

Chloe Sales:

Welcome to the Spark: Medical Education for Curious Minds. We present the stories behind the people at UCSF and get to know the human being behind the professional. I'm Chloe Sales, a student in the School of Medicine.

Paul Brandfonbrener:

And I'm Paul Brandfonbrener. This season we're sparking a new conversation across UCSF. Where do you find joy, meaning, or purpose in your work?

Chloe Sales:

Our guest today is Dr. Valerie Gribben. She's an assistant professor of pediatrics over at the San Francisco General Hospital, and a coach in the Clinical Microsystems clerkship, which you and I have talked about a lot in this podcast, Paul.

In addition to that, Dr. Gribben has published a series of books about fairytales. She actually wrote some of these before she even got to medical school and finished up the trilogy of novels while she was in medical school. And she and I, in this episode, talk a lot about her love for fairytales and storytelling as it relates to her educational background as an English major and later as a pediatrician.

Paul Brandfonbrener:

And we were talking a little bit earlier about what the scene was like at this interview, and it sounded just surreal. Can you set the scene for the listener?

Chloe Sales:

I reached out to Dr. Gribben saying, "Hey, I'd really love to interview you for this podcast." She thankfully agreed, and we decided to meet at a donut shop of all places, which ended up being great. We met at this, picture like a corner store donut shop on a sunny day in San Francisco. We buy our donuts at the front and then walk through the restaurant, to the back patio where there's an outdoor garden. And it was like something out of one of her fairytale novels. There were vines and leaves climbing up the walls of this fence. There were beautiful flowers everywhere. The birds were chirping. There might have even been a butterfly, I don't know.

And there were people sitting at the table right next to us just enjoying their morning coffee with donuts. And it really just felt like a nice conversation to be having with a friend rather than this doctor who you see as being such a mentor figure to you. It just felt like having a chat with a friend, which I loved. So apologies to the listener in advance. If you hear some coffee cups clinking or some people shouting in the background, that's because we were outdoors having a good time at that patio.

Paul Brandfonbrener:

Yeah, just imagine yourself sitting there next to Chloe and Dr. Gribben. And without further ado, here is our interview with Dr. Valerie Gribben.

Chloe Sales:

Hi everyone. I'm joined today by Dr. Valerie Gribben, a longtime mentor of mine. Dr. Gribben, you and I met over a year ago when I decided to pursue a narrative medicine project. And you've been mentoring me through that ever since, along with Dr. Derek Ward.

Valerie Gribben:

And I'm really excited about your project. I feel like I want to put in a plug here. Basically, it's about getting the life stories of hospitalized patients. And you're working specifically in the orthopedic unit over at Mount Zion. And some really interesting innovations using Zoom recordings to actually interview the patients and actually put it in their chart so that the whole team can really find out the patient's story, not just the problem list.

Chloe Sales:

Yeah, exactly. I feel like that's so important, getting to know who the patient is behind all the lab values and the charts and everything. So yeah, it's been super exciting. So Dr. Gribben, can you tell us a little bit about how you got from point A to point B, however you define those points?

Valerie Gribben:

It's so interesting, thinking back, I was reflecting in preparation for this. What a circuitous journey it has been. I want to take a second to think back because I have a wonderful mentor down at Stanford, Dr. Laura Bachrach. And one of the great things that she did was during my residency program, everyone was having these nights where it was the cardiology interest group night, the gastroenterology interest group night, the rheumatology interest group night. And Dr. Bachrach actually hosted a session called The Career Undecided Night. And I think that one of the really powerful aspects from that is that I remember when I was a medical student, and then a resident, an intern, I always felt like people's lives were so straightforward. That you would look at these attending physicians and it seems like they had everything going on, and you would just think that they had had it all planned.

And one of the wonderful parts about this career undecided night was you actually got to see a peek behind the curtain, behind the CV, and people talked about their real life journeys. And it's full of heartbreak, and romantic love, and career decisions based on family and money, and all these interesting things. And it was fascinating because when you really unraveled all these people's lives and you thought that it was just such a straightforward pathway, it really is a journey.

