

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

### **I. Medical school involves intensive socialization – cmp to bootcamp**






**They are socialized into ways of dressing, speaking, thinking, and acting**

**We see their test scores, we administer structured performance examinations, we critique their case presentations...**

**But are there other dimensions to their experience of becoming doctors?; and if so how can we access them?**

### **II. One way is to examine their writing – not their professional writing, but reflective writing and poetry written as part of required curriculum.**












### **III. 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**

**Usually this form of writing is in the form of prose essays, but can also occur through poetry**

**I'm going to present two different approaches to understanding and interpreting medical student narratives, the first a thematic content analysis, the second involving narrative typologies**

### **IV. In the qualitative content analysis, I started off by examining 180 poems written by 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> yr medical students as part of assigned reflective writing exercises**

-  **The analysis approach I used is called crystallization/immersion. It is similar to grounded theory, and involves identifying key words and phrases, developing thematic categories**
-  **I will focus on 3 major themes and their subthemes**
-  **Views of medical education/socialization**
  -  **Engulfing, all-consuming**
  -  **Degrading, diminishing**
  -  **Metaphors of corporate malfeasance, slavery, army, and warfare**
  -  **Worried about impact on their character, who they were (losing compassion, humanity)**
-  **Role models and anti-role models**
  -  **Consensus among medical educators that students learn how to be doctors primarily from role models (hidden curriculum)**
  -  **Important to understand what their role-models are like**
  -  **Many negative views – not compassionate, lacking empathy, poor listeners, ignoring socioeconomic limitations, culturally insensitive, indifferent to patients' pain**

- Judgmental and hurried
- Insensitive and callous
- Indifferent to patient and family suffering
- Positive role models do exist
- Patients and Doctors
  - Solidarity with Patients
    - Identification with patients – both suffering, both victimized
    - Instead of two exclusive categories (doctor/patient), see similarities
    - Their lives are intertwined, they are on a journey together
  - Patients as Other/Enemy
  - Emotional Connection/Emotional Detachment
    - Want to be caring physicians, but are afraid of being emotionally overwhelmed
    - What is the right amount of feeling as a physician?

## V. Narrative typologies are sometimes used in analyzing reflective writing

We analyzed about 300 essays written by 3<sup>rd</sup> year students on their Ob-Gyn rotation

- 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%)
- Chaos - General characteristics
  - Pre-narrative; anti-narrative
  - Pile-up of calamities
  - Isolation and alienation
  - Frightening to both narrator and listener
- Restitution - General characteristics
  - Find-it and fix-it
  - Person restored to pre-trauma state
  - Highly desirable for both narrator and listener
- Journey - General characteristics
  - Reluctant hero receives a call
  - Encounters trials and challenges
  - Endures much suffering
  - Finds wise guides and companions
  - Accomplishes mission and returns to help others
  - Uplifting; emphasizes acquisition of wisdom
  - Can be overly romanticized
- Witnessing - General characteristics
  - Offers testimony to difficult truths not generally recognized or acknowledged

- Challenges conventional wisdom
  - Commits to standing with the suffering other
  - Painful for both narrator and listener
- Compromise - General characteristics
  - Making a concession
  - Participation in something derogatory or shameful
  - Sense of powerlessness
- Resistance - General characteristic
  - Adopting a stance of opposition
  - Counteracting or withstanding

## **VI. Conclusion**

- 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
- 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