

# The Inner World of Medical Students: Listening to their Voices in Reflective Writing and Poetry

Johanna Shapiro, Ph.D.  
Department of Family Medicine  
UC Irvine School of Medicine  
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# The Inner World of Medical Students

- How can we learn about the thoughts and feelings of medical students?
- Students often use reflective writing exercises to
  - ❏ Orient themselves in the world of medicine – process their socialization experience
  - ❏ Examine the nature of the patient-doctor relationship
  - ❏ Explore moral distress and dilemmas
  - ❏ Examine their emotional responses to clinical training
  - ❏ Reclaim a personal voice; find community



# Qualitative Thematic Analysis

- Poetry written in various classes as assigned reflective exercises
- Crystallization/immersion
  - Key words and phrases
  - Themes and subthemes
- 181 poems reviewed
- 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> year medical students
- 12 major themes
- 26 sub-themes

\*Shapiro J. *The Inner World of Medical Students: Listening to Their Voices in Poetry*. Radcliffe, 2009.



# I. Education and Socialization: Views of Medical Education

## Engulfing, all-consuming:

- ⌘ Lack of sleep
- ⌘ Constant exams
- ⌘ Invasion of all aspects of their lives
- ⌘ *"... this devouring life"*

## Degrading, diminishing

*⌘ A deer in the headlights, I startle to fright  
Can't think, I'm stunned, did I get that right?  
Oh great one! Oh leader! Is this how we learn?  
Humiliated, I stumble, ruminating after my turn.  
(3<sup>rd</sup> year student)*

*I remember being asked questions that were all pretty hard*

*And after I got all of them wrong, thinking to myself, I really am a retard*

*I remember some of the doctors thinking, 'This student's a fool'*

*While residents would think, 'How the hell did he get into med school?' (3<sup>rd</sup> year student)*

# Education and Socialization:

## ■ Corporate malfeasance:

⌘ *"... a hostile takeover of my life"*

## ■ Slavery:

⌘ *"I'm a slave," "a scut-monkey slave"*

## ■ Army:

⌘ *'Go get his x-rays!' our attending shouts,  
'Yes sir!' we reply, promptly running out,  
'Go get his chart!' our resident demands  
'Yes sir!' we oblige, following his command  
(3<sup>rd</sup> year student)*

## ■ War

⌘ *What am I doing here?  
It's like a f---ing battle,  
I fight to console myself each day ( 3<sup>rd</sup> year student)*



# Education and Socialization:

■ Students concerned about the effects of medical education on who they are:

■ *It teaches us harshness  
so we would be stiffer (3<sup>rd</sup> year student)*

■ They worried most about losing their compassion:

■ *And I do not flinch...  
And I do not flinch...  
And I silently weep  
For the tears that do not come  
( 3<sup>rd</sup> year student)*





# Role Models and Anti-Role Models:

## ■ Judgmental: Patient point of view:

*What makes you think you can waltz in here*

*With your long, clean white coat*

*A stethoscope draped elegantly around your neck*

*Chart and pen in hand*

*And tell me what kind of person I am? (Rebecca Smith)*

## ■ Hurried: Patient point of view:

*Hi doctor. The pain is here*

*Why are you getting up?*

*Why are you leaving so soon?*

*I know you are busy and*

*have other people in the rooms*

*but don't let me be*

*this pain is too much to bear... (Daniel Chun)*



# Role Models and Anti-Role Models:

■ **Insensitive and callous: A physician teacher is described during a lecture slide show showing**

■ *...a woman who went into cardiac arrest during labor...*

*'Unfortunately she woke up without a brain'*

*I hear the doctor say (Sayeh Beheshti)*

■ **Another physician-teacher talking about a patient:**

*Half serious he [the surgeon] said, 'Most people who get head and neck cancer sort of get what they deserve'...*

*His bravado implied: this unfortunate head hadn't led the clean life of a surgeon (Jena Berg)*



# Role Models and Anti-Role Models:

- Indifferent to patient suffering:
- *Residents and attending deliver a negative diagnosis and prognosis to patient with heart disease:*