And so when I think about your question, how do you get from point A to point B, the first thing I'd say is, no matter how planned out things are in medicine, it's never a straight road. Gosh, I was born in Austin, Texas, but my mom is from Fresno's Chinatown. My dad is a boy scout from the cornfields of Kansas. I should say wheat fields. And they met at Berkeley in the '70s, and they moved all around. They were in Oregon, they were down in Austin where my brother and I were born. And then they moved to Montgomery, Alabama.

So I actually spent all of my formative years really growing up in Montgomery, Alabama, and traveling a lot. So we would take these long car trips across the country and really go visit friends and family, and come back to Alabama. And I think that it gave me a great interest in traveling and meeting new people. And then when it came time to go into medicine, I ended up interviewing all over, which was a fantastic experience. It was really challenging, but I feel like traveling on my own to all these different spots was really interesting. But I was part of the early medical school acceptance program at University of Alabama at Birmingham, run by Dr. Gregory Pence, who is a mentor of mine.

And then, after you get a slot in medical school, I was an English major. It was really wonderful. And then I got to look and see, where do I want to go? So I ended up interviewing everywhere and ended up at Stanford for pediatrics. So did residency there, stayed on for chief year. Then I moved to St. Louis for a year because I worked as a hospitalist at...

Chloe Sales:

Cool. I didn't know that.

Valerie Gribben:

Yeah. Oh, it was a wonderful experience. One of my best friends came from there. And that's one of those things where I finished chief year, I wasn't sure if I want to do a fellowship. And my brother was working in St. Louis at the time at Barnes Jewish. He's med peds trained. He is like, "I met the most wonderful pediatricians here." So I went and I interviewed and they promised a mix of outpatient, ED, nursery, and it was just really appealing as a new graduate. So I moved there.

And I'm always telling, when I have mentees, I'm always like, "Don't be afraid to move." I was young, I was single, decided to move to St. Louis, signed the contract, super excited. And then just a few months later, I met the man who would become my husband. So I signed on the dotted line, super excited, and then met this guy and things started getting really serious. So after a year in St. Louis, which I really loved, I ended up moving back to the Bay Area and coming to UCSF. And I've been working at UCSF at San Francisco General ever since.

Chloe Sales:

Wow.

Valerie Gribben:

So it's been five years. Just celebrated our five year anniversary.

Chloe Sales:

Yay. Congrats.

Valerie Gribben:

I think back, at the time when I was that residence, seeing these attendings share their stories, I was like, yeah, but medicine is a academic treadmill. It's one step after another after another. And I think that when you ask this question, how do you get from point A to point B, it's a really roundabout way.

Chloe Sales:

Yeah. But it's kind of cool. Whenever we look back, the path seems kind of straightforward. But I'm sure at the time it didn't seem that way necessarily.

Valerie Gribben:

I encourage people to jump. I think that it's the way that I try to live life is you get as much data as you can, but then a certain point you just jump and follow your heart. Followed my heart to St. Louis, followed my heart back from St. Louis. But Matt, just wonderful people on the way. I feel like I'm really, really grateful to work in pediatrics because I feel like it's just, they're wonderful colleagues. We talk about joy and meaning in medicine. I think part of it is who are you working with, side to side, day in day out, these long shifts? Who are you going into the hospital with?

Chloe Sales:

Who are your people?

Valerie Gribben:

Yeah.

Chloe Sales:

That's what I've heard some attendings say. That's actually a perfect segue into this season's question, which is how do you find joy, meaning, or purpose in medicine? And it sounds like some of it is due to your colleagues and what they bring to your work experience.

Valerie Gribben:

I look on, we have, Amions, so you can check your schedule. And sometimes I'll be planning ahead. So I'll be like, "Okay, and who's going to be in on my shift that day?" And every single time I am just like, "Oh, yay. It's so-and-so." There's never a name that I see where I'm like, "Oh." It's always like, "Oh my gosh, I can't believe I get to work with this amazing person." And I think the General is such a special place, but I think especially Department of Pediatrics, is just a really nurturing and supportive environment that I loved growing in. And I think that one of my favorite parts is, we work in urgent care, so we have the doctor's workroom. And there's a huge variety of trainees. We have medical students, NP students, PA students, family medicine residents, pediatrics residents, other attendings.

