



2018

Tell Me More: Promoting compassionate patient care through conversations with medical students

Danielle Qing

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, dqing1@pride.hofstra.edu

Anjali Narayan

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, gnaray1@pride.hofstra.edu

Kristin Reese

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, kreese2@pride.hofstra.edu

Sarah Hartman

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, shartman1@pride.hofstra.edu

Taranjeet Ahuja

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, taranjeet.ahuja@hofstra.edu

See next page for additional authors

Follow this and additional works at: <https://pxjournal.org/journal>

 Part of the [Health Services Research Commons](#), [Medical Education Commons](#), and the [Medical Humanities Commons](#)

Recommended Citation

Qing, Danielle; Narayan, Anjali; Reese, Kristin; Hartman, Sarah; Ahuja, Taranjeet; and Fornari, Alice (2018) "Tell Me More: Promoting compassionate patient care through conversations with medical students," *Patient Experience Journal*: Vol. 5 : Iss. 3 , Article 19.

Available at: <https://pxjournal.org/journal/vol5/iss3/19>

This Case Study is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

Tell Me More: Promoting compassionate patient care through conversations with medical students

Cover Page Footnote

We would like to acknowledge and thank the Office of Patient and Customer Experience at Northwell Health and the Zucker SOM for supporting this project and seeing its value, the nurse managers at each of the hospitals for their time and direction, and of course the patients and families who participated in the TMM program and shared their life experiences with us.

Authors

Danielle Qing, Anjali Narayan, Kristin Reese, Sarah Hartman, Taranjeet Ahuja, and Alice Fornari

Tell Me More: Promoting compassionate patient care through conversations with medical students

Danielle Qing, *Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, dqing1@pride.hofstra.edu*
G. Anjali Narayan, *Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, gnaray1@pride.hofstra.edu*
Kristin Reese, *Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, kreese2@pride.hofstra.edu*
Sarah Hartman, *Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, shartman1@pride.hofstra.edu*
Taranjeet Ahuja, *Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, taranjeet.ahuja@hofstra.edu*
Alice Fornari, *Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, afornari@northwell.edu*

Abstract

Tell Me More® (TMM) is a medical student driven project that represents a movement amongst the rising generation of physicians to practice humanistic, patient-centered medicine through a collaborative approach. Students interviewed patients to create individualized posters designed to build rapport and trust between patients and clinicians, remind patients of their special strengths by highlighting their unique interests and qualities, and encourage more personal and compassionate patient-clinician interactions in order to enhance the patient experience. Students asked each patient three questions: 1. “How would your friends describe you?” 2. “What are your strengths?” 3. “What has been most meaningful to you?” and answers were recorded on a large poster, which was displayed prominently in the patient’s room for clinicians and staff to acknowledge. TMM engaged 5 students and 302 patients over 4 hospital settings throughout Northwell Health. Data collection included daily written reflections by students on their experiences, exit interviews with patients to assess the impact of the project on their stay, and staff surveys that addressed provider perception of the program. Descriptive outcomes supported a positive impact on students, patients, staff and clinicians. TMM succeeded in providing a bridge between patients and clinicians and is a cost-effective practice that lends to more personal patient-provider interactions. Bedside posters positively influenced the culture of a hospital organization and reminded providers of the meaning in their work, which literature shows can reduce provider burnout and improve quality of care.

Keywords

Patient experience, patient satisfaction, patient-provider interactions, humanism in medicine, compassionate care, patient engagement, patient-centered care

Introduction

In 2012, with the passage of the Affordable Care Act (ACA), the Centers for Medicaid and Medicare Services (CMS) started to tie results for patient satisfaction Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys to hospital reimbursement as a value-based incentive program.¹ Since then, more focus has been placed on improving patient experience. However, the priorities of healthcare providers are often not aligned with what patients prioritize in their hospital experience, with many providers assuming physician board certification, patient’s education, patient income and physician age are drivers of patient satisfaction.² In a recent study analyzing the determinants of patient experience, patients universally ranked personal interactions with providers as the most significant determinant of their overall patient experience. The responses from 2000 patients from five different countries

were surprisingly consistent across cultures and settings: healthcare consumers desire providers who listen, communicate clearly, and treat them with courtesy and respect.³ Recognizing the patient’s desire for more personable and empathic providers, many institutions have increased the emphasis on interpersonal skills and communications training for medical students, residents, faculty and staff. However, much of this training occurs outside of hospitals, in settings ranging from classrooms to simulated patient encounters. Implementation of these skills in day-to-day patient care is an ongoing challenge, and there are no routine hospital practices that promote these learned skills in a real-world setting.

In addition to the increased focus on patient experience, the changing landscape of healthcare policy now also places an increased emphasis on the so-called “quadruple aim”: improving quality of care, reducing costs, increasing access to care, and curtailing provider burnout.⁴ There is a

particular need to address provider burnout, as it has only recently been noted to be an important factor in providing good patient care. Studies have shown up to 75% of care providers report burnout, which correlates with suboptimal patient care, increased medical errors, lower patient satisfaction scores, and higher rates of medication non-adherence.^{5,6} Provider burnout is also correlated with reduced hospital efficiency and productivity, and thus its prevention is crucial to the delivery of high-quality health care.^{7,8} The factors that lead to burnout are complex; loss of autonomy, decreased control over the practice environment, and increased administrative requirements are often cited to be the central factors.⁹ However, a survey of faculty physicians found that those who are able to focus on the work that is personally meaningful have lower rates of burnout,¹⁰ indicating a potential source of protection against provider burnout.

