

Humor in Nursing: How to Find Time to Laugh When There's Zero Time for Lunch

Presented by Hob Osterlund, 2-7-17

Good evening. My name's Joanne Mocerri and I'm the Dean of this wonderful School of Nursing that you are visiting with us tonight. And I want to also welcome you to this wonderful gift of an evening with Hob Osterlund. And I also want to thank the Garaventa Center for Catholic Intellectual Life and American Culture, and the Beckman Humor Project for sponsoring and underwriting this event, along with the Pilot Alumni Nurse Association.

So before we bring Hob Osterlund to the stage, let me first introduce Dr Karen Eifler. Dr Eifler is the co director of the Garaventa Center and a professor in the School of Education. And she has earned numerous awards for education and for leadership. And while these are impressive, and they are, what is most impressive about Dr Eifler is her kind heart, her warm spirit and how she lives the values of the congregation of Holy Cross every single day.

And we count her as an honorary member of the School of Nursing, even though she's in the School of Education, for her consistent and really important contributions to the School of Nursing, Doctor Karen Eifler. [APPLAUSE] You know you're at an academic event, when there is an introduction to the introduction.

[LAUGH] But good evening. You know how when you were a little kid, you say one day I'm gonna be an astronaut. And then the next day, you say I'm gonna be a ballerina. And the day after that I'm gonna be a firefighter. After reading about 37 Nancy Drew books, I really wanted to be a detective for a while.

And for some of you, maybe it was reading Cherry Ames or Sue Barton books that drew you into nursing as a vocation. The point is that for most people they love lots of things as a kid and then they dive in to the one big thing that becomes their career.

Hob Osterlund did not get that memo. She's like a kid who became a tightrope walker, and a police officer, and a scientist, and a nurse, and a professional photographer, and a passionate advocate for albatrosses on the island of Kauai. Those last four things, among others, are how Hob has spent her adult life.

Her photos have appeared in National Geographic, in Nature, and The New York Times, just to name a few. She has a new book just published by Oregon State Press called Holy Moli that connects the lives of endangered island albatrosses to the tangle of family networks and faithful decisions. So we can add author and essayist to the long list of ways that Hob has spent her one wild and precious life to give a nod to the great poet Mary Oliver.

Along the way she spent a couple of decades in palliative care. Not giving it, but tending to the pain and needs of patients in acute illness. She just knew that there was a better way to ease their pain and improve their quality of life. And she thought that way might include a healthy dose of laughter.

Along the way her many layered professional path crossed that of UP's dear essayist and story catcher extraordinaire, Brian Doyle. And he really has willed that this evening, into being. Around the same time that Brian was having his great idea, UP received an amazing benefaction from John and Patricia Beckman which turned into the Beckman Humor Project.

And they asked us to use that gift to explore the ways that people fight the powers of darkness through the gentle healing power of sideways humor. Please join me in welcoming Hob Osterlund to the stage where she will share with us her wisdom about humor in nursing, finding time to laugh when there's zero time for lunch.

[APPLAUSE] All right, well thank goodness. What an extraordinary introduction. I also want to thank the Beckman Humor Project and the School of Nursing here as well as the Garaventa Center. And I want to thank also some special people in the audience. Right in the front rows here we actually have some nurses who practiced together in the 1970s at the SAM in Corvallis.

So, would you stand for a little bit of applause? Oh Looky here! [LAUGH] Oh! [LAUGH] [APPLAUSE] Oh, Look at that, nice, nice. [APPLAUSE] What did you make those out of, Colleen? What's that? What did you make those out of? Paper towels. Paper towels. [LAUGH] You students, I'm so glad you students are here, you know we really did used have to wear those.

[LAUGH] You're so fortunate, you don't know. Ours at Benton, ours looked like dog bowls. [LAUGH] Right, didn't they, yeah, uh huh. We did ceremonial burnings of them after that [LAUGH] event. And you all know, or know of now, Brian Doyle, he would so much love to be here tonight and cannot.

And so he and Mary are home, this is all being videotaped as you know, so it's all being videotaped so he can have a copy tomorrow to watch. So I would like you to repeat after me. Actually, turn toward the camera and repeat after me. Aloha Brian. Aloha Brian.

Aloha Mary. Aloha Mary. Thank you very much. That was really wonderful. Okay, so into the talk. We're gonna spend a little bit of time talking about hope and fun in tragic sometimes very dreadful times. We're gonna see a few videos that pertain to this process a little bit more.

And we're just going to spend a little bit of time together in that conversation. And I also want to, and I was telling you that I know that you nurses are already doing a nursing assessment on me. [LAUGH] And so you wanna know right away how old is she and how much does she weigh, right?

[LAUGH] You're all talking, uh huh, what do you think she said? Those ladies have white hair over there. [LAUGH] They dye their hair white, that's why. [LAUGH] Yeah, they do. Okay, I'm 68 years old and the funny part about that, was that when I was taking my notes, I had to write down the number, so I'd be able to know the answer to that,

[LAUGH] Because I forgot. And then how much do I weigh? You know what, I actually don't know. I don't have a scale, I don't really have any idea. But I can tell you, my body is like a bird, because a whole bunch of it is migrating south right now, [LAUGH] and has been, yeah, for some years.

