A QUICK GUIDE TO USING NARRATIVE MEDICINE IN A BUSY PRACTICE

Wouldn’t you want someone to tell your story? Ultimately, it’s the best proof there is that we mattered. And what else is life from the time you were born but a struggle to matter, at least to someone?

Elliot Perlman

Narrative-based medicine is ...

- storytelling - the patient’s story, the clinician’s story, and honoring the shared story creating new meaning, understanding, and connection.

- acknowledging the uniqueness of each patient, validating their “story”, and empathizing through genuine interest and concern[1].

- Whole Health!

Clinicians of all kinds are indisputably pressed for time with their patients, and we know that stories have power. Narratives connect us and help us heal. Narratives are whole health conversations! Here are some brief ways to pause and incorporate story in your clinical day. This whole health approach is powerful for patients, and reflecting on our story, our whole health self in medicine, is essential for us too.

1. WITH PATIENTS IN A ONE-ON-ONE ENCOUNTER

GENEROUS LISTENING

Commit to listening with your entire awareness to your patient for the first 2 minutes of the clinical encounter. Sit, make eye contact with your patient, and introduce yourself. Show up fully to start the visit with your entire body. Try starting the interaction with that game changing whole health question, “Tell me your story- yes what brings you here today and equally as important- what matters to you?” Listen fully before moving to the computer, before deciding your next step, and before problem solving or solution finding. Pause for a moment to be with your patient, their story and yours.

CLOSE LOOKING

Refrain from taking notes for 2 minutes during a clinical encounter. Look into your patient’s eyes, observe their body language, and notice how they hold themselves.
Perceive them with your full attention. Be aware of your body language: mirroring your patient to increase connection, leaning in to convey attention, and responding to patient’s verbal and non-verbal comfort cues.

**PARALLEL CHART**

When writing your patient’s chart, include two to three sentences of “narrative.” Use full sentences to describe aspects of their situation and refrain from using numbers or medical abbreviations.

**2. YOUR TURN, YOUR STORY, YOUR HUMAN EXPERIENCE**

**REFLECTIVE WRITING EXERCISE: ALLOW YOURSELF TO BE AN “I”**

For 2-3 minutes after an encounter with a patient, during a meal or bathroom break, or before going to sleep, write about your subjective experience of interacting with that patient. What did you feel? Did you feel drawn to or distanced from them? Did their story resonate with any of your own life experiences?

**CREATIVE WRITING EXERCISE: “PORTRAIT OF A PATIENT”**

For 2-3 minutes after an encounter with a patient, during a meal or bathroom break, or before going to sleep, describe one of your patients in as much detail as you can recall. What did they look like physically? What did you see when you looked into their eyes? What did their voice sound like? What emotions did you sense were present? How did they walk, sit, or stand? What did they do with their hands?

**3. WITH COLLEAGUES**

**COLLEGIATE STORYTELLING**

Arrange to share a meal with a fellow clinician or a small group of clinicians. During the meal, go around in a circle allowing everyone to share, uninterrupted for 2-3 minutes, one story of a memorable patient. What stuck with you about this encounter, about this patient? Tell your story.

**NARRATIVE MEDICINE GROUP**

Arrange a monthly narrative medicine gathering with colleagues. Meet during the lunch hour or another mutually convenient time to read a poem or short piece of prose together, discuss it, respond to a related writing prompt, and share the writing you created. Refer to the “[Exercises and Readings for Narrative Medicine Groups](#)” tool.

**RESOURCE LINKS**

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REFERENCES