“Understanding the FAN: A Clinical Approach to Relationship-Building” with Linda Gilkerson, PhD

Dr. Dipesh Navsaria: [00:00:00] Reach Out and Read, where books build better brains. This is the Reach Out and Read Podcast. I'm your host, Dr. Dipesh Navsaria, a practicing pediatrician with degrees in public health and children's librarianship. I'm a clinical professor of human development and family studies at the School of Human Ecology and a professor of pediatrics at the School of Medicine and Public Health, both at the University of Wisconsin in Madison. At Reach Out and Read, we dream of a world in which every child is read to every day. Our show explores how children and families flourish and thrive through a combination of individual well-being, confident parents, supportive communities, strong public health, and good policy. Join us here for thought-provoking conversations on these issues with expert guests, authors, and leaders in the field of early childhood health and literacy. Research shows that reading physical books together brings the strongest benefits to children. That's why we're happy to have Boise Paper, a responsible paper manufacturer, as the founding sponsor of this podcast through their paper with Purpose Promise Boise Paper looks for ways to make a difference in local communities. Thank you to Boise Paper for investing in our Reach Out and Read community.

Dr. Dipesh Navsaria: [00:01:15] As clinicians and people who work with children and families we’re trained to know what a family needs when they come to us asking for help or advice, but knowing how to deliver that information so that families hear you and can be heard matters just as much. The American Academy of Pediatrics and the Erikson Institute have joined forces on a training initiative for residents and practicing pediatricians in Erickson's Facilitating Attuned Interactions or FAN approach to relationship building and reflective practice. It's about the *how* of messaging rather than just the *what*. And I'll note that this model isn't just for clinician-parent interactions. It can and perhaps should be applied to all human interactions. Our guest today is Professor Linda Gilkerson. She's the founder and executive director of the Fussy Baby FAN Network at the Erikson Institute in Chicago. Linda and I have worked together and known each other through the American Academy of Pediatrics and had a lovely conversation recently, and I

invited her to join us on the podcast. And I'm glad that you said yes. Welcome to the show.

Linda Gilkerson: [00:02:26] Oh, I'm excited to be here.

Dr. Dipesh Navsaria: [00:02:28] Indeed. So, I'm going to start off with the hard-hitting journalism question of, ‘how does facilitating attuned interactions abbreviate as FAN?’ Okay?

Linda Gilkerson: [00:02:42] Yes.

Dr. Dipesh Navsaria: [00:02:43] No. It sounds like you were going for the fan metaphor there, right?

Linda Gilkerson: [00:02:48] Right. It cools you down, right? Indeed.

Dr. Dipesh Navsaria: [00:02:52] So, let's start off with aligning ourselves here. What is FAN? What's the goal of this model?

Linda Gilkerson: [00:03:00] You know, it's really about what you're doing right now: listening to stories and letting them be told and holding ourselves while we're hearing it. You know, it's really healing to be heard and respected for what you have to say. And then, from that comes all you need. I think in a relationship, you know, one of our residents said, “I used to go in and think ‘diagnosis.’ And now I go in and think ‘connection.’” And from that connection, you know, you'll learn what you need to know and the family will hear — you know what they need. So, it's a lot about connection.

Dr. Dipesh Navsaria: [00:03:39] So, it seems like the gap that you're trying to span here is, indeed this traditional thing that we do in training, right — of “I need to go in and I need to get a diagnosis.” And that's success and really changing the focus of that to really being, “how do we strengthen this relationship between the clinician and the parents there?” Okay. Could you explain to us what is FAN? What is this model trying to achieve?

Linda Gilkerson: [00:04:05] Well, I think it's really a lot like what we're doing right now. It's really trying to listen to someone and truly hear their story and make that connection. And that's what we found. And we think it's a model for the helping relationship, wherever it is, you know — to really be present to the other person, to connect with them, to honor and respect what they have to say and then to partner. That's what we think it helps us do.

Dr. Dipesh Navsaria: [00:04:31] And the gap that you're trying to span here is that there's this medical model, right — of, you know, "oh, we must diagnose, come out with a diagnosis." Right? And that's the purpose of the visit, and you're trying to change that focus.