And I always joke to everyone. I'm like, "If you ever have a question, kind of just turn to the room and ask your question and someone will know the answer." So it's really collaborative and it's just really special to work there. I just love everyone I work with.

Chloe Sales:

Yeah. It's as soon as you go into the workroom, it's like a brighter day.

Valerie Gribben:

Oh, yeah.

Chloe Sales:

It feels good.

Valerie Gribben:

Yeah. And you just see them. And even though we're all masked up, you get to see the joy in people's eyes. And I think that really speaks to the other part of it, which is the patience you work with. And I feel like that, I've been doing a little bit of writing, former English major, I've been doing a little bit of writing about this even before you approached me about this joy in medicine. Because I was really trying to reflect what is meaningful? What is true? What keeps you going day in and day out? And I have to say patience. I did a little bit of wellness stuff when I was a chief, and it kind of made me be like, "Oh, I don't think that I can do wellness things anymore." Because everyone defines wellness so differently, everyone is going to answer this question totally differently.

And I think that the wonderful part, it's appreciating that my joy is not your joy. It's not her joy. It's not his joy. It's not their joy. Everyone defines things differently and defines meaning differently. But I think for me, working with patients and being able to know that the things that I've read about and the things that I've learned about I can then improve someone's life, is so powerful. I recommend everyone be an English major, frankly. When I was at University of Alabama at Birmingham for my undergraduate degree, and I've been communicating with some of my professors there. And I've just been saying thank

you. Because being an English major teaches you to do close reading, it teaches you to pay attention to details. It teaches you to pay attention to language.

But at the same time, it also gives you this wide experience to recognize that the concept of solipsism, that each person can only be responsible for what's in their brain. And you can never really know another person's mind, which is a very powerful thing that I teach my... I'm a coach and I teach my medical students this. And they're always like, "Yeah, I want to learn about biochemistry, and you're talking about solipsism." But I'm like, "Solipsism is such an important philosophical concept."

Chloe Sales:

Equally important in medicine. And for those of you who don't know, Dr. Gribben is actually herself a published author, and she's been published everywhere, including in the New York Times. And when we first met, you shared this piece with me, I think about a time when you were talking to a pediatric patient, and their mother. Remind me of the details if I'm getting this wrong, but the mother, you managed to elicit from her that the reason she was so stressed about her child's condition was that she had another child who had similar symptoms. And it turned out to be a very, very serious illness. And that was something that you pulled out because you were able to read between the lines.

Valerie Gribben:

That story actually comes from wonderful example of mentorship when I was at residency at Stanford that. The piece is called, The One Question to Get to the Heart of a Patient's Concern. And it was published in Medical Economics. And it was really about, even with this background, it really floored me because I was an intern at the time. And an attending came in and I was very confused. Because I was like, "I'm trying to give reassurance, but the mom's very concerned." And my wonderful attending came in and just sat down very calmly and listened to everything. He said, "What concerns you most about this?" And then she says, "Well." And then he goes, "And why does that concern you?" And the mom was like, well, she was sharing that the previous child had actually had a CNS leak, a cerebral spinal fluid leak, that had just been diagnosed as a runny nose and a viral infection.

And I've taken that with me that there's so much fear in medicine, and there's so much concern and anxiety. And I feel like that's an understandable thing. We carry a heavy weight as physicians to deal with the most serious things, to deal with fears, to deal with patients' deep dark secrets, to deal with children who are gravely ill. And it's something that's very serious. And I think that that's why I really value... I know when I have a good medical student, when they truly care. I always say, "I can teach you the pathophysiology. I can show you the resources to learn the guidelines. Whether or not you genuinely care about someone, if you want to take the extra time to get to know them, that's something that I look for in my students as the fundamental thing for a physician is to really care, to care as much as if it were your family member." For every single patient, because it is someone's family member. And as a person, they deserve a doctor who is thinking seriously about it, who challenges themselves to learn and to grow.

