

## POWER WITH Storytelling

Presented by: Eliane Uchison, MS

ELIANE UCHISON

Hi, everyone. Thank you so much for being here today. I really appreciate it. I know this is probably a different kind of session than maybe what you've been having. So I appreciate you all being here. My name is Elaine Waller Uchison. I'm a research associate actually here at OHSU. I've been a research associate in the family medicine Department for about 14 years. Mostly doing sort of more traditional data collection, that type of work and I still do some of that in my current role. But I in 2017 decided to go back to school and study multimedia journalism, which is like a kind of a big departure and wasn't really sure how it was gonna work in this current role as a research associate. But it's actually, I've had a really amazing opportunity with my current team to sort of meld the two skill sets that I have, which is around sort of more traditional research. And then what I call multimedia storytelling and storytelling is really baked into a lot of the work that I do on my current team, which is the RELATE Lab. Not only in sort of teaching it as a relational leadership skill, but how we can use storytelling to create connections with each other. And, you know, not just our like personal lives, but in our specifically in our work teams and in our work environments. So I've had this great opportunity to use this skill and sort of yeah, use it in a way that feels really meaningful in a health care space to me. So, so I wanted to just talk a little bit about some of the work that we do at RELATE Lab just to give a little bit more context. We started in actually, in 2017 as a really small team with the sole purpose of running the relational leadership institute, which is a leadership course that happens twice a year. And some people might know it as RLI. And I was brought on to that team, like I said, I was a research--am a research associate. So I was brought onto that team to help with the evaluation of the course. And I still do that. Since then, our team has really grown in a lot of ways from just doing the, the course. We also have like a full research arm that studies relational leadership, sort of even beyond the course. And then now we've, we're building out this sort of multimedia storytelling arm of the work that we do as well. And our team is really, I mean, we're interested in a lot of things, but I think what we're really interested in is like, how does relational leadership show up, or not, in health care spaces and even in community spaces where, you know, the intersection of health care and community meet. So, yeah, like I said, I went back to school for multimedia journalism and now I'm sort of getting to do these two things in my role. And for the last two years now, we have been working on building a collection of multimedia stories around health equity and health justice. And with the purpose of really highlighting the lived experiences of people who have, you know, experienced systemic racism or oppression or marginalization and really giving those voices a chance to, you know, be heard. Often they're not heard. And in addition to creating this sort of collection of multimedia stories, which is ongoing, we've

also worked on creating this toolkit which I put in everybody's chairs and, and the purpose of the toolkit is to be able to use these multimedia stories as a jumping off point for having conversations, particularly in our work teams, around some of these issues that come up with these stories. And you all, but I don't know how many in here are actually how many of you are actual practice facilitators in this room? Awesome. You all are. So you are all like skilled facilitators. We, I'm not a, a skilled facilitator. We do have facilitators on our team. That's part of the work that we do in the Relational Leadership Institute is, you know, we have, we have folks come in and facilitate small group conversations throughout the course. We wanted to be able to create something that we were hoping sort of anybody could use, like take this toolkit, you know, come into a work team, designate a particular person to be a facilitator for these conversations. I think you all are ahead of the game because you have these skills already as facilitators. So Melinda invited me to come and talk about this particularly with you all because we thought, well, maybe there's an interest in the work that you all do for using this type of tool, accessing these types of stories in the work that you do. And so at the end of the session, I'd love to just sort of open it up to like, do you see this fitting into the work that you do? If so like, you know, are there, you, you know, you have a little bit of a chance to look at the toolkit but like, what, what would you need more so beyond the toolkit to be able to kind of like, you know, do this type of work, like I said, within your, within your practice? So hopefully we'll have time for a, you know, a good discussion about that as well. Since we don't have time to run through like a full what we call a "power with" conversation, that's the the name of this toolkit because, we normally would suggest like a 90 minute kind of a session. I do wanna give you a little bit of a taste of what it would look like. So that'll be showing one of the stories. We'll all watch it together. That's a really intentional piece of this tool kit is watching a story together. Now, some people may have like, seen it beforehand if you're, you know, kind of advertising that you're gonna have this type of a session. But we find that there's like some real power in like, actually watching it collectively together, even if it, you know, watched it before. And then we'll do sort of an abbreviated little writing exercise, a reflective writing exercise. Now in a real "power with" conversation, we would follow that up with like breaking into small groups, maybe they're facilitated, maybe not, but being able to get like a little bit more in depth around some of the things that are coming up for you in the story. But we'll just do like a little taste of it. So that's why pencils in the note cards. So just, just to kind of set us up a little bit, we'll watch the story will take like 30 seconds to a minute to just kind of pause and sit with what you're watching or what you've just watched. That's also sort of an intentional piece of the agenda is to not just like jump right into a writing activity where we're, you know, really thinking about like problem solving. I would imagine that like all of us in this room are pretty skilled at like jumping into that space of problem solving and in health care. That's something that I think we're all pretty well trained to do as well. So we want to be able to create spaces within this type of activity where people can really just sit with what they're feeling, what kind of feelings are coming up for them. I jumped ahead a little bit to go back a little bit to how this fits into the work that we do at RELATE Lab. And you know why storytelling? And why storytelling in the health care space? It really comes back to sort of two core beliefs that we have on our team. I am not going through my slides, which I should. This is our team. Yeah, and RELATE comes from this relationships and

