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Yazen Qumsiyeh

*The University of Vermont Larner College of Medicine*

Julia Shatten

*The University of Vermont Larner College of Medicine*

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# Narrative Medicine

Improving Patient Care and Shifting Office Culture

YAZEN QUMSIYEH MSIII AND JULIA SHATTEN MSIII

FAMILY MEDICINE, FEB-MAR, 2017

MENTOR: DR. LEWIS MEHL-MADRONA, MD



The University of Vermont  
LARNER COLLEGE OF MEDICINE

# Problem and Needs

## Problem- Chronic Pain is Common

- ▶ Chronic pain and depression are both prevalent in the United States and often co-exist in the same population
- ▶ Psychosocial factors, such as depression, and emotional stressors may further complicate chronic pain treatment (Delitto 2012)
- ▶ According to the literature, there is **no consensus** between providers as to the best practice of treating chronic pain and concomitant depression (Chou et. al)
- ▶ In the last 30 days (Feb 07,2017- Mar 9,2017), 694 out of 2420 (**28.7%**) patients seen in clinic at the Center for Family Medicine (CFM) at Eastern Maine Medical Center (EMMC), have an active chronic back or neck pain problem.
- ▶ Maine has the highest rate of chronic long-acting opiate prescribing in the country at **21.8/100** people (Institute of medicine)

## Need – Better Treatment for Chronic Pain and Associated Depression

- ▶ **Narrative Medicine, a medical model that uses a patient's illness narrative to make meaning of their disease**, allows patients to tell their stories of chronic pain and other important aspects about their life, while it helps providers better understand patients' experiences with pain
  - ▶ This project will assess the **current culture and attitudes** of providers in terms of treating patients with chronic pain conditions
  - ▶ This project will also assess providers' **current understanding** of Narrative Medicine
  - ▶ We will also conduct two, >90 minutes one on one, **life story interviews** with patients with chronic pain following the Northwestern Life Story Interview format

# Health Care Costs of Chronic Pain

Breakdown of Cost	Amount (in billions)
Direct health care costs	\$261-\$300 Billion
Lost productivity from missed work days	\$11.6-\$12.7 Billion
Lost productivity from lost work hours	\$95.2-\$96.5 Billion
Lower wages	\$190.6-\$226.3 Billion
<b>TOTAL</b>	<b>\$560-\$635 Billion</b>

- ▶ In the U.S., the total annual cost of Chronic pain conditions is **\$560-\$635 Billion**
- ▶ At the CFM at EMMC, roughly **30%** of patients have active diagnoses of Chronic back pain and/or neck pain.
- ▶ The costs of persistent pain exceeds the economic costs of the six most costly major diagnoses:
  - ▶ Cardiovascular disease (\$309 billion)
  - ▶ Neoplasms (\$243 billion)
  - ▶ Injury and poisoning (\$205 billion)
  - ▶ Endocrine, nutritional, and metabolic disease (\$127 billion)
  - ▶ Digestive system disease (\$112 billion)
  - ▶ Respiratory system disease (\$112 billion)

# Community Perspective

## Dr. Lewis Mehl Madrona, MD, PhD

- ▶ Current state of treatment is “**abysmal**”
  - ▶ Chronic pain is treated as “a thing, where in fact it is a process”
- ▶ The biggest challenge in treating patients with chronic pain and associated depression is that patients are convinced that **drugs and procedures** will “fix them”
- ▶ Dr. Mehl Madrona believes that allowing patients to tell their **stories** will help them better understand their conditions. He also believes that it “**legitimizes their existence**”
- ▶ He believes that patients improve, but it takes time and effort from patients and doctors alike. He believes that patients need to step out of their comfort zones and try activities such as mindfulness, movement exercises, stretching, and yoga. Doctors, on the other hand, need to address **social determinants** more often

## Paula Cordington, LCSW

- ▶ Current state of treatment needs improvement. Patients’ mood and experience with pain are treated as two separate entities
- ▶ The biggest challenge in treating chronic pain is that most patients expect that pain will disappear completely – Which she believes is unrealistic
- ▶ She advises providers to always keep in mind the **behavioral health** component of patients’ chronic pain conditions
- ▶ She believes that Narrative Medicine is helpful and will invite patients to explore their past experiences

