



# Embracing Attention and Empathy Through Narrative Medicine in the Family Medicine Clerkship

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**Medical Education Snapshots: Part 1  
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*Disclaimer: Neither I or anyone in my immediate family, have any relevant financial relationships with any commercial interests to disclose.*

# Collaborative Team Members

- **William Miller Johnstone, III, MD, PhD**, Department of Family Medicine - Principal Investigator and Narrative Medicine workshop co-facilitator
- **Todd Savitt, PhD**, Department of Bioethics and Interdisciplinary Studies – Narrative Medicine workshop co-facilitator
- **Camille Bauer, BS**, Medical Student, Implementing curriculum during M4 Transition to Residency course

# Framework of Narrative Medicine

according to Rita Charon, MD, PhD

## ▪ ATTENTION

- **Close reading** – ability to be present and absorb what can be learned about a person's situation.
- Necessary as the **physician is the “receiver” of information** from the patient

## ▪ REPRESENTATION

- The writing renders the doctor audible, **the patient visible**, and the treatment a healing conversation between them.
- Novelist Henry James and literary scholar Roland Barthes both explain that the meaning of what gets expressed comes simultaneously from the one writing and the subject of that writing.

## ▪ AFFILIATION

- The movements of attention and representation spiral together toward the goal of narrative medicine, which is affiliation.
- Narrative medicine focuses on our **capacity to join one another as we suffer illness and acknowledge our clinical powerlessness** – both to comprehend suffering as it means to our patients but also to comprehend what that suffering might have meant to ourselves.
- Psychoanalyst Eric Marcus explains that “care of the sick requires the analyst's creativity in **inhabiting without colonizing the lived experience of the one who suffers.**”

# Rationale/Need

- Narrative Medicine as a discipline has **not been a fundamental aspect of the medical school curriculum** at Brody School of Medicine.
- Pioneered by Rita Charon, MD, PhD at Columbia University in 2000, she called the attention for the need for **“effective medical practices to replace hurried and impersonal care with careful listening and empathetic attention”**.
- According to George Zaharias’ “What is narrative-based medicine?”, **more research is needed to better define narrative medicine’s role**, understand the specific skills required for practice, and determine NBM’s outcomes with respect to illness and disease.

# Rationale/Need Cont.

- Medical students are taught the importance of good communication skills and patient-centered care throughout their career, however **with no formal training and time constraints in the medical system, patients frequently complain** that physicians do not listen, interrupt, make assumptions, and do not address their concerns.
- As healthcare continues to move towards patient-centered care, this study aims to **cultivate attention and empathy through creative writing sessions** to evaluate how they translate or fail to translate into student's understanding of **strengthening their therapeutic alliance with patients.**

# Methods/Description

- **Third year medical students** at the Brody School of Medicine rotate through the Family Medicine clerkship in six different cohorts and participate in two different narrative medicine sessions.
  - **Session One:** Introduction of the tenets of Narrative Medicine and reflective writing prompts – Story of your name (with a reading guide for reflective writing from Columbia University). Each student is given a small notebook to journal throughout the session. Survey on the usefulness of the exercises are then collected.

# Methods/Description Cont.

- **During the clerkship**, students write “**parallel charts**” on 2 patients focusing on aspects of the patient not in their medical records (**does not contain objective findings such as lab results or vital signs**). Students are encouraged to break the barrier of the electronic health record and focus on the patient “chief complaint” in the context of their lives.
- **Session Two**: Share parallel charts with their cohort and more creative writing exercises. Survey on the usefulness of the exercises and their experiences are then collected.



# Reading Materials

## What The Body Told

by **Rafael Campo**

Not long ago, I studied medicine.  
It was terrible, what the body told.  
I'd look inside another person's mouth,  
And see the desolation of the world.  
I'd see his genitals and think of sin.

