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Building Trust: Narrative Leadership to Enhance Practice Facilitation

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ALEXANDER MANSOUR
Are we OK? Think I've got the microphone about as close as I can get it. But if my volume just to flag, just give me like a "can't hear." Yeah. All right. Welcome, good to see you all, and so great to join you. Alexander Monsour, I joined in spirit, if not in person today by coconspirators, Brian Park and Sarah Smithson. Brian and I both local here at OHSU and then Sarah working with our national partner Intend Health a frequent collaborator. I like to kick off with a, a quick intro and check in question. I don't think we have time to go around the room and check in individually. So I'm gonna do, I think is just introduce myself really quickly and and offer a check in question and then ask you to turn to a neighbor and into and check in with each other quickly. Alexander Monsour, check in question today. If you're doing any job other than what you do right now, what would it be? Dream job? This is your ideal world. Anything's fair game, I think for me, I'd be a beach bartender somewhere, so kind of a Surf Jack Bar situation. I don't know which beach, almost doesn't matter, but that's the gist. So, ,the person next to you, bonus points if you don't know them already, tell your name and what your alternative career.

SPEAKER

ALEXANDER MANSOUR
Again, just give me the thumbs up if volume is an issue. So hopefully you learned something new. If you don't have a dream crew before now, hopefully you have an idea. Welcome. Got a short hour, so I'm gonna jump right in. Our agenda for the next hour. Just quickly, a light touch on our objectives for what I hope to cover in the next 60 minutes or so. High level overview of this concept of psychological safety, which many of you all are probably already familiar with. And then this tool of narrative leadership. We can use to increase engagement by and on projects, team, team processes. This is a workshop, there'll be a chance to practice together. And then we'll talk about application and I'm from a very popular education background. So I'm hoping you all will help me by brainstorming applications together. Any questions on where we're going, the long and short of it? Our objectives really just a light touch on psychological safety, defining it and understanding the nexus between psychological safety and the work that we all get to do both on practice facilitation and quality improvement work. How this narrative leadership framework can be applied within the context of building psychological safety on teams within projects. And really to what end we're applying this, this tool. And then thinking about applications

together. So with that, just jump right into this concept of, of psychological safety and off to the races, but I hope this will be not just me talking. So if at any point you have questions, comments, thoughts, feel free to raise a hand, don't raise a hand, just shout it out for it to be as collaborative and interactive as you like. I prefer it. So a little bit about me. Right before we jump in, I work here at OHSU. I grew up in Oklahoma, went to the University of Oklahoma. I did my undergrad there. I did the whole like typical maybe premed, not sure what I'm gonna do with my life thing and study biochem. Spoiler alert, didn't go to med school, finished undergrad. I did a master's degree in forensic science focused on genetics, because, if you weren't watching CSI back then, you're lying. And then got to the end of that and realized that I couldn't spend the rest of my life doing bench work, like just being in a room by myself, , wasn't gonna work for me and, another master's degree this time in public health. I brought me to OHSU about 10 years ago. and have since ended up on this team in the Department of Family Medicine here called the Relate Lab, where I get to run something called the Relational Leadership Institute. So I get to direct that program now and really the north star of our work, what we really focus on in the Relate Lab and the Relational Leadership Institute is this idea that all of the work that we get to do, get together these big, these big efforts, these change efforts. All the things that we hope to see in health care really start with individuals. That the, the process of doing work matters just as much as the outcomes. So that's our, that's our guiding principle on really where we come from when we think about things like narrative and how it gets into our work. I will say raise your hand with a common experience, but I get to work with a lot of amazing teams and I find that if I show up with a fully formed idea with lots of data to back it up buying is so easy. People are like, yeah, do whatever you want. I love change just, oh, ok. Not me at all. Let know I'm not the only one. No, getting buy in is really difficult. Turns out we're all pretty resistant to change. So a lot of what we get to do in our work is find these commonalities, find the shared values around what we do together. And think about co creating those values and holding those values and shared spaces in a way that makes change, feel like something that's not something that comes from the top down, but a shared process. And this is really where psychological safety comes into play. It turns out there's a fair amount of data to back up this idea that top down hierarchical change making isn't sustainable, and doesn't it last. Tony Stuckman, another colleague, he's done incredible work around teaming, published some research that looked at QI efforts and rates of success in QI efforts. And what he found was that, across the board, 75% of Q I efforts fail there is no lasting change. And the really interesting piece that came out of that is beyond that of that 75% that fail, 80% fail, not because of technical factors, not because the, the right PDSA cycle wasn't used or the right type of technical strategy wasn't in place but because of interpersonal factors, things like team feeling, engaged, communication, collaboration, and, and so on and so forth. So when you think about how we typically approach problem solving in health care, a lot of it can be really focused on outcomes. What's the right outcome? And what we can often lose sight of is the process. How is that outcome gonna be accomplished? And how is each individual being engaged to feel like they're a part of the team of the process to obtain that outcome? There's a lot, a lot more data around this always happy to provide references after the fact given the, given the timeframe and the hour I'll go a little light on references upfront. But as another meta study that I, I've really

