

The Narrative Exercise

An Introduction to Therapeutic Communication for Medical Students in the Psychiatry Clerkship

Description and Learning Objectives

Patients' stories, the ways in which they describe illness and the meaning of illness in the context of their lives, form the core of both the contemporary discipline of narrative medicine and the traditional practice of psychotherapy. The ability to elicit and shape patients' narratives requires specific skills, essential to the implementation of humanistic values in medicine. Students need guidance in cultivating the capacity to communicate in ways that make patients feel accepted, cared for, empowered, and hopeful within the constraints of their medical conditions. The psychiatry clerkship directors at the University of Rochester School of Medicine and George Washington University School of Medicine have developed parallel clerkship activities that teach the skill of constructing narratives in doctor patient communication. These exercises structure student/patient interactions according to the principles of narrative medicine, narrative therapy and psychotherapy.

Much medical school time is spent teaching students to elicit disease-centered histories from their patients. The Narrative Exercise supplements this traditional focus by requiring students to develop a person-centered narrative for one patient under their care. The ultimate test of a diagnosis is the verification of the diagnosis by tests or treatment outcome. The ultimate test of a patient-centered narrative is whether the patient accepts it as a legitimate characterization of his or her experience. Recognizing this principle, each school requires the students first to elicit a patient's life story, then to write it out, present it to a preceptor, and finally to present it directly to the patient for comment.

This submission presents the basic elements of the Narrative Exercise jointly developed at the University of Rochester and the George Washington University, along with the specific modifications each school makes to integrate the exercise into its overall curriculum.

Learning Objectives:

1. The student will be able to describe the elements of therapeutic communication, including the common factors of psychotherapy
2. The student will be able to conduct and document interviews that incorporate elements of the narrative approach
3. The student will be able to describe the differences between diagnostic and narrative interviewing
4. The student will experience an analog to a psychotherapeutic encounter by sharing with a patient an empathic narrative that highlights the patients' own values and concerns and fosters hope

Background

Medicine challenges all practitioners to integrate general technical knowledge with humanistic values. For many years, psychotherapy was the domain in which humanistic approaches were articulated, analyzed and taught. More recently, narrative approaches (Shapiro and Ross, 2002; Charon, 2004) have offered another way of teaching students first to value, then to practice, the skills of empathic listening, of understanding the psychological and social dimensions of patients' experience, and of using such understanding to improve medical outcomes by refining diagnosis, improving adherence, and stimulating healthy attitudes and behaviors. Together narrative and psychotherapy perspectives provide a theoretical and practical foundation for curricula that integrate therapeutic communication skills in medical student education.

Concurrent with learning about diseases and treatments, physicians in training must establish strong personal connections with patients in many contexts. Such skills underlie three of the ACGME competencies (patient care, interpersonal communication and professionalism), a concrete illustration of their critical role in medical education. Yet the increasingly fast paced clinical settings, where third year students consolidate their professional behavior, often undermine their acquisition of the capacity to be receptive, empathic and encouraging. Medical student clerks observe and absorb habits of hurried doctor-patient interactions that fall far short of the ideal of patient-centered care. Some research suggests that not responding to patients' emotional clues may actually increase the duration of medical encounters (Levinson et al, 2000). More importantly, bad interviewing technique increases medical error. For example, research has shown that clinicians rarely allow their patients to finish their opening statement, interrupting after an average period of 18-23 seconds (Beckman and Frankel, 1984; Marvel et al, 1999). In consequence, medical interviewers typically uncover only a fraction of the conditions for which a person is seeking help.

In psychiatry, which has traditionally dominated the teaching of communication, hurried clinical care deprives students of unique opportunities to improve their relational skills. Short- stay hospital settings require quick categorical-diagnostic assessments and evaluations of risk. Performing such tasks does not teach students to place patients in a longitudinal and biopsychosocial context, which are both essential elements of psychotherapy. The obvious remedy, training students in outpatient settings where they can observe and learn psychotherapy, demands resources and schedules that few schools can provide.

Psychiatrist educators can and should challenge the assumption that therapeutic communication skills are important only for previously diagnosed, moderately ill psychiatric outpatients. In all medical and psychiatric settings, strong relationships based in good communication improve the accuracy of diagnosis, motivate patients to accept and adhere to treatment and may at times be themselves the vehicles of healing (Makoul et al, 2001; Yedidia et al, 2003; Kalet et al, 2004). Moreover, surveys about determinants of specialty choice (Makoul et al, 2001; Yedidia et al, 2003; Kalet et al, 2004) show that experience with psychotherapy often draws students into psychiatry. (Yakeley, 2004). But for all students, regardless of their future careers, the impact of therapeutic and counter-therapeutic communication on patient care (Kaplan et al, 1989; Stewart, 1995) and on physician satisfaction (Shanafelt, 2002) can be enormous. While

an extensive psychotherapy curriculum may not be realistic in most psychiatry clerkships, an educational experience that teaches the common factors of psychotherapy (Frank and Frank, 1991) and therapeutic communication is feasible and potentially of great value.

