The NUS 'Art of Medicine' Round

18th April 2008 NUH Auditorium

Using the Art of Narrative to better patient care

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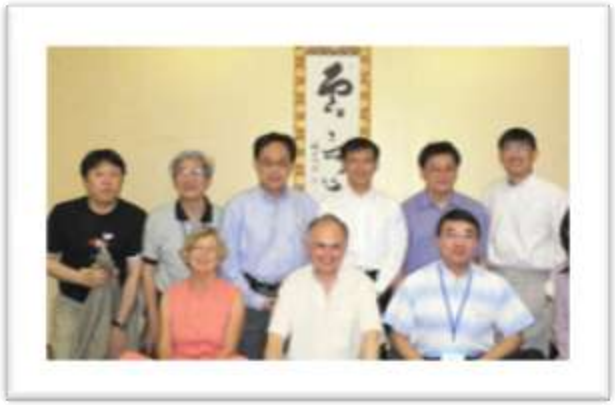
From
EBM
to
NBM



2005 Kyoto with Lee Gan & Dr. Roger Neighbour
Mindfulness retreat in Zen temple in FM Meet

1999 New Orleans American College of Physicians
With Profs Chee Yam Cheng & Tan Siang Yong

2008 Swinburne University Convocation
With Faculty & Masters graduates

From
EBM
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Family Physician

2005 Kyoto with Lee Gan & Dr. Roger Neighbour
Mindfulness retreat in Zen temple in FM. Meet

Internist

1999 New Orleans American College of Physicians
With Profs Chee Yam Cheng & Tan Siang Yong

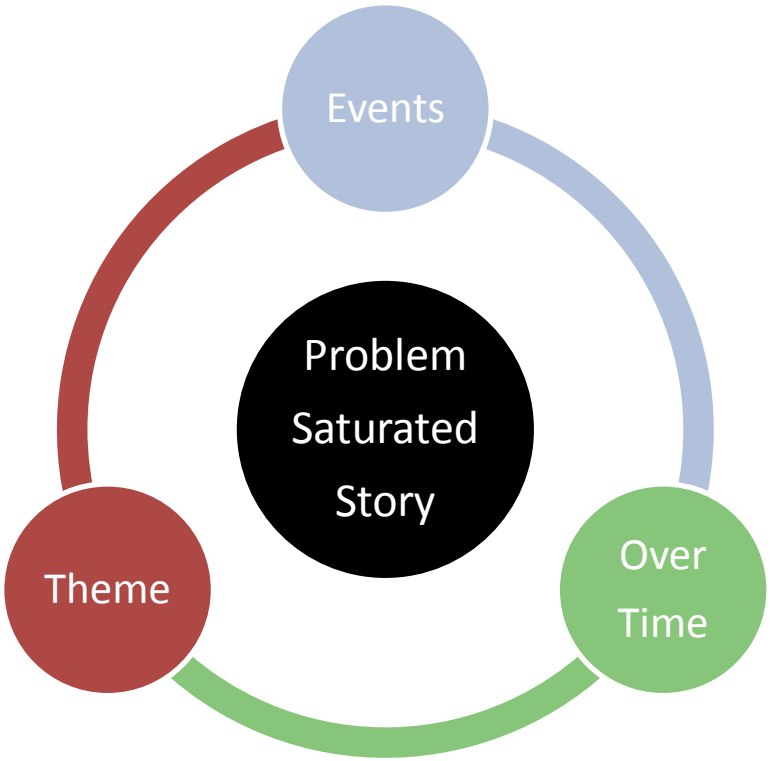
Psychotherapist

2008 Swinburne University Convocation
With Faculty & Masters graduates

The Art of Narratives

- The Phenomena of Narratives
- Complementing Evidence based Medicine (EBM)
- Framework for Narrative based Medicine
- Clinical Interventions
- Take home messages

The Phenomena of Narratives



- Patients tell their stories
- A patient's Narrative has 3 defining features
  - An account of unfolding events
  - Over time
  - Emplotment to convey meaning, motive and causality (Theme)

Trisha Greenhalgh (Family Practice 2005;22:1)

- Stories are linked to life-space of the person – physical, vocational, social; family; financial; spiritual.

