

Narrative in Times of Transition: A Novel Curriculum During COVID-19

By Elizabeth Lahti, Taylor N. Anderson, Alexandria L. Dyer, Megan M. Emad, Grace I. Judd, Brett Lewis, Douglas Rice, Alison Schlueter and Taylor Vega

Introduction

During the spring of 2020, students were thrust into stay-at-home orders as a result of the global COVID-19 pandemic. In addition to the usual transition between third and fourth year of medical school, they now questioned their place as medical providers in the face of a failing public health response and a social uprising against racism in multiple systems, including healthcare. Local, national, and global events left a mark on the students, putting a spotlight on the need to find community, and make meaning during a time of crisis in career path, community, and world.

A physician's professional identity is "a representation of self, achieved in stages over time during which the characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting, and feeling like a physician" (Cruess 2014). Forming a professional identity occurs in tandem with fully developing one's personal identity (Jarvis-Selinger 2012). Students and residents need time to grapple with and explore possible "identity dissonance," when their personal and professional identities intertwine, and either accept or reject the other (Cruess 2014). This is particularly important during the juncture between third and fourth year, when students select a specialty, write a personal statement, consider residency programs, and prepare for the interview trail.

Medical educators want to train competent, resilient, and compassionate doctors who focus on "bringing the whole person to whole person care" (Wald 2015). Narrative medicine during transition times—with close reading and reflective/creative writing—is one way for trainees to recognize their developing identities. The personal narratives in this paper demonstrate the transformative nature of self, peer, and group reflection through writing.

When medical students were pulled off clinical rotations due to COVID-19, there was a call for non-clinical experiences to keep students enrolled and engaged. The elective course **Narrative in Times of Transition** was quickly developed and offered at Oregon Health & Science University in Portland, Oregon during Spring 2020. Nine third-year medical students enrolled. The seminar style course had 1-2 virtual synchronous meetings per week, with additional 1:1 peer meetings on students' own time. The course was designed for both self *and* shared inquiry, recognizing that one's professional identity develops at the level of the individual, and at the collective level (Jarvis-Selinger 2012). Close reading, free writing and creative writing were core components of the course (Table 1, Table 2). The daily writing assignments highlighted that "Writing is, at its root, an externalizing act. When we write, we bring what is inside to the outside; we put words, however indirectly or metaphorically or imperfectly, to what's inside of us" (Hermann 2017). During the four-week course, students had dedicated time for self-reflection, peer-to-peer connection, and group discussion.

The final project was a collective writing assignment using fragments of creative verse written by each of the individual students. The resulting poem, *Eight Threads*, serves as a fitting allegory for this group experience (Figure 1).

Students and faculty in this course experienced a transformative four weeks, and wanted to explore and expand on what made this course so relevant, not only during a global pandemic, but at a pivotal time in their education. Recognizing that medical training is ripe with transition (pre-clinical to clinical student, student to intern, junior to senior resident, and resident to attending), participants also wanted to share how and why this curriculum might be useful in other transition times. Eight of the nine students collaborated on this paper by responding to the open-ended question, “What made this course meaningful to you?” What follows are individual perspective narratives on the course.

Narrative Responses

Grace

There was a distinct moment when I remember taking a breath, going under, and not expecting to come up for air until four years later. No more rich days filled with rock climbing and dinner on the patio where I had the privilege to reflect on who I wanted to be when I emerged on the other side a physician. I said goodbye to all of this one Sunday night in August and woke up the next day immersed in my new life as a medical student. I woke up in a culture that valued publications, high exam scores, and multiple leadership roles. These were now the only markers of my identity until I secured a place for residency. The words, “take care of yourself” from advisors and faculty felt empty; I struggled to catch glimpses of my peers taking this advice. The only option seemed to keep holding my breath.

Three years after starting medical school, I came up for air early. It wasn't by choice, but because of a pandemic. COVID-19 sent my peers and me home from the hospital putting our clinical education on an indefinite hold. Because of this, virtual courses were created, one of them being **Narrative in Times of Transition**. Suddenly, a new protected space emerged through a class in which my peers and I could reflect and process our new world along with the past three years. We offered our raw emotions freely, and let them hang in the air; we processed and reflected in order to grow; and, we expressed ourselves through means which otherwise would not have been acceptable in academic medicine. I witnessed each of my peers slow down, disconnect from the judgment of medical school, and surface to take multiple, deep breaths. It wasn't until then that I finally gave myself permission to do the same. We nourished our souls in a way that had been looked down upon since the white coat ceremony. We felt human again before returning to the vicious, chaotic cycle of medical school that included an unknown future. I will leave this oasis and go back with my re-discovered taste for air, now seeking opportunities to take a few more breaths before the end of my journey through medical school. I am grateful for this breath as we enter our final year.

