

U of Virginia Presentation

Slide 1

Introduction

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

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. ~~In support of that position, I share this quote from~~ The Native American author Leslie Marmon Silko *writes that stories are all we have in the face of illness or death or in some fundamental way. I believe this to be true.*

Slide 2 Don't read

My particular interest lies in the stories medical students tell, ~~young people occupying that crucial liminal position between ordinary people and full-fledged doctors.~~ 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

starts off by describing
~~In this powerful poem, we can see first apparent description of a clinical correlate lecture on head and neck cancer; then the crisis precipitated in the student by the professor's throw-away judgmental remark; and finally her imagined meditation on the lives of patient and physician intersecting in another context.~~
concludes with the student's

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 *mean*?

that happened to me & my pt.

- 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”)

Writing helps familiarize the writer w/ the emotional dimension

Why do students write?
Tran video – Slide 6

*Squier - stories teach about suffering/healing
Stone - pt. story is basic need
Charon - writing in pt's voice can "unstick" problem
Campo - writing is therapeutic*

Slide 7,8 – quotes from Squier, Stone, Charon, Campo

Here are the voices of experienced physician-writers, expressing similar motives

Why do students ^{and physicians} 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. ~~The following are based on the work of Arthur Frank, a distinguished Canadian medical sociologist, who devised them to describe patient stories. But they are also relevant to the stories medical students tell.~~

- Chaos
- Restitution
- Witnessing/ Resistance
- Journey/Quest

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. ^{always} ~~But~~ 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

~~This is the story~~ ^{a witnessing} Jena Berg told 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, in ~~this case~~ ^{perhaps} discovering 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 processes ^{mental} creativity and imagination
 - 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, ~~which in turn leads to further growth and transformation~~
 - 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 – ^{Since we're educators, we need to define 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 – increased trust, teamwork, problem-solving *thru working w/others*
- They have the opportunity to develop greater familiarity with, insight into emotional dimension of medicine
- Both community and emotional ~~resilience~~ *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 *→ writing & sharing writing lead to*
 In this model, professional development increases ⁱⁿ well-being, and ~~both~~ *contribute to* 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, whether with students or personally, we must ~~realize that we need to~~ *simply* move beyond HIPAA safeguards of eliminating or changing personal identifiers of patients ^{students} we choose to write about
- We must guarantee ^{meaned for} confidentiality protections to both the patients written about and the students doing the writing

need what Allen Peters calls narrative accountability, an ethically responsible way to engage in writing

Slide 24 – Narrative Accountability

For example, we should ask the following questions:

- What are the goals of the writing?
 - For the ^{writer} learner or the experienced practitioner, is it 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

- ~~Would they see the writing as a respectful or a disrespectful presentation?~~ *How do we prepare students for emotions/insights and students unleashed by writing*
- Beyond the patient'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 questions, in my view, should dissuade ^{vs} a student from writing, ^{encouraging student} but hopefully would lead to more thoughtful and nuanced writing ^{ethical,}

Slide 25-26

What can we learn from medical student writing?

~~I spend a lot of time reading the writings of medical students; and so do other faculty. What can these writings teach us?~~

- Insight: Glimpse into students' inner world
 - What is their educational experience like?
 - What distresses them? Confuses them? Inspires them?
- We can also get a better understanding of ^{the} kinds of stories ~~do~~ students ^{need} ~~want~~ to tell
 - ObGyn study - majority restitution stories: students identified moral dilemmas, but ^{either} they or the medical team was able to resolve them to the students' satisfaction
 - ~~Poetry~~ ^{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
- ^{Medicine is a practice profession - it's not an ivory tower exercise, for student writing it's practical} Action – translation of insight 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 the ^{if} stories of ~~the~~ ^{something} courage in standing with their patients, even 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 to be better educators ^{in return} _{in turn}.

Increasingly, physicians are writing – and often publishing both in the public media and in professional journals – stories, poetry, essays, creative nonfiction, even novels – about their patients and themselves. This writing, I believe, presents both great promise and significant pitfalls. The trend has percolated down into medical education as well, where students in growing numbers are asked to write about their patient encounters and their experiences as medical students.

I have been involved in using this sort of writing for over 15 years at my own institution. I would not call it creative writing, except insofar as any writing involves creative processes. Rather, I and others use the term reflective writing, as this sort of writing requires reflection, in addition to mere description, to achieve its desired endpoints. Most of this writing is followed by sharing and discussion in a facilitated group context. Often it involves follow-up written feedback from faculty as well.

Here is an example of such writing, from a 3rd yr. student who went on to become a surgeon
~~And~~ What do we hope to achieve through such writing? Reflective writing by definition involves review and interpretation of experiences to achieve deeper meaning and understanding, with the purpose of developing new insights and better guiding future behavior. We believe such writing

- Develops critical thinking, analysis in its practitioners
- Helps students organize, make sense of morally ambiguous, complex situations
- Helps learners engage in meaning-making ^{about} experience
- Assists learners in addressing the complex emotions in themselves and their patients that inevitably arise as a result of the stresses of illness
- Encourages learners in perspective-taking with the goal of cultivating empathy for those different from themselves

Like other forms of physician writing, reflective writing for pedagogical purposes poses certain threats, which need to be protected against. Some of these protections have to do with the student writer: students unfamiliar with reflective writing may find that strong emotions arise in the process of writing, and supervising faculty must be prepared to provide support and assistance. Students must also be cautioned against disclosing more than they will be comfortable sharing with others, so that retrospective embarrassment and regret are minimized. Confidentiality of all materials presented in discussions ^{or in publications} must be explicitly guaranteed.

Other protections relate to the patients who are the object of such writing, and these protections fall under Allen Peterkin's term "narrative accountability." Specifically, students need to keep in mind the twin goals of improving patient care and enhancing their own and others' learning. Of course, HIPAA requirements involving omitting or altering patient identifying details should always be adhered to. If it is not feasible to directly obtain consent from the patient to write about and discuss them, students at least should consider how patients would react to their portrayal. Would they feel it to be empathic or unfair? Respectful or demeaning? Often students are encouraged to write from the patient point of view, but such activities should be approached within a context of empathic humility, with the awareness that such exercises in moral imagination are always provisional and speculative, with final authority resting with the patient.

In summary, reflective writing can serve to connect students to their patients and themselves with a kind of compassionate solidarity (to use a phrase coined by the physician-poet Jack Coulehan) that is otherwise insufficiently encouraged in the process of education. But such writing can have unintended negative consequences that should be anticipated and guarded against as much as is possible. The physician writer Sayantani Gupta has called for narrative humility in this kind of work and I think ultimately this must be our guiding principle.