- Doctors try to make sense of the patients' narratives.

The Art of Narratives

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EBM labels medical phenomena

- ‘As a student I began to believe that the more labels of diseases I could generate, the smarter I would be…’
- ‘Labeling was ecstasy.’
- ‘I quickly learned that navigating the world of medicine required an ability to correctly identify and label medical disorders.’

Lessons from a Label Maker:
Y. Pritham Raj. . Ann Intern Med, Nov 2005; 143: 686 - 687.

OK but…

- ‘. **Labels** had left gummy marks that could not easily be removed. ….’
- Patients sometimes do not quite fit the requirements of the labels.
- And Labels alone would not communicate contextual information required for the whole person and integrated care across providers.

Lessons from a Label Maker:
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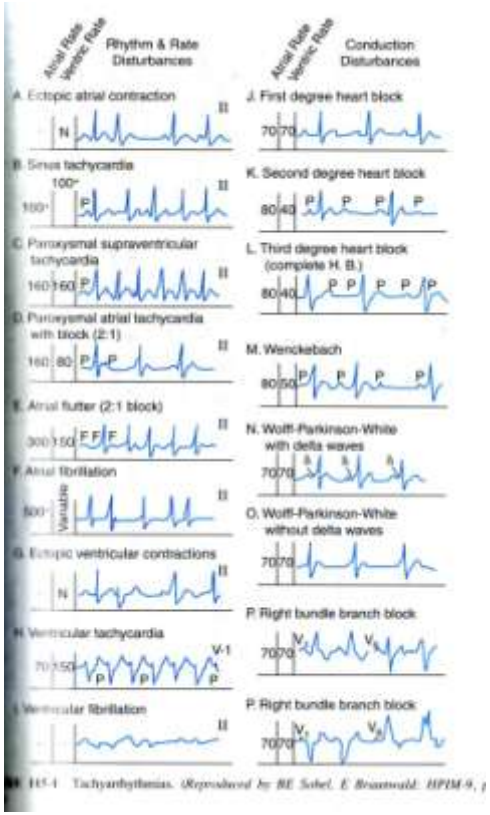
Picture of medical students in foreground & elderly lecturers background

Palpitation of the heart in a medical student may be the result of a lobster salad the night before or the girl he left behind.

Sir William Osler



From Harrison's Manual of Medicine

Narrative Based Medicine

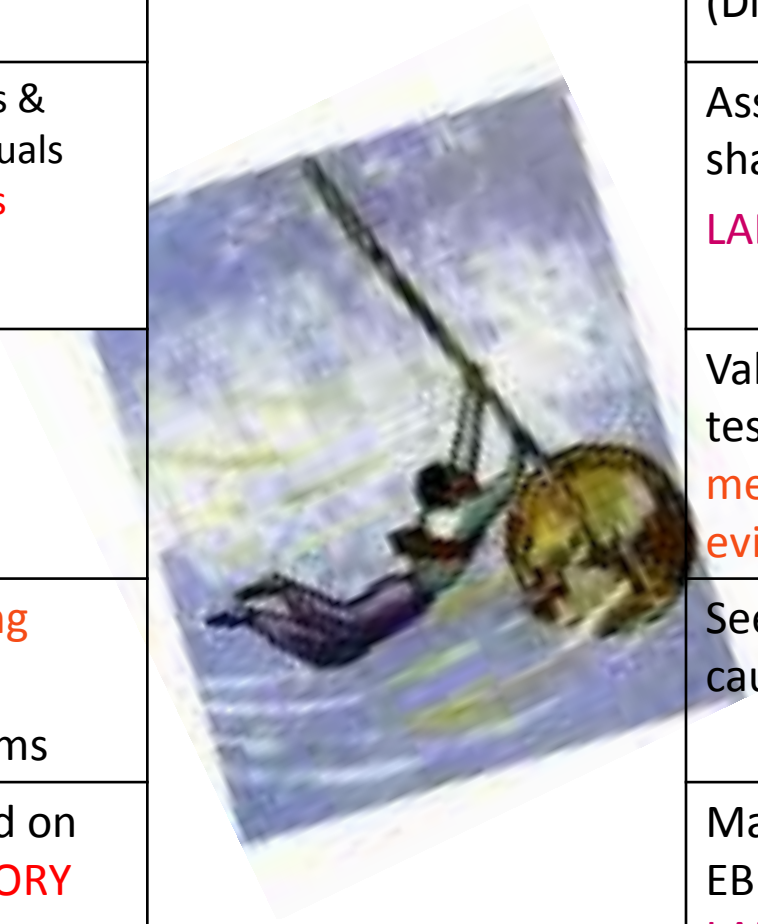
Evidence Based Medicine

“Care more particularly for
the individual patient
than for
the special features
of the disease.”

