Narrative Medicine: A Pilot Program Integrating Creative Writing Pedagogy into Orthopaedic Medical Education.

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Abstract
The University of New Mexico Department of Orthopaedics and Rehabilitation has been piloting a narrative medicine program for its graduate medical students, faculty, and staff. The hypothesis was that with the use of a narrative medicine curriculum focused on creative writing pedagogy, residents and physicians would learn to gain a more detailed patient history, improve their relationships with their patients, and use creative writing as a new outlet to cope with stressful situations and burnout.

Methods: Workshops were held in the Orthopaedics conference room. Structured writing exercises were used along with literary analysis and dialogue.

Results: Fourteen people participated in the workshops. Participants included orthopaedic fellows (trauma, sports medicine, and hand), faculty, staff, one physical therapy Ph.D. candidate, and visiting residents. There have been 3 workshops (non-fiction, poetry, fiction) and each participant created 1 first draft of a work in each.

Conclusion: Creative writing is a useful tool to improve physician-patient relationships and observational skills. Creative writing is a tool useful to physicians, suggesting that narrative medicine should be further integrated into medical curriculum.

Introduction
The practice of medicine requires vast knowledge in anatomy and physiology, with the integration of these into understanding the disease process. These are objective and testable. The art of medicine also requires communication skills to enable the physician to take a true and complete history, understand the patient’s goals and concerns, and empathize with the patient. These skills are subjective, difficult to teach, and difficult to test.

Pedagogy is the science of teaching and teaching skills. The Department of Orthopaedics and Rehabilitation at the University of New Mexico is currently piloting a narrative medicine program focusing on the educational needs of fellows and residents. Narrative medicine is broadly defined as the incorporation of interpretive skills into clinical practice.\textsuperscript{1} Narrative medicine and its role in enhancing traditional medical education was explored through a series of workshops utilizing creative writing pedagogy.

Rita Charon notes in her book \textit{Narrative Medicine: Honoring the Stories of Illness} that physicians “must be prepared to offer the self as a therapeutic instrument.”\textsuperscript{2} By gaining narrative competence and interpretive skills, a physician improves empathy and effectiveness and strengthens relationships with patients. Learning to focus on patients’ narratives, physicians improve their ability to listen.

The workshops offered in the Department of Orthopaedics and Rehabilitation focus not just on the benefits of literary analysis, but expand the process to include the benefits of creation, namely, language flexibility and acute observation of the sensory experience. Participants discuss a piece of literary work (poem, essay, story) and then are given structured prompts from which they write their own work.

History/Theory
Narrative medicine has been explored since the late 1980s, as medical educators searched for methods to combat a growing disconnect between physicians and their work. Narrative medicine programs with a set curriculum began to solidify with the creation of the Narrative Medicine Master of Science program at Columbia University.\textsuperscript{3}

In narrative medicine, reflective writing and creative writing must be defined. Reflective writing is the practice in which an individual reflects on a personal experience or event and describes the meaning of that experience. The goal of reflective writing is personal as well as professional development.\textsuperscript{4}

Creative writing, while still encouraging self-expression, focuses on the development of literary analysis and writing in a more experimental manner.\textsuperscript{4} Rather than simply requiring the writer to respond spontaneously to his or her reflections, creative writing requires the author to revise and edit the work multiple times. Creative writing involves being as interested in the way something is being said as by what is being said.

Many narrative medicine programs and research projects have suggested that poetry is an especially effective form of creative writing. Foster and Freeman conducted a study involving general practitioners who participated in 2 poetry sessions. During interviews conducted after the poetry sessions, the general practitioners revealed that they believed the poetry sessions helped them develop better listening skills, which could be utilized to better understand the patient’s
agenda and story. Foster and Freeman concluded that by writing poetry, an individual gains interpretive skills that are useful during clinical encounters. An individual gains these skills through the practice of interpreting the many metaphors, meanings, and perspectives found in poems.6

Integrating narrative medicine into clinical practice offers many benefits. Medical students learn how to obtain a better patient story, as well as how to approach forming relationships with patients. The utilization of creative writing during residency gives residents the opportunity to focus on listening skills and emotional development, rather than just scientific knowledge. Horowitz, at NYU, asked his residents to read and interpret a poem of their choosing during daily rounds in the hospital. Poems chosen ranged from children's nursery rhymes to classical metered poetry. The team found the poem sessions useful and positive, improving the interpersonal relationships among the team members.6

Narrative medicine may also benefit midcareer physicians, because they are prone to burnout brought about by a perception of their work losing meaning from the repetitiveness of day-to-day schedules.7 However, integrating the humanities into the clinical practice of midcareer physicians is difficult because these physicians often feel they do not have the time for it.

Methods
The initial idea at the University of New Mexico was to utilize reflective techniques, such as writing about one’s day, as a mode of connecting physicians to the patient and clinical work. However, as objectives were matched to those found in the Accreditation Council for Graduate Medical Education, the workshop objectives were expanded to include the benefits of creative writing.8 Creative writing is a unique process in that it utilizes, or can be made to utilize, higher levels of thinking.9 Thus, while the initial learning objectives focused on creating or exploring the participant’s medical identity and patient interactions, they were refined into these 3:

1. Increase the participant’s flexibility of language.
2. Increase the participant’s observational skills and awareness.
3. Connect the participant to themselves, their work, and their patients.

