

Listening more and measuring less: Student and faculty perspectives on social narratives in care for older adults

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INTRODUCTION

The My Life, My Story (MLMS) project was established through the Veterans Health Administration in 2013 with the goal of bringing the patient's voice to the medical record.¹ The MLMS protocol uses standardized introduction scripts and sample questions to guide a student's interview of a patient. After the interview, the student reads the narrative back to the patient. If the patient consents, the student then electronically transcribes the first-person narrative into the patient's medical record and offers paper copies to the patient for distribution to family or friends.²

Boston University Chobanian & Avedisian School of Medicine has a required 4th year geriatrics clerkship. During the rotation, students complete an extended social narrative on a patient with whom they have interacted in an ambulatory clinic, nursing home, home visit, or telehealth setting, using the MLMS framework.

In order to assess the impact of this program on students, faculty, and patient care, we arranged facilitated discussions with students and individual interviews with faculty members, the results of which are described below.

METHODS

Between June 2020 and March 2021, we arranged for nine focus groups with 151 students who participated in the MLMS project through the geriatrics curriculum. In addition, we contacted five of their faculty preceptors for individual semi-structured interviews. The focus groups and interviews were audio-recorded, anonymized, and transcribed. Two members of the research team independently coded the transcripts using a line-by-line approach in tandem with a modified grounded theory approach looking for emergent themes. The codes were determined using a hybrid approach combining inductive and deductive methods. All study procedures were deemed exempt by the IRB.

RESULTS

In total, we identified 41 codes. These codes were then collapsed into three themes: impact on the care team, impact on patients, and feedback. In Table 1, we provide a list of codes and corresponding themes as well as representative quotes from research participants.

Students commented that food insecurity, family structure, political climate, and housing instability were all things patients had faced and had impacted patients' outlooks on life. Some students were concerned that prior life experiences caused patients to downplay their symptoms or distrust medical providers. Other students felt privileged to be trusted with patients' past traumas. One student said: "She opened [up] so much and... Shared some really tragic things in her life and what motivated her and how she was more content now. When I read it back to her, it was beautiful, and she was happy with it, and she thanked me for drawing it out."

Student and faculty reflections were overwhelmingly similar when discussing patient selection. All student and faculty participants remarked on the difficulty of identifying appropriate and interested patients. The COVID-19 pandemic placed constraints on the quantity of in-person visits, so students often conducted interviews via telephone. Many students felt that the telephone interview was more time-consuming and logistically cumbersome than an in-person session would have been, noting difficulty coordinating a follow-up phone call for the student to read back the transcribed story. Students remarked that home visits posed the fewest challenges of any setting (clinic, home, telephone). Students attributed this relative ease to patient comfort in the home environment and memorabilia in the home spurring conversation and facilitating rapport. Faculty members felt that reading the interviews of their clinic patients—as opposed to home care patients—was especially valuable: Because of the fragmented ambulatory care setting, our geriatricians did not know their clinic patients as intimately as they knew their home care patients. Notably, there were a few cases of medical students expressing discomfort in having the MLMS in the medical record for the entire care team to view, citing that this was very sensitive patient information with some troubling themes.

DISCUSSION

As Dr. Lewis Mehl-Madrona wrote, "I wonder...what [the patient] might have told us about his illness and his recovery if we had only listened more and measured less."³ Students reported that the process of listening to and recording stories improved the quality of their patient care. This program aligns with the IHI's Age-Friendly Health Systems 4Ms framework by focusing on What Matters Most to the patient and providing goal-concordant care.⁴

The majority of students interviewed felt that the MLMS experience would change the way they practiced medicine. We believe that this is a testament to the

Key point

- Narrative medicine is an impactful tool that can be used to care for older adults

Why does this paper matter?

When caring for older adults, the care team is meeting the patient later in life and can forget that the patient has lived a life before this health encounter. Narrative medicine (specifically My Life, My Story) is a tool for us to understand the patient's prior experiences and gain insight into the person that is sitting in front of us today. It is important to evaluate the use of this tool and the impact on the care team that it may have. The ultimate goal is to incorporate the patient's voice into their medical chart and give providers more understanding of who this person is.

importance of introducing MLMS during a formative phase of medical education. While faculty members noted that the MLMS project did not necessarily impact how they practiced medicine, it did change how they approached end-of-life care. For example, faculty members reported that the recorded life stories allowed them to frame their patients' decisions and guide them toward appropriate care environments and treatment modalities (Table 1). Further research on the impact of MLMS on patients and caregivers in a palliative care setting may be fruitful.

