



Symposium on Educational Excellence 2023

Inpatient narrative medicine rounds

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Abstract

Purpose: To share results of study examining the feasibility and effectiveness of integrating a short narrative medicine activity into regular inpatient workflow.

Objectives:

1. Present design of a narrative medicine forum where healthcare professionals refocus on human aspects of medicine.
2. Share preliminary results of impact forum has on healthcare professionals attitudes toward connection with their work, patients, and team members, and the degree to which teams think the activity is worthwhile.
3. Offer strategies for how attendees might implement similar forums in their clinical settings.

Background: Rates of reported burnout and moral injury in healthcare are rising at unprecedented rates, predicting the mass exodus of healthcare staff and employees.¹⁻³ Engaging with narrative medicine allows healthcare professionals to identify strategies that promote their wellbeing and aids in their ability to think clearly and critically about clinical encounters.^{4, 5} Several residency programs and medical schools have adapted narrative medicine as an integral part of their curricula; however, creating protected time for narrative medicine can feel burdensome and difficult.⁶ To the best of our knowledge, the feasibility and effectiveness of short narrative activities integrated into inpatient workflow has yet to be studied.

Symposium Methods: First, session participants will complete a short one-three-minute writing prompt; then, we will offer a summary of results from the pilot study; then, we will foster discussion about how leaders might implement similar forums in their clinical environments.

Study Methods: We recruited attendings and senior residents to volunteer as Narrative Champions for one week while working on an inpatient medicine service. Champions selected a patient to be the focus of a notecard-based prompt. Each member of the interdisciplinary healthcare team was given one-three minutes to write a response on a provided 3x5 index card. Champions then facilitated a discussion where team members were allowed to further reflect on the content and the process of the narrative exercise. Using anonymous Likert-scale post-activity survey methodology, we assessed how this activity impacted connection with participants' work, patients, and team, and the degree to which participants believed the activity to be worthwhile. Champions completed an open-ended post-survey at the end of the week to assess their experiences leading the project.

Preliminary Results: A total of 35 post-activity responses have been collected from multiple professionals at various stages of training: attendings (n=9), residents (n=16), medical students (n=7) and PA students (n=3). Compared to before the notecard exercise, 77% of participants "agreed" or "strongly agreed" that they felt an increased sense of gratitude, 91% felt more connected to the patient, and 77% felt more connected to their healthcare team. 80% of Champions (n=5) were able to facilitate the exercise 1-3/week. 80% of Champion's found the activity "easy" or "very easy" to implement. All Champions plan to continue incorporating the activity into their workflow outside of this study.

Impact: Integrating a narrative medicine activity into inpatient workflow is feasible. Results suggest the activity increased connectedness to one's patients and team members. Taking ten minutes to write, reflect, and foster team cohesion is a practical way to promote humanism in medicine and helps providers build tools to process the challenges of complex clinical environments.

Learning Objectives

1. Present design of a narrative medicine forum where healthcare professionals refocus on human aspects of medicine.
2. Share preliminary results of impact forum has on healthcare professionals attitudes toward connection with their work, patients, and team members, and the degree to which teams think the activity is worthwhile.
3. Offer strategies for how attendees might implement similar forums in their clinical settings.

References:

Rothenberger DA. Physician Burnout and Well-Being: A Systematic Review and Framework for Action. *Dis Colon Rectum*. Jun 2017;60(6):567-576. doi:10.1097/dcr.0000000000000844

Rotenstein LS, Torre M, Ramos MA, et al. Prevalence of Burnout Among Physicians: A Systematic Review. *Jama*. Sep 18 2018;320(11):1131-1150. doi:10.1001/jama.2018.12777

Dyrbye L, Shanafelt T. A narrative review on burnout experienced by medical students and residents. *Med Educ*. Jan 2016;50(1):132-49. doi:10.1111/medu.12927

Stumbar SE, Bracho A, Schneider G, Samuels M, Gillis M. Narrative Medicine Rounds: Promoting Student Well-Being during the Third Year of Medical School. *South Med J*. Aug 2020;113(8):378-383. doi:10.14423/smj.0000000000001131

Remein CD, Childs E, Pasco JC, et al. Content and outcomes of narrative medicine programmes: a systematic review of the literature through 2019. *BMJ Open*. Jan 26 2020;10(1):e031568. doi:10.1136/bmjopen-2019-031568

Aggarwal R, Deutsch JK, Medina J, Kothari N. Resident Wellness: An Intervention to Decrease Burnout and Increase Resiliency and Happiness. *MedEdPORTAL*. Nov 6 2017;13:10651. doi:10.15766/mep_2374-8265.10651