

## JOHN P. MCGOVERN AWARD ADDRESS

*The John P. McGovern Award is named in honor of John P. McGovern and is presented to a member or nonmember of AMWA to recognize a preeminent contribution to any of the various modes of medical communication. The McGovern Award is presented during AMWA's Medical Writing & Communication Conference.*



## Learning Curves

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Thank you so much for inviting me to this, the new normal, the virtual conference. It's an incredible honor to be asked to come here, to be given this McGovern Prize, and it's made even more meaningful by the fact that it comes from my peers, the people who really know how it's done.

But to be honest, what I do in my column doesn't seem to me so very different from what I do every day in the exam room. I take the complex story of people's bodies and people's diseases and give it back to them, explain it to them, in the words and ideas that I think and hope they'll understand.

I think John McGovern understood this. He was a real giant in medicine and fully embodied that connection between medicine and the humanities. In reviewing the past winners of this award, I see some of my favorite doctors on the planet, doctors who were also writers. It means so much to be included in this extraordinary crowd.

I wanted to take a few minutes to talk a little bit about my own learning curve and how I learned to write. Real learning is never a pretty process. For this talk, I've dolled it up as much as I can, but it remains a swath cut through a field of failure. But as I tell the doctors I train in both medicine and in writing, there's nothing like failure to help you learn something really, really well. Writing is no different. It is success carved out of failure.

In putting these remarks together, I marked my route to learning the writing craft with comments that were made to me by friends or colleagues that showed me the way. These were often off-hand remarks that somehow, for some reason, resonated with me. You hear exactly the right thing at exactly the right moment and, "click," it all makes sense. Sometimes it can take a long time to understand exactly why.

Of course, we all have many of these kinds of aphorisms or little lines that we tell ourselves, but I've picked just a few to help me show you what I needed to do, what I needed to hear, in order to learn to tell my stories.

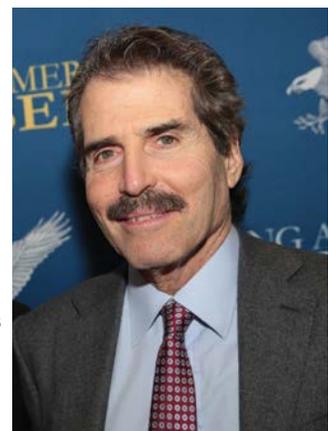


### Signposting: My Learning Curves

1. You know what it looks like.
2. Where are my stories?
3. You can see it in his eyes.
4. Watercooler stories.
5. Once more with feeling!

Like many of you, I was an English major in college. But real communication, especially communicating with people you don't know, that's different. And I had to learn it on the job. And for me, that job was at ABC's *Good Morning America*. Like most of the women at ABC, I started as a secretary and slowly worked my way up to researcher and finally to producer. My very first assignment as a producer was to create pieces with the new guy, John Stossel. This was before he took that big right turn and left ABC News to go to Fox. This was back when he was a consumer reporter. He had a job on 20/20. He also had a slot on *Good Morning America*.

Our first story was about airbags. We travelled to Washington to go to the Department of Transportation to do a story about this new device. That's how long ago this was. The big fear at the time was that these airbags would go off while you were driving. So, we did a demonstration of



John Stossel

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that. We did interviews. John did his standup. And then, at the end of the shoot, John gave me the tapes and told me to go put it together.

I'm like, I don't know how to do that. I've never done that before. He looked at me like I was some kind of moron. He said, "You've watched TV all of your life, you know how it looks, you know how it sounds." And he sent me on my way. It turned out, much to my amazement, he was right. It took me and an editor so many more hours than it should have, but we finally put together a story that looked very much like stories that you see on television. I couldn't believe it.

Most of my life, I'd been taught the things I needed to know. Suddenly John was telling me I had to figure them out. And it was terrifying, but it was also incredibly liberating. To know that, whatever it is I needed to know, I could just go learn it. Amazing.

Actually, it was also a little frightening to see that this same philosophy existed in medicine. It wasn't long that I was in medicine that I heard the phrase "see one, do one, teach one." You teach yourself; you learn by seeing it once. Fortunately, we've moved away from all that. Thank God.

