The Use of Narrative Medicine Literature for Interdisciplinary Communication through the Internet Learning System

Ya-huei Wang

Department of Applied Foreign Languages, Chung Shan Medical University

Department of Medical Education, Chung Shan Medical University Hospital

Pan-Fu Kao

School of Medicine, Chung Shan Medical University

⁴Department of Nuclear Medicine, Chung Shan Medical University Hospital

Hung-Chang Liao*

Department of Health Services Administration, Chung Shan Medical University

Department of Medical Education, Chung Shan Medical University Hospital

*E-mail: hcliao@csmu.edu.tw

- The advance of medical science and technology has caused the modern practice of medicine to focus too much on using nonhuman technologies to keep patients alive longer than expected [1].
- Moreover, the workload and overload of paperwork have led medical professionals to interpret and judge patients' medical histories mainly based on their scientific content, ignoring the fact that "medicine is more restoring the peace of mind than curing the disease" [2].

The increased reliance on nonhuman technologies can lead to an impersonal and calculating medical care system in which groups of medical professionals and specialists do not care much about patients' human experiences of pain, suffering, desperation, or even death.

- Charon [3] argued that when medical care professionals pay too much attention to scientific elements instead of what patients go through, the medical care system is dehumanizing and accomplishes only half of the practice of medicine.
- In the context of medicine and medical care, the humanities will never develop unless medical care professionals begin to care about patients' inner and psychological worlds.

- Failing to understand patients' perspectives may lead to communication problems among physicians, medical care professionals, patients, and patients' families.
- However, such communication problems may be bridged by narrative knowledge as a vehicle to foster good interpersonal relationships among them [4].

CONCEPTUAL FRAMEWORK

 Given that the current practice of medical care is intensely stressful, impersonal, and lacking in empathetic connections, many medical schools and universities have begun medical humanities programs to incorporate narrative literature and art study into existing curricula or practice in order to balance the largely scientific content and take patients' body, mind, and soul into consideration [5, 6].

- Narrative medicine was developed in the United States in 1980s.
- In the United States, narrative knowledge has been used in many medical schools and hospitals to encourage students and physicians to strengthen their reflection, self-awareness, and adoption of patients' perspective through the study of arts and literature..

Charon (2006) defined narrative medicine as medicine "practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness" (p. 3).

- She pointed out that the use of narratives in literature and medicine classes can help medical care students and professionals to develop sensitivity.
- Such sensitivity is useful for making medical choices for patients and further decreasing the distance between doctors' clinical knowledge (disease) and patient's subjective experiences of symptoms and suffering (illness) [7].

 Through closer and more sustained reading, medical care professionals and students can become aware of the "multiplicity of critical and interpretive approaches to understanding of the worlds of nursing, patients, clients, health, illness, disability, and the health care and sociopolitical systems within which they work" (p. 212)

Literary narratives can also help medical care professionals and students to examine the ethical dilemmas inherent in medical science and the economics of medical care delivery, thereby developing empathy and respect for others [12, 13].

The readers should focus on how the narrators or storytellers use the triad of attention, representation, and affiliation in the practices of narrative medicine in order to learn how to articulate and reflect on the medical care process, further empathizing with human beings' suffering and developing healing affiliations with their patients and colleagues [3].

In doing so, narrative medicine becomes a functional instrument through which medical care professionals can share life stories with their patients, patients' families, colleagues, public, or even themselves [15].

Interdisciplinary Communication

- In order to facilitate interdisciplinary communication among a range of medical care disciplines, interdisciplinary cooperative learning should be promoted...
- The benefit of interdisciplinary cooperative learning is that those from different personal or professional backgrounds or disciplines can acquire and share knowledge or experiences of medical care.

Interdisciplinary Communication

- Interdisciplinary cooperative learning clusters can be derived based on the variables regarded as important by the instructor or through various techniques.
- This may include their gender, major, grade, or scores from the scales.

