

Application Form Comenius Teaching Fellow

- Administrative details of the applicant(s)..... 1
- Declaration of the immediate supervisor regarding the 2
- About the project..... 3
- Result for the teaching community..... 7
- Teaching experience and vision of the applicant 9
- Budget estimate 11
- Declaration and signature of the main applicant 13

Administrative details of the applicant(s)

Main applicant	
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Faculty / institute / domain	Medical Humanities / Julius Center / medical ethics
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Faculty / institute / domain	Medical Humanities / Julius Center / medical ethics
Co-applicant (max 3)	
Name, title	M.M., Megan Milota, PhD
Institution	University Medical Center Utrecht
Faculty / institute / domain	Medical Humanities / Julius Center / literature
Co-applicant (max 3)	
Name, title	R.R., Roos de Jonge, PhD
Institution	University Medical Center Utrecht
Faculty / institute / domain	Education Center / patient participation advisor

The main applicant is the project leader. It is not compulsory to list co-applicants. If co-applicants are listed on this form, the co-applicants should be registered as such in ISAAC as well.

Declaration of the immediate supervisor regarding the

Space for the declaration of the immediate supervisor of the main applicant. The declaration cannot exceed 300 words. The declaration should at least state that the immediate supervisor...

- has the authority to decide on the range of duties and responsibilities of the main applicant and the project team, and will grant him/her the opportunity (in terms of time and support) to carry out the project as proposed in this application.
- will appoint the main applicant as budget manager of the material costs as listed in the budget estimate (i.e. the budget that will not be used to complement / substitute the staff.)

---PLEASE SEE THE ATTACHMENT AT THE END OF THIS APPLICATION---

Name	Signature
Date	

About the project

Administrative details

About the project	
Title	Narrative Medicine: Shaping the Clinical Interaction of the Future
Theme	Socially Engaged Higher Education
Department / programme (context of the project)	Julius Center / Medicine
Course / track / trajectory, etc.	Medical Humanities
Level	bachelor
Academic discipline	Science Incl Technical Sciences
Duration of the project	1-5-2018 until 30-4-2019 <small>(min: 12 months, max 18, Start date not before 16 April 2018, end date not after 31 October 2019)</small>
Requested budget <small>(min. €45.000, max. €50.000)</small>	€49.957
Summary (max 250 words)	Narrative medicine is based on the premise that the academic study of narratives—both literary and personal—will help medical students hone their listening and observation skills, stimulate their empathic abilities, and make them fit for their future interactions with patients. This approach to medicine “employs narrative skills to augment scientific understandings of illness” (Lewis 2011) and can be seen as a necessary counterbalance to the dehumanizing nature of technology. We propose to improve our current training program for medical professionals at the University Medical Center Utrecht (UMCU) by adding narrative medicine to our existing curriculum. First, we will create a stand-alone narrative medicine elective course that will combine the practice of literary close reading with patient participation in the form of patient-teachers who will join the classroom discussion. Second, we will develop a narrative medicine teaching protocol that can be used as a guide for clinical teachers at our university and will include specific parameters for training patient-teachers. Third, we will adapt and integrate the narrative medicine activities developed for the elective course into other course offerings for medical and paramedical students at the UMCU. In spite of its growing popularity in the United States, the proven methods and practices of narrative medicine have yet to be transposed to similar courses for medical students in The Netherlands, making our proposed interventions the first of their kind.

Project proposal

Please describe your project under the headings *formulation of the problem, innovation and objected results* and *project plan*. The complete project proposal cannot exceed **2000** words plus **1/2 A4** references.

Word count complete project proposal: 1972

Formulation of the problem

In a recent series for *De Volkskrant*, journalist Ellen Visser asked ten Dutch medical professionals “which patient made the strongest impression on you as a doctor, and how did this fundamentally change your own perspective about your profession?” A common thread in each interview was the fact that a meaningful conversation with a patient helped the doctor become a more empathic, mindful practitioner. Or as one doctor reported: “it’s not just about the latest lab results. You need to listen, look, and show interest [in your patient].” With the increasingly prominent role that technology and big data play in clinical interactions, the risk is that less attention will be paid to the singularity and significance of each patient’s illness narrative.

