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Abstract:

A course was designed for medical students in which literature and writing exercises were used to promote reflection on cross-cultural patient encounters. Students were encouraged to consider Kleinman's principles of open-ended questioning as the basis for enhancing these patient conversations and were prompted to develop skills in close reading of texts, specifically recognition of the reader's response to narrative, understanding of point of view, and recognition of the impulse to create story, or plot. Transcriptions of class discussion and material from written essays were used to inform the instructor's understanding of learners' progress. This study may offer a new



conceptual lens for viewing ways in which cultural competency and other features of physician-patient communication may be taught using narrative skill training. When anchored to exercises in reflective writing, student learners develop a framework with which to view and interpret their patient stories.

Supporting material:

tables



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The Use of Narrative in Medical Education

Introduction

The purpose of this article is to describe a course that focuses on the development of skills in narrative competence, through the use of literary texts and reflective writing within the context of developing competency in cross-cultural communication. It includes a brief background on narrative competence and on cross-cultural communication in medical education, followed by a description of the course itself. Examples of the learners' understanding of narrative skill while reflecting on cross-cultural clinical encounters are also included.

Background on Narrative Medicine

Practitioners of narrative medicine believe that the development of certain skills in narrative competence can enable the physician/learner to listen more attentively and understand more completely the story that the patient, or teller, is transmitting. „ These skills are what we use to make sense of the components of a narrative or story: a teller or narrator; a listener or reader; a time course, a plot; and a theme or point. Clinical medicine involves storytelling, and, therefore, offers an opportunity to practice narrative skills.

Background on Cross-Cultural Competency

Cross-cultural competence can be defined as those learned skills that help us understand cultural differences and ease communication among people who have different ways of conceptualizing health, sickness, and the body. Educators have warned against developing a “recipe” approach to teaching about culture that may only serve to perpetuate stereotypes. They emphasize the need to resist curricular approaches that promote the passive acquisition of knowledge about behaviors and attitudes toward disease within a particular patient group. rather than a “person-centered” approach that encourages self-reflection and the ability to respond flexibly whenever diversity may have an impact. „,

Viewed in this way, the nature of cultural competency training lends itself to approaches and educational interventions that are intended to promote self-reflection. The close reading of literature and narrative can help develop the ability to inhabit another person's world view, and, consequently, to understand one's own. It also enables reflection on the part of the physician-learners about how their own attitudes and beliefs affect their relationships with patients.

Methods/Course Description

A course for fourth-year medical students was offered in four two-hour sessions per week for two weeks. This was an elective course, with the participation of five students. The goals and objectives of the course are noted in Table 1 and consist of three

narrative skills. The course was designed to systematically use reading and writing exercises with the intention of enhancing learners' narrative skills. The instructional activities included a pre- and post-course writing assignment, readings, class discussion, and reflective writing assignments. A reading list for the course can be found in Table 2.

The material chosen for training in narrative interpretation includes short stories, poems, essays, articles, and chapters from a text on narrative in medicine. The topics of these readings were not intended to be clinical, but, rather to use stories on a range of topics to develop skills in narrative interpretation for further application to students' clinical experiences. That said, some of the stories and poems did center around themes related to medicine or patient care.

Analysis of the classroom transcripts and reflective writing serves as the basis for further description of the course's impact on the development of cultural competency, capacity for reflection and the development of narrative skills. The questions addressed by analyzing the transcripts and writing include: What did the students discuss and write about? How did they use the texts studied in class as a tool for reflection? In what ways, if at all, are the learners' narrative skills in recognizing narrator's intention, reader's response, and point of view demonstrated in their writings, and did they evolve or change during the course? The classroom discussions were taped, and the facilitator (SA) served as transcriptionist. This is an accepted technique of ethnographic observation and serves to allow the transcriptionist/observer to delay evaluations and interpretations of what is said.

Each class session was devoted to a reading or set of readings, followed up by discussion and concurrent reflective writing exercises. Our discussions centered around the students' reactions to the readings with specific reference to: literary elements that made the piece(s) interesting to them; their reaction to the characters, narrator, and subject matter; the role played by culture or cultural difference in the readings; and the relevance of the readings to patient encounters.