*While they prodded and measured and recorded  
The spasms that invaded her heart  
No time was taken to hear and listen  
To empathize and understand  
That the waves that battered her heart  
Were but the ebb and flow of some silent storm deep  
within  
A listening ear, a soothing voice, a friendly touch  
Would have done so much (3<sup>rd</sup> year student)*



# Role Models and Anti-Role Models:

- Positive role models do exist
- An attending is described in this haiku:  
*Eyes list'ning closely  
Words of experience speak  
I am inspired (3<sup>rd</sup> year student)*
- Residents and attendings are described:  
*They throw open bed covers  
Revealing every wound, sore, scar  
Touching each one without fear or shame  
Gazes steady and strong, they ask  
The hard questions and make  
The hard decisions...  
They don't believe in magic, but  
They talk openly of God  
And in the hospital room's dim light  
I know they see much more than I ( 3<sup>rd</sup> year student)*



# III. Patients and Doctors: Solidarity with Patients

- Students see patients and themselves similarly
- Both suffering, both victimized
- Both patients and students,

*“We cry inside” (3<sup>rd</sup> year student)*

- In several poems, patients and students speak with one voice:

*Don't you see what I go through?*

*I'm tired, I can't move*

*Believe me, what I say is true*

*Our dignity, we both lose*

*I never imagined this day (Michael Liu)*



# Solidarity with Patients:

 There are essential similarities between patients and student-physicians

*Normal describes me*

*Human describes me*

*'Like you' describes me (Jon Kea)*

\*

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*We're the same*

*but in different*

*circumstances*

*from the same earth*

*but worn differently*

*by the body of time (Andrew Sledd)*



# Solidarity with Patients:

- \* Patients' and students' lives are entwined

*For we are all doctors and patients and no matter where we are  
Our lives are forever entwined and we must love each other  
We will live our lives together... Co Truong*

- \* Patients and students will take a life-long journey together

*Perhaps it is enough that      Future alone, in hand with  
You are my patient              Just another case...  
The discover that I am as      Let us take flight  
Human as you...                And for even a visit  
Perhaps it should not be      Maybe a lifetime  
My fate to walk this            Face this world, foreboding and  
   Hopeful, you and me  
   Together (Michael Doo)*



# Patients and Doctors: Patients as the Enemy

 **Some students already seem to see their patients as enemies:**

*Another noncompliant patient*

*Another patient who doesn't care*

*Or is it another who cares too much*

*And thinks he/she knows more than me*

*I/We can only do so much*

*Patients need to learn to care for themselves*

*If they can't*

*Don't come to me for help*

*(Michael Chao)*



# Patients as the Enemy:

*Why should I care if you don't?*

*Why should I care to watch over your health if you don't do the same for yourself?...*

*Will my capacity to care survive the constant onslaught of delinquent reciprocity?*

*Is it fair for me to endeavor to draw a line?*

*Who gets to judge the fairness of our relationship?*

*Why do you not respond?*

*Why should I care if you won't even enter the dialogue?*

*Do you not realize the struggle you force within me? (3<sup>rd</sup> year student)*



# Patients and Doctors: Emotional Connection and Professional Detachment

■ Students know patients want doctors who care

■ In an example of patient point-of-view writing, the patient pleads:

❧ *“Find me a doctor who suffers with me”*  
- (3<sup>rd</sup> year student)

■ In another patient point of view poem, the patient reminds the student:

*I hope that you take the time to share  
To open your heart though at times it's a scare  
You will need to have strength because at times it's  
unfair  
And will feel like more than you can bear  
But keep in mind how precious and rare  
It is to have this opportunity to care (2<sup>nd</sup> year student)*



# Emotional Connection and Professional Detachment:

- Students want to be kind and caring physicians
  - Terrified that having an emotional connection with a patient will devastate them
  - Make them unable to take care of patients in a professional manner.
- They struggle with this simultaneous attraction and repulsion:
- In a poem that starts with the line “Failing to distance myself emotionally from a patient’s suffering,” a student writes,