Narrative medicine constitutes “an approach to medicine that employs narrative skills to augment scientific understandings of illness” (Lewis 2011) and can thus be seen as a necessary counterbalance to the dehumanizing nature of technology. The core features of narrative medicine—attention, representation, and affiliation—can be taught in a variety of methods, but all involve reading fictional texts, critically reflecting on this engagement, and sharing these reflections with one’s fellow students. At Columbia University, Rita Charon founded the *College of Physicians and Surgeons Program in Narrative Medicine* with the conviction that the academic study of narratives—both literary and personal—can help medical students hone their listening and observation skills, stimulate their empathic abilities, and make them better prepared to engage in the shared-decision making process with the patient (Charon 2008; Charon and DasGupta 2011). Narrative medicine is not intended to be an alternative to modern science. Rather, it is a means of revealing to medical practitioners that “technology is powerless in the absence of a relationship between two human beings whose clinical encounter is both moral and instrumental” (Holmgren et al 2011).

While there has been some interest in narrative medicine in The Netherlands (Maassen 2013), there has yet to be a concerted or consistent effort to adapt the methods and practices developed and valorized in the US to a Dutch training program for health care professionals. We are confident that narrative medicine constitutes a valuable and underutilized tool to stimulate more interaction between patients and medical practitioners, and more fundamentally, to humanize medicine by promoting *narrative* based medicine in the medical school classroom. At the University Medical Center Utrecht (UMCU) the need for more patient participation in our training programs has been acknowledged and is one of the focal points of our education strategy for 2016-2020. We now have patient participation advisors on staff to assist with course development, and important first steps have been taken to integrate patient involvement in our medical and paramedical education. For example, the UMCU is busy establishing a diverse pool of patients interested in being trained to act as teachers in the medical school classroom, but at this phase we acknowledge the need for novel and concrete didactic methods to facilitate more interaction between our students, patients, and patient organizations.

Innovation and objected results

In the United States, courses on literature and medicine have become a ubiquitous feature in most medical training programs (Shapiro and Ross 2002; DasGupta and Charon 2004; Lewis 2005; DasGupta et al 2006; Ventres and Gross 2015). With the Comenius Fellowship, we would like to adapt the best practices developed in the US to our own training program.

We would like to improve our current training program for medical professionals in three phases. First, we will create a stand-alone narrative medicine elective course that will combine the practice of close reading with patient participation in the form of patient-teachers who will join the classroom discussion. Second, we will develop a narrative medicine teaching protocol that can be used as a guide for clinical teachers at our university and will include specific parameters for training patient-teachers. Third, we will adapt and integrate the narrative medicine activities developed for the elective course into other existing course offerings for medical and paramedical students at the UMCU.

Our didactic approach of pairing patient-teachers with our educational staff constitutes an innovation in narrative medicine and would be therefore be the first of its kind; more broadly, this form of collaboration can serve as a model across the educational and professional spectrum. The narrative medicine practices we intend to integrate into our course offerings for our Dutch students—close reading, creative writing, responding to such writing, and co-constructing narratives with colleagues and, in this case, patient-teachers—are powerful tools for teaching narrative ethics and are not currently offered in this unique combination in any other communication or literature course in The Netherlands.

In 2008, we introduced a compulsory course on Medical Humanities into the standard undergraduate curriculum at the UMCU; our six-week module focuses on teaching in the sciences. In other words, our students learn about the societal context in which doctors operate and gain a deeper understanding of their duties and responsibilities through a multidisciplinary approach. Nevertheless, we are aware that more emphasis can still be placed on socialization and personal development. Our Medical Humanities course can offer only a limited space to integrate narrative medicine, which is why we want to develop an elective module. We are confident that narrative medicine will stimulate socialization and self-reflection; we also contend that it can help us teach our students to better understand the structure and meaning of patients’ perspectives.