equity, leadership and team effectiveness. And we're a group of, we have researchers, we have physicians. Have myself, research associates, storytellers, we have social scientists. It's a real interesting group of folks that I get to work with every day. These are sort of our values and our mission

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statements. This is the part I wanted to get to.

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So these two core beliefs that we really have. One is that systems don't change until the people within them change. And because systems are made up of people, nothing can change until we change the people and the relationships within those systems. Right? And second, core belief is that change requires not only engaging our heads, which I think we all probably do on a regular basis through data and research, but also through our hearts, through our values and our lived experiences and the lived experiences of people that we work with on a daily basis. And so it's that last belief is why, you know, we believe storytelling is sort of at the heart of our work because it's storytelling is really fundamentally a human practice. And we believe that personal stories really have the power to not only heal. I think I've seen in my own personal experience doing this work that there's a real healing benefit to the people who get to share their stories too. But then also to, you know, people who listen to them and maybe feel seen through the lived experiences of others. And also that stories have the power to influence and transform the others around us. So that's the, that's the why of this work. And with that we are going to move into.... So this is just a slide, I mean, you have the toolkit, so here this is just a screenshot of what the

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toolkit looks like.

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So the story we're gonna watch today is Andrea's story. Andrea is she's now graduated. But she was a, a graduate student at OHSU Neuroscience student. And she was gracious enough to sit down with me and share her story about what it was like moving to Portland and also being in a, in a place like OHSU. And but this. [Video audio]

SPEAKER

[Video audio]

ELIANE UCHISON

Thank you for watching the video. So you don't have to do this activity. But if you're interested, this would be, you know, part of what we do in the, in the "power with conversations" toolkit. So I handed out some little note cards and if you didn't have one, feel free to respond to like one of these prompts that, you know, moves you or all of them, it's really up to you. This is just a, an opportunity to sort of got

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some thoughts down about, about the story.

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It will take about five minutes to do that.

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So if this was, like I said, if this was a real power of conversation session, that was 90 minutes, what we would do now is, is break into small groups and, you know, ask people to share if they wanted to what they, what they know, we have to have a deeper conversation about it. And then we would come back into a larger group setting and folks could then share in the larger group setting as well. And, and then we would move into, as you can see in the toolkit, a section around sort of actions that people may want to take based on, you know, some of the conversations that they've had through this experience. So, since we're getting close to time, I mean, I would love to, if people wanted to share what they wrote, I'd love to hear that too. I'd also love to just open it up for discussions about life, you know, as practice facilitators. Do you see this type of activity fitting into the work that, that you do? And would it be useful and or are you like what the heck, I have no idea how this relates to practice facilitation. So, I guess first of all open it up to like if anybody wants to share sort of what they wrote related to the, to the story?

AUDIENCE MEMBER

Oh, yeah. No you go first. Alright. So a couple of ways that Andrea's life has been different from mine is that she is Black and I am not. So her lived experience is different, but we both grew up poor. So I definitely that resonated with me. And so subsequently, a lot of our values were similar in that we both have a desire to do what's right and to move towards change, be proactive towards change. And then we also value education and see it as a pathway out of our shared live experience in poverty. And then she is also an artist which I am as well. And but I also love science and research. So it was always so wonderful to see another person that's like super like that, but also just loves art as well, like it speaks to me. And the structures, the one that stood out to me the most was also a shared experience was access to PBS and those shows. And even though I'm a bit older than our friend Andrea here, at those, you know, Sesame Street, I mean, they're great, like. You know, that was life altering for me growing up. So those were my thoughts. Oh, and one more thing, I can absolutely see how this could help. Long story short, I'm part of a task force, Kansas City metropolitan area, Black women are dying too much at a rate in breast cancer. That's just unacceptable. Genetic testing is important. Genetic counseling is important, blah, blah all breast stuff here. And long story short is I am part of a steering committee trying to identify the ways that we can reach the Black women in our community and it happened and the trust isn't there. I mean, it's we are starting from the ground as most people are. And I feel very strongly that if we can do a multimedia outreach effort and make people connect with their heart, right? The data is there, nobody cares. The data is there, nobody cares, but we're not connecting the heart thing. So this is...love it! It is so exciting. I have no idea what to do with any of it, but all right. So some of the differences is, unlike Andrea, I grew up

