

# Narrative Medicine Rounds: Promoting Student Well-Being during the Third Year of Medical School

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**Objectives:** Narrative medicine allows physicians and other health providers to share stories and reflect on the practice of medicine. Through the process of reflection and shared storytelling, narrative medicine may promote strategies for well-being and the prevention of physician burnout. Designed to foster skills to promote physician wellness, the required narrative medicine rounds activity during the family medicine clerkship at the Herbert Wertheim College of Medicine at Florida International University includes a written assignment and a small group session, during which students share their stories with their peers.

**Methods:** During the 2018–2019 academic year, a postsession survey asked students to identify strategies learned in the session that could be applied to future patient care and personal well-being; a thematic analysis of students' responses was conducted using inductive coding. Likert-style questions asked whether students learned something about themselves in this session, believed that they would write in the future, and understood the value of discussing significant patient encounters with peers.

**Results:** Identified themes for strategies for patient care fell into two categories: approaches to improve the patient care experience and methods for reflecting on patient interactions. Themes for strategies for future well-being fell into three categories: strategies to promote mental health, changes to interpersonal interactions, and self-reflection. Most students "strongly agreed" or "agreed" that this session taught them something about themselves and showed them the value of discussing significant patient encounters with peers, and that they would be likely to write about patient cases in the future.

**Conclusions:** There was significant overlap in the themes related to strategies for personal well-being and those for patient care. Students were able to identify multiple, specific strategies to promote their own

future well-being. These findings suggest that even a brief narrative medicine session may have an impact on students' understanding of strategies to prevent burnout and improve future patient care.

**Key Words:** burnout, narrative medicine, professional, undergraduate medical education

At its core, narrative medicine is a discipline that uses the writing and telling of stories to allow physicians to share their experiences of the practice of medicine. Through the storytelling process, physicians can develop a greater understanding of patient perspectives, allowing them to practice more empathetic medicine, with the ultimate goal of improving the delivery of patient care.<sup>1,2</sup> Narrative medicine also allows physicians to personally reflect on and better understand how medicine may have an impact on themselves and society, a process that may promote strategies for resiliency and prevention of burnout.<sup>1,2</sup> A recent systematic review of 36 articles found that there is evidence to support narrative medicine as a replicable methodology that leads to the modification of attitudes, skills, and knowledge.<sup>3</sup> More specifically, a significant body of literature supports narrative medicine as an effective tool for promoting humanistic care and empathy for patients, encouraging students to understand the patient's perspective and helping students develop self-reflection and introspection skills.<sup>4–6</sup>

As such, many medical schools have started to incorporate the teaching of narrative medicine into the clinical curriculum.<sup>5–10</sup> In general, narrative medicine assignments take on a similar format, which includes a combination of reading, reflection, and response.<sup>3</sup>

## Key Points

1. The practice of narrative medicine has the potential to promote medical student and physician well-being.
2. Narrative medicine sessions usually consist of group reflection on a published essay, the sharing of personal stories, and an individual writing activity.
3. In undergraduate medical education, narrative medicine may teach students the importance of writing about, reflecting on, and verbally sharing patient encounters as strategies for their own well-being.

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In the most common model, students are asked to first analyze and engage with a piece of art or writing, reflect on what they have observed or read, and then share their experiences in a facilitated discussion session. Another assignment model requires only narrative writing and small-group sharing, with the least common curricular intervention consisting only of small-group sharing.<sup>3</sup>

There are multiple examples of narrative medicine interventions during the clinical years of medical school training. For example, one study found that after a 1-hour reflective writing workshop in a third-year surgical clerkship, there was a significant increase in the number of students who wanted more opportunities to write reflectively; furthermore, the majority believed that they had new insight into patient care as a result of their participation in the session.<sup>7</sup> In another example, an analysis of >500 projects created by students completing their pediatrics clerkship at one institution in a 10-year span revealed an underlying, strong desire for patient–physician connectedness.<sup>10</sup> One published curriculum from a family medicine clerkship presented a model for longitudinal reflective writing during the rotation; however, no outcome data or assessment of the intervention is available.<sup>11</sup> In an internal medicine clerkship, students attended an orientation session, elicited a history from a patient in a narrative format, and then participated in a reflective small-group discussion. The thematic analysis of this intervention found that it was a positive experience for both students and patients, but it did not address clinical impact.<sup>12</sup> In fact, few studies have examined whether narrative medicine curricula successfully affect the delivery of clinical care, with the majority of outcome assessments focusing on learners' satisfaction with the intervention and perceived changes in knowledge, attitude, or behavior.<sup>3</sup>

