

**Narrative Medicine Rounds**  
**Small Group Activity-Faculty Guide**

**Session objectives:**

Through this narrative medicine activity, students will:

1. Learn the definition of narrative medicine, and the ways in which physicians may use Narrative Medicine as a tool in providing care to patients.
2. Reflect on specific principles of Family Medicine in practice; particularly the biopsychosocial perspective, education, communication, patient advocacy, and patient empowerment.
3. Reflect on the possible presence of bias in a patient care visit, and transform this reflection into a deeper understanding of the patient's and one's own situation.

**Reading Assignment:** None

**Written Assignment:**

Prior to this session, students have been asked to complete a draft of a narrative essay, in response to the following prompt:

This narrative assignment and small group session present an opportunity for us to specifically reflect on the role that bias plays in healthcare. It is important to recognize that we all have biases; whether related to sex, gender, race, age, socioeconomic status, adherence to treatment plans, a patient's weight, or something else. Recognizing and working to address our biases provides the opportunity to mitigate the impact that they have on patient care. With this in mind, **we ask students to choose a medical encounter where it seemed that bias was particularly present; students may have observed what appeared to be bias, recognized their own bias, or been on the apparent receiving end of someone else's bias.** In their essays, students should describe the experience and the role that they felt bias played, explore what about the experience prompted them to think that bias was involved, and reflect on any lessons learned for the future. Students are encouraged to write about an encounter from the Family Medicine Clerkship, but are not limited to this time frame; they may write about an experience before medical school, on another rotation, with a Neighborhood Health Education Learning Program (NeighborhoodHELP) household, or on the Primary Care or Geriatrics Preceptorship.

Students should spend some time before Narrative Medicine Rounds reflecting on their reactions and emotions related to this event and summarize their experiences in a two- or three-page, double-spaced note or essay. Specific case details should be used as a way to make the story understandable in the biopsychosocial model.

In order to add meaningful details to the story, students should consider the following questions when completing this assignment:

- Describe the situation using your senses. What did you see, hear, smell, taste, touch? What was present to you at the time of the interaction with the patient? Were you tired, hungry, etc.? Was the room too hot or cold or stuffy? What did the patient look like? How was the patient's general demeanor?
- What made you think that you had recognized, witnessed, or experienced bias? What was the nature of your discovery? How did you feel? If the bias was your own, how has its discovery affected you?
- What was the patient/family/staff/attending feeling about the situation?

- What changed for you because of this event? What will you do differently in the future because of this event?
- What surprised you most?

#### **Materials:**

- Each student should bring a copy of his/her Narrative Medicine Rounds written assignment to the group session.
- Robert Colescott's painting *Emergency Room* will be projected at the start of the session

#### **Discussion Guide for Faculty:**

##### *Session Overview*

This reflective exercise is an opportunity for students to debrief with their peers in a confidential and facilitated small group environment. It is an opportunity to discuss issues related to bias that arise for us when providing medical care. The session will take the following format:

- 1-30 minutes: Discussion of Robert Colescott's *Emergency Room* (pictured below)
- 31-45 minutes: Discussion of the field of Narrative Medicine
- 46-120 minutes: Sharing and discussion of student narratives related to bias

##### *Part 1: Visual Thinking Strategies-Discussion of Emergency Room*

Start by telling students that Narrative Medicine is not limited to just the written word; it also includes performance, art, and music. You can also share that Visual Thinking Strategies is a systematic way of looking at art that has been shown to improve the diagnostic skills of physicians—particularly in Dermatology and Radiology. Courses in art and museum work are incorporated into many medical school curricula. Also, there are no right or wrong perspectives regarding narrative medicine; it's ok that we may see different things in the same image.

**Start by asking students:** What's going on in [this picture](#)?

If students are having trouble answering this question, you may want to direct them to specific parts of the image: **What is going on in the upper right-hand corner? What is the red woman made of and why? What is going on in the lower right-hand corner? What do you think the hands represent?**

**If the student needs to elaborate to make his/her statement clearer, ask:** **What makes you say that?**

**If the conversation comes to a halt you may ask:** **What else can we find? What else do you see?**

**As the discussion is taking place you should...** Paraphrase each student's observation. Point at what they are observing. Make connections between the student's observations.

