

Perceptions of an Inter-Residency Narrative Medicine Curriculum

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ABSTRACT

Background Narrative medicine (NM) is a discipline that equips clinicians with essential skills such as close reading, observation, and reflective practice, enabling them to listen more attentively and gain a deeper understanding of health care. Despite these advantages, many training programs lack skilled facilitators to implement NM locally. To address this gap, a hybrid virtual/in-person inter-residency NM curriculum was developed.

Objective This study aims to explore residents' perceptions of the NM curriculum and how they describe its influence on their personal or professional development.

Methods We conducted 2 focus group interviews of pediatrics residents who attended at least one NM workshop. The 50-minute workshops occurred monthly from July 2023 to July 2024 as part of the mandatory pediatrics residency conference curriculum, though attendance was secondary to clinical duties. Attendance included 10 to 15 residents and 1 to 2 fellow or faculty facilitators. Interviews were recorded, transcribed, and thematically analyzed.

Results Through analysis of 2 focus groups comprising 13 total residents, we identified 3 themes: reconnecting with humanity through reflection, strengthening relationships with colleagues and patients, and appreciating institutional support for NM.

Conclusions Our study demonstrates that an inter-residency NM curriculum fostered a sense of community by enabling residents to reflect on their clinical practice and connect with colleagues within and beyond their respective campuses. Residents valued the opportunity to learn from peers and supervisors alike and appreciated program leadership's support of NM.

Introduction

Narrative medicine (NM) is a discipline that equips clinicians with essential skills such as close reading, observation, and reflective practice, enabling them to listen more attentively and gain a deeper understanding of health care.¹⁻³ Previous studies have shown that NM improves residents' empathy, communication skills, awareness of patients' experiences, and emotional well-being.⁴⁻⁹ However, many training programs lack the resources to implement NM locally. Sharing curricula across different programs could provide an opportunity for institutions with limited access to trained facilitators to engage in NM. Nevertheless, it remains unclear whether this shared format offers comparable benefits to residents.

The purpose of this study is to explore residents' perceptions of participating in a NM curriculum shared between 2 residency programs.

Methods

Research Design

This study is grounded in an interpretivist paradigm, which seeks to explore and interpret the subjective

meanings that residents lend to their experiences with NM. We conducted focus group interviews centered on the primary research question: What are residents' perceptions of the NM curriculum, and how do they describe its influence on their personal or professional development? Interview questions were designed to be open-ended, delving into residents' experiences, their key takeaways, and the significance of the curriculum to their personal and professional lives.

Research Context

The inter-residency NM curriculum consisted of nine 50-minute workshops, occurring monthly from July 2023 to July 2024, for all residents during dedicated conference time in the pediatrics residency programs of the University of California, San Francisco (UCSF) and Benioff Children's Hospital Oakland (CHO). The curriculum followed the model and principles introduced by Columbia University's NM Master's Program.³ When possible, both campuses had on-site facilitators, and typically, one of them had formal NM training. Each conference room projected the other campus via Zoom. All workshops offered both in-person and virtual participation options, with an average of 10 to 15 residents attending each session.

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Data Collection

Residents who attended at least one NM workshop were invited to complete a Qualtrics survey to register for hour-long focus group interviews held at the midpoint and conclusion of the curriculum (January and July 2024), with \$50 gift cards offered as compensation. No residents attended both focus groups. To foster open discussion, M.Z., a medical student who is not involved in the residency programs, contacted eligible participants via email, informed participants that their personal information would be de-identified, and conducted the interviews over Zoom. M.Z. recorded the interviews using Zoom and transcribed the 2 recordings using Parrot AI. M.Z. then manually cross-checked the transcripts against the recordings and de-identified all participants.

While thematic saturation was not an explicit goal of this exploratory study, we found that 2 focus groups yielded thematic sufficiency, with recurring patterns and rich accounts that allowed us to meaningfully address the research questions.¹⁰

Data Analysis

Three authors (M.Z. and R.Z., both medical students, and A.S., a fellow and graduate of Columbia University’s NM Master’s Program) employed Dedoose software to conduct a thematic analysis by reading the anonymized transcripts together, inductively creating descriptive codes, compiling a codebook, and clustering codes into themes. They engaged in continuous reflexive

dialogue to remain cognizant of potential biases and approach the data with open minds.

The study was deemed exempt from review by the institutional review board.

Results

We conducted 2 focus group interviews with a total of 13 residents and identified 3 themes: reconnecting with humanity through reflection, strengthening relationships with colleagues and patients, and appreciating institutional support for NM (TABLE).

Reconnecting With Humanity Through Reflection

Residents expressed gratitude for having a dedicated space to slow down and engage in reflection. One resident said that the workshops were “a good reminder to take moments of pause and reflect and think more deeply about the experiences that we’re having.” Another participant said, “It reconnects you to your humanness in the middle of the day.”

