

Listen in Silence: Narrative Medicine with Interprofessional Teams

My interest in health humanities began in medical school when I took an elective on literature and medicine with Robert Coles. Reading works by Raymond Carver and William Carlos Williams, we explored the patient's experience of illness and probed the ethical and emotional challenges of giving care. It seemed as if a curtain had been pulled to reveal marvelous hidden rooms, places where new understandings of health and illness could be had. I recognized that some things that were true about illness could not be understood using a scientific lens. The singular, lived experience of those who are sick or giving care are best grasped through stories, and best told through forms such as art, literature, or song. During residency in internal medicine, I began writing about my clinical experiences with Rita Charon in the Program in Narrative Medicine at Columbia University. I found the experience revelatory. Writing became a path to better understand my patients as well as my own experience as a physician.

Narrative medicine is a branch of health humanities that uses methods of practice that are informed by the fields of literary theory, narrative studies, psychoanalysis, and the philosophical tradition of phenomenology. The activities of narrative medicine include analyzing creative works, writing reflectively, and sharing one's writing with colleagues. The goal of these activities is to develop a practice of deep attention, skills of observant description, and strengthened relationships with colleagues. Each of these capacities can be leveraged to better care for the sick.

Over the past 17 years, narrative medicine has increasingly impacted health sciences education at Columbia. We require all first-year medical students to take a narrative medicine selective, with offerings ranging from writing fiction to observing art at the Metropolitan Museum to drawing graphic art. We teach narrative medicine-based interprofessional education seminars

involving students from every health science school at Columbia. The seminar topics, like caring for those at the end of life, cut across professional boundaries.

Despite extensive programs in undergraduate health sciences education, we have less experience implementing narrative medicine in clinical settings. This is true for the health humanities in general: it often stops when clinical life begins. Clinical settings are busy, complex environments with barely sufficient time for clinical duties, let alone humanities-based interprofessional education. Given the potential benefits of reflective practice, relationship building and self-care that are possible through the health humanities, we were eager to implement narrative medicine with interprofessional health care teams.

From 2016, we implemented IRB approved year-long narrative medicine programs in three Columbia primary care clinics. Before starting, we were eager to learn about the concerns of the leaders and staff. Clinic leaders were interested in improving communication, enhancing relationships, and providing opportunities for reflection and self-care. One administrator, an artist herself, wanted to promote creativity amongst the staff. These conversations influenced our program objectives, structure and evaluation.

The clinic leadership extended monthly patient-centered medical home meetings by a half hour for the narrative medicine sessions and made participation a clinic requirement.

I led the sessions. I am an internist with graduate training in narrative medicine. A research assistant was present at each session to take observation notes as an element of our mixed-methods evaluation. The sessions included from 8-15 staff, representing all professions at the clinic. Over the year, we used several types of creative texts, including poetry, visual art, spoken word, graphic novels, and music.

For the session using music, I brought a Bluetooth speaker, connected it to my laptop, and cranked up Marc Anthony's "Vivir Mi Vida", a song sung entirely in Spanish. Many of the staff in the clinic spoke Spanish as their first language. I passed out lyrics to the song with Spanish and English side by side. The song begins with the chorus singing (English translation):

*I will laugh, I will dance
Live my life la la la la
I will laugh, I will enjoy
Live my life la la la la*

When the song started, many in the room smiled with recognition. They nodded their heads to the music and swayed in their seats. "Vivir mi Vida" is a celebratory, but also soulful and bittersweet song. Anthony sings about the inevitable trials of life but implores us, defiantly, to celebrate this life despite these struggles. Some read the lyrics during the song and others just took in the music. After the song, we talked about the experience of listening. Some talked about the joy that music brings and wanted more music in their clinic. Others laughed and said they really wanted to get up and dance during the song. Several noted that they had heard this song before but didn't know what the song was about until our session. I asked them if there was a part of the song that they were drawn to or moved by.

Several brought up this stanza (translated to English):

*I will live the moment
To understand the destiny
I will listen in silence
To find the way*

A nutritionist thought that this stanza was "like an invitation" to be present. We talked about the notion of listening in silence –

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to our patients, to one another, and even to ourselves. A nurse mentioned how distractions, like technology and social media, can affect listening at work and at home. There was a desire expressed to allow more silence to hear one another's stories. To connect the song to their own lives, I asked them to write for five minutes to the prompt, "Write about a moment of silence". After writing they paired with someone from a different profession and shared their writing with one another. They sat closely, and mirroring the song, listened in silence to one another. We then regrouped and a few volunteered to read what they had written.

A medical assistant read about being moved by a time when she tucked her child in at night. "I could tell he was distressed and he said, 'Don't say anything, just be here with me.'" The group just sat with this poignant image for a while. A pediatrician added, "We always feel like we need to fix everything, but

the evidence shows that the kids just want to be heard."

Over the course of the year, we found that the program was feasible, but required administrative buy-in. In interviews the staff used words like "meaningful", "relaxing", and "restorative" to describe the program. They appreciated the break from usual routine. Even after years of working together, they were pleased to get to know each other like "just human beings" instead of being framed by professional roles. Others mentioned that they were most impressed by the interprofessional communication that occurred, especially across traditional clinical hierarchies.

In a final section of the song, Anthony exclaims "Mi gente!" meaning "my people". It is a call to his fans, his support, and his musical and cultural roots. In our narrative medicine session, "Mi gente!" seemed

to be a call for us to connect with our people, our community -- with the ones with whom we endure hardship and with whom we celebrate: our colleagues and our patients. In its highest realization, we hope narrative medicine to be, like art and literature, a democratizing space, a place where profession and rank do not matter, and where we might gather as equals to just listen in silence.

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