# Intervention and Methodology

## Pre-existing Office Culture and Views on Narrative Medicine

### ▶ **Culture Survey:**

- ▶ In order to assess the current understanding and utilization of Narrative Medicine as well as the **current culture and attitudes** of providers at the CFM at EMMC in regards to treating patients with chronic pain conditions, a **paper survey** will be distributed to staff (attending physicians, residents, nursing staff, medical assistants, Social workers, and all other staff) at the CFM office
- ▶ The Survey consists of 16 Likert scale type statements, one multiple choice question with 10 options to describe the current culture (can select more than one option and can add own answer), as well as two open ended questions

## Patient Stories and Impact on Culture

### ▶ **Life Story Interview:**

- ▶ We will conduct two, >90 minutes one on one, interviews following the Northwestern Life Story Interview format. Patients will describe their past experiences with their diagnosis, past experience with the health care system, their present and past significant life experiences, and reflect upon the stories of their illnesses
- ▶ Patients will fill out a pre interview Center for Epidemiologic Studies Depression Scale (CSE-D), McGill Pain Questionnaire, and a Doctor- Patient Relationship Questionnaire (Dopraq-16)
- ▶ After the interview, A narrative will be written and sent to the patient. If the story is approved by the patient, it will be shared with their PCP. Prior to reading the narrative, the PCP will fill out the Doctor-Patient Relationship Questionnaire and The Jefferson Scale of Empathy
- ▶ At the two and four months intervals, patients will fill out the Doctor-Patient Relationship Questionnaire again.
- ▶ At the four months interval, Physicians will fill out the Doctor-Patient Relationship Questionnaire and the Jefferson Scale of Empathy

