

**Murmurs: Stories from Our Journey in Medicine**  
**[Season 2, Episode 4: An Appreciative Inquiry Narrative](#)**  
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**Podcast Transcript**

**Speakers**

Qiuwei Yang, Lael Ngangmeni, Ken Peterson, Hugh Silk

**Hugh Silk 00:21**

Welcome back to the podcast Murmurs: Stories from Our Journey in Medicine. This podcast series is meant to act as a reflective experience for the way health providers and those in training think about their patients in medicine. Not so much about how they make diagnoses, but about how they relate to their patients, continue to think about them long after a visit, and what makes doctors and nurses tick. Each episode we will interview someone from UMass Medical School who has written a creative piece and listen to the story behind it. The hope is that this podcast will inspire others to be more reflective practitioners as well. Hello, I am Hugh Silk.

**Lael Ngangmeni 00:57**

And I'm Lael Ngangmeni.

**Hugh Silk 00:58**

And our guest today on Murmurs is Ken Peterson. He is a family nurse practitioner that's practiced for 27 years in Worcester, and before that practiced as a nurse for five years. He currently practices at the Family Health Center of Worcester, and teaches at the UMass nursing school. He has had many grants and awards over the years, but the one that is most recent and quite impressive is his Chancellor's Award for Advancing Institutional Excellence in Civility. Welcome, Ken.

**Ken Peterson 01:26**

Thank you, everyone.

**Hugh Silk 01:27**

We're gonna have you read in a minute. But just before that, I thought we'd start with a question or two. You're going to read for us an appreciative inquiry narrative that you wrote and read at our med school Med Moth night. Can you tell us more why you wrote this? Was it for a class or a course or something like that?

**Ken Peterson 01:47**

Yes, absolutely. I. So I was involved with several other faculty across the schools at UMass Medical School in fellowship, humanism, and interprofessional education brought to the campus by Dave Hatem from the med school in internal medicine. And as one of the exercises in this course that took place over a couple of years, we learned about appreciative inquiry and how it really helps us think about the more positive aspects of reflection, and how, you know, a lot of us I guess, think about our weaknesses

and our mistakes and sort of then fix things from there. But when you really get deeper into the approach, or the method of appreciative inquiry, you'd go to the positive side first, and you really start to think about, in this case, like best practices, or the assignment in particular was, if you thought about your practice, or an experience at any given time, think about it in terms of when you're at your best, and then write from that space. And so that's where this comes from.

**Lael Ngangmeni** 02:54

Well, sounds like it could be a really useful tool in our profession. So appreciative inquiry is meant to bring about self determining change. Do you think that it should be used more in health teaching, and also for those who are in practice?

**Ken Peterson** 03:06

I do. I think that, you know, if you think about appreciative inquiry along the lines of reflection, or now that we're getting deeper in terms of this approach of critical reflection, just that, in the practice space, the art of practice, the science of practice, stopping and thinking, and really bringing awareness to what just happened, or whether it be, you know, past, future, present, so to speak, it's really helpful, because I think we can learn from those places. So I think if we help our learners, and our new practitioners, clinicians, scientists, whoever they may be, to take these approaches, I think we'll see that we might get ourselves in a better place, or we, you know, the action steps that we take may be quite different.

**Hugh Silk** 03:51

So that our audience can understand how this works and what you wrote about, I wonder if you could read for us now?

**Ken Peterson** 03:57

Sure, I'd be happy to. So I just will start by saying I sometimes this brings back some intensity of the time for me. So if I pause for a second, it's it's sort of collecting some of my emotions. Because I, it brings back a lot of memories, both good and bad for me in terms of the time and the experience that I had with particular patients, so bear with me if you can. The mid to late 1990s was a particularly challenging time for primary care providers who managed patients with HIV and AIDS. During this period of time we saw patients die, and we saw patients live. We experienced the fatal outcomes of a disease that initially had no cure, while also experiencing successful outcomes of evolving into retroviral medication regimens. In some instances, times were good, and in other instances times were bad. I remember these days as stressful but I also remember these days as invigorating and hopeful. As I think about these times, I remember my beginning practice as a family nurse practitioner for patients and families, whom our society often considers less deserving. I remember the challenges I had as a novice primary care provider. I remember the joy I had in meeting and working with colleagues who had similar professional goals and desires for helping others in need. I remember my personal advances in knowledge acquisition and overall development. I mostly remember the people, those I collaborated with, those I learned from, those I shared stories with, those I laughed with, those I cried with, and most importantly, those patients and families we so deeply and intently cared for. During this time, I worked as a full time Family Nurse Practitioner at a large federally qualified community health center. I saw patients with all sorts of acute and chronic health problems in both our primary care and urgent care clinics. Over a short period of time, say three years as a novice primary care provider, I became