Therefore, a meaningful patient-provider relationship could simultaneously improve patient experience and decrease provider burnout. Patients want a provider who listens and is empathetic to their pain, and providers want to feel their work is helping their patients in a meaningful way. However, given the hectic demands of clinical practice, these two goals are not easily met. This discrepancy is often most apparent to medical students, who are sensitive to their own ability to help patients as they transition from a classroom to a hospital setting. It is the unique position of medical students as those at the beginning of their clinical training and who have the time to build relationships with patients, that led to the design of the Tell Me More® (TMM) program.

Tell Me More Beginnings

TMM is a program designed to ensure compassionate, patient-centered care by reminding patients of their special strengths and qualities. It was started in 2014 by medical students at Icahn School of Medicine at Mount Sinai as part of the Gold Humanism Honors Society's Solidarity Day.¹¹ For just one afternoon, students learned about their patients as human beings and crafted signs to hang by the patient bedside to remind everyone of the unique person occupying each hospital bed. This allowed everyone entering the room--from attendings to nurses to environmental and dining room service workers--to interact with the patient on a more personal level. The program quickly spread to other medical schools, including the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, where students spent an entire week of events to honor Solidarity Day.

In 2016, third- and fourth-year medical students from the Zucker School of Medicine brought TMM to their hospital sites during their Solidarity Week. Students, hospital staff, patients, and families alike noted that TMM brightened the hospital wards and promoted more personal interactions

between providers and patients. Patients and caregivers had the opportunity to become acquainted beyond diagnoses and job titles, and the posters facilitated opportunities for humanistic and compassionate patient care. Given these observations, students and their faculty advisor wondered if TMM could be implemented over a longer period of time in order to promote a culture of patient-centered care in the hospital. The project was well-aligned with the mission of the Office of Patient and Customer Experience at Northwell Health¹², creating an opportunity for collaboration between the medical school and the healthcare system.

Previous studies have often focused on drivers of compassion fatigue in the medical profession, but fewer studies have assessed strategies for promoting compassion in a clinical setting.¹³ It was hypothesized that a longer-term implementation of TMM could lead to enhanced patient-provider relationships and thus improve the patient experience, as well as give providers more meaning in their work. Recognizing the disconnect between what was learned in the classroom and what is practiced on the wards, medical students at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, along with support from their faculty advisors, partnered with the Office of Patient & Customer Experience at Northwell Health and the Arnold P. Gold Foundation to implement TMM longitudinally at four Northwell hospitals between 2016-2017. The goal of extending the implementation of TMM was to address the top three determinants of patient experience,³ as shown in Table 1. It was also anticipated that TMM could give medical students an empathy reserve to prevent future provider burnout by giving them dedicated time in their busy schedule to have meaningful moments with their patients.

