



Sharing stories

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In my teaching practice around 10 years ago, I worked with an international medical graduate who was seeking Certification in family medicine.

He already had a licence from our local regulatory authority, but he wanted the education. I thought this was amazing. He had a family—a few small kids at home—and he was so proud to have been accepted to our family medicine program. As a part of our assessment tools, we have microphones and cameras in our offices. Particularly in the first few months of training, I will ask patients if I can listen in to hear residents take histories and counsel them on treatment or health education.

Because this resident was skilled, he took less time to figure patients out. One thing that set him apart from the other learners in my practice was that he focused on patient stories.

He would often ask, “Would you tell me your story? What makes you who you are? What is keeping you up at night? What should I know to be a better doctor to you?” I would stop what I was doing and listen.

And the patients would share. He showed so much genuine interest and respect. He would wonder at their illness evolution, employment, family dynamics, and medical journeys. He would show great empathy and point out their resilience, their strengths. He followed these patients closely and monitored their outcomes. He took responsibility so that he was able to build trust.

He did have a few knowledge gaps but was glad to identify them. He would not hesitate to admit to patients when he was not sure what to do—“I don’t know about these things. That’s why you’re here to teach me!” And every new piece of medical information he would marvel at. He took no more time than I did with my patients.

Family medicine is one of the only disciplines that focuses on the patient relationship rather than on an organ system or disease process, and meaning is derived from the stories we tell. And stories can have powerful effects.

Although the literature is sparse, a systematic review found that using a narrative medicine approach can decrease pain and improve well-being in cancer patients,

promote patients’ learning about their condition and their confidence in their knowledge, decrease stressful responses to hospitalization and disease therapies among children with cancer, help patients with bipolar disorder feel less stigmatized, and improve the doctor-patient relationship.¹

The patient’s context is vital to care, the management of illness and disease, and the building of trust. We all have stories that affect us as physicians, that have changed how we practise and apply guidelines (or not). It is so important for us to leave space for relationship-based communication. Effective communication affects patient care; being able to enhance the relationship through communication is core to what we do. Patients share things with us that they do not share with anyone else in the world. The context and trust that allows for this is vital and therapeutic.² We are privileged to be a part of our patients’ stories and their lives.

Sharing our stories as physicians can be powerful as well. The story that won the 2019 Mimi Divinsky Award for History and Narrative in Family Medicine, which recognizes the best submitted narrative account of experiences in family medicine, is published in this issue of *Canadian Family Physician* (page 57).³ As with my resident, stories can be incredibly meaningful in teaching and learning—for the patient and learner connection, for building relationships, and for improving teaching skills, and Dr Bhayana also attests this in her winning story.

My resident 10 years ago changed the way I practise and teach. With any new medical student, I often have them focus entirely on the story in the first few days that they work with me. My resident’s focus on story changed my story—and the stories of many patients and learners since.

References

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2. Windover AK, Boissy A, Rice TW, Gilligan T, Velez VJ, Merlino J. The REDE model of healthcare communication: optimizing relationship as a therapeutic agent. *J Patient Exp* 2014;1(1):8-13. Epub 2014 May 1.
3. Bhayana A. What they teach us. *Can Fam Physician* 2020;66:57-8 (Eng), e39-40 (Fr).

Cet article se trouve aussi en français à la page 78.