appreciated that Karen's released in 2021 and I just looked at these hierarchies and power dynamics and, and change processes. And it found that the more hierarchical the decision making process, the more likely the project was to fail. Conversely, the more collaborative the process, the more bought in folks were into the change being made, the more likely it was to succeed. That's probably not groundbreaking. I don't think that's anything tremendously new, but this really fits into this concept of psychological safety. Show of hands, how many folks have heard of psychological safety? Yeah. Fairly common, proliferated in the past 10 years in health care, which is basically just that as Amy Edmonson, said it's the shared belief that a team, a space, is safe for risk taking. So what is my perceived risk, what the perceived consequences I might face based on any action I might take on a, on a team or in a given context. Timothy Clark took that concept and further broke it down into some, some subcategories: learner safety contributor safety, inclusion safety, challenger safety. So learner safety, is it OK to admit that I have to my knowledge and a question? Will I face consequences if I contribute an idea or a solution solution? Inclusion safety is, do I feel safe showing up as my full authentic self? Or do I feel like I have to code switch or [inaudible]? And then Challenger Safety, which is probably the most difficult one to attain is you might feel safe, pushing back on something in a professional context? Or are there perceived consequences to saying I think that's wrong, maybe we can do this differently. So we think about this concept of psychological safety in QI and this is really just the preamble to getting the, the meat, which is the narrative tool this growing body of evidence around psychological safety on health care teams and how it contributes to the success of quality improvement projects is pretty stark. Graley did meta study. They looked at a number of studies across a number of countries and found that the more present or the more highly folks rated their sense of psychological safety at work, the more they rated their sense of well-being. The more there was a reduction in downstream incidents, patients, patient safety increased. Folks were more willing to report errors. Communication measures went up and then key here, the more people felt like a part of a team, the more willing they were to engage in QI efforts. There are parallel meta studies with that. So they could tell is also somebody who's done a lot of work in relational coordination, did a meta study in 2021 looking at a lot of these similar factors, they call these relational microprocesses things that increase communication, empathy, other indicators of psychological safety on teams and their, their findings largely mirrored what we found here. Again, I don't think this is groundbreaking. Hopefully if anything this is some language around some of these, what can be perceived as soft skills, the idea that communication has to be at a really high level or people have to feel like they belong. or to feel engaged with a project. But I think it, it touches on something that we all kind of know, right? The idea that you need trust to implement change isn't a particularly new or groundbreaking idea. But there is this growing body of literature and evidence around that, that supports really explicit use of tools that, that help us grow those, those things on our teams. A pause. Any questions about psychological safety so far?

SPEAKER
Talk to me about where humility fits.