Doug

Physicians are notorious for lousy penmanship. My history teachers predicted I would become a physician when they could barely read my chicken-scratched essays on

Mesopotamia. Why do doctors have awful handwriting? Does the fast-paced world of patient care not allow time to craft sharp t's and rounded r's? It may be because modern medicine does not have much use for writing in general. Transcribers have supplanted penned charting. Patient narratives are condensed into buzzwords and checkboxes. EScripts replace prescription pads. Expedience always shifts from the slow, thoughtful mind towards the nimble, thoughtless machine. In doing so, we become more thoughtless and expedient too. We finish our tasks unaware of the emotions gathering in our hearts. The pain smoldering in our subconscious. The virtues of our carefree selves desperate for attention.

Narrative medicine is the process of transforming machine back to mind. It is an exchange of swift keystrokes for drawn-out letters in an old paper journal, a chance to illuminate invisible feelings with ink and thoughtfully address them. This course was my first extended implementation of narrative practice into my daily routine. The writing exercises forever changed the way I envision my place in the medical world. This course helped me define who I am through giving time to chronicle my past lives as a chemistry professor, sheep farmer, and wanderlust triplet growing up in Oregon's capital. It revealed my greatest sources of discontent within medicine, and how to improve them. It solidified the aspects of my life I cannot live without. Weekly peer-to-peer discussions enhanced these reflections. By understanding the humanity of others in the classroom, I came to a greater sense of my own. Together we discovered the ways we resonated and deviated in our approach to coping with our shared devotion to service. It became clear that in medical training, writing is not only a valuable practice; it is an essential one. For our profession to succeed, we must rediscover what it means to be humans treating humans.

Brett

This course came to me during a time of exhaustion, a bone-tired, soul-tired, heart-tired kind of exhaustion. In many ways, I didn't feel like it was the right time. I had no time to write and no heart to do so. Everything in the world felt urgent in this time, and yet I feared my flame had diminished in its last pieces of wax. It wasn't the right time.

And yet there was no better time. Like throwing myself into a pool of spring mountain water, I was shaken awake. I loved that the products of our daily freewriting were designated to never see the light of day. For the first time in a long time, I was doing something just for me. After years of carefully curating my words into correct answers and succinct presentations, I let myself write words that ran into and clambered over each other. I filled my pages with questions and found peace in the lack of "right" answers. I allowed myself to get lost and relished in the mystery of my surroundings. Slowly I began to feel my brain open up and shake off cobwebs that had gathered in its creative corners. Class meetings were lighthearted and fun and tricked my mind into taking a backseat as I simply played along with words.

This course was far from easy. It demanded discipline and ritual, and that my classmates and I show up each day and bear ourselves on the page, no matter what shape we were in. Readings made us mourn lost creativity, and writing prompts forced us to re-examine our identities before residency applications forced us to choose one. But I welcomed the challenge, a healing process in which we were able to re-create ourselves in the safety of our shared vulnerability, and in the spirit of our collective dreams.

Taylor A.

As residency applications loomed ahead, I was struck with the sudden realization of hunger. Didactic coursework had forged me into efficiency, while third year boiled me into a concentrated extract of productivity and performance. What remained of the self was dry and brittle. Attempting to recall what brought me to medicine in the first place felt like opening an old closet and finding ill-fitting garments in colors and styles I no longer recognized.

This restless hunger drove a search that landed, with timing between providence and serendipity, in narrative medicine. Here, I found a rich potluck of word and reflection, served with an *apéritif* of *aperçu*. It was an invitation to offer raw, unrehearsed language and allow it to simmer in the full-fat broth of shared human experience. But the quiet, unshared words were equally sustaining. In place of bitter red ink, Dr. Lahti provided true “feed-back” for our weekly assignments, leaving earnest reflections and questions that challenged us to peel away additional layers. The sustenance of this course is best captured in a single line from one of her responses:

I hear you. I see you. I am so glad you are here.

