

# Design, Implementation, and Analysis of a Narrative Medicine Curriculum for Pediatric Residents

*Daniel Eison, MD MS PGY-2*

## Proposal and Rationale

As reflected in the milestones of ACGME's 2014 Next Accreditation System, the training of resident physicians calls upon them to access communication skills, insightful reflection, compassion, and emotional intelligence. Evidence suggests that Narrative Medicine can help trainees to develop competency and confidence in the skills and attitudes necessary for attaining those goals. Furthermore, a curriculum in Narrative Medicine can have a positive impact on resident wellness and satisfaction, promoting empathy, build team cohesion, and preventing burnout.

Devised by Dr. Rita Charon at Columbia, the field of Narrative Medicine has, over the past decade, expanded rapidly and taken root at many medical centers. Narrative Medicine is a discipline of study dedicated to understanding narrative. As Dr. Charon wrote in a 2005 article, it is "medicine practiced with the narrative competencies to recognize, absorb, interpret, and be moved by the stories of illness." NM uses narrative to foster partnership between doctor and patient through the model of Attention, Representation, and Affiliation: a clinician's ability to attend carefully and reflect creatively on a patient's narrative come together to build affiliation between the practitioner and the patient. The principal methods are literary analysis and reflective and creative writing, though other forms of creative engagement are also being practiced and explored.

A Narrative Medicine curriculum within residency training can imbue trainee doctors with the communication and reflection skills and emotional intelligence they will need throughout their careers, as well as help them to develop techniques for maintaining their wellbeing in the process. To this end, the aims of this project include:

- ❖ Conducting a needs assessment of current pediatrics residents in the abovementioned domains.
- ❖ Designing and implementing a Narrative Medicine curriculum for pediatrics residents to address those needs.
- ❖ Measuring the impact of participation in the curriculum on residents' competence and confidence in taking on the challenges of their training and the anticipated challenges of their future careers.

The curriculum will primarily include small-group workshops involving close reading, reflection, writing, roleplaying, storytelling, discussion, and other practices of Narrative Medicine.

## Design and Analysis

The research methods used for this project will be primarily qualitative, employing techniques such as participant observation, focus groups, and in-depth interviews to generate data. Researchers will perform an iterative thematic analysis of the data, using both *a priori* and emergent coding to assess needs, development, and outcomes.

Participants will also be surveyed before and after the curricular intervention. Surveys will include Likert scale self-rating on confidence in ACGME competencies and similar, adjacent issues that have been explored by previous studies. They will also take the Maslach

Burnout Inventory to assess self-perceived emotional exhaustion, depersonalization, and personal accomplishment.

## Potential Benefits

Participation will lead to knowledge of the subject area of Narrative Medicine and of the literary texts encountered. It will provide resident physicians a forum for the discussion of their experience and reflection, which has been shown to foster self-awareness, well-being, and teamwork while decreasing stress and burnout.

## Potential Risks

This is a minimal-risk study. This is a class session intended to introduce participants to the theory and practice of Narrative Medicine and offer them an opportunity to discuss their experiences of residency. The surveys provided to them will ask questions about the subjects' personal experience of such topics as delivering bad news, conflicts with patients or families, morbidity and mortality, and professional burnout; however, all questions will be optional for the participants to answer. Such topics may also arise during discussion in the sessions themselves. Strict safeguards of confidentiality and an explicit focus on emotional safety will aid in preventing harm.

## Alternatives

Participation in this study is voluntary. The alternative is to not participate in this study.

## Costs to subjects

Subjects will incur no monetary costs arising from this study.

## Compensation

Participants will not be compensated beyond whatever knowledge and satisfaction they may glean from the experience of participation.

## Confidentiality and Consent

Participants will be provided with an information sheet and agreement regarding the research at their first session. This information sheet contains the following elements:

- ❖ *Voluntary status*: A statement regarding the voluntary status will be included in the information sheet, including the choice not to participate in the group visit and ability to stop at any time.
- ❖ *Creation of written or artistic material*: All topics of discussion and material written or otherwise created during the sessions will be subject to use by the researchers for the purpose of analysis and academic presentation in written or oral form. However, participants reserve the right to refuse at any time up to its publication such use of any material they have partly or wholly created, and such material will be destroyed at the request of the participant involved in its creation.
- ❖ *Confidentiality*: By consenting to participate, participants will agree not to discuss or disclose the content of the sessions outside of the sessions themselves, including but not limited to the identities of those who participated, the words they spoke or wrote, and the subjects or topics they discussed. Furthermore, no identifying information will be

included in any presentation of the research or findings. Any transcripts of focus groups or interviews will use pseudonyms for all participants. Transcripts will be stored securely until the completion of the study, at which time participants may elect to have them destroyed.

## References

1. Arntfield, S. L., Slesar, K., Dickson, J., & Charon, R. (2013). Narrative medicine as a means of training medical students toward residency competencies. *Patient education and counseling*, 91(3), 280-286.
2. Charon, Rita. "Narrative medicine: attention, representation, affiliation." *Narrative* 13.3 (2005): 261-270.
3. DasGupta, S., Meyer, D., Calero-Breckheimer, A., Costley, A. W., & Guillen, S. (2006). Teaching cultural competency through narrative medicine: intersections of classroom and community. *Teaching and Learning in Medicine*, 18(1), 14-17.
4. Kidd, D. C., & Castano, E. (2013). Reading literary fiction improves theory of mind. *Science*, 342(6156), 377-380.
5. Levine, R. B., Kern, D. E., and Wright, S. M. "The impact of prompted narrative writing during internship on reflective practice: a qualitative study." *Advances in health sciences education* 13.5 (2008): 723-733.
6. Maslach, C., Jackson, S.E., Leiter, M.P. (Eds.), *The MBI-General Survey. Maslach Burnout Inventory manual (3rd ed.)*, Consulting Psychologists Press (1996)
7. Miller et al. Sounding narrative medicine: studying students' professional identity development at Columbia University College of Physicians and Surgeons. *Academic Medicine*, vol 89 (2), 335-42, 2014.
8. Nasca, T. J., Philibert, I., Brigham, T., & Flynn, T. C. (2012). The next GME accreditation system—rationale and benefits. *New England Journal of Medicine*, 366(11), 1051-1056.
9. Saint-Louis, Nicole M., "A Narrative Intervention with Oncology Professionals: Stress and Burnout Reduction through an Interdisciplinary Group Process" (2010). *Doctorate in Social Work (DSW) Dissertations*. Paper 4. [http://repository.upenn.edu/edissertations\\_sp2/4](http://repository.upenn.edu/edissertations_sp2/4)
10. Sands, S. A., Stanley, P., & Charon, R. (2008). Pediatric narrative oncology: interprofessional training to promote empathy, build teams, and prevent burnout. *J Support Oncol*, 6(7), 307-312.