Sir William Osler
1849- 1919

So, we need both

Narrative Based Medicine (NBM)	Evidence Based Medicine (EBM)
Idiographic approach (Person-Centred)	Nomothetic Approach (Disease-Centred)
Focus on complexities & uniqueness of individuals based on the person's unique STORY	Assign patients with shared characteristics to LABELLED groups
Validity judged by reliability of data & plausibility of explanation	Validity in group can be tested by scientific method based on evidences
Seeks understanding how, what Reasons for problems	Seeks explanation WHY – causes of the diseases
Management based on person's unique STORY	Management based on EBM Guidelines of LABELS



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Framework for NBM

Tools of the Art

- ❑ Socratic questioning
- ❑ Life-event time line & genogram
- ❑ Formulating bio-psychosocial issues: the 4Ps
- ❑ Clinical Interventions: the 4Rs

Socratic questioning

Invites patients to generate their own questions & to answer them in context .

S1 = Clarification: how does this relate to

- length (present, past, and future events?),
- breath (people, events, situation, culture, beliefs, society); &
- depth (feelings, thoughts, behaviour & body interoception)

S2 = Assumptions:

What have you assumed? How should we assume instead?

S3 = Rationale & evidence:

How do you know this is true, correct, valid? ….

Socratic questioning (2)

S4 = Alternatives:

- Viewpoints – What may be another way to look at this?
- Confrontation – Are you implying that ? How likely is ... valid?
- Scaling – On a scale of 1 to 10, what would you rate?

S5 = Consequences:

- What generalisation can we make?
- Is the result better or worse than hoped for?
- What is the outcome of each alternatives / scenario?

S6 = Experience: E-on-E, Q-on-Q, (Circular questions)

Suppose you went to bed tonight & a miracle happened and you wake up with all your problems gone, how would you feel on seeing that you wife is so overjoyed that you're no longer the sad person?


S1
Clarification
S2
Assumptions
S3
Rationale
S4
Alternatives
S5
Consequences
S6
E on E
Socratic
Questioning

