

REFLECTIVE NARRATIVES – STFM PREDOC 2012

Outline of format, including anticipated time for each element Workshop is 2 hr

As of 12/2/11, John says he will not be able to attend the STFM PreDoc conference

1. Introduction, overview, goals (10 mins)

- Presenter background (A and J)
- Participant background, experience, motivation and expectations for the workshop (J facilitates)
- Why are we here (**slide 2**) (A)
- Overview of session objectives and format (**slide 3**) (A)
- Session format (**slide 4**) (A)

2. What are reflective papers? (10 mins)

- Overview of the purpose of reflective writing (A)
 - What are reflective papers? (**slide 5**) (A)
 - Key elements (**slide 6**) (A)
- Definition – key similarities (**slide 7**) (J)
 - no single definition
 - experiential; tells a story
 - high emotional content
 - reflection
 - transformational/confirmatory aspect
 - insights/understanding different than traditional biomedical perspective
 - cognitive disequilibrium
 - urge to discuss
- Different types of reflective writing (**slide 8**) (A)
 - Medical students/residents
 - * Critical incident reports
 - * First person writing from pt point of view (esp. “difficult” pts)
 - * Letters to cadavers
 - Practicing clinicians, faculty
 - * Personal illness
 - * Stories about patients
 - * Being a doctor

3. Elements of a high-quality/poor quality reflective paper (20 mins)

- Participants offer ideas (10 minutes) (J&D facilitate)
- Then presenters comment: Good, Bad, Unpublishable (**slide 9**) (editorial perspective – J; author perspective – A) (10 mins)
 - Positive aspects (indicators):
 - * Tells a story
 - * Good writing (show, not tell; detail, dialogue)

- * Critical analysis of assumptions
 - * Emotionally powerful (moving, humorous)
 - * Show evidence of thought about meaning/significance of story
- Negative/detrimental aspects
- * Opinion piece
 - * Poorly written (rambling, diffuse)
 - * Judgmental
 - * Too emotionally close to incident
 - * Not emotionally connected to incident
 - * Lacks focus (introduces many different themes in short space)
 - * Not clear on what the point of the story is
4. **Appropriate journals for reflective work** (including journal-specific areas of interest) **(slide 10) (A) (5 mins)**
 - Family Medicine literature
 - Other journals – general and specialty-oriented
 - Mention survey results (packet)
 5. **Evaluating and reviewing reflective work (slide 11,12) (A and J facilitate) (25 mins)**
 - Audience critique of examples of reflective essays (20 mins)
 - 1-2 small groups evaluate “good” essay (what they liked, what are its strengths)
 - 1-2 small groups critique “marginal” essay, offering constructive criticism (how it could be improved)
 - Large group reconvenes, essential points highlighted (5 min)
 6. **Reflective writing – making a start (slide 13) (A and J facilitate) (35 mins)**
 - Participants engage in writing the beginning of a reflective paper (10 mins)
 - Small groups - volunteers share, discuss challenges; other group members offer constructive suggestions (25 min)
 7. **Q & A addressing specific participant questions/concerns (slide 14) (10 mins)**