

### FM REVIEW 2009-2012 3

Dear, thank you for soliciting my opinion about your narrative essay submission to Family Medicine, "Gas Can Dan: Going an Extra Mile" (btw, an excellent title, both for the rhyme, and for the metaphor of needing gas to go "a mile" :-)). I did not review this piece when it was initially submitted to the journal; and I did not see or contribute to the writing of the rejection letter you received. However, I agree that, as written, it needs some work before it can be considered for the narrative essay section. Although I'm not sure of the exact contents of the letter, the phrase "needs more emotion" was quoted as a recommendation. While I might have phrased it somewhat differently, on the whole I agree, for reasons I will attempt to explain below.

While there is no single definition of what makes for a good narrative essay, here are some criteria (from a presentation Anne Walling did recently at STFM PreDoc):

- \* Experiential - tells a story
  - \* High emotional content ("grabbing")
  - \* Promotes reflection ("internal reworking")
  - \* Transformational (changes author and perhaps reader)
  - \* Provides non-biomedical insights ("it's not about the medicine")
  - \* Evokes mild discomfort ("cognitive disequilibrium")
- \* Urge to discuss/share ("water cooler effect")

So... this does tell a story, but the interior reality of the narrator (the physician) is insufficiently revealed. The tone (unintentionally) sounds a bit self-justificatory, as though you want to explain how you turned over every stone. It is clear that you functioned as a conscientious, caring doctor who was willing to go an extra mile for your patient, but is that the main point of the story?. Aside from "feeling sorry" for the patient, what were your thought processes? What were you worried about? What motivated you, other than "extra time," to contact these other "collateral sources" (not a very friendly term, btw)? Did you ever consider that these collateral sources might have a vested interest in perceiving Dan in a positive light. As a reader, I was frustrated and puzzled that, despite the title, you do not address a major issue: Was Dan walking around with a can full of gasoline? If so, despite the provocations of the kids, perhaps there was reason for alarm. Was the gas can empty, and merely a security object, like the stuffed animals or football? How you resolved this issue in your own mind might be of interest to the reader.

Because of the "clinical" style in which the essay is written, it is not very emotionally involving. The reader doesn't care tremendously about either Dan or the intern. You may not be able to show us more of Dan, but show us a little more of yourself. Possibly you could couch some of your interactions with Dan, the sister, and the other "collateral information sources" as dialogue, rather than description. Maybe consider a first sentence "hook" that will make the reader want to know more: "When Dan arrived in our ER, he was still clutching his gas can." (Okay, maybe too much poetic license, but you get the idea). Further, while overall the level of detail helps ground your story, there is just too much information, and after awhile the reader starts to feel overwhelmed and numb. Do some judicious editing - you don't have to report every encounter in detail, especially when they all point to the same conclusion.

The essay does a pretty good job of evoking reflection, in that I think readers might ask themselves how *they* would have handled a similar situation. In terms of your own transformation, it is there, but it needs to be brought out in a more narrative way - more of an aha moment when you suddenly realized, or slowly piece by piece, discovered that you were not dealing with a homicidal maniac, but rather a person with autistic spectrum disorder who was having trouble adapting to a new environment. Your final insight about the art of doctoring, while obviously a good one, seems kind of tacked on at the end, and comes across as a bit moralistic. (Also, not sure why you contrast "urban" with "rural" care in terms of compassionate care - the essay really doesn't discuss the limitations and potential of either. You might want to phrase it

more as discovering the possibilities of compassionate care in a busy urban practice as a perhaps a little scared and overwhelmed intern, maybe this came as a surprise to you, something you didn't expect). The last sentence is pretty weak (although of course very admirable as a sentiment) because it is couched in vague generalities. Look for a way to translate this wonderful insight so the reader feels it. Maybe there is some image you can leave the reader with that will evoke the art of medicine without hitting them over the head with it. Think about Dan and his gas can and your going the extra mile - could you bring the essay somehow full circle to this thought?

The essay did make me feel "mild discomfort" because I kept waiting for the "twist," in which nice, befuddled Dan went out and burned down his community (honestly, glad that didn't happen!). But I think that may be part of the problem - to me, this situation seemed more ambiguous than the write-up suggests. Where did the truth lie? Dan could have been a potential danger, and the neighbor who reported him could have been genuinely concerned for his kids' safety. You discovered a different reality, and that was wonderful. But perhaps more acknowledgment of how this terrible misunderstanding could have occurred might not have demonized the neighbors. Perhaps your own feelings evolved from expectations of confronting a violent, frightening individual to discovering a man with autism struggling to adapt to a new, confusing environment. Sharing more of your own shifts would add power to your final insights.

You definitely have a story to tell, but it needs to be brought to life. Consider telling it a little less as you'd recount it to your residency director, and more as you might tell it to your mom :-).

I hope all this helps in some way. I'd encourage you to rewrite and resubmit (and try to keep it around 1000 words). I'd retain your original title, and add a note that this is essentially a new submission, and that you consulted with me in making the revisions.

Best, Johanna