Narrative Oncology: An Intervention to Promote Resident Wellbeing and Patient-Centered Care – Matt Stevenson, Tyler Johnson, Lauren Edwards

I. Aims – 1. Measure the wellbeing of inpatient oncology residents and compare it with resident wellbeing across the Internal Medicine (IM) program; 2. Assess correlations between residents' wellbeing and their self-perceived comprehension of patients' goals; 3. Introduce a Narrative Medicine curriculum designed to promote reflective practice among inpatient oncology residents; 4. Measure the impact of this curriculum on resident wellbeing and comprehension of patients' goals.

This project addresses impact and sustainability in multiple ways. First, it will generate pilot data for a future proposal (the 2019 National Institute of Allergy and Infectious Disease R25 grant) intended to fund a longitudinal writing curriculum at Stanford Medicine. Second, it will help formalize the nascent IM Residency Wellness Survey, whose data will drive widespread programmatic reforms. Third, it will create a bank of physician writing that, if published, will inspire further reform and patient-centered care.

II. Rationale –

Physician burnout is a growing problem whose consequences include patient dissatisfaction, medical error, workforce turnover, and suicidal ideation. Perceived meaning in practice has been identified as a factor that can prevent burnout and promote patient-centered care. Over the last year we have measured wellbeing among Stanford IM residents using a screening tool for burnout and its sequelae, and found some 25% of residents to be at high risk. We also surveyed inpatient oncology residents, regarding both wellbeing and perceived preparedness to give patient-centered end of life counseling. Unsurprisingly, some 40% of oncology residents reported low levels of wellbeing. But curiously, lower wellbeing scores were associated with better comprehension of patients' goals—suggesting that the potential for meaningful patient interactions was leading to more rather than less physician burnout.

Narrative Medicine is a discipline that exposes medical trainees to literary techniques, in hopes of improving physicians' ability to "listen to patients' stories, grasp and honor their meanings, and be moved to act on the patient's behalf." Narrative Medicine training has previously been shown to improve burnout, empathy, and patient-centered attitudes among attendings, residents, medical students, and oncology fellows. Over the last three years (August 2015 – June 2018), we have built a Narrative Medicine curriculum into Stanford IM outpatient didactics. Informal feedback has been positive, with residents citing workshops as opportunity to process difficult and formative experiences while bonding with colleagues.

Over the next year, we plan to implement a Narrative Medicine curriculum specific to inpatient oncology. Our goals are to alleviate burnout on an anecdotally and, now, empirically high-risk rotation; to promote reflective and patient-centered practices; and to equip residents with the narrative tools to examine personal and institutional obstacles to meaningful, patient-centered, emotionally sustainable care. We hypothesize that Narrative Medicine will a). improve wellbeing among inpatient oncology residents; b). improve residents' understanding of patients' goals; and c). reverse the negative correlation between oncology residents' wellbeing and their comprehension of patients' goals and values.

Our work will go beyond the existing literature in multiple ways. First, it will add to growing but still sparse data assessing Narrative Medicine's impact on physician wellbeing. Second, it will examine relationships between narrative, wellbeing, and a surrogate for patient-

centeredness—physician-reported goals of care comprehension—that might later be corroborated using patient surveys. Lastly, it will help define "meaning in practice"—what aspects of care do residents find meaningful?—through qualitative analysis of residents' writing.

III. Approach

Over the last year, we surveyed the entire IM program at the beginning, middle, and end of the academic year. We surveyed inpatient oncology residents at the beginning and end of each block. We collected respondents' identification codes so that individual residents could be tracked anonymously over time. We have chosen to use the Physician Wellbeing Inventory (PWBI)—a validated 7-item screening instrument that is sensitive and specific for increased risk of burnout, physician attrition, and depression—because of its brevity, validity, and multi-dimensional focus.

Over the next year, we will continue the same survey techniques. We also will conduct monthly Narrative Medicine lunch workshops for inpatient oncology residents. Workshops will include a brief introduction to Narrative Medicine; close reading of medically relevant literary works; and guided creative writing around various clinical themes (e.g., mortality, difficult patient encounters). Residents will be encouraged to share their writing; to edit it for publication; and to submit it for qualitative coding and analysis. Our analysis will build on well-established conceptual frameworks for Narrative Medicine essays, and will be done in conjunction with qualitative researchers in Stanford's Evaluation Sciences Unit.

IV. Schedule

June 29, 2018*; January 1, 2019; June 29, 2019*: PWBI surveys of the entire 2018 – 2019 IM program. *Baseline and year-end surveys, timed to capture incoming interns and outgoing R3s.
July 1, 2018 – June 30, 2019: Monthly Narrative Oncology workshops. Bimonthly oncology PWBI/goals of care comprehension surveys. Qualitative coding of residents' writing.
July 1 – July 31, 2019: Final data analysis

V. Anticipated work product:

1. A Narrative Medicine curriculum that is structurally and thematically linked to a specific inpatient rotation, and which can be translated to other high-risk rotations (e.g. wards, ICU)
2. A growing, longitudinal database of physician wellbeing and care goals comprehension. In the future, these data could be correlated with other outcomes of interest.
3. A growing bank of physician writing. These writings could be used privately, as touchstones to guide individual physicians' practice. They could be used pedagogically, by the residency program, to tailor programmatic reforms around issues pertinent to physician wellbeing. And they could be used publically, by their authors, as submissions for publication.

VI. Evaluation plan:

Evaluation of our project is described above.

VII. Dissemination of results: We plan to publish the results in a journal such as JGIM or Academic Medicine

Appendix of References

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