attracted to caring for our patients with HIV and AIDS. I took this attraction to a more rigorous level and with the support of colleagues and supervisors, I became the lead health center provider for our patients with HIV AIDS. This new challenge and position allowed me the opportunity to work closely with our HIV AIDS team that included consulting infectious disease specialists, and an array of other care providers. I learned so much during this time, I attended local and national conferences, I met and enjoyed the company of so many people who shared common goals and desires for respecting and helping others and making this disease a thing of the past. I soaked up so much during this time, I truly felt that I had the capacity to lead and to collaborate and share knowledge and expertise. We cared for many individuals with HIV and AIDS during this time. I remember in my panel alone of nearly 1000 patients that I had at least 30 patients who are HIV positive or had AIDS, I have full recollection of so many of them. I remember in detail many of their stories. I remember their good times, and their bad times. I remember the impressions they left in my heart and in my mind. I remember the day I made a home visit to a young woman's apartment in the Great Brook Valley housing project in Worcester. She was one of the many patients whose disease state came too early in the epidemic for her to benefit from the evolving antiretroviral therapy. She was so sick and so weak on many occasions I saw her in the Health Center. She always tried to hide it though, I think mostly because she had two children in her care. I remember she always talked about the future and the hopes she had for her son, then a middle school student, and her daughter, an elementary school student. I'm always in awe of patients who seem to hold so much together during such challenging and painful times. The visit I made to their home that day, was during the time she was quite debilitated and ultimately close to death. I think she only lived a week or two after the day I visited her home. On the day I visited her, I hadn't realized what was ultimately going to result from that visit, that I could use my strengths and my experience to make a difference in a different kind of way. Prior to my NP career, I had many experiences of visiting patients in their homes. And in my prior role as a homecare nurse, I saw patients in very challenging housing situations that many would consider unlivable. But patients carried on in these environments the best they could. On this particular occasion I arrived at her home, a concrete block, cold and dark apartment to find her alone with no help. She was very uncomfortable and lying on a couch. She had serious diarrhea and was incontinent of stool. She had next to her a five gallon bucket that she was using as a commode since she couldn't make it to the bathroom. Needless to say, I was shocked and so very sad to see her in such a state of deterioration. I must say the five gallon bucket was what made the most impact on me that day. Here was a woman, a mother, a kind and loving individual, a resilient soul who remained strong on so many occasions, where others would most certainly falter, who had to sit on a plastic bucket in order to toilet herself in the final days of her life. It seemed convenient, but it was a bucket and she was alone. I wondered what her children thought about seeing their mother living out her final days with these conditions. I wondered if she wished her final days could be more meaningful and simply more comfortable. Over the next day or two we worked very hard to negotiate details like insurance benefits and the like. And we were able to make arrangements for her to live out her final days in a hospice house. It was a beautiful serene place next to a pond. Her room had sliding patio doors for her to view the ducks on the pond, there was a patio with Adirondack chairs overlooking flowers and trees. There were nurses and assistants there to help with her hygiene needs. The space was healing and comfortable in a much better environment from her apartment in the housing project, and where her family could enjoy her and say goodbye, the place where she could experience physical comfort in the last days of life. It was so enjoyable and meaningful for me to see her response and the family's response to her dying days in this type of environment, one in which supportive care and

humane living conditions were present. I remember on that day that I visited the hospice, hearing her sister say to me, thank you, this is probably the most lovely place my sister has ever had the opportunity to reside in during her lifetime. Her children went on to be adopted by a social worker. I had lost touch with them and the last update I think, was 2009. But at that time, I knew they were thriving. I've always hoped that the memories these children had of their mother's last days in life were made better from the opportunity we worked so hard to bring to them. In March of, I believe, the year 2017 or so, on the occasion of my own children's adoption day anniversary, I received a Facebook invite from the social worker who adopted them. We connected and she brought me up to date. The children have done the best that can be expected given the tremendous experience of loss that occurred for them so early in life. They are now in their 30s. There's a grandchild and she's named after her grandmother. They think and talk about their mother to this day. She, the adoptive mother, recalled the visit her son then age 13 had with his mother in the hospice to say goodbye. She said she remembers it being calm and peaceful for the family. And she also remembers how this peace and serenity helped him to verbalize his feelings as he said goodbye to his mother. He spoke to her in Spanish and said he would always love her and never forget her, that she would always be his mother. She then told me that she was sure the children would be happy to know I carry on the memory of their mother in this way. She said she was grateful as they had us, several health center providers, during this difficult time. I will always carry this memory and experience of all my patient encounters with me. I will always strive to do my best to provide compassionate care and to help others reach their highest potential regardless of where they stand in life's journey.