Implementation

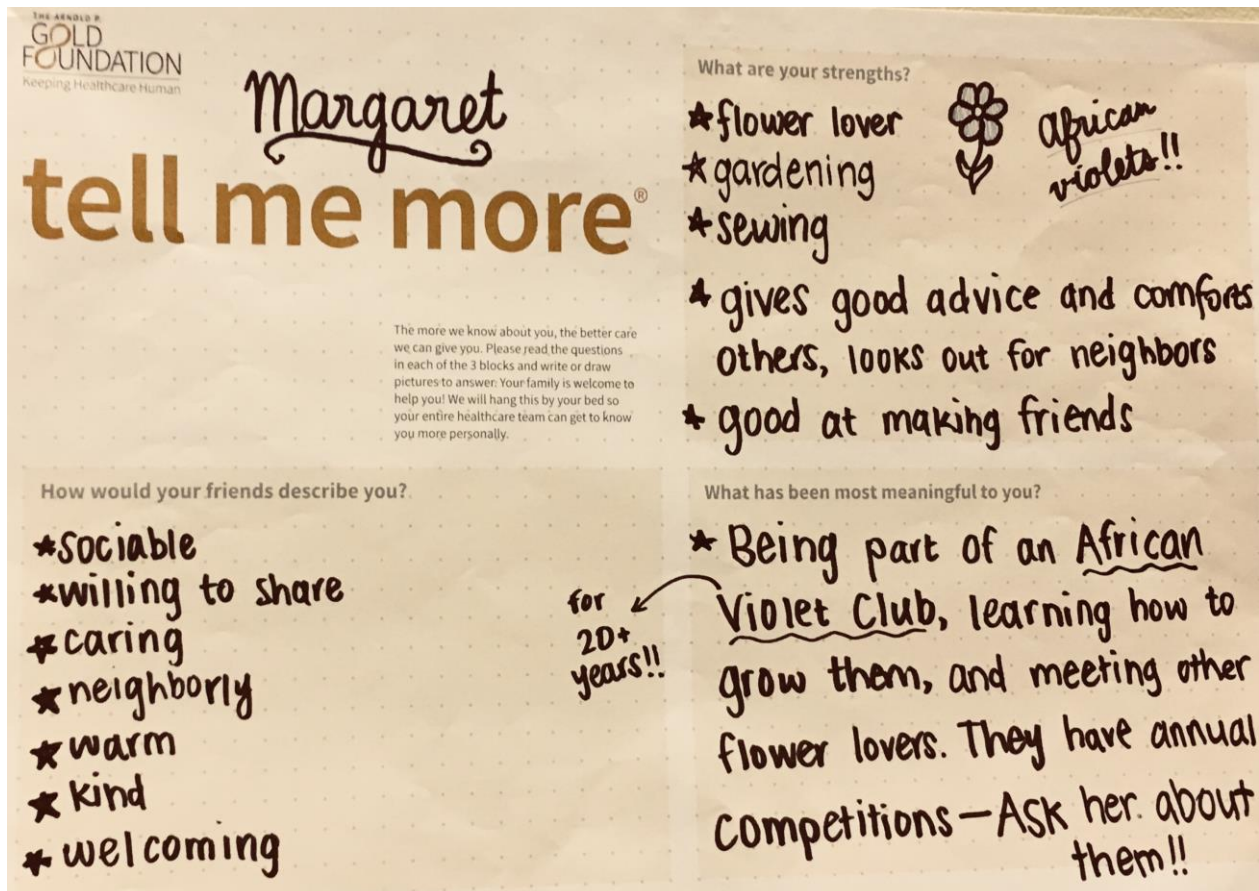
The TMM program was implemented at Huntington Hospital, Long Island Jewish Medical Center, North Shore University Hospital and Lenox Hill Hospital over the course of 2-6 weeks by a total of five medical students ranging from MS2 to MS4. During the program, students interviewed patients staying in medicine units and asked the following three questions: (1) *How would your friends describe you?*, (2) *What are your strengths?* and (3) *What has been most meaningful to you?* The students documented the responses on a large poster (Fig. 1) and displayed them prominently in the patient's room to facilitate a more meaningful connection between patients and clinical care providers. A total of 890 patients were admitted to the floors during the time of the program, 302 (33%) of whom consented to participate in TMM.

Each week, students collected ethnographic data through written reflections on their experiences (Table 2-4). Students also returned to patients several days after the

Table 1: Impact of TMM on Top Three Domains of Patient Experience: People, Process, Place³

Domain	Impact of Tell Me More® on Patient Experience
People	<ul style="list-style-type: none"> Allowed patients to feel respected, valued, and cared for as human beings Encouraged dialogue and communication between patients, providers, and all hospital personnel Promoted multidisciplinary collaboration between providers at all levels and ancillary support staff
Process	<ul style="list-style-type: none"> Posters provided a convenient, standardized, easily implemented approach allowing providers to quickly establish personal rapport with patients Allowed medical students to consolidate the communication skills learned in the classroom Restored meaning to the daily work done by providers, shown to reduce provider burnout
Place	<ul style="list-style-type: none"> Wall posters reminded everyone entering room of the human being in each bed Decorative posters brightened patient surroundings

Figure 1: Sample of patient poster



initial encounter to gather feedback from the patient on how the poster affected their stay in the hospital. In the final week of implementation, students conducted staff surveys to assess health care provider evaluation of the program. The survey asked providers to assess on a scale of 1-5, with 1 being “strongly disagree” and 5 being “strongly agree.” Qualitative data analysis was performed on the students’ written reflections, the post-encounter feedback from the patients, and the staff survey results. Provider surveys were analyzed using IBM SPSS and 95% confidence intervals were generated.

Outcomes

Benefits to Patients

Most patients benefited from the conversations initiated by TMM, as seen in the responses in the students’ journals (Table 2). The experience gave many patients an opportunity for introspection. They were given a chance to talk about how their lives have been affected by illness.

They found that the posters provided encouragement, hope, and dignity by reminding everyone of their positive qualities and strengths. One woman requested that her poster be hung outside of her room, so that everyone

passing by would see her many positive qualities and life accomplishments.

Many patients were pleasantly surprised by the positive reactions to the posters, which “seemed to catch everyone’s eye as soon as they came into the room,” according to one patient. The posters often led to conversations that would never have come up otherwise. Patients commonly reflected that the TMM poster helped build rapport with providers that shared common interests, and thus facilitated more personalized and compassionate care. At the end of their hospital stays, many patients chose to take their TMM posters home with them. Patients also commonly expressed the posters were a reminder of their identity and purpose outside the hospital.