The George Washington University School of Medicine and Health Sciences (GWU) and the University of Rochester (UR) School of Medicine have collaborated in developing an exercise that allows students in psychiatry to improve communication skills by going beyond categorical and cross-sectional assessment. The clerkship director at UR conceived of the exercise, drawing upon the principles of narrative approaches. GWU adapted this protocol for local use, adding the explicit link to the common features of psychotherapy.

At both schools, the foundation of the exercise is an unusual expectation: students must review their written narratives with their patients as well as their preceptors. Knowing that a patient will read their assessment forces students to go beyond the medical “history of present illness” and generate a narrative that captures the patient’s perspective with empathy and hope.

This submission outlines the common and unique features and methods of the GWU and UR formats for the Narrative Exercise. As noted in Appendix 1, their primary differences lie in how they are first presented to students and in the timing of group didactics: the GWU format is front-loaded with an orientation exercise in therapeutic communication, while the UR format is back-loaded with a group debriefing. Additional features of each format are discussed throughout.

Orientation

Both formats provide an orientation that places the Narrative Exercise in the context of therapeutic communication and the common factors of psychotherapy. The UR format involves a one-hour combined orientation and psychotherapy lecture on the second day of the clerkship. The GWU format orients students to the Narrative Exercise with an experiential didactic.

To place the exercise in a broad therapeutic context, the clerkship website at GWU provides students with an overview of the common factors accounting for the effectiveness of all forms of psychotherapy (Frank and Frank, 1991). *This is available as Attachment 1, The Common Features of Psychotherapy.* These common factors are:

- A therapeutic relationship that conveys understanding and positive regard.
- An explanatory story for the patient’s suffering that instills a sense of hope.
- A healing setting that raises the expectation for recovery and provides safety.
- Encouragement of patients’ sense of mastery and self-agency

The clerkship orientation includes an extended group discussion of a videotape of a full patient interview. Seeing an actual patient highlights the opportunities and difficulties of implementing therapeutic principles with seriously mentally ill people. Students recognize the common dilemma of patients who lack insight, leading to a fundamental

and counter-therapeutic non-agreement between interviewer and patient about the nature of the problem. In addition, the orientation promotes discussion of the tendency to see chronic problems in psychiatry as hopeless, reminding students that patients may still benefit from finding sources of hope and mastery within the constraints of their disorders. (This videotape is not included with the submission due to the constraints of confidentiality, but schools can produce their own versions).

The same orientation session includes a brief review of the protocol for taking a developmental and social history from an adult and an observed interview of a fellow student. GWU students then have two opportunities to practice the elements of therapeutic communication. First, pairs of students practice taking developmental and social histories from each other. Then they complete a self-directed learning task, analyzing the written vignettes in the orientation materials that illustrate the principles of therapeutic and counter-therapeutic communication with medical and psychiatric patients. This is available as Attachment 2, *Identifying Therapeutic and Counter-Therapeutic Communication*. After completing the exercise, they compare their answers with a posted key.

Like the GW format, the UR orientation places the Narrative Exercise in context with psychotherapy more broadly as it is combined with the clerkship psychotherapy lecture. The UR approach gives extra emphasis to narrative medicine (Charon, 2004) and narrative therapy (White and Epston, 1990). The orientation discusses both as distinct and complimentary approaches, each with a different emphasis to guide students in generating their patient's story. Students are given two required readings that provide an overview of both approaches: Rita Charon's summary of narrative medicine (Charon, 2004) and Shapiro and Ross' summary of narrative therapy (Shapiro and Ross, 2002).

To illustrate the impact that written narratives can have on patients, students view a video clip from the movie *Girl Interrupted*, where patients break into the record room and read their own charts. Students are asked to consider how they would approach patients differently if they knew that patients would read the medical record. Both narrative medicine and narrative therapy are discussed as complimentary, patient-centered approaches to this question. Students learn that the purpose of narrative medicine is empathic engagement with the patient's story through reading and writing. They learn that the goal of narrative therapy is working collaboratively with patients to help them tell their story with a sense of hope. Knowing that patients will read the narrative, students are asked to borrow from both approaches. From narrative medicine, students have the empathic challenge of capturing the depth of their patient's perspective. From narrative therapy, students have the additional challenge of facilitating a story that is not only honest, but positive and hopeful as well.

Preceptor Supervision and Patient Selection

Both formats depend on preceptor supervision at each student's clinical site. Preceptors help students select an appropriate patient for the exercise. The supervising clinicians review the narrative before it is given to the patient to make suggestions and to ensure the exercise is integrated into the patient's overall treatment.

