

**University of Central Florida**  
**College of Medicine** 7-14-14

Faculty Rotation/Preceptorship/Student Learning Experience Responsibility Form

**Proposal Date:** \_\_\_\_\_  
**Course Title:** Narrative Medicine **Department/Specialty:** Narrative Medicine/Medical Education  
**Brief Description (25 words maximum):** This elective introduces fourth year medical students to the nationally recognized field of Narrative Medicine (NM) and teaches them to apply concepts of attention, representation and affiliation to patient and self care.

**Primary Preceptor Supervising Students:** \_\_\_\_\_ **Office Location:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Please indicate course type (select one):**

- M3 Clerkship Selective (2 wks)                       M4 Clerkship Elective (2 wks)  
 M4 Clerkship Acting-Internship (4 wks)  Other (explain) \_\_\_\_\_

**Location:** \_\_\_\_\_

- Location to Report on first day:** \_\_\_\_\_ **Reporting Time:** \_\_\_\_\_  
 **Contact Person (for information/ scheduling):** \_\_\_\_\_

**Contact Phone and e-mail:** \_\_\_\_\_

**Which blocks will this rotation be offered during the academic year?** All blocks

**What is the number of students per rotation block?** Maximum 2

**Prerequisites (check all that apply):**

- Completion of M2                       Completion of M3                       UCF COM Students Only                       Consent of Instructor  
 Completion of Core Clerkship in \_\_\_\_\_                       Other: \_\_\_\_\_

**Length of program (weeks):** 2                      **Estimated total contact hours/week:** 40

**Estimated % of time - Inpatient:** n/a                      **Estimated % of time - Outpatient:** n/a

**Estimated % of time - Indirect contact time (independent study or online course work):** 50%

**Estimated patient volume: What is the estimated number of patients/week for whom the student will have some responsibility, e.g., intakes/week** n/a **follow-ups/week** n/a

**On-call schedule:** None **Weekend duties:** Self study as required

**For non-patient care rotations, describe the typical learning activities and responsibilities of the student:** Student will be expected to participate in patient rounds; read/view and be prepared to discuss assigned readings (including short stories, essays, or poetry) and short films; actively participate in close reading exercises; write parallel chart entries (a parallel chart entry is a written, reflective account written by the student reflecting upon a patient encounter); elicit and transcribe patient illness narratives; respond to writing prompts developed by the preceptor; and lead a Narrative Medicine workshop for the M3 and M4 students assigned to NCH.

**Describe the expected level of supervision of students by faculty and residents:** The student will be directly supervised by Olivia DiLeonardo, MLS, Instructor of Medical Education (Volunteer Faculty), UCF COM

**Goals of the Rotation: Specify the anticipated clinical conditions the student will encounter, and the clinical knowledge, and examination and procedural skills the student will be expected to learn:**

- Student will learn about the history and development of Narrative Medicine and medical humanities. Student will be able to identify how humanities-related disciplines can "...enhance empathy, perspective-taking, openness to different viewpoints, and to prompt reflection on self, others, and the world." (Kumagai, 2014).
- Student will recognize the ability of the arts to "make strange": "...to trouble one's assumptions, perspectives, and ways of being in order to view anew the self, others, and the world, (which) may serve a critical educational function in the development of reflective, humanistic clinicians." (Kumagai, 2014).

Student will be able to identify and describe the tenets of Narrative Medicine: attention, representation, affiliation (Charon, 2006)

- Student will learn to conduct close reading exercises using prose, poetry, essays, short films, photography, and works of art assigned by preceptor
- Student will participate in Pediatric Intensive Care (PICU), Neonatal Intensive Care (NICU), and Pediatric Hospitalist rounds with direct faculty preceptor supervision, and -write parallel chart entries based upon patient encounters.
- Student will elicit a narrative from a patient, listen while the patient tells his/her story, and then transcribe the story, concentrating on capturing its essence. The student will then read his/her written version of the patient's story back to the patient. This experience will be conducted under the direct supervision of the faculty preceptor. This exercise has been shown to develop the skills of narrative competence and attentive listening, and ultimately result in enhanced affiliation with the patient and the patient care experience from the patient perspective. (Chretien et al, 2015; Das Gupta, 2007; Kumagai, 2008)
- Student will respond to writing prompts and actively participate in discussion of these written entries with preceptor
- Student will choose a piece of short fiction (poetry or prose), short film, photographs, or work of art and lead a Narrative Medicine exercise for M3 and M4 students assigned to NCH, including a close reading, in-depth discussion, and response to a writing prompt under the direct supervision of the faculty preceptor

