

# Introducing Narrative Medicine to the Lebanese Medical Curriculum

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# Challenges?

## ▶ Perception

- ▶ Awareness
- ▶ Orientation
- ▶ Will
- ▶ Preconceptions, misconceptions, or no conception?

## ▶ Structure

- ▶ Curriculum
- ▶ Language
- ▶ Resources
- ▶ Target-driven constraints

## Preconception #1:

# BIOMEDICAL SLANT

# The Setting:

Example: Three “American” Medical Schools in Lebanon

- ▶ *Lebanese American University*
- ▶ *University of Balamand*
- ▶ *American University of Beirut*

*The students that we invite, attract, and accept into our schools....*

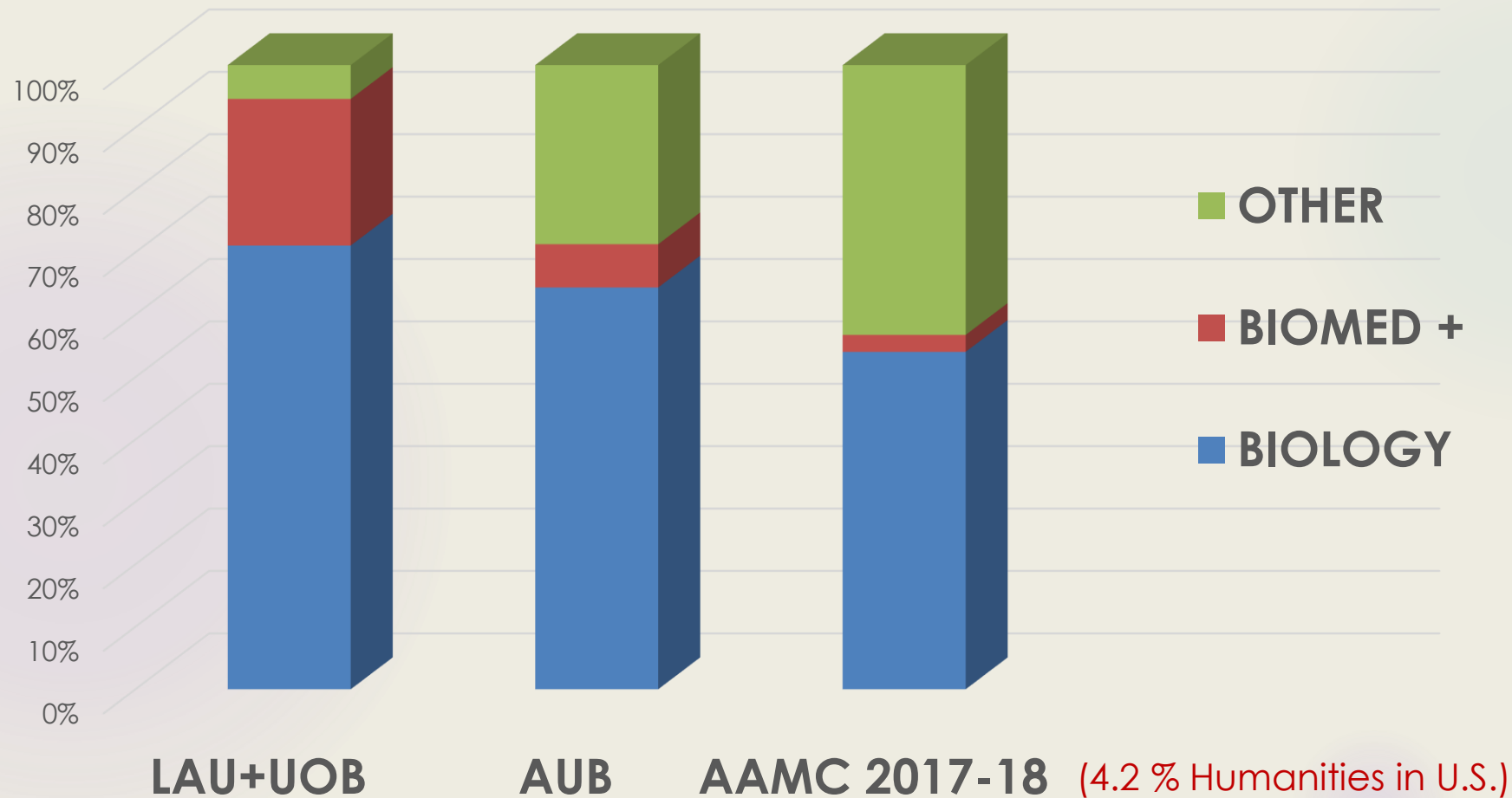


# Undergraduate Majors of Medical Students **Accepted** for 2018-2019

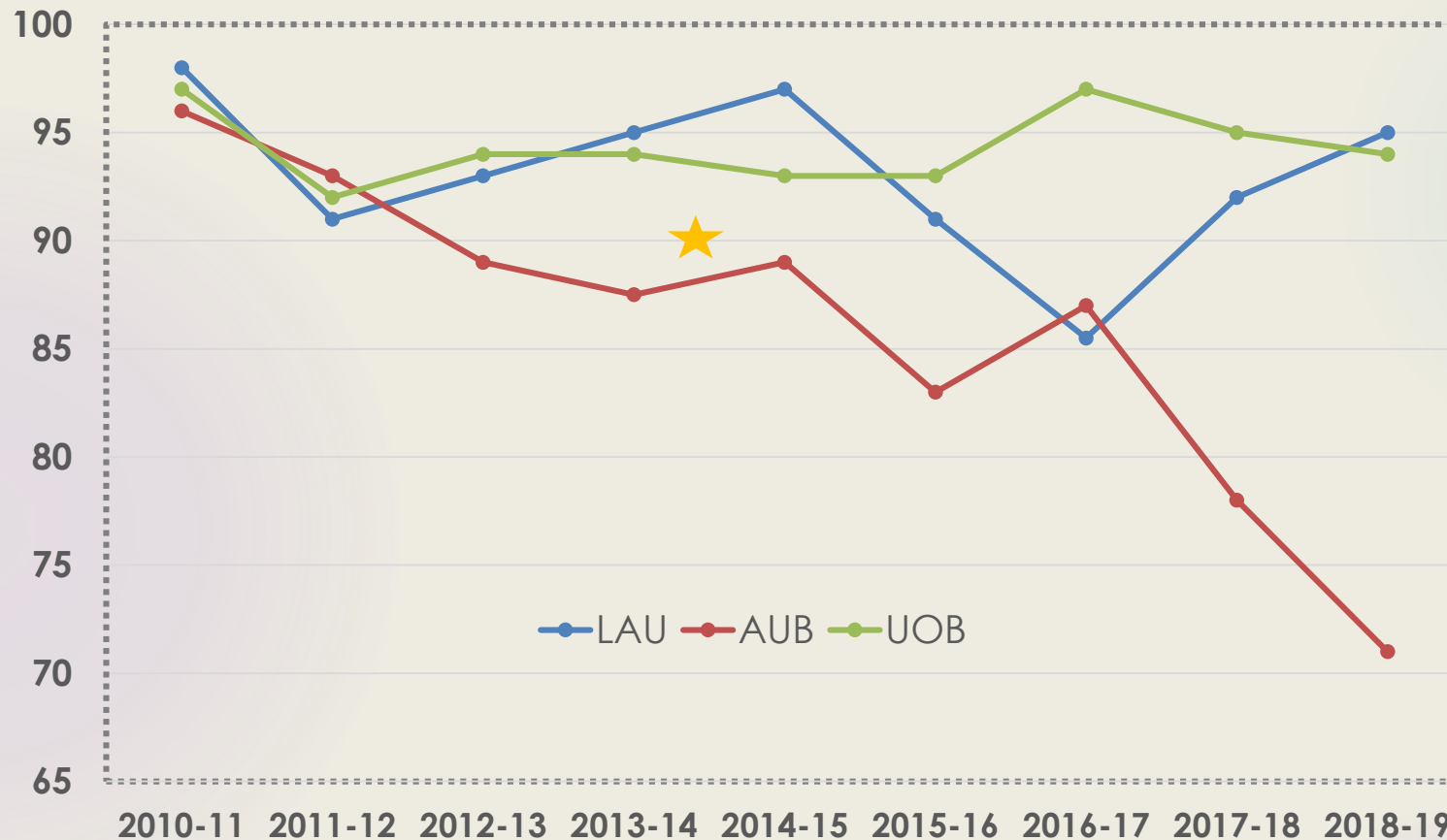
LAU (n=83)	UOB (n=83)	AUB (n=101)
BIOLOGY 77	BIOLOGY 41	BIOLOGY 65
Chemistry 3	Med Lab Science 22	Psychology 10
Biomed Science 1	Premed 13	Chemistry 9
Biochemistry 1	Chemistry 4	Med Lab Tech 7
Micro-Immuno 1	Micro-Immuno 2	Nutrition-Dietetics 6
Environmental health, Marketing, Medical imaging Science, Medical laboratory science, Nutrition-dietetics, Psychology	Chem Engineering 1	Physics 2
		Applied Math 1
		Mech Engineering 1
		Medical Imaging