Preceptors at UR advise students to be cautious doing the exercise with patients in the following categories:

- Borderline Personality: Students should be aware that some patients may regress and lose sight of boundaries with the extra attention of the exercise. Students should work closely with their preceptors, balancing the risks and benefits of the extra attention that comes with the exercise. At the same time, students are strongly encouraged to challenge commonly held assumptions about patients categorized as “borderline.” Students should consider the frequently misplaced use of the term as an expression of frustration or hopelessness, as detailed in George Vaillant’s article, “The Beginning of Wisdom is Never Calling a Patient a Borderline,” (Vaillant, 1992).
- Antisocial Personality: Students should also be wary of patients who are likely to minimize and externalize their problems. Such patients may use the attention of the exercise to fool themselves (or the student) into thinking that they have no responsibility for their problems or have no problems at all. In a short-term psychiatric hospital, antisocial patients may seem so impossibly defended against their low self-esteem that honest self-reflection is not possible. Here too, students are referred to George Vaillant, specifically to his article, “Sociopathy as Human Process,” (Vaillant, 1975), which suggests a more optimistic view that when patients are unable to flee from treatment, they may eventually give up their antisocial defenses.
- Psychosis: Patients with impaired reality testing are at risk of further regression with the narrative exercise. In some cases, delusions can be reinforced and students may be uncertain about what is true in the patient’s story. On the other hand, the narrative can be an opportunity to facilitate insight in some psychotic patients. It can also be a learning experience, teaching students that some delusions are better left unchallenged. Students may learn how some patients function better with some fiction in their narrative.
- Children and Adolescents: Apart from the developmental considerations that prevent many youths from in-depth self-reflection, students should also be aware that parents and guardians may read the patient’s narrative. In some cases, the narrative can function as a bridge between the youth’s and parent’s perspectives, facilitating family communication and a common vision of the problem that families can face together.

Narrative Interview

Both formats ask students to generate a therapeutic narrative that goes beyond the medical model, considering their patient’s longitudinal and developmental history in light of strengths as well as problems. To do so, students consciously apply elements of therapeutic communication as they interview the patient. Unlike diagnostic interviewing, where patients are asked a series of closed-ended questions to gather symptoms, narrative interviewing encourages patients to lead the exchange and results in the gathering of stories. Instead of generalizing the patient’s experiences into

phenomenological categories, patients describe them as the elements of their own unique, personal narratives.

To introduce the exercise to patients, students at GWU open the narrative interview by saying something like:

I would like to meet with you to understand what your life has been like and how you came to develop the problems that led you to hospitalization. I will then write up what you have told me and come back and talk with you about what I understand, to see if I got it right.

While following the broad outline of a developmental history, GWU students are encouraged to maximize patient-centeredness by adding specific open ended questions:

- What was the best year of your life, and why?
- What was the most challenging year of your life, and why?
- What are some of things that you have done in your life that you are most proud of?
- What is the biggest problem you are facing right now? How does this relate to your symptoms, your past experiences, your hopes for the future?
- What are some of the ways you have mastered important problems in the past?
- Is there anyone who thinks you can get better and deal with your problems? How does she or he see the situation?
- If you could deal with this problem more effectively, how might your life be different?
- Do you think your problem is there for a reason?

The UR narrative involves a more detailed semi-structured narrative interview template. This is included in Attachment 3, *The Rochester Narrative Interview*. This supplement includes many follow-up questions to encourage patients to dig deeper into their story. In addition, this material explicitly links narrative interviewing with narrative therapy techniques.

Written Narrative

At both UR and GWU, students convert their interview notes into a written narrative following suggested prompts and using language intelligible to the patient. The UR format suggests that students organize this account roughly along the lines of the narrative interview, with one paragraph for each of the ten suggested questions (included in the Rochester Narrative Interview attachment). The GWU format provides the following outline to help students organize the history developmentally:

- Before developing her or his current condition, so and so grew up in (briefly describe circumstances, especially quality of family and peer relationships)...
- She or he first began having difficulties (when or in what circumstances)...
- Since then, she or he has been best when...
- The hardest thing for her or him to deal with now seems to be...
- What I would hope for her or him is...

- The resources she or he has for reaching this seem to me to be...
- The barriers she or he faces seem to be...
- When I try to think of myself in so and so's situation, I feel (try to be authentic, but include positive regard as well as your empathy with the patient's negative feelings)...

GWU provides fictional examples of sample narratives on the course website. This is available as Attachment 4, *Sample Reflections*.

In both formats, students develop a narrative that is both empathic and hopeful, a storyline for the patients' suffering that considers their challenges and strengths. In presenting the history directly to the patient, students practice the elements of therapeutic communication and get direct feedback about their efforts.

