

# Truly Attending: Cultivating Attention, Presence and Self-Awareness Through Narrative Medicine Workshops

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## ABSTRACT

Narrative Medicine is an international discipline at the intersection of humanities, the arts, clinical practice and healthcare justice. This discipline aims to deepen skills of self-awareness, presence, attention and creative capacities and evokes our capacity to attend to the emotional undercurrents of narrative stories both in spoken and written form. Through group discussion and human connection of sharing stories/writing and creative exchange, we expand justice, equity, attention to self and others, and how we interact with our complex healthcare system. A one-hour narrative medicine workshop has been developed with the goal and intention for other medical educators, faculty, and leaders in the field of well-being to be able to reference this step-by-step curriculum and replicate it in their home programs in order to mitigate burnout and promote well-being, connection and community.

**KEYWORDS:** Narrative medicine, workshop, physician burnout, well-being, medical education

## BACKGROUND: THE WHY

Narrative Medicine is an international discipline at the intersection of humanities, the arts, clinical practice and health care justice. Arising at Columbia University in 2001, primarily through the work of Rita Charon, MD, and her colleagues, narrative medicine has developed principles and practices that equip clinicians to better comprehend their patients' experiences and perspectives so as to deliver equitable and effective health care.<sup>1</sup> This discipline aims to deepen skills of self-awareness, presence, attention, creative capacities and evokes our capacity to attend to the emotional undercurrents of narrative stories, both in spoken and written form.<sup>2</sup> Through using literary analysis skills and reflective writing, clinicians practice honing their attention to the meaning, the essence, and the process of experiences and perspectives. The goal is to improve communication between patients and the healthcare team, cultivate empathy and thereby deliver more effective and equitable care.<sup>3</sup>

Through group discussion and the sharing of stories/writing and creative pieces, we expand justice, equity, attention to self and others, and promote healing.

Beyond thinking about the medical exam in order to reach an accurate clinical diagnosis, practices in Narrative Medicine aim to address the relational and psychological dimensions that occur in tandem with physical illness. For example, the diabetic patient who is unable to improve their blood sugar because they are depressed and feeling hopeless at the loss of a loved one.

Illness is a collaborative. It is not just a list of symptoms that culminates in a diagnosis. Illness, particularly living with chronic conditions, is a story that weaves its way into patient's lives and the interaction between patient and clinician.<sup>4</sup> Stories have always been used for healing and we learn through and remember stories. When your grandparent told you a story – chances are you remember it – to the point where you could retell the story nearly word for word.

"Communication and how well providers can listen and support patients can shape the entire arc of healing. Using the lens of narrative medicine we can move towards person-centered care, viewing the person as a whole by better understanding their story. Educating our students so that they can hear and share these perspectives will influence how they practice in the community when they enter the workforce."<sup>4</sup>

Narrative Medicine workshops in medical education have been found to be helpful for both medical student burnout reduction and building resilience.<sup>5,6</sup> In addition, resident workshops in Narrative Medicine have also been found to promote well-being, reduce burnout, and increase empathy.<sup>7-9</sup> Given this, often medical educators and faculty tasked with leading well-being workshops may seek guidance in how to initiate or lead this type of workshop.

This article will guide an educator, faculty, well-being leader/facilitator on how to lead a group through a narrative medicine workshop in less than one hour with the hopes of bringing more narrative medicine into medical schools, residency curricula, faculty workshops, lunch sessions/meetings, hospital administrator activity, allied health professional experiences and possibly in other settings as well.

## METHODS: THE HOW

Narrative Medicine workshops can be designed for a 50–60 minute time slot.

### Learning objectives of the session:

- Learn how narrative medicine can expand insight, creativity and connection that supports inclusion and a sense of belonging.
- Explore the impact of narrative practice on team building and burnout prevention.
- Experience two different models of narrative medicine that can be used in groups of physicians and clinical learners, in interdisciplinary teams and with patients.

## PART 1: BRIEF INTRODUCTION TO THE FIELD OF NARRATIVE MEDICINE

It is recommended to provide the group with background on the history of narrative medicine, how it is a recognized discipline, and show outcome data about why it is meaningful to engage with and study this field. In addition, the benefits of honing these skills should be clearly defined for providers, patients and the healthcare system. Recommended time: 10 minutes

## PART 2: CLOSE READING

A piece of literature is offered to the group for analysis and close reading. Generally, a short poem is selected. The poem is first read by the facilitator of the session. The participants are instructed to listen to the poem and try and attune themselves to the emotional undercurrent being expressed in the words. The facilitator then asks for a second reader. The poem is then read a second time by a participant volunteer. After the second reading the facilitator asks the participants to break up in groups. Depending on the number of participants the size of groups can vary but ideally there are no more than eight people per group to allow for a smaller group to promote sharing, equal time for conversation and trust building with the group.

