U of Virginia Presentation

Slide 1
Introduction
I'm going to talk today about medical student reflective writing and the stories medical students tell through that writing.

In this era of evidence-based medicine, a randomized control clinical trial for every problem, electronic medical records, and the ability to generate seemingly infinite data about every patient, stories – of both patients and their doctors – seem almost quaint if not irrelevant. But human beings are narrative creatures, and our capacity to create meaning through the stories we tell remains at the core of our humanity. The Native American author Leslie Marmon Silko writes that stories are all we have in the face of illness and death:
Slide 2 Don't read

My particular interest lies in the stories medical students tell. In medical education, we use a great deal of what has been termed reflective writing to elicit students' stories about their own experiences in medicine and the experiences of their patients. The next slide is an example of such writing in the form of a poem, written by a third year medical student:
Slide 3 Read

This poem starts off by describing a clinical correlate lecture on head and neck cancer; it quickly focuses in on the professor's throw-away judgmental remark; and concludes with the student's imagined meditation on the way the lives of patient and physician might have intersected under other circumstances.

In this talk, I intend to explore the following questions:
Slide 4

What is reflective writing?
Slide 5
There is no single definition, but it often involves the following elements:

- **Review and interpretation of the particular experiences of medical students to**
  - **achieve deeper meaning/ understanding**
  - **But the goal of reflective writing is not only insight. Rather, it has the additional goal of guiding future behavior (so that, for example, Ms. Berg might have kept the image of that scornful lecturer in mind as a kind of anti-role model when she interacted with patients)**
- **Reflective writing develops critical thinking, analysis, and leads to the questioning of assumptions, in the case of medical students questioning some of the assumptions on which contemporary medical practice is built**

- **It also helps organize, make sense of morally ambiguous, complex situations, such as how to allocate medical resources or how to break bad news to a terminally ill patient**
- **Reflective writing addresses the meta-issue: What did that experience that happened to me and/or my patient *mean?***
- **Reflective writing also addresses and helps familiarize the writer with emotions of self/other. We know that medicine is rife with emotions – both those of patients and those of the people who care for them, but there is little opportunity to understand or work with such feelings**
- **Finally, reflective writing can have either transformative or confirmatory outcomes – can provide new revelations, insights, epiphanies ("Medicine cannot always save or cure the patient – sometimes all you can do is just not run away from their suffering") ; or confirm previously held values ("Even though there doesn't always seem to be time in medicine to connect with patients, this experience reminds me of the importance of getting to know the patient as a person")**

Why do students write?
Tran video – Slide 6

Slide 7,8 – quotes from Squier, Stone, Charon, Campo
Here are the voices of experienced physician-writers, expressing similar motives

Why do students write?
Slide 9:

- **To make sense of their experience**
- **To find an outlet for confusing, distressing emotions**
- **To memorialize a powerful encounter**
- **To reconnect with the humanity of their patients**
- **To make something beautiful or meaningful from traumatic, ugly events**

What kinds of stories do students tell?
Slide 10 – Many different schemes for classifying narratives. Arthur Frank, a distinguished Canadian medical sociologist, devised a useful set of categories to describe patient stories. But with modification, they are also relevant to the stories medical students tell.

Slide 11
Chaos story

- **General characteristics**
  - **Pre-narrative; anti-narrative**
  - **Pile-up of calamities**
  - **Isolation and alienation**
  - **Frightening to both narrator and listener**

Medical students experience plenty of chaos in medical education, much more than we'd like to acknowledge – in anatomy lab, when their first patient dies,

when a patient is denied treatment because of lack of insurance, when a mentor disappoints them. We as medical educators don't like to hear these stories, and it is scary for medical students to tell them. Yet they need to be told and heard.

Slide 12
Restitution story – the most popular story in medicine, the one everyone likes to tell
General characteristics
*** Find-it and fix-it**
*** Person restored to healthy, pre-trauma state**
These are the stories both students and educators like. The patient was sick, but we fixed him. Medical education is stressful, but I can handle it. Everyone wants a restitution story, but it's a story that doesn't always fit the circumstances. And when students feel they *must* tell restitution stories, it deforms something in their character, and compromises the integrity of their stories.

Slide 13
Witnessing/Resistance story

- **General characteristics**
    - **Offers testimony to difficult truths not generally recognized or acknowledged**
    - **Challenges conventional wisdom**
    - **Commits to standing with the suffering other – in the phrase of Jack Coulehan, claiming a position of "compassionate solidarity" with the patient**

Jena Berg told a witnessing/resistance story when she recognized something was wrong with the attitude of the distinguished lecturer, that his contempt and judgment of patients with head and neck cancer committed a moral error; she chooses to stand with the patient and invites us, the reader to do so as well, by reminding us that the iconic George Harrison also succumbed to this cancer

Slide 14-16
Journey/Transformation
This is a classic story in literature, the journey or quest; it is the Saga of Lord of the Rings or… Dorothy in Oz
Reluctant heroine is the medical student
She confronts a crisis, perhapsdiscovering that medicine is more complex and less pure than she had imagined; that disease cannot always be cured; that doctors sometimes create suffering as well as cure it
She is threatened by evil demons and monsters, the callous attendings and mean residents; but finds friends (her medical student peers) and guides (wise upperclassmen and physician mentors)
Along the way she learns important lessons; she grows and becomes wiser, and returns from the journey (graduates) ready to help and be of service to others