Because my body speaks the stranger's language,  
I've never understood those nods and stares.  
My parents held me in their arms, and still  
I think I've disappointed them; they care  
And stare, they nod, they make their pilgrimage

To somewhere distant in my heart, they cry.  
I look inside their other-person's mouths  
And see the wet interior of souls.  
It's warm and red in there—like love, with teeth.  
I've studied medicine until I cried

All night. Through certain books, a truth unfolds.  
Anatomy and physiology,  
The tiny sensing organs of the tongue—  
Each nameless cell contributing its needs.  
It was fabulous, what the body told.

## AB Negative (The Surgeon's Poem)

Thalia Fields lies under a gray ceiling of clouds,  
just under the turbulence, with anesthetics  
dripping from an IV into her arm,  
and the flight surgeon says *The shrapnel  
cauterized as it traveled through her  
here, breaking this rib as it entered,  
burning a hole through the left lung  
to finish in her back*, and all of this  
she doesn't hear, except perhaps as music—  
that faraway music of people's voices  
when they speak gently and with care,  
a comfort to her on a stretcher  
in a flying hospital en route to Landstuhl,  
just under the rain at midnight, and Thalia  
drifts in and out of consciousness  
as a nurse dabs her lips with a moist towel,  
her palm on Thalia's forehead, her vitals  
slipping some, as burned flesh gives way  
to the heat of blood, the tunnels within  
opening to fill her, just enough blood  
to cough up and drown in; Thalia  
sees shadows of people working  
to save her, but cannot feel their hands,  
cannot hear them any longer,  
and when she closes her eyes  
the most beautiful colors rise in darkness  
tangerine washing into Russian blue,  
with the droning engine humming on  
in a dragonfly's wings, island palms  
painting the sky an impossible hue  
with their thick brushes dripping green  
a way of dealing with the fact  
that Thalia Fields is gone, long gone,

about as far from Mississippi  
as she can get, ten thousand feet above Iraq  
with a blanket draped over her body  
and an exhausted surgeon in tears,  
his bloodied hands on her chest, his head  
sunk down, the nurse guiding him  
to a nearby seat and holding him as he cries,  
though no one hears it, because nothing can be heard  
where pilots fly in blackout, the plane  
like a shadow guiding the rain, here  
in the droning engines of midnight.

## A Day's Wait by Ernest Hemingway

## Admission, Children's Unit by Theodore Deppe



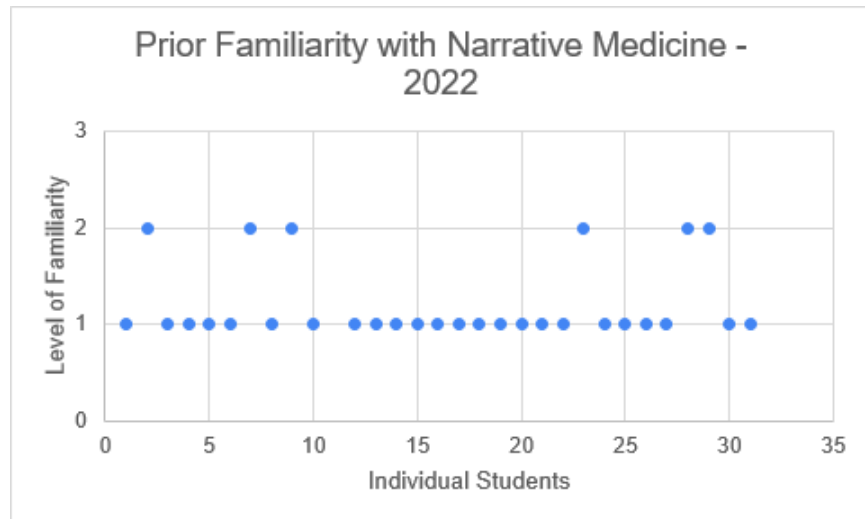
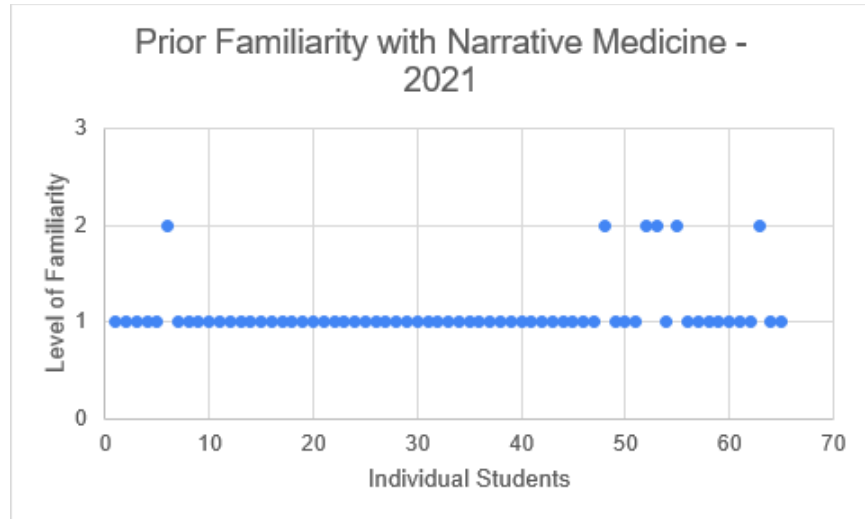
# RESULTS – SESSION ONE

