

# Application of Narrative Medicine in Clinical Teaching of Internal Medicine Training Doctors

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## ABSTRACT

Narrative medicine is an important part of medical education for trained doctors. This paper mainly discusses the application of narrative medicine teaching method in the teaching of medical students. Compared with traditional teaching methods, the results show that narrative medicine teaching method can significantly improve the clinical skills and doctor-patient communication skills of medical students, and the comprehensive evaluation of narrative medicine teaching method is higher. Therefore, the use of narrative medicine teaching method can effectively improve the teaching effect in internal medicine training medicine, which is a teaching method suitable for the development law of medical students and more valuable.

## KEYWORDS

Narrative Medicine; Trained doctor; Clinical Teaching

## 1. INTRODUCTION

Narrative medicine is a patient-centered medical model, which can help medical workers understand the patient's personal experience and feelings of pain, empathize with patients, and provide better medical services for patients. Narrative medicine is based on the development of medical and literary research, and was first proposed in January 2001 [1]. Narrative medicine is defined as the diagnosis and treatment activities carried out by clinicians with narrative ability [2]. Narrative ability is the ability to absorb, explain and respond to stories and other human dilemmas. The diagnosis and treatment activities carried out by doctors with such narrative ability are in line with the paradigm of narrative medicine. Narrative medicine means that doctors write clinical stories in the form of stories rather than scientific reports, taking the life narrative of clinical patients as the main axis [3]. In the process of teaching, medical students put their own experience into the medical story, reflecting the doctor's observation of the patient's condition and humanistic environment [4].

There have been a number of empirical studies on narrative medicine in China. These studies show that narrative medicine teaching can effectively strengthen interns' humanistic, doctor-patient communication skills and professional skills. The practice teaching of narrative medicine in oncology department can help clinical interns improve their empathy ability and affinity for patients in medical activities, and it is easier to form a trust relationship with patients. At the same time, through the reflection on their own behavior, they can better summarize their practice experience and give play to humanistic care in diagnosis and treatment. Let patients feel understood, reduce the degree of psychological pain, and promote the joint decision-making of both doctors and patients. Oncology clinical workers are in urgent need of an operable and effective narrative medical practice mode and operation specification to cultivate high-level compound clinical oncology talents.

## **2. SUBJECTS AND METHODS**

### **2.1. General Information**

A total of 48 medical students who received standardized resident training in Chongqing People's Hospital from January 2023 to January 2024 were selected. They were randomly divided into narrative medicine teaching group and control group. There were 24 cases in narrative medicine teaching group, including 16 males and 8 females, aged 20-23 years. There were 24 patients in the control group, including 13 males. There were 11 females, aged 19-22 years.

### **2.2. Teaching Methods**

#### **2.2.1. Narrative Teaching Group**

First, a narrative teaching group was established, and three teaching teachers in the Department of oncology, surgery and radiotherapy with more than 10 years of clinical diagnosis and treatment experience were selected. Before the narrative teaching, the teaching group consulted the literature of oncology related teaching, summarized the classic cases, and screened three representative malignant tumor diseases, such as patients with advanced breast cancer due to organ loss and long treatment time. The students were asked to carry out narrative scenario simulation, and then elaborated the diagnosis and treatment scheme; Cancer pain often exists in patients with solid malignant tumors. Due to the different degree of pain and individual feeling differences, students should play roles to experience pain and then master the skills of pain screening, assessment and diagnosis and treatment; Palliative care for end-stage patients, and discuss issues such as life, survival dignity and death. The students in the narrative teaching group also participated in the same traditional clinical training and teaching as those in the control group.

Narrative teaching is taught in spare time every Saturday afternoon, each time for three hours, three times in total. The details are as follows:

The first lecture: advanced breast cancer, a representative malignant tumor disease, is selected. Due to the lack of organs and long treatment time, it often takes more than one year. Let students conduct narrative scenario simulation, try to achieve the recovery of the patient in the current time period, the current environment, and the psychological changes of the characters at that time, so that students can improve their understanding of the concept of narrative teaching by using the real cases in clinical practice, and students can record their thoughts and feelings in writing after class. When evaluating the teaching effect, it is evaluated by asking questions and interacting with students.

The second lecture: it mainly focuses on the pain of malignant tumors. Because the pain degree of malignant tumors is different and often combined with psychological pain, and different individuals have different feelings of pain, let students have pain experience and role play, and report in groups in the form of group discussion. During the after-school assessment, the teacher will ask the training physician in the way of simulation scenario, so that he can explain how to distinguish the pain level of patients, and how to deal with the treatment principle and treatment scheme at different pain levels, so as to evaluate the learning effect.