Increasing empathy with patients through creative writing was a secondary focus of the workshops. A framework of creative writing pedagogy based on examination of the components of literature, such as plot, setting, characters, conflict, themes, and point of view, and writing assignments employing those elements, was used.

Each workshop involved reading a work chosen to reflect on health care to provide a view that might not be the norm in medical education, followed by a short in-session writing assignment. For example, poetry works by disabled individuals who have been orthopaedic patients, published in the anthology Beauty is a Verb,10 were paired with works published in the Journal of the American Medical Association written by residents and physicians about their interactions with patients with similar diagnoses (such as orthopaedic trauma). This juxtaposition was meant to create a dialogue between the works that could carry over into the workshop.

Discussing literature revealed differing interpretations of the work: people in different places in career and life interpreted literary works differently. Ideas were exchanged that challenged participants’ initial interpretations. Discussing a poem or story is a process of positing a theory of interpretation, dialogue, and then modification of the theory. It is a space that allows participants the freedom to change their mind as more evidence is produced from the written work. Literature is a synthesis of the author’s experiences and the reader’s, just as a diagnosis comes from a synthesis of patient and doctor experience and dialogue. This discussion of literature allows for an open dialogue focused not just on comprehension and analysis, but synthesis – one of the highest cognitive domains.

After discussion, the participants wrote their own poem or story. The focus was on awareness and the sensory experience, thus the writing exercise asked the writer to “step into” the writing rather than just having a prompt or free-write session. This eased anxiety about the writing process while also showing it as a process. Participants were directed by the facilitator to first list examples, such as listing 10 patient interactions or times when they had been patients. Participants then were asked to “drill down” into the sensory experience or moment of interaction through guided exercises. These steps served to situate the participants in the moment of the action they would be writing about and provided a structured method by which to recall specific experiences and sensory data.

Once these “notes on the writing” were completed, the participants were asked to write a creative piece focusing on the act of writing, such as sentence structure, imagery, point of view, and conflict. This process helped participants become aware of the writing process and removed some of the anxiety that could accompany creative writing.
Figure 1: This is a poem written by a participant in a narrative medicine workshop.

The smell of humidity & sweat began to mix.
The clanging of the time had stopped
replaced by the hurried voices & rapid orders

Nowhere sets in

Controlled panic replaces the content face of poor.
Waiting in silence & waiting

Cries, a cry, a tear, a tear

Breath returns, exhale

Body is here, is born.

My boy is here, born.
Discussion

Many participants came to the writing workshops with little or no creative writing experience. Breaking down the writing process eased initial anxiety about taking part in an activity currently outside the norm of medical education. An example of a participant’s workshop writing – a poem, “Brody” – is presented in Figure 1.

Through the “smell of sterility + perspiration”, the “sounds of the tongs now absent”, the “hurried voices and rapid orders” and the lack of sound with the “silence, waiting” the author conveyed scene and anticipation to the reader. The writer did not describe visual experiences in the poem, but sound or the anticipation of sound, as well as feeling, with numbness dissipating in the second to last line. This suggests the involvement of senses beyond sight.

The use of sensory recall and observational skills in “Brody,” a poem about the birth of the author’s child, also relates to medical practice. Tools that aid the physician in recalling all details of the interactions with patients may increase the efficacy of visits and the patient/doctor bond, as the focus becomes not just the patient but also on the interaction between patient and physician.

This poem also exhibits language flexibility. Poetry is particularly beneficial to this objective, as there is no set way to write a line of poetry. This is most prominently displayed in the line, “Cries from down the hall.” The author tried several permutations, starting with “Cries a cry I hear.” The author eliminated the directness of “I hear,” as well as “are heard” and allows the reader to understand the sensation of the cries heard through directionality, “from down the hall.”

Flexibility of language is important to a physician, especially physicians who treat Limited English Proficient (LEP) patients and patients from culturally diverse backgrounds. It is important to understand the various ways a sentence can be spoken to convey meaning and be open to understanding a patient’s speech patterns. Equally important is the ability to rephrase dialogue in a way that can convey meaning to patients with different cultural and linguistic backgrounds.

Conclusion

In research and in practice, the integration of a narrative medicine curriculum focused on creative writing pedagogy, even using a series of short workshops, can have a beneficial impact on medical education, not just at the graduate level but across the realm of medical experience. The workshops provide the opportunity to explore the complex nature of modern medicine through literature and the synthesis of ideas. Utilizing creative writing pedagogy in a medical setting allows exploration of the flexibility of language and increases awareness of sensory information provided in a patient/doctor relationship. This may increase the effectiveness of the clinical visit and provide the doctor more information with which to make an accurate diagnosis. Increased comfort with narrative writing may provide an outlet for expression while strengthening skills essential for growth as a physician or other health care worker.

References