And I was struck by that because I just finished, we were chatting earlier that I just finished my pediatric hospital board medicine and it was my exam. And it was fascinating because I hadn't studied for a board exam in over seven years or something. It'd been quite a long time, and our pediatric medicine exam is now open book.

Chloe Sales:

Oh. Wow.

Valerie Gribben:

So it was kind of fresh for me to be like, "Oh my gosh, I feel like I'm back taking Step 1. I'm making flashcards, I'm doing prep questions. And it actually made me, it was getting back to that idea of in an English degree and things like that, it could kind of open your eyes to these things. But how exciting in medicine that I could read about a condition and then take the things that I've read and apply it to a patient.

To me, that's what makes medicine so special. Is that, what you're reading about, what you're studying directly impacts people's lives. My family's not exempt. There are many serious medical conditions that have been in my family, my friends' family. I've been in the hospital, other people have been in the hospital. I've been the bystander, I've been the partner. However it works, everyone runs into that time when you are not the doctor, you are on the other side of the clipboard and you are the patient and you want a doctor who really cares, and who really tries and is always trying to get better and stretch themselves.

I always tell my students, a growth mindset is the number one way that I think you can find meaning in medicine. And by a growth mindset I mean, not having a fixed, things are black and white. But having this idea that you're always growing, you're always learning no matter how much, there's more to know. And I think that's part of being an attending is the humbleness to be like, "Oh, wow. I don't know. Let's look this up. Let's ask other people."

Chloe Sales:

That reminds me of Michelle Obama's book, *Becoming*. There's always room to grow.

Valerie Gribben:

Yeah. It's so true that you never, and I think that's the wonderful part about medicine is like I was studying for this exam, the things that they teach you in medical school, oh, that's old practice now. They're new biologics that have been invented, they're new scientific breakthroughs. And the idea that being constantly trying to improve your practice and constantly looking for ways to grow is what makes every day really exciting. At least personally, I never get bored in medicine. I feel like there's no way to get bored with what you see in the world.

Chloe Sales:

I think people often think of medicine as this old school thing compared to let's say tech where there's like, in tech, there's always something new. That thing that you learned yesterday is obsolete now. But I think the same is true in medicine because we learn in first year, yeah, these are the drugs that we use in the '90s, but now these are the drugs we use in the 2020s, and then 10 years from now that will be obsolete. So I feel like you always have to keep learning and keep being open to things that change.

Valerie Gribben:

I have to say applause for the researchers who are making these breakthroughs. Applause for people who are running these studies and trying to answer questions. And I don't do bench research, but I have so much respect for our colleagues who are doing these large RCTs, who are trying to be like, how do we improve this? How do we solve this? That's just exciting to me that the things that were just in pediatrics, the whole field of neonatology is basically just grown by leaps and bounds and leaps and bounds last 20, 30 years, the whole field. And I can't imagine. It's exciting to imagine what medicine's going to look like in the future. But I hope, and I try to model for my students that those things may

change. But the core tenets of medicine, of listening, of caring, of being there in the moment with patients, those things stay the same.

Chloe Sales:

We've talked a lot about the future of medicine. I'm kind of curious about your take on the past. Dr. Gribben has also published a series of works about her interest in fairytales and how those can help us understand medicine better. Could you tell us a little bit more about that?

Valerie Gribben:

I have huge thanks, at UAB, one of my mentors was Dr. Hughes Evans. She's now over at Emory. But she was an MD/PhD. But her PhD is actually looking at the history of medicine. So she's a pediatrician, but she has this interest in the history of medicine that she brings such a different lens. And Dr. Fred Griffin, who's a psychiatrist, who's now down at Texas. But really with the two of them, they helped give me permission when I was a medical student to really bring out this other side of me, to look for overlaps between fairy tales and medicine. Because there's huge overlaps about fear, about illness, about injury, about hopes and dreams and magical cures.