Applied but not accepted shown in teal

## Percentage of Accepted or Matriculated Students Who Were “Bio” Majors (2018)



## Percent “Bio” Majors: Trends, 2010 - 2018





## Preconception #2:

# LIMITED AWARENESS OF NARRATIVE MEDICINE

# The Setting:

## Who Knows What Narrative Medicine Is?

- ▶ Informal survey of LAU SOM **faculty**: What is Narrative Medicine?
  - ▶ 90%: “I don’t know” or “I’m not sure”
  - ▶ But some pretty good “guesses”:
    - ▶ *“Telling a patient’s story”*
    - ▶ *“The things that contribute most to our learning, aside from what we read in books”*
    - ▶ *“Finding out, from what a patient is saying, why he or she is sick”*

# The Setting:

## Who Knows What Narrative Medicine Is?

- ▶ FORMAL survey of LAU SOM **students**: What is Narrative Medicine?
  - ▶ Medical Year II – 50 of 54 students responded
  - ▶ Responses:
    - ▶ *I don't know: 80%*
    - ▶ *Teaching medicine through story-telling: 8%*
    - ▶ *Describing a case one has seen using narrative techniques: 6%*
    - ▶ *Method of communicating with patients: 4%*
- “Utilizing people’s narratives in clinical practice to promote healing”*