Linda Gilkerson: [00:04:45] Yeah. Well, I think we're trying to do that plus. Right? You know, and one of our residents said, "I used to go in and think 'diagnosis.' And now, I go in and think 'connection.'" And I really think from that connection you'll figure out what the need really is — what is the diagnosis, what is going to help. And that's what we found in our research with residents that the FAN helps you understand their true concern. And it's more efficient because you're really hearing. You're listening. You're exploring what they're telling you, and you're creating enough trust that people can tell you. We just heard an example of a teenager that went in and for a cold.

Dr. Dipesh Navsaria: [00:05:23] Sure.

Linda Gilkerson: [00:05:24] She had a mass in her breast, you know. So, what was the resident able to do to allow that to be shared? Sure. That's the kind of relational trust, you know, that we want and people want. That's why people go into medicine. They go into it to hear this, you know, to really help with what's really happening. And that's what's meaningful.

Dr. Dipesh Navsaria: [00:05:47] Yeah and this specifically. You're working around parents and helping them be more attuned with their infants, but it occurs to me that this can happen or be useful in any kind of interaction.

Linda Gilkerson: [00:06:03] Exactly. I found it helpful this morning.

Dr. Dipesh Navsaria: [00:06:07] Yes. That's what we were working through — some tech problems there, right?

Linda Gilkerson: [00:06:10] Yeah, exactly. No, it's just part of being with other people. And we know from research on attunement that most of the time there's mismatches. You know, it's complicated. Humans are complicated. We are complicated. Dynamics are, you know, confusing at times. And we taught the 70/30 — that comes from Medtronic's research with infants — about 30% of the time, the parent gets it exactly right.

Dr. Dipesh Navsaria: [00:06:35] Sure.

Linda Gilkerson: [00:06:36] And about 70% of the time — oh gosh, he wasn't really hot. I was — let me take that blanket off. You know? They're adjusting. They're responding, you know, in ways that are more attuned. And that's part

in our training. We try and say, “it's okay.” It's one human talking to another human. You don't have to be perfect in this, but you want to be engaged, and you want to be respectful and you really want, you know, a real partnership.

Dr. Dipesh Navsaria: [00:07:04] Yeah. There are so many messages out there that set up these unrealistic expectations for parents, right — that you must be there and perfect, and present, and engaged 100% of the time. And if you only do it 95% of the time, then you're a failure, which is completely not true.

Linda Gilkerson: [00:07:23] So, that's so true. Yeah, it really is. And I think the same for professionals, whatever our discipline is. You know? We have added self-compassion to our FAN training, you know. So, sometimes we think the first person you need to repair with is with yourself. You know, you said something. “Oh, why did I say that?” You know? Or “I really went way too fast.” You know, “what can I do now?” And we talk about repair. You know, that's what strengthens relationships. You can just pause for a moment. Use our mindful self-regulation wedge of the FAN. Collect yourself and you might just even acknowledge it: “Wow, I think I just got way ahead of us.” Sure. You know? Sure. “Do you think we could just start over again? I really want to understand what's been hard about this.”

Dr. Dipesh Navsaria: [00:08:08] Right.

Linda Gilkerson: [00:08:09] You can or you can just adjust. You realize, you know, you're going too fast. They've glazed over. And that's the thing — that often, what we do is we just go more. We just say more. We, you know, try harder. And that glazed over moment is a really wonderful clue. FAN helps you, again: notice it, attune to yourself, honor it in the other person, and then figure out where they are.

Dr. Dipesh Navsaria: [00:08:31] Mhm.

Linda Gilkerson: [00:08:32] You know, and the FAN model or the “in” feelings. Well, then I can go there with them.

Dr. Dipesh Navsaria: [00:08:36] Yeah. I want to come to the specifics of the model in just one moment, but if we could just even look ahead for a second — what are the benefits that you've shown from people doing FAN training.