**Lael Ngangmeni 12:41**

Thank you so much for just taking us back there with you and opening up. That could not have been easy. So I thank you for taking this time and being here with us. I just like to ask, one of the themes that I often grapple with personally and that I noticed running through your piece is a concept of deservingness. You mentioned how some are thought to be less deserving than others in society. You also touched on how some people are stuck in circumstances and positions deemed unlivable. And yet they have no choice but to survive there. And then you also describe for us the challenges of end of life care, especially when compounded by such hardships. And so my question for you is whether you could expand on this concept for us and what you've learned about helping people navigate such discouraging odds, and even managed to thrive in seemingly impossible circumstances.

**Ken Peterson 13:29**

This concept of deservingness has become really important to me. And I actually found a really interesting paper that links it in the policy space. I teach health care policy to our graduate nursing students at UMass in the Graduate School of Nursing. And I think it's important for people to really understand that if we think about the structures of our world, the structures of our society, like the United States, in particular, we know that some people are considered less deserving right, when we think about the one and then what's left behind all the others. Like for example, if we think about males as the one and then females are the others, then then one gets the priority, and the others become less deserving essentially. Or if we think about the status quo versus those individuals who might be more marginalized, those individuals do become sort of the less deserving. And I think that's important as we caregivers, care providers, people who are in the biomedical and healthcare science world, we really have to think about that and how important it is and how that kind of plays out in our everyday life. First,

because we have certain groups of people that are considered less deserving, and need our care. But we also have to think about it in terms of the decisions that we make, whether they're interventions in practice or the resources, you know, think about like organ transplantation and those things. If someone comes at an encounter, and there are individuals who are considered less deserving, then they're likely not to get the receipt of those resources, right in the same way. So there has to be an awareness or it has to be in our headspace so that we think about that, as we work through these activities and this type of work that we do so that this doesn't come about, you know, it does. And we know that and even more so in the space we're in now. But we have to try to stop that, right. So we have to make sure that, that everybody is truly recognized as individuals and you know, receive the dignity and sort of the respect and humanity, things that all human beings should be deserving of. That's essential for us, as educators as well, right, like making sure that people start to think about that. And then, as we teach them that, that these concepts come up. The second part of your question...

**Lael Ngangmeni** 15:37

What you've learned about helping people navigate such discouraging odds or even manage to thrive.

**Ken Peterson** 15:42

Oh, thanks. I'm still thinking about the family that I cared for so long ago. Thanks for helping, there were really good times and really great people during those times. I think what's important for us to remember is that as humans, there's inherent resilience. And I think, for me in terms of caring for people who are considered less deserving, and who have been truly marginalized and are still marginalized, and their lives have become so challenging. Their health conditions are extreme in some circumstances, and don't necessarily need to be there. In working with them, I think I help to sort of bring that resiliency forward, like help them through these aspects of caring and kindness and trust and empathy, recognition of humanity, of human dignity, that helps sort of build that resilience so that they can maintain. Because we know that some people can work themselves out of those situations, but a lot of people are stuck. And that those may be the circumstances of their time on our planet, but they survive. And it's amazing to see how they do that. But through these interactions and the supports that I've tried to maintain, in my practice, I hope that I played a part in helping them be able to do that.

**Hugh Silk** 16:50

I want to pick up on what you said about dignity. Because I think while your story was one about HIV and AIDS in the 90s, it's kind of a universal story of caring and offering comfort and dignity, and perhaps especially at the end of life, for those who have not been treated all that well in life. I guess my question is, what what advice do you have for learners and sort of young practitioners about our role as health providers in providing thoughtful care today?

**Ken Peterson** 17:16

We can think about, like where we're at now, in this pandemic, right, we can think about infectious disease, we can think about the care that we provide, you know, based on certain disease states, or what have you, with our patients. And I think that it's absolutely essential to sort of help the next generation of care providers understand these concepts and these aspects, or sometimes we might even call them skill sets that people need to have to work through some of these problems or even understand them. Right, like if we think about the current COVID situation, right, we think about how

important it is to understand others, right? Like, where are we, we're in this sort of political bubble again, right, around a certain situation, that the pandemic COVID masking, the unvaccinated, trying to work through it and try to figure out both sides of it. But yet, we still have to remember, we truly are here for everyone. And so that we have to get to that space, I think and if we think about it from these lenses that I'm probably not doing such a great job describing, I think it'll be easier. It'll get us closer to where we want to be right if we if we truly recognize the humanity that we all are deserving of having and should. We'll get there, we'll get we'll get closer to it, I think.

**Lael Ngangmeni 18:35**

And earlier on, you mentioned that, you know, we all have inherent resilience within us, you describe your role as helping to bring it out of people. I mean, that that really stuck out with me as well as within your piece you link respect with helping others. And I was just wondering if that was intentional? And then you know, what role does respect play in your daily practice? And how can we best go about showing respect to others and to ourselves?