I am grateful for this nourishment with flavors I had long denied myself, in a moment of suspended animation somewhere between spring and summer, patient and doctor, playgrounds and mammograms, and the before and after of this simmering time.

Alison

An advisor asked me to list my activities and accomplishments, what residency directors would see on my application. I felt awkward, but cobbled together a summary. I could hear the abacus in his head as I talked, adding and subtracting with each line of my CV. The interaction felt hollow. All my motivation, dreams, and strengths felt unmeasurable and thus unimportant. He concluded that I was average and I was relieved to be counted somewhere in the middle of my amazing peers. But it stung to be so quickly ranked on flimsy metrics and to know that this was only the beginning, the fall application process promising many more elevator pitches and rankings. I signed up for this class knowing I should work on my personal statement, but feeling angry at the prospect of hammering myself down to fit the right way, to shine the best way.

A weekly writing practice allowed me to put myself on the page. I wrote through my anger at the application game, COVID-19, and at being stuck at home. The next week, I intended to work on my personal statement, but ignored the prompt and wrote about swimming instead. I felt guilty for procrastinating, but I loved what I wrote because it felt true. I was the slowest swimmer on my college team, so I turned inwards, cementing the reasons why I swam, and turned outwards, contributing to the team in other ways. It hadn't occurred to me to draw upon these lessons as I applied to residency; I was caught up in trying to write what others would want to read. Through free writing I got reacquainted with myself, I got to know my own marrow without an abacus echoing in my head. I will soon have to confront the abacus, but it will feel less threatening, because first I was able to define myself on my own terms.

Taylor V.

The experience I shared with my classmates in this course was synonymous with awakening and collective rebuilding. Narrative space offered us an opportunity to share, reflect, learn and unlearn, collaborate, and sit with discomfort. We saw each other as experts. We listened, acknowledged, and highlighted life experiences usually pushed aside by the hierarchy of medicine. This allowed us to contextualize the meaning of our life experiences within—instead of outside—our medical education. The tensions between our life values and our chosen profession were systematically revealed and explored.

Currently, the fault lines in both our medical education and national healthcare systems are in plain sight; this course allowed us to grow individually and as a group. Together, we took the time to listen, and to understand rather than reply. This deeper understanding of one another and ourselves are the seeds of change.

Time and time again, I have been told, “you are the future of medicine.” While this is true, our future depends on our ability to reflect and organize collectively. Yet, we are never really taught how to do so. This class offered narrative as a tool to build community and understanding. We regrouped, reimagined, and verbalized our own principles, and examined our roles in the healthcare system.

Megan

Clinical rotations were an isolating time. The mental fog of our pre-clinical curriculum had finally dispersed, but so had many of my peers, scattered far and wide on their rotations with varying schedules. I felt disconnected, a feeling that was compounded by COVID-19 social distancing. Through narrative medicine, I was able to reconnect with my peers in a space where we could share our unique perspectives and reflect on our lived experiences together.

At first, reflective writing challenged the task-oriented, performance-based mindset I'd been conditioned for. It took a conscious effort to patiently look below the surface and uncover the pertinent meaning of my past experiences. Group sessions made this easier. Each week, we went beyond the practicalities of medicine and into the inner-workings of how we perceive, approach, and learn from the challenges we face. Our course culminated in the

creation of a collective writing experience. This involved writing our own individual poems and using them as a jumping-off point to create a collective piece of writing. Open and authentic, we read our poems to each other over videoconference. Together, without judgment, we identified common themes in each unique contribution and collectively constructed a new, more whole poem. It was the kind of exchange and collaboration that fostered solidarity and gratitude.

Despite all being very different people, we shared a common drive to capture and share our narratives. This allowed us to connect, find powerful meaning in our experiences, and comfort in a time of collective uncertainty.

Alexandria

This course was a eulogy, set to a backdrop of disease, death, and distance. The writings pouring out of us, demanding that we too release the dead parts of us we've been clutching, the ones that shape our broken systems, the ones that crave a return back to a normal that no longer exists. Grief giving way to an emergent sense of place.

This course was a subtle dissent. The words on the page breathing into us a remembering of ourselves before, beyond, within that unyielding, unhuman productivity and the relentless assessments that a life in medicine, a life under capitalism, expects.

This course was a warmly-delivered, harsh confession. A COVID-19-guided, pen-to-paper questioning of the pace, assumptions, and practice that we've been hurriedly keeping, and the deeper longings beneath them.

