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Résumé de l'article

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CREATING HEALING SPACES FOR RESIDENTS USING NARRATIVE MEDICINE

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ABSTRACT

Factors that detract from making meaningful connections with patients and finding meaning and joy in medical practice have found their way into resident education. Burnout and moral injury are increasingly reported by residents across specialties.[1, 2] A curriculum in Narrative Medicine was established at a community hospital family medicine residency as an antidote to these influences. Evaluative survey data and qualitative semi structured interviews reveal that the program created healing spaces for residents. This essay describes the program features and the evidence provided by the residents endorsing the healing impact of the program.

KEYWORDS: Narrative Medicine; Healing spaces; Burnout; Residency education; Family Medicine

I had just returned from my second Narrative Medicine workshop in six months at Columbia University when one of my advisees, a senior resident in Family Medicine, approached and asked, “What can a family physician do upon leaving medicine?” I replied, “One of beauties of our specialty is that it opens many doors, and we are limited only by our imagination and willingness to try new things.” I counter queried,

“Why are you asking that? You are about to graduate and go out into practice.” He replied, “This is not what I signed up for. I want to be able to spend time with my patients, get to know them, make a difference in their lives, and help them to stay healthy. My plan is to work in a practice long enough to pay off my debts and then get out of medicine.” This was disturbing to hear from a very fine young family physician.

Just a few days earlier I proposed a plan to pilot Narrative Medicine in the Family Medicine residency at WellSpan York Hospital, a community hospital of 530 beds in semi-rural south-central Pennsylvania. One of the workshop faculty, raised his hand, looked at me and said, “I think you can do much more than that.” That was all the encouragement needed and I began considering what might be possible at my institution. Worldwide the aggregate prevalence of burnout among medical and surgical residents is 51.0 %.[1] Large numbers of residents are reporting moral distress and entertain leaving their place of employment.[2] Right under my nose residents displayed many burnout symptoms that I feared their future in medicine was in peril. Their curiosity was being drummed out by task-oriented labor that did not reflect their aspirations upon entering medical school. This discouragement was not the periodic, transitory disillusionment that can promote discernment and realistic growth in professional life. What was going on in medicine was the digitization of our patients and the elimination of their narratives. What three decades of practice and teaching had taught me was that stories were crucial; patient and family stories, the stories of our co-workers and equally important the stories being written in our own minds. If we failed to attend to the patient’s story, how could we get to know them, diagnose them properly, and attend to their health care needs? If we were unaware of our stories, how could we position ourselves to provide caring during a professional lifetime? At what point did the cost of caring exceed the capital in a doctor’s caring bank?

Six months later, on a cold winter Saturday in February, I was joined by six residents, two family physician faculty and our psychologist for a full morning workshop. The program opened with a “master class” for an uninitiated audience to introduce them to Narrative Medicine. We engaged in three workshop sessions complete with close reading of a poem, paintings from a children’s book and a music video. We discussed our “texts” focusing on what was seen and heard along with clues to unravel the stories depicted. Participants were asked to write to prompts, something novel to all. The self-selected participants shared their narratives and listened offering their reactions and thoughts about what they heard.

It was an exciting morning. As participants volunteered their narratives, exteriorizing things internal, it was clear that they discovered a *process* that was nurturing, healing, and at times cathartic. They were able to see themselves and their work in ways that they might not have considered before setting to paper various experiences evoked by the prompts. I was hoping that the morning would be meaningful and invite further interest. But there was one thing I was not prepared for, and that was my observation of how much this Narrative Medicine session was needed by my colleagues and residents.

The following month I presented Amy Winehouse's music video, *Rehab*, to the entire resident cadre. Following a close reading discussion, I asked the group to respond to this prompt, "Write about someone you know with an addiction and one thing they have told you about their addiction." I added, "If you don't remember something you were told, use your imagination and write something they might have told you." After the session a senior resident approached and said, "I wouldn't ordinarily sign up for something like this, but I can't believe what just happened in there." Then an intern added, "I finally feel human again." While I was pleased that the session was meaningful, I was disturbed that it had taken only nine months to drum the humanity out of her. Two male residents followed, saying nearly the same words to describe their experience, "This took me to places inside myself that I don't usually go with patients." One dose...one dose of a Narrative Medicine experience...prompted my residents to express these feelings.

Every month for the past five and a half years the Family Medicine residents at York Hospital have explored important issues pertaining to professional and personal development and well-being via Narrative Medicine during their scheduled didactic time. Our clinical psychologist co-facilitates the sessions. Topics for these sessions are often linked to the behavioral health didactic that immediately precedes Narrative Medicine. However, at times, topics reflect what is going on in the resident's lives or in our society and world that week.

Examples of curricular topics and the corresponding texts have included:

- Breaking Bad News, Raymond Carver's poem, "What the Doctor Said".
- Exhaustion and Burnout, John O 'Donohue's poem, "For One Who Is Exhausted: A Blessing"
- The sophistication of a Family Physician's Work – Blue Horse Paintings by Eric Carle and Franz Marc.
- Compassion and a Doctor's Trauma – "Critical Crash", a spoken story by T. Dixon, MD from THE MOTH Radio Hour.
- Racial Disparity – TJ Jarret's poem, Anarcha: J Marion Sims Opens My Body for the Thirty-Fourth Time.

Residents have participated in semi-structured in-depth interviews about their experience in the Narrative Medicine program and have responded to surveys about various components of the project. Several themes have emerged from the surveys and interviews including evidence that Narrative Medicine provides a safe place that promotes healing, wellbeing, and professional development. What follows are excerpts of the resident comments about these themes.

