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“Pieces of Myself”: The Pedagogical Power of an Illness Narrative Assignment for Doctor of Physical Therapy Students

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Abstract

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“Pieces of Myself”: The Pedagogical Power of an Illness Narrative Assignment for Doctor of Physical Therapy Students

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ABSTRACT

Purpose: Narrative medicine in healthcare education is used to promote a deeper understanding of the illness experience to promote compassionate, patient-centered care. The purpose of this qualitative study was to explore first year physical therapy students' perceived learning after completing a first-person illness narrative assignment within a required Whole Person Care course prior to clinical experience. **Method:** Fifty-nine first-year doctor of physical therapy students completed an illness narrative assignment of a known individual with an illness experience from the first-person perspective. Data from students' reflections on completing the illness narrative assignment were analyzed. Themes organically emerged from the open-ended prompt, “What do you feel you learned writing the illness narrative?” **Results:** Four primary themes of perceived student learning emerged: deeper understanding of oneself, cognizance of values, understanding the illness experience of others, and recognition of future professional role. Three of these primary themes correlate with constructs of professional identity formation. Results substantiate previous studies advocating the use of narrative medicine to facilitate patient-centered care and professional identity development in healthcare education. **Conclusions:** A single illness narrative assignment with reflection created deeper understanding of the human illness experience for patient-centered care and supported physical therapy student professional identity development prior to clinical experience. This study adds to the limited research on effectiveness of narrative in physical therapy curricula. It also informs educators of a pedagogical approach early in curricula to leverage student professional identity formation. The study additionally answers the recommendations for research on effective implementation of humanities, early integration of narrative pedagogy, and the creation of learning spaces to support student professional identity formation.

Keywords: illness narrative, narrative medicine, professional identity formation, physical therapy education, whole person care

INTRODUCTION:

Recommendations for excellence in physical therapy education include a commitment to “teach and model” patient-centered care with learning that is centered around the patient.¹ Educators have been entrusted to integrate pedagogical interventions in curricula that align with the increased focus on a more holistic and humanistic approach to patient care.²⁻⁴ However, educating students on the necessity of patient-centered, compassionate care early in didactic curriculum can be more difficult as they have had little or no clinical experience. An educational tool used in a variety of healthcare education fields to support compassionate care is narrative medicine.^{2,5-9} A systematic review in medical education found narrative medicine to be an “effective pedagogic tool” positively impacting students’ short-term attitudes with increased empathy, awareness, and compassion.¹⁰ Furthermore, advocates suggest narrative educational opportunities early in curricula to prepare students for clinical experiences.¹¹

Narrative medicine is about story-telling.¹² It has been defined as the merging of the patient’s and provider’s story which promotes deep understanding of the patient’s reality for the provision of whole person care.¹² Narrative shifts the provider’s focus from the healthcare problem to the “need to understand.”¹² Rita Charon brought the term narrative medicine to the forefront of medical education when she described healthcare providers recognizing, understanding, and being moved by the patient’s unique lived illness experience.¹³ Research reveals that narrative medicine in healthcare education teaches students empathy, patient centered care, professionalism, and improved clinical reasoning.^{2,5-8}

Within physical therapy education, use of narrative is recommended as a pedagogical tool to facilitate patient-centered care and deeper holistic understanding of the patient within individual context.^{2,3} Additionally, it has been found to improve physical therapy student clinical decision making with the key components of empathy, therapeutic alliance, and reflection.¹¹ Blanton et al. propose re-evaluation of physical therapy curriculum to integrate humanities, including narrative, to capture the qualitative component of healthcare, facilitate moral development, and support student professional identity formation.³ Underscoring the renewed emphasis on the humanities in physical therapy education, a task force of the American Council of Academic Physical Therapy created the Journal of Humanities in Rehabilitation (www.JHRehab.org) to facilitate incorporation of humanities into education and deepen the understanding of the illness experience. Overall, research advocates use of narrative in physical therapy curriculum to center care around the human experience for the provision of person-centered care.

