution(s) from which you will draw your audience and storytellers (e.g. residency/fellowship program, clinical department, medical school, GME office, hospital leadership). Depending on the institution, this could include logistical support, financial support, and/or help with promotion.

### **Figure out funding**

When exploring options for funding a storytelling event, think creatively. Check if your institution has funds available for promoting well-being, since storytelling events can promote resilience and prevent burnout. If there are not institutional funds available, consider other potential sponsors such as local medical societies or medical staff organizations. We have also had success asking faculty members and local philanthropists to donate money to support events for learners.

Our first GME storytelling events were funded by the board of the Metro Minnesota Council on Graduate Medical Education (MMCGME). That budget is now supplemented with funds from the arts and humanities-focused Center for the Art of Medicine (CFAM) at the University of Minnesota Medical School [25]. CFAM also provides funding for our UME events. We recognize that many readers may not have access to these types of funding sources or may have very limited financial resources. Thus, we want to stress that a big budget is not necessary to have a successful event. We have held multiple virtual story slams that required no funds at all and were still deeply meaningful for attendees. Feedback about those events was similar to feedback about in-person events.

### **Double check calendars**

Check institutional calendars for major events and be mindful of religious and national holidays. This might seem obvious, but we narrowly missed scheduling an event on a major religious holiday and know of others who selected a night where there was a popular celebrity performing on campus. The goal is to avoid making your potential audience feel unseen or conflicted about attending.

### **Feed people and pick a great venue**

Good, free food draws a crowd, so we have served a light meal and dessert at our events, knowing that many attendees will be coming straight from work. If possible, choose a location that will be appealing to attendees. This might be a museum, an interesting event space, or a comfortable place on campus. In recent years we have moved away from venues focused on alcohol (e.g. breweries) to ensure the events are welcoming for all. Holding the storytelling event on a weeknight may result in less expensive venue rental rates. If your budget is tight, look for a space that can be used for free or at a significantly discounted rate for non-profit or educational groups.

### **Pick a theme and outline expectations**

We have found that a somewhat vague theme results in the most story submissions. Very specific themes are too limiting and no theme at all seems to be overwhelming to potential storytellers. A theme that is ripe for interpretation works best (e.g. “Connection” or “Intersections”) as it gives potential storytellers a starting point and allows for a breadth of stories. At our events, storytellers have told stories with topics and emotional tones that cover the range of their experiences as humans and professionals. Clear guidelines for storytellers are also imperative. We recommend limiting stories to 750 words, which translates into about 5 min of speaking time.

### **Publicize, publicize, publicize**

A multimodal approach to publicity is key. Enlist planning committee members to help spread the word through informal means (e.g. texting colleagues, posting on social media platforms frequented by the target audience), since learners often respond to invitations from peers more than emails from leadership. Send flyers about the event via email to both learners and educational leaders and consider posting paper flyers. We also advertise widely on social media and use an event-specific hashtag. We recommend having attendees RSVP to ensure adequate food and seating.

### **Save spontaneity for another day**

Ask for story submissions in advance. We recommend sending out a call for stories 8–10 weeks before the storytelling event and setting a submission deadline 4–6 weeks before the event date. Having a planning committee review stories in advance helps protect patient privacy, as storytellers can be coached to revise aspects of their stories that might compromise confidentiality. It also allows for filtering of stories that might not be unprofessional or that include content that may lead to privacy concerns.

**Make a plan for how to select stories**

Outline a plan in advance for how stories will be selected. For our process, planning committee members review story submissions that have been blinded and rate the stories on a 5-point Likert scale (1=Do Not Include, 5=Definitely Include). Once the initial ratings are tallied, the planning committee meets to discuss the final selections. This gives a broader perspective on what to include or not and allows for exclusion of a story or storyteller to feel less personal. If planning committee members submitted a story, they do not score their own story and step away during any committee discussion about their submission.

**Empower storytellers**

To support and empower storytellers, offer editing support for story submissions. Planning committee members can provide editing and feedback. Other resources could include faculty or graduate students from writing or performing arts fields. In addition, offer a dress rehearsal (either in person or virtually) so storytellers can practice telling their story to an audience and get feedback on pacing and delivery. We do not require storytellers to memorize their stories, out of concern that it would add stress for busy students and residents and thus discourage people from submitting stories.

**Provide a safe space for storytellers and audience members**

Given that sharing stories publicly already requires significant vulnerability for the storyteller, we have opted to enhance their comfort by not video- or audio-recording our events. (Individual storytellers can request someone record their story.) We also limit the audience to medical trainees and faculty as well as their invited guests.

We are also mindful of how stories might negatively impact a listener. For that reason, storytellers provide content warnings for sensitive topics (e.g. informing the audience that their story talks about suicide) so that audience members have the option to leave while the story is shared.

**Have enough stories, but not too many**

In larger events (150+people), we find that approximately a dozen 5-minute stories works well. With a smaller group, 5–8 stories are plenty. If you are worried that there might not be many submissions, it can be helpful to think in advance about who is a skilled writer or storyteller who could be recruited to submit a story.