Narrative medicine approaches fit well in family medicine, in which two of the core principles are widely considered to be physician reflectiveness and compassionate care.<sup>13</sup> The National Clerkship Curriculum from the Society of Teachers of Family Medicine, which drives the content of undergraduate family medicine education throughout the United States, identifies that one objective of the family medicine clerkship is to teach students how to portray empathy through active listening skills.<sup>14</sup> This objective clearly overlaps with the goals of narrative medicine. Nevertheless, there is scant literature about narrative medicine within family medicine education, particularly at the undergraduate level.

Although the family medicine clerkship at the Florida International University Herbert Wertheim College of Medicine has included a narrative medicine exercise since the course's inception in 2011, a new narrative medicine rounds session was first instituted during the 2018–2019 academic year. This session includes both a written assignment and a small-group session, during which students read and discuss a narrative medicine essay<sup>15</sup> and are then asked to share their own stories with their peers. The written assignment is submitted following the small-group session and is graded by a faculty member. The detailed structure of this session can be found in the Figure. This study builds

on previous literature by assessing whether this narrative medicine session was successful in encouraging students to identify specific strategies that they can use in the future to improve their delivery of patient care and their own well-being.

## Methods

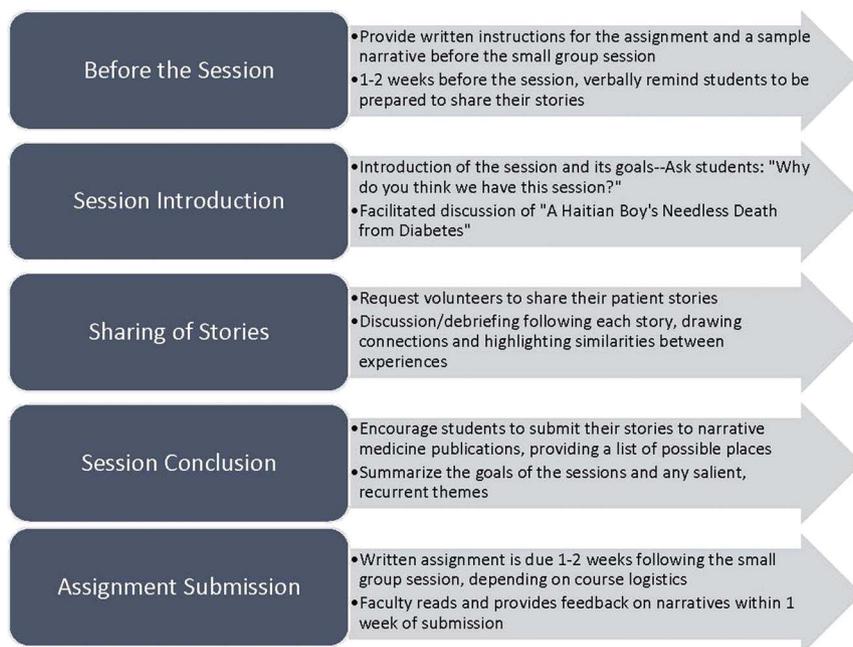
In total, 112 members of the Florida International University Herbert Wertheim College of Medicine class of 2019 participated in the narrative medicine rounds session during their family medicine clerkship. One week following the group session, just before submitting their written narratives, students were asked to complete an anonymous, optional, computer-based survey consisting of both open-ended and Likert-type questions. The survey asked students to identify strategies learned in the session that could be applied to both future patient care and personal well-being. The five-point Likert scale questions asked students the following: whether writing about a significant patient experience taught them something about themselves; whether the session showed them the value of discussing emotionally significant patient situations with colleagues; whether they anticipate reflecting on patient cases through writing in the future; whether the assignment helped them to discover something that was important to them that they had not been able to articulate in the past; and whether the session made them more familiar with narrative medicine as a tool that can be used in patient care.