That's all I can tell you about that one. All Oregonians also want to know does she have Oregon cred, right? Has she ever lived through one of these winters? Can we really trust that she understands at all? So I just want to tell you that in 19, what year was that, in the 1970s.

Bought 30 acres and a farm house for \$17,000 in Paloma, outside of Corvallis, built a little cabin after having bought all the lumber from a bankrupt mill for \$150 that paid for all the inside and outside siding, okay. Everybody in Oregon wants to know what kind of good deal did you get when you went, right?

So that happened. What else happened? Went to Olympic Community College, and a little bit more about that in a minute. Is that enough Oregon cred? Yeah. It does, okay, good, fabulous. Nursing cred, Karen mentioned some of it already, but I actually have a bachelor's from Berkeley in ecological geography, which was my direction as well as biology.

But then I found out I couldn't really make a living doing that, so I went to nursing school in [UNKNOWN] Community College after having been a hospital housekeeper, and a nursing aide. So then I went to Little [INAUDIBLE] Community College. And back then, you may not know this cuz it's been a while, but there was a federal law back then that all nursing schools had to have instructors named Peggy and Virginia.

[LAUGH] It's true. Are you here, Peggy? [LAUGH] Do we have Peggys and Virginias in the room? No, see, back then it was a law. And so- [LAUGH] Here I was, this Berkley grad, and I thought I'm so smart and they're gonna think I'm so smart. And in the second year just a few months from finishing the program, and we were gonna have midterm evaluations.

And there on the schedule I noticed all my fellow students had a 15-minute evaluation and mine was 45. And I thought they're gonna tell me how great I am, how spectacular a job I'm doing. So I went in, and at the time we had these things called critical incident cards.

They're little three by five cards that an instructor would circle what the student did that was effective or ineffective. Right, and they're supposed to hand it to you right on the spot. You didn't wash your hands right, that kind of thing. And so I came into the room and I saw a pile of about 35 critical incident cards.

[LAUGH] And they were all, all ineffective. And most of them were about inappropriate use of humor. [LAUGH] And I'll tell you one example just to know how benign my humor was with patients. We're not talking about crude, cruel. We're not talking about anything that is racist or homophobic or anything that's nasty.

It's all about trading absurdity. And plus I had been a housekeeper, right, mopping the floors. People would step right across after I mopped them. I vowed I would never let the housekeepers be invisible in my presence. And so I was going into the room, the housekeeper was mopping the floor.

I excused myself and waited till she was done, and then I said to the patient, who I had met the day before but I didn't know very well. I said, well, it's a good thing I didn't walk through the corral on the way to work this morning. Like I didn't get horse poop on my feet, right?

So the instructor was back in the corner going. [LAUGH] Ineffective, that was ineffective. And the rest of the stories were similar to that. And it was devastating, absolutely devastating. I wept for weeks. I looked like a candidate for a Visine ad. [LAUGH] And then I went mute in class, I just stopped talking in class.

I didn't understand what they wanted or what they meant. So I went quiet. And a couple of weeks later one of them came up to me and said, I think you're doing much better. [LAUGH] So you know what they wanted, right? So and there were other events that happened around that.

But I have to say that they set my life on a trajectory I will never, ever forget, in a very wonderful way. It made me contemplate what humor does mean to us. When is it healthy? When is it unhealthy? When is it good? When is it not good? When is it dark?

When is it light? I really had to contemplate that because of that very circumstance. So it led me into writing articles first about humor in nursing. I was one of the first authors in nursing 82 to publish an article about humor in nursing. And my friends here in the front row, who then worked at the hospitals where Peggy and Virginia worked,

[LAUGH] Then put them on their desks, so they would see this article, right? Sweet sort of silent revenge. [LAUGH] But one of the things I knew all along, when that incident happened, was that one day they would see the light And 25 years later I got a phone call, picked it up, this is Virginia.

[LAUGH] Really, hello. We're having a reunion of the School of Nursing. We wonder if you could come keynote. Now I live in Oahu. We're talking about my flying 3,000 miles to come to keynote this event. And I said really, what would you like me to talk about? I had to hear her say it, right?

[LAUGH] Well, humor, of course, she said. And I honestly don't think she remembered. I honestly don't think that that moment was anything that she recollected. So you know how that is? In sometimes families you have a sibling that had exactly the opposite, a very different experience than what you had.

It was very traumatic for you. The person said, no, that never happened. That's how it felt. Like she never really realized it had happened. But it set me on a total hairpin turn from the direction I was going. So then I started doing, oh, and so I did go to that keynote.

I did run and do that keynote. Somebody actually paid for my airfare to go, so it was possible to do it. And I gave a presentation to an audience of nurses, all of whom had gone to that school, and I told them that story. Not in a way that was derogatory to Peggy and Virginia, but just to give an example of how far we've come in nursing, because for them it was too intimate.

Because you don't laugh with people you don't like, right? When you really don't like someone you don't laugh with them, by and large. Unless maybe there's a joke you heard or something. But by and large, when we laugh it's because there's an element of love in it. And that was too hard for them.