Cluster Grouping Methods

- Step 1. Normalizing the data of students' score differences in scales
- Step 2. Obtaining the diverse effect in each interdisciplinary cooperative learning cluster
- Step 3. Arranging the derived interdisciplinary cooperative learning clusters

..\International Conference--PPT\Appendix.docx

Cluster Grouping Methods

- Input: Gender, Grade, College, Major, etc,
- Process:
 - --First, there should be 4~5 students in each learning cluster, in which at least 2 female and 2 male students should be included.
- Second, students in each learning cluster should come from different majors and different grades.
- Output:
 Cluster for interdisciplinary communication
 ..\International Conference--PPT\Appendix.docx

APPLICATIONS THROUGH THE INTERNET LEARNING SYSTEM

- Internet learning systems have been widely used for flexible learning, since internet learning is subject to fewer time and space constraints [18].
- Web-based learning systems support interactive teaching-and-learning communication, either synchronously or asynchronously [19].

APPLICATIONS THROUGH THE INTERNET LEARNING SYSTEM

In the context of internet learning, online discussion forums have been promoted for interactive communication. Using the online bulletin board, students can interact with other students from different backgrounds and disciplines by posting and responding to messages [20].

APPLICATIONS THROUGH THE INTERNET LEARNING SYSTEM

- Moreover, online discussion forums provide students with more time to seek, collect, organize, synthesize, and reflect upon information, allowing them to think over the critical issues and find solutions.
- Students also have a chance to hear multiple and contradictory arguments and viewpoints and be active in knowledge construction [21].

ATTENTION, REPRESENTATION, AND AFFILIATION

When appreciating narrative medicine literature, students should concentrate on how the narrators or storytellers use the triad of attention, representation, and affiliation to share life stories, in order to reflect upon the medical care process and to develop empathy and affiliation with their patients.

TEACHING AND LEARNING ACTIVITIES

- Teaching and learning activities include class instruction, independent study, cluster group discussion and presentation, and discussion forums.
- The conceptual framework of narrative medicine literature study for interdisciplinary communication is shown in Figure 2...\International Conference--PPT\Appendix.docx

Independent study

- In independent study, students have to read or view the assigned short stories, novels, or films related to narrative medicine/medical humanities, according to the scheduled syllabus.
- Based on the scheduled topics, such as suffering, dying, life meaning, doctor-patient relationship, body subjectivity, death with dignity, etc., they can select the films they would prefer to study from a pool of medical humanities films selected by the instructor.

Cluster grouping discussion & presentation

For class presentations, representatives in each learning cluster are randomly selected to give a ten-minute oral report on works of narrative medicine/medical humanities literature they have shared with their cluster mates in discussions.

Discussion forum

The discussion forum in the Medical Humanities and English Learning website (140.128.137.41/moodle, under 140.128.137.41/medical_humanities; see Figure 3) is used to allow students from different disciplines to interact with each other on medical humanities literature works or narrative medicine literature study.





EXPECTED CONTRIBUTIONS OF USING NARRATIVE MEDICINE FOR INTERDISCIPLINARY COMMUNICATION

- Synthesis of Narrative Medicine Literature and Skills
- Meaning Making
- Catharsis
- Reflection
- Interdisciplinary Teamwork Collaboration

Synthesis of Narrative Medicine Literature and Skills

The use of narrative medicine for interdisciplinary communication can help medical care students and professionals understand the importance of listening to and hearing their patients' stories, and further developing clinical communication.

Synthesis of Narrative Medicine Literature and Skills

students can reflect upon the moral and ethical dilemmas of medical care situations. They can develop human and humane understanding through the development of observation skills, diagnosis, insight, intuition, empathy, and self-reflection.

Synthesis of Narrative Medicine Literature and Skills

- students can utilize these skills—attention, representation, and affiliation—in practice. They can develop the capacity for attention and the competency of representation in order to improve clinical affiliation with patients and colleagues.
- they will become more sensitive to the context of the illness experience from a patient-centered perspective.