### **Learning Objectives:**

- **Patient care:** Students are expected to provide patient care that is compassionate, respectful, appropriate and effective for the promotion of health, prevention of illness and the treatment of disease. Students will demonstrate the ability to gather essential and accurate information about their patients; communicate effectively with patients and families; and demonstrate caring and respectful behaviors when interacting with patients and families. In order to accomplish these objectives, students will develop and utilize attentive listening and narrative competence, "...the competence human beings use to absorb, interpret, and respond to stories...it enables the physician to practice with empathy, reflection, professionalism, and trustworthiness." (Charon, 2001)
- **Medical Knowledge:** Students are expected to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care. Students will apply an open-minded analytical approach to the acquisition of new knowledge; critical evaluation of current medical information and scientific evidence; and the application of this knowledge to clinical problem solving, clinical decision-making, and critical thinking. In order to accomplish these objectives, students will listen attentively to the stories relayed by patients during rounds and medical interviews; compose parallel chart entries reflecting upon patient encounters; elicit an illness narrative from a patient, write down the patient's story, and then read the story back to the patient. Attentive listening, paying close attention to words, gestures, form, and moments of stillness or silence (Das Gupta, 2007) will hone students' observational skills and attention to detail, thereby contributing to the generation of differential diagnosis and unique treatment plan for each patient encounter. "The doctor who has narrative competence uses the time of a clinical interaction efficiently, wringing all possible medical knowledge from what a patient conveys about the experience of illness and how he or she conveys it...Narrative competence gives the doctor not only the means to understand the patient, but fresh means to understand the disease itself." (Charon, 2004).
- **Practice Based Improvement:** Students must demonstrate the ability to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. In order to accomplish this, students will engage with, discuss, and reflect upon prose, poetry, works of art, and film in order to gain awareness of his/her own perspectives, biases, and cultural lenses. Student will learn to use the humanities to "make strange" and trouble his/her own assumptions (Kumagai, 2014) as part of the continuous process of self-evaluation of his/her patient care.
- **Interprofessional and Communication Skills:** Students are expected to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Students must demonstrate the ability to cultivate and use effective listening skills, including nonverbal facilitation and encouragement; elicit and provide information using effective explanatory, questioning and writing skills; and work effectively with others as a member of leader of a health care

team. In order to accomplish these objectives, students will actively participate in close reading exercises; compose parallel chart entries and actively participate in a discussion and close reading of these entries; elicit and transcribe a narrative from a patient; and learn to conduct a narrative medicine workshop, including a close reading and writing prompt, for the preceptor and M3 and M4 students assigned to NCH. Narrative Medicine instruction has been shown to improve the interpersonal and communication skills of medical students and contribute toward the acquisition of the residency competencies of communication, collaboration, and professional development. (Arntfield et al, 2013).

- **Professionalism:** Students are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society. The various exercises included in this elective will facilitate the attainment of the objectives listed above: the practice of Narrative Medicine encourages self-evaluation, and narrative medicine instruction has been shown to contribute to the professional development of medical students. (Arntfield et al, 2013). According to both survey and focus group data presented in Arntfield's 2013 study of the impact of narrative medicine training on clinical skill development of fourth-year medical students, students reported "...strongly valuing the opportunities presented throughout the elective to "establish a pattern" of reflecting on themselves and the practice of medicine. Many reported that the training provided skills of reflection, which they felt would enable them to become better physicians and avoid burnout." The training students will receive during this elective will enable them to lead narrative medicine workshops such as the Narrative Oncology writing group at Columbia University Medical Center, a bi-monthly seminar for designed to decrease burnout and build collegial support among interdisciplinary health care team members. (Charon, 2006).
- **Systems Based Practice:** Students are expected to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to apply this knowledge to improve and optimize health care and collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care. Among the dividends of Narrative Medicine are critical thinking, reflection, heightened self-awareness and greater cultural sensitivity, all of which will contribute to students' ability to achieve these competencies. The practice of Narrative Medicine can assist the student in his/her ongoing consideration and assessment of non-biological determinants of health. (Charon, 2006). Further, Pearson et al demonstrate that the use of narrative reflection during a third-year surgical clerkship contributes to the value attributed to health care teams. (Pearson, 2008).