Reflection is the critical component that allows students to make sense of experience, self, and create meaning impacting identity and transformation.¹⁴ Additionally, illness narratives and reflection opportunities during education have been shown to support student emerging professional identity.¹⁵⁻¹⁷ Professional identity is defined as the integration or internalization of personal identity, beliefs, values, and skills within a professional group identity.^{18,19} Jensen and Jetton additionally describe student professional identity formation as envisioning of “future possible selves.”²⁰ Within healthcare education, narrative medicine has been described as a “compelling strategy” of pedagogy to strengthen professional identity.^{7,17,21} Ultimately, a call in healthcare education exists to create learning spaces to support the transformational process of student professional identity formation.^{15,22}

Research assessing student response to including narrative medicine as an educational strategy is primarily in the fields of nursing and medicine.^{23,24} The limited research on physical therapy student perceptions of narrative educational strategies was completed after clinical experience, at the end of physical therapy education, or explored after an entire course punctuated with clinical experience.^{8,11} In contrast, this research explores first year physical therapy student perceptions of learning from one illness narrative assignment early in curriculum prior to clinical experience. Furthermore, exploring what students extract from narrative educational interventions is critical to determining curricular effectiveness. This research follows recommendations from a review of narrative pedagogy suggesting that examining “specific teaching strategies” within narrative pedagogy is needed.²⁵

The purpose of this study was to explore first year physical therapy students’ perceived learning upon completing one illness narrative assignment prior to clinical experience. This study contributes to the gap in physical therapy educational research providing insight into how physical therapy students perceive educational experiences intended to develop patient-centered care early in curriculum and contributes towards evaluation of teaching method effectiveness. By revealing students’ perceived learning and experience completing the illness narrative assignment, educators will have a better understanding of effectiveness of narrative interventions to inform pedagogy supporting patient centered care and professional identity development prior to clinical education.

METHODS:

The Consolidated Criteria for Reporting Qualitative Research (COREQ) reporting guide was used to structure comprehensive reporting of this qualitative research.²⁶

Research Team and Reflexivity

This research is based within a university whose healthcare education is anchored in the principle of whole-person care. This professional setting, with the motto "To Make Man Whole" impacted interest in the study topic. The research team included two faculty researchers, one Caucasian male with a Doctorate of Ministry and one Caucasian female with a Doctorate in Physical Therapy both valuing and having previous experience completing qualitative research. Both researchers are faculty at the same private parochial university and teach physical therapy students. This impacted the both topic of interest and subject inclusion decisions.

The researchers are married and are employed by different schools within the university. This additionally impacted the choice to complete research together in support of interprofessional research and collaboration. J.G. has been teaching Whole Person Care with narrative medicine components for six years in the School of Medicine, School of Nursing, School of Dentistry, and School of Allied Health, impacting interest on the effectiveness of this often-used illness narrative assignment. He was the instructor for the Whole Person Course and assigned the narrative assignment, however, at the initiation of this retrospective study was no longer instructor to the students. G.G. is full time faculty in the physical therapy program with an interest in student professional identity formation, completes clinical hours in an acute care setting, and is currently an EdD candidate at the University of Southern California. Being a healthcare provider in the acute care setting, valuing patient-centered care, and appreciating assessment of student perceived learning impacted her interest in the topic. Both researchers use components of narrative to support patient-centered care in teaching however do not have formal training in using narrative medicine in education.

The illness narrative is an assignment used for many years in multiple health care education programs within the university. The choice to use retrospective data from student reflections from an already completed course impacted research methods and ability to triangulate data. In transparent reflexivity, both researchers value the pedagogical approach of using narrative medicine leading to study interest, yet also generating assumptions and blind spots during data analyses and interpretation. We acknowledge that the unique researcher positionality has shaped this research, impacted the research process, and potentially influenced the interpretation of results.

Study Design

The purpose of this qualitative study was to explore first year physical therapy students' perceived learning after completing a first-person illness narrative assignment prior to clinical experience. The institutional review board determined that this study did not meet the definitions of human subject research as data were comprised of de-identified reflections from a course retrospectively.

