What do residents learn from patients? Building partnerships with patients through a narrative reflective exercise

International Conference on Residency Education, September 27th, 2019

Marc-Antoine Marquis1 MD MSc, Julie Cousineau2 LLM DCL, Alexandre Berkesse3 MSc, Antoine Payot1,2 MD PhD, Philippe Karazivan3,4 MD MSc, Vincent Dumez3 MSc, Nathalie Orr Gaucher1,2 MD PhD

1Département de pédiatrie, Faculté de médecine, Université de Montréal, Montréal, Canada
2Bureau de l’éthique clinique, Faculté de médecine, Université de Montréal, Montréal, Canada
3Direction collaboration et partenariat patient, Faculté de médecine, Université de Montréal
4Département de Médecine de famille et médecine d’urgence, Faculté de médecine, Université de Montréal
I have no financial interest or relationships with industry pertaining to this presentation.
At the end of this session, attendees will be able to

• Identify key clinical situations that promote reflexive practices in medical residents

• Identify the essential themes emphasized by medical residents in a narrative workshop
Background

Creation of a professional medical identity involves:
- Cognitive processes (e.g. medical knowledge and judgment)
- Technical abilities
- Relational processes

Monroux LV. Identity, Identification and Medical Education: Why Should We Care? *Medical Education*. 2010; 44: 40-49.
Background

Narrative medicine places the interaction between physician and patient at the center stage of the medical profession.

Has potential benefits for the development of:

- Empathy
- Cultural competency
- Ethical sensibility
- Professionalism and professional identity


Methodology

• Ethics workshop for residents at the University of Montreal in May-June of each year

« Think of an experience you have lived during which you have learned something from a patient or his/her family. In 750 to 1000 words, describe this experience as you have lived it, and explain what it allowed you to learn. You can use inspiration from the New York Times’ *Letting patients tell their stories*, written by Dr. Dhruv Kullar »
Methodology

• 2 cohorts recruited (2017 and 2018)
• Informed consent was obtained in the form of « opt-out »
Methodology

- Inductive qualitative analysis inspired by elements of grounded theory
- Literary analysis
- Coding of data with NVivo
  - Two investigators coded the first 12 texts together to determine guiding principles for coding.
  - Multiple cycles of coding for all texts.
  - Identification of recurrent themes in residents’ narratives by combining and contrasting coded data into nodes.
Results

• 72 texts were produced by residents as part of the workshop (2 opted out of the study)

• 18 different specialties
  • Most common internal medicine (19) and pediatrics (6)

• 41 (57%) were senior residents
Results

Learning episodes described in the vignette occurred most frequently in:

- Stressful or pressured environments
- Often in oncology or in the end of life setting.
Main Themes

Humility

« I thought I knew them, but in reality, in only knew the surface and some ‘data’ useful to me. An absent working father, a mother caring for their child [...], their precarious financial situation. I did not know their lives before that day. And I only realized, at that moment, how this life they were living impacted their experience of the past 4 months. »

« I have been faced with a reality that remained abstract until then: the limits of contemporary medicine. Despite all the efforts, the research, knowledge and good intentions of the healthcare team, we fight against an adversary stronger than we are: the unavoidable evolution of life. [...] It would be easier, after such an experience, to come out bruised, defeated... That night was for me a great lesson in humility. And I came out of it with a new motivation, informed by the knowledge that life, and health, are precious. »
Main Themes

Connection as a therapeutic intervention and a source of suffering.

« This adaptation of care and the tailoring of one’s approach to each patient allows the establishment of trust with him/her, which eases the conversations on delicate subjects, affects the patient in a greater way, or has a greater impact on his/her life and health. »

« For the first time, I saw him. Not as a patient, but as a person. A vulnerable person, alone and anxious, on the brink of tears. He needed to talk and his medication was the last of his worries. […] When I think of Mr. X, I wonder if I have been able, since, to read better between the lines when I talk with patients. I hope so, as I prepare to become an attending myself. »
« I personally think that distancing ourselves emotionally from our patients is the defense mechanism that allows us to remain functional at work and during our calls. I also believe that developing connection with a patient and his loved ones allows us to better treat this patient. So, where is the line? When do we know if we’ve insinuated ourselves too much in the lives of our patients, or if we’ve grown overly emotionally attached? And what can we in such a case, apart from recognizing it? [...] It is so hard to humanize our patients for this reason. »
Main Themes

Importance of active listening.

« From this experience I learned that by wanting too much to educate patients on their medical condition, we sometimes quickly forget to explore how they conceive of their condition. Often, active listening, even if it requires patience and sometimes brings consternation, is more fruitful to orient patient towards self-knowledge and self-determination. »
Main Themes

Use of typical literary devices:
• “Narrative arc”
• Restitution and Hero narratives (A. Frank)
• Figures of speech
• Labelling of unspoken emotions and values
Conclusion

Narrative medicine is an interesting pedagogical tool to promote self-reflection in medical residents across a variety of specialties, around the themes of communication and patient-centered care.

Writing itself has an added value to one’s learning experience.