***Narrative Courage for Physician Leaders: Examining courage through personal story***

**Report on the TNI Narrative Experience from American Academy of Physician Leaders 2019 Spring Summit Washington, D.C.**

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**EXECUTIVE SUMMARY**

**Background**

**The Narrative Initiative, LLC**, (or **TNI**) uses unique facilitated validated narrative techniques and interactive narrative sessions to invite professionals to come together and examine cultural challenges in their workplace environments. Dr. Lorraine Dickey founded **TNI** in 2017based on 10+ years of research-based, peer-reviewed, unique, facilitated narrative techniques designed to help healthcare professionals and community members examine communication challenges inherent in critical relationships, *including the critical relationships found between patient and provider.*

Dr. Dickey/TNI was invited to participate in the General Assembly Member Presentation break-out session at the American Academy of Physician Leaders (AAPL) Annual Spring Summit. The topic, *Narrative Courage*, was specifically designed to complement the overall theme of the AAPL meeting, *“The Courage to Lead.”*

**This is a report on a bold experiment by TNI to answer two questions:**

1. ***Are TNI’s unique facilitated and validated narrative techniques using personal story***

***effective for senior physician leaders?*** *Since 2006 TNI’s research demonstrates our narrative techniques*

*are very effective with frontline health care professionals from all backgrounds. However, getting an audience of senior physician leaders from different backgrounds is difficult. AAPL’s Annual Meeting provides a unique opportunity to understand how senior physician leaders view the value of this specific type of a narrative experience.*

1. ***Can an introductory narrative session as short as 20 minutes with a small audience be effective?*** *TNI generally uses platforms that range from 60-90 minutes where participants share their stories with professional facilitators*

*and each other. While on occasion introductions to our narrative techniques have been as short as 30 minutes,*

*we’ve never attempted to provide participants an introduction and narrative experience in 20 minutes.*

On May 4th, the AAPL General Assembly Member Presentation session consisted of 17 different small-group presentations that were designed to last 20 minutes. Participants started at the session of their choice. At the end of 20 minutes participants had 5 minutes to move to another small-group of their choice. Therefore, participants could experience 3 small-group presentations during this 75-minute Member Presentation session.

Our TNI session was titled: **Narrative Courage for Physician Leaders: Examining courage through personal story**. Given the very limited time only a brief 5-min introduction was provided and then participants got right to the narrative experience. This involved a specific short writing and then reading exercise. Participants also had the opportunity to complete a validated survey about their narrative experience. They could also voluntarily sign a consent form and leave their short narrative with the staff of TNI for research and educational purposes. This report is based on the results of this survey and is accented with selected narratives from the participants.

This report details the following results: 1) Participant demographics, 2) Participants impressions of their narrative experience benefitting their personal and professional resiliency, their ability to listen closely without judgement, and their ability to immediately use new learned skills in their personal and professional lives, as measured by Likert scores, 3) Participant open comments on the value of this narrative experience, and 4) inclusion of select participant narratives.

**Results**

This interactive facilitated narrative experience on the topic of “Narrative Courage” *was exceptionally well received* among participating senior physician leaders. In fact, while the total number of participants was small (n=7) these results are very similar to those we have witnessed with health care professionals (nurses, physicians, etc.) since 2006.

*Question #1:*

*Are TNI’s unique facilitated and validated narrative techniques using personal story effective for senior physician leaders?*

***Answer: YES***

*Question#2:*

*Can an introductory narrative session as short as 20 minutes with a small audience be effective?*

***Answer: YES***

**Key TNI Narrative Survey results**

**Demographics**

100% of participants reported working over 15 years in medicine with 86% working > 20 years.

**Likert score questions**

Participants represented the physician leadership fields of Chief Medical Officer, Vice-Chair Operations, Medical Director, and Consultant.

The results of the Likert questions on our validated narrative surveys demonstrate the following:

1. **100% of participants** “definitely agree” or “strongly agree” their narrative experience *benefits their personal and professional sense of resiliency*

2. **100% of participants** “definitely agree” or “strongly agree” their narrative experience *enhanced their ability to listen without expectations.*

3. **100% of participants** also “definitely agree” or “strongly agree” they left with the *ability to immediately use new communication skills they practiced in their professional and personal lives.*

- Of particular note, *no one noted this was a difficult experience*. At TNI we fully recognize that our form of facilitated narrative exchange may not be everyone’s cup of tea though the vast majority report this is a positive and beneficial experience*. It is interesting to note the entire group of senior physician leaders felt this to be a positive and beneficial experience.*

**Open-ended questions**

Participant responses to the open-ended comments about the value of their narrative experience centered on: *the value of stories,* *reflection/heightened awareness, leadership (specifically: “****Humanistic Leadership”****), and the value of listening.*

The major comment as to how their narrative experience could be improved: **More!**

* ***100 % (5 of 5****) of participant comments addressed wanting more exposure to our narrative work.*

Participant final reflections on their narrative experience were very positive:

* *67% (4 or 6) comments expressed this was a positive experience or expressed appreciation*
* *16% (1 of 6) comment recommended that AAPL extend this session to 1 hour in th*

**DETAILED RESULTS**

**Narrative Prompt for 2019 AAPL Spring Summit small group break-out session:**

**Narrative Courage**

Participants wrote on the following narrative prompt developed specifically for this session:

*Take 3 minutes to write about*

*an experience you had with a patient, a family member or a colleague …*

*or an experience that you witnessed with a patient, a family member, or a colleague…*

