Narrative, Reflection, and the Fostering of Empathy in Medical Education

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Educational Objectives

1. To explore the concepts of empathy and reflection;

2. To discuss how stories may be used to foster empathy by creating an affective link between doctors-in-training and patients;

3. To explore how the type of “knowing” and reflection represented in learning from stories is different from common understandings of knowledge and reflection

4. To discuss the idea of transformative learning and how it may serve to promote the development from student to health care professional.
The “15-Second Conversation”

If a central goal of medical education is to train empathic providers, then we should ask:

“What is empathy?”
How do you “teach” it?
Conceptual Framework

Premise #1

Cognitive and moral development occurs in adult learners.
Empathy and Development


**IMMATURE**
Egocentric focus driven by self-interest

**MATURE**
Autonomy
Awareness of Self and Other in the World

*Self-Authorship (Kegan)*
*Autonomous or Principled Orientation (Kohlberg):* To act independently to create personally held, principled values, perspectives, and decisions in a complex world.
Question:

BUT...

Where’s the place for AFFECT in moral development?
Development of Empathy


IMMATURE
Unconscious, automatic reactions to “empathic distress”

MATURE
Conscious, AFFECTIVE identification with the perspective of the Other
Empathy is grounded in **FEELING**.

So, how do you assist in fostering an affective **link** between the student and the patient?
Fostering Empathy

Educational Approaches
**Illness and Disease**

**Illness** = the subjective experience felt by the patient.

**Disease:** = the medical conceptualization of the process based on theories of pathophysiology.

*The Sick Woman*
Jan Steen (1626-1679)

University of Warwick
Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.

-- Susan Sontag

*Illness as Metaphor*
The Family Centered Experience

**Home Visits with Volunteers**

**M1**
- **SEPTEMBER**: Home Visit 1 - Illness: Impact on Self & Family
- **OCT-NOV.**: Home Visit 2 - Patients & Physicians
- **JANUARY**: Home Visit 3 - Breaking Bad News
- **APRIL**: The Clinic Visit - Views of Doctoring

**M2**
- **Home Visit 4**: Stigma
- **Clinic Visit 2**: Shadowing FCE instructor
- **Home Visit 5**: Lessons Learned
The Family Centered Experience

N. Schon, The Dialogue, 1964

The Basis of the FCE: The stories that people tell of chronic illness and its care.
Enhancing reflection through discussion

Students and faculty bring their own “cultural surround” (Kegan) into engaged exchanges.

E. Kyeyune The Conversation, 1963
The FCE Interpretive Project

- During Winter Term of the M1 year.
- Students work in teams of 2-3 (representing 2-3 different volunteer families).
- Task: To develop a project that best represents the lived experience of illness from the patient’s perspective.
- Students are encouraged to use any medium to express their understanding of this experience.
FCE Interpretive Projects

- Paintings
- Sculpture
- Multi-media presentations,
- Songs,
- Poetry,
- Instrumental pieces,
- Modern dance
Listening to Stories

What knowledge is gained?

N. Schon, *The Dialogue*, 1964
Diabetes Stories: Use of Illness Narratives to Teach Patient-Centered Diabetes Care

A.K. Kumagai, P.T. Ross, and E.A. Murphy

N. Schon, *The Dialogue*, 1964
Theme #1:  

There's more to diabetes than "scientific knowledge."
Theme #1: The 'personal side' of diabetes.

*Stories have emotional power:*

“I think that you can read about the disease and understand the cause of the disease, but you don't really get the full effect about just finding out about [it] from the beginning...when you go to the hospital and figure out why you're feeling the way you are and the shock of what to expect...

At home, when they talked about when she first found out she had diabetes and how she sat in bed and cried, you can't get that from a book. You can't get the full effect of what it's like.”

-- Third-year Medical Student
Diabetes Stories

Theme #2:

The volunteers’ stories often challenged the students’ assumptions about living with diabetes.

The Dialogue, 1964
“I walked into it thinking I knew everything about it, or I needed to know just [enough] to address it in a clinical sense, but I think I learned so much just based on his unique situation. Not only about diabetes, but what makes this disease so dangerous for someone who doesn’t have the proper support. “

-- Second-year Medical Student, UMMS
Summary: Diabetes Stories

Diabetes stories

1. Fostered a different type of “knowing” of diabetes and its care that is personal, human, and rooted in specific social contexts;

2. Impacted students on cognitive, affective, and experiential levels;

3. Fostered reflection, perspective-taking, empathy, and growth through challenging previous assumptions, beliefs, and perspectives.
Reflection

Caravaggio, *Narcissus* ca. 1598
What is Reflection?

Divide into groups of 2-3 and consider the following examples:

1. A scientist and his grad student administer a newly isolated pancreatic extract to a boy with diabetes. The results are modest, and the boy develops sterile abscesses. They go back to the drawing board.

2. A artist creates a sensation by pasting cow dung onto a painting of an American flag. Heated discussions ensue.

3. A medical student overhears a customer sobbing because she has no insurance and cannot afford her medications. In the quiet of her room, the student cries in sadness and outrage.
What is Reflection?

Answer the following questions:

1. What type of reflection does each of these situations involve?

2. How are the types of reflection in each of these examples similar and different?

3. What other types of reflection are there?
Different Ways of Knowing

<table>
<thead>
<tr>
<th>Type</th>
<th>Goal</th>
<th>Example</th>
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<tr>
<td>Technical</td>
<td>Technical control over natural</td>
<td>Biomedical Sciences</td>
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<td></td>
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<tr>
<td>Practical</td>
<td>Orienting action within traditions, consensus</td>
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<td>Emancipatory</td>
<td>Critically reflective knowledge to meet human needs</td>
<td>Patient Stories, Multiculturalism, Professionalism, Medical Ethics, Doctor-Patient Relationship</td>
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Knowledge

Constituitive Interests

J. Habermas

Adapted from *Knowledge and Human Interests*. Cambridge: Polity Press; 1987
A caveat... The risks of narrative

Stories are necessary but not sufficient in fostering empathy...
Spectating versus Bearing Witness.

“These ‘others’ whose lives we imagine don’t want empathy, they want justice.”

--quoted in M. Boler, “Risks of Narrative”
Discussion

Personal reflection and engaged discussion are the whetstone against which critical reflection is sharpened.
Transitions to more complex stages of cognitive development are preceded by periods of cognitive disequilibrium in which the learner encounters ideas, identities, perspectives or experiences with which he or she is unfamiliar.

The limits of reflection

Caravagio, Narcissus ca. 1598
The possibilities of reflection

Caravagio, *Narcissus* ca. 1598
The end product of educational efforts to enhance reflection and foster empathy is *NOT* knowledge but an orientation or a process...
Transformative Learning:

“a process by which we transform our taken-for-granted frames of reference...to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action.” (Mezirow 2000)
Narratives, Reflection, and Empathy

How do we "teach" empathy and compassion?

Auguste Rodin
Unfinished Work
Unanswered Questions

1. How does one assess the impact of transformative education?

2. What are the ideal small groups to hold these type of discussions?

3. Who teaches the teachers?

4. How does this type of learning fit into the competency-based curricula of today’s medical schools?
“Re-humanizing” human relationships in medicine

“We teach to change the world”

--- Paulo Freire (1922-1997)
Apollo Akira Kumagai
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