**Learning Activities: Specify the level of the student's clinical responsibilities, e.g., admissions, daily rounds, weekly conferences, case presentations, literature review, other projects:** \_\_\_ Student will participate in close reading and writing exercises daily, both scheduled with the preceptor as well as independently as directed by the preceptor. Student will participate in NICU, PICU, and Hospitalist rounds, elicit and transcribe patient illness narratives, and write reflectively about patient encounters. Student will actively participate in discussion of readings and his/her reflective writing. At the end of the course, student will lead a 1 and ½ hour Narrative Medicine workshop consisting of a close reading exercise, discussion, and writing prompt. These workshops already occur as part of the UCF COM pediatric clerkship at Nemours Children's Hospital and are currently led by the preceptor, Olivia DiLeonardo.

**Additional Information (textbooks required, additional teaching faculty, etc.):** Preceptor will provide copies of short stories, poems, essays, and journal articles (appropriate copyright permissions obtained). Short films, photographs, and/or works of art may be accessed online. Additional resources include: Rebecca Gill, MD; and James DeGrado, MDiv, BCCC. Both Rebecca Gill, MD and Olivia DiLeonardo, MLS have UCF COM Volunteer Faculty status. Olivia DiLeonardo also serves as advisor to the UCF COM Narrative Medicine Student Interest Group and leads weekly Narrative Medicine sessions for M3 students assigned to NCH for pediatric and psychiatric clerkship experiences, as well as M4 students.

**How will the student's performance be assessed?**

**How/when will formative feedback be given:** \_\_\_ Feedback for continuous improvement will be provided throughout the course.

**Summative evaluation:** \_\_\_ Student's Narrative Medicine workshop presentation will be evaluated using the existing rubric, Case Study Evaluation Form (attached- preceptor will edit as needed). Student's overall performance will be evaluated using the existing Medical Electives Student Performance Evaluation Form (attached- preceptor will edit as needed). These completed evaluations will be provided upon completion of the course.

## References

- Arntfield, Shannon L. & Kristen Slesar, Jennifer Dickson, & Rita Charon. (2013). Narrative Medicine as a Means of Training Medical Students Toward Residency Competencies. *Patient Education and Counseling* 91, 280-6.
- Charon, Rita. (2001). Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust. *Journal of the American Medical Association* 286, 1897-902.
- Charon, Rita. (2004). Narrative and Medicine. *New England Journal of Medicine* 350, 862-4.
- Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. New York : Oxford University Press, 2006. Print.
- Chretien, Katherine C., Rebecca Swenson, Bona Yoon, Ricklie Julian, Jonathan Keenan, James Croffoot, & Raya Kheirbek. (2015). Tell Me Your Story: A Pilot Narrative Medicine Curriculum During the Medicine Clerkship. *Journal of General Internal Medicine* Feb 11 Epub ahead of print.
- Das Gupta, Sayantani. (2007). Between stillness and story: lessons of children's illness narratives. *Pediatrics* 119, e1384-91.
- Kumagai, Arno & Delese Wear. (2014). "Making Strange": A Role for the Humanities in Medical Education. *Academic Medicine* 89, 973-77.
- Kumagai, Arno. (2008). A conceptual framework for the use of illness narratives in medical education. *Academic Medicine* 83, 653-8.
- Pearson, A. Scott, Michael McTigue, & John Tarpley. (2008). Narrative Medicine in Surgical Education. *Journal of Surgical Education* 65, 99-100.