And it was a time when nurses were supposed to be starched and stiff. So it gave me an opportunity to see something different. Then I started doing presentations about humor and started showing slides of crazy charting entries that people put in charts and nonsense kind of stuff. A patient has, she has a deaf husband, no.

I gave that example, never mind. But there were a lot of examples of funny things in charts that crack people up. And then I thought, now you know what? I'm not gonna stick with that. I'm gonna create a comedy character instead. So one day when I was driving into work at Queens Medical Center in Honolulu, this character named Ivy Push came to me.

[LAUGH] And she started telling me things that I could say. [LAUGH] And so this is Ivy Push right here. So you're gonna see a montage. I actually have two full length DVDs but this one is about a seven, eight minute montage of the second DVD. So you can see the shtick is that Ivy Push is an evening shift nurse.

She's in her sixties. She's speaking in an accent we call Pidgin in Hawaii. In Hawaii we've brag what races we come from, so she's English, Irish, part Spanish, Chinese, Portuguese. That's very proud, she's very proud of that. She speaks that Pidgin dialect. But she now, it's 11 o'clock, she's not done charting from evening shift, and she's been given mandatory overtime.

She has to work night shift now. She's exhausted, she really does not want to work mandatory overtime, but it's mandatory, okay? So she's gotta stay another eight hours to do the shift, ungodly. So she's got a few comments about the general state of healthcare and a few things about patients and doctors.

So let's watch Ivy Push. [BLANK_AUDIO] [MUSIC] [LAUGH] My name is Ivy Push, RN, and my feet is tired. [LAUGH] Sorry for not standing up, when I meet you folks like this. But osmosis is too tired to stand up anymore, unless there's blood or a fire. [LAUGH] Pepperoni pizza. [LAUGH]

And we work so hard around here, even my hair is too tired to grow. [LAUGH] The bags under my eyes is too big to qualify for carry-on luggage. [LAUGH] We so busy around here. Our idea of taking a break, counting a patient's respirations for a full minute. [LAUGH] [MUSIC]

[SOUND] Yes? May I help you? You would like this hospital to be a place of healing? [LAUGH] Well, that's what everybody wants. You're just gonna have to wait. That's why we call you patient. [LAUGH] [APPLAUSE] Yeah, if you're a patient inside the hospital, you're waiting for your call light to be answered, here's an entertainment tip.

[LAUGH] Put the bedpan up to your ear, you can hear the ocean. [LAUGH] [MUSIC] [LAUGH] And I notice that they all kinda boo haha about animals in the hospital. Like they carry all these germs right as if. [LAUGH] I tell you what we get more germs on the furniture in the lobby.

[LAUGH] [LAUGH] And what about the floor? Sometimes I see people let their babies fall around on the floor. [LAUGH] That's when there should be a code, forget code puce. [LAUGH] Code brown, code brown, get that baby off the ground. [LAUGH] [APPLAUSE] [LAUGH] [MUSIC] Osmosis in the middle, I feel like I got my hand on one bare electric wire that says do everything for everybody.

And another hand on another bare electric wire that says cut costs every chance you get. I'm getting shocked that it's not therapy. [LAUGH] It's more like an impossible dance. One leg involve in room dancing, the other one doing hip hop. [LAUGH] I don't know. I can do that then.

Pretty soon the patient is gonna have to answer their own call lights. [LAUGH] So, I figured that's what happens to people with no more living will. I better have one. [LAUGH] So, for that one I was in the Lord. [LAUGH] I wrote my living will. [LAUGH] In case I [UNKNOWN] bucket at what.

[LAUGH] But then I read it. I realized its not really a living will, it is more like a living will not. [LAUGH] Okay so I've got seven things the living will not. [LAUGH] Number one, do not give me pain. I do not like it, [LAUGH] You wanna trim my toenails?

Start the epidural. [LAUGH] [LAUGH] Number two, if I'm on my back for a few days, and I get one of those bed hairdo's, [LAUGH] Don't leave me. [LAUGH] I'm scared to be alone with hair like that [LAUGH] Number three, if you're ambulating me and while I'm walking, I start making noises like Mr. Coffee,

[LAUGH] Do not shout out, good job, you're passing gas! [LAUGH] [APPLAUSE] Number four, when you toil [UNKNOWN] you may cannot [LAUGH] [LAUGH] [INAUDIBLE] Never turn on the TV news for me, I already know way too much about the bad people. Thing that people do to each other. Number six, if I stop breathing on your shift, don't take it personal.

[LAUGH] You did already a great job. Now good bye already. [LAUGH] [MUSIC] [SOUND] [APPLAUSE] So you can see [UNKNOWN] was to walk that very thin line between what's too tragic to talk about and what's Acceptable. So we begin to have an understanding about things about resuscitation in the terminally ill, for example.

About TV news going on all night in a patient's room because they can't necessarily control the bed panel him or herself. That kind of thing. I want to move into another chapter of this, but there's something I forgot to do before I show this. So I want to ask you to do me a favor and that is, just sit with yourself for a minute, close your eyes for a second, and I want you to just give yourself a stress rating for yourself.

Zero no stress, ten terrible stress. Just give it to yourself, don't have to share it with anybody. Just get aware of how stressed your day is or your life at the moment. [BLANK_AUDIO] And then I want to ask you to do one other thing. I want to ask you to see if you can envision the age you were when you started thinking that you weren't perfect.