This course was a homegoing. A way back to ourselves and each other. A pondering of what healthcare can be if rooted in relationships and wholeness. Our writings, our words, our storytelling, our vulnerabilities, and our radical imaginings brought us home. We brought one another home.

What healing happens when doctors are firmly rooted in a sense of home? What systems emerge from that belonging? What world is made?

Elizabeth

In this course, I watched each student slow down, explore questions without right answers, look deep into themselves for the first time in years, and feast on their lives. Their weekly writing assignments reminded me of Ralph Waldo Emerson who said, "The way to write is to throw your body at the mark when all your arrows are spent" (Richardson 2009). As one student wrote, they were "bone-tired, soul-tired, heart-tired," but they threw themselves on the page with all their might. They wrestled with words, letting them sink or fly with abandon before gently reconstructing lost narratives, finding the threads of old and new narratives, and then lifting themselves and each other back to their feet through creativity. Bearing witness to the students' transformative growth over the four weeks of this course was a humbling experience, one I am honored to have witnessed.

Conclusion

Narrative in Times of Transition offered a reflective and creative outlet for students to understand their past experiences and look forward to their future selves. There were several themes that emerged from the reflections during and upon completion of the course. In a simple word count analysis of the student and faculty reflections, the most frequently used words included: *time*, *writing*, *felt*, and *peers*. In class discussions and individual writing assignments, students repeatedly commented on how indulgent, yet necessary, it felt to spend time reflecting through unstructured writing, allowing oneself to *feel* rather than think, and to do so in a community of peers.

The poem *Eight Threads* (Figure 1) offers a beautiful representation of the themes that emerged as students' reflected on the process of becoming physicians, the toll that medical education takes on a persons' sense of self, and the hope that comes from spending time with peers piecing together past experiences and looking ahead to the future. From self-doubt (*pull this, and it falls apart*) to cynical acceptance (*the sweetness grows familiar*) to exploring new identities (*let us enter the forest*) to importance of peers (*tell us of history, ours, and we will sit and listen*) to emerging hopeful for the future (*tomorrow we give you flowing fields*), this poem represents a culmination of what students did in this course, why it was so meaningful to them, and how a similar course might be useful for other transition times in medical training.

Becoming a physician over four short years is a daunting task. Students are in constant motion—between classwork, clerkships, research, and volunteering. They are evaluated, assessed, measured, and judged on their way to securing the right test scores and the best residency interviews. Medical education reform calls for “an appropriate focus on professional formation at all levels of training.” (Cooke 2010). This requires a shift from teaching professionalism *apart* from traditional curricula, to weaving opportunities for professional identity formation throughout all levels of medical training. The personal narratives of students and faculty in this course illustrate how transition times in medical education are ripe for vulnerability and reflection, especially during the unprecedented disruption of spring 2020. Students benefited from having time to look back, be present, and look ahead, to integrate their past, present, and future selves. While the response to COVID-19 spurred the creation of this course, the authors recognize that narrative medicine, health humanities, and creative practice curricula are beneficial for professional identity formation at any time in medical training. One student captured this essence when she wrote, “It is clear we need a culture that values and preemptively builds in this breathing space, and not wait for a global health crisis to induce it.”

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Works Cited

Cooke, Molly, Irby, David M., & O'Brien, Bridget C. *Educating Physicians: A Call for Reform of Medical School and Residency*. Jossey-Bass, 2010.
doi: 10.1097/ACM.0b013e3182604968

Cruess, Richard L. MD; Cruess, Sylvia R. MD; Boudreau, J. Donald MD; Snell, Linda MD, MHPE; Steinert, Yvonne PhD. "Reframing Medical Education to Support Professional Identity Formation," *Academic Medicine*, November 2014 - Volume 89 - Issue 11 - p 1446-1451 doi: 10.1097/ACM.0000000000000427

Hermann, Nellie (2017). "Creativity: What, Why, and Where." *The Principles and Practice of Narrative Medicine (chapter 9)*. New York: Oxford University Press, 2017.

Jarvis-Selinger, Sandra, PhD; Pratt, Daniel D., PhD; Regehr, Glenn, PhD. "Competency Is Not Enough," *Academic Medicine*, September 2012 - Volume 87 - Issue 9 - p 1185-1190

Richardson, Richard. *First We Read, Then We Write: Emerson on the Creative Process*. Iowa City: University of Iowa Press, 2009.

