

Serial Interdisciplinary Write-Read-Reflect Narrative Experiences Meaningfully Strengthen Reflective Listening Skills

Submitted by: The Narrative Initiative and St. Lukes University Health Network

Silver Winner

Category: Building Skills Among Nonpalliative Care Specialties and Disciplines

Overview

“Enhancing listening and communication skills” is a crucial component of HPM GME/staff core competencies to successfully provide care that HPM providers, patients and families perceive as “good care.” The problem we ([The Narrative Initiative](#) and [St. Lukes University Health Network](#)) identified: “How do we learn and practice robust reflective listening skills that can be immediately put into practice to improve the patient-provider/provider-colleague experience?” In fiscal year 2020 St. Lukes University Health Network (SLHN) conducted an interdisciplinary IRB-approved study employing a series of Write-Read-Reflect narrative experiences to the curriculums for residents/fellows of HPM, Pastoral Care, and Psychiatry programs. Using their own short stories on a series of advancing topics, they learned and practiced selecting and reflecting specific words that rapidly open up a conversation to determine what is important. They reported planning to make behavioral changes in what to listen for with patients and colleagues. Other benefits: decompression and enhanced resilience. Budget: Certifying narrative facilitators (\$3,000 each), pen, paper & administrative time

Impact

HPM communication competency requires athletic and robust listening skills. Though this is implicitly known, explicit and specific training on how to listen, the importance of silence and holding space for the other, and what to listen for is still needed. The Write-Read-Reflect narrative process explicitly addresses these areas allowing participants to learn and practice with each other in a safe space. They leave with new skills they can immediately apply to make their next clinical encounter more efficient and effective. Initial sessions are experiential in nature and serial sessions allow for transformation to take place within the individual and the group. Impact: Based on participant and program director feedback and results of mixed-methods research from the IRB-approved P3 Narrative Curriculum Program, GME sessions using the Write-Read-Reflect narrative methodology are now an integral component of the SLUHN FY22 curriculum of the Palliative Medicine, Pastoral, Psychiatry, and “Primary Care”/Family Medicine residency and fellowship programs. This innovative tool will be used to specifically address ACGME curriculum requirements of improving interdisciplinary team dynamics, communication skills, addressing spirituality and imminent dying, ethics, diversity and personal bias, and enhancing personal/ professional wellness and resiliency. A series of seven sessions will be offered between September 2021 and March 2022 to promote the development of transformational listening and communication skills in an intra-disciplinary and inter-disciplinary setting. Confidence: Based on 15 years of clinical success and research with this Write-Read-Reflect narrative

approach with healthcare staff, confidence is very high this program can meet its intended goals of transforming reflective listening skills while offering a meaningful way to decompress (“take a rock out of your backpack”) and enhance well-being for all participants immediately and over the long-term. Influence: This initiative is designed to explicitly provide efficient listening and communication skills to the larger population of GME learners in the HPM field from all disciplines. This narrative experience can also be offered all medical staff from disciplines that support and collaborate to provide care to HPM patients and their families. Smaller, more vulnerable populations such as the patient and family going through an HPM experience would benefit from having their experiences detailed in short narratives and shared in a safe manner among family members. Extensive experience with this type of narrative opportunity suggests this is found to be valuable and safe for any group facing similar challenges, including smaller, more marginalized groups.

