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Narrative Reflection in the Family Medicine Clerkship-Cultural Competence in the Third Year Required Clerkships

Donna Elliott
University of Southern California

Pamela Schaff
University of Southern California

Theresa Woehrle
University of Southern California

Anne Walsh
Chapman University, awalsh@chapman.edu

Janet Trial
University of Southern California

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Narrative Reflection in the Family Medicine Clerkship-Cultural Competence in the Third Year Required Clerkships

Comments

This document contains both the instructor's guide and the student handout in one.

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The authors

Narrative Reflection in the Family Medicine Clerkship*
Year III Cultural Competence Education
Instructor Guide

Authors: Pamela Schaff MD; Theresa Woehrlle MD; Anne Walsh PA-C, MMSc; Janet Trial EdD, CNM; Donna Elliott, MD, EdD

Corresponding Author: Anne Walsh PA-C, MMSc annewalsh.pa@alumni.usc.edu

Educational Objectives:

Upon completion of the activity students will be better able to:

- Identify at least one way the patient's story impacted the physician-patient relationship and management of disease.
- Think and write reflectively about a patient, and or clinician interaction; and the feelings and attitudes experienced as part of that interaction.
- Demonstrate awareness of personal limits, strengths, weaknesses, vulnerabilities, and ethical choices through the use of self-reflection, self-assessment, and narrative.

AAMC Tool for Assessing Cultural Competence Training: Domain I, V

*Exercise can also be an effective learning exercise in other primary care rotations.

Conceptual Background:

This activity will allow students to build on the cultural awareness, knowledge and skill that they acquired in their preclinical curriculum. The students will have the opportunity to become culturally competent in an environment where they have the ability to acknowledge their attitudes, utilize their knowledge and refine their skills. Implementation of this activity in a clinical setting is a deliberate and conscious decision that allows this assignment to be contextually relevant in terms of actual patient care.

During the Family Medicine clerkship students participate in several activities that provide the opportunity to explore the rich opportunities of thoughtful reflection and narrative practice. During the clerkship orientation activities students participate in a formative narrative reflection exercise. During each of the subsequent weeks of the rotation students complete an electronic journal entry based on their clinical encounters that is focused on the patient - physician interaction. At the end of the clerkship students demonstrate their ability to reflect on patient care through a final project that is shared with faculty and fellow classmates in a faculty led wrap-up discussion during the last week of the clerkship.

Pre-Session Assignment:

All references are available through public book vendors. Alternatively, students may access references through local university medical library course holdings.

- Reynolds, Richard, M.D.; Stone, John, M.D.; (editors) "On Doctoring", 'The Girl with a Pimple Face', pg 62-73; 'Baptism by Rotation', pg 86-94.

Resources

Narrative Reflection

- Charon, R. Narrative Medicine A Model for Empathy, Reflection, Profession, and Trust. JAMA. 2001. 286:1897-1902
- Remen, R.N. (1996), Kitchen Table Wisdom. Penguin Books NY, NY

Session Materials

- Student Handout: Narrative Reflection in Family/Internal Medicine

Narrative Medicine Activity:

A. Didactic Presentation:

A workshop is held in the first week of the Family Medicine clerkship. Prior to the workshop students are instructed to read two physician-written short stories, “Baptism by Rotation” and “The Girl with a Pimple Face.” They are to come to workshop prepared to discuss their thoughts and feelings about these stories. After about 30 minutes of discussion about the stories, and a short introduction to the writing assignment, students break for 20 minutes to individually write short narratives of their own, which are then shared with a few classmates during a 15 minute small group discussion. Instructions are purposefully non-specific to allow students to identify any aspect of the readings that stimulates personal thought. Emphasis is placed on there not being a ‘correct’ topic and that any thoughtful reflection is acceptable. Finally, the entire class meets together to discuss the student narratives that are particularly affecting or meaningful to the small group members. This exercise forms the structural basis of required weekly students’ narratives, as well as a final narrative project.

Discussion Points:

What are the characteristics of each narrator? (honest, self-doubting, culturally sensitive, ethical, self-reflective, professional, empathetic, collaborative, etc.)

How does the narrator in each story reflect on his/her clinical practice?

What resonates with you own experiences in clinical practice? (feelings of inadequacy, fear of unknown, integration of practical and cognitive knowledge, culturally sensitive, dealing with frustrations of medical practice)

B. Clinical Experience:

Using the format demonstrated during orientation, students write and submit a weekly electronic journal entry where they reflect on the clinical experiences they have had that week. Although each student’s reflection will be unique questions that may be helpful in beginning the process of reflection may include:

- What feelings did this encounter bring up for you the provider?
- How did the patient’s behavior affect you and your ability to provide care to this patient?
- How did patient cultural context (examples: illiteracy, sexual orientation, in-group rivalry) impact your ability to provide care to this patient?
- How did your beliefs affect your interaction with this patient?