*Drip, drip, drip*

*Drip, drip, drip*

*Like rain seeping through the roof that houses my soul*

*Your essence is seeping through...*

*I am drowning from the inside out*

*Your pain is now my pain*

*because we are now one and the same...*

*an epiphany for the humane (Heidi Chen)*



# Emotional Connection and Professional Detachment:

- In a poem titled “Bleeding,” the student writes,  
*If I have compassion running in my blood  
Then I must have cut my wrist...  
Should I attempt to heal this puncture?  
If I do I will be consumed by grief  
If I don't I will end up an empty shell (Sayeh Beheshti)*
- In a different poem, similar bleeding imagery –  
*Would I have done this profession if I knew I would care so  
much I would bleed  
I don't know, but now I must strive to be indifferent...  
I am a healer yet I am harming myself  
with each patient that I worry for  
more than they worry for themselves  
They don't teach me in medical school how not to care too  
much  
I'm searching for a way to heal my patients as well as myself  
- Colette Cove Barczys*



# Study II: Narrative Typologies

(based on Frank AW. The Wounded Storyteller, 1995)

- **Exploration of ethical dilemmas\***
- **299 papers (3 ½ successive cohorts)**
- **Student responses coded into 7 narrative categories (75% rater agreement)**
- **Results**
  - ❖ **Restitution (38%)**
  - ❖ **Journey (16%)**
  - ❖ **Compromise (16%)**
  - ❖ **Witnessing (13%)**
  - ❖ **Resistance (9%)**
  - ❖ **Chaos (7%)**
  - ❖ **Uncodable (2%)**

\*Cohen FG, Shapiro J, Lie DA et al. Interpreting values conflicts experienced by obstetrics-gynecology clerkship students through reflective writing. Acad Med 2009;84:587-96.



# Narrative Typologies\*

\* based on work of Arthur Frank

## ❏ Chaos

- ❏ Anti-narrative
- ❏ Pile-up of calamities
- ❏ Isolation
- ❏ Alienation
- ❏ Broken narrative



# Chaos Story

- The conflict presented itself as we tried to communicate the steps of the procedure to a completely blank stare. I wanted to stop us from proceeding with the procedure until the girl was more receptive and comfortable with the procedure. However, this may never be the case... At the end of the procedure, I still did not feel that my conflicting beliefs were reconciled, as she still had a blank stare and added tears from the pain of the procedure (172).



# Narrative Typologies

## Restitution

- Find the problem and fix it
- Person restored to previous life
- Stability, equilibrium reestablished



# Restitution Narrative

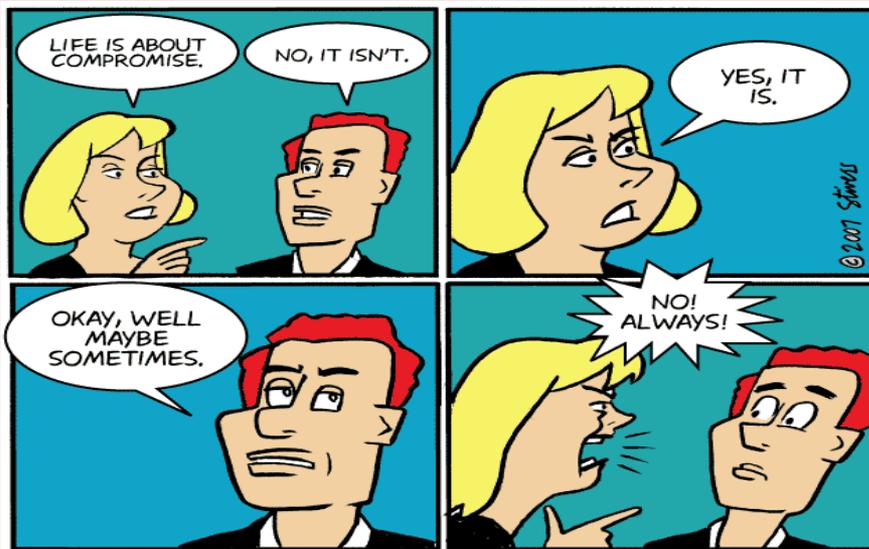
- ❖ I usually try to treat others as I would like to be treated myself. Since I like to be treated fairly, this belief system seems to work well in my relationships with patients (9)
- ❖ If I was in disagreement with a patient, all I could do is engage them in a conversation as to why I believe they should think about alternative or better approaches to attaining results. If they still did not agree with my point of view, I can always refer them to another physician who might give them what they want.(18)
- ❖ \*...it felt weird to remove the “Products of Conception” from a woman’s vagina. It felt as though I was removing a person from the world. I quickly came to the resolution that I was doing a lot of good for the distressed woman and I proceeded without reservation. (23)