When you started thinking there was something wrong with you, something wrong. [UNKNOWN] See if you can get an image. Of the age you were when that first happened. [BLANK_AUDIO] Could be three, four, six, ten, teenager. You started really getting the message, you weren't perfect, you were terribly flawed. [BLANK_AUDIO]

And when you get an image of that child inside you, if you just invite him or her to be with you tonight to be seated with you on your lap or by you or on the floor next to you, anything you want. But just ask that child to come be with you.

[BLANK_AUDIO] Get a sense of how you feel about that child. Child. [BLANK_AUDIO] Just keep that in your awareness for now, for me it was 10. That's the age I was when my mother died of breast cancer, and I thought it was my fault. [BLANK_AUDIO] That's what children of that age think.

There's no way you could put such a horrible occurrence into any other framework except at that age it was your fault. Here's something that you did that was so terribly wrong that no one would even tell you what it was. They never mentioned it. It was such poison they they couldn't even let it off their tongue.

That was the age that I was when I thinking there was something terribly wrong with me. In fact that I might even be homicidal. [BLANK_AUDIO] So, I'll tell you a little bit more about that. But that 10 year old is with me all the time now, I invoke her all the time to remind her who she really is, that that really wasn't her fault.

Bring her along on all my adventures I hope you can do that too, it will make a difference without your sense of humor, so we will return to that in the end. So then the IV push performances, the first one we filmed, we filmed at the Queens medical center in an auditorium there, and then we started showing it on the in house channel.

The in house closed circuit channel for the hospital. And you know what it does to walk down a hall and hear patients and families laughing? I can't tell you what it meant to me. It was so extraordinary to walk down the hall and I could hear this loud, funny laughter.

And they're not nurses. It's not necessarily a language they would all understand. Some of the things I said but they were laughing a lot. The people that touched me the most, completely something I would never have predicted, were the most down and out people. You get the homeless, drug-abusing, sociopathic patients.

When I came in the room, even though that's a wig or this is a wig. I don't know. The problem is, I don't look like her. I mean I've been with friends in the same room who knew they were coming to watch me perform and they didn't know that was me.

But the patients, the homeless patients. Hey, you Ivy Push? I know you, Ivy Push. And they felt this grand connection with her. We call it chicken skin in Hawaii. I get total chicken skin when I think about it because something about that was, made them feel like they were connected to some kind of greater will.

I still can't explain it, really. But they knew, there was a person that understood them. She's not really talking about them I don't know how that happened, any of you have ideas share with me, it's a reception afterwards what made that magic happen. But that made me really then want to create more of that kind of comedy in the in-house television.

So I created something called the Chuckle Channel. And became a producer. Who knew? Who knows how to be a producer? Not me. But what I sought to do was find comedies that were suitable for the hospital. That were, I called it the Suki criteria. Suitable for all ages, uplifting, funny [LAUGH] and inclusive.

Meaning nobody's put down. Nobody's put down. Nothing is crude or cruel. You could have your five year old in the room or your grandmother in the room. And it would be so good. It's not easy to find comedies like that. But I tell you what, the reason I wanted to do it was because the people in comedy clubs are not the same people in the hospital beds.

That's a whole different demographic. In hospital beds, people are much older than in the comedy clubs. They tend to be more female than male and they tend to not be able to get some things that are really fast shocking stuff. That isn't funny to our patients, they already have fast shocking stuff going on.

So gentle humor, so then I started putting them together. We have shows, dozens of them at Queens. And then I made it something that other hospitals could have. Now all the Cancer Centers of America showed them in their settings to all their patients. And it's good for staff and visitors too, right?

So it's meant to be something to keep on uplifting people. So let me show you a couple of examples from the chuckle channel, just a little brief clips. So forgive me for the, some of it's a little bit. We're like four stages away from hell. It really looks on TV because we've copied it a couple of times, to put it here for you.

So this is David Pendleton the ventriloquist. I had a little cough the other day. But I'm doing better now. You had a cough. What the doctor do for you? He gave me a laxative, [COUGH] [LAUGH] The doctor gave you a laxative for a cough? Well did it help? Oh My, yes.

Now I'm afraid to cough. Doctor gave me a laxative and some Prozac [LAUGH] [LAUGH] A laxative and Prozac? Yeah, so I've been going to the john a lot, but I'm feeling good about it. [LAUGH] [APPLAUSE] Normally, I'm very regular. [UNKNOWN] [LAUGH] That's great. Yeah? 7:00 every morning. All right, Tillie, that's great.

Oh, No, that's bad. That's bad. I don't get up til 8. [APPLAUSE] [LAUGH] Well, you laugh, it's not funny. [LAUGH] Someone point out to me, is there a single man in here? Just someone point him out to me if there is that. Hi, honey. [LAUGH] Nice to see you, Bill.

You know Bill. Oh, My, yes. Bill and I go way back. He actually took me out on a date one time. Is that right? Oh, Yes, took me out on horseback. On horseback? That's right, we each had our own horse. Right now in the pasture, and his horse started to nozzle up against my horse and he looked at me and said, hey I'd like to do that.