Our primary learning objectives are threefold: first, we want to create a rich learning environment that will *reveal patients’ perspectives*, thus helping our students become better attuned to the

feelings and needs of others and ultimately making them better healers. In other words, the qualities and skills gained by practicing narrative medicine will provide our students with "the necessary equipment for coming to envision and comprehend the meaning-making of patients, families, clinicians, and wider communities" (Charon et al 2016); second, we want to encourage more *self-reflection and introspection* in our students; and third, we want to provide our students with a space where they can further *develop their professional identity*.

Project plan

Overview of the project plan

Phase I: Creating a narrative medicine elective course

We would like to develop a narrative medicine course that will link medical expertise with relevant broader social and cultural themes (Table 1). This will be offered as an elective for bachelor's level medical students. One of the UMCU's learning objectives for our students is an improvement in academic writing and reading skills in English. This is why we will make a selection of both Dutch and English literary texts.

Table 1: Narrative medicine course themes and sample reading selections

Course Themes
<ul style="list-style-type: none"> • Narrative Voices: Teller, Message, Bias • Narrated Bodies: Gender, Race, Embodiment • Narrating Conflict: Boundaries, Checkpoints • Narrating the Unspeakable: Trauma, Testimony, Endings

For each session, a patient-teacher will be invited to join the discussion about the fictional texts, thus contributing her own related illness narrative, personal experience, and expertise to the discussion. These patient-teachers will be recruited from our existing and growing pool of willing participants. After each session, students will be asked to reflect on their reading experience as well as their interaction with the invited patient-teachers. These written assignments will allow students to demonstrate critical reflection, originality, creativity, and more fundamentally, a growing empathy for and understanding of others. As a final means of assessment, a creative writing assignment will stimulate and challenge students' creativity and will allow them to demonstrate their ability to consider and embody a position other than their own.

Phase II. Developing a narrative medicine teaching protocol

Second, we would like to develop narrative medicine teaching practices, strategies, and practical exercises that can be integrated into courses offered in both our own department and into other training programs. Our goal is to create a viable narrative medicine teaching protocol that can be used as a guide for teachers at our university. This teaching protocol will include a training protocol for patient-teachers with the aim of ensuring consistent and high-quality education and stimulating interprofessional learning.

Phase III. Embedding narrative medicine activities in our current course offerings

The activities we develop for the narrative medicine elective model can also be adapted and embedded in our recently-renewed Medical Humanities course for our third-year bachelor students. We introduced narrative medicine in the course during the current academic year, but would like to further revise and improve the lesson materials. In addition, the research ethics and integrity course offered in the Klinische Gezondheidswetenschappen (KGW) program will be revised and expanded in the upcoming academic year, we would like to adapt the narrative medicine activities we intend to develop for use in this course as well. At the UMCU we are still refining the 'leerlijn academische vorming' for the Master's level medical school program, which means we can integrate narrative medicine methods and practices here as well. Dr. Ghislaine van Thiel, the primary applicant for this project proposal, is positioned and prepared to implement these innovations as she is the coordinator of all three programs.

Composition of the project team

Ghislaine van Thiel MSc PhD is associate professor of medical ethics at the UMC Utrecht. In her academic career, teaching has always been a much enjoyed part of her tasks. She is the coordinator of several courses and is actively engaged in education innovation, at the UMC Utrecht and also several national working groups. Ghislaine has the advanced university teaching qualification. Her research interests are ethics of drug development and clinical ethics. Ghislaine is chair of the Medical Research Ethics Committee of the UMC Utrecht and she is a member of the Dutch Health Council.

