

Using Show-and-Tell Rounds to Enhance Camaraderie Among Residents

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The scene is familiar. It's 6:45 AM, and department grand rounds are about to begin. The lecture hall has slowly filled with attendees, most hovering over their cups of coffee. Today's speaker is a local well-known faculty member, but before launching into the scheduled topic, he tries something new: spending the first 5 minutes of his speaking time sharing something that he enjoys doing outside of work.

The screen behind him displays a striking visual of the solar system. "When I think about how big things are in space, it makes me feel small, and then all my problems seem smaller and more manageable," he opens. It's an unusual moment of vulnerability in what would otherwise be a dry medical lecture. He has just acknowledged to 100 people that he, too, has problems and feels stress. The group learns about his lifelong fascination with astronomy but also experiences a collective moment of mindfulness as he offers examples to illustrate the vast scale of interplanetary distances.

As he finishes, a brief silence hangs over the crowd, an uncharacteristically loud round of applause follows, and the main presentation moves on. This presenter has just been the first participant in a new institutional campaign to improve interpersonal connections: show-and-tell rounds. In the minds of many, show-and-tell is a group activity relegated to elementary school. However, we believe it can be a powerful device for adults to deepen their sense of camaraderie.

Over a 2-year period in the early 2000s, we utilized this sharing format for residents in the family medicine department. As part of the core lecture series, we instituted monthly show-and-tell, during which a resident or attending physician was asked to spend 5 minutes talking about "something that brings you joy outside of medicine" prior to the start of lecture. The use of a visual aid or prop was encouraged. Overall, they shared a wide variety of

topics: reading their own poetry, playing guitar, sharing photos of home renovations, or other hobbies—including one faculty member who brought a saddle she uses for horseback riding. The activity lapsed after a change in personnel.

We revived the show-and-tell activities after an institutional call for physician wellness initiatives. In late 2018, we started a pilot project in the family medicine and anesthesiology departments. Using a few ground rules, faculty and residents volunteered to present their interests outside of their roles as physicians (BOX). The family medicine department resumed the exercise on a monthly basis with a 5-minute presentation immediately before a regularly scheduled lecture. In anesthesiology, the first 5 minutes prior to weekly grand rounds was designated for this activity.

In the first 2 months, 6 presentations were given in family medicine and 5 in anesthesiology. Often, what would begin as a discussion of a hobby ultimately offered welcome insights into something much more personal in a presenter's history or life outside the hospital. One resident spoke about mountain climbing, but in the span of 5 minutes, we tangentially learned how, as a teen, his family fled an oppressive regime and reestablished themselves in Chile. With the Andes in his backyard, a lifelong interest in mountaineering was born. One faculty member shared her enthusiasm for swimming. With a pair of goggles in hand, she related how, as a young child struggling with obesity, she found escape in the weightless sensation of swimming. Though only a brief moment of the entire talk, it was instantly relatable to anyone who recalls their own insecurities during childhood.

Even a visiting professor agreed to join in our show-and-tell, speaking for a few minutes about his interest in photography. The images from his portfolio were inspiring: dreamy underwater spirals of schooling fish and nightscapes of Death Valley with the Milky Way arching the sky. Each photo also offered a backstory: a bit about his wife, her own

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interest in photography, their time spent together talking and waiting for the perfect alignment of moon and stars. In the span of a few minutes, the distance between speaker and audience was narrowed.

Physicians at any career stage are at risk of working in parallel with their colleagues without making meaningful personal connections. Former US Surgeon General Vivek H. Murthy, MD, has spoken frequently about an epidemic of workplace loneliness, which we would consider the opposite of camaraderie. In a 2017 interview, he described a sharing activity called “Inside Scoop” that his office employed, much like our show-and-tell rounds.¹ Each week, a different team member took a few minutes to share something personal before the start of the regular staff meeting. As a result, workers reported feeling less stressed, more valued, and more connected. The corporate world has embraced similar ideas. Business retreats, team-building workshops, and daily team huddles often budget time for sharing personal stories and recognizing individual accomplishments.^{2,3}

The common element in all of these activities is that they build camaraderie by indirectly requiring the presenters to express vulnerability—not in a negative sense, but by cracking the professional veneer and allowing others to see them in a new light. Expressions of vulnerability have been identified as key components of team building and are necessary for quickly closing emotional distance when time is short.⁴ The presenter becomes the first player in what organizational behaviorists have described as a “vulnerability loop.”⁵ Once a vulnerability signal is sent to and detected by the audience, the tone of the recipients changes, and they increase the vulnerability in their own subsequent expressions, a new level of trust now established between both parties.⁵

A sense of workplace camaraderie can also manifest tangible outcomes. For example, one presenter chose to share his personal interest in healthy eating and intermittent fasting. It generated many conversations among faculty and staff, who have since formed a dietary support group. They have even created a portfolio of online resources that is now included on the employee section of the department’s website. Another presentation on indoor soccer led to the formation of a new intramural group that now plays regularly.

There are practical considerations for implementing a show-and-tell activity. Faculty and staff will have varying levels of comfort with expressing personal feelings, even when it involves something that they enjoy; buy-in will require encouragement.

Box Presentation Topics

- Astronomy
- Exercise and fitness
- Exotic-domestic hybrid cat fancy
- Horseback riding
- Mountaineering
- Nutrition and intermittent fasting
- Photography
- Sailing
- Skiing
- Soccer
- Swimming

Telling a personal story takes coaching. Placing emphasis on casual, personal presentations and limiting the use of slides was effective in avoiding “mini-lectures.” Keeping show-and-tell presentations within the specified time limit was occasionally a challenge. Overall, we found none of these issues to be serious barriers to implementation. Both the family medicine and anesthesiology departments at our institution have collected feedback, and the respondents have found the exercise to be positive, in general.

Based on our experiences from participants in 2 very different medical specialties, we intend to recruit additional departments in our medical center to adopt show-and-tell rounds. This enjoyable, easy-to-implement activity appears to be a practical way to strengthen camaraderie among physicians.

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