- Class of 2021 (65 students)
- Class of 2022 (31 students)

How familiar were you with Narrative Medicine prior to this session?

Please circle one:

1. Not familiar at all
2. Somewhat familiar
3. Very familiar



# Session One – Class of 2021

For the following statements  
please indicate if you:

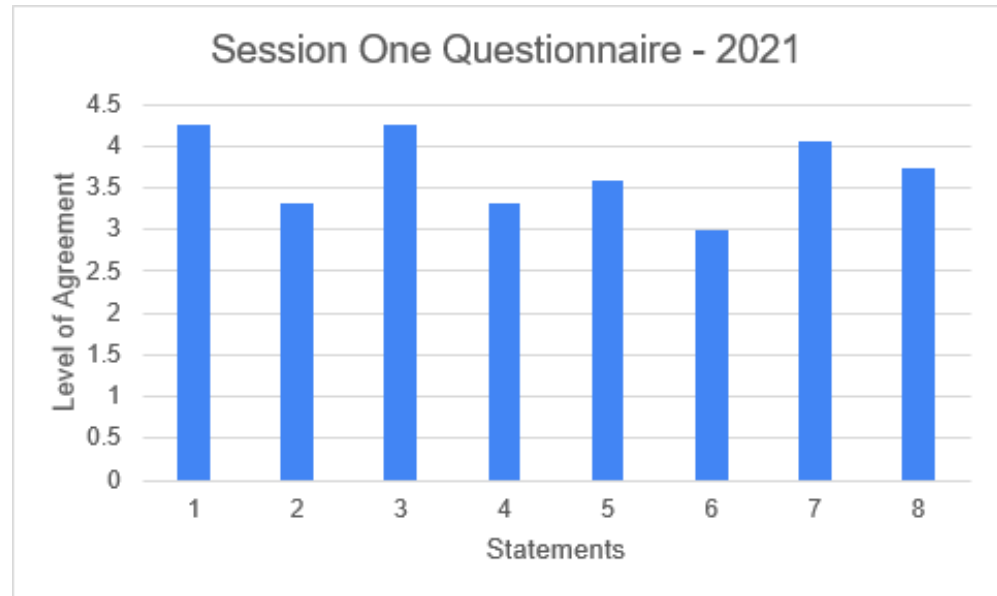
5-strongly agree

4-agree

3- neither agree nor disagree

2 disagree

1 – strongly disagree



# Session One – Class of 2022

For the following statements  
please indicate if you:

