Bob Gramling, M.D., D.Sc., has witnessed grief in its many forms. As the inaugural Holly and Bob Miller Chair in Palliative Medicine and a professor of family medicine, he counsels seriously ill patients and their families while they navigate the challenging terrain between life and death. During the COVID-19 pandemic, Gramling worked with a UVM Medical Center team to provide critical support at a Burlington nursing home experiencing an outbreak. He sat with patients, often holding a phone or iPad, so they could say goodbye to loved ones who, because of safety precautions, couldn’t be present. The forced distancing was difficult, but moments of connection still emerged.

These moments—as brief as they may be—deserve attention, says Gramling. He wants to find the communicative patterns that develop. If his team can uncover a clearer picture of the exchanges that bring humans together in empathy and compassion, then perhaps medical professionals can collectively create end-of-life journeys that are a little less lonely and fraught with fear, and maybe even a little more joyful.

In their Vermont Conversation Lab in the Given Building at the UVM Larner College of Medicine, Gramling and his team have assembled a breadth of research expertise focused on parsing the sentences we use, the words we choose—and the silent spaces in between—to understand how conversations bring meaning and comfort to patients and their loved ones.

Although the work has been ongoing for over four years, the COVID-19 pandemic has infused it with a new sense of urgency. “Whether it’s just the potential energy of this year or where our work has naturally evolved, we’re becoming more and more interested in this one fundamental question: What is human connection? What does it look like in different types of conversations? And then how do we foster that?”

The StoryListening Study is the newest project for his team. Funded through the Holly and Bob Miller Endowed Chair Fund in Palliative Medicine, UVM Continuing and Distance Education, and a generous donation from UVM Medical Center Foundation board member Kate Laud, the goal is to enroll 150 to 200 family members, friends or clinicians who experienced the death of a loved one or patient during the COVID-19 pandemic. These people are invited to tell their story—with no stipulations on how they tell it, or for how long, or what specifically they talk about. End-of-life doulas trained in UVM’s certificate program serve as the “listeners.” The exchanges between participants and end-of-life doulas happen via televideo—a key aspect of the study, says Gramling. He’s excited to discover more about how video affects human connection between participants.

Participants receive 15 questions before and after the exchange, designed to measure “the acceptability of the televideo StoryListening visit” and to understand “the aspects of the storytelling experience that are most beneficial to quality-of-life.”
The recordings of the exchanges between participants and end-of-life doula-led teleconferences. Researchers are listening to each conversation, analyzing the language, the silences, even the frequency of “turns” the speakers take, that may uncover when and how moments of connection are created. Once patterns emerge, machine learning can help scale the analysis across thousands of conversations, helping to hold on in on barriers fall away. They’ve been a theme of her work in teleconferences, as have the conversations, as they have a tendency to “flow in serious illness conversations,” which stands to serve as a “fundamental tool in conversational epidemiology.”

The gravity is not lost on her. Lab—headphones perched on her head—listening to some of the studies, Ann Wong has been a researcher on Gramling’s team since 2017. “We’re just starting to publish on some important ways of understanding the flow in serious illness conversations,” which stands to serve as a “fundamental tool in conversational epidemiology.”

The Conversation Lab’s database contains over one million words of conversation—more than ten thousand minutes of patients, family members and health professionals talking—all of which has been poured over to understand what defines moments of connection. In collaboration with his brother, David, Gramling has written what is perhaps the definitive book in the field, titled Palliative Care Conversations: Clinical and Applied Linguistic Perspectives. For the StoryListening Study, Gramling is excited to see how the work unfolds, leaving open the possibility for entirely new lines of inquiry.

There are implications here for physicians, nurses and healthcare professionals, says Rizzo. “We have an insufficient understanding of what features matter in these conversations,” she says. “And the fact that these things coalesce into beautiful observable patterns. If we could match those patterns to at least what the patient thinks we do not need human coding the first time around. That’s where the human 

The Way We Talk

The primary language is the physicality of storytelling. And going through the training, about six months after the death of her mother, and less than one year after the death of her aunt, brought her a way she didn’t expect. “I didn’t realize I was grieving as much as I was,” she says.

The Value of Storytelling

End-of-life doulas learn to look for the pluck of cues to help support people through intensity, says Francesca Arnoldy, director of UVM’s certificate program. “It’s about building a relationship, creating a safe space for these conversations,” she says. “And the fact that the value of these conversations is that the people who have died are able to share their story with us. And the people who are living are able to share their story with us.”

In the long-term, Gramling wants to define and delineate the value of these conversations. “If the medical system can shift its approach to death and dying—and if clinicians within it can understand the value of these conversations, if the medical system can shift its approach to death and dying—and if clinicians within it can understand the value of these conversations, maybe more patients and their families could experience peace and comfort in the most difficult of times.”

In the context of training people to listen, which is fundamental what we’re going after, what does it mean to listen well? How do we promote that? How do we welcome people to shape their story as it’s unfolding? A lot of the settings we study are potentially high in suffering and also high in joy. They’re high in a lot of raw human experience. And those are times that we humans often search for meaning.”

**“Immediately following an emotional connectional silence, there’s an acknowledgement of the moment of gravity, Quotes that we hear are: ‘That’s a lot to take in,’ or ‘Can you tell me more?’” – ANN WONG**

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“There’s just been this awakening to this idea of mortality that people can no longer ignore,” she says.

Rizzo says the computational methods she’s used to tackle these algorithms to do a good job so that they’re not biased, you don’t human coding the first time around. That’s where the human.

“We have an insufficient understanding of what features matter in these conversations,” she says. “And the fact that these things coalesce into beautiful observable patterns. If we could match those patterns to at least what the patient thinks we did.”

As the study unfolds, she’ll be fine tuning the algorithms to assess the exchanges with the team records, looking for correlations among what participants describe as meaningful and the features of those conversations. She’s also completed UVM’s end-of-life doula certificate program and is speaking with study participants. The conversations she’s had have reinforced the healing power of storytelling. And going through the training, about six months after the death of her mother, and less than one year after the death of her aunt, brought her a way she didn’t expect. “I didn’t realize I was grieving as much as I was,” she says.

At the death of her aunt, brought her a way she didn’t expect. “I didn’t realize I was grieving as much as I was,” she says. “Just knowing there was another one there, that other people are experiencing this same kind of trauma, was comforting.”

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