Evidence-Base

Mixed-methods research was conducted with the P3 Narrative Curriculum Project. Qualitative analysis showed participants wrote along several challenging themes: The Covid-19 pandemic, dying and spirituality, ethical challenges and patient autonomy, interdisciplinary team dynamics including power struggles between more senior physicians and learners. We also found participants wrote along several affirming themes: gratitude and compassion, feeling supported and respected, the value of different perspectives. Quantitative analysis showed FY21 GME learners from Psychiatry and Pastoral Care (n=8, 50% response rate) reported more favorable scores on their Abbreviated Maslach Burnout Inventory (AMBI) after participating in the P3 Narrative Curriculum Project (monthly narrative experiences embedded in their curriculum) when compared to a control group of Family Medicine GME learners who were not exposed to narrative medicine in their curriculum. Specifically, they reported lower scores on the domains of Emotional Exhaustion and Depersonalization. (The one HPM fellow did not complete the AMBI.) Opinion questions measures by on a Likert score (1-5: 1= definitely disagree and 5=definitely agree) showed participants consistently “agreed’ (scoring 4 and 5) their narrative experience enhanced their listening skills, enhanced their personal and professional sense of resilience, and gave them the ability to immediately apply what they practiced to their next clinical encounter. The developers of this innovative Write-Read-Reflect narrative process have over 15 years of research and experience with this Write-Read-Reflect narrative method in a variety of healthcare audiences. The results of the P3 Narrative Curriculum Project are supported by and consistent with the results of previous peer-reviewed published research. As noted in the Scalability section that follows, the developers of this Write-Read-Reflect process published research demonstrating interdisciplinary participants from a wide variety of medical specialties and positions valued this type of narrative opportunity and wanted to come back for more sessions (the most common feedback comment is “More!”) Those who came back for several sessions reported equally high or higher levels of effectiveness even after attending 3 or more sessions. Effectiveness of this Write-Read-Reflect method is not lost when participants come back over and over.

Feasibility

Plan for implementation: Infrastructure needed to start and maintain this program is low. The only requirement is to have two* narrative facilitators present at each session who are certified in the Write-Read-Reflect narrative process (overseen by Dr. Lorraine Dickey, MD MBA who is board-certified HPM physician and founder of The Narrative Initiative LLC). Sessions have found to be successful both in person and in the virtual space. Participants need pen,

paper, computer video and audio access, and time. **Time is the most critical resource we have identified for the success of this program so far.** Small group transformational sessions last 60-90 minutes. Measurable results are both quantitative and qualitative in nature. It is important to note that key personnel include administrative support to organize schedules for participants for both on-line and in-person sessions, and for finding locations. Key point person/trained facilitator(s) in the programs using this narrative approach is very helpful. Difficulties encountered and how handled: It is recommended that two certified narrative facilitators lead any group though one experienced narrative facilitator may be comfortable leading solo. We also found challenges during the Covid-19 pandemic of having to move from in-person to a virtual platform. We found few alterations were required on the part of participants in the virtual space though facilitators needed to streamline the process a bit more. Participants do need to have both audio and video to maximize this experience. Data collection changed from in-person survey to on-line surveys with some drop-off in response rate. Experiential exposure is possible in one or two sessions. However, transformation seems to require a minimum of 3 or 4 sessions according to our participants. The major budget requirement is certifying narrative facilitators to learn and practice this specific narrative methodology.

Unlike other types of facilitation, this Write-Read-Reflect process requires those leading such groups to be committed to the process, not the outcome. The most successful groups are those where language and word choice is modeled and authors' experiences are validated while facilitators specifically refrain from analysis of the story. When the group does the work we find a high degree of participant validation, feelings of support, and a willingness to challenge their own implicit biases and beliefs. This promotes interdisciplinary team building and an ability to immediately apply new listening skills to their next clinical encounter. *Certified narrative facilitators have noted this is a very human and emotional method of communication training. It is different than other types of facilitation. No two sessions are ever the same. Participant stories can touch the hearts and emotions of facilitators. It is critical to avoid analysis of stories and concentrate on words and language in order to stay true to the Write-Read-Reflect narrative process. This is a skill facilitators develop over time. This is why it is recommended that two certified narrative facilitators lead each group. However, facilitators can lead on their own once they are comfortable with this process and experienced with how to successfully lead a group through challenging stories.

Scalability

We started with the HPM and Pastoral Care GME programs in our initial P2 Narrative Curriculum in FY20, then advanced to P3 Narrative Curriculum in FY21 with the addition of the Psychiatry program, and are moving to P4 Narrative Curriculum in FY22 with additional of Family Medicine/"Primary Care." The fact Psychiatry and Family Medicine program directors learned of this program and asked to have their GME learners participate as part of their GME curriculum speaks to the positive impact this experience has on the residents/fellows/program directors as they all spread the word. This also speaks well of the feasibility, scalability, and sustainability of such a Narrative Curriculum. The main issue in scalability is organizational commitment to providing time for learners, time to train and support facilitators, and departments/programs/teams committing to protecting time for participants/learners to attend. Over the past 15 years the developers of this particular Write-Read-Reflect narrative process (The Narrative Initiative LLC) have found success in using this technique in all fields and all disciplines of healthcare. The P3 Narrative Curriculum IRB project proves the value of this approach in the Graduate Medical Education setting. Moreover, requests to offer this experience to other audiences within healthcare as well as outside of healthcare supports the concept of scalability. External audiences include teachers in community primary schools, business

