



Medical Education

Narrative medicine as a means of training medical students toward residency competencies

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ABSTRACT

Objective: This study sought to explore the perceived influence of narrative medicine training on clinical skill development of fourth-year medical students, focusing on competencies mandated by ACGME and the RCPSC in areas of communication, collaboration, and professionalism.

Methods: Using grounded-theory, three methods of data collection were used to query twelve medical students participating in a one-month narrative medicine elective regarding the process of training and the influence on clinical skills. Iterative thematic analysis and data triangulation occurred.

Results: Response rate was 91% (survey), 50% (focus group) and 25% (follow-up). Five major findings emerged. Students perceive that they: develop and improve specific communication skills; enhance their capacity to collaborate, empathize, and be patient-centered; develop personally and professionally through reflection. They report that the pedagogical approach used in narrative training is critical to its dividends but misunderstood and perceived as counter-culture.

Conclusion/Practice implications: Participating medical students reported that they perceived narrative medicine to be an important, effective, but counter-culture means of enhancing communication, collaboration, and professional development. The authors contend that these skills are integral to medical practice, consistent with core competencies mandated by the ACGME/RCPSC, and difficult to teach. Future research must explore sequelae of training on actual clinical performance.

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1. Introduction

The Accreditation Council for Graduate Medical Education (ACGME) of the United States and the Royal College of Physicians and Surgeons of Canada (RCPSC-CanMEDS) have created an institutional mandate across North America to achieve competency in such areas as communication, collaboration, and professionalism [1–3]. Medical educators and students recognize that the formal medical school curriculum, at least in its traditional form, cannot on its own convey to students these essential skills [4–8]. Intuitively, development of these ACGME/CanMED competencies requires training both in medical expertise as well as in interpersonal, ethical, interpretive, and reflective capacities. The informal and hidden curricula, established in the literature to be one of the most powerful influences on student learning, may help teach some of these capacities [9–12]. Unfortunately, these

curricula may also diminish students' empathy, promote cynicism, and enable moral stagnation or erosion [12–22]. Currently, many medical schools rely on role-modeling, mentoring, and clinical simulations to convey and provide practice in ACGME/CanMED competencies [11,23–26]. However, these methods may create a false sense of measurement when applied to nuanced, context-based behaviors, and may encourage students to 'perform' exterior actions rather than function through critically examined internal attitudes [12,19,25,27–34]. There remains a need for a dependable means of training and assessing skills within the ACGME- and CanMEDS-mandated domains of medical practice.

The study of the humanities — literature, creative writing, history, philosophy, visual arts, and anthropology — has emerged in medical training as a means of conveying skill in the interpretive, relational, and reflective areas otherwise hard to teach. Numerous innovative programs have been described in the past two decades [14–17,35–41]. Included among the teaching methods to emerge is the field of narrative medicine. Narrative medicine is an offspring of literature-and-medicine and patient-centered care, defined by Charon as "medicine practiced with... narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness." [42] Narrative medicine uses an

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Table 1
Summary of narrative medicine elective.

Course description	Instructors	Use of class time	Sample course material +/- writing prompt	Hour/week
Close reading of contemporary fiction novels	R.C. (internist and literary critic)	Close reading and discussion of novels	"So long, see you tomorrow" by William Maxwell	2
Affective dimensions of practice as experienced by patients and providers	J.A. (psychiatrist)	Discussion of assigned readings, reflective writing exercise and small group discussion of clinical work/ writing	"The Ship of Death" by Lawrence Writing exercise: the doctors fear and the patient's fear	2
Fiction writing workshop	N.H. (novelist and writing teacher) W.M. (M.F.A. candidate)	Workshop method for discussion of two student creative writing assignments; discussion of assigned readings	"Everything that Rises Must Converge" by Flannery O'Connor "The Beginnings of Grief" by Adam Haslett Personal creative writing submissions	4
Reflections on critical junctures in the formation of the doctor-self	S.A. (ob/gyn) K.S. (trauma-focused psychotherapist)	Close reading and discussion of assigned and in-class readings, 3–5 min reflective writing to a prompt followed by discussion of writing/clinical work	Excerpts from "The Wounded Storyteller" by Arthur Frank with request to write reflectively on different illness narratives participants had witnessed; excerpts from "The things we carried" by Tim O'Brien with writing prompt: "How to tell a true medical story"	2