Benefits to Students

Medical students benefited from TMM by gaining a sincere appreciation for each patient as a unique human being, as indicated in Table 3. A common theme among medical student reflections included the sentiment that patients are our greatest teachers, learning more than just the effects of illness, but also how to approach life. Medical students were also inspired and humbled by

Table 2: Responses from patients about their experience of TMM

Benefit to Patients	Quotes from Student Journals
Opportunity for introspection	<ul style="list-style-type: none"> • “It made me think a lot about what I really value. Surprisingly, I had never taken the time to ask myself these simple questions.” • “Before talking to you, I hadn’t realized how much it would help me to just let it all out... it was nice to just be able to talk and have someone listen. It made the time pass quickly.” • “Just being able to talk to someone and feel truly heard was really beneficial to me.”
Personal positive encouragement	<ul style="list-style-type: none"> • “[The poster] served as a reminder of all the things I have going for me.” • “I moved the poster [from the wall beside me] to the wall in front of me so that I can look at it often.” • “My life is so rich and I am so blessed to have a steady income, a loving family, and caring friends; those are the things I have to remember when I’m in [the hospital].” • “That poster hanging there gives me hope.” • “People seemed surprised that with as sick as I’ve been, I’ve still been able to accomplish as much as I have.”
Conversation starter	<ul style="list-style-type: none"> • “We talked about my artwork and my love of music. It was really nice.” • “This one nurse seemed to gain more respect for me after realizing we had a lot of similar interests. Whenever he came into my room, he’d strike up conversations about traveling and music festivals.”
More personalized humanistic care	<ul style="list-style-type: none"> • “I think [the poster] reminded everyone going in and out of my room that I’m a person too, with passions and hobbies, and a life outside of here.” • “During this stay, I felt like I was treated like a person and not just a patient. I think the poster had a lot to do with it, but in general, the staff here just have better bedside manner than they do at other places I’ve been.” • “I’m going to take this poster with me and hang it on my wall in my next room. I hope the nurses there will read it, too, and treat me just like everyone here.”

patients’ abilities to remain positive despite hard times and setbacks. Students also reported feeling encouraged by the positive feedback and affirmations they received from their patients. The implicit trust from patients inspired the students to appreciate the privilege, honor, and responsibility that comes along with a career in medicine.

Benefits to Staff

Staff felt that by having TMM in place, they were better able to connect with their patients, which directly improved their ability to provide quality care (Table 4). The staff found the information that the students garnered from the patients so useful that they became increasingly

involved in the program, suggesting patients they deemed could benefit from the dialogue in order to strengthen the provider-patient relationship. In many instances, the students would discover information about these patients that directly contributed to better communication between the patient and staff members, making care more effective.

The staff survey also indicated a positive response to TMM. A total of 55 health care providers answered the survey, and numerical data reflected an overall positive response to the initiative (Fig. 2). In response to the question “As a result of TMM, I am better able to empathize with patients and their families,” providers

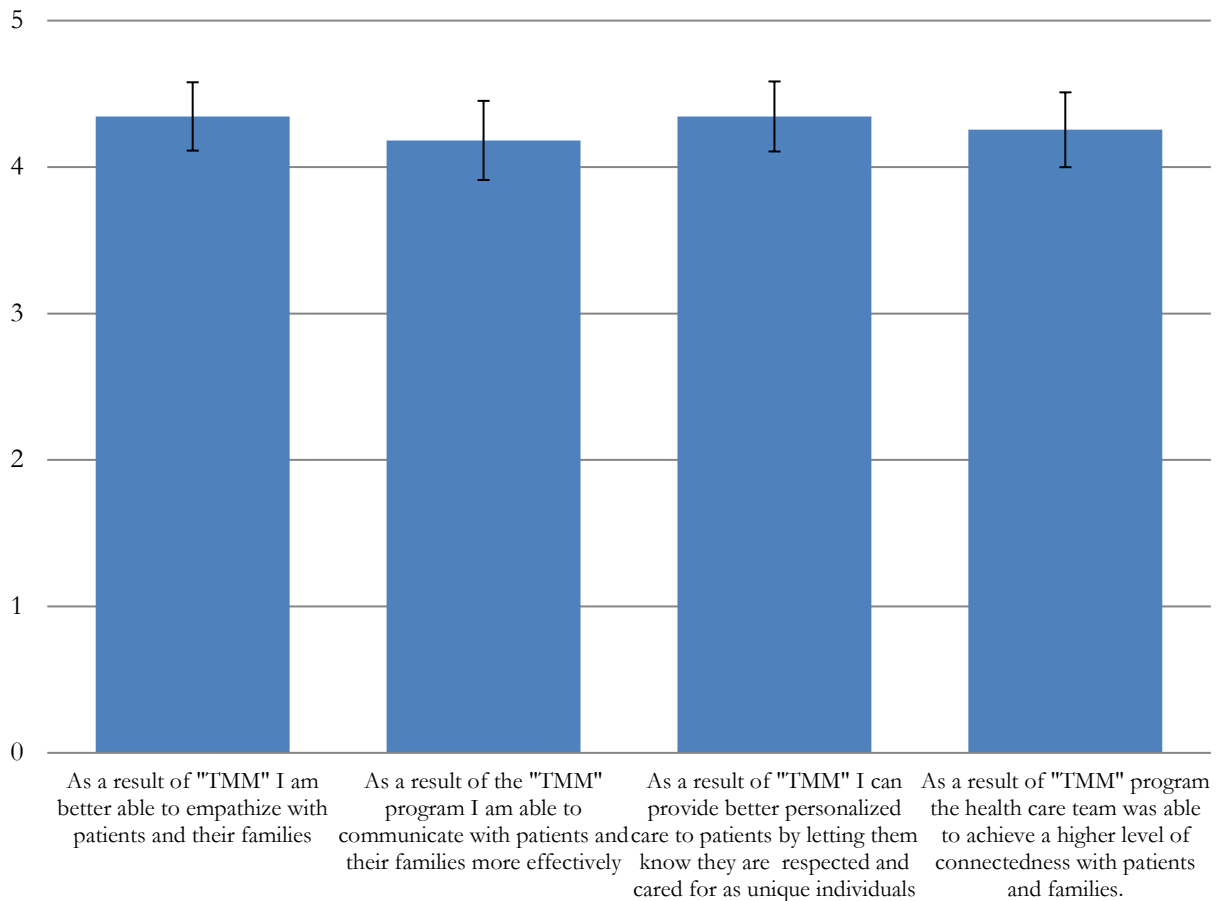
Table 3: Responses from students on the impact of their TMM experiences