A member check with the student learners was conducted after the course, in which all student participants in the course consented to participate. They reviewed the primary researcher's (SA's) interpretations of their written reflections and classroom remarks. Additionally, the learners offered their assessments of the congruence of these interpretations with their own recollections of what had transpired. Three out of the five students responded and all three of them positively affirmed the interpretations and felt that the themes identified were congruent with their own recollections. No material was disavowed or thought to be irrelevant. Three students participated in the member check to enhance the reliability of the analysis, however, the material generated from the classroom discussion and the reflective writings of all five students was used to discern the themes. We have obtained IRB approval for the use of all of the material in this project, and all course participants signed authorizations for the use of their material.

Results

Five major themes were identified by the researcher through the analysis of classroom remarks and reflective writing during and after the course. These themes illustrate the ways in which students noted the narrative features inherent in physician patient communication. Quotes are included in this paper to illustrate the themes .

The themes are:

- The role of stories in medicine
- Readers' reactions to narrative
- Cultural differences as expressed in narrative and in the clinical encounter
- Impact of judgments and assumptions
- Identification of narrative features (desire to create meaning, or emplotment, ...)

Themes

Role of Stories in Medicine. Throughout the course, students displayed their awareness of the role of storytelling in medicine. In the first session, a student expressed the realization that features of narrative interpretation take place in every patient physician conversation by stating, “We’re always telling stories about patients.” The way in which a patient’s story is taken over, or altered, by the medical team is illustrated in this remark, “At the beginning of the patient’s inpatient stay, the case presentation is long and detailed. By day three or four, her story is boiled down to a line or two. ‘She’s a line infection.’ The patient literally becomes this. You’ve lost the person the blood belongs to. You lose the patient.” After reading Chapter One in Hunter’s *Doctor’s Stories*, a student viewed the analogy between patient and text as, “So true,“ going on to state in class that the same skills needed to critically read a story “are what’s needed to read a patient.”

The role of stories in medicine was also approached through the discussion of reactions to the student narrator in “Imelda,” a story about an arrogant and unapproachable surgeon who cares for a child with a facial deformity and the role that the student plays in the story. One of them commented that students are often put in the role of “metaphorical mediator” between patient and other members of the health care team, thereby acknowledging the role that student clinicians often play as creators or co-creators of the story in the clinical setting. After reading the chapter in Abbott on the role of rhetoric in narrative, students noted in class discussion that readers try to identify cause and effect within stories and that patients do the same when trying to describe their symptoms to physicians. The students expressed their understanding that physicians participate in the same process as they assemble the pieces of patients’ recitations into an order that makes sense to them. In this discussion, students came to see themselves as “co-creators” of the narrative.

Reader’s Reaction to Narrative. The theme of the reader’s reaction to elements of narrative, and specifically, the impact of a reader’s life experience on a story’s interpretation, surfaced while discussing, one of the stories, “A Well Worn Path.” Students reflected on their reactions to Granny and the events in the story, which depicts a grandmother on a walking journey to a clinic to obtain medicine for her grandson. In the course of discussing the story, they observed that, “People jump to conclusions.” One

student commented that, “People may take things differently than what the patient intended,” and that, “This bias comes from experience in (one’s) own life.” The role of life experience in understanding narrative was made analogous to clinical behavior by a student who commented: “A student, I might not be asking the questions correctly.” This acknowledges the impact of a physician’s experience on the medical interview.

Narrative Feature: Identifying Desire to Create Plot. One of the narrative features listed in the course objectives is the ability to identify the desire to create meaning or plot. This surfaced in the session devoted to “A Day’s Wait,” the story about a child’s belief that he is dying as a consequence of a misunderstanding of the difference between Celsius and Fahrenheit. This story helped students reflect on the importance of recognizing the patient’s own understanding of his or her illness. One student commented that, “Someone in medicine should realize that the child’s views (in the story) weren’t reasonable.” In a reflective writing exercise, students wrote descriptively about their patients whose understanding of illness was different from their own. One student describes a patient with a history of miscarriage who couldn’t be reassured that her current pregnancy was stable. In another exercise, a patient accepted intellectually that antibiotics don’t treat viruses, but wanted them anyway. Another describes a paternalistic surgeon who didn’t seek the patient’s story. The next student wrote about a diabetic patient who feared the use of insulin. The final student reflected on a cancer patient with a brain tumor that impaired her ability to understand her condition.