Theoretical Framework

A constructivist framework with the assumptions of experience impacting interpretation of an event was fundamental to this qualitative study.²⁷ It also was framed with aspects of action research being situational and with the intent that results could be used to improve pedagogy in educational practice.²⁷ Within this framework, a phenomenological approach with emergent methodology was taken to understand the perceived unique learning experience of students completing one illness narrative assignment.

Participant Selection

Purposive sampling was instituted with inclusion of only first year physical therapy students without clinical education experience. Data were comprised of de-identified retrospective student reflections in a concluded course about the experience and learning upon completion of illness narrative with anticipated understanding of meaning.²⁷ Previous research has explored student perceptions and changes from entire courses or programs of narrative within healthcare education, however this research sought to explore the student experience from completing one assignment.^{6,8,28}

Setting

Subjects included 59 doctor of physical therapy students who previously completed a required whole person care course during the first year of didactic curriculum.²⁹ Students attended a weekly 2-hour, face to face, class session for 10 weeks. The course was taught by one faculty member from the university's school of religion, also the primary researcher for this study. The purpose of the course was to introduce students to the concepts of whole person care and facilitate cognizance of strategies to incorporate compassionate, person-centered care into the practice of physical therapy. Significant attention was given to teaching students about the biopsychosocialspiritual model, developed by Sulmasy and others, which "takes account of patients in the fullest possible understanding of their wholeness---as persons grappling with their ultimate finitude."³⁰ The course utilized a number of different pedagogical methods such as writing reflections, discussions, and group presentations. The illness narrative was assigned early in the course and submitted by the third week of class. The first three class sessions focused on theoretical and philosophical aspects of whole person care, before moving to practical application.

Data Collection

Instead of listening to a patient's narrative, students created a first-person narrative from a known individual with an illness experience. This process necessitated perspective-taking and assumption of what the individual might have felt or experienced. Students were instructed to choose an illness experience of a family member or acquaintance and tell the illness story in first-person. The assignment included several prompt questions to facilitate students perceiving what the individual with illness may have experienced such as: What is the background of the illness? How did you become aware of the illness? What happened to your body as a result of the illness? In what ways did your role change as a result of this illness? What thoughts and feelings did you experience in relation to this illness? What faith, religion, or personal philosophy helped you cope (or hindered your coping) with this illness? Does the future look any different to you as a result of having this illness? Upon completion of the narrative, students wrote a reflection on the process of writing the illness narrative. De-identified student reflections were the source of qualitative data used for this study. The following reflection prompt, which was not pilot-tested, was analyzed as a data source: What do you feel you learned when writing this illness narrative? Assignment completion was required to pass the pass/fail course and a response was provided by the instructor, however no grade was given.

All students electronically completed the illness narrative and submitted it online to the learning management system. Each student also completed a written reflection with question prompts about the learning experience. Reflections were written independently and electronically at student convenience and submitted online to the learning management system as part of course requirements. A total of 59 students, 34 identifying as female and 25 identifying as male, completed the course assignment and reflection. Students identified with the following ethnicities; Asian 14, Hispanic 20, Caucasian 16, Black/Hispanic 1, American/Indian or Asian/Indian 5, and 2 students did not identify with a particular ethnicity. The average age of students completing the assignment was 24.3 years. Student narratives included a wide variety of illnesses such as breast cancer, eating disorders, pancreatic cancer, Alzheimer's disease, stroke, Covid-19, rheumatoid arthritis, diabetes, depression, and lung cancer. Two submitted illness narratives used student's own illness experience rather than an illness experience of a friend or family member per instructions. The two associated reflections were not included in the qualitative data analysis as the intent was explore an individual's illness experience other than their own to enhance perspective taking.