[LAUGH] What did you say? I said go ahead, it's your horse. [LAUGH] So that's a little example of what I mean. We have gosh more than 24 hours of comedy to the hospitals that show them to their patients. But collections of things just as a small example that might represent more of that The population of people that are in the hospital beds.

They're gonna identify with Aunt Tilly. And so David Pendleton is playing a bit of a foil for her by being the ventriloquist, but they don't need explanation. They can watch it over and over again or they can change the volume or do whatever they want, but they're in control of watching what's funny.

So then it got to be Well, maybe there ought to be a way to prove that comedy helps. Some people had done various studies, and there certainly had been people who've done literature searches. And people who had tried showing funny things. But nobody had done a randomized, controlled trial, an RCT.

The baseline for what you need for solid science. So, I gotta team of people together and we design the study. And this is something I'd like to actually offer Joanne to do here. This is, it's all more than half the work is the design Kind of a study, so it's all designed and it's free, so it's available and maybe there'll be a student here who can get a Bryant Doyle Scholarship for \$3,333.33.

[LAUGH] That's true. And help to ride it through. So, in this comedy, what we did was we created a randomized controlled trial in outpatient oncology. We do it in outpatient, because the inpatient setting has way too many other variables going on. But now, outpatient oncology we have people sitting there for hours, receiving chemotherapy, as you know.

And so, we randomized 50 people over a two year period of time to get either comedy or get a boring documentary. And I tell you what, finding the boring documentary was much harder, because you can't have nature scenes, you can't have gentle voices that could be soothing, you can't have music.

So, I went to Netflix and I searched all the two star things to see what I could find. [LAUGH] And some of them you would think would work out like igneous rocks. And so you got to watch a documentary about igneous rocks. But no, that was very therapeutic because they fly over these gorgeous mountain ranges.

You see these beautiful forests and, now that would work, you have to find something absolutely as untherapeutic as possible. So, I finally stumbled on something that you'll see in a minute. And it was called the A to Zed of British Steam Engines. [LAUGH] Now, as you know Zed is the British Z, right?

The A to Z. And what it showed was boring footage of a train going to a town in England that started with an A, a B, a C, a D, onward. So, it's just blurry black and white steam engines. And then a person would say, Andover, Bristol, right? [LAUGH]

They just begged me to turn it off. [LAUGH] So, half of them were randomized to that group and half of them were randomized to watching comedy. And we'll show a little clip of that too, to a piece of comedy. And we also did salivary cortisol levels, we put a little q-tip in the cheek of a patient so we could get some saliva before and after watching.

So, we got a sense of what happens with the cortisol levels. Anyway, at the end of that time, when it was all analyzed and statistically reviewed, it showed significant decrease in pain, significant decrease in anxiety and a significant increase in a sense of well-being from watching 45 minutes of comedy in an outpatient oncology clinic.

So, that's good. I want more people to do it, to see what they find out, be lovely to have other sites do it and learn. Because it's in the interview with the patient where you learn, even way more than the numbers can tell you. So, it was called the COMIC Study, Comedy in Chemotherapy, the COMIC Study, and we're gonna look at a couple of clips now.

Here comes Anita Renfroe, she's a comedian who's done very, very well. This is in her early years. She doesn't look quite like this anymore, that's a very 70, 80s looking outfit. [BLANK_AUDIO] And yeah, right about. There we go. There we go. Good. Perfect. Happens to me. I have had some encounter with the other test, the mammogram.

And for the guys that are here tonight, I just want you to feel totally educated. So that you can appreciate what it is that your woman goes through. It's part of my ministry and comedy. So I walk in, and they take you back in this room to put the top on.

Ladies, you know what I'm talking about, the top. For guys, let me explain it to you. There are two slits, two ties, two holes and no instructions. And you're suppose to know how to put this thing on. And I have a college education, so I thought maybe I could just reason my way through this.

So, I thought if the test is for this, then that must be what the holes are for. And so, [LAUGH] It did very well I guess. But, I just knew that was the reasoning and so fortunately I had the good sense to look out into the hall and see how other people had theirs on before I sashayed myself out into the crowd.

They finally call you back into the very, very cold room, where the piece of medical equipment is, and there's a big piece in the middle of the room and there's someone who you've never met before, who will ask you to take off this top that you spent so much time working on.

[LAUGH] And there they basically want you to lay it up on the altar. [LAUGH] And some people have a greater offering than others. [LAUGH] And if they don't like the way you laid it there they will move it for you. [LAUGH] And I just want you to just try to not make eye contact.

[LAUGH] When they finally get it how they want it, the girl will go over to the other side of the room and flip the switch. And down from the ceiling, [LAUGH] Motorized, a clear plastic, Plexiglas plate will descend. And it goes [SOUND]. And when that thing gets about right here, you know it's gonna make contact.

[LAUGH] So little beads of sweat start breaking out. And when it finally does make contact, the thing is plexiglass, you can see through it like an out of the body experience. [LAUGH] And when it does baby, I wanna tell you, stuff starts spreading out. [LAUGH] And out, and out.