Benefit to students	Quotes from Student Journals
Patients as humanistic teachers	<ul style="list-style-type: none"> • “Wisdom lives in each hospital bed.” • “This experience— this opportunity to spend all day, every day, talking to my patients and learning from them—has been the most meaningful and rewarding experience of 4th year thus far... I was able to be fully present, engaged, and allied with each patient. It reminded me that our patients truly are our greatest teachers.” • “She was eager to teach me about her cancer and the effects its had on her. And she was so positive! All in all, it just reminded me how much we can learn from our patients.”
Patients as inspiration	<ul style="list-style-type: none"> • “They taught me so much about the true value of health, life, and resilience, and put everything into perspective.” • “I feel terrible that she’s in constant pain, but inspired by her strength and resilience.”
Positive encouragement from patients	<ul style="list-style-type: none"> • “I can’t count the number of times patients said to me ‘You’re going to make a great doctor,’ which meant a lot to me.” • “How amazing is it to walk into a room and be implicitly trusted by someone you’ve just met... it reminded me what a true privilege it is to be in this field.”

Table 4: Responses from staff on their experiences with TMM

Benefit to staff	Quotes from Student Journals and Staff Surveys
Improved interprofessional communication	<ul style="list-style-type: none"> • “A nurse had a patient who was very distressed, melancholic, and closed off from the team, making it very difficult to gather a comprehensive history or draw labs. The nurse noticed on the patient’s TMM poster that she had attended Columbia University for graduate school and asked the patient about it since she herself was a Columbia graduate. The two proceeded to have a conversation about their Alma Mater and the patient became noticeably more engaged and eager to talk with her health care team whenever they entered the room. The nurse expressed her gratitude to the [TMM medical student], stating the conversation she had with the patient as a result of the poster allowed her to gain the patient’s trust and participate more effectively in her care.” • “It’s surprising, because she usually doesn't talk to anyone and I didn’t know anything about her except that she had been hospitalized a lot.” • “This project has introduced me to her in a new way...it’s really neat to know a little about her life outside the hospital. I think the poster helped us to see her--and helped her to see herself--as a mother, a sister, a wife, a daughter--not just another patient coming through a revolving door.”
Directly affected patient care	<ul style="list-style-type: none"> • “One of the patients became very confused at night time. Having the poster on the wall allowed for nurses to better care for and reorient the patient.”

Figure 2: Provider Survey Results



agreed with an average of 4.35 (4.11-4.58) out of 5. In response to the question “As a result of the TMM program, I am able to communicate with patients and their families more effectively,” providers agreed with an average of 4.18 (3.91-4.45). In response to the question “As a result of TMM, I can provide better personalized care to patients by letting them know they are respected and cared for as unique individuals,” providers agreed with an average of 4.35 (4.11-4.58). In response to the question “As a result of the TMM program, the health care team was able to achieve a higher level of connectedness with patients and families,” providers agreed with an average of 4.25 (4.00-4.51). Comments from the surveys cited instances in which the project gave providers useful conversation starters with their patients, making it easier to establish strong rapport.

Discussion

Posters as positive affirmation and new personal insights

Patients responded very well when they were asked about their personal lives, their qualities, talents, and strengths. It was often the only time during their hospitalization that they were asked to provide information that identified them as people with human stories, rather than as patients with disease symptoms. TMM reminded patients of their enduring personal qualities that are often forgotten in times of illness and pain.

Some patients had difficulty answering the three questions, which focused on the parts of their lives that they don't often think about while hospitalized. TMM required the patient to be introspective by thinking about their core traits and qualities, underneath the symptoms of disease that they may be suffering from. Many patients, particularly those who are chronically ill, have grown so accustomed to being hospitalized that they forget their lives have meaning and worth. Many patients initially

struggled to name personal strengths and qualities, but the conversations that arose from TMM prompted patients to reflect upon their unique qualities, personal values, and meaningful experiences. Patients who couldn't immediately verbalize their strengths often benefited the most from this exercise, as the medical students pointed out positive qualities that they observed through the patient's narrative. "Stories become emancipatory as they help [patients] confront the realities of their lives, create meaning, and transform life-changing healthcare experiences."¹⁴ Many students quickly noted the strength and resilience of the patients they spoke with, and pointed this out as a strength. Patients were appreciative of these positive affirmations and many remarked that both the conversations and the posters improved their overall mood and self-esteem.