Linda Gilkerson: [00:08:50] Well, one of the ones that makes me, you know, that really touches my heart is that people feel more satisfied with their work.

Dr. Dipesh Navsaria: [00:08:57] Mhm. Right.

Linda Gilkerson: [00:08:58] And we hear that from OT speech and early intervention. We hear that from home visitors. We hear that from residents, from physicians. We've even worked with judges and lawyers. You know, you're there to support in a true way. And when you do it, you know, you feel like you've done your job well and that's meaningful. People also say they have reduced stress and reduced burnout because they're not trying to fix everything. The whole load is not on their shoulders. They're truly partnering, and that reduces your stress. So, reduced stress, greater satisfaction in your role and a finding we wouldn't have expected: that it's more efficient. It doesn't take longer.

Dr. Dipesh Navsaria: [00:09:40] Yeah.

Linda Gilkerson: [00:09:40] And in health care, this was a real bonus. It's shorter because you get to the true concern quicker. And then, you partner to solve it. It's just more effective and more efficient.

Dr. Dipesh Navsaria: [00:09:53] Sure. Yeah.

Dr. Dipesh Navsaria: [00:09:54] Yeah, it reminds me of — actually, in the Reach Out and Read world — one of the early criticisms of Reach Out and Read by folks who had not yet implemented it, of course, was that, "oh, I don't have time to add this." And once people did it, they said, "oh, actually, this didn't add any time and I'm learning more." It feels very much along those same lines.

Linda Gilkerson: [00:10:16] Exactly. I'm learning more.

Dr. Dipesh Navsaria: [00:10:17] Yeah.

Linda Gilkerson: [00:10:18] Yes. It doesn't take — and then that makes it more efficient in the end.

Dr. Dipesh Navsaria: [00:10:21] Mhm. Right. Have you found that it also can help bring down the temperature in the room, so to speak? You know, we — sometimes, you have families, right, or patients that are — they're upset. They're angry and sometimes for valid reasons, like they've been waiting a long time or they thought they would receive or hear something that we aren't able to give. And they get upset. How does the FAN work in those situations?

Linda Gilkerson: [00:10:49] I think that's one of the times it's most helpful. And that's what we hear because you know what to do. You know, first off, you can expect that we talk to people. Expect big feelings. This is life. You

know, people are going through hard things. So, we try to make that part of something that you know is going to happen and that you can hold. You can do this. And the FAN has skills that help you do it. And you know, the first one is to — ideally, the person who's regulated in the room is yourself. Sure. So, the first thing is it's pause, your own pause moment.

Dr. Dipesh Navsaria: [00:11:23] Mhm.

Linda Gilkerson: [00:11:24] You know, if even just to take a breath or just to say to yourself, "sometimes we'll say this: this is an overwhelmed moment." You know, "this person's overwhelmed." You know, "I need to regulate myself." So, you go to mindful self-regulation. And then, we always say "acknowledge." You don't have to agree with it but acknowledge this is their reality. "I know you're furious that you're still here. They said you'd be discharged earlier and your child would be home." Just say it.

Dr. Dipesh Navsaria: [00:11:51] Yeah.

Linda Gilkerson: [00:11:53] You know, it can be so helpful. And it also asks you to kind of be inside their experience — you know, enough to say it or you can even say, "I'm not sure what's happening for you, but I'm here."

Dr. Dipesh Navsaria: [00:12:05] Mhm. Mhm.

Linda Gilkerson: [00:12:06] So, acknowledge first.

Dr. Dipesh Navsaria: [00:12:08] Right.

Linda Gilkerson: [00:12:08] It goes a long way.

Dr. Dipesh Navsaria: [00:12:10] Yeah.

Dr. Dipesh Navsaria: [00:12:12] I find I sometimes prophylactically do this. I walk into the room and after I've introduced myself, I just say, "I'm so sorry for your long wait this evening. We had some emergencies come up" and so on. Right? And okay. I already apologized. Right? And it just takes the tension out of the room and I think a lot of people are just grateful that you noticed.

Linda Gilkerson: [00:12:37] Yes.