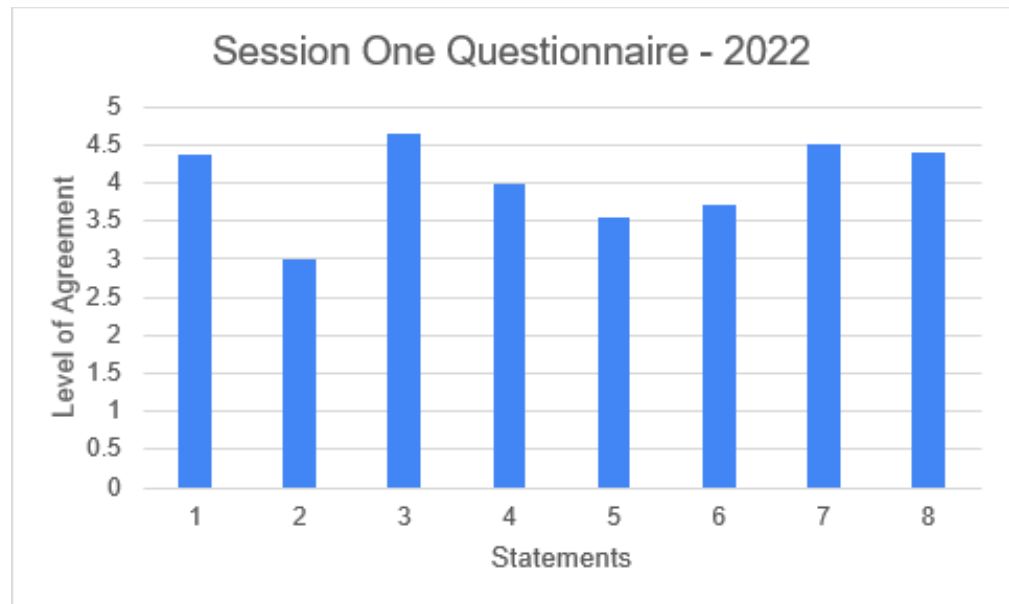
5-strongly agree

4-agree

3- neither agree nor disagree

2 disagree

1 – strongly disagree





# RESULTS – SESSION TWO

- Class of 2021 (65 students)
- Class of 2022 (31 students)

# Results: Session Two – Class of 2021 (65 students)

For the following statements  
please indicate if you:

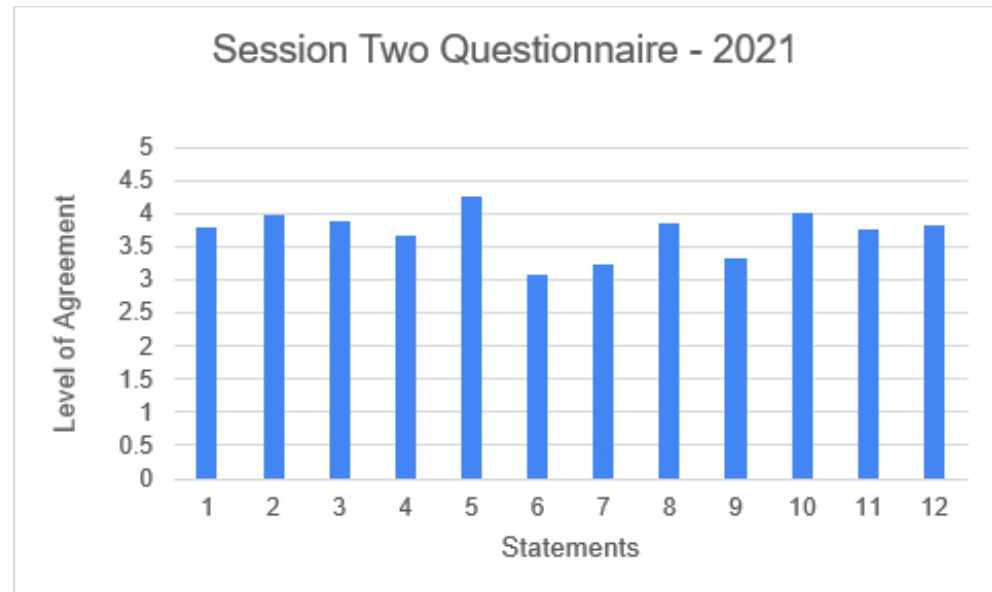
5-strongly agree

4-agree

3- neither agree nor disagree

2 disagree

1 – strongly disagree



# Results: Session Two – Class of 2022 (31 students)

For the following statements  
please indicate if you:

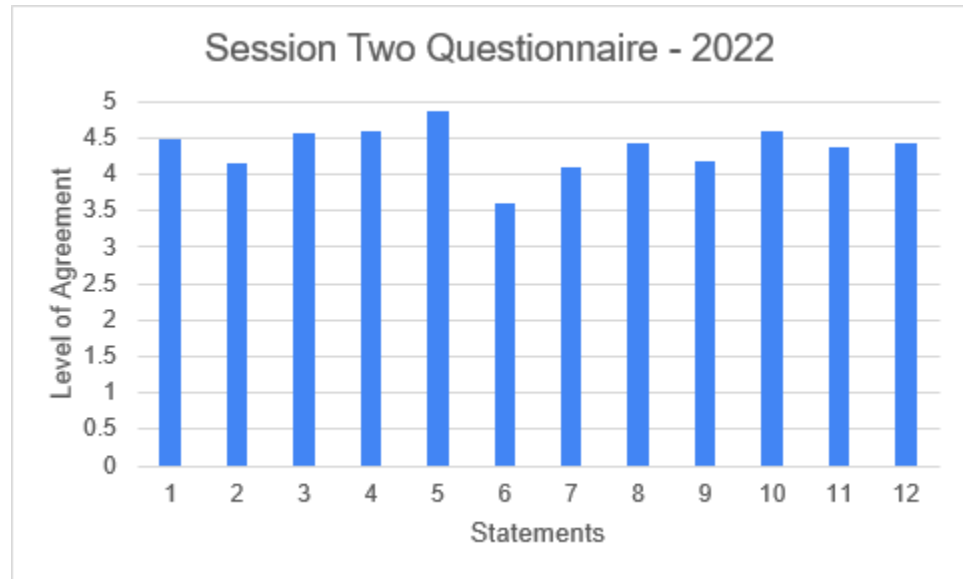
5-strongly agree

4-agree

3- neither agree nor disagree

2 disagree

1 – strongly disagree







# Challenges Encountered

- The biggest challenge is **organizational buy in** to have two separate sessions during the clerkship, however, we overcome this challenge by analyzing our data to support our theory that the **sessions are worth it** in developing empathy and attention through close reading.
- Since we work in different cohorts, there are **different group dynamics** as some are more engaged than others, however, we overcome this challenge by creating a safe space at the beginning as we **welcome vulnerability and flexibility** with how students relate to one another.
- Students are exposed and expected to practice narrative medicine all **within a total 4 hours** which can be challenging, however, we overcome this challenge by using high yield concepts in narrative medicine and allowing the **parallel charts** to guide their practice of narrative medicine throughout the clerkship.

# Lessons Learned and Next Steps

- The greatest lesson has been learning how to package a mini-curriculum and finding ways to support its importance.
- Continue collecting data for the remaining cohorts for the Class of 2022 and continue training with Nvivo to further code the qualitative data.
  - Particularly finding ways to represent the data to solidify its importance and necessity for our medical school education
- Re-evaluate the reading materials and assess other mediums such as the visual arts (i.e. paintings, films) or music
- Follow the students as they reflect during their fourth year “Transition to Residency” course – to assess the skills developed and gained from the sessions during their third year.

# Acknowledgements

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# Contact Information



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