All student submissions must provide patient confidentiality and be HIPAA compliant. These reflections are reviewed by faculty who provide comment and follow-up as indicated. The journal

entries should be ½ page minimum, and should be submitted to (faculty name/email address) on the following dates {dates}.

Student Reflection Examples:

1. The chief complaint read F/U on labs, medications. I walked into the room to meet a 50 yr old male construction worker who looked like a former football linebacker. I asked about diet and exercise, completed a brief review of systems, checked BP and weight, and performed a cardiac/pulmonary exam. I noted the patient's cholesterol was a bit elevated and that the patient either lost or was unaware of the cholesterol medication prescribed at his last visit. The visit was routine and patient's answers to my questions were short and did not leave much room to elicit conversation. I made one last attempt before leaving the room, "Are you going to watch the super bowl." His answer, "I haven't been really into that stuff lately since my son died 2 months ago." I sat back down and he began to cry, struggling to talk about his son's automobile accident. He noted his feelings of grief, problems sleeping, and struggle to keep on with daily life through work.

During the patient encounter I remember thinking that of all the patients I had seen that week, that this man was the one least likely to want to talk about his social/family life. Since the encounter was not a full physical, and since his answers to my questions were so brief and nonchalant, I did not force the issue. I left a small window at the end of the encounter to talk about something other than medicine, and was surprised at the emotion he revealed. While the interview demonstrated that some of the most pressing and sensitive issues in care happen at the end of the encounter, it also showed that even the austere appearing may wish to talk about deeply personal issues essential to their health and well-being.

Faculty Feedback Examples:

- It's amazing how often the patient's chief complaint is not at all the same as the real chief concern. Your insights about leaving that "small window" at the end are right on. Your patient also reminds me how important it is to find out what else may be contributing to an apparent "Non-compliance." At first it would seem this patient did not care about his health by losing his prescription, but once you know what is really going on it's easy to see why cholesterol medication was not foremost in his list of worries.
- Thank you for sharing this reflection. We know it's not uncommon to have patients reveal "the most important thing" just before the physician leaves the room, but how lucky for this patient that you offered that small but critically important window. And of course, how fortunate that you gave him the time and space to express his grief and to share his daily struggle. You also point out an important lesson about assumptions and first impressions—we can register our initial impressions, but we can never know what is really going on unless we (sometimes through sheer luck!) create the opportunity to attend to the whole story. Good Work!

2. My preceptor had a full day of patients ahead of her, and we were already well into our morning of seeing patients. We had a little girl present with symptoms consistent with a URI and examined her accordingly and figured that was the end of our visit - quick and easy, on to the next patient.

However, my preceptor reviewed the chart and found that the child has macrocephaly, and her head circumference was still off the charts. We were already tired from seeing so many patients just that morning and knew there was a whole day ahead of us, but she stopped and did a complete physical for the child, discussed with the mother why she never got follow-up for the noted large

head circumference, and we read up on what would be the best imaging work-up for the child. What struck me most about this encounter was that my preceptor was so busy and there was so much to do and she was going at a rapid pace, but once she saw this abnormality, she completely slowed down and focused all of her attention on this problem. It seems so easy to get caught up in the day and brush off a patient who is coming in for a cold, but when she saw something that needed her attention, she slowed down and worked it out. She is an awesome physician.

Faculty Feedback Examples

- Wow! What a great example of real professionalism. Even though the patient was there for one issue, she addressed the whole patient rather than just the disease. Blocking out all the extraneous noise of the office and a full waiting room as well as her own fatigue, she focused fully on the patient in front of her.
- You have pointed out what I consider to be one of the key elements of professionalism in this excellent reflection—your preceptor put the needs of her patient ahead of all the other competing situations like a busy schedule, perhaps her desire to go to the noon time conference, the temptation to just treat the chief complaint, etc. If SHE didn't take responsibility, who would? To me, that is key, and how I try to guide my practice. I want to call in the consultants, the allied health professionals, and get help facilitating the patient's needs, but when it comes right down to it, making sure everything gets done is MY responsibility. It's not always easy! How great that you have this kind of a role model for your preceptor and how lucky for her patients that she is such an awesome doctor. Thanks for sharing this.

