



Republic of Iraq
Ministry of Higher Education and Scientific Research
University of Basrah
Al-Zahraa College of Medicine



- Al-Zahraa College of Medicine
- Horizontal unit in Phase I

Unit Summary

Narrative Medicine

1 Educational Aims of the Unit

The unit aims to enable students to make progress towards meeting some of the learning outcomes described in *Tomorrow's Doctors* (2009), in particular those relevant to 'The Doctor as a Scholar and Scientist'; 'The Doctor as a Practitioner' and 'The Doctor as a Professional'. The specific aim is to enable students to gain an insight into the patient's perspective as they navigate the NHS for all aspects of their care through a longitudinal relationship with a patient over 18 months. Students will develop the ability to integrate the knowledge gained throughout Phase I of the MBChB course and apply this knowledge to a real-life situation, as well as developing the ability to reflect on experiences as a basis for life-long learning. Students will be encouraged to log some of their experiences in their e-portfolios.

The curriculum was obtained from the college of medicine, university of Kufa, which similar to that from college of medicine in Leicester University and Buckingham University.

2 Learning Outcomes from *Tomorrow's Doctors* (2009)

The Doctor as a Scholar and Scientist.

1. Apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology.
 - a) Explain normal human structure and functions.
 - b) Explain the scientific bases for common disease presentations.
 - c) Justify the selection of appropriate investigations for common clinical cases.
 - d) Explain the fundamental principles underlying such investigative techniques.
 - e) Select appropriate forms of management for common diseases, and ways of preventing common diseases, and explain their modes of action and their risks from first principles.
 - f) Demonstrate knowledge of drug actions: therapeutics and pharmacokinetics; drug side effects and interactions, including for multiple treatments, long-term conditions and non-prescribed medication; and also including effects on the population, such as the spread of antibiotic resistance.
 - g) Make accurate observations of clinical phenomena and appropriate critical analysis of clinical data.
2. Apply psychological principles, method and knowledge to medical practice.
 - a) Explain normal human behavior at an individual level.
 - b) Discuss psychological concepts of health, illness and disease.
 - c) Apply theoretical frameworks of psychology to explain the varied responses of individuals, groups and societies to disease.
 - d) Explain psychological factors that contribute to illness, the course of the disease and the success of treatment.
 - e) Discuss psychological aspects of behavioral change and treatment compliance.
 - f) Discuss adaptation to major life changes, such as bereavement. Compare and contrast the abnormal adjustments that might occur in these situations.
 - g) Identify appropriate strategies for managing patients with dependence issues and other demonstrations of self-harm.

3. Apply social science principles, method and knowledge to medical practice.
 - a) Explain normal human behavior at a societal level.
 - b) Discuss sociological concepts of health, illness and disease.
 - c) Apply theoretical frameworks of sociology to explain the varied responses of individuals, groups and societies to disease.
 - d) Explain sociological factors that contribute to illness, the course of the disease and the success of treatment - including issues relating to health inequalities, the links between occupation and health and the effects of poverty and affluence.
 - e) Discuss sociological aspects of behavioral change and treatment compliance

The Doctor as a Practitioner

1. Carry out a consultation with a patient.
 - a) Take and record a patient's medical history, including family and social history, talking to relatives or other carers where appropriate.
 - b) Elicit patients' questions, their understanding of their condition and treatment options, and their views, concerns, values and preferences.
 - d) Perform a mental-state examination.
 - e) Assess a patient's capacity to make a particular decision in accordance with legal requirements and the GMC's guidance (in Consent: Patients and doctors making decisions together).
 - f) Determine the extent to which patients want to be involved in decision-making about their care and treatment.
2. Diagnose and manage clinical presentations.
 - a) Interpret findings from the history, physical examination and mental-state examination, appreciating the importance of clinical, psychological, spiritual, religious, social and cultural factors.
 - b) Interpret the results of investigations, including growth charts, x-rays and the results of the diagnostic procedures in Appendix 1.
 - c) Synthesise a full assessment of the patient's problems and define the likely diagnosis or diagnoses.
 - d) Formulate a plan for treatment, management and discharge, according to established principles and best evidence, in partnership with the patient, their carers, and other health professionals as appropriate. Respond to patients' concerns and preferences, obtain informed consent, and respect the rights of patients to reach decisions with their doctor about their treatment and care and to refuse or limit treatment.
 - e) Support patients in caring for themselves.
3. Communicate effectively with patients and colleagues in a medical context.
 - a) Communicate clearly, sensitively and effectively with patients, their relatives or other carers, and colleagues from the medical and other professions, by listening, sharing and responding.
 - b) Communicate clearly, sensitively and effectively with individuals and groups regardless of their age, social, cultural or ethnic backgrounds or their disabilities, including when English is not the patient's first language.

- c) Communicate by spoken, written and electronic methods (including medical records), and be aware of other methods of communication used by patients. Appreciate the significance of non-verbal communication in the medical consultation.
 - h) Communicate effectively in various roles, for example as patient advocate, teacher, manager or improvement leader.
4. Prescribe drugs safely, effectively and economically.
- a) Establish an accurate drug history, covering both prescribed and other medication.
5. Use information effectively in a medical context.
- a) Keep accurate, legible and complete clinical records.
 - b) Make effective use of computers and other information systems, including storing and retrieving information.
 - c) Keep to the requirements of confidentiality and data protection legislation and codes of practice in all dealings with information.
 - d) Access information sources and use the information in relation to patient care, health promotion, advice and information to patients, and research and education.