Dr. Dipesh Navsaria: [00:12:38] Yeah.

Linda Gilkerson: [00:12:39] A lot of times people understand. You know? It is human to human. Yeah. So, I think it does help with — I don't like the word "de-escalation" necessarily, but I think that's what it does. It's a connection. What you're trying to do is connect with someone in their most vulnerable moment. When someone is that angry, they are at their most vulnerable. Right?

Dr. Dipesh Navsaria: [00:12:57] Yeah.

Linda Gilkerson: [00:12:58] And so, you're trying to be a container. You're trying to respect it. One of the residents had it. It was actually inpatient and really sick child. And then, he was called into this other room with families who he'd been talking to and they were insisting on an MRI because the child had had a nasal tube put in. And their fear was that it hurt the child's brain.

Okay, so here's the situation. And the nurse had tried to talk to the parent, etc. So, the resident has to really hold this because he's so worried about this other child he's caring for. But he says to himself, "the FAN helps." This is as big a worry for this family. Right? He uses self-talk. He calms himself. And you know, I get it. And he really works at it. And then he says, "tell me more. Tell me what it is that you think." We say you have to see the child. The parent sees first, before they can see what you see. Tell me what you think happened when that tube was put in.

Dr. Dipesh Navsaria: [00:14:01] Sure.

Linda Gilkerson: [00:14:03] You don't just tell me and I see. I can see why you would picture that. You know, you're really going with him there. And then, you've got the space to say, "you know, can I offer you some information" and the parent is more able to hear. And then, he could explain a little bit. And it didn't take a long time. It was reassuring for them. And it was something, I think he said, without the FAN he wouldn't have known how to hold. Yeah, all of that that was happening for him. And again, one of the things that really moves me is how I think the FAN helps the provider, whatever we are: the home visitor, the supervisor, the community health worker, the community mental health worker, the parent who's in a parent support role. We're doing a parent leadership, now, FAN with parents who are supporting other parents. And how do you hold your own lived experience with you? And you're someone who's going through the exact same.

Dr. Dipesh Navsaria: [00:14:58] Sure. Let's walk through the FAN now because when you and I spoke not that long ago, I found it very useful — because I'd heard about the FAN in many settings, but I hadn't had the privilege of just really having a good clear walk through here. And obviously this is an audio

podcast, so people can't easily see the diagram, although they can find it online. And we'll try to provide some links to the website on our web page. But it does look like, indeed, a fan that is a hand fan that is opened out. Yep. And there's five different wedges. And then, there's questions around each one that, some of which you've already referenced. So maybe we can start at the beginning.

Linda Gilkerson: [00:15:48] Yeah, in this particular FAN, we have different adaptations of it. It says the parents' true concern. It could be, you know, the other's true concern. You might not be working with a parent, you know. You might be in a different situation. So, that's what your mission is in this model. Interestingly, with our colleagues, our indigenous colleagues, we've adapted the FAN. They've changed that. They said, "we don't want to be viewed through concern." So, the center of their FAN is looking for strength for courage.

Dr. Dipesh Navsaria: [00:16:18] Okay. Sure.

Linda Gilkerson: [00:16:19] And so, we adapt it. You know? But it's a kind of a mindset. So then, around it, there are these five wedges. Think of a half a pie. It's another way to think about it. And the first wedge is — we call it the calming wedge or mindful self-regulation. And that's our wedge, as you know, "the helper." And that you can go to any time at any place. And it's not before this happened or after we've got stuff for that, but it's in the very moment — you know, when something happens. I had a parent tell me that her baby was an alien. So, that was a mindful self-regulation moment for me. I had to pause. We called a compassionate pause literally. I took a breath for myself. I reassured myself. I used self-talk. You can do this, Linda. Just keep listening. And I asked her, "can you tell me more?" And she said, "we've never had a red-haired baby in our family before. We don't know where she came from. Isn't she adorable?" Totally different than I thought.

Dr. Dipesh Navsaria: [00:17:25] Okay. Right.