Megan Miliota PhD is a lecturer in Medical Humanities at the Julius Center UMC Utrecht and was hired to help expand and improve the existing Medical Humanities program for undergraduate medical students. Megan holds a doctorate in English Literature; her dissertation on the negotiation of belief in contemporary American fiction investigated how authors' diverse storytelling methods of impact reader assessment, and included a qualitative study of book clubs in the United States and a quantitative analysis of online review forums. Megan has attended the Narrative Medicine Basic Workshop at Columbia University, a program created for university educators interested in integrating narrative medicine into their existing programs.

Roos de Jonge PhD was trained as a Medical Biologist and obtained her PhD in neurogenetics at AMC, Amsterdam. After a year of postdoctoral fellowship at the Silivius Laboratorium in Leiden, she decided to quit basic science and study philosophy at UVA, the Netherlands. She aimed for a job in science education or journalism but ended up as the scientific coordinator at Prinses Beatrix Foundation, a charity foundation specializing in muscle and motor neuron diseases. In 2006 her daughter was born with a severe congenital heart defect and forced her to switch to Duchenne Parent Project which was at walking distance from her house. She started combining the care for her daughter with patient advocacy and got involved in patient participation at Stichting Kind & Ziekenuis. Today Roos works as Patient Participation Advisor in education at the UMC Utrecht combining her personal experience with training. She has been lecturing on patient perspectives for over 8 years.

Johannes JM van Delden MD PhD is professor of medical ethics at the UMC Utrecht and director of education at the Julius Center for health sciences. Ever since working as a house officer at an intensive care ward he is highly interested in medical ethics. He has written more than two hundred articles in peer-reviewed scientific journals and (co)authored three books. He was secretary of the International Association of Bioethics. As a professor of medical ethics he has built a strong academic group within the University Medical Center Utrecht. The special fields of interest of this group are: research ethics, moral problems at the end of life and ethics of biomedical innovation. He is currently the chair of the International Bioethics Committee at UNESCO and was president of CIOOMS from 2011 to 2016.

References

- Arntfield, Shannon L., et al. "Narrative medicine as a means of training medical students toward residency competencies." *Patient Education and Counseling* 91.3 (2013): 280-286.
- Charon, Rita, and Sayantani DasGupta. "Narrative Medicine, or a Sense of Story." *Literature and Medicine* 29.2 (2011): vii-xiii.
- Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford: Oxford University Press, 2008.
- Charon, Rita, et al. *The Principles and Practice of Narrative Medicine*. Oxford: Oxford University Press, 2016.
- Chretien, Katherine C. et al. "Tell Me Your Story: A Pilot Narrative Medicine Curriculum During the Medicine Clerkship." *Journal of General Internal Medicine* 30.7 (2015): 1025-1028.
- DasGupta, Sayantani, and Rita Charon. "Personal Illness Narratives: Using Reflective Writing to Teach Empathy." *Academic Medicine: Journal of the Association of American Medical Colleges* 79.4 (2004): 351-356.
- Dasgupta, Sayantani et al. "Teaching Cultural Competency through Narrative Medicine: Intersections of Classroom and Community." *Teaching and Learning in Medicine* 18.1 (2006): 14-17.
- Fioretti, Chiara, et al. "Research studies on patients' illness experience using the Narrative Medicine approach: a systematic review." *BMJ open* 6.7 (2016): e011220.
- Holmgren, Lindsay, et al. "Terminology and Praxis: Clarifying the Scope of Narrative in Medicine." *Literature and Medicine* 29.2 (2011): 246-273.
- Johna, Samir, and Ahmed Dehal. "The Power of Reflective Writing: Narrative Medicine and Medical Education." *The Permanente Journal* 17.4 (2013): 84-85.
- Jones, Anne Hudson. "Why Teach Literature and Medicine? Answers from Three Decades." *The Journal of Medical Humanities* 34.4 (2013): 415-428.