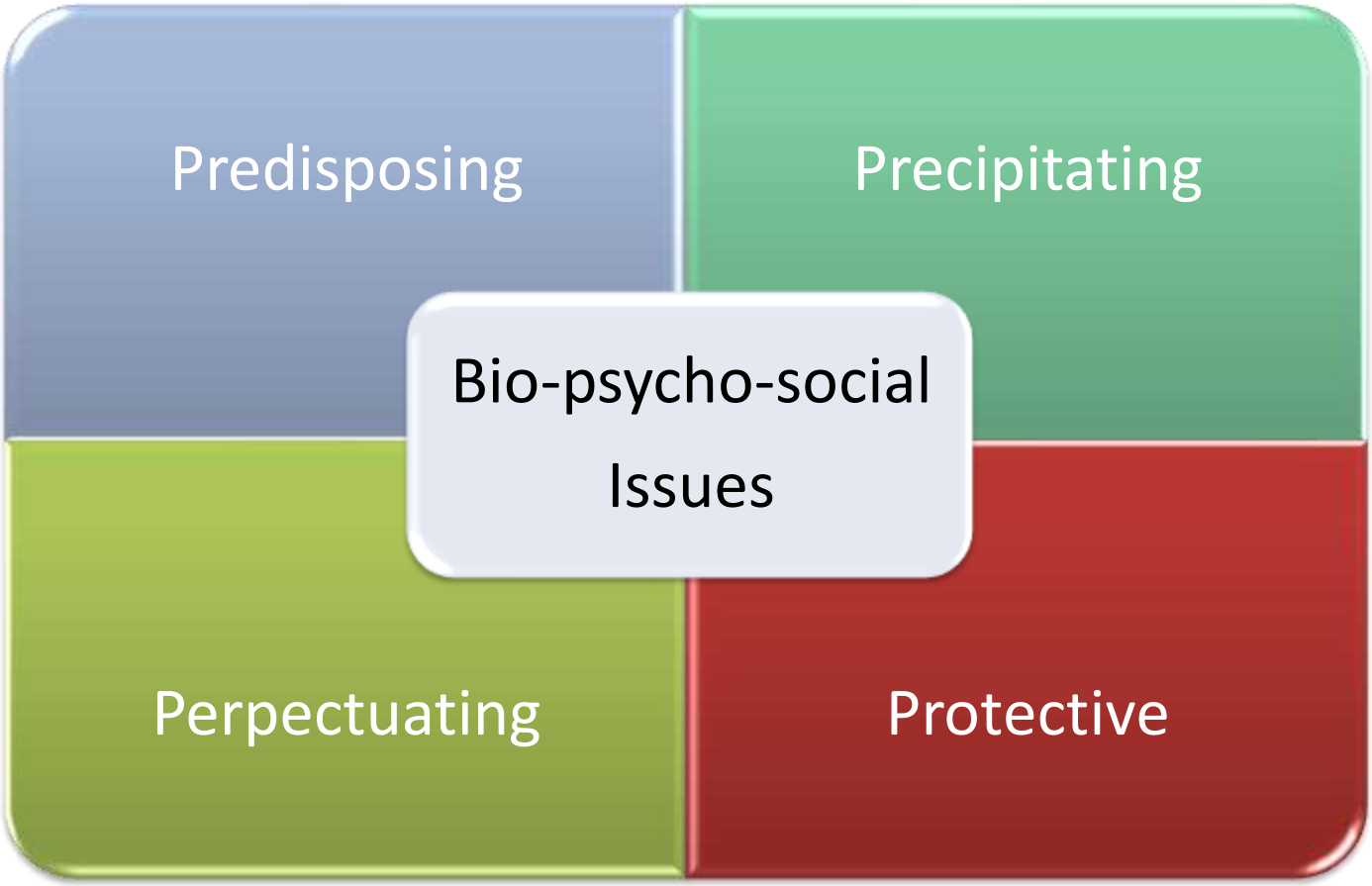
Socratic questioning (3)

- Socratic questioning helps people see their blind spots, distortions, hidden areas and thence engender mutative psychological changes.
- Help them to tell a more helpful (preferred) story to themselves and others so that they can move on in life.
- NBM complements EBM
- Just like Family Medicine complements Hospital Medicine

Events Time-line & Genograms are frameworks for understanding The whole patient

Medical student's case report in NUS community medicine
Case study with events time-line & genogram