Wald, Hedy S. PhD; Anthony, David MD, MSc; Hutchinson, Tom A. MB; Liben, Stephen MD; Smilovitch, Mark MD; Donato, Anthony A. MD, MHPE. "Professional Identity Formation in Medical Education for Humanistic, Resilient Physicians," *Academic Medicine*, June 2015 - Volume 90 - Issue 6 - p 753-760 doi: 10.1097/ACM.0000000000000725

Table 1. Selected Reading Assignments	
Week 1	<p>Cameron, J. <i>The Artist's Way: A Spiritual Path to Higher Creativity</i>. New York: J.P. Tarcher/Putnam. 2002; p9-24.</p> <p>Charon R. At the membranes of care: Stories in narrative medicine. <i>Academic Medicine</i> 2012; 87(3): 342-7.</p> <p>Gaydos, L. (2005). Understanding personal narratives: An approach to practice. <i>Journal of advanced nursing</i>. 49. 254-9. 10.1111/j.1365-2648.2004.03284.x.</p> <p>Leveen L. Finding Purpose: Honing the Practice of Making Meaning in Medicine. <i>Perm J</i>. 2017;21PubMed PMID: 29035188; PubMed Central PMCID: PMC5638635.</p> <p>Stafford, W. "The Way It Is." <i>The Way It Is: New and Selected Poems</i>, edited by Kim Stafford, Naomi Shihab Nye, and Robert Bly, Graywolf Press 1999</p>
Week 2	<p>Collins, B. "Introduction to Poetry." <i>The Apple that Astonished Paris</i>. University of Arkansas Press, 1988.</p> <p>Didion, J. "On Self-Respect." <i>We Tell Ourselves Stories in Order to Live: Collected Nonfiction</i>. Alfred A. Knopf, 2006.</p> <p>Neruda, P. "Lost in the Forest." <i>100 Love Sonnets: Cien sonetos de amor</i>, translated by Stephen Tapscott, Editorial Losada 1959.</p> <p>Schultz, K. "When Things Go Missing." <i>The New Yorker</i>. 2017;Feb 13</p>
Week 3	<p>Drake, D. <i>Narrative Coaching: The Definitive Guide to Bringing New Stories to Life</i>. Petaluma, CA. CNC Press: 2015; p340-341.</p> <p>Shemmassian, S. (2020). Residency Personal Statement: The Ultimate Guide. [Blog post]. Retrieved from https://www.shemmassianconsulting.com/blog/residency-personal-statement.</p> <p>Shy, N. "Famous." <i>Words Under the Words: Selected Poems</i>. Far Corner Books, 1995.</p> <p>Stevens, W. "Thirteen Ways of Looking at a Blackbird." <i>The Collected Poems of Wallace Stevens</i>. Alfred A. Knopf. 1954.</p>
Week 4	<p>Anyaegbunam, J., Sotsky, J., Salib, C., Kissler, M. Jiao, J., Charon, R. Five Voices, One Story. <i>JAMA</i>. 2013;310(24):2615–2616.</p> <p>Oliver, M. "Wild Geese." <i>Dream Work</i>. Atlantic Monthly Press. New York. 1986.</p> <p>Smith, D. "Little Prayer." <i>Don't Call Us Dead</i>. Graywolf Press, 2017.</p> <p>Solint, R. <i>The Faraway Nearby</i>. Viking Books. New York. 2013; p72</p>