ALEXANDER MANSOUR
Yeah, humilty, say a little bit more.

SPEAKER
I do a lot of work with Indigenous communities and without humility, none of these things are actually [inaudible]. So it was just, I'm curious to know whether literature talked about humility in that way because you could have trust and you can have all of the other dynamics that you're talking about. But without h humility, we're not gonna be reporting errors, be too terrified to do training.

ALEXANDER MANSOUR
I appreciate that. I'm not ppinpointing off the top of my head if I've seen humility specifically named in the literature. but there's certainly plenty of literature around it. Yeah, thank you. Thank you for the. But I know a lot of literature about how this is a two way street and collaboration requires and things like humility. So I think, I think humility has been a key piece of moving away from a hierarchical way of thinking, but I appreciate th explicit naming. Thank you. Any other thoughts, additions, questions, just curious and feel free to popcorn. Shout out, have any of y'all, can you name like specific practices that you've seen on teams you've been on or processes that you've been a part of that have promoted psychological safety over the course of those? So you're really familiar with practices that detract from psychological safety?

SPEAKER
Oh, yeah. Yeah, definitely. So it's very hard to, to get any kind of change and errors or, I mean, that nobody wants to do anything. Because leadership is so rough, it's just, it's just a huge mess.

ALEXANDER MANSOUR
So, yeah. Common feeling?

SPEAKER
How do you measure or know that a team

ALEXANDER MANSOUR
feels this sense of safety?

SPEAKER
How do you know?

ALEXANDER MANSOUR
Yeah. I've seen this in practice on teams and I think, I mean, the key indication would be somebody who's traditionally lower on the hierarchical ladder, feel comfortable raising concerns or pushing back to me. That's the, the biggest key indicator here. If I'm in a, in a clinic setting an MA and a feels comfortable bringing up a concern with a physician, that's a

really strong indicator that there's a psychological safety there, right? That would be, that would be one piece.

SPEAKER
So, so you say more observational versus, and kind of survey or, or if you do a variable?

ALEXANDER MANSOUR
There are surveys, you can get to relational coordination work and there's a, a structured tool that looks at psychological safety and relational coordination how that exists on or you can do the observational.

SPEAKER
But on the surveys they'll lie.

ALEXANDER MANSOUR
So that's not even safe, to be honest. Yeah. Yeah. I don't think I'm going out on a limb when I say it, health care is an inherently hierarchical space. So to, to verbalize, you know, the further we get from hierarchies, the better the outcomes can sometimes feel like a high dream, which is why we want to think of explicit tools or at least starting points for how we start to shift from that hierarchical to collaborative workspace. And I'll pause here if you allow me to get just a little bit meta kicked off by telling you my life introduction and I gave you like my CV rundown where I told you all the colleges I went to and like the, the, the master's degrees and the letters after my name and my current title and I, I credentialed why I should be here telling, telling you all something you need to know. I'm just curious, show of hands? I mean, if you would say that's a default way to introduce yourself, I think its socialized into us.

SPEAKER
I wanna know why you do what you do.

ALEXANDER MANSOUR
Yeah. Right. And I think we inherently start that way. I think like I have, I have 25 year old nieces they think about kids and the way they process their day and the way they think about what's important and how they go. And it, it's like a, it's a stream of consciousness, right? Every day is one long story. Like, oh, like, especially with the twins, it's fun because they're just constantly verbalizing to each other. So you get like the running, the running narrative. But it's like, yeah, we went to mom, she said we're gonna have cookies. So we're gonna go to dad but don't jump over this tug over this one because that's hot lava right there and it's not safe. So we're gonna take this and we're gonna go over the sofa and when we ask dad, make sure he's in a good mood because if he's not a good mood, we won't get cookies. And you know, and it's just a fun in that stream of and over time, the sense of story, the sense of narrative. It's replaced by what's professional, what are we allowed to say and not say what's really relevant in that, that context. And we lose this really important piece of exactly what you said. Just what's the why and it bleeds into how we run our projects, how