Firstly, one hundred percent of residents reported that Narrative Medicine sessions provide a safe space for them to explore. One hundred percent of residents gave examples of how Narrative Medicine contributed to their wellbeing. Some residents found the personal benefits easier to grasp than the professional benefits.

One resident told of his response to Frida Kahlo's painting, *Self Portrait with Dr. Farill*. The resident, who had been working through both professional and personal stresses stated, "...we forget about how important we are to our patients and how meaningful we are...I felt a lot better after that [experience]. [It] helped me to...channel a lot of my frustrations and my stress... so I felt a lot better within the next week." "But if anything, it made me stronger and reaffirmed how deep[ly] we are connected as human beings."

Another resident was dealing with a profound personal loss. That resident said, "...Narrative Medicine meetings helped me through some of the literally most challenging times of my entire life...it would be beneficial to everyone. It's like going through therapy but not."

A third resident testified to the impact on professional wellbeing stating, "...in my professional well-being...I'm enjoying my encounters more. I can't wait to figure out what is going on...my perspective now is that my patients are my teachers...I get to learn so much from them versus I'm just doing my job."

Finally, one resident summed up what happens when one immerses themselves in the sanctuary of Narrative Medicine. "The sessions one gets involved in and becomes part of, they have been thoroughly soul nourishing."

The safe, healing spaces provided by the Narrative Medicine experience have permitted residents to explore issues that require delving into vulnerabilities. Ironically, the residents cite this vulnerability as the one consistent downside to the experience, especially when first introduced to the program. Nonetheless, they find the *process* promotes inner growth. While residents often feel anxious about opening up during a discussion or sharing a narrative, they consistently concluded that, "Once I was done, I was just fine." They also indicated that over time their anxiety about exposing their vulnerability declined. "I think ever since the Narrative Medicine sessions have [occurred] on a regular basis we're being a little bit more vulnerable in that sense...opening up."

The residents identified the source of this angst to be their medical school experience. One resident summed it up thusly, "... [in medical school] it's frowned upon to be vulnerable...true strength is when you actually show your vulnerability and... show that we are all connected... [we were] trained in medical school not to show that vulnerability...sharing that vulnerability has helped in taking care of my patients."

Residents commented that they appreciated the safe space that Narrative Medicine provides to explore their vulnerabilities and they emerged stronger. So, while residents sensed a tension about being exposed during the Narrative Medicine experience, especially at first, they welcomed the space to address it as well as experience personal and professional growth.

Some residents find it more difficult to recognize how the Narrative Medicine experience impacts their professional development, yet they do provide examples of how impactful it is. Most opened their comment with an enthusiastic, affirmative, “Oh yeah!”

This is what the one resident said, who thought that the program did not impact their professional development. “...When I’m in the [Narrative Medicine] sessions I feel fully engaged...but I don’t feel like it has shaped my professional development. But I’ve become increasingly more comfortable saying I don’t know...especially, the “I don’t know” part, because...like a lot of pieces of art or the literature that we review...[they are] open to interpretation...and that [is the] same feeling I feel in a lot of my patient encounters because a lot of them come with complaints that I just don’t know the answer...and that sense of unknown is something that I certainly feel at the Narrative Medicine sessions, or certainly...reminds me of that, when [seeing patients].”

This comment testifies to the power of the Narrative Medicine pedagogical methodology. While this participant opined that professional development did not occur, the example given argues strongly that important professional development is occurring, even when unseen.

So, I will close with another resident’s story, this one at the end of the third year, following the first full year of our Narrative Medicine curriculum. The resident, who was about to start practice, said, “I want to tell you about an interview I had during my job search process. An interviewer asked me to describe a patient I wouldn’t want to see again. I paused to think about it for a moment and I thought about what we are doing in Narrative Medicine. I looked at her and said, no, I can’t think of any patient I wouldn’t want to try to help and none that I couldn’t learn something from.”

Embedded in this comment is a crucial idea that points out that words are important, an appreciation cultivated by the close reading and listening that occurs in Narrative Medicine. The resident used the third person plural when talking about what “we” are doing in Narrative Medicine. What transpires in the Narrative Medicine space is not one faculty member’s project, not one residency’s curriculum. Rather is it a collective experience of reflection, discernment and sharing that promotes growth professionally and personally.

Rita Charon, MD, PhD, describes a student whose “grounding in philosophy and literary studies” expands the “capacity to see the real, the hyperreal, and the hyporeal simultaneously—that is, to be aware that aspects of a situation might exist above or below the plane of the observable reality.” It promotes “the capacity to see in curved lines, to wonder all the time about the unseen, the seen-by-others.”[3]

Participation in Narrative Medicine curriculum during residency training is associated with improvement in Emotional Exhaustion.[4] In addition, it connects health professionals to their original motivation to care, cultivates the ability to engage patients and stimulates professional growth.[5]

When residents gather monthly and participate in a purposeful, deliberate curricular program that provides a safe space to explore the interface of personal and professional challenges that arise in medical life they learn that they are connected, they are not alone, that vulnerability is ok, and it is ok to share those experiences with their colleagues and facilitators. They come to a place where, by listening to their own internal story, they can make new discoveries about their work and themselves. They realize that everyone who practices the humanity of medicine will have their wounds and scars and these can be healed. They will discover that they are not their scars or their wounds, and that their scars and wounds don't define them. Ultimately, they can put those personal healing experiences to good use as they care for themselves and their patients. ■

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