Conceptualisation / Formulation



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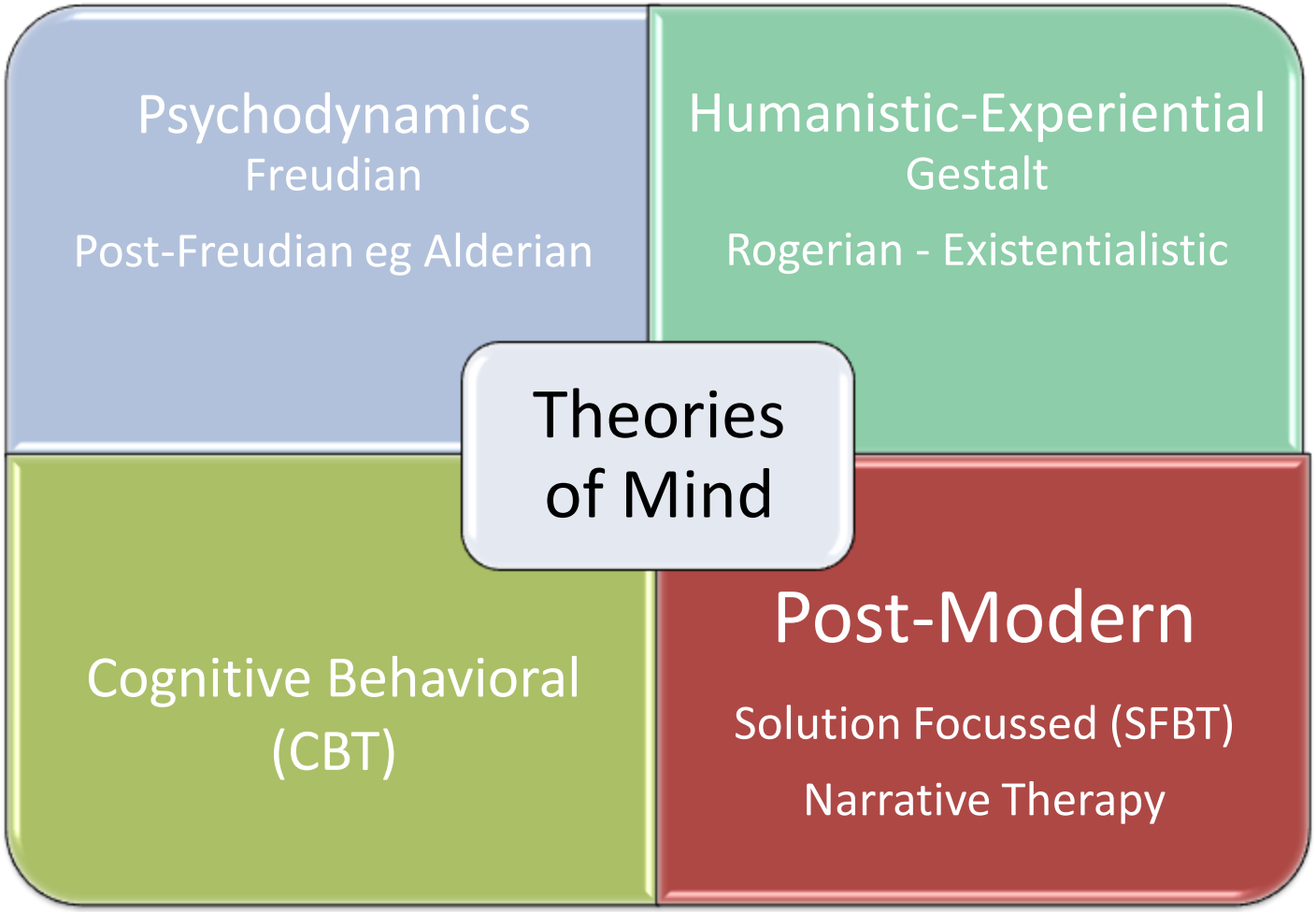
Clinical Interventions

Four Forces of Psychotherapy



Photos of White & Epston
Narrative Therapy: White & Epston

SFT : Insoo Kim Berg 2006

Narrative Therapy

- Problems because individuals construct meaning of life in interpretive PS story
- Replace Problem-Saturated with co-constructed Preferred Story
- Externalise, Elicit unique outcomes, co-construct preferred story by Four R's

Solution Focused Therapy

- Solutions may have no direct relation with problems.
- Co-create present & future story by shifting from problem to solution focus
- Elicit Exceptions, go for small changes, scale, amplify & repeat

Narrative Therapy

EXTERNALISATION

- SEPARATION

Creating a separation between persons, their stories & problems; Avoid totalising language

- 'THE PROBLEM IS THE PROBLEM'

'The Person is not the Problem' externalise by counter-language the feelings, behaviour, Past, relations, illness