knowing that I was Black. I grew up with the Black side of my family and I also grew up knowing all of the the Black folks. Kind of like there, I was actually having a conversation with someone yesterday that there are rules that, you know, people who are non-Black will say you know, both ways before crossing the street. You know, don't speak to strangers, stuff like that. I always had to learn that when you walk into a store, don't put your hands in your pocket. Don't, you know, like if someone, if a police officer stops you, you stop and you look at them, and your hands are always seen. Like, it's rules that because of, I live in a place where I, I'm definitely the minority, that there are rules that I have to do. That I live by, like the knowing that I'm walking to the store and I'm being followed. And people are like "does that happen?" And I had a friend come and she goes, "why is this person following you around the store?" I'm like, "I'm used to it." So I, I grew up knowing these rules and it's it really breaks my heart that, you know, this beautiful human being came here and then unfortunately, as an, as an adult experienced this for the first time. I wasn't experienced at all but, but the impact that it had like that, I love how she just changed all of that. So instead of making it a good, keeping it a negative thing, she could have just said, you know, this, I'm going home. I don't want to do this. She says, no, I'm going to do something about it and that just went to my heart.

ELIANE UCHISON

Thanks for sharing.

AUDIENCE MEMBER

I'll share. Some similarities I saw, is I'm also biracial. And I grew up in a community where I knew I was biracial. My dad is white. My mom's Native American. But I grew up in a community where it was a very diverse community. And so it was never something I had to question until I went to college. It was a very white college. So I can definitely see how that's just culture shock for sure. And I'll finish up for practice support or the practice facilitator standpoint. Prior to this role, I was working in the automotive industry, predominantly Caucasian men, and coming in back into health care as a practice facilitator was very hard for me to build trust with providers in a sense because most of them was Caucasian and didn't think that I value my knowledge as far as what can I bring to the table. So it was very frustrating in the very beginning of the job. But on another flip side, it's been very...it's been got better man, it's gotten better.

ELIANE UCHISON

Yeah, I mean that it's not in the video but one of the things that Andrea shared with me, and this is maybe specific to OHSU in Portland, but probably not very unique within the health care system, but just like as a Black person walking through OHSU campus and just like there's so many images like flyers, you know, photos of people who are like, founding members of it. It's just like you're just constantly reminded that you're the minority, like, and stuff that, you know, ashamed to say, but, like, stuff that I wouldn't even think about, you know? So I would, yeah, I would guess that it's not a very unique experience in health care, has predominantly white spaces.

#### AUDIENCE MEMBER

I have a question for you. Did you, because I live in North Carolina, Asheville, North Carolina. It's a lot like Portland. Did you find that like maybe your managers didn't send you into certain practices because they knew that it wouldn't be accepted? I had an open conversation with her but she didn't directly say that. So I think in some spaces, she's probably try to avoid it, you know. I would just say, and like, we all work for the same organization just across the state, the four of us in terms of this, for this practice facilitation, I think it's very impactful so. We are doing work with practices around maternal health and we have a grant. It's, I don't think it's any of in any of our regions. But we have some colleagues working on a grant looking at maternal mortality rates specifically in the Black community. You know, all the data shows that it's regardless of socioeconomic status. It's just it impacts the Black community and there's data obviously that impacts Native Americans, I've seen that too. So how can we then pull this in to like, help our providers, like, address their unconscious bias that might be impacting some of the recommendations that they make to these women? So that we can make steps and strides towards reducing that, that number.