Students recognized in “Death of Bed 12” another example of the narrative feature of the desire to create meaning. In this story, the narrator, a patient in a hospital, creates a fictionalized account of the life of a fellow patient (Mohammed) whose death he witnessed. In class discussion and in their writings, the students described the narrator’s motivation to create the story of Mohammed’s life as an attempt on his part to come to terms with the death and felt that this was motivated by sympathy for Mohammed, because the medical staff did not treat him kindly. This was seen as an example of the impact of cultural difference between staff and Mohammed. Students made the connection to the clinical encounter by telling stories about the ways in which certain groups of patients are stereotyped by the medical team. They provided the example of alcoholics, sickle cell patients, and morbidly obese patients and their treatment in clinical settings. One student wrote in a reflective essay on this story of practicing “reader response” to patients; i.e., the awareness that certain emotions are prompted by patient care experiences.

Cultural Differences in Medical Encounter. A recognition of the existence of a culture within medicine surfaced with the reading of “Brute,” a story about a physician who loses his temper while trying to treat an unruly patient and ultimately resorts to violence towards the patient. In class discussion, students were alternately sympathetic to, and critical of, the actions of the physician in the story. While acknowledging that they could understand the physician’s actions, they simultaneously revealed that this understanding might represent a newfound sense of identity with the medical culture that they had not expected to be able to embrace. A student commented: “What he (the

doctor) did isn't what he wanted to do. To be put in that situation (...) made me feel sorry for him. He did something that he probably thought he would never have done *before he entered medicine*". In this comment, the existence of a specific medical culture is acknowledged, with allusions being made to the disparity between the medical and the outside world.

In a discussion of the four poems by Campo, "Ten Patients and Another," focusing on emergency room encounters with four different patients, the students' recognition that medicine has its own culture is again revealed in their observations that, as the newest members of the medical team, they maintain an innate empathy for the outsider's, or the patient's, perspective. A student wrote, "I always think from the patient's perspective which is why I'm so frustrated in general in the hospital." The depiction of cultural difference in narrative was emphasized in several class discussions. In response to "Brute," students stated that it's obvious that the physician and patient represent different cultures. They base this on their observation that the narrator-physician is in awe of the patient and doesn't try to have sympathy for him, which they interpret these as emotional distance that results from difference between the characters' backgrounds. In the story, "Death of Bed 12," the cultural differences are not explicitly stated, but students felt that they were present in the lack of empathy and respect of the staff toward Mohammed. In this regard, the lack of empathy was seen as a direct consequence of cultural disparity.

In "Indian Camp," the story is told by a child narrator observing his physician-father attend to the birth of an Indian woman with her husband present. The father is portrayed as indifferent to the patient's suffering, and the husband kills himself silently while the painful delivery takes place. The students discussed the role of social background and culture in determining behavior as they reflected on the potential reasons for the behavior of the physician-father and of the Indian husband. Some suggested that the father character seemed indifferent and cold toward the Indian patient, but another student asserted that, "In those days, doctors saw a lot of things and had no choice [but to act in this way]," thus framing the father's behavior in terms of its appropriateness to social context and experience.

Impact of Judgments and Assumptions. The way in which judgments and assumptions occur among characters in narrative was explored in several sessions. While discussing "Brute," a student commented that, while the narrator/physician posits at the end of the story that he regrets his actions toward the patient, he doesn't recognize that the problem arose beforehand "in the way that he *saw* the patient initially." This suggests an awareness of the role that perception and preconception play in the development of attitudes toward patients in a clinical environment. A student commented, "This is what allowed him to treat the patient that way in the first place."

In the session in which "A Well Worn Path" was discussed, students noted the preconceptions of the staff toward Granny, and one of them made the analogy to the attitude of some residents towards sickle cell patients: "They have an automatic reaction

before meeting the patient. They assume the patient is a drug seeker. [They have] a preconception and bias before ever meeting the patient.”