Meaning Making

- Illness narratives are revealed using fictional techniques; narrators or storytellers vividly represent the illness through forms, genres, and narrative skills.
- Because illness refers to a disruption, or threat, to the integrity of a patient's identity, illness narratives, usually written by patients, patients' families, doctors, or other medical care professionals, offer patients a way to reveal their suffering, to make sense of their suffering, and to re-integrate their identity [23].

Meaning Making

By experiencing the scenarios in illness narratives involving aging, dying, illness, and the limitations of medical technology, medical care students and professionals can strive to give meaning to existence in order to cope with the fragility and uncertainty of human life [24].

Catharsis

Catharsis—a metaphor originally proposed by Aristotle in the Poetics [26]—is the process of purging or cleansing oneself of negative feelings in the human spirit, such as pity and fear. Through art and literature, such catharsis leads to renewal and restoration.

Catharsis

- When reading illness narratives, readers may personally identify with or become emotionally involved with the characters or circumstances, provoking an emotional response.
- For instance, they may personally identify with the dying cancer patient or the powerless physicians dealing with the limitations of medical technology.

Catharsis

Narrative medicine can serve to purify pity and fear, resulting in healing and catharsis for the readers as they experience emotions in response to the uncertainties of medical technology and the suffering of others [27].

Reflection

Reflection refers to a cycle of deliberate, systematic, and structured intellectual inquiry activities that aim to make sense of a troubling situation or dilemma [28].

Reflection

Through the triad of attention, representation, and affiliation in the study of narrative medicine literature, medical care students and professionals learn to reflect upon the troubling medical care process or dilemma. They feel sympathy toward other human beings' misfortunes, which leads to healing affiliations with patients and collegial affiliations with their coworkers.

Reflection

They can pull back the lens to see crucial incidents, human interactions, or suffering from different perspectives, and be more conscious of the controversial issues in narrative medicine literature. As a result, they develop the skills of analytical and synthetic thinking from a variety of perspectives so as not to repeat the mistakes of the past [29].

Interdisciplinary Teamwork Collaboration

To facilitate interdisciplinary communication and interaction, interdisciplinary cluster grouping should be applied in the study of narrative medicine literature in order to promote interdisciplinary teamwork and collaboration, taking into consideration students' diverse disciplines and backgrounds.

Interdisciplinary Teamwork Collaboration

Students with heterogeneous backgrounds have a chance to listen to different voices and learn to respect the opinions of others. Becoming more objective, they may subsequently be able to use these skills to foster intersubjective relationships with their colleagues, patients, and patients' families, thus providing more humanizing medical care.

