INTRODUCTION

We designed Narrative Medicine (NM) sessions accessible to all years of osteopathic medical students that align with specific EPAs. Linking NM activities with EPAs and competencies integrates the interpersonal aspects of clinical work with the biomedical, demonstrating that entrustability cannot be gained without both. Students from years 1-4 mentor each other in gaining competence.

METHODS

Narrative medicine sessions include:
- Close reading of multi-media narratives
- Writing to a prompt
- Storytelling and facilitated discussion
- Alignment with EPAs

Sessions are attended by OMS from years 1-4. Year 3 and 4 students are challenged to consider the themes addressed in the NM session as they work towards entrustability in each EPA.

CONCLUSIONS

Through self reflection and intimate small group setting, the NM model allows students to learn:
- Relational considerations have a concrete impact on physician efficacy and all essential physician skills.
- Entrustability in EPAs requires emotional intelligence and skills.
- How to transition from a student identity to a physician identity.
- How demonstrating entrustability shows competency attainment.

Through small groups, community is built which creates opportunities for:
- Guiding students in emotional aspects of medical training.
- Engaging deeply in training in multiple competency domains.
- Clinical students to offer mentorship to pre-clinical students.
- Pre-clinical students to be exposed to the EPAs as self-assessment tools.

SESSION on EPA 1

“Gather a history and perform a physical exam”
- NM theme: ritual in medicine, patient narratives of illness
- Tools: Ted talk by Verghese, Text by Broyard, writing to a prompt
- Post-session discussion: How will this change the way you ask questions of and listen to your patient?

“Yesterday I failed miserably. I saw a patient... and I forgot everything. Sacral torsion, reflexes, H&P, basic instructions, I could hardly form coherent sentences. At best my moves are imitation, at worst a life-ending mistake. I fear myself. I get trapped in my head...

All ritual is a dance. I am learning the moves. Each failure builds toward the innate rhythm of the ritual. One day I will be able to lose myself in the performance.” - K.K., OMS I

“My palms are sweaty as I walk into the room. My first patient of the day is sitting there and as I introduce myself, my mind is swimming in all my insecurities. Dear God don’t f**k this up

“Hi, My name is S.”

Damn! I was supposed to say Student Dr.!

A bead of sweat forms on my brow.

“What brings you in today?”

The patient goes on to say everything, and I listen. My anxiety calms as I get into the story. It’s not about me anymore, it is about her. I ask my questions and pull out my stethoscope. I take my time with the physical exam and listen to her breath. My breathing matches hers. It’s going to be okay.” - S.D., OMS IV

“The ritual of the physical exam builds this relationship, even though, on paper, advanced imaging techniques and machines may be superior. They lack an interaction patients really need.” - D.C., OMS I