Slide 17-18 – Sabet poem
Journey of transformation from being overwhelmed by the ER reality of gunshot wounds, overdoses, drunks, seizing patients, schizophrenic self-cutting prisoners to a vision of serving and healing the suffering of the broken bodies and spirits that surround her

Slide 19
What happens when students write?
This is a theoretical model, but based on multiple discussions with and observations of students as they participate in the process of writing

- **Stage I – Writing – the act of writing itself**
    - **Confront vulnerability – unlike the exams they are constantly studying for, in writing there are no right answers, no one way to tell the story**
    - **Writing requires reflection – it is not mere chronology, or presenting a string of facts; the student must find the meaning at the heart of the story**
    - **To do so, they must engage in mental processes of creativity and imagination, which as clinicians know are vitally important parts of practice, but are rarely attended to in medical education**
    - **And they must find a personal voice, one that accurately depicts their emotions and represents their values**

Slide 20

- **Stage II – Sharing and Discussing. Much of reflective writing is shared and discussed, with peers and with faculty**
    - **This process involves additional vulnerability and risk-taking**
        - **Essentially, the student must agree to disclosing aspects of the self to others for the goal of improved wellbeing (patient analogy)**
    - **Sharing writing also involves processes of giving testimony, witnessing, and being fully present to receive another's story**
    - **Sharing writing with others also often leads to the writer developing additional insights, understanding through the comments and responses of listeners**
        - **Synergy between writer and listeners; listeners learn from writer's experience, and writer's understanding is deepened by comments of listeners**

Slide 21

- **Stage III – Pedagogical Outcomes**
- **Professional development**
    - **Greater self-awareness, self-understanding**
    - **Values clarification – confronting what the student really believes to be right and wrong and shades of grey**

- **Professional identity – the process of shaping who the student wants to be as a physician**
- **Professional/personal wellbeing**
  - **Through sharing reflective writing, students participate in building community with each other – increased trust in teamwork, joint problem-solving**
  - **They have the opportunity to develop greater familiarity with, insight into emotional dimension of medicine**
  - **Both community-building and emotional awareness offset burn-out, moral distress**
- **Patient care skills**
  - **Narrative competence (increased sensitivity to story)**
  - **Insights into patient behavior, dr/pt dynamics**
  - **Empathy for patient/family perspectives**
  - **New ideas about action (enacting alternatives)**

Slide 22 – Model
In this model, writing and sharing writing lead to professional development, increases in well-being, and improved patient care

Slide 23 – Narrative Accountability
Before concluding, I want to note that reflective writing, while a great potential tool in medical education, is not without its potential pitfalls and risks as well

- **Reflective writing has power to dilute or distort the traditional goals of written communication in medicine, such as chart notes or professional articles, which are always**
  - **improved patient care**
  - **enhanced learning**
- **In embarking on reflective writing, we must realize that we need to encourage students to move beyond basic HIPAA safeguards of eliminating or changing personal identifiers of patients they choose to write about**
- **We must guarantee confidentiality protections to both the patients written about and the students doing the writing**

Slide 24 – Narrative Accountability
For example, we should encourage students to ask the following questions:

- **What are the goals of the writing?**
  - **Self-understanding or self-aggrandizement?**
  - **Is the writer authentically pursuing new learning or are they attempting self-justification of past behavior?**
- **How would patient feel reading description?**
  - **Ideally, patients should be part of an informed consent process especially in writing intended for publication; but this is not always possible, and occasionally it might be a constraining factor on the writing**

- **Nevertheless, even when consent is not feasible, would the patient acknowledge that they are portrayed in an empathic, fair manner or would they consider it an unfair portrayal**
    - **How do we prepare students for the emotions/insights unleashed by writing?**
- **Beyond patient's and student's reactions, what might be the limitations when a story co-constructed by two people (or more) is told by only one person?**
- **Finally, what are the societal, cultural, socioeconomic issues that may not be visible in the story?**
- **None of these and similar questions, in my view, should dissuade us from encouraging student writing, but hopefully would lead to more thoughtful, ethical, and nuanced writing**

Slide 25-26

What can we learn from medical student writing?

- **Insight: Glimpse into students' inner world**
    - **What is their educational experience like?**
    - **What distresses them? Confuses them? Inspires them?**
- **Awareness: We can also get a better understanding of what kinds of stories do students want to tell**
    - **ObGyn study - majority restitution stories: students identified moral dilemmas, but they or the medical team was able to resolve them to the students' satisfaction**
    - **Poetry analysis of almost 600 poems – majority witnessing/resistance. When given the choice to ally themselves with the medical institution or the patient, they tended to choose compassionate solidarity with the patient**

- **Action – translation of insight and awareness in practice**
    - **What do we need to change in medical education and in ourselves as medical educators**
    - **How can we better support our learners?**
    - **For starters, we need to do a better job of addressing distress, demoralization, isolation, burn-out**
    - **And we need to do a better job of paying attention to the emotional lives of our students**
    - **Finally, we need to encourage students to tell all kinds of stories, not only the stories we like to hear, and make us feel satisfied; but also the stories of their confusion and pain; the stories of their searching and journeying; and their stories of courage in standing with their patients, even at those times when the doctors who should be their role-models have turned away. In listening to the full range of authentic student stories, we will not only help them to be better physicians, but they will help us in turn to be better educators.**