C. Narrative Medicine Reflection

During the final week of the clerkship students complete a final narrative writing project that reflects on either a particular patient or a clinical experience during the clerkship. Students may choose to communicate this experience by writing reflectively (patient encounter/clinical interactions), creatively (poems or short stories), or artistically (paintings, drawings, collages, music, dance, quilts, and baked goods have been submitted/performed). The later media types are to be accompanied by a brief written narrative explanation of the project. This assignment is meant to be a reflection on the richness and the joys and struggles of clinical practice. Students are instructed to follow Rachel Noemi Remen's advice to think about "what has surprised you, what has inspired you, or what has touched your heart." An expectation of sharing the student stories as part of the wrap-up discussion is conveyed as part of the student instructions. Written reflections are expected to be 3-4 double spaced pages in length, and are emailed to the faculty 3-4 days prior to the wrap-up discussion which gives them the opportunity to read and respond individually to all submissions prior to clerkship's end.

D. Group Discussion:

During the final week of the clerkship students meet as a group in a final "Wrap-Up" Session to discuss and share some of the stories within the clerkship community. Faculty choose several entries from among the clerkship submissions to share and discuss with the group. The discussion is led by two faculty resource leaders and is designed to last approximately 1 and a half hour.

Discussion Points:

You can start the session with the question “How did things go on the clerkship?” Faculty who have read the narratives should identify common themes before the session and have particular students read their narratives as related themes emerge in the conversation. Sample themes that may emerge include growing in knowledge and skills, doctor/patient relationship, medical error, disparity in access, impact of chronic illness, anxiety in early part of the third year. Other sub-topics that may be appropriate to the discussion might be the role of patient’s families in healthcare, the impact of interpretation on the patient-physician interaction.

Evaluation:

- Individual written feedback from faculty member on written reflections.

**Narrative Reflection in the Family
Medicine Clerkship
Student Handout**

Family/ Internal Medicine Clerkship: Narrative Reflection

During the Family Medicine clerkship you will participate in several activities that provide the opportunity to explore the rich opportunities of thoughtful reflection and narrative practice. During the clerkship orientation activities you will participate in a formative narrative reflection exercise. During each of the subsequent weeks of the rotation you will complete an electronic journal entry using the format demonstrated in during orientation. This narrative reflection should be based on your clinical encounters that is focused on the patient - physician interaction you have that week. At the end of the clerkship you will demonstrate your ability to reflect on patient care through a final narrative reflection project that will be shared with faculty and fellow classmates in a wrap-up discussion during the last week of the clerkship.

Upon completion of the activity students will be better able to:

1. Acknowledge the importance of understanding, accepting, and appreciating one's cultural diversity and understand how cultural beliefs, perspectives, and practices may enable or hinder one's ability to have equitable access to health care services.
2. Recognize the impact of social, cultural and spiritual beliefs and practices upon the physician and patient relationship and management of disease
3. Think and write reflectively about a patient, and or clinician interaction; and the feelings and attitudes they experienced as part of that interaction.
4. Demonstrate awareness of personal limits, strengths, weaknesses, vulnerabilities, and ethical choices through the use of self-reflection, self-assessment, and narrative.

Narrative Medicine Activity:

A. Didactic Presentation:

Pre-Session Assignment:

Reynolds, Richard, M.D.; Stone, John, M.D.; (editors) "On Doctoring", 'The Girl with a Pimple Face', pg 62-73; 'Baptism by Rotation', pg 86-94.

A workshop is held in the first week of the Family Medicine clerkship. Prior to the workshop you will read two physician-written short stories, "Baptism by Rotation" and "The Girl with a Pimple Face". Please come to workshop prepared to discuss your thoughts and feelings about these stories. After a short introduction by the faculty, you will individually write short narratives of your own, which are then shared (on a volunteer basis) with a few classmates during a 15 minute small group discussion. You also will be able to share with classmates any aspect of the readings that stimulate personal thought. There is not a 'correct' topic and any thoughtful reflection will be acceptable. Finally, the entire class will meet together to discuss the narratives that are

particularly poignant or meaningful to the small group members. This exercise forms the structural basis of your required weekly narratives, as well as a final narrative project.

B. Clinical Experience:

Using the format demonstrated during orientation, you will write and submit a weekly electronic journal entry where you reflect on the clinical experiences you have had that week. Although each student's reflection will be unique questions that may be helpful in beginning the process of reflection may include:

- **What feelings did this encounter bring up for you the provider?**
- **How did the patient's behavior affect you and your ability to provide care to this patient?**
- **How did patient cultural context (examples: illiteracy, sexual orientation, in-group rivalry) impact your ability to provide care to this patient?**
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Examples

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