

NARRATIVE REFLECTIVE PRACTICE

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WHAT IS NARRATIVE REFLECTIVE PRACTICE?

- ✦ Our practices are lived expressions of our practical professional knowledge.
- ✦ Our personal, practical, professional knowledge is learned in context and expressed in context.
- ✦ In telling stories of our practices, we can begin to reflect on, inquire into, and change our knowing into practice.

KEY CONCEPTS

- ✦ Dewey's theory of experience
- ✦ Schon's theory of reflection in and on practice
- ✦ Johnson's theory of embodied knowledge
- ✦ Polanyi's theory of personal knowledge
- ✦ Clandinin and Connelly's narrative theory of "stories we live by" and narrative inquiry

PHYSICIANS AND NRP

- ✦ [W]e have to pay the closest attention to what to say. What patients say tells us what to think about what hurts them: and what we say tells us what is happening to us—what we are thinking, and what may be wrong with us...Their story, yours, mine—its what we all carry with us on this trip we take and we owe it to each other to respect our stories and learn from them. (Coles R. 1989, The Call of Stories)

NRP IN MEDICAL EDUCATION

"In medicine, stories can help in the development of narrative competency in clinical practice."
(Greenhalgh, 2006)

A NARRATIVELY COMPETENT PHYSICIAN

- ✦ views illness and the patient's effort to deal with it as an unfolding story within his or her wider life world;
- ✦ acknowledges the patient as the teller of the stories and gives central importance to the patient's place in defining, managing and making sense of illness.

A NARRATIVELY COMPETENT PHYSICIAN EMBRACES

- ✘ Trust: the patient makes herself vulnerable and stakes confidence in the clinician in the act of telling her story;
and
- ✘ Obligation: The clinician incurs ethical duties in the act of hearing it.

HOW TO BECOME NARRATIVELY COMPETENT

- ✘ Learn to tell stories of our encounters
- ✘ Learn to inquire into those clinical stories to gain new insights, new knowledge.

THE PARALLEL CHART

- ✘ "...those things which are critical to the care of your patient that don't belong in the hospital chart but they need to be written somewhere."
(Charon, 2000)

TASK

- ✘ Write a story of a clinical encounter with a patient.
- ✘ Read your story to the members of your small group
- ✘ After each reading reflect on the story together.

Narrative Reflective Practice in the Family Medicine Clerkship

Narrative Reflective Practice, in the form of the Parallel Chart, has been incorporated into the 8 week long, 3rd year, Family Medicine Clerkship rotation.

The Parallel Chart Process

- ✘ On the first day of the rotation, students have an introductory session on NRP and the parallel chart.
- ✘ They return for 2 sessions, mid-point and end of the 8 week rotation, each time to share a parallel chart in their small group, with a trained NRP facilitator.

Student Feedback on NRP

- × I found the introduction to narrative reflective practice relevant to my medical education.
Yes- 40 No- 3 Undecided- 1
- × I found the process of Narrative Reflective Practice interesting.
Yes- 43 No- 1
- × I would consider using narrative reflective practice in my future medical practice.
Yes- 33 No- 6 Undecided- 5

Student Feedback on NRP

What was your experience of writing the parallel charts; sharing them and hearing others share their charts?

- × -Parallel charting at this stage is excellent for letting us know our peers are in the same boat.
- × -Good. Glad it was done informally that we didn't have to hand it in for marks- it made me be more honest.
- × -It was very interesting to identify how and why I think about certain things. It helped me modify my behaviors.
- × -I didn't see a lot of point to it. You're trying to capture and quantify an intrinsic set of human emotions (compassion and empathy) that can't be contained in a formal way.

Student Feedback on NRP

What was your overall sense of whether this was a learning experience for you?

- × I thought about these situations in more depth than I otherwise would have. It provided an open window to my thoughts/experiences
- × Excellent experience, relaxing. Gives you an outlook. Very authentic. Thank you, I will continue this for the rest of my life.
- × It taught me the value of reflection, but writing it down is not useful at all. I think discussion sessions are much more beneficial.
- × Great experience. Not practical. No time in practice. Maybe every now and then I'd do it as a memoir.

TASK

- × Write a story of a clinical encounter with a patient.
- × Read your story to the members of your small group
- × After each reading reflect on the story together.

UNPACKING THE STORY

1. The overall task is one of learning to think narratively about individuals' experiences.

UNPACKING THE STORY

2. Key terms to use in thinking narratively to guide the response inquiry are:
 - A. Temporality—past, present, future;
 - B. Sociality
 - i. The personal (inner): emotions, moral judgements, aesthetic responses
 - ii. The social (outer): events, actions, happenings
 - C. Place—specific places;
 - D. Plot lines;
 - E. Characters;
 - F. Vantage points.

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