And so we actually worked with the Lister Health Sciences Museum at UAB that Mike Flannery used to run, now my dear friend Christina McClellan just got appointed to. But basically, we actually curated an exhibit on Mary De Morgan, who was a British, in the 1800s, she wrote a series of very famous tales that really had a lens of illness, healing, injury, and what it meant to the Victorian audiences and what it could mean today.

And so it was just amazing because Peggy, who was one of the curators, basically helped look through histories of medicine. And Stephanie worked together where we actually looked back at the unicorn horn and it's fabled power of healing, the mandrake plant, these old school biologic remedies.

Think of how many fairytales begins with an ill princess with the father, the king desperately searching for a cure. There's so many interesting aspects. And so we actually curated this exhibit that was an amazing part of medical school that I think I'm chasing that a bit. I'm always thinking of new ideas, but in my heart, I'm always, I hope one day in the future I can find that again, where it was this perfect balance of medicine and humanities.

Chloe Sales:

I was thinking just about the power of fairytales as stories. And I think a lot of the times we can dismiss fairytales as being sort of old wives tales and stories have no value or something like that. But if you think about it, a lot of modern medical textbooks are also just fairytales in different forms. It's like every chapter opens with a vignette about this patient. And it's like, so and so was in the hospital presenting with these symptoms, and this is their history. That's just a different way of saying this princess felt ill. And in a way, the purpose of the story is to teach the next generation of physicians how to treat a certain illness through the lens of a specific patient. So you don't lose the humanity of that illness in those long nights in the library when you're studying, you're like, this is a real person. There's a story behind this disease, for example.

Valerie Gribben:

Once upon a time. Yeah. We talk about that amazing atmosphere where we're all gathered together in the pediatric urgent care, and we're storytelling. And they're looking at this and we're all looking at the rash. We're gathered around the campfire slash computer looking at this picture of the rash. And everyone's being like, "I've seen one of these one, and it was epidermis bullosa," and "Well, we

shouldn't forget staph scalded skin." And everyone's actually gathering around sharing what they've seen, sharing what they've learned. And I think that fairytales are passing on knowledge. And I think that this tradition of storytelling is so strong in medicine, which is why I think that it's such a natural overlap between the two of them where you're so right, that case reports are storytelling. And it's storytelling to benefit future generations.

It's so fascinating because I also have this concept, I've written case reports before, and it's so fascinating how many of the details I had to take out, the richness of the detail. I really wish that we could do a different kind of case report that actually tells the full picture of the patient's story about where the mom was living and her hopes and dreams and their story and bring it all together. But I also recognize that there's a time and a place for creative storytelling, and there's time and a place for trying to make the patient actually as de-identified possible to better convey the underlying message of, don't forget to look for this an anatomical finding, and don't forget to try to keep it. They're trying to keep it universal so that most people can benefit from. But in my heart, when I read these case reports, I know that the doctors, each and every one of those doctors felt strongly enough to write up this case.

They're going to hold this patient in their heart for the rest of their lives. And I sometimes think about that, that doctors, all doctors carry patients stories. And you carry so many stories you have a library in your head, by this point in my academic training and I training. And I can't imagine what it'd be, these full professors who've been doing this for 50, 60 years, what they must have felt like, the things that they must have seen. And I loved it on rounds, especially when things were a little chill and we could do some storytelling when they would share about what it was like when they were training, what they learned from it, and how things had changed. Because I feel like the practice of medicine is very old school. It's like apprenticeship. What is residency and medical school? It's an apprenticeship where you're training up to be part of the medical guild.

Chloe Sales:

Yeah. We're like those old school iron workers that you hear about in the fairytales. You're knocking the iron and you're making all the pinging sounds. Except instead of the iron work, you're learning how to use Epic, one of the computer systems that's super outdated, but you have to use it anyway.

