

YOU SHOULD TRY THIS!

Narrative medicine program for adults with intellectual and developmental disabilities: a co-learning model with interprofessional students

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Implication Statement

Adults with intellectual and developmental disabilities (IDDs) experience persistent communication barriers in healthcare, limiting their autonomy and participation. Narrative medicine is a clinical approach that centres patients' stories to inform and enable more humanistic care. CREATE (Cultivating Reflection, Empathy, and Awareness in Telling Experiences) adapts narrative medicine principles to an arts-based workshop for adults with IDD to enhance communication for both participants and healthcare student facilitators. By engaging trainees directly with patient narratives in community settings, CREATE provides a replicable model for inclusive, patient-centered medical education and care.

Programme de médecine narrative pour adultes présentant des déficiences intellectuelles et développementales : un modèle de coapprentissage avec des étudiants interprofessionnels

Énoncé des implications de la recherche

Les adultes présentant des déficiences intellectuelles et développementales (DID) font face à des obstacles persistants de communication dans les milieux de soins de santé, ce qui limite leur autonomie et leur participation. La médecine narrative est une approche clinique qui met au centre les récits des patients afin d'orienter et de favoriser des soins plus humanistes. CREATE (*Cultivating Reflection, Empathy, and Awareness in Telling Experiences*) adapte les principes de la médecine narrative dans le cadre d'ateliers artistiques destinés aux adultes présentant des DID, afin d'améliorer la communication tant pour les participants que pour les étudiants en santé agissant comme animateurs. En engageant directement les stagiaires avec des récits des patients dans des contextes communautaires, CREATE offre un modèle reproductible de formation médicale et de soins inclusifs et centrés sur le patient.

Introduction

For adults with intellectual and developmental disabilities (IDDs), communication barriers contribute to reduced self-advocacy, unmet needs, and poorer health outcomes.¹ Narrative medicine uses close listening and engagement with patient stories to foster responsive, patient-centered care.² Although it has been explored in both medical education and improving care for people with disabilities,^{2,3} few programs have adapted this approach for people with IDDs. To address this gap, our team of interprofessional students and clinicians with narrative medicine expertise co-developed CREATE (*Cultivating Reflection, Empathy, and Awareness in Telling Experiences*) as an accessible arts-based workshop incorporating principles of narrative medicine. We designed accessible activities, tested prompts, and refined session flow through iterative meetings with Reena, a Toronto-based organization supporting adults with IDDs. CREATE enables adults with IDDs to explore and communicate their healthcare experiences through art. This study evaluates its impact on reflection, communication, self-

advocacy, and empathy, and examines feasibility as a student-led educational initiative.

Description of Innovation

We coordinate monthly, 60-minute in-person workshops for adults with mild to moderate IDDs, ages 18 and older of all genders, who live with their families in the community. These workshops are offered as an optional activity within Reena's social outreach program and are facilitated by five medical and occupational therapy students trained in active listening and inclusive facilitation.⁴ Each workshop begins with a pre-survey, followed by 20 minutes of art-making in response to a healthcare-related prompt (e.g., "draw a time you felt understood or misunderstood in healthcare"), 20 minutes of guided reflection, and an identical post-survey. Pre- and post-surveys are completed on paper and assess eight items rated on a 5-point Likert scale (Table 1). Reena supplies materials, an accessible room, and volunteers to provide one-on-one support. CREATE is a novel program whose unique features include an interprofessional student-led structure, art-based reflection, and an educational model that promotes bidirectional

learning between participants and facilitators through shared storytelling.

Outcomes

Fifteen participants completed paired pre- post workshop surveys. Using Wilcoxon signed-rank testing (appropriate for ordinal data and small samples),⁵ we found statistically significant improvements across all eight items ($p < 0.005$) (Table 1). Participants reported greater confidence expressing health experiences, improved awareness of needs, and stronger peer connection. Student facilitators reported increased comfort communicating with adults with IDD, greater insight into their experiences, and appreciation for community engagement. Positive feedback from both groups suggests CREATE has favourable acceptability, although this was not directly measured.

Suggestions for Next Steps

Future work will examine longitudinal outcomes through mixed-methods evaluation, directly assess program acceptability, and further explore how student facilitators develop skills in reflective practice, inclusive communication, and interprofessional collaboration. To support broader implementation in schools and community organizations, we will develop guidance on essential resources (including a list of prompts), facilitator training, and adaptation for diverse cultural and cognitive needs. CREATE's flexible structure and low operational burden make it well-suited for replication in medical education settings to advance health equity through patient narrative and expression.

Table 1 Survey items and Wilcoxon signed-rank test results for pre- and post-workshop responses

Survey Item	Learning Objective	Mean Δ	W	Z	p-value
I recognize how my health affects the way I feel about myself.	Reflective Insight	1.08	3.50	-2.94	0.0030
I understand how my health influences my emotions or well-being.		0.92	0.00	-3.18	0.0010
I feel comfortable using art or stories to explain what is important to me about my healthcare.	Self-Advocacy	1.07	0.00	-3.30	0.00096
I can identify what I need or want when talking about my healthcare with others.		1.53	0.00	-3.26	0.0011
I feel confident using art to express feelings about my health when it's hard to find the right words.	Communication	1.18	0.00	-2.93	0.0034
Using art/storytelling helps explain things about my health that might be hard for doctors to understand.		0.92	0.00	-3.18	0.0015
I feel that others can understand something about me through my story or artwork.	Empathy	1.23	0.00	-3.18	0.0015
I recognize something in another person's story or artwork that helps me feel seen or less alone.		1.21	0.00	-3.30	0.00096

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References:

1. Shady K, Phillips S, Newman S. Barriers and facilitators to healthcare access in adults with intellectual and developmental disorders and communication difficulties: An integrative review. *Rev J Autism Dev Disord.* 2024;11(1):39–51. <https://doi.org/10.1007/s40489-022-00324-8>
2. Guthrie E, Charon R. Disability and narrative medicine: Challenges and opportunities. *Dev Med Child Neurol.* 2024;66(2):149–54. <https://doi.org/10.1111/dmcn.15685>
3. Palla I, Turchetti G, Polvani S. Narrative medicine: Theory, clinical practice and education - a scoping review. *BMC Health Serv Res.* 2024;24(1):1116. <https://doi.org/10.1186/s12913-024-11530-x>
4. Hoang AQ, Lerman DC, Nguyen JT. Virtual training of medical students to promote the comfort and cooperation of patients with neurodevelopmental disabilities. *J Autism Dev Disord.* 2024;54(4):1249–63. <https://doi.org/10.1007/s10803-023-05896-w>
5. Okoye K, Hosseini S. Wilcoxon statistics in R: signed-rank test and rank-sum test. In: *R Programming*. Singapore: Springer; 2024. https://doi.org/10.1007/978-981-97-3385-9_13