Sixteen people are gathered in a conference room on the fifth floor of Hennepin County Medical Center (HCMC) listening intently as Minneapolis writer Syl Jones recounts what’s ailing medicine: Patients complain on satisfaction surveys that no one listens to them. Residents say they have already become sick of mechanistic medicine. There’s a gulf between patients and providers.

Jones tells them he’s there to show them a way to bridge the divide, to rediscover the human side of medicine. By reflecting, reading, listening, writing and imagining, he says, they can begin to open their hearts and experience their patients and themselves in new ways. Then Jones gives the group an assignment: Write about an interaction that made them want to work in health care.

Most hesitate before beginning. One person needs a pen, another paper. All stare at the blank sheet before slowly starting to write. After 10 minutes, Jones asks if anyone is willing to share their story. One man reads about giving the Heimlich maneuver to a 2-year-old. A woman tells how she accompanied her grandmother to cancer treatment when she was a child. There are tears and laughter as group members explain how the event affected them. Afterward, someone says, “We never think about things like this.” Another notes that “it was nice to have the time to do this.”

A veteran storyteller, Jones, who has been a journalist, written more than 60 plays, served as a regular editorialist for the Star Tribune and worked as a communications executive for some of the area’s largest corporations, is now focused on improving health care. He’s on a mission to bring what in certain academic circles is known as “narrative medicine” to physicians and staff at HCMC.

The power of stories
Although he had written about medicine and health care for years, Jones was not familiar with narrative medicine until he heard a story about it on public radio. “I thought, ‘What is that?’ Then I thought, ‘That’s what I’ve been doing, but I didn’t have a name for it,’” he recalls.

Jones did some research and discovered narrative medicine was indeed alive and thriving on the East Coast. New York internist Rita Charon, MD, PhD, had not only coined the term in the 1990s but also established a graduate program in it at Columbia University to help health care professionals learn to understand stories of illness in order to become more sensitive to patients and provide better care. Although Jones isn’t a clinician, he thought he might have something to contribute.

He decided to study at Columbia, and in order to do so applied for a Bush Fellowship, which supports individuals making career transitions. However, when the admissions committee at Columbia saw that Jones was a noted playwright and author, they suggested he didn’t need to do the full program. So Jones began giving presentations on narrative medicine wherever he could find an audience.

Medical experiment
It was at one of those events that HCMC CEO Jon Pryor, MD, MBA, first heard Jones. “I had no idea who Syl Jones was and what narrative medicine was,” Pryor says. But he was struck by (continued on page 10)
what Jones was saying: Teaching caregivers to better express themselves and listen would be good for them and for patients. The idea aligned with Pryor’s thinking that providing health care was about more than science and technology. “We forget the art part of it,” he says.

Pryor also was concerned about the high rate of burnout among physicians. And he knew the staff at HCMC faced daily stressors. He wondered if the techniques Jones was describing might help them. “As I listened,” he says, “I came to see there was utility to narrative medicine.” He started talking with Jones and last June offered him a new position as a “narrative fellow.”

Just what that would entail wasn’t well-defined, but Jones set about finding ways to fit in. The challenge, he says, has been convincing those on the front line of health care that taking time to reflect and write is not only interesting, it matters. “They understand that stories are nice. But they may not understand that stories contain the seeds of healing,” he says. Over the last 18 months, Jones has worked with more than 400 interns and residents, staff and faculty members at HCMC.

In his application to the Bush Foundation, Jones articulated a very lofty goal: “I told them I was going to put narrative medicine on the map locally and even nationally.” Whether he achieves that remains to be seen. But Jones is certainly putting it on the map at HCMC, and Pryor says he’s received nothing but positive feedback about Jones’s efforts.

“To our knowledge, there’s nobody doing what we’re doing in the Twin Cities,” Jones says. “Health is about the whole person, and taking a narrative approach to medicine is a fresh and revitalizing idea whose time has finally come.” —CARMEN PEOTA

E
very time he encounters someone, he is a patient, a nurse or the person behind the counter at the coffee shop, Amit Sood, MD, tries to see an individual who is special to someone and who has struggles in life. “There’s no judgement, no negative emotions,” he explains.

For Sood, viewing people through this lens is an antidote to burnout. “The more people you see, the more uplifted you get. It’s the opposite of how we usually work: the more people we see, the more depleted we get,” he explains.

That’s one of the lessons the Mayo Clinic professor of medicine shares in his workshops on resiliency. Sood imparts his approach, which can be learned in as little as an hour, to more than 50,000 patients, physicians, medical students and other health care professionals each year. The success of his workshops and his two books, The Mayo Clinic Guide to Stress-Free Living and The Mayo Clinic Handbook for Happiness, both of which have landed on Amazon Top 100 lists, have made him a sought-after speaker at medical conferences, at medical schools and on the TEDx circuit.

Understanding the brain
Perhaps what sets Sood’s work apart from much of what can be found in other self-help books and stress-reduction workshops is the fact that his program is grounded in the science of how our brain works.

Along with colleagues at Mayo, he studied MRI scans of the brain, which he describes as a busy place with giant networks of neurons firing, even at rest. Between what he saw and what he learned from existing research, Sood posited that these networks collaborate to produce two modes—focused and default.

It’s in the default mode that the mind starts to wander. And when the mind wanders, we start focusing on our fears, our shortcomings, our need for short-term gratification. “We get stuck there because as we use a certain network, it gets stronger,” he says. “And the research shows the more stressed we are, the more time we spend in this mode, and the more we are at risk for depression, anxiety, attention deficit, perhaps even dementia.”

Sood says we spend between 50 and 80 percent of our time in default mode. The reason: Our brains evolved for safety and survival, not peace and happiness. “We’re playing a rigged game,” he says. “Our brains are not designed for our fast-paced world. Our hardware and software are not able to handle the load. And with the workload, lack of control and lack of meaning physicians face, you start to see burnout, you start to see addiction, you start to see violence.”

Changing the workplace is one way to prevent those consequences. Another: “to learn to take control of our brain and what we’re thinking.”

Thinking about thinking
In many ways, Sood epitomizes his philosophy. He projects calm in a clinic infected with busyness. Soft-spoken and unassuming, he listens intently. And he isn’t afraid to laugh at himself and the fact that despite years of practice, he is as vulnerable to the dangers of letting his mind wander as any-