[LAUGH] And for some people, it's like too much waffle mix in the waffle iron. [LAUGH] [COUGH] I need a [UNKNOWN] badly, okay. [LAUGH] Now, this isn't the exact piece that we use for the A to Zed Steam Engine. My two DVDs would work anymore. I don't know, I mean they're so old and there aren't any for sale anywhere.

So, this is another British steam engine piece I'm sure you'll find fascinating. [LAUGH]. You should've known this one was coming. The fact that he inclined banker used to help the trans up the phone of the incline. In 1919 the Mint of Broadway built a single 010-0 steam automotive, number 2290.

Later LMS 94722290 and then be are BR 58100. It was designed by James Anderson for banking duties on the [INAUDIBLE] incline in Worcestershire south of Birmingham, England. It became known as Big Bertha or Big Emma of railway men and railway enthusiasts. Unfortunately, this is only one of the locomotives to be built.

Just one, a very rare class. The engine was withdrawn in 1956 and scrapped later that year. And it was replaced by a [INAUDIBLE] standard class 9F number 92079, [LAUGH] Which acquired Big Bertha's electric headlights for the duty. [LAUGH] This locomotive is now gone, disappeared, but it will always be remembered as Butch's most powerful steam locomotive.

[LAUGH] Before we move on to number one, here is some honorable mentions. [LAUGH] [MUSIC] Okay, let's [INAUDIBLE]. [LAUGH] [APPLAUSE] All right. [APPLAUSE] I find this footage hysterical, and fortunately the patients did not. So. [LAUGH] Big Bertha. [LAUGH] [LAUGH] Big Bertha. [LAUGH] Yeah, so that's what we did with that.

[LAUGH] Ah, Lord. So then after that, you had a research study and you want to report your findings, right? You want to tell the world about this research study and hopefully get some attention. So, that people will fill more legitimized in integrating humor into hospitals and to healthcare settings, and to anywhere, into your lives.

It's so magic, isn't it? How it connects us. When we laugh together, we feel there's an intimacy to us. If we cry together, people are gonna start leaving and looking around like this is. I'm really uncomfortable, but laughter binds us together in the most magical and mysterious way. So I thought, well, if I'm gonna report about a comedy, besides writing up the P values.

And the other evaluations and what happened with the study, and submitting to journals. I wanted to do a DVD. I wanted to film something about this and I thought, well, if you're gonna report on the effectiveness of comedy, you better make that a comedy. So the research study, DVD, has to be funny itself, otherwise what's the point, right?

Now what we're gonna do [LAUGH] is watch another DVD. And this one I produced it when I was still at the Queens Medical Center. And the backstory is that the television reporter, who is actually a professional actress. A television reporter has heard that there's a comedy study that's been done.

She's gonna be the one to scoop that story. She's gonna be the one to get the story and this is gonna be her Emmy. She's gonna really tell that [INAUDIBLE]. So she's hurrying around the campus trying to figure out how she can scoop that story. So here we go.

It's called Humor Rumor. [BLANK_AUDIO] [MUSIC] Bray? [MUSIC] Bray? [MUSIC] This is Bray Bumatai of KAKA Island News. I'm here on the grounds of Queens Medical Center, a highly respected hospital here in downtown. Okay, so we're not getting the visual on this yet. Is anybody an expert on this? We watched right before the program and we could play it.

So if anybody can come up and lend a hand to this, I really want you to see this show. Is anybody, we got a wiz? We must have a media wiz in the room. Somebody's pointing right there. [LAUGH] Come on, come help. [LAUGH] [INAUDIBLE] Would you come up here for a minute?

[INAUDIBLE] Ah! [MUSIC] Brilliant, give her a round of applause, thank you. [APPLAUSE] [MUSIC] Bray? [MUSIC] This is Bray Bumatai of KAKA Island News. I'm here on the grounds of Queens Medical Center, a highly respected hospital here in Downtown Honolulu. Now no one would argue that a hospital is a serious place.

But I've heard a rumor that there's humor here, even humor research. And if that's true, I'm gonna be the one to crack this story. [MUSIC] Ladies and gentlemen, thank you for being here today for the constipation research. [LAUGH] Just a little bit of gas. Remember, we don't wanna overinflate.

We had that unfortunate incident last week with Mr. Tanaka. [LAUGH] And his rupture. Let's all stand up now. And this time just under the right buttock. And one, two, three. [UNKNOWN]. [NOISE] Mrs. [INAUDIBLE], are you having trouble? Little bit. You look like you're having difficulty there. Is your equipment working?

That's good. And now let's try it and sit on it. [NOISE] [LAUGH] We're doing some research and. [NOISE] [LAUGH] [UNKNOWN] What's your name? Hi, oh, you're so cute. I'd take you home with me. [SOUND] Hold on a minute, keep your shorts on. Are you here to cover the constipation research?

Dr. Culvin, I have to go to the bathroom. Me too. Me too. Me too! Oh, oh My gosh! It works! Fantastic, wait a minute this is fabulous. Thank you. Oh Great work, get in there, be succesful, do your thing. [UNKNOWN] I'm so glad you guys are here today. [INAUDIBLE] and I can show you this study design.