#### ELIANE UCHISON

I, I love to hear how you all are thinking about using this as a way that it really gets to the patient piece of it too. So a lot of the, I mean, we're, we're still pretty new in testing the toolkit sort of outside of our, our group and our sort of like ROI group of people. And that has been a little bit more focused on sort of like internal team connection and like building that belonging and trust within teams. We're always thinking about like, how do we get to that patient piece too? And so I'm loving hearing like, oh, I could see how we're, we're using this to, to connect with, with patient groups as well. And I will say one of the stories that we have in our collection is it's the young woman who she's going into medical school soon. And she talks a lot about like one of her passions is like maternal health and like her realizing like, you know, how horrible the rates are, you know, for, for Black and brown women. And so there's a story that's like kind of got that little connection or two. That could be awesome. Does anybody else wanna share sort of on, on this prompt? Otherwise, I have a, another set of like prompts that like, yeah, how, how this tool might be used for

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you, your practices?

#### AUDIENCE MEMBER

But I'm gonna add just because I feel like I'm going to speak up too, not stay quiet, but I'm a Latina and there's not a lot of stories like this for us, which is kind of sad because there's not data because some of a lot of them are undocumented. So why is that? I resonated with her that I'm not Black, but I am a minority and I wasn't poor and I feel like success was not attainable, kind of like for her. So it's hard to find leaders, like you said, her walking into a campus that all these people that were founders are, are Caucasian. Well, for my case, there isn't any at all. So so, yeah. Yeah, it's just representation to scene. Representation matters. Absolutely. It does. Yeah, it does. And I work with a lot of rural health centers that

see undocumented and I've been put in those spaces to hopefully make a change. But it's still very, it's so uncomfortable situation because it's not talked about a lot.

ELIANE UCHISON

Yeah. And I mean, that's our, our hope is that this is maybe a way to have some of those conversations because it's uncomfortable conversations to have. A lot of times people don't know how to start the conversations this, where you have a story. It's like it's a, you know, I wanted to say it, it's an ice breaker but it's like, it's a way into a conversation instead of just like, let's all sit around in circle and talk about racism, you know. So just, yeah, just some questions for you all. Like if you were to use this, like, and I know you haven't had a lot of time to like, look over the toolkit. It's pretty detailed, like we wanted to be able to give a lot of information about. Here's a really specific agenda you could use, obviously modifying it to your own needs. But yeah, what else would you need to, to be able to implement this in your own, in your own spaces?

AUDIENCE MEMBER

I think it's something that would be useful. It's a version which I know is not ideal. But I mean, I feel lucky that our department has funds to support DEIA training in our clinics. But I know that in the past when I've worked with clinics and I've just been there for my facilitation purpose on a specific something like this in a 90 minute format or a 60 minute format. There's no way we'd have time for that. So I wonder about like potential ways for you know, fitting it into something as small as like 10, 15 minutes. Like, how can you introduce this concept or even share a short story? Because that, even though that's not a lot of time, I feel like you can still have a lot of interest.

ELIANE UCHISON

Yeah, that's a totally valid point. I mean, we do, we went back and forth even just around 60 minutes versus 90 minutes. And we, we had an event in the spring. We didn't break out into small groups because it was, there were a lot of people from OHSU who came but we did a 60 minute and even then it was hard to kind of fit in. And I think the thing that you lose is that because I think it would, yeah, you could probably do something where it's like, let's show the story and then maybe send people off with like here's some prompts to think about. I think the, the piece that you lose is that having those conversations and building that connection with people, you know, during those conversations. So, but I'm gonna take that as a yeah, a challenge to like talk with my team about how could we do this in...because I understand that

AUDIENCE MEMBER

Or maybe if you do it in like a two part? So like show the video and then let people go back and think about it. So the next time you come together, you could have that conversation. Yeah.

ELIANE UCHISON

Yeah, that's good.

AUDIENCE MEMBER

I was thinking about another presentation that I attended and one of the most valued tools that practice was that practices like is really when practice facilitators share from what's happening in other practices. So it's that connecting role. So part I was thinking about so if practice is value a practice facilitator who can connect them to the broader picture of maybe how somebody else is tackling this problem. There could be value in using stories. So collecting stories from one, from one practice and sharing them with others. So you're then you're really, you're not telling their story, you're sharing their story, right?

ELIANE UCHISON

Yeah.

AUDIENCE MEMBER

Yeah.

ELIANE UCHISON

Yeah. And I should say too like this is not designed to like, oh you have to use the pa--the stories and the power with collection. I mean, I think this is just a way to start using storytelling as a tool. So yeah, I think that that could be a great thing to like let's collect some stories from within our, you know, within our groups or outside that people might know these people too.