TMM aims to bring the focus back to the patient's unique strengths, qualities, and meaningful moments and experiences, thus putting an end to the vicious cycle of depersonalization. Patients noted that having the poster made it easier to connect with care providers by finding shared interests and hobbies. The poster served as a readily available summary to providers of the patient's unique qualities, strengths, and meaningful life experiences. Patients took pride in their identities outside the hospital, and TMM gave them a way to preserve their dignity and identity during their hospital stays.

Conversations as catharsis to patients

Many previous studies have demonstrated the therapeutic function of storytelling for patients dealing with serious illnesses.^{15,16,17,18} In fact, some data suggest that the act of storytelling can even improve health outcomes.¹⁷ In a project centered around digital stories by patients and family of patients undergoing treatment after their first episode of psychosis, participants talked about the therapeutic and cathartic effect of the process of storytelling. In particular, the study identified the following themes from participants: connection with others, releasing emotionally fraught memories, and reclaiming one's own story.¹⁸

The concept of reclaiming one's own story was particularly common with TMM, as many of the patients had a long medical history and found it helpful to remember the strength needed to live with chronic illnesses. In one journal entry, a student wrote "staff were amazed that she opened up to me and told me so many things about herself, because she usually doesn't talk to anyone ... she answered all my questions and talked about herself as a person. I think it helped to get her thinking about her life outside the hospital since she is someone who is often hospitalized and very much identifies herself as a patient." Many patients felt defined by their medical history, and TMM gave them an opportunity to explain more about who they are. One patient, in answering "what is most

meaningful to you," described the day he was shot in a "small, rural town in Virginia where race relations was [sic] not the greatest. The patient told [the student] that having this white man save him, a black man, during his most vulnerable moment, let him see there is goodness in even the worst places." Ascribing meaning to a terrible event allowed the patient to accept what has happened and move forward to heal.

In fact, being able to reflect on their vulnerable moments can help patients seek creative solutions to their own situations. A study of the emancipatory potential of storytelling in women from vulnerable populations found that creation of a dialogue between patient and nurse directly benefits the patient by providing recognition and validation of their experiences.¹⁴ Many patients were happy to see their stories on their walls, some even so far as to bring the posters home after they were discharged. For many, the conversation was a time to reflect on their personal goals, stringing together the chapters of their life and musing on what future pages will hold. After all, "people tell stories to both the [listener] and to themselves."¹⁹ For one patient, talking with a student "renewed his interest in finishing his thesis on the anatomy of renaissance art, which he was unable to finish due to other circumstances. He called [the] meeting a moment of fate."

Conversations as catharsis to students

For many patients, validation from a listener was the most therapeutic aspect of the interaction. Conversation between students and patients ranged anywhere between 30 minutes to 4 hours, often delving into very personal and meaningful dialogue. Patients expressed gratitude to the medical students for taking the time to listen, and for getting to know them as people, not just as patients. Several patients chose not to have the posters displayed saying the conversation was enough to cheer them up.

Bearing witness to patient narratives had a cathartic effect on the students as well, who felt that TMM reminded them of the reasons they pursued careers in medicine. In a recent survey on the motivating factors for physicians and how they relate to their well-being, intrinsic factors (such as forming meaningful relationships with patients) were associated with increased physician satisfaction, meaning and commitment.²⁰ Having TMM available to medical students can provide a source of intrinsic motivation to trainees, which reduces the likelihood that they will experience burnout as providers.²⁰ It exposes students to narrative medicine, allowing them to reflect on the meaning and commitment of working in medicine. As written by Charon, "instead of lamenting the decline of empathy among medical students or the lack of altruism among physicians, narrative medicine focuses on our capacity to *join* one another as we suffer illness, bear the burdens of our clinical powerlessness, or simply, together,

bravely contemplate our mortal limits on earth.”²¹ One student wrote: “I held her hand as she cried in pain. I felt helpless that I couldn’t help her except talking to her. After the wave subsided... we talked more of her family, where she is the youngest of 9, as well as the only girl. At the end, she said it was nice to talk about happy things and that talking with me cheered her up. I guess it was nice to have helped in a small way.” Understanding the meaning of one’s work early during medical education can increase provider productivity, engagement, and satisfaction,²² in turn reducing the likelihood of experiencing provider burnout.

Enhanced patient-provider interactions

The TMM program facilitates more personal patient-provider interactions, in turn leading to increased patient satisfaction--which is a large component used to measure healthcare quality. Studies show that patients who perceive their physicians as more empathic are also more satisfied with their care and more compliant with their treatment regimens.²³ The Center for Medicare and Medicaid services (CMS) has turned towards a “value-based” method of provider reimbursement, with the “value” of medical care determined by both patient outcomes and satisfaction scores.²⁴ Studies have found that patients are more likely to be satisfied with their care if their providers take interest in them as people, and not just as patients.²⁵

The Institute of Medicine defines patient-centered care as: “Providing care that is respectful and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”²⁶ TMM served as an additional tool for providers to learn about each patient as a unique individual. Medical students improved their communication skills with patients and gained a deeper appreciation for all members of the healthcare team. Students were also humbled by patients’ abilities to focus on positive aspects of their lives despite their current illnesses.