we run our teams, right? We show up with all the data, we have the literature, we know exactly why this thing is important, why we should do it and what's a lot of times missing is the, the why, why is it important to all the people I'm communicating with? So why they should be engaged with this, this change making effort? I kind of blew right through this slide, but standard, standard introductions, right? We've, we have this sense of professionals and that proving needs and we think we're allowed to do our work. So why stories, stories really get us to that, that why and that in a number of ways, stories help us make sense of things in a really natural way. You name it, my, my nieces and just how they make their day as they go through it. We all do that in our heads, right? Something happens and we immediately have a story for why it's happening or what the outcome might be or why this person did that or what's we're story making machines. We decline to verbalize it very much as we get older and older, but we're still telling ourselves stories and others as we encounter them are telling ourselves stories about us. And the less that we tell our stories to each other, the more assumptions we're making. Stories help us connect with each other. They help us verbalize values. And when we tell stories, they become shared values, we might have not have the exact same experiences, but we have a lot of common values. And then storytelling really helps us build resilience, it builds resilience on a team, it builds a sense of belonging, it builds a sense of when one story is told, somebody else feels safe, telling their, their story and it builds a sense of belonging. These spaces where I feel a little bit more safe. A little bit more like I can show up as my, my true self. And there's plenty of data to back this up. I'll just do a quick, a quick run through this slide. But a lot of data on storytelling and the neurology of storytelling, how it, when we hear a story, our brains release oxytocin and dopamine and we get what's called this shadow activity, right? So the effects of the story last far longer in our brains than the story itself, which is why a lot of case learning is done through a story, right? Stories last, the impart meaning, they impart things that we carry with us. There's also a mirroring effect where somebody's telling somebody else's story, similar parts of their brains are letting them at the same time, they're feeling more connected. James Pennebaker has done a lot of work out of the University of Texas around storytelling and how it increases the sense of community. So much to the point that storytelling in communities that have experienced traumas actually experience better health outcomes. And then just the last piece to touch on here. When we tell stories, our amgydalas light up, the emotional meaning making centers of our brains. It turns out when your amygdala is damaged, literature shows that your decision making capacity significantly decreases almost to zero. You can still, you still have two total two plus two equals four, but you couldn't decide where to go to go for dinner. So when you damage the primary emotional center of the brain, you lose your capacity for decision making. So, you know, that old cliche never make an emotional decision. It turns out we only make emotional decisions. It's, it's been intertwined in how we process. Always happy to offer more references later, but we'll, we'll stop there for now. Because I don't want us to lose what's really key here is that narrative is enthralling. It helps us make sense of the world and we tell stories, we just instinctively grasp things about each other. Because stories are complex, they carry multiple meanings, they communicate values in a way that is really difficult to do with, with data or literature, sometimes. Curious, what are your favorite movies? Like shout, shout out your favorite movie.

SPEAKER
Enemy of the State.

ALEXANDER MANSOUR
Oh, good one, classic. Why is it your favorite movie?

SPEAKER
Oh God, it's great. I mean, you know, yeah, it's the one of the first movies Jack Black was in. That's a little known fact. It had an amazing cast. It's a great narrative. It ended up presaging everything that happened, you know, after 9/11 and this was a movie from the nineties. It basically foretold everything that was gonna happen. So, yeah.

ALEXANDER MANSOUR
Yeah. Yeah. So I'm assuming it's not your favorite movie because you, too, are an African American lawyer who had a client at the FBI and had to go on the run while aided by... was it Robert De Niro or Gene Hackman?

SPEAKER
Gene Hackman!