*where you felt that courage was needed to do or say something*

*yet you found it difficult or challenging to act or speak with courage …*

*or alternatively…*

*you found that acting or speaking with courage was uplifting and inspiring.*

**TNI Narrative Participant Survey Results**

**Part I: Overall survey response and demographics**

A total of 10 conference attendees participated in this narrative session: Session1 = 3, Session 2 = 4, Session 3 = 3. A total of 7 completed narrative surveys were collected for an overall 70% completion rate

For reporting purposes, physician leadership positions were divided into four major categories: Chief Medical Officer (CMO), Vice-Chair of Operations (Vice Chair), Hospital/Medical Director (Med Director), and Physician Consultant (Consultant)

**Field of Work: Medicine**

100% participants reported working in the field of Medicine. Physician leadership positions reported:

CMO n = 3

Vice Chair n = 1

Med Director n = 2

Consultant n = 1

**Years in Field of Work**

100% of participants reported > 15 years in medicine. **Note: 87% of participants reported > 20 years of experience.**

1 year n = 0

1-2 years n = 0

3-4 years n = 4

5-10 years n = 0

11-15 years n = 0

16-20 years n = 1

**> 20 years n = 6**

The following graph shows participant years of experience in medicine based on their reported position of physician leadership:

**Part II: Participant responses to statements evaluated with Likert scoring**

Participants were asked to respond to the following three statements:

*Please give your honest opinion for each statement. Circle 1 of 5 possible answers that BEST DESCRIBE your opinion of your experience with today’s narrative session.*

Likert Scoring

5 = definitely agree

4 = probably agree

3 = not sure

2 = probably disagree

1 = definitely disagree

***Summary: All participants***

***Individual survey Likert questions***

*Question 1: Today’s narrative experience will benefit my personal and/or professional sense of well-being and resilience.*

*Question 2: Today’s narrative experience will benefit my ability to listen closely without expectations.*

*Question 3: I will be able to apply what I practiced or witnessed today to my personal and/or professional life.*

**Part III: Participant open-ended comments**

Participants were asked to comment on three open-ended questions. Results are shown by frequency of major category of comment. Individual comments as written are then detailed by category.

*Question 1: What are your impressions about the value of this narrative experience as it relates to your personal and/or professional life?*

*Reflection & Heightened Awareness*

1. Made me realize how difficult it is to write my story
2. Improves perspective

*The power of stories*

1. Sharing stories allows physicians to connect to the human side of very technical work
2. Storytelling is a crucial human experience

*Value to Leadership*

1. Humanistic Leadership

*The value of listening*

1. To listen longer

*Question 2: How can we improve this narrative experience to better benefit you?*

***Key findings:***

***100% of participant comment show desire for more time with this experience.***

*More time*

1. More time
2. Keep on it
3. I wish I had used this more as a med staff chief
4. More time
5. Need more of it

*Question 3: Do you have any other comments about today’s narrative experience?*

*Positive*

1. Enjoyed.
2. Well done!
3. Fantastic!

*Appreciation*

grateful to practice and share stories

*Application*

Needs to increase to 1 hour for AAPL

*Other*

Where are your stories chronicled?

**Selected participant narratives**

**Note*:*** *Selected participants narratives are included in this report.* *All participants had the option of keeping their personal stories or leaving them with TNI for educational use, research, and possible publication. Those who opted to leave their narrative with us signed a consent form releasing TNI to use their story in a de-identified format.*

***Prompt: Narrative Courage***

*Take 3 minutes*

*to write about an experience you had with a patient,*

*a family member or a colleague*

*--- or an experience that you witnessed with a patient,*

*a family member, or a colleague --*

*where you felt that courage was needed to do or say something*

*yet you found it difficult or challenging to act or speak with courage*

*… or alternatively…*

*you found that acting or speaking with courage was uplifting and inspiring.*

**Results**

Total participants n= 10

Stories written n = 10

Stories read verbatim n= 10

Stories left with TNI n= 4

Stories kept by participant n = 6

**Participant Narratives**

***Author: Medical Director***

30th Female with > 50 ED visits

Chronic abd pain

🡪 anxiety induced

🡪 mislabeled

🡪 Ext[ensive] ED/GI workups

🡪 “labeled”

🡪 concern was she would be mistreated or suffer a medical error/harm from team member bias

while rounding stopped into her ED tx room; & asked “what is it like for you on a good day?”

🡪 told me her story

🡪 suggested coping mechanisms

🡪 no longer ED visits.

Made her “1 of [my] success stories”

***Author CMO***

During residency.

Patient came to me for different somatic symptoms, aches & pains & had been to many different physicians before this visit with similar complaints. Her body language somehow made me suspicious that she may be a victim of intimate partner violence. I was uncomfortable to ask her this as I did not know at the time how to open the conversation feeling she would consider it an affront or too personal to ask.

***Author Vice Chair***

Witnessed event

Partner assigned a case. Pt with significant metastatic pulm dz bound for a hospice setting. The procedure was anesthesia for a G-tube. A frank discussion with the pt & my partner was about the possibility of a prolonged intubation & the resulting loss of hospice setting. Despite pressure from primary team & IR MD, the pt & partner declined the procedure & the pt went to hospice.

***Author CMO***

As CMO we had [a] poorly trained & selected OB-GYN. I acted with courage to discuss shortcomings with physician and partner. ID issues. Extended FP PE. Look for solutions. None in our system.

Sat with physician – ID values & goals. ID what we would/could say & offered support.

Eventually – not able to support. Created an exit strategy with dignity and helped physician move on. Honest with potential employers as to physician’s situation.



**---End of report ---**