This is it. This is what we've been looking for, humor research. This is gonna be my Emmy. [MUSIC] He no feel right. How many, okay. I know, but okay, listen. He not a guy. He no shame you know. He checking everybody out. Eh, who is he with after all?

Who? Who? You, right? And right here. You're not chopped liver, kid. The guy should be focused on you, kid? That's all I care about because- [CROSSTALK] Excuse me, Chuey, sorry can you tell me how to find this place? Yeah, easy. You turn around. You head for the sign, straight to it, like if you go running too much, you gonna stop.

You gonna turn left. [BLANK_AUDIO] You will see one small hall. Go through that hall, turn left again. You go up that ramp couple steps. Then you look over your shoulder, gonna be right over there. No kidding me. Come on, George, let's go. [MUSIC] [NOISE] Excuse me. Three please. Sporting Goods.

Six please. Ladies Lingerie. Yeah, [LAUGH] it's for my wife. Hold the elevator. Oh, Mahalo. [NOISE] [LAUGH] [MUSIC] So what do you think human research is anyway? [SOUND] They ready? [SOUND] Where's the human resource lecture? [INAUDIBLE] go to your right. [INAUDIBLE] Go, go, go. [NOISE] They should just put the sign up.

Telling you, we should [INAUDIBLE] a sign up. [SOUND] [MUSIC] [SOUND] [APPLAUSE] I'm sorry, excuse me. So this is exciting. [INAUDIBLE] And so local TV station thought so too. Excuse me, I'm sorry. I'd like to show you TV coverage of this exclusive story. [INAUDIBLE] we've all heard that laughter is the best medicine.

And [INAUDIBLE] hospital has put that idea to the test with the first of its kind study. Cancer is no laughing matter but a little bit of comedy during treatment seems to help. The Queens Medical Center has completed research called the COMIC Study, Comedy in Chemotherapy. Susan Koboyashi was diagnosed with Stage 3 colon cancer and was one of the 50 patients who enrolled in the study.

Koboyashi's chemotherapy is now over and she remains cancer free two years after treatment. Mahalo to all of her therapies including a healthy dose of laughter. It appears that laughter is the best medicine after all. This is Kavaei Kalovowa, KUKU Island Television News. [FOREIGN] [APPLAUSE] This is the first time ever that we're aware of in the whole world that anybody has ever looked at symptoms of cancer and chemotherapy and what happens when you show comedy.

So one of the most wonderful things we learned about studying humor is this. It just all depends on how you look at things. [APPLAUSE] [MUSIC] I'm here on the grounds of Wheaton's Medical Center, a highly respected hospital here in Downtown Honolulu. Now no one would argue that a hospital is a serious place.

However, I heard a rumor that there's humor here, even humor research. And if that's true, I'm gonna be the one to crack this story. [LAUGH] [MUSIC] Mrs. Ornstein, is your whoopee cushion still working? No. [LAUGH] [LAUGH] We've had a rupture. Where is the human research lecture? [MUSIC] [LAUGH] Hold the elevator.

[LAUGH] [INAUDIBLE] [INAUDIBLE], let me in. [LAUGH] [MUSIC] [INAUDIBLE] One more time. Okay, great! Two more times. One more time, one more time. [NOISE] One more time. One more time. We gotta do it one more time. [INAUDIBLE] [CROSSTALK]. Do it again. One more time. Yay. [APPLAUSE] [MUSIC] So a comedy about a comedy study.

I thought it worked very well. Part of the pleasure for me watching this is that those are all people I love. They're all people who volunteered their time on busy days to come jump in. The guy playing the music at the end, he's a dialysis nurse. Everybody has a great story about why they wanna participant but it's because they believe.

The actors worked for free. It's because they believed in this work. So I promised you we'd be done by 8:15 and so what I wanna do is just take a minute to look back again at your stress level. See if it's any different. I'm not gonna ask you to share it but just take a check.

See if you feel any different than you did before you got here tonight. [BLANK_AUDIO] And then also take a pic of that child, that may have appeared to you when you thought about when you first understood and began conceiving of yourself as imperfect. And here's what I promise you.

If you invoke that child to be with you and you re-parent that child, your sense of humor will grow. Again, remember the part about how we don't laugh with people we don't like. And sometimes that child is really tough on us because she or he has convinced us how imperfect we are.

We're too big, too little, too dumb, too smart, too tall. Our parts are too small or too big, whatever it is. Make friends with her and re-parent her. Treat her like you would if have a child that age. A real physical child that age. How would you treat that child?

Treat that child you've beckoned that way. And what'll happen is that magically things will get funnier. [BLANK_AUDIO] We as nurses get into situations all the time, as you know, that aren't so funny. And there

are places where it's appropriate and inappropriate, as we all know. Some of the funniest situations that I've been in has been in resuscitation situations, when we're trying to keep someone alive.

And the team that's doing the work needs that to regroup and reteam and refocus. But if I'm the daughter of that man being coated outside the curtain, I don't wanna hear people laughing, right? So it's finding the timing. It's finding the place where it works and making sure it's not causing the dark side of humor, which is the painful side.

Even when we're around dying people, some of the funniest things I've ever been around have happened. I was telling a story the other day that I was with this patient who was dying. And I got to know his ex-wife and his daughter came often to be with him. In fact, the ex-wife was spending the night.

