Narrative Practice: A Novel Method for Interprofessional Education

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Introduction

Narrative medicine has emerged as a growing field in both medical practice and medical education as a means of increasing empathy and reflection, in order to "improve the health care that [future physicians] are able to provide to patients."[1] In a 2019 systematic review of narrative medicine classroom interventions, Milota et al. reviewed 36 narrative medicine courses or seminars in medical education and concluded that these interventions had a "positive, measurable, and replicable effect on medical students" and that narrative medicine could "constitute a meaningful tool to stimulate medical students' professional and personal development."[2] As modern healthcare becomes increasingly team-based, there is another important trend in healthcare education driven by the increasing recognition of the value of collaborative practice. [9] In order to develop effective practice, the World Health Organization (WHO) published a landmark report in 2010 calling for interprofessional education as an "innovative strategy that will play an important role in mitigating the global health workforce crisis."

Insofar as narrative medicine can increase identification with peers[2], develop a deeper appreciation for life's intersubjective domain[3], and strengthen relational norms[4], we sought to understand whether narrative medicine applied to an interprofessional healthcare educational setting—what we call *interprofessional narrative practice* (IPNP)—has the potential to help students from various health professional disciplines to not only better understand themselves and the people they will serve, but to also better understand each other.

Methods and Materials

Our study consisted of a pilot course in interprofessional narrative practice in which students from multiple health professional programs (social work, medicine, physician assistant studies, dentistry, and nursing) at a single university in Northeast Ohio were recruited to participate in eight weekly 2-hour sessions. Sessions were led by instructors with training and teaching expertise in narrative practice. Each session consisted of a discussion of assigned stories as well as an in-class creative writing assignment followed by sharing and discussion. Students also were given after-class reflective writing assignments. Student writing was collected for qualitative data analysis.

Methods and Materials (cont'd)

In addition, student participants were asked to complete a 27-item Likert scale questionnaire, the Interprofessional Attitudes Scale (IPAS), at the conclusion of the course[5]. In this survey, students were asked to respond to 27 statements about interprofessional education and collaborative practice. Sub-scale scores were then calculated using the mean of the student's response across questions within that sub-scale category: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1). Interprofessional health students from the disciplines represented in the pilot course but who did not take the course were then sampled and asked to complete the IPAS to provide data for a control group. Mean and standard deviation were computed for each of the five IPAS sub-scales for both participants and controls. Differences between means in the participant and control groups were determined using Welch's t-Test. Quantitative data analysis was performed using R version 4.0.3 (R Project for Statistical Computing, Vienna, Austria), and p-values under 0.05 were considered statistically significant.

Results

In total, seven first-year health professional students registered to take the course across three programs: 3 medical students, 2 physician assistant students, and 2 social work students. Six of the seven students participated in at least half of the eight 2-hour sessions. There was a statistically significant difference between participants and controls in the following IPAS subscales: Teamwork, Roles, and Responsibilities (participant mean: 4.5, control mean 4.0, p = 0.00418), Patient-Centeredness (participant mean: 5.0, control mean: 4.9, p = 0.004786), and Diversity & Ethics (participant mean: 4.9, control mean: 4.7, p = 0.02474). (**Table 1**)

	Participants mean (SD)	Controls mean (SD)	p-value
	(n = 5)	(n = 45)	
Teamwork, Roles, & Responsibilities	4.5 (0.16)	4.0 (0.56)	0.00418
Patient-Centeredness	5.0 (0)	4.9 (0.26)	0.004786
Interprofessional Biases	3.3 (1.2)	3.7 (0.59)	0.4888
Diversity & Ethics	4.9 (0.15)	4.7 (0.34)	0.02474
Community-Centeredness	4.6 (0.43)	4.4 (0.70)	0.3175

Table 1. Interprofessional Attitudes Scale (IPAS) Scores of First-Year Health Professional Students

Results: Reflections from Student Participants

"I was reminded of how important it is to take a step out of the sciences and to recognize the humanity of the work that we will be doing."