Data Analysis

An inductive exploratory approach was used for analysis of the qualitative data based on student reflections of their experience completing the illness narrative assignment. A graduate assistant, not associated with the study, removed any identifiers from the previously written student reflections. To further maximize anonymity, place, cultural background, or any other potentially identifying information was removed to protect identification of students. The de-identified verbatim data was transcribed into Dedoose, version 8.0.35 (2018), a web-based application for coding, analyzing, and storing qualitative data. Two student reflections were not included as they did not complete the directions specified, choosing to write about their own personal illness experiences. Two investigators analyzed data to implement investigator triangulation to improve trustworthiness. Both authors reviewed the reflections independently to determine emerging themes. Codes were not pre-established and allowed researchers to code and organize similar responses based on emerging theme within Dedoose software.

Discussion regarding observed themes occurred. In an iterative process, parent and child codes were created as data was re-read and analyzed. Meaningful phrases were coded and code agreement with crosschecking for accuracy was required by both researchers to improve trustworthiness. Authors met repeatedly to discuss themes to ensure consensus. Using a concept map, connections between codes and concepts were visualized and similar codes reduced to more comprehensive themes. Finalization of codes occurred after discussion and further cross-checking to reflect the most accurate interpretation of data. Participant checking and multiple data sources for triangulation were not feasible as the de-identified reflections used were from a previously taught course. Data saturation was not employed as all 57 reflections were included in analysis. Through an iterative and collaborative process, twenty-one codes were reduced to eighteen and four primary themes emerged.

RESULTS:

Thematic analysis revealed four primary domains where student learning occurred; cognizance of values, understanding the illness experience of others, recognition of future professional role, and deeper understanding of oneself (Figure 1).

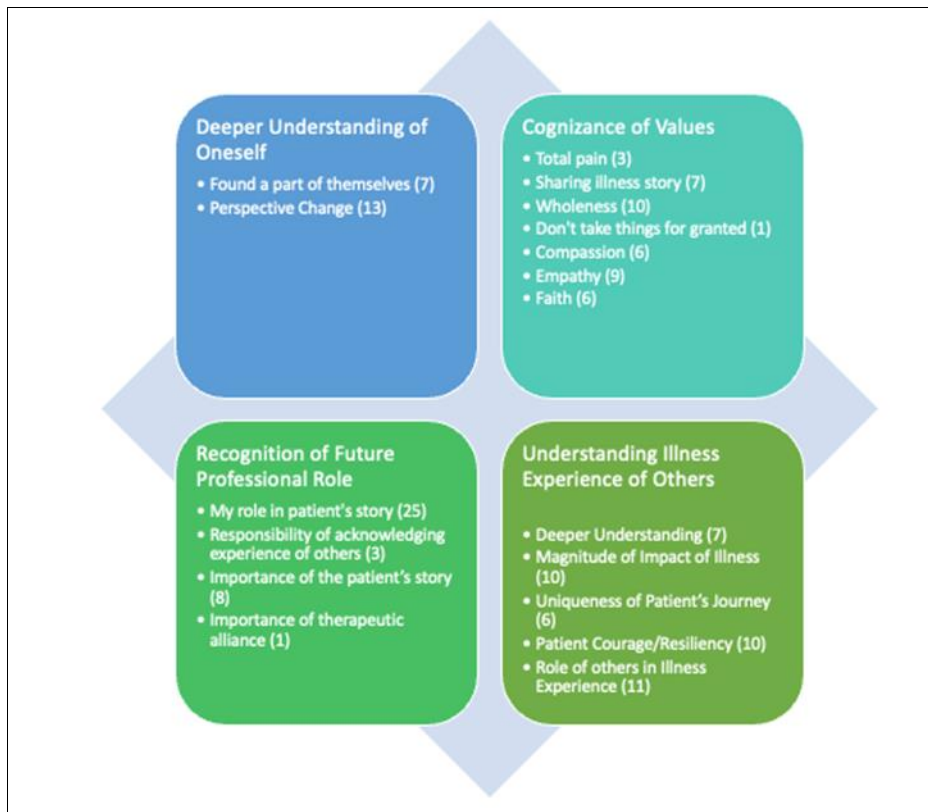


Figure 1. Graphic representation of the four primary themes which emerged with corresponding codes indicating domains of learning. Number of times coded reflected in parentheses

Cognizance of Values

Awareness of values associated with illness was a primary theme from data. Seven subthemes comprised this primary theme including empathy, compassion, wholeness, faith, not taking things for granted, awareness of total pain, and importance of sharing the illness story. In describing the importance of sharing the illness experience one student stated

"telling your story can be part of the healing process"

Compassion and empathy were also highlighted in qualitative data.