Linda Gilkerson: [00:17:27] So, mindful help, self-regulation puts your brake on so you can really be present and then think about — you know, how — what's the most effective use of yourself? So, then you've got these other four wedges of the FAN, you know. Where could that person be in feelings then? Our model is to meet them there first, you know. And if they're in feelings, then you've got one job and that's to listen with acceptance — not agreement but hearing it because that's their truth at the moment. And so, listen with acceptance you can hold. We talk about how to do that: basically, just listening and caring. You can validate simple words, you know: "wow, that sounds tough."

Dr. Dipesh Navsaria: [00:18:14] Sure.

Linda Gilkerson: [00:18:15] And then, pause. That's the secret of validation, just simple words and pause. You can explore and you can explore without using the feeling word. “Hey, what was that like for you?” That is a way that often opens up the inside story. Or you can ask, “how did that feel?” Or you can even say, “what did you think about that?” If the feeling word doesn't feel right.

Dr. Dipesh Navsaria: [00:18:37] And I can really see how this really can help bring us closer to that true concern, that central thing that you mentioned earlier. Right? Because the parent who comes in anxious about their child, right — what's their worry as to what could be going on here versus the parent who says, “I'm honestly here so we can just get the medication and get going.” Right? “I don't need you to.”

Linda Gilkerson: [00:19:00] “I don't need this.”

Dr. Dipesh Navsaria: [00:19:01] Yeah. You know, “we know why we're here.”

Linda Gilkerson: [00:19:04] Right? “I got to get this signed.” Yeah and that parent is in “the doing” wedge.

Dr. Dipesh Navsaria: [00:19:10] Yeah.

Linda Gilkerson: [00:19:11] And so, you can meet them there too.

Dr. Dipesh Navsaria: [00:19:13] Yeah.

Linda Gilkerson: [00:19:14] “I hear you.” You got — “we just need to get this done for you.” Right? So again, it's flexible.

Dr. Dipesh Navsaria: [00:19:19] Yeah.

Linda Gilkerson: [00:19:20] Yeah. And you might acknowledge that — “hey, I know this is urgent, isn't it? We gotta do this right. You're parking, your meter's running out.”

Dr. Dipesh Navsaria: [00:19:26] Yeah. The feeling is urgency. Yes.

Linda Gilkerson: [00:19:29] Yeah, you might do that and then “let's do it.” You know? So, then someone could be in “the thinking” wedge.

And this is the one that's too small for all of us because we're so pulled to giving the answer. People ask a question. We've got an answer. Right? You know? So, this is where we stay a little longer. We say, "what do you think's going on?" You know, "what's your hunch about this?" Sometimes we'll say, "which way are you leaning?" They'll say, "what should I do?" Say, "which way are you leaning?" People often can answer that question. This gets to that deeper concern, you know, the true concern. "What have you tried?" "Has anything helped?" "What doesn't work?" Because you don't want to give — you don't want to advise something that they've already ruled out. So, you've got a space to explore. And also, a question: is this something you want to work on or is it just good to talk it over?

Dr. Dipesh Navsaria: [00:20:20] Sure. Yeah.

Linda Gilkerson: [00:20:22] Not everything needs a goal or an action plan.

Dr. Dipesh Navsaria: [00:20:24] Mhm. Right.

Dr. Dipesh Navsaria: [00:20:26] Yeah. Not everything is something that people want fixed at that moment or want to take on the labor of fixing it.

Linda Gilkerson: [00:20:33] That's exactly right.

And people can feel like we haven't succeeded, but if something's shared — processed a little bit — that shifts it in a way for them. So, collaborative exploration is the yellow light before the green light. And that's what reduces people's stress. If you can use that "collaborative exploration" wedge and truly partner, then as I said, it's not all in your shoulders and you're getting closer. Yeah. Then comes "the doing" wedge. And this is where, you know, they came to you because they want to know what this rash is about. "Look at this."

Dr. Dipesh Navsaria: [00:21:08] Finally we get to do this. Yes.