REFERENCES

- Aristotle (1987). The Poetics of Aristotle, translated and commentary by Stephen Halliwell. NC: The University of North Carolina Press.
- Batistatou, A., Doulis, E., Tiniakos, D., Anogiannaki, A., &Charalabopoulos, K. (2010). The introduction of medical humanities in the undergraduate curriculum of Greek medical schools: Challenge and necessity. *Hippokratia*, 14(4), 241-243.
- Beveridge, A. (2003). Should psychiatrists read fiction? British Journal of Psychiatry, 182, 385-387.
- Beauvois, M. H. (1992). Computer assisted classroom discussion in the foreign language classroom: Conversations in slow motion. Foreign Language Annals, 25 (5), 455-465.
- Blasco P, Moreto G: Teaching empathy through movies: Reaching learners' affective domain in medical education. J Educ Lear 2012: 1(1), 22-34. DOI: 10.5539/jel.v1n1p22.
- Brindley, R., & Laframboise, K. L. (2002). The need to do more: Promoting multiple perspectives in preservice teacher education through children's literature. Teaching and Teacher Education, 18, 405-420.
- Charon, R. (2001). Narrative medicine: A model for empathy, reflection, profession, and trust. The Journal of the American Medical Association, 286, 1897-1902.
- Charon, R. (2006). Narrative medicine: Honoring the stories of illness. Oxford: Oxford University Press.
- Charon, R., Banks, J. T., Connelly, J. E., et al. (1995). Literature and medicine: Contributions to clinical practice. Ann Intern Med., 122, 599-606.
- Darbyshire, P. (1994). Understanding caring through arts and humanities: a medical/nursing humanities approach to promoting alternative experiences of thinking and learning. Journal of Advanced Nursing, 19, 856-863.
- Dollimore, J. (1998). Death, desire and loss in Western culture. New York: Routledge.
- Donohoe, M. T. (2000). Exploring the human condition: Literature and public health issues. In A. H. Hawkins & M. C. McEntyre (Eds.), Teaching literature and medicine (pp.92-104). New York: Modern Language Association.
- Feldman, M. S., Skoldberg K., Brown, R. N., & Horer, D. (2004). Making sense of stories: A rhetorical approach to narrative analysis. *Journal of Public Administration Research and Theory*, 14 (2), 147-170.
- Guck TP, Kavan MG: Medical student beliefs: spirituality's relationship to health and place in the medical school curriculum. Med Teach 2006; 28(8), 702-7. DOI: 10.1080/01421590601047680.
- Gull, S. (2005). Embedding the humanities into medical education. Medical Education, 39, 235-236.
- Hojat, M., Gonnella, J. S., Mangione, S., Nasca, T. J., Veloski, J. J., Erdmann, J. B., Callahan, C. A., & Magee, M. (2002). Empathy in medical students as related to academic performance, clinical competence and gender. *Medical Education*, 36, 522-527.
- Kalitzkus, V., & Matthiessen, P. F. (2009), Narrative-based medicine: Potential, pitfalls, and practice, The Permanente Journal, 13(1), 80-86.
- Lin, C. J., & Huang, K. Y. (1999). The evaluation of clinical communication drills as general education in medicine. Journal of Medical Education, 3(4), 18-24.
- Lou, Y., Abrami, P. C., Spence, I. C., Poulsen, C., Chambers, B., & d'Apollonia, S. (1996), Within-class grouping: A meta-analysis, Review of Educational Research, 66(4), 423-458.
- Morra, J., Robson, M., & Smith, M. (2000). The limits of death: Between philosophy and psychoanalysis. Manchester: Manchester University Press.
- Mazzolini, M.& Maddison, S. (2003). Sage, guide or ghost? The effect of instructor interventions on student participation in online discussion forums. Computers and Education, 40, 237-25.
- Remen RN: Kitchen Table Wisdom: Stories that Heal. New York: Riverhead Books, 1996.
- Rishi, G. (2015). Narration in medicine. In Hühn, Peter et al. (eds.). The living handbook of narratology. Hamburg: Hamburg University. Retrieved June 27, 2015 from http://www.lhn.uni-hamburg.de/article/narration-medicine.
- Ritzer, George (2011). The McDonaldization of Society. Los Angeles: Pine Forge.
- Wang, Y. (2010). Using a discussion forum to enhance technical students' critical thinking ability through the Internet learning system. World Transactions on Engineering and Technology Education 8(2), 182-187.
- Winitzky, N. E. (1991). Classroom organization for social studies. In J. P. Shaver (Ed.), Handbook of research on social studies teaching and learning (pp. 530-539). New York: Macmillan.
- Xie, Y. Ke, F., & Sharma, P. (2008). The effect of peer feedback for blogging on college students' reflective learning processes. The Internet and Higher Education, 11, 18-25.
- Zangyuan Own, Z. (2010). The application of an adaptive, web-based learning environment on oxidation-reduction reactions. International Journal of Science and Mathematics Education, 8(1), 1-23.

Thank You for Your Attention