Valerie Gribben:

And I think that there's a lot of benefit. And I think as we talk about tech, I think as Epic gets smarter and as people can, if you can get the medical record system to work for you, it can be transformational. We're doing a project with screening for social determinants of health and actually being able to screen families for these concerning things and then put it into Epic and then make referrals. And I think if we can, I'm always chasing that idea of what a perfect computer system would look like that's holistically integrated with the person and their concerns, where I have this dream that you get to the point where you can make the referrals in Epic to community-based organizations, which is apparently something that's coming down the pipeline. So I have hope for the future that if we can only make computer systems work for us instead of work against us.

Chloe Sales:

And to wrap up here, Dr. Gribben, for all of our listeners out there, medical students, trainees, anyone, is there any advice that you have for us to carry us into a career in healthcare?

Valerie Gribben:



Well, I'm glad that they're listening to this podcast to start with, because I think that it's a beautiful idea that everyone's carrying their own torch, that my version of joy and my version of this and that is I love the idea of information sharing, of hearing as many different perspectives as possible. Because then you can really couch your own opinions and have a more informed idea because you're listening to lots of different voices. So I love, again, that we're hitting on the concept of storytelling. And I got to just put out there Emily Silverman, also the Nocturnists, delight. Absolutely a delight. And I put that out there because it's storytelling. And I feel like storytelling helps people feel less alone, less alienated, more seen.

And I just encourage every one of you who's listening to really, Dr. Sarah Sandage and I ran a session called Beating Burnout Through Storytelling. And one of the main things that we always came back to was what is the story you were telling yourself? And if someone were telling your story, if you imagine who's the narrator of your story? And I think that a lot of doctors have a tendency to be self-critical as a double-edged sword of perfectionism of that previous thing that I was talking about, the drive and the interest and the challenging. And so I guess I want to end with a little bit of the joy of taking stock of where you are in life and being thrilled that you're on this journey and that you've come so far. Wherever you are, you have come really far on this journey. I just want to end on the positive note of recognizing that if you're the narrator of your own story, I hope you're telling yourself a good one.

Chloe Sales:

All right. I hope y'all heard that be the narrator of your own story. Thanks so much, Dr. Gribben.

Valerie Gribben:

Thanks for having me today.

Paul Brandfonbrener:

Wow. What a great interview, Chloe. I especially loved the idea of the undecided night. Do you want to talk a little more about that?

Chloe Sales:

Yeah. So undecided night, what about all of us out there who don't know what specialty we want to go into? I think the concept of being able to talk openly about that, number one, and two, be able to explore even further, just sounds like a lot of fun. Here at UCSF, we have these lunch talks where a faculty from say the Department of Cardiology, will come and talk about their work and their interests for an hour to a group of medical students. I think even having a faculty member say like, "Hey, this is the path I took to discover what I wasn't interested in," could be a lot of fun.

Paul Brandfonbrener:

And I think Dr. Gribben really summarized it well when she said that the path is never a straight road. And so I think allowing space to have the time to decide what you want to do and not feel the pressure to have decide so quickly is so great. And I think something like that is such a great and fun idea.

Chloe Sales:

Yeah, agreed. Like when you look backward, the path looks straight.

Paul Brandfonbrener:

But it really never is.

Chloe Sales:

Nope. Not when you look forward.

Paul Brandfonbrener:

And similarly, I loved just in general, the idea of how important storytelling is in medicine, how it's really everywhere in the field.

Chloe Sales:

Yeah. I think I mentioned this briefly in the interview, but a lot of the time storytelling has been used in medicine to transmit information across borders, across hospitals, between doctors. And even now modern day storytelling, it's just a case report that you might see in a scientific journal. It's a story rewritten in scientific language, and it sticks with you better when you can attach a story to a diagnosis or to a disease. You remember the person.

Paul Brandfonbrener:

And I think it's true in every walk of life as well. Stories are such a big part of how we share experiences and connect and really bridge the gap and realize how similar we all are in every walk of life. And I think with that in mind, leaving the listener with this quote from Dr. Gribben, where she talked about the idea that everyone has their own way to find joy and meaning. So it's important to kind of get perspectives and tell your story and listen to others when they tell theirs. And with that, thank you for listening to this episode of The Spark, and stay tuned for our next episode.