The Doctor as a professional

6. Behave according to ethical and legal principles.
- a) Know about and keep to the GMC's ethical guidance and standards including Good Medical Practice, the 'Duties of a doctor registered with the GMC' and supplementary ethical guidance which describe what is expected of all doctors registered with the GMC.
 - b) Demonstrate awareness of the clinical responsibilities and role of the doctor, making the care of the patient the first concern. recognize the principles of patient-centred care, including self-care, and deal with patients' healthcare needs in consultation with them and, where appropriate, their relatives or carers.
 - c) Be polite, considerate, trustworthy and honest, act with integrity, maintain confidentiality, respect patients' dignity and privacy, and understand the importance of appropriate consent.
 - d) Respect all patients, colleagues and others regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status. Respect patients' right to hold religious or other beliefs, and take these into account when relevant to treatment options.
 - e) recognize the rights and the equal value of all people and how opportunities for some people may be restricted by others' perceptions.
 - f) Understand and accept the legal, moral and ethical responsibilities involved in protecting and promoting the health of individual patients, their dependents and the public - including vulnerable groups such as children, older people, people with learning disabilities and people with mental illnesses.
7. Reflect, learn and teach others.
- a) Acquire, assess, apply and integrate new knowledge, learn to adapt to changing circumstances and ensure that patients receive the highest level of professional care.
 - b) Establish the foundations for lifelong learning and continuing professional development, including a professional development portfolio containing reflections, achievements and learning needs.

- c) Continually and systematically reflect on practice and, whenever necessary, translate that reflection into action, using improvement techniques and audit appropriately - for example, by critically appraising the prescribing of others.
 - d) Manage time and priorities tasks, and work autonomously when necessary and appropriate.
 - e) recognize own personal and professional limits and seek help from colleagues and supervisors when necessary.
8. Learn and work effectively within a multi-professional team.
- a) Understand and respect the roles and expertise of health and social care professionals in the context of working and learning as a multi-professional team.
 - b) Understand the contribution that effective interdisciplinary teamworking makes to the delivery of safe and high quality care.
 - c) Work with colleagues in ways that best serve the interests of patients, passing on information and handing over care, demonstrating flexibility, adaptability and a problem-solving approach.
9. Protect patients and improve care.
- a) Place patients' needs and safety at the centre of the care process.
 - c) Understand the framework in which medicine is practiced in the UK, including: the organization, management and regulation of healthcare provision; the structures, functions and priorities of the NHS; and the roles of, and relationships between, the agencies and services involved in protecting and promoting individual and population health.
 - e) Understand and have experience of the principles and methods of improvement, including audit, adverse incident reporting and quality improvement, and how to use the results of audit to improve practice.

3 Teaching and Learning Strategies

Narrative medicine runs throughout Phase I of the MB ChB alongside the student's study at the University and in clinical environments. During the Narrative Medicine unit, students undertake a detailed longitudinal study of one or two patients living with chronic conditions. They will be introduced to the patients through the practice they have been matched with, and a designated doctor from that practice will supervise the student through the process. Students will meet their patients at least termly to discuss with them their experience of their illness and its management by health and social care services, and they will discuss this experience with their nominated supervisor. Students are provided with a detailed guide to support them during this unit, and will receive formal teaching on effective reflective practice.

4 Unit Outline/Syllabus

Term 1 week 5

Introductory Lecture

Students meet the practices

Students receive information about the patients they have been matched with

Terms 1 & 2

Students meet their patients at least termly

Students meet their GP tutors at least termly.

Last Day Term 2

Submission deadline for Formative Reflective Essay

Terms 3, 4 & 5

Students meet their patients at least termly.

Students meet their GP tutors at least termly.

Last Day Term 5

Submission deadline for Narrative Medicine Dissertation

Term 6 Week 5

Marks of dissertation published.

Last day term 6

Submission deadline for Narrative Medicine Dissertation resets.

Term 7 week 4

Marks of resubmissions published.

5 Secondary Learning Outcomes

In addition to meeting the outcomes described in Tomorrow's Doctors, at the completion of the unit students will be able to:

- Developed an understanding of life with and the impact of chronic disease (physical, psychological and social).
- Developed an ability to integrate and apply knowledge gained within phase 1 of the course and information gained for a variety of sources.
- Developed communication skills through contact with the patient.
- Developed an understanding of the roles of a variety of health care workers.
- Developed an understanding of holism and the vertical interaction of primary care, secondary care and social care.
- Gained insight into access, continuity and communication between
 - Primary Care
 - Secondary Care
 - Social Care
 - Other specialist services e.g. community nurses.
- Developed skills in reflection and learning from patients.

6 Key Texts and/or Other Learning Materials

- *The Wounded Storyteller: Body, Illness, And Ethics*: A Frank, 2013 Second Edition
- *Reflection in Learning and Professional Development: Theory and Practice*: J. A. Moon, 2000
- *A Handbook of Reflective and Experiential Learning: Theory and Practice*: J A Moon 2004
- *Reflective Practice: Writing and Professional Development*: G Bolton, 2014

- *Critical Reflection In Practice: Generating Knowledge for Care*: G Rolfe, 2010 Paperback edition
- *The Other Side*: K Granger
- *C: Because Cowards Get Cancer Too*: J Diamond, 1999 Paperback edition
- *I Had a Black Dog*: M Johnstone, 2007 Paperback edition.
- Narrative medicine handbook and other support resources on Moodle

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