ALEXANDER MANSOUR
And your attempt to shine light on this massive conspiracy that threatened the entire United States---maybe not? But there were values that resonate. Yeah. Stories connect us to experiences that we will never have in a way that allows us an insight into others lives. So if we can all accept that stories are important, you know, if you've gotten here and you're not with me, not doing a great job. But if we can accept stories are important, it becomes how do we tell stories. It turns out actually really simple. There's this triplicate structure that every story has and it's a protagonist faces, a challenge, has to make a choice regarding that challenge and airs it out. That is all it is. Every great story has those three elements. And now that you've seen this, you won't be able to unsee right? And this exists in everything from like grand visions the stories that are told when we're trying to inspire others to action. I yesterday, Monday, it was the 60th anniversary of "I Have a Dream" speech, right? And Martin Luther King got up and told this story because many, many people remember the dream, but they forget that proceeding the dream he talked about a nightmare: America not making good on its promise regarding its African citizens. And he told the story of this nightmare. He verbalized it a dream and a choice that we could make. He has the vision for an outcome that we could have. If we made that choice was [inaudbile]. You see it there and you'll see it all the way down to the simplest stories. When I read "Green Eggs and Ham" to my nieces, we're talking about Sam. If he doesn't like green eggs and ham, he has to make a choice and finally he decides to try it and it turns out he likes green eggs and ham, right? The simplest story to the most grandiose visions, the structure and really good stories. We flesh them out. We had things like imagery and sights and sounds and smells and things that connect us to the place at the moment. Make us

feel like we're there. We're sharing that experience with others, is really what it is. And from that we gain this rich tapestry of of values like I, I don't know, I couldn't tell you exactly why "Enemy of the State" is a great movie. But there's this value of inherent values around the importance of privacy and everyone's right to their own space or their autonomy. And you might have other values that you pulled out of than I did just now. But we all hear stories and we share values. That's, that's the foundation of telling a story. Questions on that so far? All right, this is the part where I'm either doing a wonderful job or I've just completely lost you. So if there aren't questions, only fear that I give an example. I'll tell you a story and this is a story. Maybe you close your eyes for a second. I think, I think I, I started doing a session with medical students and I think I date myself a little bit, but I think most people are where they were when that first plane hit the, the towers on September. Absolutely. So September 11th 2001, I think most folks can visualize where they were, right? You can open your eyes, but I was in a, I was in a dentist chair. I was reclined back, mouth wide open. The news was a ticker scrolling on the bottom and the second one was heading in and I heard this common sense of shock that pervaded that morning as that ticker scrolled, stories continued. I'll just absorb, always [inaubidble]. I remember for me particularly, the hours days and that ticker kept scrolling and the news stories, they kept us updated, started including little, little snippets, little pieces. A Sikh man attacked a gas station, or an Arab attacked at Walmart. To the point where, I got so unsettled. I called my father, a physician, an Egyptian immigrant was working in the hospital that day and, and asked him not to stop anywhere on his way home because it didn't feel safe. And I always kind of felt that sense of there's a little, a little difference. I grew in Oklahoma about a, about a lot of other Egyptians around. I was thinking to play backgammon but didn't know how to throw a football. I still don't know how to throw a football. And I've always kind of had that sense of like not always getting the joke or feeling just a little bit different, but that day felt very, very far removed. And as those days turn into months, we got to a holiday season, when Ramadan typically be and the onset of Ramadan typically had big parties, lots of celebration. And as these months had progressed, it watched and Middle Eastern community in Oklahoma essentially withdraw from public view, go into hiding. And we did our big Ramadan party that holiday season, the image in my head that will always evoke kind of what that, that part of life felt like for me was that of my mother putting away these untouched platters of food because nobody came. And then months turned to years, America returned to some semblance of normalcy, whatever normalcy was. I went to college. I haven't quite lost that sense of there's something different. I went to college at this point and start hearing that there are Iraqi refugees arriving in, in Oklahoma. And that sparks something for me. Just the sense that somebody else would be arriving in Oklahoma with little to nothing in the way of that social or cultural capital. And they would be experiencing that same feeling of "I don't belong here." And that sparked, whatever that was, but I felt very compelled to reach out to a refugee organization. I found myself in this apartment courtyard in the middle of Oklahoma City meeting [inaudible] who had recently arrived from Iraq, the refugee camp in Egypt. And that apartment complex eventually held 10 Iraqi families. And then the years that I got to spend with these folks, walking alongside them, filling out job applications and helping them with homework. I got to see this really vibrant community grow. I got to see how things like action and how story and shared sense of community value, they didn't