Two researchers (A.B. and S.E.S.) used a thematic analysis approach with inductive coding for all postsession open-ended survey responses.<sup>16</sup> Through this process, initial codes were established and a preliminary organizing framework was developed. Using an iterative process, a final code book was agreed upon by the two researchers; the qualitative data were again reviewed to further identify themes and re-code individual responses. Representative quotations to best illustrate each identified theme were selected from the qualitative data and agreed upon by the two researchers. The investigators obtained institutional review board exemption from Florida International University.

## Results

A total of 91 students (81% response rate) completed the qualitative portion of the postsession survey. Students' responses to the qualitative questions revealed several strategies that they believed they would apply to their future patient care and personal well-being. Table 1 outlines the themes and subthemes, with representative quotations, related to what students believed this session had taught them that could be applied to future patient care. Students believed that they would incorporate more humanism and empathy in patient interactions, attempt to listen and understand patients more, become involved in advocacy, reflect on patient experiences through journaling and group discussion, and feel more comfortable expressing emotions.

Table 2 outlines the themes and subthemes, with representative supporting quotations, which describe the ways in which students thought that this session would help promote their



**Fig. Overview of narrative medicine rounds, including preparatory work, session facilitation, and story submission and review.**

own future well-being. These included using more empathetic and humanistic medicine, reflecting on significant experiences through journaling and group discussion, and expressing emotions. Students also reported using mindfulness techniques, promoting self-care, creating outlets for expression, and reaching out to trusted individuals to process experiences in group discussions.

Depending on the question, the response rate to the Likert-type questions was 99% or 100%, with only one participating student failing to answer every question. A total of 79% of students “strongly agreed” or “agreed” that this session taught them something about themselves, and 70% of students “strongly agreed” or “agreed” that the assignment helped them to articulate something that they had not previously been able to. In addition, 89% of students “strongly agreed” or “agreed” that this session showed them the value of discussing emotionally significant patient encounters with their peers. A total of 69% of students also “strongly agreed” or “agreed” that they would be likely to reflect on patient cases through writing in the future, and 91% percent of students believed that this session was effective at teaching narrative medicine as a tool that can be used in future patient care. Answers to the Likert-type questions on the postsession survey are found in Table 3.

## Discussion

Our findings support previous research, which suggests that narrative medicine can be a powerful tool to promote well-being and resiliency in medical training and practice.<sup>2-6</sup> Most of this research focuses on the promotion of empathy in patient-physician interactions. Our study builds on this prior work by identifying specific behaviors and strategies that students report learning from this session.

These strategies included verbally sharing their experiences with others, journaling, and taking time for themselves. Students identified many future approaches to well-being, which fell into three categories: strategies to promote mental health, changes to interpersonal interactions, and self-reflection and introspection. The approaches to improve students’ well-being focused on recognizing and accepting emotional reactions, sharing stories with others and writing, and bringing empathy to patient interactions. Identified themes for future strategies for patient care fell into two categories: approaches to improve the patient care experience and strategies for reflecting on patient interactions. The approaches to improve the patient care experience focused on strengthening patient-centered care, including listening to patients more, avoiding the judgment of patients, preserving empathy and compassion, and advocating for patients.

Of note, there was significant overlap in the themes related to strategies for personal well-being and for patient care. This overlap suggests the interwoven nature of professional and personal identity during medical training and practice. Students recognized that processing and reflecting on patient encounters through discussion, journaling, or other strategies would ultimately lead to improved patient care and also may promote their own well-being.