AUDIENCE MEMBER

So and both positive and where they're struggling and then they were able over time to, you know, to find new ways that they could change and implement. Yeah, I think it's also could be just a good training tool for teams like staff, not just the practices that we work with. But our organization collectively because some people just don't feel comfortable having conversations that, you know, they feel having these types of conversations. But we all need to be comfortable having these types of conversations so that we can then in turn, talk to our practices and see how they're addressing similar issues. So it could be a good training tool internally too for teams. Absolutely. Yeah. Do we have access to the P owerpoint with videos?

ELIANE UCHISON

Yeah, definitely. The next slide if you go to [RELATElab.org](http://RELATElab.org), there is a...oh yeah, there it is.

AUDIENCE MEMBER

Good. Perfect.

ELIANE UCHISON

Yeah. [RELATElab.org](http://RELATElab.org) is our team website and then there's a storytelling page and there's, you'll find the "power with" collection that's got the videos there that said we're still, we're still building it. I will just a little plug too. There's a another project that we did before we



started doing the "power with" project and it's called "together well," and we were collecting stories during the pandemic from people about their pandemic experiences and it started with people sort of on the front lines. So, you know, we were talking to nurses and [inaudible] and but then we started talking to people out in the community too and I don't know, I bring that up just to say like I know that there are a lot of health care spaces that are also trying to figure out like, how do we talk about what this thing is that we've been, that we've all been through, like, I personally think there's value in talking about it and not just pretending like it's over now. We all experienced this thing together. So I think that there is a way to use this type of activity. You know, if your group is like more in like using stories that were a little bit more focused on the pandemic versus like, and some of those, a lot of those stories actually around pandemic stuff do touch on issues of equity as well. So just throwing that out there. So that's also on our website.

#### AUDIENCE MEMBER

I wonder if we could think about integrating it into practice because I think that that's the biggest issue in terms of like having a huddle and we're actually focused on DEI or EDI as we know it in Canada. And so asking that question and actually then having people think about how they might actually integrate into practice some of those tools because you would have handed out something else. They had a, I think the stories then would come out just as a general practice, but we need to make it so easy that they succeed and see this as success, right?

#### ELIANE UCHISON

Yeah.

#### AUDIENCE MEMBER

To kind of piggyback off of that. I've, I've noticed that providers or teams I work with really want like specificity. It's like, tell me, don't tell me a story about a phenomenon in the community. But tell me what happened at this clinic. So like something really hits home if I'm like, I talked to one of your patients and they felt they were being treated differently as a Black patient trying to get opioids at your clinic. And that I think it's harder for them to ignore. Then kind of like a general story. I think people love to say like that doesn't happen here. We don't do that. Which I mean, we can't make a video for like all those two, but I'm just like acknowledging that pushback, like people love specificity. And that's why I've loved having patient partners and being able to elevate their stories just verbally not in such a beautiful format.

#### ELIANE UCHISON

But yeah, I totally recognize that and I also think like, when just to push back on that a little bit, I think that because we all are in that space of I want data or I want specificity, I want to see how it like specifically relates to me, that keeps us more in that sort of like problem solving head space, right? And I think, which is totally appropriate and, and fine, I think what we're trying to do with this type of storytelling to get people a little bit out of that space and to just start thinking about people, you know, and like, just being able to hear

somebody's story doesn't have to be your patient but just being able to hear somebody's story out there can kind of just open us up to. I think more understanding. Yeah, but I totally get that and I think, I mean, I work with people who are like, I have no idea how this relates to health care or what we're doing or like, I mean. I work with researchers, I'm a research associate. So like, like me having to explain why I think this is important and why it fits is like kind of a big, you know, overarching goal for me. But I, I totally understand when you get that.

#### AUDIENCE MEMBER

Oh good. Well, I wonder if it would be helpful to do it in conjunction, like actually have the data with you but share a story that relates to that information that you do have so that you can have like what you said that that humanizing aspect to it, but you still have the data to back it up. Totally.

#### ELIANE UCHISON

Yeah. Yeah. And I mean, there's even a big my big fish in the very beginning was like this is not, this is, I know it's similar, maybe you could think about it as sort of qualitative research. I'm going out and I'm interviewing people, but that's not my goal. I don't wanna sort of quantify these stories, right? So I think explaining to people too, how this is different from even qualitative work is it's a hard one in this space. But well, and I'd also just love for y'all that if you're interested in the other work that we do like the Relational Leadership Institute and the other research work that we're doing, please check out our website. And feel free to if you have questions about this or you're kind of thinking about maybe using it, but you have more questions about how that might work, please feel free to reach out to me.