Students often struggle to find language understandable to the patient and free of medical jargon. The UR narrative suggests the "grandmother rule," which says that all communication to patients should start with the objective of being understandable to the student's own grandmother. This can be helpful to clerkship students who, overwhelmed with the task of learning the language of medicine, may lose sight of what is understandable to patients and families.

Debriefing and Feedback

The UR format includes an in-depth debriefing experience with a one-and-a-half-hour Wrap-Up Conference in the last week of the clerkship. In addition to reading a small portion of their narratives to their classmates, students have the opportunity to discuss patient feedback and their own reflections. To be sure they are prepared and have processed the experience, answers to the following questions are handed in at the conference:

Patient Feedback

- How would you describe your experience of the narrative interview?
- What were your impressions of the written narrative? Was it accurate? Was it hopeful?
- Did your experience of the narrative exercise leave you with any "take home" messages? Like what?
- At what point in your experience with your student was he or she most helpful?
- What advice would you have for your student as a future physician?

Student Reflection

- What were the effects of the narrative interview on your patient?
- What were the effects of the written narrative on your patient?
- How did the narrative compare to your formal diagnostic assessment and treatment plan for your patient?
- At what points in your interaction with your patient were you most therapeutic?
- Were there any "take home" points you have learned from the narrative exercise?

The debriefing gives students a chance to discuss the unique opportunity to get direct feedback from patients on their communication, with both the narrative interview and written narrative. In a sense, the patient's feedback can serve as a kind of "empathy check" to let students know if their narrative was on-target. In addition, students have an experience of therapeutic communication that is shaped by their patient's feedback.

In the GWU exercise, this debriefing takes place with the student's preceptor and the patient. Students also evaluate the narrative exercise after the clerkship ends. Over the past three years, about half the students are neutral and half are enthusiastic and appreciative about this activity. None have strongly objected or felt damaged by it. Student evaluation of the UR narrative has been similar, with most students valuing the experience as a communication exercise, especially an empathy teaching tool. For both the GWU and UR exercises, two factors that most clearly contributed to the success of the experience were appropriate patient selection and involvement of onsite supervising attendings. Student feedback from both exercises is provided in Attachments 5 and 6.

Conclusion

The GWU and UR Narrative Exercises offer innovative methods for teaching therapeutic doctor-patient communication. Though these principles have been developed and applied within psychiatry, they pertain to all of medicine, with broad application for the ACGME competencies of patient care, interpersonal communication and professionalism. Asking students to gather stories to write for their patients encourages them to move from clinical detachment to therapeutic engagement. Stressing the importance of empowerment and hope encourages empathy and teaches students to listen for a patient's story beyond a DSM-IV diagnosis. Students learn the value of bearing witness to patients' suffering and recognizing patients as agents and actors in their own lives. This counteracts their view of patients as mere victims of some condition or life circumstance. As a compliment to the fact-finding diagnostic interviewing that physicians must learn, narrative interviewing teaches students that communication can be therapeutic in itself. In a health care system that rewards rapid, technological assessments and interventions, engaging patients on a personal level is an essential and neglected skill to be taught and reinforced in early clinical training.

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Orientation	<p>Introduces link between Narrative Exercise and psychotherapy</p> <ul style="list-style-type: none"> • <i>Common Features of Psychotherapy (Attachment 1)</i> • Video of patient interview • Students practice taking developmental and social histories on each other • Self-study vignettes: <i>Identifying Therapeutic and Counter-Therapeutic Communication (Attachment 2)</i> 	<p>Introduces Narrative Exercise with clerkship psychotherapy lecture</p>
Supervision	<p>Supervision, including patient selection, guided by site preceptor</p>	<p>Same, with particular cautions suggested for certain patient conditions</p>
Narrative Interview	<p>Narrative is gathered through a broad developmental history</p>	<p>Narrative is gathered through semi-structured narrative interview template</p> <ul style="list-style-type: none"> • <i>Rochester Narrative Interview (Attachment 3)</i>
Written Narrative	<p>Interview notes converted to written narrative</p> <ul style="list-style-type: none"> • <i>Sample Reflections (Attachment 4)</i> 	<p>Same, with each paragraph corresponding to each Rochester Narrative Interview question</p>
Debriefing and Feedback	<p>Students debrief with patient and preceptor and also provide their own feedback</p> <ul style="list-style-type: none"> • <i>Student feedback (Attachment 5)</i> 	<p>Students debrief with patient and preceptor, provide feedback, and also attend Wrap-Up Conference</p> <ul style="list-style-type: none"> • Students read portion of narrative in conference • Students discuss and turn in reflection questions about their experience • <i>Student feedback (Attachment 6)</i>