- Lewis, Bradley E. "Narrative Medicine and Healthcare Reform." *Journal of Medical Humanities* 32.1 (2011): 9-20.
- Lewis, Peter R. "The Wisdom of *Wit* in the Teaching of Medical Students and Residents." *Family Medicine* 37.6 (2005): 396-8.
- Liben, Stephen, et al. "Assessing a faculty development workshop in narrative medicine." *Medical Teacher* 34.12 (2012): e813-e819.
- Maassen, Henk. "Ziekte moet verteld worden." *Medisch Contact*, March 27, 2013.
- Mangino, Heather. "Narrative Medicine's Role in Graduate Nursing Curricula: Finding and Sharing Wisdom through Story." *Creative Nursing* 20.3 (2014): 191-193.
- Miller, Eliza et al. "Sounding Narrative Medicine: Studying Students' Professional Identity Development at Columbia University College of Physicians and Surgeons." *Academic Medicine: Journal of the Association of American Medical Colleges* 89.2 (2014): 335-342.
- Milota, Megan. "'But every man cannot be a surgeon': Elizabeth Gaskell's Many-Sided Medical Practitioners." *Orbis Litterarum* 68.6 (2013): 473-505.
- Shapiro, Johanna, and Valerie Ross. "Applications of Narrative Theory and Therapy to the Practice of Family Medicine." *Family Medicine* 34.2 (2002): 96-100.
- Ventres, William, and Paul Gross. "Getting Started: A Call for Storytelling in Family Medicine Education." *Family Medicine* 48.9 (2016): 682-687.

Result for the teaching community

Describe the wider relevance of your project and the way(s) in which the results will be available for and presented to other interested professionals.

See assessment criteria 4 a-b in the Call for proposals.

Please do not exceed 500 words.

Word count Result for the teaching community: 500

Wider relevance of the project

First and foremost, we believe that our project is relevant for our colleagues and students at the UMCU. The teaching protocol we will develop is intended to facilitate the integration of narrative medicine practices into other medical and paramedical training programs. The narrative medicine activities we intend to create will have a direct and positive impact on students' professional development, and they will also constitute a meaningful form of patient participation. The teacher-patients who will be present during our narrative medicine course will provide a valuable link between our medical students and the broader community by facilitating meaningful and rich dialogues.

We envision these initiatives as the first step toward the eventual creation of a narrative medicine program at the UMCU. Our long-term goal is to develop a program that mirrors the course offering at Columbia University but is tailored to our student population in The Netherlands. If we can realize this long-term goal of creating the first extensive narrative medicine program in Europe, it will also help us internationalize our university by providing a new means to attract and retain international students.

Plan for dissemination

Participants in various focus group studies of Columbia University medical students reported that narrative medicine courses helped them develop their professional identity and improved their critical thinking and reflective skills (Arntfield et al 2013; Miller et al 2014). Still, a recent systematic review of narrative medicine research studies found no evidence of a common methodology (Fioretti et al 2016). This indicates that more studies on the power and effects of narrative medicine are needed as well as specific and replicable narrative medicine protocols. And while Liben et al (2012) have conducted a longitudinal study of clinical teachers to track and assess changes in both their narrative skills after a series of narrative medicine teaching sessions, to date no one has conducted a longitudinal study of medical students to assess their acquisition of narrative competence and their retention of the skills acquired during a narrative medicine course.

We intend to conduct focus group studies with students and will create and administer a series of surveys to be given at intervals before, during, and after students complete our narrative medicine module. Our objectives for doing this are twofold: first, we would like to compare our results with similar studies already conducted in the US; second, feedback from our students will help us determine if adjustments need to be made to our narrative medicine teaching protocol in order to maximize its benefits for a European student population.

The results of our findings can be published in journals such as *The Journal of General Internal Medicine* or *Family Medicine*. We also intend to share the results of our study and the teaching protocols we develop during the 2019 International Narrative Conference and with the participants in the annual International Medical Educators Exchange (IMEX) program. We will also write and publish an article about narrative medicine for a broader audience of professionals in the *European Journal of Medical Ethics* or *Medical Humanities*.