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Narrative medicine as a novel tool for non-operational capabilities: Dental interns' perceptions



Core clinical skill competencies are emphasized in dental education. The fields of fundamental clinical skills include classroom, simulation laboratory, and clinical environment.¹ In Taiwan, dental students enter clinical internship in their 6th academic year. They will have their own initiative to directly treat patients under surveillance by the instructors. However, history taking, physical examination, communication, medical humanities, and essential knowledge of dentistry should be well-established before clinical care for patients independently. Without proper self-preparation, patients will not trust the professionalism of the intern and have the right to refuse treatment by the intern. Therefore, the non-operational capabilities are very important especially during the first visit such as patient-dentist discourse, basic examination, and oral hygiene instruction.

Narrative medicine, medicine practiced with narrative competence, was first proposed by Dr. Charon in 2001. Narrative medicine is based on a model of empathy, reflection, professionalism, and trust in daily clinical practice.² It was hypothesized that initiation with aforementioned narrative competencies could be benefit for patient-dentist discourse and the achievement of holistic medical care.³ Narrative medicine was conducted in School of Dentistry, Chung Shan Medical University in the courses of medical ethics, clinical instruction & discussion in dentistry, and the core-curriculum of intern. However, the implementation of narrative medicine in dental education has not been investigated.

This was a cross-sectional online survey for year 105 dental interns who had completed 6 months' clinical care experience in Chung Shan Medical University Hospital. The survey was designed to gauge students' perceptions of that the implementation of narrative medicine is important for

the enhancement of patient-dentist discourse, the decision of treatment plan, and the achievement of patient-centered care, respectively. The interns' responses to the issues in the questionnaire were assessed by the Likert scale represented by strongly agree, agree, neutral, disagree, and strong disagree. The data collection was anonymized without collection of Internet Protocol addresses for computers. The responses were downloaded directly onto an Excel spreadsheet for analysis. The response rate of this survey was 92% (46/50). The results are shown in the [Table 1](#). About 100%, 100%, and 80.43% of the dental interns agreed that narrative medicine could be helpful in non-operational capabilities for patient-dentist discourse, treatment plan, and patient-centered care, respectively.

Previous studies have shown that patient-dentist discourse, treatment planning, and professional communication skills are the important non-operational capabilities for both dental graduate and post-graduate.^{4,5} However, the score of patient-centered care was relative lower in this survey. The reason is not quite clear. Traditionally, the patient-doctor relationship was authoritarian. Doctor usually made the decisions on behalf of the patient. This is why the new hospital accreditation provision emphasizes the importance of patient-centered care. Narrative medicine is also recommended for center for faculty development. The conceptual shared decision making may guide to the center of the care experience focused on the patient.

Taken together, the modern dental curriculum should not only focus on traditional essential clinical skills, but also aim on the provision of holistic medical care. For dental interns' perceptions, narrative medicine seems to be a novel tool for non-operational capabilities in dental education.

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Table 1 The survey explored the interns' perceptions on the outcomes of narrative medicine for non-operational capabilities by Likert scale.

	Patient-dentist discourse	Treatment plan	Patient-centered care
Strongly agree	35 (76.09%)	34 (73.91%)	35 (76.09%)
Agree	11 (23.91%)	12 (26.09%)	2 (4.35%)
Neutral	0	0	9 (19.56%)

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

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