## Preconception #3:

# STUDENT RESISTANCE TO

- Self-reflection
- Arts & humanities
- Narrative writing

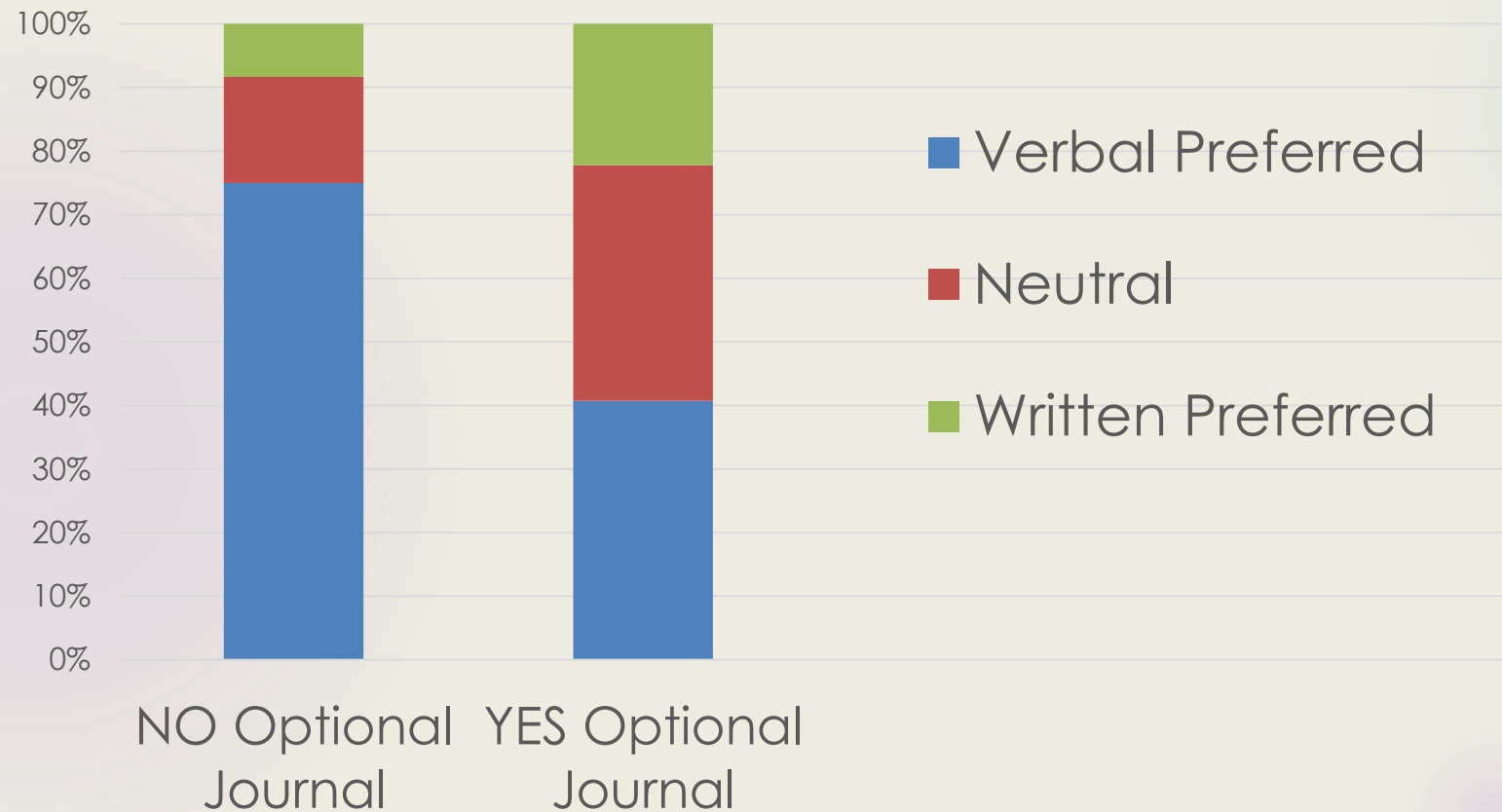


# Survey of Med-II Students: Self-Reflection

- ▶ 84% stated that self-reflection should be part of the regular medical school curriculum.
- ▶ *As an indicator of motivation for this activity, students were asked if they would keep an optional journal where they would reflect on experiences and emotions during a clinical rotation:*
  - ▶ 54% agreed or strongly agreed;
  - ▶ 24% disagreed or strongly disagreed.
- ▶ Associated factors were further explored.



## Survey of Med-II Students: Self-Reflection: Preference for Verbal vs. Written Expression



## Survey of Med-II Students: Arts & Humanities: Questions & Results:

- ▶ *“The medical school curriculum should include a course(s) in the humanities and/or the arts.”*
  - ▶ Agree or strongly agree: 48% // Disagree or strongly disagree: 38%
- ▶ *“If the medical school curriculum were changed to that no extra time would be required, then I would be interested in taking such a course.”*
  - ▶ Agree or strongly agree: 64% // Disagree or strongly disagree: 18%
- ▶ Many felt the course would be an “escape” or stress reliever; 12% felt it should be graded and included in the overall average.
- ▶ 65% of female students but only 36% of male students favored introducing a humanities/arts course.

## Survey of Med-II Students: Favorite Quotes:

- I believe that medical curriculum is already too heavy and that this type of communication should be spontaneous, of course not graded.
- In my opinion, to become a doctor you need to be already full of humanitarian and artistic values.
- I would rather that the curriculum would focus on our soft skills, communication skills, emotional intelligence.
- I believe the arts and humanities should be a part of the medical education, not as a separate entity but small parts of each discipline.
- **I believe that in order to be creative we have to connect. We have to abolish the gap between the body, the mind, and the soul, between science and art, between fiction and non-fiction.**

