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Implementation of and student perspectives on a longitudinal reflective practice and narrative medicine curriculum for medical students

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Keywords

Narrative Medicine; Reflective Practice; Medical Humanities; Education, Medical; Curriculum; Students, Medical; Schools, Medical; Health Personnel

Abstract

Narrative Medicine (NM) is an approach that harnesses the power of storytelling to enrich an individual's understanding of illness and patients in the practice of Medicine¹. Reflective Practice (RP) is an integral component of NM that involves analyzing one's experiences and actions to incorporate new practices into existing routines². Both NM and RP have been shown to have multiple professional benefits for medical trainees and health care providers^{3,4,5,6,7}. Despite these benefits, there has been a scarcity of required longitudinal NM-RP medical curricula described in the literature. This talk will demonstrate the implementation of a four-year combined NM-RP course into Oregon Health Science University's (OHSU) curriculum and student's perspectives on the course. By the end of this talk, audience members will be able to: 1) describe a comprehensive four-year NM-RP curriculum, with specific activities and assessment methods 2) identify how a NM-RP curriculum positively influences medical student's clinical and personal skills and 3) identify medical students' perceived benefits from a comprehensive NM-RP curriculum, as well as areas of growth.

A required combined RP-NM curriculum was introduced in August 2014 at OHSU. The curriculum consisted of 11 required 90-minute small group sessions across all four years of training. Activities of the curriculum included responding to prompts via written field notes and analyzing visual art pieces, poetry, and prose. Before and after the course, students completed anonymized online surveys that asked about attitudes on NM and RP. The surveys consisted of questions with a numbered Likert scale (e.g. 1= strongly disagree to 6= strongly agree) to score statements on quality of sessions and skills gained as well as a free text section.

There were 117 responses from medical students following RP sessions during the post-didactics period. Quantitative analysis of these surveys showed an average full agreement (88.8%) with the statement that RP is an essential activity for medical students in medical students and physicians to continue to improve patient care. There were 668 responses during the clinical phase period. These responses highlighted that most medical students agree (85%) with statements that NM is a tool to improve their clinical skills and well-being.

Our initial outcomes show that a mandatory, integrated, and longitudinal RP-NM based course is feasible and can be integrated into a 4-year medical school curriculum. Considering the close relationship that physicians share with patients, it is valuable for clinicians to recognize and understand their patient's perspective and narrative. While select medical institutions have implemented RP and NM into their required curricula, including Baylor College of Medicine, Penn State College of Medicine, and Columbia University, it has yet to become a standard required course for medical students across the country. This talk details the successful integration of a required long-term RP and NM based course as shown by positive responses from medical students. Furthermore, our assessments demonstrated that most medical students identify RP and NM as activities that improve their clinical skills and mental health. We hope this talk will help other medical school programs start and expand their own RP and NM programs.

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