And one morning I came into the room and a patient had died. Daughter came into the room and they were both grieving a lot. They still loved him very much. Grieving a lot and the dietician came in the room with a breakfast tray and here he is with a breakfast tray and he holds it out there for For a minute and then he sees, maybe he should take it away.

So as he takes it away he says, patient refuses breakfast. [LAUGH] That's exactly the opening we needed. We got so hysterical, we laughed until we cried. It was exactly what we needed. And he probably had a check mark, he had to put somewhere that said patient ate 50% or refused or whatever patient refuses breakfast.

[LAUGH] There's a quote that's attributed to George Bernard Shaw that I wanna invoke to and I think it's a great quote. White doesn't seize to be funny when someone dies, in more that in seizes to be serious when someone laughs, right? Life doesn't seize to be funny when someone dies anymore than it ceases to be serious when someone laughs.

So, let's say goodnight to Brian and Mary. Are we ready to do that? Turn to the camera. Wait, I gotta record it from this angle too. Okay, wait a second. Shall we rehearse one time or are you ready? Do one rehearsal. Okay, we're gonna have one rehearsal. Aloha, Brian.

Aloha, Brian Okay, is that good? Ready for us to go? For real. Okay, for real. Aloha, Brian. Aloha, Brian. Aloha, Mary Aloha, Mary. Thank's so much for coming, come to the reception. Talk to you soon. [APPLAUSE] While I still got most of you sitting down, I like to invite Lynds Lawson to the Podium, she's the chair of the new Pilot Nurse Alumni Chapter.

I don't wanna steal anything from her, but she is going to invite you to a really great reception where there is food and drink for everybody. And a very generous Hob Osterlund would be happy to chat with you, take questions and so on. So, we hope that we see you.

Lynds, so awesome, welcome. Thank you everyone for putting a terrific program together tonight, and I just want to say thank you very much to, oh, I've got a gift for you. Oh Boy. We certainly appreciate you joining us. Do I need a corkscrew for it? If you do, we're gonna share it.

[LAUGH] Thank you very much. So I just wanted to share a word very quickly. My name is Lynds Lawson and I'm a graduate of the University of Portland School of Nursing, class of 1984 [APPLAUSE] So that a while ago, and some of my dearest friends are here from those days.

And I went on and got a Masters Degree in Health Management from University of Oregon in 1987. I currently work as a clinical specialist for Janssen Biotech, the Biotech division of Johnson & Johnson. And I've recently been invited to help with the University of Portland School of Nursing Alumni group.

And I wanted to tell you just briefly about what we are doing with that. And the reason why I'm so tied to the University of Portland School of Nursing. Is not only my own education but my daughter graduated from here this last spring. And I had the opportunity to see Kelly grow professionally and spiritually.

And every part of her personality and her clinical education was attributed to this amazing School of Nursing. I had the opportunity last spring to watch her be pinned and to graduate, to go through the board exam and call me afterwards, saying, I failed Mom, it shut off after 75 questions, which she didn't understand was the fact that she passed the test.

And then to go on and get a job at Providence St. Vincent's. And so, just a little bit of a story about that. And there's a very special person here in the audience, Dr. Sue Moscato, who over 35 years ago, I happened to be a nanny for her children.

And I was in high school and she knew I was interested in nursing. My mom was a nurse at Oregon Health Sciences University. Actually gave adriamycin when I was in phase two clinical trials and they they never put gloves on. Never put protective stuff on back in the day.

But Dr. Moscato took me under her wing and put me in the coolest lab coat. And brought me the Saint Vs and let me experience what it would like to be a student nurse there. And so that started our path and 35 years later, my daughter was at Providence Saint Vs.

And so, I am incredibly grateful for all that is possible for you. For the students out there, just know you're gonna get through it, it's gonna be amazing once you get there. My daughter just recently moved to Michigan, she went back for four days and had seven interviews and got seven job offers.

So, there is light at the end of the tunnel. So just very briefly I want to tell you about this new chapter that we've developed, and some of the things that we're looking at. And maybe pick your interest in perhaps for helping us. We're looking at a mentorship and how we can get high schools students interested in health careers.

And so recently, we had the opportunity to work with Medicine Highschool and their amazing Biomed program. But we're also looking at ways that we can support the nursing students as they transition from school and into that working career. Which humor would be a tremendous part of that, because it's a very, very stressful time.

And so, we're looking for ideas around that. And some of the other things to be aware of, we have an amazing event coming up, and Lincy Bennis, one of the faculty personal here, is going to be doing a pain lecture. It'll have contact education units associated with it. Coming this spring, so watch your information for that.

And then finally, we have got a program coming up in the Life After UP series. It's Caregiving for Aging Parents, coming up on April 19th at 6 o'clock. So if the members of the alumni group would stand up just briefly, so that we can recognize you. I want you all to see these people, if you have questions or wanna hear more about what we're doing, be involved potentially in mentorship.

Or just reconnect with your friends from back in the day of Nursing School. Please feel free to reach out to any of this and our reception is gonna be right around the corner in the board room. And thank you so much to Hob. And thank you so much for joining us this evening.

[APPLAUSE]