If John Stossel taught me that I already knew what television looked like and sounded like, it was another correspondent, Maria Hinojosa, who introduced me to the idea that the media I made also needed to reflect who I was. I knew Maria when we were both lowly producers at the CBS Morning News in the late 1980s.

She was young and smart and far more cosmopolitan than I was. And while I was focused on mastering the art of telling the usual kind of TV news story, Maria chafed at those constraints. She wasn't interested in mastering that kind of story. She wasn't even interested in telling that kind of story. She had her own story she wanted to tell.

She was from California. Her family was from Mexico, and she knew that there were stories from her world that weren't being told. And Maria thought—and time has certainly proved her right—that these stories needed to be told.

"Where are your stories?" she asked me then. I admired her tremendously but thought that was a crazy question. The media wasn't there for us to use to tell our stories, it was for us to use to tell their stories. The stories of the old white guys, although I'm sure I didn't see it that way then. These were the stories of the news. Those stories. And Maria was not interested in telling those stories. She left CBS after a year or so to carve her own way forward, but it was those conversations we had in the hallways of CBS News that stayed with me.

Finally, I wondered, where are my stories? It took me a long time, years, really, before I really found the stories I wanted to tell. It wasn't until I left TV news and went to medical school. It was there that I found the stories I wanted to tell. I wanted

to share how very cool it was to be a physician, to hear patient stories, to help them answer the question that brought them to my office: "Doctor, what's wrong with me?" But, as I found out, I still had to learn how to tell those stories.

To learn that, I needed a coach. Atul Gawande said in an essay a couple of years ago that everyone needs a coach, and I think he's right. Or at least I needed a coach. And this was my coach: my husband, Jack Hitt. He's a writer and radio personality, and he's an extraordinary storyteller.



I learned a lot about telling stories just watching him do it. Seeing him figure out the beats and watching him adapt a story to fit his audience, their mood and interest. But I learned the most about telling my stories from his eyes.

We started off in life together as 2 journalists. Me in TV, him in print. And we would come together at the end of the day and talk about what we saw, what we did. When I went to medical school, it seemed natural to me to have the same kind of sharing. Plus, what I was seeing was so powerful, so important, so amazing, that I couldn't wait to tell him all about it, and he's a great listener.

But sometimes as I told this new kind of story, I could see he wasn't really listening. I'd start a story and somewhere along the line, I'd see that I'd lost him. It was something in his eyes. His eyes would provide immediate feedback about what worked and what didn't work—real-time, honest feedback. Way more honest than he'd ever be verbally. I could see immediately when his attention wandered, and I could see how to tweak that story to get it back.

I didn't tell him about this for years. I didn't want to ruin it. He still doesn't believe me, but it's true. And I still rely on his eyes when I have a story that I'm not sure exactly how to tell.

Not surprisingly, he's who I really write for. When I teach writing, I tell my students that they need to keep their audience in mind. That they need to have a picture of who it is they're

writing for. I used to say that the person I had in my mind, that my audience, was an 11-year-old boy. Someone who was interested, curious, but didn't know anything.

It's only recently that I realized that the real reader I was writing for is my husband, who is really an 11-year-old boy in disguise. That's him in the foreground and him age 11 on the left.



It turns out who you write for in your head is incredibly important. It helps you find the right voice, the right words, how to pitch the right ideas. And when you write for the wrong guy, when it's the wrong person in your head, well, all bets are off.

I used to write for the wrong guy. Alone at my desk, I could feel the disapproval of this old guy, this old doctor in my mind, I could feel him breathing down my back. I couldn't help it. I wanted to please this guy. I wanted to write for the approval of the doctors who told me these stories, and the doctors I saw in the hallways and in the conference rooms of the hospital. These are the folks, the doctors, the scientists who taught me. These are the people I respect and admire. But they are not my audience.

