









2024 - 2025 Narrative Writing Program Participants

Name/ Pronouns	Headshot	School/ Dept	Track	Email	NWP Project Description
<u>Ariana Witkin,</u> <u>MD, FAAP</u> <i>she/her</i>		CAMed/ Pediatrics	Clinician Educator	awitkin@bu.edu	I am excited to work on a writing project about the competing demands and expectations of mothers in medicine. Since starting my career in medicine, I have had two children. It has been increasingly difficult, psychologically and practically, to navigate family and professional priorities as my career has concurrently advanced. Additionally, as I get further out from my medical training, my friends and colleagues are leaving medicine in droves. My phone & inbox are overflowing with texts and emails from women near and far who are overtired, overworked and overextended. All of these messages have one thing in common; they are all from mothers.
<u>Brittany Carney, DNP,</u> <u>FNP-BC</u> <i>she/hers</i>		CAMed/GIM	Clinician Educator	brittany.carney @bmc.org	I hope to better share my experience as an NP and educator working with youth and those with substance use and how my listening “super-power” impacts my perspective and my lens for change/advocacy.
<u>Danby Kang,</u> <u>MD</u> <i>she/her/hers</i>		CAMed/ Surgery	NA	danby.kang @bmc.org	As a trauma and acute care surgeon, I meet patients that have been affected by violence, acute injuries, & catastrophic surgical problems on a daily basis. Every encounter in this setting, affects not only the patients but also the surgeon. Through this Narrative Writing Program, I want to tell stories of patients & their surgeons. I hope to show that beyond the medical charts & our titles, we are all human who are affected by moments of guilt, relief, despair, & joy.
<u>Jordana (Jordy) Laks,</u> <u>MD, MPH</u> <i>she/her</i>		CAMed/GIM	Clinician Educator	jordana.laks @bmc.org	I plan to write a narrative essay focused on the role of shame and how it shapes people’s behaviors and social connections. I have several potential examples from patients experiencing homelessness and/or substance use disorders who have lost connections with family members, hid or lied about drug use, or disparaged people having similar experiences, all related to shame. I have seen patients blame themselves for their homelessness or health issues and become stuck in a cycle of isolation and avoiding problems. In this essay, I also want to situate my role as someone who can offer nonjudgmental listening, but also as a representative of a health care system that casts profound shame and stigma on marginalized people. I also want to reflect on how shame and my experiences with a mental health disorder has affected my personal and professional life. I hope to submit the narrative essay to a medical journal.
<u>Kathryn Twomey, MD</u> <i>she/her</i>		CAMed/ Surgery (Trauma & Acute Care)	NA	kathryn.twomey @bmc.org	I plan to write my diagnosis of multiple sclerosis and sarcoidosis during my time in surgical training and early career. I would like to touch on the hardships of living with chronic illness/invisible disability, how to navigate the system, and how it has shaped me as a provider.

2024 - 2025 Narrative Writing Program Participants

Name/ Pronouns	Headshot	School/ Dept	Track	Email	NWP Project Description
<u>Kristin Koo, CNM, WHNP-BC</u> she/her		Medicine/ OBGYN	Clinician Educator	kristin.koo @bmc.org	I plan to write about my experience working with the extremely vulnerable refugee population, in order to bring awareness of the tremendous challenges the people, the providers, and the system are facing in the state of Massachusetts.
<u>Maria Glymour, SD</u> she/her		SPH/ Epidemiology	Population Scientist	Mglymour @bu.edu	I am not sure. Writing about Mom's dementia might be the most pertinent topic. I could also write about my own diagnosis with DCIS and what unfolded. I was diagnosed with DCIS (Ductal Carcinoma In Situ). My physician recommended a mastectomy, consistent with guidelines. I didn't want a mastectomy. I reviewed the guidelines and decided the evidence base was insufficient. A colleague recommended a (highly qualified) physician who put me on a watch and wait strategy. It's been a few years and my very well-documented breasts and I are still waiting.
<u>Sarah Olofsson, MD</u> she/her		VA/GIM	Clinician Educator	sarah.olofsson @bmc.org	Throughout residency I began to compile a list of some of the memorable things that patients have said to me. They range from comical to profound, but these statements in isolation often make me reflect on the relationships we form in healthcare and the distinct vantage point from which we are encountering people during some of the most vulnerable moments in their lives. I would love to create a compilation of these quotes with a goal of exploring the uniqueness of the patient-provider relationship. One idea would be to follow the quote with some descriptive information about what the patient was experiencing at the time they made the comment. Alternatively, I could frame it as lessons that I learned from things that my patients have said to me. I am excited at the opportunity to brainstorm these ideas with other program members.
<u>Theresa Weir, MSN</u> she/hers		CAMed/GIM	Clinician Educator	tcweir@bu.edu	I originally had thought of this as a more research-oriented project for the early career faculty development program. However, as I was working on my application for that program, I realized that this was more of a writing project than a research project. Maybe it is both? I have always been intrigued by the seeming impossibility of providing ideal primary care in our current payor environment. When I was hired into the primary care nurse practitioner "anchor" program at BMC, there was not a lot of guidance about what the job entailed. But having been a primary care provider for so many years, I had a good idea of what was needed. I have been trying on a personal level to develop the role, and I would like to promote my ideas not just at BMC, but to others in primary care. Ultimately, I would like to clarify what it is about this program that makes it so great both for provider satisfaction, but also for patient satisfaction and for patient care, and spread the news outside of BMC.