audiences through Chamber of Commerce presentations, and communication workshops held nationally and internationally. Audiences in England, Australia, and France have found this type of narrative experience valuable as well. Current other project and applications of this Write-Read-Reflect narrative process outside of healthcare include working with the Pennsylvania State Legislature to offer a program to veterans to address the complex issue of veteran suicide (Narrative Veterans) and working with high-level business leaders in the Chief network to examine transformational leadership (Narrative Leadership for Business). In 2011, the developers of this Write-Read-Reflect process published foundational research demonstrating interdisciplinary participants valued this type of narrative opportunity and wanted to come back for more sessions (the most common feedback comment is "More!") Those who came back reported equally high or higher levels of effectiveness even after attending 3 times or more sessions. Effectiveness of this Write-Read-Reflect method is not lost when participants come back over and over. Experiential/introductory narrative experiences are effective with both small and large group audiences. The developers of this narrative methodology have shown success in large audiences (> 300 people, Grand Rounds format, workshop format). However, transformation of workplace culture and communication techniques are more effectively addressed in small-group serial facilitated narrative sessions using advancing prompts as demonstrated in the P3 Narrative Curriculum project.

Sustainability

Sustainability of implementation of a Write-Read-Reflect Narrative Program similar to the demonstrated P3 Narrative Curriculum Project depends on only a few items: 1) Having certified facilitators available to learners/participants, 2) participants having protected time to participate in serial small group narrative sessions, and 3) sufficient administrative support to coordinate programs and participants. In addition, quantitative and qualitative research results may help those who sponsor such programs also see tangible results from data. It is possible that patients and their families may also help make the organization aware of the benefits of having staff participate in such a narrative program thus leading to another motivational factor for sustainability. HCAHPS scores have been demonstrated to improve after staff members participated in Write-Read-Reflect narrative sessions. This improvement was demonstrated to be sustained for at least 3 months. Participation in a Write-Read-Reflect Narrative Program can be enhanced if organizations/departments offer this opportunity to staff outside of their GME learners. Healthcare staff from HPM departments and other consulting specialties may participate as an interdisciplinary method of enhancing resilience and well-being, providing decompression and validation with a group of people facing similar challenges, and as a way of improving listening and communication skills between disciplines and colleagues. The fact that the Psychiatry and Family Medicine program directors learned of this program via word-of-mouth and then asked to have their GME learners participate as part of their FY22 curriculum speaks to the positive impact this experience had on the P3 Narrative Curriculum group of residents/fellows/program directors as they all spread the word. Participants of the P3 Narrative Curriculum Project noted immediate enhancement of listening skills and personal validation of difficult emotions. They also noted a commitment to making longer-term behavioral changes that impact their professional and personal lives. Participants found value in what other specialties bring to caring for HPM patients and their families. For example, HPM fellows noted they now better understand the value of what Pastoral Care or Psychiatry bring to the care their patients, and they would seek them out going forward. Implicit bias is a common complicating factor in ethics cases regardless of specialty. Participants report that it's good to have a place to talk about them in an interdisciplinary fashion and learn from other perspectives. The developers

and facilitators of the Write-Read-Reflect narrative methods remain connected and supported as a community. This allows us to continue to support new narrative facilitators (nationally and internationally) and trouble-shoot issues along the way. SLUHN has 5 certified facilitators who belong to this community. Semi-annual and annual refresher courses are offered to help us learn from each other and provide continued improvement to those who participate in Write-Read-Reflect narrative sessions. Of note, certified narrative facilitators find they are personally and professionally growing in their roles through this process as well. It is helpful to have buy-in from institutional leadership mainly to protect time for participants to attend serial sessions, fund the certification of facilitators, and support the program with sufficient administrative time/support.

Project Team

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About the Challenge

The John A. Hartford Foundation Tipping Point Challenge is a national competition to catalyze the spread of skills, ideas, and solutions that will improve health care delivery for all people living with a serious illness. It is sponsored by the [Center to Advance Palliative Care](#) and [The John A. Hartford Foundation](#).

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