# Narrative Typologies

## Compromise

- Making a concession
- Participation in something derogatory or shameful
- Sense of powerlessness



# Compromise Story

- I encountered a patient who was in the office to request a second therapeutic abortion. She was 20 years old but immature for her age. The attending insisted that she go on birth control, and the girl agreed to take the Pill, despite having failed to take the regimen correctly on another occasion. She seemed cavalier about the situation and it appeared that she was just saying she would take the Pill to secure the abortion and get out of the office. It is the clinician's duty to provide services requested to a patient....\* However, it did not seem fair to me that someone should be able to use this method of birth control when so many responsible women take appropriate precautions. It crossed my mind that maybe having to carry the baby to term would set her mind straight. As I am a medical student, it was not my place to "handle" the situation in any way. (97)



# Narrative Typologies

## Quest (journey)

- Reluctant hero receives a call
- Encounters trials and challenges
- Endures much suffering
- Accomplishes mission and returns to help others
- Uplifting
- Emphasizes acquisition of wisdom



# Journey Narrative

- It was imperative that this patient be referred to the nearest hospital for an ultrasound...The concern in this patient was that she ran a high risk of a possible ruptured ectopic... At this point the patient became incredibly difficult, swearing and accusing the resident... I personally am a little hot-headed and was angry at this patient, no longer greatly concerned with her care. However, the resident and attending both kept their calm and kindly explained the grave importance of the situation to the patient. The patient slowly calmed down... I realized that the resident's behavior, despite what his emotions may have wanted him to do, was the obviously correct mode of action in this situation, as opposed to my quick reaction of anger and apathy... Fortunately, as I see more and more patients, I have improved in controlling my "hot-headedness." (34)



# Narrative Typologies

## Witnessing

-  Offers testimony to difficult truths not generally recognized or acknowledged
-  Must be willing not to diminish, negate, trivialize the patient's testimony
-  Must see similarity, not difference with the patient
-  Commits to standing with the suffering other



# Witnessing Story

- I could not force the hospice team to make arrangements for our patient, nor her daughter to take time off work to care for her. Perhaps neither of these options was even possible. Instead, I did what was possible. I comforted the patient the best way I could. I left her alone when she was sleeping. I rubbed her back and held the bucket while she threw up. I listened to her stories. ... I will never forget her. I will always try to comfort those who are suffering. (144)



# Narrative Typologies

## Resistance

-  Adopting a stance of opposition
-  Counteracting or withstanding
-  Challenges conventional wisdom



# Resistance Story

- During the course of the interview with this patient, I learned about several other health and psychosocial issues going on with this patient that were related to her complaints and important to her medical care overall... When I presented this patient to my resident, she was very annoyed that I was telling her all of this information about the patient..., the message I got from this resident was that I should not even have let this patient tell me about significant episodes in her medical history... I feel that it would have be wrong for me not to present these aspects of my patient's history to the resident once I knew about them even if I thought that was what she wanted... As medical students, we are often under pressure to conform to the particular system of whomever we are working with for a particular day. ... In this situation, I told the resident that I believed that everything the patient had told me was important. (1)



# Conclusions

- Many ways to approach student narratives
- Students focus on themes such as
  - Socialization/deleterious consequences
  - Positive and negative role models
  - Solidarity with patients/patients as enemy
  - Emotional connection/detachment



# Conclusions

- **Students tell different kinds of stories: chaos, restitution, compromise, journey, witnessing, resistance**
- **Students should be encouraged to tell stories that are appropriate to their situations and those of their patients**
- **Students deserve to receive support necessary to tell more painful, more complex, less resolved stories**
- **Important to listen carefully, nonjudgmentally**
- **Encourage students to explore the issues they need to explore; and tell the stories they need to tell**