stand a chance against isolation. I got to see how resilient that was, focused on community and supporting each other. And I carried that sense through my and years of working in refugee agencies to my my master's degree, I worked in Global Health, to what I do now at the Relate Lab. And that, that's really why I do what I do. Now, a pause there. But I gave you a challenge, a choice, and an outcome. The challenge: I felt isolated, a choice to engage intentionally with the community and the outcome of, of what it meant for me, what I, what I had really ended up gaining from it unexpectedly. I'd be curious, did any of you hear values in the story? Do you have a better, better understanding of why I do what I do now versus when I gave you my CV? Yeah. An hour goes so fast. I'll pause there because what I really love is for y'all to have a chance to try it out. So if you wanna take the next 10 minutes, you should have a worksheet. If you don't, raise your hand, come around and, and give one and well, if you just just take five minutes and jot some notes. Think about a time you had to make a choice. What the challenge was, what the choice you had to make was and what that outcome looked like. And it doesn't have to be the biggest, big 'C'' Challenge. You can tell amazing stories, little 'c' challenges. And we can do this, the project with the teams...this is a workshop. I would love for us to try it out together. So for the next 10 minutes, maybe take five jot down some notes, pick a story, set a timer for five minutes and then five minutes of you engage with your neighbor that you introduced yourself to earlier and tell each other your story. Give it a shot. See how it works. And yeah, any questions before we jump in?

SPEAKER

ALEXANDER MANSOUR
All right, I'll set a timer. I'll let you know when five minutes is up and, and share stories with your neighbor. All right. I should have said this up front. Acknowledging that action was absolutely not expected giving it a try. How'd that go?

SPEAKER
OK. All right. Yeah.

ALEXANDER MANSOUR
How did it feel to tell a story? It was like awkward at first but got it done? All right.

SPEAKER
Yeah.

ALEXANDER MANSOUR
How did it feel to hear a story? Mm You, you learn something? Anybody learn something about values or things that you didn't know about your neighbor? Things that you took out of their story that you, you, you know now? Like no need to like name, name the person or anything like that, but feel free to popcorn values, the values you heard as you were listening to stories. Service. Family. Yeah. What are others?

SPEAKER
Listening to intuition and the value of intuition, personal growth, personal growth, melody.

ALEXANDER MANSOUR
Make full circle. Yeah. Think of stories. As much as they be a tool in our tool belt and not to say stories are the end all be all. They don't solve all our problems. Get everybody to buy in every time. But another option we have, in addition to being something you can use in our professional context, stories are often just a gift. It's something that we give to others that give them a little window of insight to, to ourselves, our values, our motivations, why we do what we do and it creates space for somebody else to tell their, their story--that mirror effect, right? Stories beget stories. And any time you can create a moment in the health care system that is inherently hierarchical and and not prone to seeing individualism. I think any time you can create a moment or a space for somebody, somebody else's story. If you're doing something really radical and it gets the grain. So applause to you all for trying that out today. And hoping that that's something that you feel like you can carry, carry forward, which gets me to our third objective or our short hour together, which is ya'll doing this work. I'm just curious just based on the 50 minutes we've had so far, are any ways coming to mind or any, any thoughts on where this might be applied? Anything that's immediately applicable, coming to mind.

