

Project description

In this project, we propose to use storytelling as an innovative method to teach medical students empathy. Over a 10-week period, students will participate in a group project to tell the story of a patient through a 5-minute video. This course will be entitled, "Gaining patient perspectives on disease through storytelling" and taught by a collaborative team: Henry Lee, Assistant Professor of Pediatrics at the School of Medicine, and Jules Sherman and Seamus Harte, instructors at the Hasso Plattner Institute of Design (d.school) at Stanford.

Rationale

Everyone would agree that empathy is one of the most valuable characteristics of a physician, but perhaps harder to develop than the core basic and clinical sciences that are more formally taught during medical school. Although the Stanford School of Medicine has innovated several approaches to instilling empathy in students, there is still a gap in creating formal curricula in this area.

With that goal however, a traditional lecture to teach empathy would seem quite inadequate. Storytelling can be a powerful method to allow an individual to gain perspective on another person's life, or give some insight in allowing one to "walk a mile in someone else's shoes." Storytelling has been used in other disciplines for training and reflective practice.^{1,2} Some examples of storytelling can be seen in these ~5 minute videos:

https://www.youtube.com/watch?v=zh55e6U_XPM

<https://vimeo.com/55055179>

In the latter example, one can get a sense of a diabetic patient's challenges, perhaps in a way that a traditional lecture could not.

Even more than watching a video of a story, one can gain even more empathy for a person or group of people by telling the story oneself. For example, in a project to make a movie about diabetes, students would interview and observe several patients with the disease. They would use a framework taught in the course to plan a story. Then they would create the video story and present it to an audience that includes clinicians and patients. We hypothesize that this process would increase students' empathy not just for patients with diabetes, but also for patients and their families in general.

A medical student or resident enters into a patient's room for a brief period of time, invading their sphere in a period of time when they may be at their most vulnerable. Building empathy prior to such encounters may place the student in a better framework to understand both the clinical course of a patient as well as the emotions and challenges that patients face. This is likely to improve the communication skills of the physician student, and patient receptiveness and satisfaction.

In addition to increasing empathy, we also propose that the exercise of storytelling could motivate students to learn more about a subject or help retention of content. Knowledge may be better absorbed when the learner is engaged with the topic emotionally. Although this aspect of learning will not be formally tested as part of this proposal, it would be an area for further exploration in subsequent stages of this project.

Specific educational aims

To develop a medical student curriculum for increasing empathy for patients and their families.

To increase patient-centered communication between medical students and patients.

To introduce disease states in a way that will motivate and inspire students to learn more about those topics.

Methods of design / Timeline and implementation plan

We will develop a course with the following tentative syllabus meeting weekly on Wednesdays:

Week 1 – Introduction to storytelling

Weeks 2 to 4 – Form groups of 3 to 4 students who will choose a disease process. These students will partner with a volunteer attending physician mentor on a relevant service in order to connect with volunteer patients and their families.

Week 5 – Storyboard

Week 6 – First version of video / get feedback from patients and clinicians

Week 7 to 9 – Revision of story

Week 10 – Screening of videos to broader audience and panel discussions

As this will be a pilot implementation of a course, the first evaluation will be qualitative in nature. We will develop a pre- / post- survey, personal essay, and interview for students on their perspectives on the physician-patient relationship and communication.

At a subsequent stage, we will plan to have a more formal evaluation of student-patient communication using a prospective approach, taking advantage of resources currently available, evaluating participants in the course vs peer students who do not participate. The students will be evaluated “blindly” and compared between the groups by trained standardized patients that students interact with as part of their regular training. We will also consider evaluation / comparisons from the Educators-4-CARE program. At a later stage, we could also consider a similar qualitative evaluation and comparison from actual patient encounters.

Anticipated work product

In addition to the experience that the students would have benefited from by going through the process, there will also be the final product of a story / video that could ultimately be used for helping other students and trainees gain perspectives on those patient populations.

We will plan to submit descriptions of this work to medical education meetings and journal publication. As this would have been a pilot course in some respects, we would have the potential to refine it and study it on a larger scale, with the goal being a permanent course at the School of Medicine. Furthermore, if the course is successful, it may have the potential for spread into other topic areas for residents and other trainees.

Plan for evaluation

The first phase will not be an experimental study. However, we will plan to compare the intervention (taking the course) to non-participant peer students by soliciting evaluations using scales adopted from studies on physician-patient communication from various sources, emphasizing patient-centeredness.³⁻⁵ This will include: 1) from the students themselves; 2) from faculty observers (such as Educators-4-CARE); 3) from standardized patients; 4) from actual patients

Plan for dissemination of results

We will plan to submit findings from the project to academic meetings and journals. Throughout this whole process, all videos would have consents and permissions to be made public. In this way, we will start the process of building a library of “patient stories” that could be used to teach other students and trainees, as well as be a potential resource for patients with new diagnoses.

If successful, we would also consider presenting to other training program leaders, such as residency and fellowship programs. Gaining empathy for specific groups of patients in those programs could be a key component of the training process.

Anticipated impact of the project on education and/or mentoring at the School of Medicine.

The storytelling discipline has become a key component of learning at the Stanford d.school. Similarly, we believe that this teaching approach could have broader application to other disciplines and levels of trainees. While it is expected that Stanford students and probably medical students in general have the capacity to learn content knowledge without too much difficulty, we propose that teaching empathy could be a bigger challenge. Developing formal curricula that can lead to measurable outcomes will be an innovative addition to medical training.

References

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