As reflected by the staff surveys (Table 4, Fig 2), TMM posters often supplied providers with patient information that is not often encountered in clinical interviews. These served as common ground, and easy conversation starters, enabling providers to better provide more personalized care. Likewise, many patients reported that the TMM posters sparked meaningful and enjoyable conversations with care providers.

A systematic review of 55 studies noted a positive association between patient experience and objective health outcomes, such as medication adherence, appropriate utilization of medical resources, and reduction in adverse events.²⁷ In particular, patients’ perceptions of patient centeredness were directly associated with positive outcomes, including improved health status (less discomfort, less concern, and better mental health) and

increased efficiency of care (fewer diagnostic tests and referrals).²⁸ TMM may serve as a tool to not only enhance patient satisfaction, but also to improve health outcomes.

Further Areas of Research

Limitations

Although TMM was widely accepted by both the patients and the staff at each of the hospital sites, a limitation across all four hospitals was the degree of physician involvement in the program. On the floors that the students visited, attending hospitalists rotated in and out every other week on average. Despite trying to make the various physicians aware of the program, many did not know that it was in place during their short time on the unit. Another limitation was the degree of patient turnover on the units. Many patients only stayed in the hospital for 1 or 2 days, making it difficult for students and providers to spend enough time with them to fully benefit from the program. The amount of patient turnover also made it difficult for students to reach all of the patients on the unit as some encounters took upwards of 90 minutes. Most patients were willing to talk to students and answer their questions, but there were some who felt that hanging the poster in their room was a form of boasting and they chose not to do so. Other patients did not want to hang the posters in their rooms and did not provide a reason. One final limitation was with the questions prescribed on the posters. Many patients felt the questions were too broad or that they could only provide generic answers to them. Students also felt at times that the questions were less conversational than they would have liked.

Future planning

Based on both the successes and limitations that students found during their participation in the TMM program, some modifications can be made to the questions in order to make them more comfortable and conversational. For example, the question “what are your strengths?” can be changed to “what are your interests and hobbies?” to prevent patients from feeling boastful. This would allow for more open-ended conversation and doesn’t force the patient to qualify their talents or skills.

Second, further integration of TMM into the daily operations of the floor would be beneficial for increased engagement with the staff. It was sometimes challenging for students to meet with patients before they were discharged and incorporating the program into the patient's intake might make it easier for each patient to get the opportunity to participate. This is a unique opportunity for direct collaboration between medical school students and staff at the Office of Patient and Customer Experience to introduce the TMM program to each floor prior to the time the students will be placed in the unit.

Finally, in order to meet the demand of high patient turnover, the TMM program can be expanded to other medical student populations as electives or projects. Originally, the TMM program at Zucker School of Medicine was implemented as a summer research program for second-year medical students and was subsequently expanded to be a fourth year elective. The expansion was successful in engaging more medical students who may not otherwise have the time to participate in humanities-driven medical research, and can be repeated at other medical institutions with similar collaborations between medical schools and health care systems. Amidst the transformation of the U.S. healthcare system, medical educators have proposed various strategies to achieve “value-added” training experiences for students. TMM provides a way for students to make meaningful contributions to patient care while developing their clinical skills as effective listeners and communicators.²⁹

As the program becomes more established, recruiting pre-health professional high school and college students to introduce them to patient-centered care can be another step in teaching the next generation of healthcare providers how to connect with their patients.

Conclusion

TMM truly shed light on the words of Sir William Osler (1849-1919): “It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.” The program provides medical students with the opportunity to learn about the patient-provider relationship. It offers patients an avenue to talk about themselves as human beings, and it gives providers a tool to connect with their patients, facilitating higher quality care. Engaging in personally meaningful work has been found to reduce provider burnout,³⁰ which in turn reduces medical error and improves quality of patient care. A program like TMM that reminds providers the meaning behind their work can help prevent burnout, and lead to better patient experience.

Acknowledgement

We would like to acknowledge and thank the Office of Patient and Customer Experience at Northwell Health and the Zucker SOM for supporting this project and seeing its value, the nurse managers at each of the hospitals for their time and direction, and of course the patients and families who participated in the TMM program and shared their life experiences with us.