Linda Gilkerson: [00:21:11] Yeah. And again, you might go there in the beginning, you know, and so you've got information to give and we have a little trick for that. We say, you know, "offer a drop and explore it." Just say what you can say in one breath, and then ask, and engage.

Dr. Dipesh Navsaria: [00:21:29] "Is this something you'd like to discuss further or not?"

Linda Gilkerson: [00:21:32] Yeah. Right. “Does that make sense to you?” “Is that what you see?” “Have you heard this before?”

Dr. Dipesh Navsaria: [00:21:37] Mhm.

Linda Gilkerson: [00:21:38] So? So again, you don't have — it makes it more engaging. It's a dialogue instead of a “spiel,” you know? And it's not that you only say one thing, but you're pacing things. That's the key.

Dr. Dipesh Navsaria: [00:21:49] It also occurs to me that that's a great place to just really find out where they've been — like even “simple, straightforward” things like ear infections. There's some families whose kids have had a lot of ear infections. And I asked them, “has anyone ever talked to you through like the anatomy of the ear and how an infection happens?” And some of them look at me and go, “no” — like they've been to ENT and everything — or they just don't remember. It was over their head, you know, and all. Or you get the person who says, “oh yeah, no. I know all that.” It’s like, “okay, great. Then I don't want you to get the feeling like I'm talking down to you by explaining something you already know.”

Linda Gilkerson: [00:22:31] Yeah. Those are wonderful examples. In the first one is that precious information, that you have that parents need to get to their goal. We say information works when they're asking for it or when they need it to get to their goal. And their goal is to help their child not have these ear infections and understand it. And that could be super helpful. Then, you've got the other person whose goal is to wrap this up — or maybe they've got something else on their mind.

Dr. Dipesh Navsaria: [00:22:57] Sure.

Linda Gilkerson: [00:22:58] Yeah. That's great. And the other thing we put in “the doing” wedge may seem counterintuitive, but we say highlighting the strengths that are already there.

Dr. Dipesh Navsaria: [00:23:07] Mhm.

Linda Gilkerson: [00:23:08] Because people are — we know this from research — people are more able to do something that's already in their repertoire. It's called “intuitive parenting.” Intuitive competence from the work of parents couldn't tell you why their baby calmed, but they just did about five things that made it easier for their baby. They couldn't tell you that, right? But you can see it.

Dr. Dipesh Navsaria: [00:23:27] Mhm.

Linda Gilkerson: [00:23:28] And you might say, “boy, he just calmed down when you wrapped him up more tightly.” You might say, “how do you know to do that?” Or “did you realize that you did that?” “Did you realize how he responded to that?” So, we're really, you know — we think parents feel like they're getting a grade card when they go to the doctor.

Dr. Dipesh Navsaria: [00:23:45] Yes. Yeah.

Linda Gilkerson: [00:23:46] They're getting a, you know — that's what Berry Brazelton said years ago. Parents always feel like, you know, that their competence is being judged. So, see their competence.

Dr. Dipesh Navsaria: [00:23:57] Yeah.

Linda Gilkerson: [00:23:58] It's right there.

Dr. Dipesh Navsaria: [00:23:59] Yeah. Even though we, I think, try very hard ourselves to not be judgmental — right — or to not even think or in our own heads about grading parents and all. Right? The fact is that the parents are often coming in with that. And I often tell trainees like, especially, I mean, any visit, but well visits — right? Just look at the parents at the end and just say that you think that they're doing a great job. It costs you nothing to do that and parents just beam.

Linda Gilkerson: [00:24:31] Yeah. They won't forget it. Yeah. One grandma, 30 years later, said the doctor said “she was growing like a champ.” He didn't forget. But you might add, “you're doing great, parent” and then something concrete.

Dr. Dipesh Navsaria: [00:24:43] Yeah.

Linda Gilkerson: [00:24:43] So, that goes with it.

Dr. Dipesh Navsaria: [00:24:45] Yeah.

Linda Gilkerson: [00:24:46] Yeah.

Dr. Dipesh Navsaria: [00:24:46] Exactly.

Linda Gilkerson: [00:24:47] Yeah. Yeah.

