

## The Power of Reflective Writing: Narrative Medicine and Medical Education

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*It was a good reminder that as physicians, we may not always be able to fix patient problems, but we can certainly be loving and supportive. It reminded me that good medicine takes into account the whole person including body, mind, and spirit and not just the sum of its parts.*

— A third-year medical student

There is no doubt that medicine is an art and a science. Today, practicing medicine as science is probably much easier than practicing medicine as art, in light of the dazzling advances in medical technology and informatics. Even before technology gained the upper hand, patients were healed by physicians when most of the remedies were useless if not harmful, and when remedies were driven by theories that did not stand the test of time.<sup>1</sup> To some extent, the art of fostering the sacred physician-patient relationship might have played a major role in the dramatic healing process.<sup>2</sup>

The physician-patient relationship is not limited to a comprehensive history and physical examination, a diagnostic workup, and the final discussion about a plan for action. Medicine requires that the physician establish deep connections by which s/he can dive deep into the crying soul of the patient. Healing an ailment is a complex process that must address two domains: disease, which is the alteration in the biologic structure and/or function of the body; and illness, which is the psychological and social aspect of the ailment.<sup>3</sup> Proper healing starts with open communication between physicians and patients. Patients draw on physicians' attributes of honesty, integrity, empathy, and compassion to share their stories as they strive to heal.<sup>4</sup>

Narrative medicine offers a unique framework to explore and manage the complexity of healing. Its impact extends beyond the physician-patient relationship and into the relationships between physician and self, physician and colleagues, and physician and society. It is no wonder that many medical schools and residency programs have incorporated narrative medicine in the form of reflective writing into their curricula.<sup>4</sup>

Our learners, students and residents, are encouraged to be engaged in reflective writing as they search to understand what medical practice means to them, their patients, their colleagues, and society at large. Learners meet with the first author (SJ) on a regular basis to discuss and analyze their short, open-ended narratives. They are frequently asked to reflect on events of their choice that had a lasting impact on them, negative or positive, at any institution where they rotated. We (SJ and AD) are mesmer-

ized by the insight of the learners and depth of their reflective capacity in their quest for self-identity, ideals, and values as they enter the complex environment of medical practice.

It is only fitting to share some excerpts from learners' narratives about valuable lessons from rich experiences in which they found themselves deeply immersed.

One learner ruminated over the discrepancy between what we preach and how we act. He described his negative experience tagging along with his attending physician in a busy outpatient clinic. He wrote:

*I saw a 45-year-old patient with an advanced hepatocellular carcinoma. He came with his wife to learn about the results of his liver biopsy performed with [computed-tomography] guidance. He had no clue what was wrong with him, much less his prognosis. He was smiling and engaged in a conversation with his wife as I walked into the room. I asked him how much he knew about his condition. "They told me I might have a tumor, but I was told that you will be telling me more." I was in my second month of training and did not feel comfortable breaking the bad news to him. I decided to leave it to my attending. A few minutes later, my attending and I went into the room. After introducing himself to the patient, the attending asked me to bring the ultrasound machine because he wanted to examine the patient for ascites. After he was done, he told the patient that there was no fluid and all this abdominal distension was probably due to an enlarged liver and suggested that the patient [go] to radiology for palliative chemo-embolization. While he was standing next to the door that was half open, the attending asked the patient "So, do you know what is going on with you?" The patient did not say anything but his [facial] expressions were enough for us to tell that he was not aware of how serious his condition was. "You have a very bad cancer and you will die in six months," the attending said.*

*Surprisingly, just [a] few days before that, the same attending gave us a lecture for an hour about palliative therapy of terminal cancer [patients]. The whole lecture was centered around dealing with terminal cancer patients and breaking bad news. He talked about some personal experiences as well as some skills and strategies of how to build a relationship with your patient[s] and how to earn their trust. "Touching the patient, sitting close to them, smiling, and some other simple things make all the difference in the world for them," the attending had said.*

*After we left the room, I was thinking of how shocking and overwhelming that was to the patient. I was wondering if being busy can be an acceptable excuse for not showing empathy and*

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*respect when talking to patients about their serious illnesses ... I now realize how much contradiction and incongruity there is between what we have been taught and what actually happens in real life.*

In this narrative, the learner struggles as he tries to reconcile what he was taught in the classroom with what he saw in the examination room. He eloquently describes the dilemma of a hidden curriculum: teachers who do not walk their talk!