The third lecture: focus on palliative medical patients, give the writing theme about life and death, and cultivate the interns' narrative writing and reflection ability. Finally, the teaching team will score.

#### **2.2.2. Control Group**

The control group received clinical training and teaching in the traditional form, and the teaching group guided the students' corresponding learning tasks according to the internship outline issued by the medical department, and guided the students to carry out various diagnosis and treatment operations in the actual treatment work. Students write a clinical case when they graduate from the Department, and carry out the routine graduation operation and graduation theory examination.

Including admission education, lectures four times a month, case discussion four times a month, teaching rounds four times a month, graduation assessment, etc.

### 2.3. Evaluation Indicator

After the teaching activities, the two groups of students were tested. The professional skills and doctor-patient communication skills of the two groups of students were evaluated by the Department's own evaluation scale. Teaching satisfaction is surveyed by questionnaire, including the following options: teaching mode satisfaction, classroom atmosphere score, the degree of promotion to learning motivation, and the degree of improvement to language expression ability. All the above items are counted by Likert seven scale [5].

### 2.4. Statistical methods

SPSS 23 software was used for statistical analysis. T test was used to compare the narrative medicine teaching group and the control group.  $P < 0.05$  showed that the difference between the two groups was statistically significant.

## 3. RESULTS

### 3.1. Evaluation of the Skill Enhancement Effects of Two Teaching Models

The professional skills and doctor-patient communication skills of students in narrative medicine group were higher than those in the control group, and the differences were statistically significant ( $p < 0.05$ ). See Table 1:

**Table 1.** Evaluation of the Skills Enhancement Effect of Two Teaching Models

Content of Skill Improvement	Group comparison	Mean score	standard deviation	t	p
Professional skills	Narrative Medicine Group	5.75	1.04	2.832	$p < 0.001$
	control group	5.2	1.56		
medicinesuffering from communication skills	Narrative Medicine Group	5.69	1.27	4.451	$p < 0.01$
	control group	4.82	1.59		

### 3.2. Comparison of two Groups of Students' Evaluation of Teaching Methods

From the evaluation of narrative teaching method by the narrative medicine teaching group, it can be seen that the scores of students in the narrative medicine teaching group on classroom atmosphere, teaching mode satisfaction, learning promotion, professional cooperation ability, knowledge mastery and application ability were higher than those in the control group ( $p < 0.05$ ). See Table 2:

**Table 2.** Evaluation Results of Different Teaching Methods by Students in the Two Groups

<b>Evaluation content</b>	<b>Group comparison</b>	<b>Average score</b>	<b>standard deviation</b>	<b>t</b>	<b>p</b>
<b>Classroom atmosphere</b>	Narrative Medicine Group	5.89	1.08	5.901	p<0.001
	control group	4.88	1.34		
<b>Satisfaction with teaching model</b>	Narrative Medicine Group	5.86	0.93	3.666	p<0.001
	control group	5.35	1.07		
<b>The extent to which it promotes learning</b>	Narrative Medicine Group	5.63	0.95	3.56	p<0.001
	control group	4.97	1.35		
<b>Professional collaboration ability</b>	Narrative Medicine Group	5.62	1.23	3.209	p<0.01
	control group	4.96	1.63		
<b>Knowledge acquisition and application ability</b>	Narrative Medicine Group	5.69	1.22	3.119	p<0.01
	control group	5.05	1.46		

## 4. DISCUSSION

With the acceleration of the aging of the population and the transformation of the environment and lifestyle, the incidence and mortality of malignant tumors show an upward trend, which has become an important threat to the life and health of the people in China, and has also brought a heavy disease burden to the society. The clinical teaching of oncology department in Chongqing People's hospital has always focused on the teaching characteristics of combining theory with practice. In the process of clinical guidance, the core problem faced by teachers is how to make students more effectively master the knowledge of diagnosis and treatment of tumor diseases, and improve their learning initiative and self-solving ability. In today's society with increasingly tense doctor-patient relationship and frequent doctor-patient contradictions, doctor-patient communication is indeed particularly important. An important reason for the poor communication between doctors and patients is the lack of trust. Once the lack of trust, conflicts between doctors and patients are easy to occur, leading to doctor-patient disputes, and even medical injuries. Routine clinical teaching is centered on teachers, ignoring the dominant position of doctors in the classroom, which leads to poor teaching effect. After the introduction of narrative medicine teaching method, the teaching teacher described the possible diagnosis and treatment situation of specific patients, such as breast cancer patients in this simulation scenario, in the way of simulation scenario. Interns can perceive the psychology of patients and their families in the simulation scenario. Through the study of narrative teaching course, combined with what we have seen and heard to carry out treatment, we can also improve our doctors' subjective initiative, learning enthusiasm and interns' Multi-dimensional skills.

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