interdisciplinary, process-based approach to examine suffering, illness, disability, personhood, therapeutic relationships, and meaning in health care. Narrative medicine methods have demonstrated improvements in team cohesion and perception of others' perspectives while decreasing burn-out and compassion fatigue [43–45].

Although there has been a rapid uptake of narrative medicine and reflective writing teaching methods in several US and Canadian medical schools, there is no clear statement available from learners themselves regarding the utility of the methods or the changes experienced as a result of the training. The importance of this deficit is revealed in the recent review by Shapiro et al. which indicates that many educational initiatives rooted in the humanities are limited in their capacity to succeed due to significant resistance posed by both students and faculty [46].

This study sought to explore the perceived influence of narrative medicine training on clinical skill development for medical students who were within months of starting internship. Using qualitative methods rooted in grounded theory [47], we asked students to report the perceived effectiveness of training in several categories of interest, focusing on those capacities that are singled out by ACGME and CanMEDS as critical to effective professional work. Specifically, we aimed to understand how medical students participating in a one-month narrative medicine elective during their fourth year of medical school would perceive its influence on their ability to communicate with patients and colleagues, to collaborate with patients and health care team members, and to develop professionally. Perhaps most importantly, we provided students with opportunities to reflect openly on unintended or unexpected consequences of their experience.

2. Methods

2.1. Narrative training method

The College of Physicians and Surgeons of Columbia University (P&S) offers an intensive month-long narrative medicine elective for fourth-year students. Twelve students (10 P&S students and 2 from outside P and S) enrolled in the elective. The students had completed undergraduate degrees in science (6), English (2), Sociology (1), History (1), Literature (1) and Economics (1). They had successfully applied for residencies in orthopedic surgery (3), emergency medicine (1), internal

medicine (3), obstetrics/gynecology (1), radiology (1), primary care (1), pediatric medicine (1), and psychiatry (2). Six faculty members trained in narrative medicine used assigned and in-class readings (poems, fiction, non-fiction, doctors' accounts of practice, and/or illness narratives) to invite small-group reflection, serve as a foundation for writing exercises, and foster discussion about aspects of illness or care (Table 1). Students were often invited to do in-class writing in response to a text and related prompt and to read aloud what they wrote. Sessions took place at the College of Physicians and Surgeons of Columbia University and were confidential, process-oriented, and collegial. Grades (Honors/Pass/Fail) were assigned based on participation and written work. No additional clinical work was required of the students during the month.

2.2. Data collection

Study procedures were approved (IRB # AAAI1336, date: 03/31/2011, revision 10/06/12). Study methodology was rooted in grounded theory. Three methods were used to collect reflections from students regarding the process and influence of narrative medicine training on clinical skill development. Anonymous surveys composed of open-ended questions were given each week for four weeks in one of the seminars (Table 2). A focus group, conducted by an impartial facilitator trained in ethnographic methods, was held on the final day of the elective to collect students' reflections of their experiences over the course of the month and to elaborate on findings from the surveys. Focus group questions were constructed based on a review of survey responses (Table 3). Participants were informed that the session would be audio-taped, with comments de-identified and tracked using numeric assignment. Finally, with IRB approval, the research team queried participants one and a half years following the elective. The team circulated two open-ended questions (Table 4) to the

Table 2
Questionnaire.

1. What was it like responding to this prompt?
2. How can you imagine this session as influencing your capacity to
 - a. Respond to patients?
 - b. Relate to your peers?
3. Define 'a good communicator'. Rate yourself according to this definition, and explain how this session did or did not enable you to get closer to that definition.

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