Author’s response to reviews

Title: Impact of a narrative medicine programme on healthcare providers' empathy scores over time

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Version: 1 Date: 03 Dec 2016

Author’s response to reviews:

March 28, 2017

Editor

Dr. Christoph Nikendei, University Hospital Heidelberg, Germany

BMC Medical Education

Ms. Ref. No.: MEED-D-16-00604 R1

Title: Impact of narrative medicine programme on healthcare providers' empathy: gender and seniority differences

Dear Professor Nikendei:

We respectfully submit our 2nd revised manuscript with the revised title “Impact of a narrative medicine programme on healthcare providers' empathy scores over time”. We thank you for your
very helpful comments and the revised manuscript has been markedly improved. We have taken care to address all of the comments that we believe, enhance the quality of this manuscript.

We have also had further input from an English native speaker, who also has expertise in Medical Education. Not only did she give us feedback on the English language aspect of the paper but also she critically commented in it for content. Due to the arbitrary nature of the seniority divide and the uneven numbers, she suggested that we omitted this aspect from our analysis. As such we have markedly reanalyzed the statistics. The revised results show a strong effect of the narrative medicine programme on participants’ empathy scores. There is also a main effect of gender on empathy scores, with a (non-significant) trend of gender over time.

We believe that our revised manuscript is much clearer in terms of what we have found, both in terms of its’ written format and content. We hope our 2nd markedly revised manuscript will finally meet the standards of the “BMC Medical Education“. We look forward to hearing from you.

Sincerely yours,

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To Editor: Christoph Nikendei

Original comments of the editor :
Point #1: Line 22 p 4: a rather strong statement based on only one reference, I would suggest removing this.

Response:
We thank editor for this concern. We have deleted the sentence in this manuscript.

Point #2: Line 25 p 4: ‘we propose an effective way’ – I think it is inappropriate to suggest your programme is effective in the introduction.

Response:
We thank the reviewer for this well taken point. We have revised the description in the section of introduction (p.4-6).

Point #3: Line 43 p.6: ‘there is no research: I would say ‘to our knowledge, there is no research’ although I think the whole sentence is a bit pointless as naturally, there is no previous research on their particular intervention.

Response:
We agree editor’s concern. We have revised it in p.6, 2nd paragraph, line 1-5.

“To our knowledge, there has been no research that examines whether a narrative medicine programme can positively effect multi-professional healthcare providers’ empathy, although previous research has already suggested that guided narrative writing designed to promote reflective thinking can help practicing physicians to explore reflection and might enhance empathy.”

Point #4: I lack information about what the programme included, was their lectures, literature, seminars?
Response:

The information about what the programme included has now been developed on p7, 3rd paragraph, “Narrative medicine programme”

“Department of Medical Education planned the "Narrative Medicine" programme which was a narrative medicine competition program with continuous announcement in our hospital for 2 months. It was based on competition style. Before the narrative medicine program, the protocol for narrative writing began with a lecture explaining the theory and introducing the process. This activity was integrated as a one-hour session into the curriculum of faculty development.”

Point #5: Any activities apart from the competition?

Response:

The activities apart from the competition are added on p8, 2nd paragraph.

“Individual entries were open to all participants (irrespective of whether they participated in individual or team groups). In the single groups, participants represented clinical stories in their narrative writing. This activity was designed to enhance medical humanism sensitivity through the processes of enabling participants to recognize, to interpret and to be moved to action by the problems of others. Through the act of narrative writing, participants could review their journeys through their clinical experiences: rethinking and reflecting on the stories they gathered from patients. Either real or simulated clinical cases were acceptable. Team groups were required to act out their written case of the narrative medicine, in which the leader would guide the participants to be empathetic to the illness experiences of the patient in the case with emphasis on the social, cultural or ethical aspects. If the case scenario could not be presented through the acting, a prepared film could be played in sections in order to assist the presentation. The programme aims to helping participants to integrate medical humanities practices into the medical environment, which they were familiar with, and to encourage medical staff from different specialties to learn and exchange knowledge from each other in order to achieve the teaching effectiveness of holistic health care.”
Point #6: Where the cases assigned or did the participants write them?

Response:
In both single and team groups, participants were allowed to represent and act out clinical cases/stories in their narrative writings in story-telling as described in Point 5#.

Point #7: For this study to be of much value to the reader we need to understand what the intervention looked like.

Response:
We have now expanded on our description of the narrative medicine intervention and hope that you are more aware of what it looks like in practice.

Point #8: The details of the scoring system in the competition is of less interest.

Response:
We now condense the scoring system as “Three experts from the relevant fields were invited as judges. For reviewing procedures and criteria in individual group, the judges would score each individual entry based on the written documents. The team groups had 20 minutes to act out the teaching scenario based on the narrative medicine case. Reviewers scored the team groups based on their case and the acting according to the evaluation form”. (p9, 2nd paragraph)

Point #9: Some information of how the survey questionnaire was developed and tested would also be of interest.

Response: The information of questionnaire is now described in Method section (p11)
Questionnaire Development

The questionnaire comprised a 10-item survey instrument administered using a 5-point Likert scale (strongly disagree to strongly agree) developed by four experts in clinical education and faculty development. These experts reviewed the items for content and face validity. A pilot check with faculty members was performed examining internal consistency and reliability. The questionnaire investigated two domains of participants’ perceptions: perceptions about the narrative medicine programme and personal attitudes about the narrative medicine progress model.

Perceptions about the narrative medicine programme

λ. Narrative medicine (NM) is helpful for reflection

λ. NM is helpful for enhancement of empathy

λ. NM is helpful for the relationship between patients and doctors

λ. NM is helpful for relieving my grief during medical care

λ. NM is essential for medical care

λ. NM relieves my pressure during medical care

Personal attitudes about the narrative medicine progress model

λ. I have a good overall impression on NM

λ. I am interested in NM
λ. I will tell my coworkers about the concept of NM

λ. I will continue with my narrative writing

Point #10: Line 39 p 19 and line 34 p 20 repeat the same information.

Response:

Thank you for reviewer’s comment. We have deleted the repeated information.