

Never too Early: Introducing Illness Scripts and Narrative Medicine as Foundational Clinical Approaches

Julia Frank MD, Seema Kakar MD, Thomas Harrod MLS, Gisela Butera MLIS
The George Washington University, School of Medicine and Health Sciences



Abstract

EDUCATIONAL CHALLENGES:

- Move to organ based, integrated but telescoped pre-clinical curriculum.
- Introduction of clinical interviewing before acquisition of foundational knowledge.
- Predicted loss of humanistic approach as students mature professionally.

METHOD:

Students conduct and write up a semi-structured interview of someone they know with chronic illness. They reflect on their experience in pairs, then analyze sample encounters in small groups with faculty facilitation.

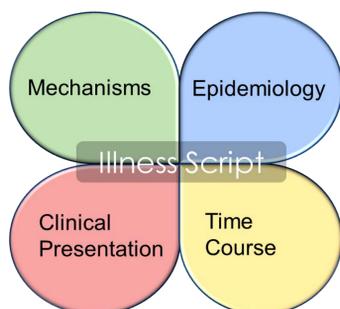
OUTCOME:

Demonstrated feasibility and value of novice students eliciting accounts of illness in life context and applying diagnostic logic after the fact.

Two Approaches

Narrative:

- Phenomenology (lived experience) of illness in life context.
- Facilitates trust, exposes barriers to treatment, may improve accuracy of diagnosis.



Adapted from work by Catherine Lucey, MD (UCSF) and Frank Slaby, PhD (GW)

Illness Scripts:

- Identifying disease from reported symptoms, observed signs and risk factors.
- Essential to diagnosis and medical practice.
- Core of physician identity, focus of much clinical interaction.

Comparison

Competing:

- Developing skill pursuing facts may undermine students' ability to listen, empathize and respond to patients' concerns.

Complementary:

- Concepts of script applied to narratives after the fact refocus attention on tasks of diagnosis.

Methods

Population: 178 first year students. Meet regularly in groups of 10 with internists and interviewing mentors.

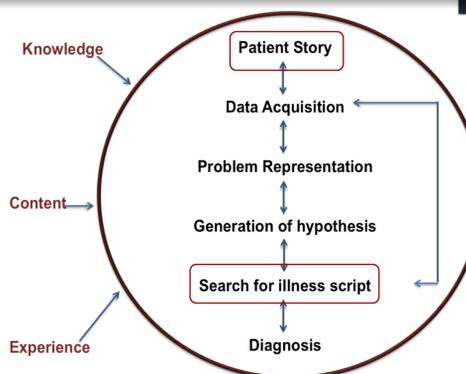
Timing: First month of first year. Second session of a year-long course in Clinical Skills and Reasoning (CSR).

Preparatory instruction: Outside of class, students to interview a friend, family member or acquaintance with a chronic medical condition that requires ongoing treatment (30-60")

- Interviewee should understand this is to help you in your development as a physician. Stress confidentiality.
- Briefly write up the encounter and prepare to discuss in class.

In Class:

- Pairs of students discuss each others' write ups.
- Groups of four or five choose one narrative to analyze according the concepts of illness scripts. (discussion facilitated by faculty).



Adapted from: Bowen, J. L. (2006). Educational strategies to promote clinical diagnostic reasoning. *New England Journal of Medicine*, 355(21), 2217-2225

Suggested Interview Questions:

- Tell me how your condition started? Did you have symptoms? What were they? How troubling were they?
- How did you find out what the doctors thought was going on? What is your understanding of what causes your condition or what keeps it going?
- Were you treated? What was the treatment? Did you have any problems sticking with the treatment?
- How has your condition affected your life? What might it mean for you in the future? Has your family or your job or your habits had anything to do with causing or treating your condition?

Outcome

- Exercise ungraded, by design.
- Students conducted sensitive, sophisticated interviews despite lack of medical knowledge or clinical experience.
- Students' response to the task was generally favorable.

Epidemiology	"25 year old male...does not smoke, drinks occasionally on the weekends, and does not use any recreational drugs."
Time Course	"At the age of 15, he was diagnosed with scalp-localized psoriasis. Over the years he developed reoccurring inflamed red rashes all over his body that were extremely scaly."
Mechanisms	"His doctor did diagnose him with psoriasis, however there are certain factors that trigger his relapses. These include environmental allergies, stress and diet."
Clinical Presentation	"Sometime his skin would be so dry it would start bleeding. He was referred to a dermatologist who diagnosed his progression of eczema as psoriasis."

"The patient has been affected by this in many ways. He has been embarrassed and self conscious about his appearance, especially when in high school. He would get teased in high school which would prolong relapses as his stress levels would start to increase. He wears pants and long sleeved shirts on the hottest days of the summer not just to cover up the rashes, but to prevent the sun from worsening his skin. Now, as an adult, he realizes this condition is a part of him."

Conclusion

Novice medical students given clear directions can be excellent interviewers.

- Application of narrative principles provides early, concrete experience with patient-centered medicine.
- Application of concepts of scripts aligns patient and disease centered approaches.



Future Directions:

- We plan to repeat this exercise after students have learned and applied the basics of diagnostic interviewing and patient examination with real and standardized patients.
- Students will be asked to reflect on how their interaction and interview skills have evolved (for better or worse).
- We hope that such reflection will buffer the loss of interpersonal skills often seen over the course of a medical education.

References

- Fleming, A., Cutrer, W., Reimschisel, T., & Gigante, J. (2012). You too can teach clinical reasoning! *Pediatrics*, 130(5), 795-797
- Lewis, B. (2011). *Narrative psychiatry: How stories can shape clinical practice*. Baltimore: Johns Hopkins University Press.