Strengthening Relationships With Colleagues and Patients

As the curriculum connected 2 campuses via Zoom, they provided a unique chance for residents to bond with peers with whom they would not typically interact. “I feel like these workshops are a good reminder that these things are happening to all of us and that we can talk about it together,” a participant

TABLE
Themes and Representative Quotes

Themes	Representative Quotes
Reconnecting with humanity through reflection	“It humanizes a lot of the work we do ... You’re going through all these tasks and sometimes ... it can be kind of easy to miss the point of what you’re doing.” “I feel like residency overall is making me more numb and a little bit more callous ... And [after the workshops] I’m actually thinking a little bit more about that patient’s story and how much they’ve had to go through, as opposed to trying to turn off that part of my brain.”
Strengthening relationships with colleagues and patients	“I went into it not knowing that it was going to be paired up with [the other program’s residents], and I was really excited to see everyone on Zoom and hear them [talk about] their own writing.” “The goal is to constantly be learning and engaging with people of other identities. And so having a space to continue to remind yourself of that and continue to build the skills to do so is really valuable.” “[NM gives] you somewhere to go from to try to understand the experience of the people that you’re serving ... Some of the conversations that I’ve had with ... patients I wouldn’t have had if I hadn’t more recently been thinking about these things in the way that we’re given the chance to think about them during the conferences.”
Appreciating institutional support for NM	“We’re privileged to be getting an excellent medicine and science education, but to diversify that and do something that is a bit different but still makes us human ... I honestly thought it was a great addition to all the other lectures.” “These are the only noon conferences where I’ve [gone] to my senior and [said] I have to go to noon conference today. I’m definitely not the kind of person to do that ... I’ve had really positive experiences with the sessions, and I look forward to them.”

Abbreviation: NM, narrative medicine.

observed. Residents also expressed appreciation for their supervisors' willingness to show vulnerability and emotion during the workshops.

Participants described how the curriculum influenced their clinical practice. A resident noted that the workshops "always remind me to stop and pause and really listen to patients. They remind me about how important it is to give a little bit of grace when patients want to talk and not cut them off, even if it's a little bit of detriment to our timing."

Appreciating Institutional Support for NM

Residents expressed appreciation for the dedicated time to engage in NM. "It makes me feel better about the program that they're willing to create space alongside other curricula to prioritize this type of learning and reflection," a participant said. Moreover, residents appreciated that the workshops were scheduled during the workday, rather than after hours. One participant explained, "I would be less likely to attend if it was during my personal time because I feel the point is to be able to process and leave work at work."

Discussion

Our study showed that residents valued the opportunity to connect with peers through an inter-residency NM curriculum, which helped to engender a stronger sense of community. They recognized the importance of incorporating reflection into their workday and engaging with peers through literature and art as a means to humanize their clinical practice. They expressed gratitude for the inclusion of NM in their conference curriculum, viewing it as a meaningful endorsement from program leadership.

In line with previous scholarship, our study demonstrates the positive effect of NM on residents, highlighting how workshops help them develop relationship-building skills, adopt new perspectives, and engage in reflective practice.^{4,9} The success of this curriculum is notable for demonstrating the potential for NM to be shared across multiple sites, allowing residents from different programs to bond with and learn from peers facing similar experiences. Given the limited number of facilitators with expertise in NM, cross-site facilitation and curriculum sharing can extend the reach of NM to programs that may not have had access otherwise.

Limitations of this study include the small sample size, with 13 residents (8% of all 170 residents) participating in the focus groups. Another limitation is the exclusive use of focus group interviews to explore participants' experiences with the curriculum; incorporating individual interviews could have yielded additional

insights. Finally, since participation in the focus groups was voluntary, there is a potential self-selection bias.

Nevertheless, our study demonstrates favorable outcomes from piloting a hybrid virtual/in-person NM curriculum across 2 residency programs. Next steps will focus on adapting and disseminating this curriculum to increase access for residents at other sites and in different specialties.

Conclusions

Our study found that an inter-residency NM curriculum fostered a sense of community among residents by enabling them to reflect on their clinical practice and connect with colleagues within and beyond their respective campuses. Residents valued the opportunity to learn from peers and supervisors alike and appreciated program leadership's support of NM.

References

1. Charon R. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA*. 2001;286(15):1897-1902. doi:10.1001/jama.286.15.1897
2. Charon R. *Narrative Medicine: Honoring the Stories of Illness*. Oxford University Press; 2006.
3. Charon R, DasGupta S, Hermann N, et al. *The Principles and Practice of Narrative Medicine*. Oxford University Press; 2017.
4. Sinha A, Slater CS, Lee A, Sridhar H, Gowda D. "The forest and the trees": a narrative medicine curriculum by residents for residents. *Pediatr Res*. 2024;96(2):313-318. doi:10.1038/s41390-024-03142-2
5. Granat LM, Thanoo N, Dettmer M, et al. A narrative medicine pilot curriculum for internal medicine residents. *Med Sci Educ*. 2023;33(6):1315-1317. doi:10.1007/s40670-023-01896-8
6. Malik Z, Ahn J, Schwartz A, Blackie M. Narrative medicine workshops for emergency medicine residents: effects on empathy and burnout. *AEM Educ Train*. 2023;7(4):e10895. doi:10.1002/aet2.10895
7. Bajaj N, Phelan J, McConnell EE, Reed SM. A narrative medicine intervention in pediatric residents led to sustained improvements in resident well-being. *Ann Med*. 2023;55(1):849-859. doi:10.1080/07853890.2023.2185674
8. Zhao J, Xiantao O, Li Q, et al. Role of narrative medicine-based education in cultivating empathy in residents. *BMC Med Educ*. 2023;23(1):124. doi:10.1186/s12909-023-04096-5
9. Wesley T, Hamer D, Karam G. Implementing a narrative medicine curriculum during the internship year: an internal medicine residency program experience. *Perm J*. 2018;22:17-187. doi:10.7812/TPP/17-187

10. LaDonna KA, Artino AR Jr, Balmer DF. Beyond the guide of saturation: rigor and qualitative interview data. *J Grad Med Educ.* 2021;13(5):607-611. doi:10.4300/JGME-D-21-00752.1



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