Table 2. Sample Writing Prompts	
Week 1	<p>Reflect on Leveen’s description of how poems are different from patient histories. What value do you see in reflective or creative writing, or writing that goes beyond factual reports?</p> <p>Charon uses a cellular membrane and its ligands as a metaphor for receiving stories. Reread the section titled The Membranes of the Self, and consider this metaphor in your own experience of storytelling in medical school—either on the receiving or telling role.</p> <p>After your first week of writing morning pages, reflect on Cameron’s use of the word <i>pointless</i> in the following description. “I ask you to do this by an apparently pointless process I call the morning pages.”</p> <p>Think about Cameron’s description of the “Censor,” and your own internal Censor. How has Censor manifested over the years? How has Censor morphed during your progression through medical school? Reflect on Censor through the years, and how you might learn something about yourself based on how Censor showed up.</p>
Week 2	<p>Reflect on the sentiment in Didion’s writing that self-respect has nothing to do with the approval of others. How is this true or not true in your experience of navigating medical school and preparing for residency?</p> <p>Reflect on Didion’s statement that self-worth and self-respect are intertwined. She suggests that without self-respect one is incapable of either love or indifference. How might this sentiment apply particularly to medical students or physicians?</p> <p>Reflect on Schultz’s essay, thinking about your own losses and what role you had in them. When you think about the metaphorical or literal losses you’ve experienced in medical school, are you the villain or the victim, or both?</p> <p>In Shultz’ essay she writes, “The verb “to lose” has its taproot sunk in sorrow; it is related to the ‘lorn’ in forlorn. It comes from an Old English word meaning to perish, which comes from a still more ancient word meaning to separate or cut apart.” Reflect on the origins of the word “to lose” and apply any of those origins to what you’ve lost—good or bad, big or small—during medical school.</p>
Week 3	<p>In Steven’s poem, <i>Thirteen Ways of Looking at a Blackbird</i> he writes, “I was of three minds/Like a tree/In which there are three blackbirds.” What do you understand these lines to mean? If you were to identify “three minds” in your current experience as a medical student what would they be?</p> <p>In the excerpted blog post on writing a personal statement, the author suggests</p>

	<p>thinking about the qualities that might be important in your intended specialty. Write down five such qualities. Next, select a specific moment, event, incident, experience that highlights how you embodied one of those qualities. Write a story describing what happened, what your role was, and which of the five senses was most present.</p> <p>Eudora Welty writes, “The events in our lives happen in a sequence in time, but in their significance to ourselves, they find their own order . . . the continuous thread of revelation.” Write about three significant events in your path to becoming a physician. The events can be from any point in your life, but write about them in order of <i>significance</i>, not sequence. How do you give weight to the significance of these events in your life? How will these events guide you to become the physician you want to become?</p>
Week 4	<p>When Mary Oliver wrote her famous poem “Wild Geese,” it was from a structured prompt in a class on technique. Sometimes having a structure to follow, allows for creativity to come through when you least expect it, or when you are forced into it. Write your own poem using the structure from one of the poems we’ve read during the course.</p>

Figure 1.

Eight Threads

By Taylor N. Anderson, Alexandria L. Dyer, Megan M. Emad, Grace I. Judd, Brett Lewis, Michelle Park, Douglas Rice, Alison Schlueter, Taylor Vega

A loose thread
pull this, and it all falls apart

suspended:
a time of acknowledgment for the wisdom we lack
poisoned terrible sludge stuck to the soles
of our shoes that have worn down from walking.
The unsweetness grows familiar.

We do not struggle as hard as we imagine
when we imagine a struggle for life;

we do not have to hold the tattered threads of our dreams and weave miracles,
we can be creatures before bone needles and stone awls.

Let it be
and if so, let us grow;

let us enter the forest
tip-toeing with pollen-dusty feet

and find a softly trodden path,
rest upon on red-rocks

listen to the warmth of pajamas past.

Tell us of your dreams — the aching ones that cling to the marrow of your bones;
tell us of history, ours, and we will sit and listen.
Meanwhile our heart pumps waves across our blood,
whatever searching spirit of our body
makes us human.

Let us use our knowledge and training
where there was once only an ambition.

This simmering time
offering itself to our imagination,
will only make us better
opening its doors to us like warm embraces, close and tight —

Hear us now
here and now announcing our place

only borrowing; we promise,
tomorrow we give you flowing fields

Elizabeth Lahti is a teaching hospitalist and Director of Narrative Medicine at Oregon Health & Science University in Portland, Oregon. She teaches reflective practice and narrative medicine to interprofessional students, residents, and faculty with an interest on identity formation through story. She is co-founder and president of the nonprofit Northwest Narrative Medicine Collaborative, an organization dedicated to bringing health professionals, patients, caregivers, and artists together to better understand the multiple perspectives of health and illness through narrative. Her work has been featured in the *Journal of General Internal Medicine*, *Annals of Internal Medicine*, and *Intima: A Journal of Narrative Medicine*. “Narrative in Times of Transition: A Novel Curriculum During COVID-19,” which she co-authored with fourth-year medical students Taylor N. Anderson, Alexandria L. Dyer, Megan M. Emad, Grace I. Judd, Brett Lewis, Douglas Rice, Alison Schlueter, and Taylor Vega, appears in the Fall 2020 *Intima*.

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