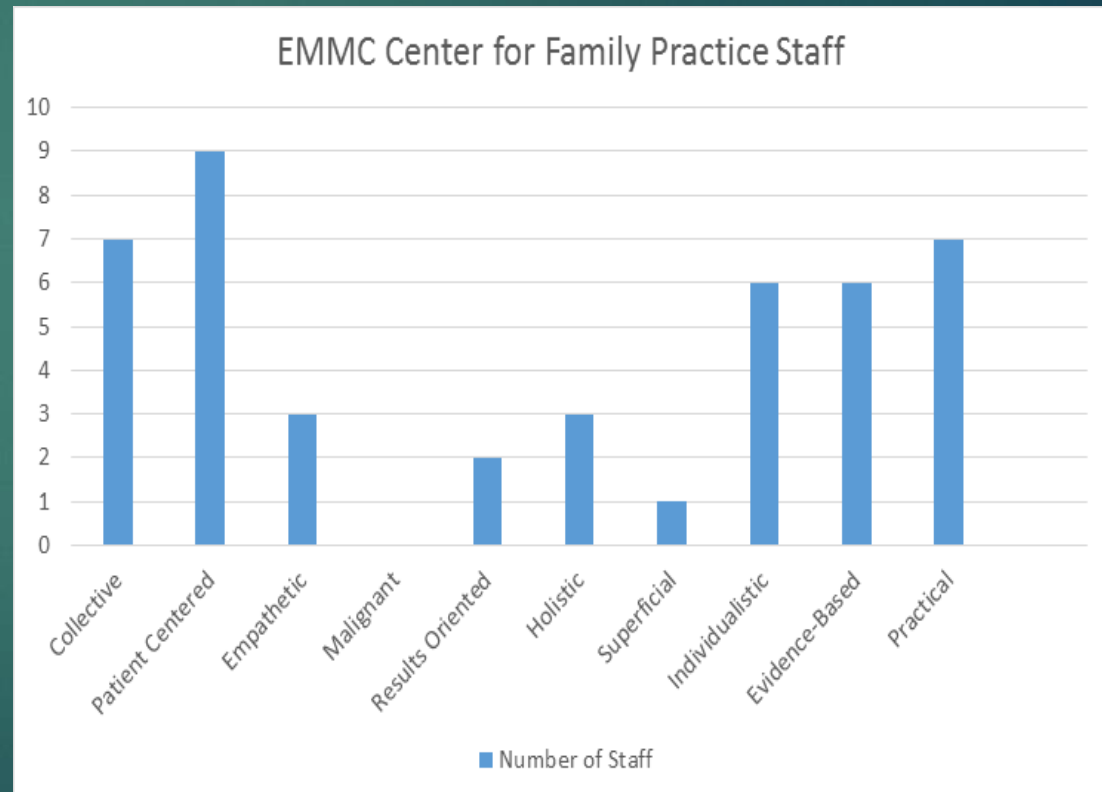
# Results

- ▶ We distributed more than 30 Culture Surveys and received 18 back (N=18)
- ▶ Based on the survey respondents, we found that:
  - ▶ **94%** of respondents **agree or strongly agree** that "I enjoy working here"
    - ▶ **8/18** report that they enjoy working here higher than they believe their colleagues enjoy working here, while only **one person** rated that their colleagues enjoy working here more than they do.
  - ▶ **88%** of respondents **agree or strongly agree** that "Knowing my patients' life stories will positively impact their treatment"
  - ▶ **94%** of respondents **agree or strongly agree** that "I value the patient's story as a part of the therapeutic relationship"
  - ▶ The current understanding of Narrative medicine scored an average of **3.8**, while providers, on average, strongly agreed (**4.6** score) that knowing the patient's story is beneficial to treatment
  - ▶ Providers who **strongly disagree or disagree** that they dread visits with chronic pain/depression (1 or 2), scored an average of **4.0** on feeling confident treating patients with chronic pain
  - ▶ Providers **who strongly agree or agree** that they dread visits with chronic pain/depression (4 or 5)-- scored an average of **2.1** on feeling confident treating patients with chronic pain
  - ▶ On average, providers scored that they believed that **their colleagues** complained about patients with chronic pain higher (**3.6**) than they believed that **themselves** dreaded those visits (**2.5**)
  - ▶ Providers who rated that they are most satisfied with the culture (5), also rated that they **strongly disagree** to the statement that they prefer NOT to work with patients with chronic pain (1)

# Results

- How Would Knowing Patients' Stories Effect You?
  - ▶ “Give me more **compassion** for them; make me feel like I can make a difference”
  - ▶ “**Human connection**/ fosters doctor patient relationship”
  - ▶ “Positives: a **privilege** to know patients' stories; Negatives: Can be a **burden** and may at times detract from more straight forward medicine”
  - ▶ “Knowing the story can make treatment more gratifying and more interesting”
  - ▶ “Sometimes I do take my patients' stories home with me at night, which will affect the way I interact with my family and my sleep”
  - ▶ “Sense of **connectedness** with the patient and their family”

What is the One Word you Would Use to Describe the Culture Here: Check all that apply





# Evaluation of Effectiveness and Limitations

## Effectiveness

- ▶ **Culture Survey:**
  - ▶ With surveys distributed to all staff at the CFM office, we believe that we captured different opinions from a wide range of backgrounds and levels of training
  - ▶ We were able to conclude that providers in general value the patient life story, however, most providers are not very familiar with the best ways to utilize Narrative Medicine
- ▶ **Life Story Interview:**
  - ▶ In the two life story interviews, we were able to identify **themes** for each of the patients' lives -- perseverance and independence
  - ▶ With those themes in mind, we realize that different patients may approach problems in their lives differently and this could potentially be an important part of the way they approach their treatment

## Limitations

- ▶ **Culture Survey:**
  - ▶ We aimed to encompass responses from all of the different kinds of staff at the office, however, most responders did not fill out the section of the survey about job title or level of training. Therefore, we were unable to evaluate the differences in attitudes among the different backgrounds of training or training level.
  - ▶ With more than thirty surveys distributed we aimed for a higher response rate, however, we received **18** responses.
- ▶ **Life Story Interview:**
  - ▶ With only **two** life story interviews, it is difficult to draw any conclusions about the kinds of information we can gather from doing such lengthy and time consuming interviews.
  - ▶ With no sufficient time for **follow up**, we are unable to assess the changes that the life story interview will have on patients' chronic pain or the doctor-patient relationship.

# Recommendations for Future Interventions

- ▶ This project is part of a larger study at the CFM office, “**Can Narrative Medicine improve patient care in family medicine settings?**” that will explore how exposure to longer stories about patients will increase physician’s compassion and improve care
  - ▶ We recommend that they should aim to enroll >25 patients for life story interviews over the next year
- ▶ Providers at the CFM office need to be **further educated** about Narrative Medicine and the Northwestern Life Story Interview
- ▶ This project is a starting point for which the CFM office and staff can track the **culture shift and attitude changes** about treating patients with chronic pain and associated psychosocial issues
- ▶ Administer the Culture Survey we created in this project after one year or when at least 25 patients with chronic pain have been interviewed and their life stories have been incorporated into the medical records. This allows the CFM staff to track attitude changes about Narrative Medicine and to track the culture shifts around treating patients with chronic pain conditions
- ▶ Utilize the Northwestern Life Story Interview format to interview more patients with Chronic pain. From those interviews, continue to identify life story **themes** and utilize them as **strength points** for patients. Furthermore, identify important life events or struggles that may explain some of the patients’ difficulties with treatment

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