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Telling Tales While Tending to Others: The Art of Storytelling in Dermatology

Dr. Greenberg:
As children, stories and fables capture our imaginations and even teach us some important life lessons. Our love of stories isn't necessarily something we grow out of. As adults, we're constantly hearing the latest news stories. And might there even be a role for storytelling in our visits with patients?

Welcome to *DermConsult* on ReachMD. I'm Dr. Michael Greenberg. And joining me today to discuss the art of storytelling in the dermatology field is Dr. Robert Brodell. He's professor and chair in the department of dermatology and Professor of Pathology at the University of Mississippi Medical Center. Bob, thanks for being here today.

Dr. Brodell:
Hey, Michael, it's just my honor to be here with you today.

Dr. Greenberg:
Ah, great. So, listen, to start us off, Bob, can you tell us how storytelling in medicine differs from current media stories or political stories?

Dr. Brodell:
Yes, it turns out that I look at stories as tools in my toolbox as I try to manage my patients and get them to do things I want them to do. And that's quite a little bit different than the sort of entertainment that I get out of stories when I go to the movies.

Dr. Greenberg:
So you're using them as a tool to help your patients, not just something to listen to?

Dr. Brodell:
Absolutely. My storytelling saga began about three or four years ago when I attended an American Academy of Dermatology Lobby Day. They do that once a year, go to Washington, DC, and try to influence legislators to help dermatology and our patients. And I heard a lecture by a fella named John Trybus, who they brought to us to make the point that when we're with politicians, we can tell them some science, but that doesn't stick with them very well. But if we tell them a good story, it can be very impactful. And that's what made me think as I was practicing stories with them that I tell stories every day in my practice. When I am with a patient, and I go into a sort of, I'm gonna say it's like a pre-recorded text that I've used many times before, because I see its value when I'm communicating with my patient is a very special kind of story.

Dr. Greenberg:
Now, stories go both ways. One of the things that I do, and I don't know if you do this, is when I enter a patient's room and sit down – a new patient at their first visit. I never say tell me what's wrong. I never say why are you here. I say tell me your story. How do you feel about that?

Dr. Brodell:
Exactly. That's an open-ended interview technique that all of us learned in medical school. But sometimes we get out of practice because we're trying to get from point A to point Z, touch all the bases, and we feel some time pressure. But that type of open-ended question, allowing the patient to tell their story so you can understand it the way they want to tell it is very, very helpful, both in helping you get to Z, like you wanted to do at the beginning, as well as enjoying your day in the office.

Dr. Greenberg:

So Bob, can you give us a sample story that's had a profound effect or a change in one of your patients?

Dr. Brodell:
Yes, of course. One of the scripts I use frequently in my practice is for the patient that comes in with their mom, and the patient has severe nodulocystic scarring acne that's unresponsive to traditional therapy. And I may examine the patient and recommend Accutane. And the mother says immediately, “Nope. I know about Accutane. I've seen it on the internet. And I'm not going to allow my child to take Accutane.” And at that point, I launch into a story. And I say, “You know, I have five kids. Three of my five kids had bad enough acne that I needed to treat them with Accutane. I don't like my children. Actually, I love my children, just like you do, I'm sure. And you need to know that I wouldn't use Accutane on your child if I wasn't willing to use it on my own children, which of course I did. And all of my kids did great when they were on Accutane. So I'd like you to just reconsider a little bit about this and what you read on the internet, and I'm here to answer every question you might have about it.”

Dr. Greenberg:
Right. And it sounds pretty natural the way you say it, and of course involving your family makes it really personal.

Dr. Brodell:
Absolutely.

Dr. Greenberg:
Do you think that we're taught in medical school not to be personal with patients, but that often helps when we do get personal and talk about our own issues?

Dr. Brodell:
You know, there's a fine line between having an exoskeleton defense that allows you not to be pulled into the lives of every patient, some of which are going to be dying of malignant melanoma and having other terrible tragic things happening. Keeping some distance, but also interacting in a highly personal way, which requires you to know your patients in a way beyond the number of papules, pustules, nodules, and cysts, you're counting on their face that day in your office.

Dr. Greenberg:
Right, I find that having gone through things like shoulder repair, knee replacement, prostate cancer, when a patient's in the course of their visit for dermatology happens to say, “Oh, yeah, I have to have my knee replaced,” my telling my story can help them a lot.