A second learner described her positive experience shadowing a busy practitioner:

*I was shadowing a family practitioner over summer break. His first patient was an 81-year-old female he saw for a follow-up. She had a long list of chronic comorbidities including diabetes, HTN [hypertension], CAD [coronary artery disease], osteoporosis, arthritis, and depression. Upon entering the exam room, it was apparent that walking caused her pain. She walked slowly into the exam room and seemed relieved to sit down. She initially was quiet and told the doctor that everything was fine and [she] only needed her prescriptions refilled. The [doctor] asked her basic questions followed by a physical examination.*

*Just when I thought the appointment was about to come to an end, the doctor started conversing and joking with her. She was initially passive but finally cracked a smile, looked over at me and said, "This is why I don't change doctors. I have to take two buses to see him, but I won't change him." What seemed to be an uneventful doctor's appointment left a lasting impression on me. Those extra fifteen minutes the doctor dedicated to her made her day and she probably forgot about her pain for a moment.*

*It was a good reminder that as physicians, we may not always be able to fix patient problems, but we can certainly be loving and supportive. It reminded me that good medicine takes into account the whole person including body, mind, and spirit and not just the sum of its parts.*

Every teacher's dream is to be an ideal role model. A positive role model can drive the point home and leave an everlasting impression on learners as they try to discover, to self-identify, and to develop professional attributes.

A third learner shared an inspirational story about shadowing a young and promising surgical resident who practiced empathy at its best. She wrote:

*One of the most memorable and useful things that I've observed during medical school is the art of empathy. It is something that our curriculum has touched on several times throughout our classroom years. While it is one thing to read about it in class, it is a completely different thing to observe it in practice.*

*While on my plastic surgery rotation, I met a 70-year-old trauma patient who had to have her arm amputated. At the end of our consult with this woman, it was decided that this case would be referred back to orthopedic surgery. The resident with me could have easily just left it at that, since she was no longer to be our patient. However, the resident then sat on the patient's bed and reassured her that her life was still going to be full, despite the loss of her arm. She proceeded to tell the patient about her own best friend, who lost her arm in a boating accident at the age of 19.*

*She still went on to go to college, got married, and now has beautiful kids. She even travels around the country as an inspirational speaker. The patient kept thanking the resident, and assuring her that she was not going to let the loss of her arm stop her from living a full life.*

*This encounter really impressed me. It would have been way too easy to just write this patient off as an older lady, who would not be as affected as a younger person who had their whole life ahead of them. She wasn't even going to be [the resident's] patient anymore, and [her] responsibilities were technically done. However, the resident went the extra mile, and it only took a few minutes of her time. The manner in which she did it was also something that impressed me. The resident was so genuine in her conversation. There was never a hint that she looked down on this patient, or felt sorry for her.*

*As a medical student, I really hope to find that subtlety and master it. Of course every medical student wants to be the best doctor they can be. We spend so much of our time studying the science of medicine in order to achieve that goal. However, part of being a good doctor is also mastering the art of patient care and learning how to interact with others.*

We believe that narrative medicine is an invaluable tool and an excellent opportunity for learners to delve into their own consciousness as they react and interact within their learning environment.<sup>4,5</sup> We hope that they view negative role models as an impetus to improve their own behavior as they stand by their resolve to become responsible, caring, and compassionate physicians.<sup>6,7</sup> For educators, such experiences become food for thought. We should not be afraid of our failures, for success is nothing but failure turned inside out! ❖

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#### References

- Novack DH, Epstein RM, Paulsen RH. Toward creating physician-healers: fostering medical students' self-awareness, personal growth, and well-being. *Acad Med* 1999 May;74(5):516-20.
- Novack DH. Therapeutic aspects of the clinical encounter. *J Gen Intern Med* 1987 Sep-Oct;2(5):346-55. DOI: <http://dx.doi.org/10.1007/BF02596174>
- Kleinman A. The illness narratives: suffering, healing, and the human condition. New York: Basic Books; 1988. p 3.
- Charon R. The patient-physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA* 2001 Oct 17;286(15):1897-902. DOI: <http://dx.doi.org/10.1001/jama.286.15.1897>
- Branch W, Pels RJ, Lawrence RS, Arky R. Becoming a doctor. Critical-incident reports from third-year medical students. *N Engl J Med* 1993 Oct 7;329(15):1130-2. DOI: <http://dx.doi.org/10.1056/NEJM199310073291518>
- Arjmand S. The use of narrative in medical education. *Journal for Learning through the Arts [serial on the Internet]*. 2012 [cited 2013 Mar 7];8(1):[about 8 p]. Available from: [www.escholarship.org/uc/item/1b95d8v](http://www.escholarship.org/uc/item/1b95d8v).
- Johna S, Rahman S. Humanity before science: narrative medicine, clinical practice, and medical education. *Perm J* 2011 Fall;15(4):92-4. DOI: <http://dx.doi.org/10.7812/TPP/11-111>

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