SPEAKER
So I've, I've experienced situations , with other clinics and so I've seen what they've gone through. So I've been able to take it to other practices that have not experienced that and, and show them, you know, hey, this is what happened without naming names. You know, this is what has has happened and this is the outcome. And so, you know, how do we want to address this or you need to be aware of that or, you know, avoid that pitfall.

ALEXANDER MANSOUR
So like stories of learning stories, stories of others and how they face so many situations?

SPEAKER
Yeah.

ALEXANDER MANSOUR
Yeah. Yeah.

SPEAKER
Patients who come to the clinic value a story, it's whether or not we can hear it. So this application could be very useful in our clinic settings where in fact, actually taking histories while the patient is providing insight.

ALEXANDER MANSOUR

And one thing I was a little cautious about is making sure we don't take other stories and make them ours. And be cognizant of, of those stories we're telling and, and why. A lot of times I default to I want to hear other stories and when I tell a story, I'm trying to tell my own not, I'm trying to put myself in the shoes of somebody else or, or try to take on the mantle of their experience. And it's something to be cognizant of as we think about storytelling as a tool and a practice. But I agree with you, I think really cognizant to what are the stories that are coming from others, you know, how do we connect, how do we, how do we find that connection through stories. Others?

SPEAKER
Making connections with the the people and, and shared experiences. Just finding that commonality and, and being able to relate and build that relationship, telling, telling your story that, you know, if they share some information and how you can connect with that or how you've experienced that.

ALEXANDER MANSOUR
Yeah, like particularly in a context where you might be working as a consultant or you're building rapport with a new team, being able to communicate why the work matters to you. or other, other aspects of that can be really, really helpful. Yeah. I'm a huge believer of the, the wisdom being in the room. So I, I truly believe you all have all the solutions and applications, you know, better than I do how this might be applied in your day to day context. So if there any others want to create space for that.

SPEAKER
I'm, I'm thinking about for so long we've been in our work in our professional environments, told not to connect stories to our work and so engaging, you know, teens now and reconnecting is going to take some time and effort, you know, and, and that's, you know, not where all organizations or leaders will be, except quite accepting yet. And so, you know, work to move that forward. Will, will you need to be intention? Yes. And you know, for so long in health care,

CHERYL
you know, as a, a clinician myself, you know, we

SPEAKER
were meant to disconnect our story from our care. So it will take time to reconnect those two.

ALEXANDER MANSOUR
I think a key, a key point, right? It is not something we are socialized to do in our professional settings. And not to say that every moment is the right moment for a story. Either we can I, I trust you'll triage the points in time at which I've certainly made the mistake of telling a story where one wasn't indicated or not choosing my moment, right? Or

maybe not choosing the right story for the moment. It's a learning process. But again, just another, another tool in the tool belt You're right, getting over a little bit the awkwardness. I feel like this is just not something that's typically done in a professional setting.

SPEAKER
You can see how powerful it is when you can use your story to connect to a, you know, a area or focus that you're supporting for improvement. But yet at the same time, there still is that awkward feeling that we just identified? Yeah, maybe when teams are going through like breakdowns or aren't out or whatever just starting a team meeting with. Tell me your life. [Inaudible].

ALEXANDER MANSOUR
I think it', I believe [inaudible] has done some work around this. This is the part I feel like a snake oil salesman. I think what is what his research showed was that with a group of physicians finding an hour every other week just to tell stories together, decreased the rate of burnout. I can't remember the number off the top of my head. It was a significant amount, almost an incredibly significant amount. And this is like, well, one hour every other week telling stories, you know, that's... really is, it's incredibly connective and it's incredibly helpful for students that are at a crossroads and are looking for that sense of purpose again. Yeah, I was there. So I think we're at our hour. But I'll stick around for questions. Always happy to chat. I'll leave an email address as well. Reach out with anything with our National Partners at Intend Health. We do a lot of work, around narrative storytelling and other work as well on the team here. So drop by the Intend table outside, but thank you all. So much, really appreciate your time.