

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6846

### **Title**

*Exploring Medical Trainees' Perspectives on Narrative Medicine Education and Narrative Humility*

### **Priority 1 (Research Category)**

Qualitative research

### **Presenters**

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### **Abstract**

Context: Western values of heroism and individualistic empowerment exert significant influence over how we make meaning out of patient stories. Currently, the field of narrative-based medicine (NBM) lacks research that examines the potential harms of using dominant Western narrative forms to represent patients' lived experiences. Objective: To determine medical trainees' perspectives on current NBM practices and on narrative humility, and to assess their views on the effectiveness of NBM education via peer-led interactive workshop. Study Design and Analysis: Data was collected for this qualitative study through an anonymous, voluntary Qualtrics survey containing 5-point Likert scale and free response questions. Likert data was analyzed using measures of central tendency. Setting: This study was conducted at the 2023 annual Primary Care Leadership Track retreat for Johns Hopkins School of Medicine, and at the 2023 GHHS Northeast Regional Conference. Population Studied: Participants were mainly medical students, as well as residents and clinicians. Intervention: We designed an hour-long student-led workshop to present to event attendees, focusing on narrative structures, their powerful influence on the illness experience, and the concept of narrative humility. Outcome Measures: Attendees were asked about their perspectives on NBM, any prior NBM training, and their views on the workshop's effectiveness in informing their understanding of narrative humility and NBM broadly. Attendees were also asked to share their level of graduate medical education, specialties of interest, and any cultural or religious groups they identify with. Results: 31 out of the 33 respondents (93.9%) agreed that the workshop provided them with new knowledge about NBM. Respondents disagreed (Likert 2.2/5) that medicine adequately encompasses the wide diversity of patients' lived experiences. Respondents strongly agreed (4.8/5) that discussion of patient narratives and framing of health and disease should be incorporated into medical curricula. They also strongly agreed (4.5/5) that they intended to incorporate aspects of narrative humility into their clinical practice. Conclusions: Our study shows that peer-led initiatives can be impactful in NBM education. Narrative humility, including but not

limited to teachings on culturally diverse, non-dominant narrative frameworks, can strengthen NBM. Importantly, narrative humility-focused NBM education resonates with medical trainees.

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