**Ken Peterson 18:59**

I think it came about in the writing, right? This exercise was really you were supposed to just sit and just write almost free flowing and just let the thoughts come out of your brain space. And so it's interesting, you know, to be asked these questions about the piece now, and seeing how some of these sort of powerful skills and emotions and values etc, played out in that writing for me. I don't know if it's just me and where I come from in my location in society. But I think I've come to have a deeper understanding and appreciation for respect. For me respect really has to go deeper in terms of truly understanding and valuing the differences of others. And that's particularly true when those differences are are uniquely different, right? That if I interact with someone who's extremely different from me or has a very different location in our social world, than I have to work to try to understand that and be respectful of that. I think that came out in this piece that I, you know, I think I was able to see this young family, this young woman, as a human. The respect, if I took it to this space of truly understanding her circumstances and her needs, and brought it to action, as I did, I made a difference. And I made those final days of her life for both her and her family much better, and they'll have those memories with them forever. So it really is like coming to that, as I mentioned earlier, that sort of like a more critical reflective space of really becoming more acutely aware, because we have the capacity to make the change and make the difference. But if we don't truly understand the circumstances, which might include the direction that we need to move in for the benefit of those individuals, or those groups of people, if we don't stop and think about those things, then we're not going to move in that correct direction, and we're going to get stuck, or we're going to, the outcome is going to be quite harmful, say the least.

**Hugh Silk 20:58**

That's well said. And and a minute ago, you alluded to what's going on now with the pandemic and other things. Because I think a lot of our listeners who are younger, you know, won't recall the early days of HIV and AIDS. But let me ask you kind of a bigger question. Because, you know, in a world right now, that seems so chaotic, and where we're increasingly pushed to extremes, I mean, what what still gives you hope?

**Ken Peterson 21:21**

When I think about it, I think that I truly believe that there's goodness inside everyone. If we think about the chaos that's occurring in Afghanistan, and if we pay attention to the opinions and folks' reactions on different sides of that, people feeling like the military isn't being supported, or how are we going to help these Afghans have a life that they deserve to have, whether it be in Afghanistan or whether it be somewhere else. There's an opportunity for understanding the goodness in that, right, and not coming at it in terms of politicizing it or setting up you against me or they against them. So I I'm 55 years old now. In my experiences through life, I think I've seen that we as humans, have worked through the chaos and have had growth, that sort of goodness piece is what's there for me, because if I think about my own location, as a gay man in society, and people accepting me, and people understanding LGBTQI, all the different dimensions of sexuality and gender, etc, there's been, you know, a lot of growth developmentally, and emotionally, intellectually in sort of in that cultural space. And I would say that, as I said before, like, when we stop, and we critically reflect, or we bring awareness, or appraisal or appreciation, to the chaos, or an experience or a situation, I think that's where we see that growth, or we recognize that growth and where I would say, that brings me hope, because I know that through those spaces, I see the goodness in people or I know that like as an educator, I can help move people, hopefully, to that similar degree of understanding or have that same type of experience. The dialogue that we have with others, you know, we have to be cautious of that, as we know, but I think all those types of experiences will bring that goodness forward. And I think that in the end, people will, you know, it may take time, but I think that we have to keep on it essentially.

**Lael Ngangmeni 23:26**

Thank you. That makes a lot of sense. I think earlier on when you mentioned, you know, we can have a group of people as the one and then the other people being the others. And so when we other we start separating and distancing others from ourselves. And so what I hear you saying with what brings you hope is looking for the common humanity in all of us, looking for the goodness in everyone, and really fostering that and bringing that forward. And I think conversations like this, and pieces like yours are what will help us heal, and really find that unity amongst ourselves. So thank you so much for taking the time to come and chat with us and sharing your piece with us.

**Ken Peterson 23:57**

You're welcome. Thank you for letting me carry on this family's memory as well. It's really important for us to know that we live in this space, we experience it, and we truly do make a difference in our patients lives. And we're privileged to do that. Thank you so much.

**Hugh Silk 24:14**

Thanks, Ken.

**Qiuwei Yang 24:18**

Thanks for tuning in to this episode of Murmurs: Stories from Our Journey in Medicine. If you have any questions, comments or suggestions, reach out to us via email at [murmursumassmed@gmail.com](mailto:murmursumassmed@gmail.com). This season was produced and edited by Divya Bhatia, Qiuwei Yang, Jesse Sardell and Lael Ngangmeni with advice from Hugh Silk. Special thanks to Jake Paulson for our original theme music and Hillary Mullan for our logo art. To learn more about medical humanities at UMass Chan, visit the Humanities Lab page on the UMass med library website at

libraryguides.umassmed.edu/humanities\_lab. We'll see you soon in the next episode. Until then keep reflecting and storytelling.