They will remember that. And I always say that parents describe the pediatrician as their doctor. I do that, as my doctor. No, it's in theory your child's doctor.

Dr. Dipesh Navsaria: [00:24:57] No. Yeah. The family is the patient. Yeah.

Linda Gilkerson: [00:25:00] It's my doctor. Yeah.

Linda Gilkerson: [00:25:04] And again, we've been talking a lot about pediatrics. That's a lot of our current focus. But we've worked with home visiting. We've worked with early intervention infant mental health clinicians in consultation across court teams, child welfare, all the areas of the helping relationship. And there's just a foundational capacity to be with another person and to take care and to be with yourself. It's both.

Dr. Dipesh Navsaria: [00:25:32] There was a question on the FAN diagram that you ended with this sort of post contact. "How am I now?" And I was really intrigued by that. And I didn't want to miss an opportunity to discuss that.

Linda Gilkerson: [00:25:46] No. And you know, some people say that's one of the most important parts. We call it "the arc of engagement." The FAN is the interactive process, you know: the talking together, listening. But around it is this container. You know? Before you go into the room asking yourself, or before you pick up that Zoom call or read that email, even, "how am I now?" You know? "What do I need?" That's part of self-compassion. What do I need to be present to this other person? And you can also ask yourself questions like, you know, "who are we to each other?" Like especially residents, you know, they've got a doctor, two doctors — they're bringing their third child into that residence, going to feel like, "what are they going to see me as?" You know? So, to be able to acknowledge some of that and "what are my expectations?" And then, to think "what do I need to let go of to be fully here for them and then for me?" And so, that's before you go and it can — and then, there's a little ritual that you develop, and it can be just a nanosecond: you know, like knocking on the door, taking a breath and saying the patient's name to yourself: a ritual that you do every time before you go in something that works for you. And then, after you have your interaction, there's that "how am I now" moment.

Dr. Dipesh Navsaria: [00:27:02] Sure.

Linda Gilkerson: [00:27:03] And one of our — actually was a chief resident said, "if I didn't do that," you know, "to let go of what's happening, I'd still be thinking about that visit in my next one. I'd be thinking about what I did." He

actually said what I missed, you know? And this way everybody gets their full 20 minutes because I'm really there, right?

Dr. Dipesh Navsaria: [00:27:23] Right.

Linda Gilkerson: [00:27:24] Yeah.

Dr. Dipesh Navsaria: [00:27:25] I think it's for me this — personally, it's almost easier to do that kind of reflection when you have a trainee with you because there's that moment you can talk it through. You know? You've left the room. You're back in the work room. You know? It's private. And you can say, "gosh, something just didn't land right in that meeting." Or "I felt like we just weren't hitting something. What do you think? What did you hear?" Right? And if I don't have a trainee with me, right, it's often like, "okay, there's three people waiting. I got to get on with it, right?"

Linda Gilkerson: [00:27:57] Boom, boom, boom.

Dr. Dipesh Navsaria: [00:27:57] So, you don't take the time for reflection that you might under the guise of education at least.

Linda Gilkerson: [00:28:04] But I wonder if you could.

Dr. Dipesh Navsaria: [00:28:06] Yeah.

Linda Gilkerson: [00:28:06] Would you, could you, give yourself even just a moment of pause?

Dr. Dipesh Navsaria: [00:28:12] Yeah. It'd be really interesting to build that into an EMR, EMRI. I don't think it will happen easily. Right? But even have something saying, "you know, can you take a moment of pause for yourself or something?"

Linda Gilkerson: [00:28:30] Yes. You're right. One of — in again, in our study — we've been working with our wonderful colleagues at Emory: David O'Banion and LJ, as well. And one of their residents said, "I now know I can ask for something I need, like two minutes to take a breath." I thought, "wow, that is progress that that resident knows I can ask for two minutes, take a breath." You know, these are small things. We want much more, but if you can do that after every visit, all day, you know things can be different.

