

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Bringing the Power of Story to Emergency Medicine - An Introduction to Narrative Medicine

Permalink

<https://escholarship.org/uc/item/3rp6q3pp>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 25(3.1)

ISSN

1936-900X

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Publication Date

2024-03-24

DOI

10.5811/westjem.20503

Supplemental Material

<https://escholarship.org/uc/item/3rp6q3pp#supplemental>

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conference-based journal clubs and optional meetings with institution-specific global health faculty mentors were included. All content was hosted through a public centralized website: sites.google.com/view/global-em-resident-curriculum.

Impact: During the first year, participants completed pre- and post-curriculum surveys. Of 17 respondents to our pre-curriculum and five respondents to our post-curriculum survey, a majority of participants reported being dissatisfied with their current global EM educational opportunities, felt more confident with global EM topics reviewed within the curriculum after completion, and felt satisfied with the content thus far. Survey responses informed curriculum evolution, and in our second year we have enrolled 27 EM residents from eight training programs across the US.

CORD Innovation Submission

Building, Delivering, and Evaluating a Longitudinal Global Health Curriculum for Emergency Medicine Residents

Alexandra Diganalis, DO; Blake Stacey, MD; Elizabeth DeVos, MD; Justin Myers, DO

Background

Interest in global health among emergency medicine (EM) residents continues to increase. Recent research reveals that EM residency applicants are interested in programs that offer global health clinical experiences, yet nearly half of EM residency programs in the United States (US) do not offer global health training or formal education. With a goal to fill this educational gap, we created a novel, online, lecture-based curriculum.

Objective

This curriculum aims to increase accessibility to global health education for EM residents, increase resident preparedness for international clinical experiences, and provide longitudinal exposure to a global EM career path. We intend for the curriculum to be sustainable, delivered yearly, and offered more broadly across US.

Design

We developed an online ten-month "Global Health Curriculum for EM Residents" offered to residents at three separate institutions. Each month a salient global EM topic (e.g. Disaster and Humanitarian Response) was discussed by an expert on that topic. Video presentations were offered asynchronously, in account for participants' stochastic clinical responsibilities. Additionally, virtual conference-based journal clubs and optional meetings with institution-specific global health faculty mentors were included. All content was hosted through a public centralized website: sites.google.com/view/global-em-resident-curriculum

Impact

During the first year, participants completed pre and post-curriculum surveys. Of 17 respondents to our pre-curriculum and five respondents to our post-curriculum survey, a majority of participants reported being dissatisfied with their current global EM educational opportunities, felt more confident with global EM topics reviewed within the curriculum after completion, and felt satisfied with the content thus far. Survey responses informed curriculum evolution, and in our second year we have enrolled 27 EM residents from eight training programs across the US.

Figure.

21 Bringing the Power of Story to Emergency Medicine - An Introduction to Narrative Medicine

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Introduction: Narrative medicine [NM] is the practice of

medicine with narrative competence - which is the ability to elicit the patient's story and critically interact with it. In terms of scholarly innovation, evidence suggests that NM currently exists in the upward "slope of enlightenment" phase of the Gartner Hype Cycle. Emergency medicine [EM] is relatively behind in its adoption of this educational tool. One of the first studies on NM in EM was just published in 08/2023. This is despite NMs appeal to multiple competencies including practice-based learning and improvement, professionalism, and interpersonal and communication skills. The purpose of this innovation was to create an introductory session on NM for EM faculty and residents.

Educational Objective: The objective of this innovation was to design, implement, and evaluate an introduction to NM session for EM residents and faculty.

Curriculum Design: NM is grounded in critical pedagogy and transformative learning theory. It falls within the humanistic educational paradigm and takes a critical constructivist approach to knowledge. Content experts were recruited to help design a theory-informed curriculum. During the session, instruction was provided on the core concepts of narrative competence, narrative humility, and the patient as the educator with the help of the three pedagogical movements of NM (close reading, critical reflection, group discussion). ADDIE (analyze, design, develop, implement, evaluate) framework was used for instructional design. Anonymous post-session surveys were created using a modified intrinsic motivation scale. Surveys were piloted with stakeholders for feedback to further increase situational validity.

Impact: 89% of survey respondents felt that NM was important or very important to their medical education. 83% felt that they knew NM or knew NM very well. UME and GME learners should have early and consistent exposure to NM so that they may build a reflective practice.

Table 1. Introduction to narrative medicine pre-session survey responses.

Question	N = 45
What year of training are you in?	
Attending Physician	8 (18%)
Medical Student	14 (31%)
PA Student	1 (2.2%)
PGY 1	5 (11%)
PGY 2	2 (4.4%)
PGY 3	5 (11%)
PGY 4	5 (11%)
Transitional Year (TY)	5 (11%)
How much exposure have you had to formal narrative medicine curriculum before today?	
A little exposure	10 (22%)
Consistent exposure	3 (6.7%)
No exposure	32 (71%)
How well do you understand what narrative medicine is?	
A little	16 (40%)
I understand what it is	1 (2.2%)
I understand what it is very well	2 (4.4%)
Not at all	24 (53%)
How important do you think narrative medicine is to your medical education?	
I feel neutral about its importance	23 (51%)
Important	13 (29%)
Somewhat important	6 (13%)
Very important	3 (6.7%)