Once in their group, the facilitator asks the participants to share their impressions of the poem in terms of tone, themes, quality of sound expression in the words, emotional themes evoked when hearing it read. They might want to consider the following guiding questions in their group:

**Frame:** What do we know about the author?

**Plot:** What happens?

**Form:** How is the story told/from what perspective? (Narrator, character, place, scene, gestures, point-of-view, dialogue, mentation, conflict, irony, syntax (how are sentences shaped?), diction (word choice and quality of speech).

**Time:** How does time operate in the story or poem?

**Desire:** What does the author want us to know?

The group is given about 10 minutes to discuss the poem and share with each other. The facilitator then brings the attention to the full group and asks if anyone wants to share their impressions with the larger group. Alternatively, a spokesperson from the smaller group can share one or more impressions on behalf of their other group members.

## PART 3: REFLECTIVE WRITING

Participants are brought out of their groups for an individual exercise in reflective writing. The writing is on a particular prompt that is offered by the facilitator. Generally, the prompt relates to one of the themes that have been expressed and evoked by the poem selected for close reading to have the participant engage more deeply with the theme in the form of a written reflective narrative.

### Example prompts

- Write about a time you were surprised by emotion.
- Can you recall the last time you felt joy?
- Describe a situation when time stood still for you? What was that like?

Participants are asked to write for 10 minutes on a piece of paper. While it is understood electronic devices can be used to type, we encourage putting a pen or pencil to paper as it is a different experience and one that we often do not practice enough of given our electronic medical record. The prompt is kept up on a slide or a place where the participant can easily refer back to it. Encourage the participants that there are no wrong answers, that they do not have to share their work and that even if only a few sentences come out, that is OK! Provide reassurance that you do not have to be a “writer” to write and that all stories need readers – as it is up to the recipient to interpret them.

## PART 4: INVITATION TO SHARE: RADICAL LISTENING/STORYTELLING

After the 10 minutes, participants are invited to share their work with the larger group. If this feels intimidating, and depending on the dynamics of the group, it is optional to have participants break into their original group to share, but it is often beneficial for the entire group to hear participants writing, so all participants have the chance to benefit from their story. After a participant shares, the facilitator asks if someone in the group would like to respond to the storyteller. The listener will reflect back what they heard to the storyteller, just as they did in the close reading exercise done earlier with the piece of literature. After everyone who wants to respond to this, storyteller has had a chance to share. The storyteller is asked how it feels to share their story. This is repeated with another participant sharing their story with the remaining time.

## PART 5: CLOSING

If this activity was moving for participants, encouraging a home practice of journaling is a good place to start for processing clinical experiences. In addition, starting a narrative medicine interest group or monthly writing group where this format is used in order to build a community that encourages reflection, sharing and storytelling.

## DISCUSSION

The limitations of this workshop are few. There is a growing need for wellness/well-being curriculum and often well-being leaders/champions struggle to find implementable strategies that hone skills of empathy and community building. This workshop is free, requires no associated costs and is low risk. Participants with underlying depression, anxiety or trauma may be triggered by some of the topics. However, the themes in the literary works are common themes encountered in medicine and in life. Participants are not forced to volunteer to read, or share their work and they may silently participate if that is more comfortable for them. We often encourage participants to “dip their toe in” at first and may go through their first workshop as an observer and may feel comfortable participating once they build trust with the community. Even just as an observer, this is a very valuable learning experience.

## CONCLUSIONS

Narrative Medicine is a discipline that can be utilized for improving provider well-being and as a strategy for mitigating burnout. Narrative Medicine curricula can be structured in hour-long workshops which are implementable into noon conference or morning report time frames, lunch sessions and evening workshops. They can be virtual or in person. Given the flexibility of providing this workshop in a feasible amount of time, this curriculum can be offered several times through the year as a way to weave narrative medicine into medical school, residency, faculty development or for employee-wellness initiatives focused on team building. It is our intention for this program to be something that can be implemented at other academic or hospital centers and in any healthcare learning environment.

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## Acknowledgment

We would like to acknowledge the American College of Physicians for supporting a workshop in Narrative Medicine over the past two years (2023 and 2024) at the national conferences in San Diego, California and Boston, Massachusetts.

## Disclaimer

The views expressed herein are those of the authors and do not necessarily reflect the views of Brown Physicians, Inc, the Warren Alpert Medical School, Brown University, Duke University School of Medicine, or the University of Missouri Kansas City School of Medicine.

## Disclosures

None.

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