Dr. Dipesh Navsaria: [00:29:06] Sure. Well, I think there's so much here. Right? And as I said in the introduction, it's — you know, ostensibly this is all

about, you know, interactions in a clinical setting and how we connect with patients and families and so on — but that, you know, one could use this at home. You know?

Linda Gilkerson: [00:29:30] All the time.

Dr. Dipesh Navsaria: [00:29:30] Yeah.

Linda Gilkerson: [00:29:33] Absolutely.

Dr. Dipesh Navsaria: [00:29:34] Yeah.

Linda Gilkerson: [00:29:34] And it's not something that you perfect and you're over. I've been doing this for 20 years and I am still learning. I'm still having mismatches. I'm still doing tons of repair. You know, it's just the process of being human. Being in relationship.

Dr. Dipesh Navsaria: [00:29:49] Yeah. It's inherent to humanity in so many ways.

Linda Gilkerson: [00:29:55] Yeah.

Dr. Dipesh Navsaria: [00:29:56] So, last question for you. What is one thing if people don't have any other engagement or opportunity to engage with a FAN — what's the one key message you'd like them to take away?

Linda Gilkerson: [00:30:09] You know, if I could have two, I think the first one is — you already know this — you've been developing relationships through all your career, so you know these things. This isn't new, I think, but the FAN can give you words — you know, to describe it.

Dr. Dipesh Navsaria: [00:30:25] Mhm.

Linda Gilkerson: [00:30:26] You know and to appreciate what you've been doing — you know, I knew they weren't feelings. No wonder it was hard for me right then. You know? But I listened, you know? So, you can name what's happening more easily. You can track it and you can stay regulated. So, I think FAN helps you own, if you will, a lot of the skills you already have and just be able to use them, you know, maybe more intentionally. And then, the other thing is to acknowledge. Acknowledge what's there and see the power of that.

Dr. Dipesh Navsaria: [00:31:03] Sure. Yeah.

Dr. Dipesh Navsaria: [00:31:05] You know, it almost occurs to me that FAN training is — it's sort of a meta FAN, right — that FAN training in and of itself is calling out to us. You know, these are strengths you already have. These are skills you already have, just allow them to come out and don't let it be overlaid with all the other challenges. Right? You got to rush to the next patient. You got to make the diagnosis. Get it in the right box. Hit the right billing code and move on right — that you're training in and of itself is like a fan for us.

Linda Gilkerson: [00:31:46] Yes. Yeah. I think so.

Dr. Dipesh Navsaria: [00:31:48] Yeah. Indeed.

Linda Gilkerson: [00:31:49] For all of us.

Dr. Dipesh Navsaria: [00:31:50] Indeed. Yeah. Well, thank you so much for this conversation and for just laying out this model. I think it really does help us really think about human interactions and bring out these things that — somewhere deep inside — I think we know to be true and it needs its own validation in a sense.

Linda Gilkerson: [00:32:10] Yes.

Dr. Dipesh Navsaria: [00:32:10] Yeah.

Linda Gilkerson: [00:32:11] Thank you.

Dr. Dipesh Navsaria: [00:32:16] Welcome to today's 33rd page or something extra for you, our listeners. Today, I thought I'd share a poem from the eternally wonderful "A Visit to William Blake's Inn: Poems for Innocent and Experienced Travelers" by Nancy Willard. This poem is called "Two Sunflowers." "Move into the Yellow room. 'Ah, William, we're weary of weather'. Said the sunflowers shining with dew. 'Our travelling habits of tiredness. Can you give us a room with a view?' They arranged themselves at the window and counted the steps of the sun. And they both took root in the carpet where the topaz tortoises run." And that's today's 33rd page. You've been listening to the Reach Out and Read Podcast. Reach Out and Read is a nonprofit organization that is the authoritative national voice for the positive effects of reading daily and supports, coaches, and celebrates engaging in those language-rich activities with young children. We're continually inspired by stories that encourage language literacy and Early Relational Health. Visit us at reachoutandread.org/podcast to find out more. And don't forget to subscribe to our show wherever you listen to your podcasts. If you like what you hear, please leave us a review. Your feedback helps grow our podcast

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