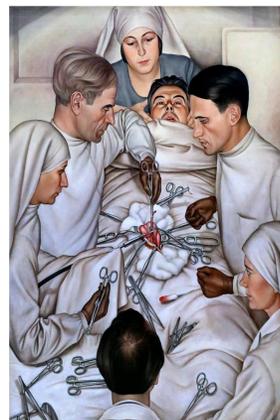


WHAT IS NARRATIVE MEDICINE?

- Dr. Rita Charon: “clinical practice fortified by narrative competence to recognize, absorb, interpret, and be moved by the stories of illness”.¹
- Activities can include:
 - Discussion of stories, film, and visual artwork that relate to the unique experience of doctors and patients.
 - The creation of artwork to express our own experience and/or conceptualize the experiences of our patients.
- Has been used as an educational tool², and to treat burnout.
 - Systematic review of 55 programs showed high participant satisfaction and improvement in key competencies.³
 - Adopted into core curriculum in more than half of North American medical schools.⁴

BRINGING NARRATIVE TO RESIDENTS

- ACGME requirements prevent residency programs from addressing issues identified as contributing to physician burnout, such as long work hours and excessive paperwork.⁵
- Any extracurricular reading or other additional assignments are especially burdensome in this context.
- Space in curriculum is limited, reserved for clinical learning.



THE PROJECT

- Establish whether residents feel that narrative medicine adds value to their curriculum.
- Evaluate interest in continuing activity long-term, via:
 - 30-minute meetings with all family medicine residents PGY1-3 and a faculty mentor.
 - 5 to 10-minute activities in which participants reviewed or created art, followed by optional sharing and discussion.
 - No preparation time required.
 - All data was collected via anonymous surveys.

RESULTS

Figure 1. Before curriculum was introduced: How interested are you in participating in the Narrative Medicine course? (N=11)

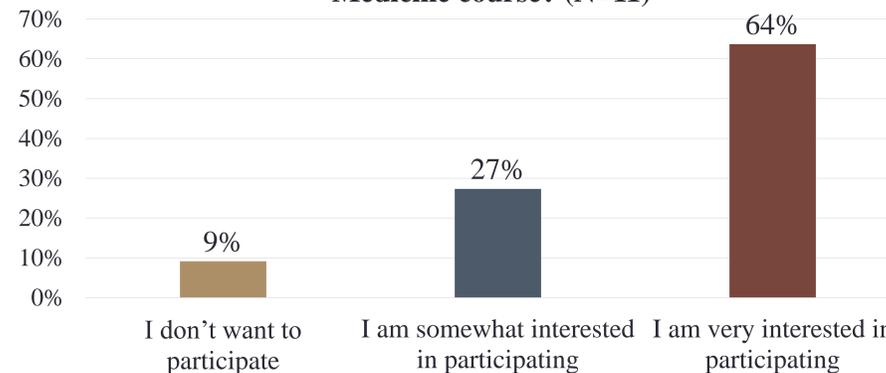


Figure 2. How interested are you in continuing to participate in the Narrative Medicine course?

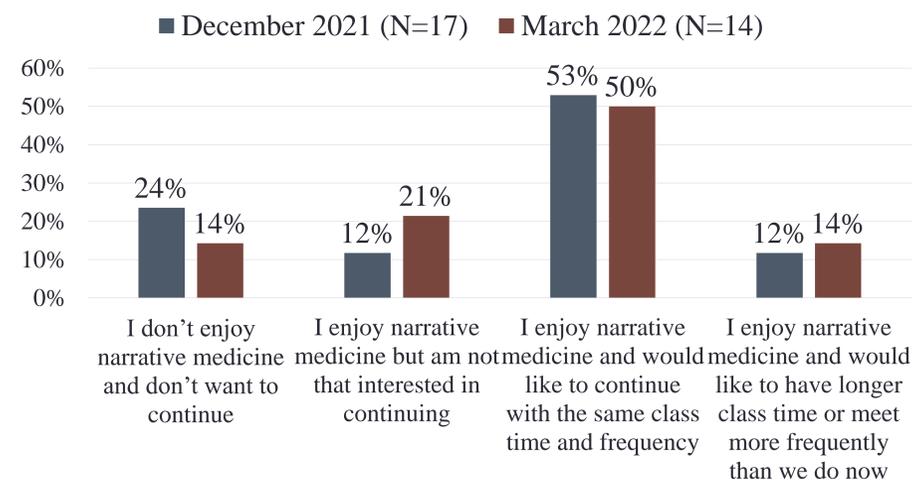
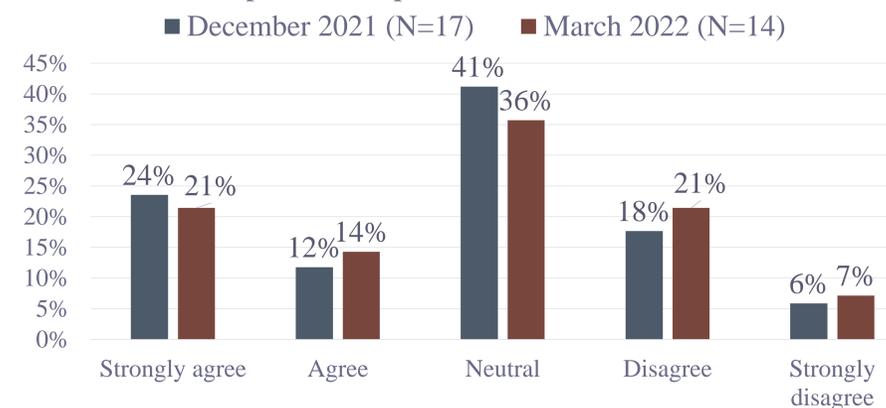


Figure 3. “I think Narrative Medicine should be a permanent part of the curriculum”



CONCLUSIONS

Overall, most residents enjoyed the activity (Fig. 2)

- Enjoyment of activity improved slightly with small group discussion and anonymous posting.
- Residents remain split over whether narrative medicine should be a permanent part of the curriculum. This project successfully demonstrated resident interest in narrative medicine activities even with very limited and sporadic exposure.



WHAT'S NEXT?

- Assess the extent to which adding narrative medicine to the curriculum effects other competencies such as:
 - Burnout
 - Sense of community
 - Empathy in our residents.
- Long-term goals include extending availability of narrative medicine activities to the GME program.



ACKNOWLEDGEMENTS & REFERENCES

With grateful acknowledgement to Olivia Pipitone for her valuable support at every stage of this project. Many thanks to Kevin Ewanchyna, MD for generously providing time from his curriculum, and to Michael D. Hermann, PsyD and William Barish, MD for encouragement and suggestions.

1. Charon R. The patient-physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. JAMA. 2001 Oct 17;286(15):1897-902.
2. M. M. Milota, G. J. M. W. van Thiel and J. J. M. van Delden. Narrative medicine as a medical education tool: A systematic review MEDICAL TEACHER 2019; 41 (7):802-810
3. Winkler, Abigail MD; Feldman, Nathalie MD; Moss, Haley MD; Jakalow, Holli MD; Simon, Julia MD; Blank, Stephanie MD Narrative Medicine Workshops for Obstetrics and Gynecology Residents and Association With Burnout Measures, Obstetrics & Gynecology: October 2016 - Volume 128 - Issue - p 27S-33S
4. George Zaharias. What is Narrative Based Medicine? Canadian Family Physician, 2018 March; 64: 176-180
5. Yates SW. Physician Stress and Burnout. Am J Med. 2020 Feb;133(2):160-164