"What I learned after writing this paper is even more how important compassion is in healthcare"

"this helps me dig a little deeper into how to understand a person's experience on another whole grade of compassion"

The subtheme value of faith was mentioned six times. Students referred to the faith of the patient impacting the illness journey and their own faith being strengthened by supporting another with illness.

"faith is not just important for healing but in the process of therapy and recovery"

Understanding the Illness Experience of Others

In addition to values, a predominant theme which emerged was understanding the illness of experience of others.

"I put myself into the person's position more actively and it's almost as if it was me. Crazy feeling. This is definitely a golden tool I can practice even if it's just in my head. It helps me get in touch with my feelings and allows me to see another person's life more vividly."

Students discerned the uniqueness and magnitude of individual's illness experiences.

"Everyone's experience will be different"

"I also learned that illness really is multi-dimensional"

"There really is not an aspect of someone's life that is not effected by an injury or illness"

Furthermore, students became more acutely aware of the strength and resiliency manifested of those whose perspective they took while documenting the illness experience.

"it made me more appreciative of her because she was so strong throughout the whole process"

Finally, students described depth of understanding of the illness experience they had not experienced prior.

"has given me insight into the feelings of those who are struggling with their own personal health journeys"

"Had I not had to write about her experience, I would not understand the severity of what she went through"

"allowed me to better understand how any illness can affect a person's total pain"

Recognition of Future Professional Role

Beyond learning about the experience of others, a strong theme of how students envisioned their future professional role emerged. Thirty-seven coded phrases connected to perception of their role in healthcare or how they would provide care for future patients.

"I think this experience has shaped the way I view health-care and what kind of provider I aspire to be in my own career."

Student acknowledgement of perceived role and responsibility was also apparent.

"I am reminded of the importance of each person's own voice and the responsibility we have to acknowledging and listening to people's experiences"

Students recognized their role as a professional to understand the patient's story.

"I am reminded of the importance of each person's own voice"

It is evident that the assignment encouraged students to envision their current and future professional role.

Deeper Understanding of Oneself

Finally, the theme of deeper understanding of oneself emerged. Students acknowledged a change in perspective and discovered similarities between the individual in the written narrative and themselves. Connections regarding similarity of patient needs and the student's needs emerged.

"there is always something relatable to be found in each person we meet. I found pieces of myself throughout this narrative even though it wasn't my story"

"much like myself ... our patients want to be seen and heard, they want to feel valued and validated"

Perspective taking and perspective change were subthemes that students acknowledged.

"I learned that it can be drastically different when you look into the lens of the person suffering."

"gave me a different perspective on how complex the situation is"

DISCUSSION

Results from this study indicate an illness narrative assignment facilitated student learning around four primary areas; learning about oneself, cognizance of values, understanding the illness experience of others, and recognition of future professional role. This study affirmed previous research that narrative in healthcare education supports increase in empathy, perspective taking, and patient centered care.^{28,31,32} Beyond the primary themes which emerged, qualitative results revealed that students perceived the narrative illness assignment as impactful in reminding them of their "why" for choosing the physical therapy profession.