**End the discussion by asking and/or asking a student to summarize:** **What point do you think the painter was trying to make? How is/isn't he successful?**

##### *Part 2: Overview of Narrative Medicine*

**Start by posing the following question:** Why do you think we have this session?

- What is narrative medicine?
  - A term coined by Dr. Rita Charon (at Columbia).

- Does not encompass only writing—but also music, visual art, dance, and other forms of performance.
- Narrative medicine provides and helps to develop an approach to humanistic care.
  - “By bridging the divides that separate physicians from patients, themselves, colleagues, and society, narrative medicine offers fresh opportunities for respectful, empathic, and nourishing medical care.” Source: Charon R. Narrative Medicine: A model for empathy, reflection, profession, trust. JAMA. 2001;286:1897-1902.
- To develop competence in narrative medicine, a clinician must first be fully present in his/her interactions with the patient. Being fully present requires concentration, sensory awareness, and observation. Charon refers to this first act of narrative competence as *attention*.
- The second act is for the clinician to represent the patient and his or her story; this *representation* can be made in many media (not just writing). Charon believes that by representing the patient, the clinician will form a connection with the patient and become a better advocate for the patient. She refers to this act as one of *affiliation*.

**You may continue to probe the students by asking:** What is a narrative? What makes a “good story”? What do you have to be able to do in order to tell a “good story”? What do you learn from telling stories?

How can narrative medicine be an important tool for physicians?

- Tells the stories of our patients, gives a voice to our patients
- Allows us to connect more deeply with our patients, to be present, to be a better advocate
- Medicine is ultimately about telling, and listening, to stories
- Can be a powerful tool for advocacy (refer back to Colescott’s painting-What is he advocating for?)
- A way to process and reflect on difficult, meaningful, and/or gratifying patient experiences

### *Part 3: Sharing of Stories*

Next, please have willing students share their narratives with the group. Please allow them to only share as much or as little as they are comfortable disclosing to peers. If students are not comfortable sharing their narratives, please ask them to comment on the following questions:

- What was the process of writing like for you?
- Why are you hesitant to share your writing with the group?

Everyone should take a turn to share or discuss his/her narrative, and to receive feedback/comments about his/her experience. Urge students to find reflect on what they learned from their shared experiences.

**After class:** Each students’ final narrative essay, along with the post-session evaluation, is due via Canvas by the date listed in the syllabus (generally one week following the session).

**Grading:** The Clerkship team will grade the students’ narrative essays. Please inform the Clerkship Director if any students are unengaged, disinterested, or disrespectful during the small group session; students may have their overall clerkship grade reduced for any of these behaviors, per the clerkship’s policy on Professionalism.

**References**

Balhara KS, Irvin N. "The guts to really look at it"-Medicine and race in Robert Colescott's *Emergency Room*. JAMA. 2021; 325(2):113-115.

Colescott R. Emergency Room. 1989. Available at: <https://www.moma.org/collection/works/78674>.

## Narrative Medicine Rounds Writing Assignment-Syllabus

The narrative medicine assignment consists of two parts: a group discussion session and an individual written assignment. This reflective exercise is an opportunity to debrief with peers in a confidential and facilitated small-group environment. It is an opportunity to have a conversation about issues that arise when providing medical care. The small groups will be comprised of about eight students and one faculty mentor.

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- What made you think that you had recognized, witnessed, or experienced bias? What was the nature of your discovery? How did you feel? If the bias was your own, how has its discovery affected you?
- What was the patient/family/staff/attending feeling about the situation?
- What changed for you because of this event? What will you do differently in the future because of this event?
- What surprised you most?

During the group session, students are asked to share their narratives; however, students should only share as much or as little as they are comfortable disclosing to peers. An important part of this group session is also simply listening to the stories told in the group; and providing thoughtful comments, as

appropriate. Students are required to turn in their essay via CanvasMed by the date specified in the syllabus.