Program Description
Developing narrative competence is one approach to supporting professionalism and humanism in undergraduate medical education. Narrative competence can be defined as “the ability to acknowledge, absorb, interpret, and act on the stories and plights of others.” Narrative medicine is thought to improve the effectiveness of care by developing the capacity for attention, reflection, representation, and affiliation with patients and colleagues. This may be accomplished through reflective writing, storytelling, literary analysis, and other methods. One key component of absorbing and understanding patients’ illness narratives is the skill of attentive listening, critical for effective communication with patients but often neglected in medical education.

Third year George Washington University medical students rotating at the Washington DC VA Medical Center have the opportunity to participate in a Narrative Medicine curriculum led by Dr. Katherine Chretien, medicine clerkship director. The objectives of the curriculum are for students to 1) practice the skills of attentive listening, 2) develop narrative competence, 3) increase understanding of their veteran patients. There are three components to this curriculum. During the first group session, students are introduced to the concept of narrative medicine and practice attentive listening to narratives in pairs. Students then practice eliciting an illness narrative from an inpatient of their choosing, then writing down the story they heard and reading it back to the patient. During a final group session, students reflect on the experience and discuss these reflections.

The other purpose of this curriculum is to give veteran patients a much needed voice, as well as a chance to reflect on their illness. For veterans, this opportunity to share their stories may be especially rewarding as they may have strong reactions and feelings from deployment, return and reintegration challenges that can be linked to their illness presentation. The eliciting and reading back of patient narratives has been powerful. It has led to new clinical insights about patients, deepened relationships between students and patients, and has altered patients’ willingness to comply with health care team recommendations for work-up and treatment. Many patients have asked for copies of their narratives to keep.

Students have found this curriculum to be very rewarding in that they are able to connect with their patients and achieve a deeper understanding of them as patients, and as veterans who have committed their service for the country. Students have commented on the value of being able to see their veteran patients as people separate from their diseases. Further, it reaffirms that reflection in medicine is not only important but helpful in learning how to respectfully care for patients. Ideally, we hope to expand the course beyond the VA Medical Center. Narrative Medicine is an approach that is essentially free, only requiring time and reflection. It would be a great project for OSR representatives nationwide to implement at their respective schools.

Mr. X is the perfect patient. He is obedient to a fault; committed to the traditional role that the doctor is always right. He is quick to follow orders and last to complain.

I met Mr. X for what we thought would be an overnight observation for a blood transfusion. What unfolded was a series of difficult diagnoses, prognoses and decisions. But throughout this time, Mr. X remained passively persistent. Similar to how he shepherded his life. As a child, he worked diligently to provide extra money to his
single mother raising 4 kids. As an adult entrepreneur, he dedicated his life and work to serve others through dry walling. His goal was to provide a nice life for his family. He built a community around his work until asbestos poisoning forced him to retire.

Throughout Mr. X’s life, he has been plagued by a series of illnesses. One would never know. Even in his times of suffering, he selflessly offers help. Teeming with a gentle innocence and genuinely upon every offering. After his blood transfusion, a biopsy showed that his colon cancer had returned, this time spreading throughout his abdomen. Set to start palliative chemotherapy, his course was halted due to a bowel obstruction, likely caused by the cancer. Left with few options, and a partially functioning single kidney, we spent the past few days over discussing medical dogma with Mr. X. With every new medical stressor we threw at him, he maintained a thoughtful and patient stillness; never quick to judge or blame for his illnesses, or for the lack of patient centered, simplistic discussions.

The last few days of his life were peppered with uncovering his true joys. Gambling, Las Vegas, Ihop, eating, love, and prayer. But to witness this man pour over pride for his kids is one of my true joys. As a father of 6, his kids and grandkids are his true happiness. If they feel even 1/8th of the love he has for them, they would never feel lonely. He was the rock of his family; always focused on carrying on his family.

The last conversation I had with Mr. X, he left me with simple yet profound advice, per usual. He said “It’s a Friday night; time to put on your dancing shoes”. So in celebration of his life, we will dance.