## Preconception #4:

LACK OF NARRATIVE MEDICINE  
AND HUMANITIES IN CURRICULUM

# The Rise of “Humanism” in the Lebanese Medical Curriculum

In general:

- ▶ *Competencies that Include Communication, Caregiving, Advocacy*
- ▶ *Expansion of Programs in Social Medicine, Ethics, Behavioral Science*
- ▶ *Activities in Simulation, Problem-Based Learning, Inter-Professional Education*
- ▶ *Clinical: Continuity Experiences, Community Outreach, Portfolios*

# Existing Curriculum: Example 1: Course in Humanities

## Program:

- ▶ *Part of Medical Humanities Thread of AUB “Physicians, Patients, and Society” Series*
- ▶ *Med-I Program consists of four, 8-hour modules, given as 2-hour weekly sessions*
- ▶ *Modules include Art & Medicine, Literature & Medicine, History of Medicine OR Psychology*



# Existing Curriculum: Example 1: Course in Humanities

## Results:

- ▶ *Very well received by majority of students*
- ▶ *Criticisms mainly concern timing, schedule, and number and length of assignments*
- ▶ *No formal outcomes assessment made, BUT faculty notes increase in humanitarian activities initiated by students*

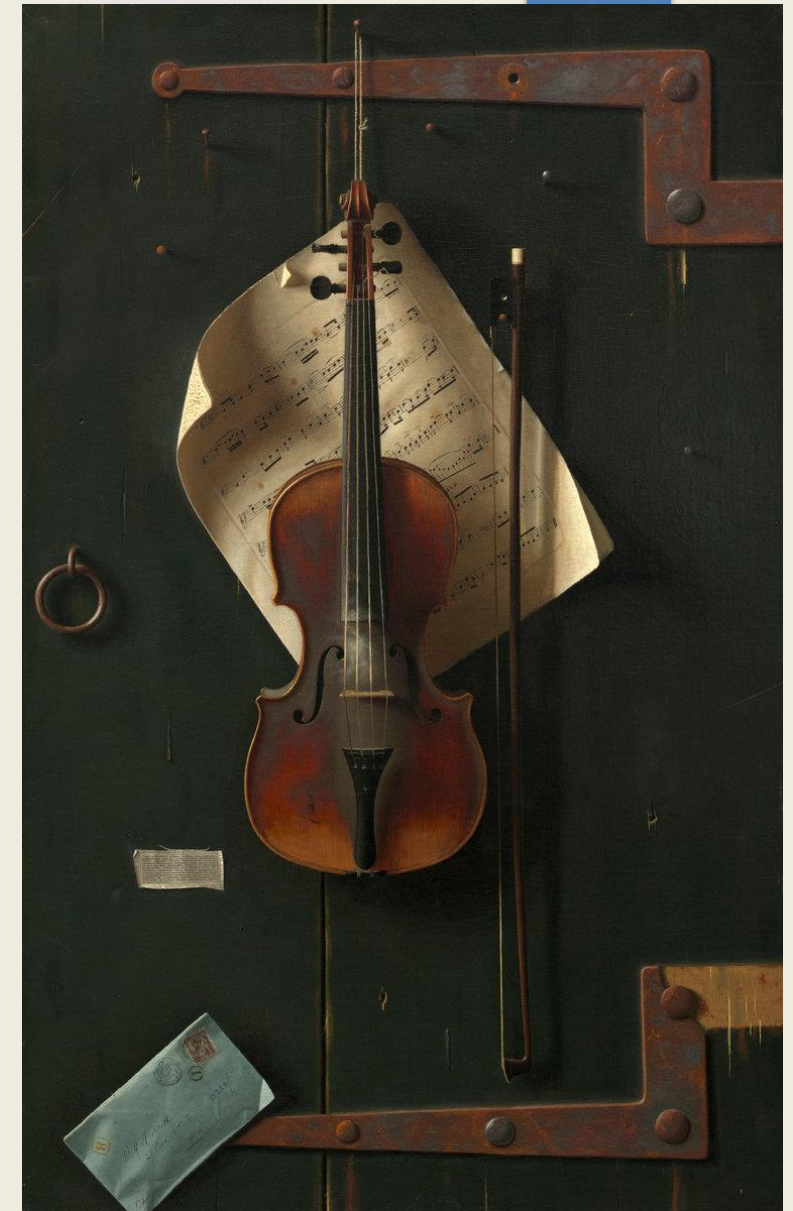
## Existing Curriculum: Example 1: Course in Humanities