**Ensure a diversity of voices and stories**

Be intentional about including storytellers with a range of perspectives and backgrounds. At our events, we have paid particular attention to including storytellers who

are black, indigenous, and people of color (BiPOC) and others who have been historically underrepresented in medicine (URiM). We seek to include stories that speak to various forms of intersectionality, including gender, sexual orientation, as well as from storytellers who represent a wide variety of medical specialties. By prioritizing diverse voices, we leverage the power of stories to decrease bias [8].

In addition, consider selecting a mix of trainee and faculty storytellers. For both our UME and GME events, learners have expressed how valuable it is to have faculty in attendance both to witness trainees' stories and to share their own.

Variety in the stories is also helpful to ensure a meaningful event. A mix of humorous, reflective, sad, hopeful and provocative stories keeps things interesting.

**Pay attention to the meta-story**

Be thoughtful about the arrangement of stories and what the overall arc of the event will feel like for audience members. Our practice has been to open with a positive story, position the most challenging and sad stories in the middle, and close the event with a hopeful one.

**Let stories work their magic**

There is science that explains the profound ability storytelling has to bring us closer together. Stories have the unique ability to allow an audience to inhabit the mind, body, and feelings of a storyteller—a phenomenon known as emotional transportation—and thus increase empathy in the listener [6, 26]. Stories promote trust, generosity, and empathy through hormonal effects as well as a sense of shared experience [27]. Functional MRI studies have shown a unique linkage between storytellers and listeners which has been labeled “neural coupling.” [7] Via neural coupling, the sensory, motor, and emotional centers of the brains of storytellers and their audiences are tightly linked through the art of storytelling [7]. Interestingly, the more emotionally intense a story is, the tighter this linkage is [28]. Thus, it is not surprising that sharing stories builds connections between people and fosters a sense of community [14].

**Engage the audience and allow for reflection**

While listeners may be impacted simply because of the neuroscience outlined above, consider actively engaging the audience. We have placed sticky notes and pens on each table and invited people to jot down thoughts and responses during the stories and then to post them on a wall for all to read. During virtual story slams we use the chat function to encourage reflection. We also allow plenty of time for conversation after the stories are shared.

### Do no harm

Over the years, several thousand people have attended storytelling events that we have organized. In all that time, we have never received negative feedback from anyone about their experience at an event. We do not think that is a fluke. Sharing stories involves vulnerability and the themes in stories are sometimes challenging or painful. Without careful planning, harm could ensue for both storytellers and audience members. For that reason, we have been very intentional about how we set up these events and choose the stories that are included—all information that we have outlined above. In fact, part of our motivation in writing the paper is to help others host storytelling events that are positive, meaningful experiences for all involved.

### Define success in a meaningful way

We have also never had an event that we would consider to be unsuccessful. In consulting with others who are planning storytelling events, we have heard people worry that only a few people will submit stories or that there might not be many attendees. We do not think it matters how many people attend an event or how many storytellers participate; numbers are not what defines success. As long as stories are shared, people feel that their voices are heard, no harm is done, and attendees walk away with a sense of feeling connected to each other and the work we all share, the event has been a success.

### Encourage publication and other opportunities to share

Stories can extend beyond the storytelling event. Stories can be shared at Grand Rounds, educational events, and regional, national, or international medical meetings. Consider partnering with local media to share selected stories with a broader audience. Encourage storytellers to submit stories for publication in local medical newsletters, peer-reviewed medical journals, podcasts such as *The Nocturnists* [29] and on websites like *Airway Stories* [30] or *KevinMD* [31].

### Cultivate a culture of storytelling

This final recommendation is the foundation on which all our other advice rests. The best way to have successful storytelling events is to build a culture of storytelling in your medical education community. This takes time.

Begin by focusing on efforts outside the formal curriculum, as that is usually easier than effecting curricular change. We recommend hosting regular reflective writing groups for medical students, residents, and faculty. These do not require expertise in storytelling, just interest. The format we use is to read several recently published narrative pieces and discuss them, and then give people a prompt for writing. Participants can choose whether or not to share at the end of the session. Over time, writing

groups can serve as a reliable source for storytellers for storytelling events.

Next, work to incorporate storytelling and reflective writing into the educational curriculum for students, residents, and fellows. We have done this in a variety of ways, including partnering with course directors to add sessions on reflective writing into professional development curricula for students and by leading reflective writing workshops for residents and fellows during annual retreats. We also teach a reflective writing elective for both students and residents.

Finally, encourage and empower faculty members to be storytellers and to role model storytelling with learners. In addition to making storytelling events a regular occurrence for learners, consider also hosting events for faculty and staff. We have had hosting storytelling events and workshops for faculty in a range of settings, including clinical departments, a university-wide group for women in medicine and science, and at local and national professional meetings. These have been well-received, and faculty have reported they were inspired to begin using storytelling events in their own settings.

### Conclusion

Storytelling events build community and promote resilience and are an invaluable tool for promoting well-being in medical education settings. They re-center the stories that bring humanity and meaning to our work in medicine. In our experience, the events are popular with students, residents, fellows, and faculty. Using the steps and recommendations outlined above, they can successfully be adapted to a wide variety of educational and clinical settings.

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M.O. and B.T. wrote the main manuscript text. Both assisted with revisions and reviewed the final manuscript.

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