In one of the sessions featuring Campo’s poems about emergency room encounters with four patients, students participated in writing from the perspective of one of the characters in the poem, with interesting results. A student acknowledged feeling self-conscious, stating, “I never thought about how I came across [to a patient].” Another felt unable to put herself in the shoes of the character, because the exercise prompted a realization of her own biases. This student commented, “I discovered [when writing from the perspective of a drug dealer] that I’m judgmental, and I don’t like that about myself.” This student subsequently made the choice to write the essay in the third person. Students concluded at one point that they are trained to make assumptions about patients, and, although they suggested this is inevitable, they also acknowledged that it has potentially harmful repercussions.

Students voiced their realization that features of narrative interpretation take place in every physician-patient conversation. They explored the ways in which choice of language provides insight into the narrator’s mood and the reader’s response to these choices. The reasons for the choices that they made in their reflective writing were reviewed, as they were encouraged to consider the ways in which they use narrative techniques implicitly when reaching conclusions and making inferences about their patients. When given a patient case history to review and asked to imagine how that patient’s illness course began and how it would end, students were prompted to make explicit the reflexive process that takes place in every patient encounter.

Chapters on the rhetoric of narrative and its definition were helpful in providing a common vocabulary for drawing relationships between literary theory and physician patient communication. Students read about and engaged in discussion about the ways in which the writer/ teller of the story or narrative can provoke emotion in the reader or listener, hence the resulting power of a piece of narrative or story. They expressed awareness that the creator of the narrative may have control over this outcome, which depends largely on the receiver (reader or listener). This opened up the opportunity to reflect on how patients and their stories might affect students and physicians. Students volunteered that while readers, based on their own life experiences, may find meaning other than what the author of a narrative piece intends, when they hear the patient’s story in a medical encounter, “People jump to conclusions.” “People may take things differently than what the patient intended”; “this bias comes from experiences in [one’s] own life.”

In applying the lessons from the chapters on narrative in the Abbott text, students came to understand how the tone in which a narrative is delivered to them, the choice of words, and the details included or excluded by the teller, serve to flavor the story and impact the listener in unique ways. Students felt that, in the medical encounter, they, as physician learners, are encouraged to focus only on constituent events as they receive the patient’s story and not be distracted by supplemental events , which are consequently

viewed as non-essential. “[We] get yelled at (for doing a complete social history),” and “We’re focused on the checklist.” One student volunteered that, “It reflects poorly on you if you take the time to actually talk to the patient.” He stated that his clinical teachers asked him bluntly, “Why are you asking these questions?”

Conclusion

The examples listed here serve as a representation of the themes shared in class during this course. These themes suggest that the students were able to relate the literary texts to their patient encounters and the aspects of narrative theory to real life conversations. This exploratory study may offer a new conceptual lens for viewing ways in which cultural competency and other features of physician-patient communication may be taught using narrative skill training. When anchored to exercises in reflective writing, student learners develop a framework with which to view and interpret their patient stories.

It should be acknowledged that clinical medicine requires the ability to integrate skills in narrative interpretation with the capacity to discern pertinent clinical information, and that this process requires time and practice. Mastering this process is at the center of the art of the patient interview, and the author does not mean to suggest that one set of skills is more pertinent than the other. They exist alongside one another, enriching and deepening the knowledge gained by each skill respectively.

A review of written and spoken reflections from this course revealed students’ capacity to recognize multiple points of view regarding reactions to a patient’s plight; articulation of the student writers’ own feelings regarding a patient’s situation; an awareness of the impetus to create meaning within a narrative; and the ways in which judgments and assumptions are made during the patient encounter and how they affect the physician-patient relationship.

A particular benefit of the use of narrative skills training in a curriculum on cultural competency or a physician-patient communication course may be that student readers are encouraged to realize their own inherent abilities in understanding and interpreting stories. A process in which they are engaged daily is revealed to be analogous to reading a text, and a course such as this helps them to see how those skills may be enhanced and deepened in ways that do not rely on rote memorization or repetition of behaviors. The instinctive desire to listen and receive and understand is returned to its rightful primary place in the physician-patient dialogue and learners discover that they themselves hold the key to maintaining and enriching it. In anticipating the future role that courses such as this may play in medical education, one is encouraged by the recognition on the part of learners that they have specific reactions to patients and to patients’ stories, and that they are able to articulate the ways in which these reactions affect the encounter. These discoveries may be used to create educational interventions that continue to emphasize

the skills involved in listening and receiving stories to the benefit of patients and the physicians who care for them.