"I don't think that I learned a lot about the future patients I will be treating, but rather I was reminded of the importance of getting to know them as people in addition to knowing them as patients."

"[this course] has certainly found a superior way to facilitate interprofessional relationship building that I think is essential to providing good team-based care to patients."

"I believe that this course will have a positive impact on my ability to relate to professionals from other disciplines when collaborating on client care. I learned that our service specialty differences are insignificant compared to our shared sense of purpose. I also learned that approaching a single health issue from various lenses – medical, mental, physical, spiritual – can give a broad scope and a more encompassing solution to the issue."

"Through discussing the literature with the other participants of this course, I got to know them as human beings, learning about the ways they see and engage with the world around them, and how they perceive current issues in medicine and in our society. We did all of this without having debates or getting angry with one another, and I think that is key to why this worked so well."

"Before this course, I knew that my colleagues would be intelligent and helpful, but I did not realize the insight that one learns within each different profession. This lesson will be extremely valuable in the future, and I will be sure as a future physician to ensure collaboration between different healthcare professionals."

Discussion

Many of our findings are consistent with the contemporary literature of narrative-based interventions outside of its birthplace in the field of medicine. Recently, Yang et al. conducted a randomized controlled trial of 180 nursing students who were randomly placed into one of three groups: regular medical education, theoretical narrative medicine education, and narrative medicine education integrating theory with practice. Using the validated Jefferson Scale of Empathy (JSE) instrument, Yang and colleagues found statistically significantly higher JSE scores for students in the third group.[6] Other fields like dentistry have yet to adopt narrative practice, although educators at the McGill Faculty of Medicine have noted declines in empathy during dental school that parallel medical students and have proposed narrative dentistry as a way to sensitize dental students to the human dimension.[7]

Discussion (cont'd)

In addition to being applied to individual disciplines outside of medicine, there is some recognition now that narrative medicine interventions may have value in interprofessional education too. In 2015, Taiwan's largest teaching hospital developed a narrative medicine course for an interprofessional cohort of physicians, traditional Chinese physicians, dentists, nurses, pharmacists, medical technologists, physical therapists, respiratory therapists, and nutritionists. Although Chen et al. did not study the effects of this intervention on trust or teamwork across the professions, they did find statistically significant increases in empathy that were sustained even during a follow-up 1.5 years later.[8] More recently, Gowda et al. implemented 30-minute narrative medicine sessions during monthly required interprofessional team meetings for New York Presbyterian Hospital staff including attending physicians, resident physicians, nurses, medical assistants, social workers, administrators, and many other clinic personnel. Using observation notes, longitudinal semi-structured interviews, and participant questionnaires, they found that 90% of questionnaire respondents (45/50) rated the program's ability to facilitate interprofessional dialogue as good, very good, or excellent. Many participants were also struck by "communication that opened up across professions and levels of hierarchy that had not occurred with other prior team-building activities at the clinic."[9]

Our study had several limitations. First, our sample was relatively small given the challenge of recruiting students for an elective for which formal credit was not given. Second, the students who elected to participate in the course may represent a sample of students more inherently invested in interprofessional collaboration. Further studies that randomize or require participation may help better illuminate the true effects of this educational intervention.

Conclusion

Our study found that students who participated in the pilot course in Interprofessional Narrative Practice scored significantly higher on the IPAS subscales for Teamwork, Roles, and Responsibilities, Patient-Centeredness, and Diversity & Ethics. In addition, students reflected that they not only subjectively enjoyed the course, but also that the course helped them "recognize the humanity of the work they were doing," "facilitate interprofessional relationships," and "create a shared sense of purpose." Given the positive impact of this pilot course, further study is warranted to determine if these results can be seen when applied to a broader population, and whether the effects of this educational intervention persist over time.

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