They already know this stuff. It doesn't make any sense to write for these guys. Yet it's sometimes hard to remember. Coming to med school in middle age, I had a terrible case of imposter syndrome. And because of that, I used to worry that doctors would think I didn't understand medicine if I described it in language that anyone could understand.

After 18 years of writing my column, I mostly know that even doctors appreciate clarity and simplicity. And yet, even knowing this, there are times when this old guy still haunts me.

There are 2 guys who started my career at the *New York Times Magazine*. Of course, neither one of them is there anymore. One is Paul Tough. He's a remarkable writer. A fantastic writer—writes about education—but 20 years ago, he was a new editor at the *New York Times Magazine* and had been given

the job of coming up with something new for the front of the book.

I had just completed my training and taken the job on the faculty at the program where I trained at Yale when Paul called me and a bunch of other doctors. He asked one question: "What can doctors write?" Oh, I had an immediate answer. It was a story I'd been fascinated by since half-



Paul Tough

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way through med school. Doctors like me, internists, we write the story every day. It's a story about a patient who comes in with a problem and asks for help in figuring out what's going on and how it can be fixed.

It's a mystery story. A detective story. The challenge of figuring out these mysteries is a big part of why we become doctors in the first place. So that was the story I pitched to Paul. He didn't believe me. And why should he? It was one of the best kept secrets in medicine. I went to med school after covering medicine for years. I thought I understood how medicine works. But I didn't know this. I didn't know that any single symptom could have any number of causes. And I didn't know that the big challenge for doctors was figuring that out. They don't tell you that.

Doctors, at least the ones I'd seen on TV, and had interviewed as a journalist, they all seemed so confident, so certain. And the science they talked about seemed so solid. I was amazed when I first saw what an uncertain practice it all was. I didn't know this. No one knew this back then. Of course, the secret is out now. It was the subtext of a show based on my column. Well, my column crossed with the work of one of my earliest heroes, Sherlock Holmes. The show was *House M.D.*

It's easy to see now that the story that doctors write, called an "H&P" or "history and physical," is structured a lot like an episode of *House* or vice versa. The H&P starts with the chief complaint, the lead, really. Or, if it were an episode of *House*, it would be the cold open. Something dramatic happens to the patient. Then you get a little context. What happened right before the drama? This is called the history of the presenting illness. Then you get a little backstory about the patient, him or herself.

In medicine, it's the past medical history and the physical exam. In *House*, undoubtedly one of the team would probably just break into the patient's home. And then, there's the investigation. In medicine, it's often blood testing or imaging. And finally, there's an answer. A diagnosis. To me, it was as clear as day. I sent Paul medical journals that offer these little mysteries as both education and entertainment.

Journals like *The New England Journal of Medicine*, *Mayo Clinic Proceedings*, *The Journal of the American Medical Association*—this is what doctors do for fun, I explained. It took a while for the magazine to believe me. Such a long while, that by the time it was all okayed, I had a different editor, Dan Zalewski, and he gave me the best single best piece of advice I ever got about choosing a story. He said, “Write the stories that doctors would tell each other at the water cooler.” Snap. Got it. Done.

There’s one more editor who lent me a line I want to share with you. Her name is Catherine Saint Louis. She was my first long-term editor at the *New York Times Magazine*. Of course, like Dan, like Paul, she’s long gone. She’s gone to a new medium, podcasting. So maybe, in retrospect, I shouldn’t be surprised that she should suggest I read my stories out loud before I turn them in.

That was huge. Out loud, the long wandering sentences leave you gasping, quite literally, and the clunky metaphors declare themselves as soon as they leave your lips. I have to say,

after years of this practice, I don’t really know what I’ve written until I hear it from my own lips.

Thank you for the opportunity to share these stories and to honor a few of the many people who have helped me along the way. I know that all of us have these stories, and I’m glad to be able to share a few of mine. And I want to thank you for this wonderful honor and for including my name in the roster of all of the wonderful doctor-writers you’ve honored in the past.

I wish I could be there. I wish we could all be there. But, we can’t. At least not now. But, enjoy the rest of your conference despite all that. It won’t last forever.

Thank you.

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# General Principles of Word Usage

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