References

1. HCAHPS: Patients’ Perspectives of Care Survey. *Centers for Medicare and Medicaid Services Website*. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html> Updated Dec 21, 2017. Accessed June 16, 2018.
2. Stewart DE, Dang BN, Trautner B, Cai C, Torres S, Turner T. Assessing Residents’ Knowledge of Patient Satisfaction: a Cross-Sectional Study at a Large Academic Medical Centre. *BMJ Open*. 2017; 7(8). doi:10.1136/bmjopen-2017-017100
3. Wolf JA. Consumer Perspectives on Patient Experience. Patient Experience Conference 2018. April 2018.
4. Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *The Annals of Family Medicine*. 2014; 12(6): 573–576. doi:10.1370/afm.1713
5. Fahrenkopf AM, Sectish TC, Barger LK, et al. Rates of medication errors among depressed and burnt out residents: prospective cohort study. *BMJ* 2008; 336: 488–91. <https://doi.org/10.1136/bmj.39469.763218.BE>
6. Shanafelt TD, Bradley KA, Wipf JW, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med*. 2002; 136: 358–67. 10.7326/0003-4819-136-5-200203050-00008
7. Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *Lancet*. 2009; 374(9702): 1714-1721. doi: 10.1016/S0140-6736(09)61424-0
8. Dyrbye LN, West CP, Satele D, et al. Burnout Among U.S. Medical Students, Residents, and Early Career Physicians Relative to the General U.S. Population. *Academic Medicine*. 2014; 89(3): 443–451. doi:10.1097/acm.0000000000000134
9. Shanafelt, TD. Enhancing Meaning in Work. *JAMA*. 2009; 302(12): 1338. doi:10.1001/jama.2009.1385
10. Shanafelt TD, West CP, Sloan JA, et al. Career Fit and Burnout Among Academic Faculty. *Archives of Internal Medicine*. 2009 169(10): 990. doi:10.1001/archinternmed.2009.70
11. GHHS Solidarity Week for Compassionate Patient Care. *The Arnold P. Gold Foundation*. <http://www.gold-foundation.org/programs/ghhs/ghhs-solidarity-week/>. Accessed January 20, 2018.
12. Patient & Customer Experience - Northwell Health. *Northwell Health*. <https://www.northwell.edu/about/commitment-to-excellence/patient-and-customer-experience>. Accessed January 20, 2018.
13. Fernando AT, Considine NS. Beyond compassion fatigue: the transactional model of physician compassion. *J Pain Symptom Manage*. 2014; 48(2): 289-

298. Accessed online on 5 Jan 2018 at <https://www.medscape.com/medline/abstract/24417804>
14. Grassley JS, Nelms TP. Tales of resistance and other emancipatory functions of storytelling. *Journal of Advanced Nursing*. 2009;65(11):2447-2453. doi:10.1111/j.1365-2648.2009.05105.x.
 15. Njeru JW, Patten CA, Hanza MMK, et al. Stories for change: development of a diabetes digital storytelling intervention for refugees and immigrants to minnesota using qualitative methods. *BMC Public Health*. 2015;15(1). doi:10.1186/s12889-015-2628-y.
 16. Gripsrud BH, Brassil KJ, Summers B, Soiland H, Kronowitz S, Lode K. Capturing the Experience: Reflections of Women with Breast Cancer Engaged in an Expressive Writing Intervention. *Cancer Nursing*. 2016;39(4). doi:10.1097/ncc.0000000000000300.
 17. Oh P-J, Kim S. The Effects of Expressive Writing Interventions for Patients With Cancer: A Meta-Analysis. *Oncology Nursing Forum*. 2016;43(4):468-479. doi:10.1188/16.onf.468-479.
 18. Ferrari M, Rice C, Mckenzie K. ACE Pathways Project: Therapeutic Catharsis in Digital Storytelling. *Psychiatric Services*. 2015;66(5):556-556. doi:10.1176/appi.ps.660505.
 19. Liehr PR & Smith MJ. Story theory. In: *Middle Range Theory for Nursing*. New York, NY:Springer; 2008:205-224.
 20. Tak HJ, Curlin FA, Yoon JD. Association of Intrinsic Motivating Factors and Markers of Physician Well-Being: A National Physician Survey. *Journal of General Internal Medicine*. 2017;32(7):739-746. doi:10.1007/s11606-017-3997-y.
 21. Charon R. What to do with stories: The sciences of narrative medicine. *Canadian Family Physician*. 2007;53(8):1265-1267.
 22. Pink, D. The puzzle of motivation. *TEDtalk recorded live at TEDGlobal*, July 2009. Accessed online at https://www.ted.com/talks/dan_pink_on_motivation on 4 January 2018.
 23. Kim SS, Kaplowitz S, & Johnston MV. The Effects of Physician Empathy on Patient Satisfaction and Compliance. *Evaluation & the Health Professions*, 2004; 27(3):237-251.
 24. U.S. Centers for Medicare & Medicaid Services (CMS). Linking quality to payment. Baltimore, MD USA, accessed 4 January 2018 at <https://www.medicare.gov/HospitalCompare/linking-quality-to-payment.html>
 25. Pace EJ, Somerville NJ, Enyioha C, Allen JP, Lemon LC, Allen CW. Effects of a brief psychosocial intervention on inpatient satisfaction: An RCT. *Family Medicine*. 2017;49(9):675-678.
 26. Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Vol. 6. Washington, DC: National Academy Press; 2001.
 27. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*. 2013; 3(1). doi: 10.1136/bmjopen-2012-001570.
 28. Stewart M, Brown J, Donner A, et al. The impact of patient-centered care on outcomes. *J Fam Pract* 2000;49:796–804.
 29. Gonzalo JD, Thompson BM, Haidet P, Mann K, Wolpaw DR. A Constructive Reframing of Student Roles and Systems Learning in Medical Education Using a Communities of Practice Lens. *Academic Medicine*. 2017;92(12):1687-1694. doi:10.1097/acm.0000000000001778
 30. Shanafelt TD & Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proc*. 2017; 92(1): 129-146.