Students and faculty expressed differing opinions on the role of MLMS among patients with dementia or memory impairments. For example, most students found MLMS to be a positive addition to the care of patients with dementia, allowing them to gain insight into the lives of patients unable to speak for themselves. Faculty members, however, cautioned against using caregivers as "surrogate storytellers," citing the variables that cloud a caretaker's recollection of someone else. Based on this feedback, we may choose to limit proxy interviews in the future.

Our study was limited by sample size. Although we interviewed multiple students in group settings, we had fewer faculty interviews. This discrepancy may have led to an overemphasis on areas of impact proposed by students. The MLMS, while beneficial, is not without implementation barriers. Two notable implementation barriers are integration into the Electronic Medical Record (EMR) and awareness of MLMS narratives by non-primary care providers across the healthcare continuum.

TABLE 1 Thematic codes with selected quotations

Theme	Code	Representative quotation
Impact on care team	Providers learned about history, politics, and racism.	Student: "I [spoke with] a patient who was born in Alabama in the [19]40 s and [he told me] some of the terrible things he experienced in terms of...the segregationist policies. It [made] me aware that these events...were not so long ago...[and that] other forms of racism are still [present]. We have to be mindful of taking these [sensitive] histories and understanding better." Faculty: "I have some patients with...very interesting backstories, [things like] prison camps and World War II...and then refugee status throughout Europe into the US... And I think [medical students] enjoy those because...it gives them a little more insight [into] the person."
	Providers placed patients' life decisions in the context of prior experiences.	Student: "I met a patient [whose] father lived during the Prohibition era and [later took a job] delivering alcohol. [The patient grew up helping his father] deliver alcohol and ended up developing a drinking problem." Faculty: "We as geriatricians love understanding our patients and their stories and their backgrounds and how that informs their choices, and so the more that I know about that, the more I can put their decisions into context and guide them, especially as they are nearing the end of life."
	Students learn how to listen to and connect with patients.	Student: "If you take an interest in a patient's life, then it's really easy to build rapport and trust. People really light up when you start asking them questions about where they were born and their culture. Going forward, I'll definitely continue to practice trying to build a more personal relationship [with my] patients." Faculty: "It blows my mind how connected...and intimate [students] can become with [patients], even when [the interview] is performed over the phone."
Impact on patients	Storytelling gives patients an opportunity to interact amid the isolation of COVID-19.	Student: "[My] patient told me she [could not] go anywhere [because of COVID-19]. She just sat at home and watched TV and read all day. I think she really enjoyed having somebody to talk to. She was excited that her story was going in her chart, [that it] was going to be a part of what people knew about her." Faculty: "It's just not as intimate as it used to be. We do not spend as much time with patients [because] they are not doing their in-person visits anymore."
	Patients appear to feel empowered by sharing their stories and having copies of their stories to give to their family and friends.	Student: "When I read the narrative back to my patient, she just listened silently and then said, "You make me feel like someone famous. It's a biography." [The project] goes beyond the [medical] record. I think people feel really honored that someone went out of their way to write down their life story." Faculty: "The patient really appreciated that...the student [had done] such a thorough job of gathering the history and writing it up, to the point where he wanted to share it with his family. He asked [the student] for copies to send them and was very grateful."
Feedback	Having preceptors select patients or create a repository of interested patients would facilitate the process of identifying appropriate interview candidates.	Student: "It would be nice if the providers briefed patients [on the] project [beforehand] and asked if [it might be] something [they] would be interested in for the future. " Faculty: "I wonder if there should be a repository of names [of willing patients to contact] if students are having a hard time selecting a patient from the patients that they have seen."
	Standardized question prompts, such as advice for future generations, are beneficial in guiding and providing structure to patient interviews.	Student: "[I asked] my patient advice for future generations...[and it was] my favorite question. My patient started off with general words of advice for younger people, but then she started on [advice] specifically [for me]. She had a lot to say, a lot of guidance." Faculty: "The part I love most...is the end of the interview, learning what advice [the patients] would give to others. It's [never] to work harder or make more money...it's really good advice [that] makes me stop and think. I carry around these phrases and words of wisdom [from my patients] to other people and other families."

As a result of our work, we plan to formalize the incorporation of MLMS narratives into the patient's social history and internally publicize it within our healthcare system. Making the patient's voice a permanent part of the EMR should increase accessibility and facilitate discussion between members of the care team.

AUTHOR CONTRIBUTIONS

Study concept and design: All authors. *Acquisition of subjects and/or data:* All authors. *Analysis and interpretation of data:* All authors. *Preparation of manuscript:* All authors.

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The authors declare that there is no conflict of interest.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

Data S1. Supporting Information.

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