- NAMING & PERSONIFICATION

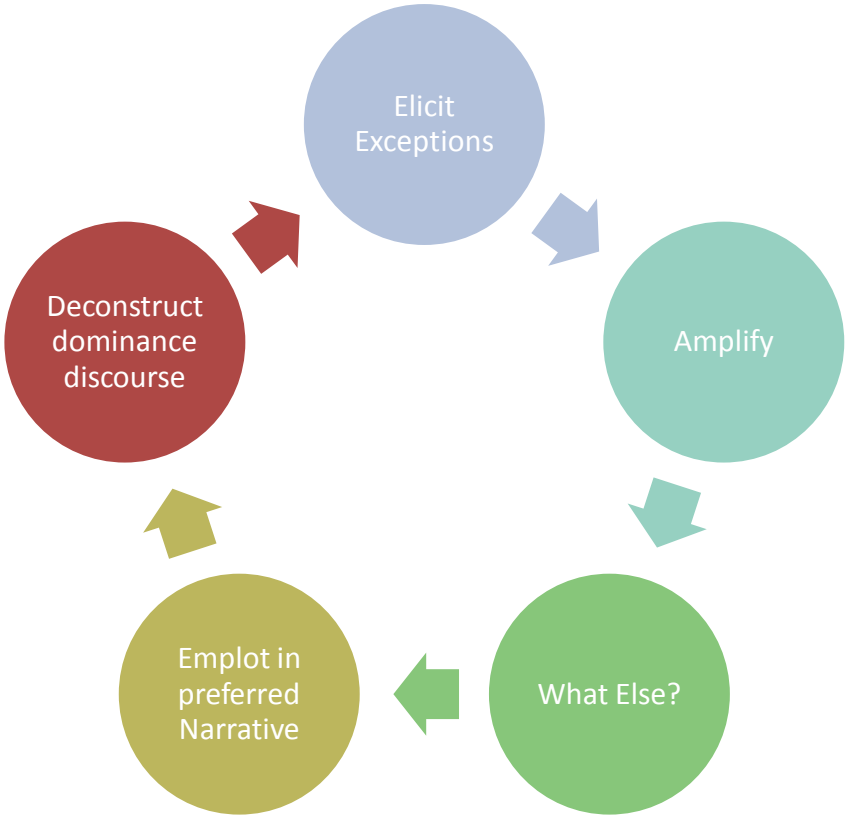
- S1 Clarify LBH Personification of problem

viz deceit, power, intents, rules, likes, dislike, relationships

- S2 Assumptions held of problem
- S3 Evidences of Problem Hold
- S4 Exceptions/ Unique Outcome
- S5 Consequences of alternatives
- S6: Q on Q or E on E

Narrative Therapy

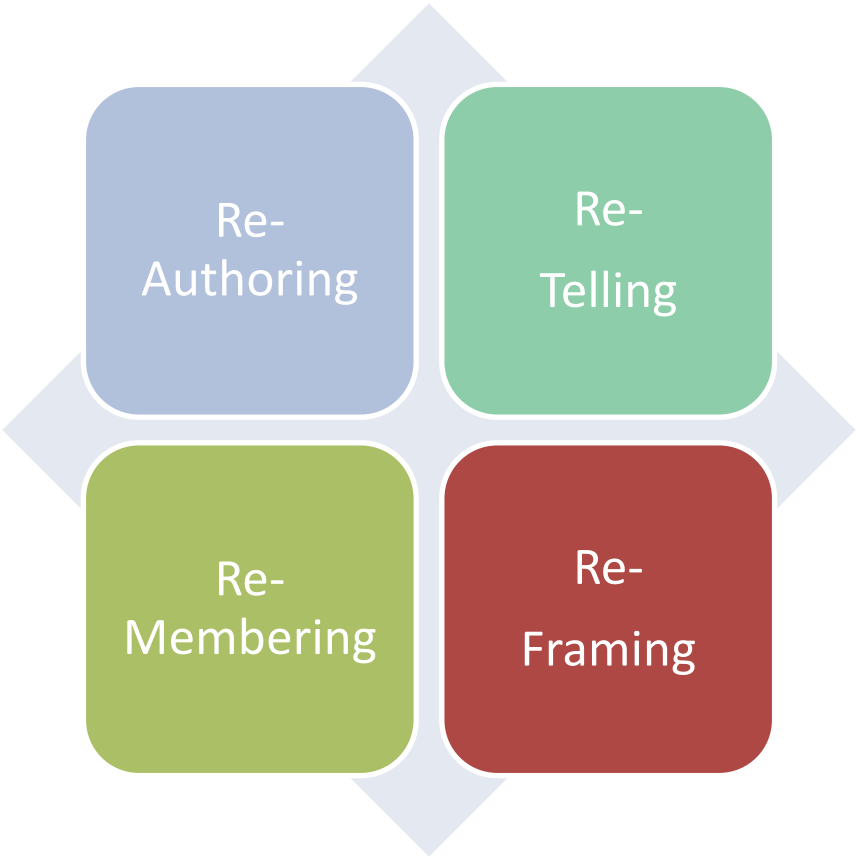
UNIQUE OUTCOMES



Moments when influence of problem is not so strong or contradictory to the dominant plot.