"I've learned how touching it is to revisit the experience, it's painful but it serves as a remembrance for why I'm here"

“It reinforced the passion I have to become a Physical Therapist and care for those who maybe cannot care for themselves”

This aligns with previous research indicating that inclusion of narrative promotes healthcare provider understanding of professional role and meaning in that role.^{7,16}

Reflections on illness narrative engagement by physical therapy students prior to clinical experience revealed student learning about oneself and appreciating the shared human experience. This is echoed in a student’s statement “I found pieces of myself throughout this narrative even though it wasn't my story” and underpins Charon’s assertion that for healthcare students narrative will “illuminate aspects of the patient’s story – and of their own.”¹³

Three of the primary learning themes which emerged correlate with the constructs of student professional identity formation. The primary theme, recognition of future professional role, correlates with the construct of envisioning “future possible selves.”²⁰ The primary theme of a deeper understanding of oneself aligns to the personal identity construct of professional identity formation. The theme of cognizance of values additionally aligns with the defining construct of internalization of values in professional identity development.^{8,19} These results substantiate previous studies advocating the use of narrative medicine to facilitate professional identity in healthcare education.^{7,17,21}

In a commentary on medical humanities in medical education Wald et al assert a need for further research on the effective implementation of humanities in healthcare education.¹⁵ The need for more research on integration of narrative early in health professions education is also advocated.^{10,16,23} Finally, an appeal exists to create learning spaces to support student professional identity formation in healthcare education.^{15,22} This study begins to answer these recommendations.

Implications from this study indicate that perspective taking within a first-person illness narrative assignment had a powerful impact on students’ learning and perspective taking prior to clinical experience. An unexpected finding was that this could occur so strongly in first year students without clinical interactions to relate to. Application of assumed first person experience to family or acquaintance illness stories gave voice to the values of compassion and wholeness, a deeper understanding of patient perspective, and self-awareness of future role in the illness experience. This established meaning and envisioning of future role as a healthcare provider supports student professional identity formation. Student professional identity formation has been described as a process of transformation.^{15,22} Supporting this transformation early in curricula informs potential curricular design for early didactic experiences to highlight the patient experience in support of professional identity development. It additionally informs future pedagogical approaches of integration of narrative-based education into health science education to facilitate empathy and patient-centered care.

Limitations and Delimitations

The limitations of this study include students from one physical therapy program, limiting generalizability. In this study there was a predominance of female participants. Although not analyzed in this research, there is potential for gender to impact study results. This gender difference in population studied should be considered during comparison or study replication, and impacts generalization. Additionally, only one qualitative data source in the form of written reflections on the illness narrative was analyzed. Because retrospective de-identified data was analyzed after course completion, data triangulation and member checking was not feasible necessitating dependence on data from an open-ended reflection question. Furthermore, positionality and possible bias of researchers valuing narrative and professional identity formation had the potential to impact interpretation of results.

Additional limitations had the potential to impact student engagement in the course assignment. First, although not graded, students may have been impacted by course requirement to complete the illness narrative and reflection on that process. Future research should consider deploying the reflective experience activity voluntarily outside course requirements. Second, the narrative and reflection were part of course content, and student perceived learning may have been impacted by prior course content taught. A final limitation includes potential negative or difficult emotions surfacing during completion of the illness narrative. The illness narrative assignment was designed to facilitate student awareness of various emotions patient and provider may experience in support of patient-centered care. Students were allowed to choose which individual they wanted to portray for the illness narrative permitting student control over depth and type of emotions experienced. However, students potentially experienced painful and difficult emotions with perspective-taking during illness narrative. Although response to emotion and provider wholeness is covered in course content, it may be beneficial during future courses to ensure content is covered prior to completion of the illness narrative assignment to maximize effective student navigation of emotion.

Several intentional delimitations provide parameters to this study. The target population was purposefully limited to first year physical therapy students in one course prior to clinical education to determine perceived learning prior to patient care experiences. Additionally, data analyzed were from one reflection question on one assignment to enhance feasibility and narrow research scope.

CONCLUSION

In conclusion, a single illness narrative assignment with reflection created a deeper understanding of the human illness experience and values associated with whole person care. Additionally, emergent themes about oneself and future professional role encouraged physical therapy student professional identity development prior to clinical experience. This research informs educators of a narrative pedagogical approach early in curricula to leverage student professional identity formation and patient-centered care. Further research is needed to reveal impact of narrative pedagogy longitudinally within physical therapy programs and long term impact on patient care. Future studies could include other allied health and medical professions to improve transferability and explore student emotions associated with narrative impacting understanding of the human illness experience.

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