A total of 89% of students “agreed” or “strongly” agreed that narrative medicine rounds showed them the importance of discussing emotionally significant patient interactions with their peers, whereas only 69% of students “agreed” or “strongly agreed” that they are likely to reflect on patient cases through writing in the future. Some of this difference may be attributed to personal preferences; many people find the process of writing to be inherently challenging and would never opt to write outside of school or research requirements.

**Table 1. Themes and subthemes related to strategies from the narrative medicine session that can be applied to a student's future practice and patient care<sup>a</sup>**

Theme	Subtheme	Representative quotations
Changing the patient care experience	Increased compassion in medicine	“I would like to employ writing as a strategy of processing the complexities and difficulties of what I expect on a day to day basis ... I hope to be more in tune with my humanity and ... my empathy.” “Sometimes patients are enduring a very emotional or traumatic experience when it is just another day of doctoring for us. We have to remember that we are present for these people in this moment and it is not just another day for them.”
	Dedicating time to listening and understanding the patient	“To continue keeping an open mind and understand that everyone has different social determinants of health.” “I will make sure not to get stressed about getting requirements done, and will take the time to just simply listen ...”
	Patient advocacy	“Finding other physicians with similar values to advocate for our patients.” “I think learning how to better relate our experiences to a wider audience is useful in terms of being a patient advocate and learning how to translate some of the frustrations ... in the clinic into meaningful change.”
	Less judgment of patients	“To not judge patients, and always think ‘why is that?’” “The ability to observe my feelings in different clinical scenarios so I can become aware of my subconscious biases.”
	Specific changes in patient interactions	“A strategy for me would be to learn what type of learner the patient is and try to tailor my discussion appropriately.” “Trust your gut and do what you feel is right for the individual patient.”
Strategies for reflecting and processing patient encounters	Accepting emotions	“Be more open to discussions about emotional issues” “To feel more comfortable allowing myself to feel emotions during difficult cases.”
	Discussing experiences with others	“I will try and make unofficial times ... with my friends and colleagues in the future for us to debrief on moments that might come up during practice.” “I think it's just good to talk about experiences in general in order to reflect on them our own as well as get opinions and have other reflect as well.”
	Journaling and writing	“I think when I face a tough or great situation in the clinic/hospital, I will write about them to debrief with myself and get my thoughts in order.” “To reflect on the cases that touch you by writing about it or jotting down your feelings in the moment to be able to reflect ...”
	Reflecting on experiences	“I think the strategy I will take away ... is simply reflecting and thinking about trying experiences, rather than trying to forget them as soon as possible.” “I know now how important it is to sit down and process the events we encounter in the medical field. It is easy to get caught up in the grind and let the emotional burden of it all pile up.”
	Reflecting to improve professionally	“One strategy I can use is simply that of reflection. When I reflect back on these experiences, I am able to think of ways I could have improved in the moment. I can use that for growth.” “I would like to journal anytime I have a significant event in the clinic/hospital ... to do so will help me reflect and to learn more from my interpersonal experiences with patients.”

<sup>a</sup>*N* = 91; 81% response rate.

This difference is important because, in the midst of busy days filled with patient care, it also may be easier and more realistic for students to take a more ad hoc approach to verbally sharing and processing their experiences with their peers, rather than carving out the time to write about these experiences. A recent systematic review found that a minority of narrative medicine sessions consist of only reflective small groups. Our data suggest that such sessions may also have effects on students' development of strategies for processing challenging patient situations, and their potential impact is worth exploring further.<sup>3</sup> More important, reflective small groups, such as those inherent to narrative medicine, are cited by the American College of Physicians as 1 of 10 ways to reduce physician burnout and promote well-being.<sup>17</sup>

The limitations of this study include that the narrative medicine rounds involves a brief, 1.5-hour session, which may

reduce its overall potential impact; however, in the context of a busy third-year clinical curriculum, there is much value to brief interventions that also require faculty time only for facilitation and grading of written assignments. Methodologic limitations include that researcher bias may have influenced the representative quotations that were chosen to illustrate each theme. There is, for instance, the possibility of the investigators choosing succinct, positive illustrative comments over critical ones. Because students' qualitative responses regarding the session were overwhelmingly positive, students who enjoyed the session also may have been more likely to take the time to provide short-answer responses. Furthermore, this study examined data gathered only 1 week after the session, and therefore did not look at the long-term impact on student behaviors, a persistent gap in research regarding the impact of narrative medicine.<sup>3</sup>