In SFBT, UO is called Exception & the techniques of ‘miracle questioning - supposing’ & ‘scaling’ are used to elicit, amplifying, reiterate exceptions.

4Rs of CHANGING PATIENT'S STORY



Narrative Therapy

RE- AUTHORING

Multi-STORIED MAP framework(White) to author the preferred story from the multi-stories.

1.Identify problem story
2.Externalise problem & Name
3.Identify Unique Outcomes
4.Emplotment of UO
5.Consequences of preferred story
6.Framework of Action, deconstruction
7.Specific plan of action
8.Retelling & Re-Membering

Photo of Sir William Osler with a Child co-creating therapeutic stories

Deconstructive Questions

Socratic 1 (Clarify length & Breath) Landscape of Action	• How did you get yourself to take this action to move on? • What have you experience in your life before that could have given you some hint that this (new action) is possible for you?
Socratic 1 (Clarify Depth) Landscape of Consciousness	• What do the discovery (of UO) tell you about what you want for your life? • What do these alternative/preferred story inform you what is important for you and what you stand for as a person?
Socratic 4 (Alternatives) Preference & scaling questions	• How is this difference from what you have done before? • How would you rate the extent of the problem NOW?
Socratic 5 (Consequences) Meaning & extending questions	• What does it mean to you that you were able to do it? • How do you see yourself extending what you do 6 months from now?
Socratic 6 (Q on Q, E on E) Experience of (Preferred) Experience	• Who would be LEAST surprised that you are able to take this step? • If I knew you before, what might I have witnessed then that may give a hint that you would take this step?

Narrative Therapy

RE- TELLING

'When you walk across a grass patch often enough, you create a path'

Definitional Ceremonies

Gain sense of meaning, identity & pride, Self-definition by re-telling to outsider witnesses (eg. Patient support groups)

Barbara Myerhoff social anthropologist

Case Study 1: Poorly controlled DM

Problem:

55 years old Chinese man with Diabetes Mellitus on oral hypoglycemic;
Present HBA1c= 10.2%
(6 months ago was 6.8%).

- Wife-homemaker home bound because of DM BKA , 2 teenage sons

- Retired 3 months ago as clerk and now doing shift-work as security guard. Irregular meals and sleep.

- Had episodes of hypoglycemia, stopped medicine for two months.

Issue:

Recent deterioration of DM control evident by high HBA1c

Formulation

- Predisposing:

Job change irregular meal

- Precipitating:

hypoglycemia

- Perpectuating:

Shift work

- Protecting:

Still coming for checks; concern about family

Case Study 1: Poorly controlled DM

Solution-focused Approach

- Reasons for poor control & compliance clear from formulation
- Compliment patient for still coming for checkup;
- Food-activity pattern; revise DM therapy/ medicine
- Elicit exceptions- days in which medications & food schedule followed, times in which he is feeling ok; then amplify & reinforced behaviour /situation/ meaning
- Scaling questions on ideas, concerns & expectations to elicit Strength & Resources & dispel negative thoughts
- Can also use Deconstructive Questions of Narrative Therapy

‘Club of Life’

Narrative Therapy

Re- MEMBERING

‘Membership has its privileges (& pain)’

Socratic Questions

S1:Who may that someone who would know what the ‘PROBLEM’
means to you?

S2: How does/ can (that someone) that caused the ‘PROBLEM’ (in the past) still affect you?

S3: Can you explain how (that someone) chose to help you / enslave you now?

S4: Who else are there in your life which can make a difference to your ‘PROBLEM’?

S5 Consequences What may they say if they were here with us and what they may feel now that you are moving to free yourself of the PROBLEM’

Narrative Therapy

RE- FRAMING

Picture demonstrating
Visual re-framing

"Metaphor is not an ornamental flourish of language but an essential part of thought. Our ordinary conceptual system in terms of which we both think and act is fundamentally metaphorical in nature"

George Lakoff 'Metaphors we live by'

'The mind is inherently embodied. Thought is largely unconscious. Abstract concepts are largely metaphorical'.