### *Quotations from Students:*

*My favorite module, very enjoyable and eye opening. The instructor is brilliant and I enjoyed every minute of it. The assignment is too demanding though....*

*Great getaway from the everyday routine, made me reflect a lot about myself....*

*Art was amazing and mind-blowing, who could have thought we can see the world in a painting?*



## Existing Curriculum: Example 2: Self-Reflection in Med-III Portfolio

### Program:

- ▶ *Instituted in 2011 at LAU*
- ▶ *Periodic written journal entries and one-on-one review with advisor*
- ▶ *Students documented Moments of Brilliance, Moments of Frustration, and Critical Incidents*

# Existing Curriculum: Example 2: Self-Reflection in Med-III Portfolio

## History of Program:

- ▶ *Initial enthusiasm among students, followed by diminishing compliance*
- ▶ *Modifications Instituted:*
  - ▶ *Reduced frequency of required journal entries*
  - ▶ *Mandatory to optional participation*
  - ▶ *Graded document to non-graded document*
- ▶ *Self-reflective portion of Portfolio was dropped after 2015-2016 academic year*

## Existing Curriculum: Example 2: Self-Reflection in Med-III Portfolio

Where do we go from here?

- ▶ Comprehensive review was performed -- problems cited:
  - ▶ Students stated that they lacked time, lacked motivation to write, "didn't see the benefit"
  - ▶ Limited availability and interest on the part of some advisors
- ▶ Program may or may not be reinstated with changes, such as positive incentives for performance along with completion requirement

## Existing Curriculum: Example 3: Exercise in “Narrative Medicine”






### Program:

- ▶ *Instituted three years ago at LAU*
- ▶ *Component of Med-III Social Medicine Curriculum*
- ▶ *Initial student reluctance (“This Is Not an English Class”) followed by enthusiasm*
- ▶ *Faculty feel that focus on listening to patients is contributing to positive culture change in medical practice*



## Existing Curriculum: Example 3: Exercise in “Narrative Medicine” - Assignment:

- ❖ Prepare a narrative discussing the story of a patient you are taking care of on the ward, stressing --
  - ❖ Patient’s own story: who he/she is, what they like, what they value in life....
  - ❖ Patient’s understanding of the illness and his/her experience
- ❖ Write the story of your patient in 700 words (1.5 pages)  

    
- ❖ Which social determinants are responsible for the disease?
- ❖ How did you feel about this exercise? Did you see your patient in a different light?

# Preconception #5:

# IT WILL NEVER WORK HERE

## Counterpoint:

It's already working, albeit on a limited scale.

*From just a few examples, we've seen that Narrative Medicine and "humanism" in general give students an emotional and intellectual breath of fresh air, confer new skills and perspectives, and promote a humanitarian orientation that augurs well for the future of medical practice and patient care.*

## Introducing Narrative Medicine to the Lebanese Medical Curriculum: Tips

- ▶ DO's:
  - ▶ Coordinated curriculum
  - ▶ Dedicated and expert faculty
  - ▶ Mandatory participation of students
  - ▶ For “reflective” activities, inclusion of feedback and group sessions
  - ▶ Attention to issues of language or writing insecurity
  - ▶ A variety of course offerings, *if possible*
- ▶ DON'T's (for the time being):
  - ▶ “Overscheduling” and repetitive/protracted assignments

- ▶ If we are to see substantive change, then time and resources should be devoted to programs in Narrative Medicine and humanities as part of a comprehensively “overhauled” curriculum.
- ▶ However, major program changes are unlikely to be fully accepted or implemented unless the constraints currently faced by students are likewise changed (*esp. hurdles in obtaining U.S. residencies; necessity of scoring well on international exams; subject content of exams*).
- ▶ Until then, innovative material delivered in digestible portions may still have a profound, positive impact on our students’ education.



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*Thank you*