Dr. Brodell:
It absolutely can. You know, we're physicians first. We're dermatologists, but we're physicians first. And that type of relationship you establish with that patient will be longstanding, and it will allow them to forgive you sometime when you make a mistake or seem a bit abrupt. Highly worth making that investment.

Dr. Greenberg:
For those of you just joining in, you're listening to *DermConsult* on ReachMD. I'm Dr. Michael Greenberg, and today I'm speaking with Dr. Robert Brodell about how he uses storytelling to make his patients more comfortable, and actually probably get better outcomes.

Now, Bob, let's change tack a little bit here. Can you tell us the elements of a good story?

Dr. Brodell:
Absolutely. Number one, being a dermatologist, and all of us have high-volume practices relative to many of our colleagues in other fields. The stories that I use in my practice are short and practiced, although I try not to rush. Number two, the stories have to be strategic. You have to know exactly what you're doing and why you're telling the story so you can take the patient in the direction you want to take them. When I told the story a little bit earlier about a patient with cystic acne and I mentioned my children, that was not done at all by accident. It was a way of doing the third thing, which is to make the stories personal. They also have to be authentic. You can't make these stories up. If you do, you'll end up getting yourself into trouble by not telling it the same way each time. So it's got to be honest, it's got to be authentic. But that personal part of it is critical for you establishing that special relationship you want to have with each and every patient. Fourthly, it's got to be relatable. Now I guess I'm proving that in this little discussion we're having today that maybe humor isn't my forte. But I like to use humor with my patients as that way to develop that relationship, that relatability with my patient that ties us together with some sort of an emotional connection. And the final thing is there needs to be a hook. What is that thing in this story that's going to be immediately persuasive? And then the story I told about cystic acne and using - Accutane, the idea that all of us have issues with our children, but I love my children, just like you love your child. That is a hook that is an immediate, persuasive component of this story that allows me to explain that I'm using Accutane for their child, just like I did for mine. So those are the things that I try to make sure I have in the stories I tell to my patients.

Dr. Greenberg:
Well, that's great. That's pretty clear. So let's turn that around on its ear for a second. Even when those elements are used and you're telling the story the best way you ever have, aren't there times when the stories just simply don't work? And what do you do then?

Dr. Brodell:
When that happens, I immediately backpedal, apologize, try to understand what it was and the way I said the story that offended them or didn't have the result that I wanted. And then I may start over again and try it again. And you know, there's something called emotional IQ. And because they call it emotional IQ, it would make somebody think like you're born with it, you either have it or you don't. But I think that emotional IQ is also something that comes with practice. So when that patient has a little frown that develops, or a little twitch, or they cross their arms, I try to be open to the possibility that my story might not be having its intended effect, and then do my very best to think on my feet and get out of it.

Dr. Greenberg:
Well, what I think you're telling me at least what I'm hearing from you is that it's not enough to just tell a story; you have to be very present to the way that the patient has responded to the story, to watch for those clues. We do it in acting all the time. We watch for those emotional little clues, a movement of a body, a shift of an eye, so that you know you're on track. Is that correct?

Dr. Brodell:
There's no question about that. That as much as I practiced, say my Accutane story, it's constantly being honed and improved because of things that happened with my patients. And no matter how many times I practiced it, and I got it just right the way I wanted to tell it, that patient's perception of the story and where I was going with it may be entirely different than what I intended. So in medicine, we use our scripts, we go through them, we pretty much expect what's going to happen with them. And when something untoward happens, it takes more time.

Dr. Greenberg:
What advice can you give to our colleagues who might be just a little fearful of telling stories?

Dr. Brodell:
I would suggest that if the listeners think about what they did in the last half a day session in their clinic, they will realize that they too are using stories and maybe be a little more focused on improving those stories, depending on the outcomes you're getting. I had a number of other stories that I used with my Accutane patients that I thought were working about 10% of the time with the mothers who had a knee-jerk reaction that their child wasn't going to take Accutane. With my practiced Accutane script that I use now, I think I'm about 50/50, convincing that mother that they should allow their child to use Accutane. And there are circumstances where it is the right thing to do. So when that kind of thing happens, that makes you want to stick with that script.

Dr. Greenberg:
Thank you. And with that encouraging advice in mind, I want to thank my guest, Dr. Robert Brodell, for joining me today to share how we can use storytelling in our patient visits.

For ReachMD, I'm Dr. Michael Greenberg. To access this episode and others from our series, visit ReachMD.com/DermConsult, where you can Be Part of the Knowledge. And thank you for listening.