**Table 2. Themes and subthemes related to strategies from the narrative medicine session that can be applied to a student's future well-being<sup>a</sup>**

Theme	Subtheme	Representative quotations
Strategies to promote mental health	Mindfulness	"I could always use mindfulness. It is important to remain mindful so as to not burn out when difficult situations arise."
	Creating a positive headspace	"Make the most of the moment you are in, even if you wish you could be somewhere else. Only you can decide whether you benefit from these moments or whether they truly become time wasted." "Remembering that I can only control how I act and that if someone else acts in a way that is opposing to my own beliefs and values, it should not impact how I view my own role."
	Self-care	"Take time for yourself even when time is short. Sometimes those are the days you need that small break even more."
	Expressing thoughts and emotions	"Finding outlets like writing, dance, or art to express myself" "Express my feelings if I feel the need to"
	Accepting emotions	"Being open and recognizing my feelings" "To feel more comfortable allowing myself to feel emotions during difficult cases"
Changes to interpersonal interactions	Sharing with others	"Reach out to friends, family, colleagues, etc when you feel overwhelmed by the emotional side of what we do. Don't keep everything inside and allow that to harden you." "Talk about challenging experiences with colleagues to get another person's perspective"
	Humanistic medicine	"To put myself in my patients' shoes and consider all the socioeconomic factors that may be affecting their health or hindering their ability to seek treatment" "Try to focus on improving patient care and to view the patients as a whole and not just treat their disease"
Self-reflection and introspection	Writing and journaling for reflection	"I think that journaling/reflecting is a good way to prevent burnout and to remind myself of why I chose medicine as a career." "I think, moving forward, when something affects me in a negative manner, I may be more inclined to write about it rather than let it negatively impact my daily life."
	General reflection	"When the day is over, taking some time to reflect on what went well, and what could be improved" "Focusing on the importance of daily self-reflection to avoid burnout"

<sup>a</sup>N = 91; 81% response rate.

Future studies may examine whether, in the long-term, students successfully implemented or maintained their identified strategies for patient care or personal well-being. In addition, nesting narrative medicine rounds within other clerkships or rotations may provide for a greater and more nuanced understanding of the potential impact of this session within a variety of specialties.

### Conclusions

Our findings suggest that a 1.5-hour narrative medicine small-group session, coupled with a written assignment, may be effective at promoting strategies for medical student well-being, including writing and reflecting on patient care experiences, verbally sharing experiences with peers, and taking a more active role in listening to patients' stories. Although our study did not assess

**Table 3. Students' answers to postsession Likert-type questions assessing their perceived effect of narrative medicine rounds**

	Strongly disagree, %	Disagree, %	Neutral, %	Agree, %	Strongly agree, %
"I found writing about a significant patient experience taught me something about myself." <sup>a</sup>	2	4	15	41	38
"This session showed me the value of discussing emotionally significant patient situations with colleagues." <sup>b</sup>	0	2	9	35	54
"I anticipate that I will reflect on patient cases through writing in the future." <sup>a</sup>	2	10	19	39	30
"The assignment helped me to discover something that was important to me that I hadn't been able to articulate in the past." <sup>b</sup>	1	6	23	40	30
"This session made me more familiar with narrative medicine as a tool that I can employ in patient care." <sup>b</sup>	0	0	8	50	41

<sup>a</sup>Response rate: n = 112 (100%).

<sup>b</sup>Response rate: n = 111 (99%).

the long-term effects of this session on student behavior, it indicates that even a one-time, brief intervention has the potential to influence students' understanding of strategies to maintain their own well-being. This, in turn, lays the foundation for the continued integration of narrative medicine into the third year of medical training and for the evaluation and assessment of long-term outcomes.

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