George Lakoff & Johnson's 'Philosophy in the Flesh'

A Vase with crooked mouth?

Silhouette of a man & a woman?

Case Study 2:

Case Study 2:

Genograms with emotional relationship links of patient.
Life events analysis and formulation based on PPPP shown.

Genogram of patient at 2 years of Age. Maid & elder sister protective Factors in an abusive environment

Fused Violence

Emotional Abuse

Distant /Poor

Very Close

Genogram 2007 client at 20 year

Manipulative

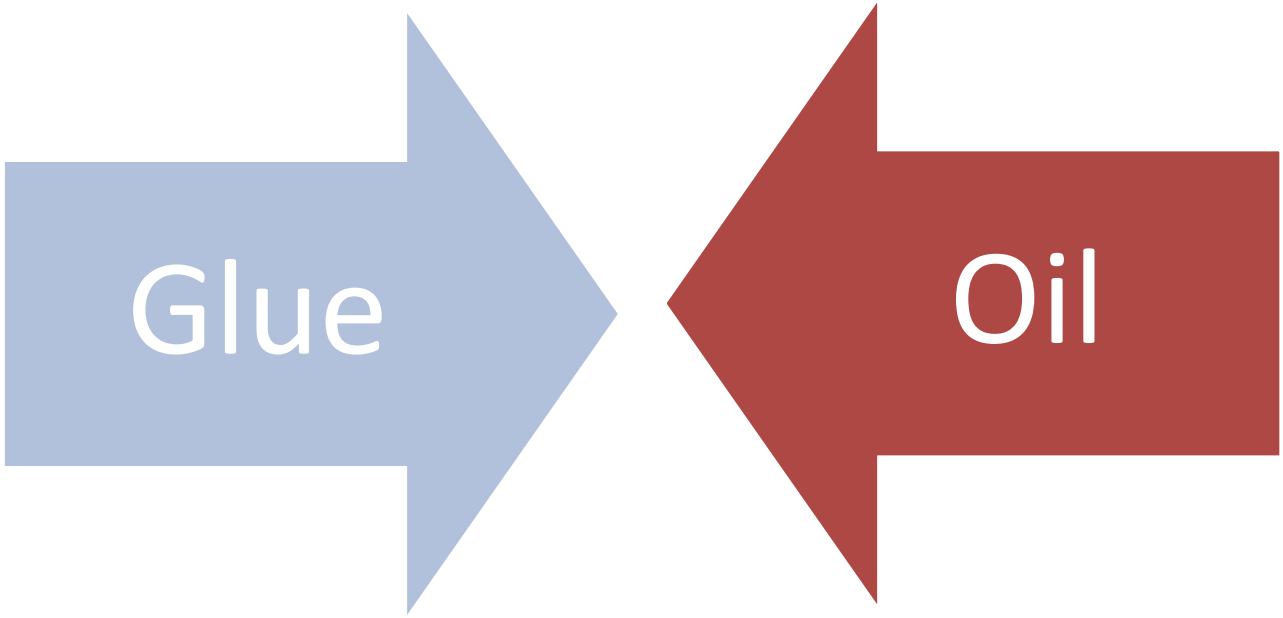
Discord/ conflict

Reframing in a psychotherapy case

The 'Glue' that turned to 'Oil'

20 years old Chinese female student referred for anger management against parents & lecturers She was a good student in 1st year but then failed to attend classes & complete assignments in the second year.

7-minute Video-clip of psychotherapy session of therapy of patient with author.



Recorded real-time unscripted unrehearsed during patient's encounter.
Patient's permission granted for author to show for educational purpose

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NBM defines the patient.

EBM defines the group that also has the label of that patient.

Art of NBM can be taught & it can be applied to every patient.

Lessons can be derived from psychotherapy .

THE ‘SPEAR’ model can be used for better consultations.

- Socratic Questioning around 6 domains
- 4Ps of Formulation / conceptualization
- Exernalisation of issues & Eliciting Exceptions
- Attending to patients & Amplifying Unique Outcomes
- 4Rs of Narrative Interventions