

FM REVIEW 2014 3 COMMENTS

COMMENTS TO EDITOR: This essay starts with a rather rambling diatribe about the decline in PE and communication skills. It gets somewhat better when discussing a particular patient encounter, although is plagued by mediocre writing, grammatical and stylistic errors, and illogical transitions. Despite these reservations, the reviewers worked so hard on rehabilitating this ms that I would like to give the author a chance to improve a very shaky essay. I make specific recommendations below.

COMMENTS TO AUTHOR: This essay shows some potential, but requires a lot of work to bring out its potential. First and foremost, please make sure you follow the many excellent suggestions of the reviewers, who clearly spent a great deal of time and thought to improve this essay. In particular, I agree with these important points:

1) The first page or so (until you begin to describe the patient encounter) does not work and should be deleted in its entirety. The device of the old book highlighting contemporary deficiencies is confusing, and as reviewer 2 points out, rather irrelevant since you end up talking not about deficient PE skills but about communication issues.

2) This narrative will work a lot better if it avoids the rather tired debate about technology vs. compassion, and instead focuses on the uses and misuses of personal self-disclosure, showing how under the right circumstances this practice can make a connection with the patient (in this regard, I agree with reviewer 1 that the title should not be about "compassion" but about "connection." Also, it is a bit unclear why you term this an "appetite." Were you "hungry" for connection with the patient? Was she "hungry" to be understood by the medical team? Please consider why you chose this word and whether you can highlight this meaning in any way in the text).

3) There are transitions that seem illogical and/or confusing. For example, at first it seems as though you feel sorry for the patient (p 3, para 1 - "...how could I discharge a patient sick as she appeared"). Then inexplicably you say in the next paragraph "I became angry with myself, feeling as if I had allowed myself to be manipulated." Why did you all of a sudden lose your pity and become enraged with the patient? Next you enter her room to read her the riot act. But instead, "That conflict never happened." Why? What made you sit down instead and take her hand? Another example of narrative omissions or inconsistency is when you state that you discharged her with a prescription for suboxone, having established in the previous paragraph that she could not afford this? How did this honor the connection you'd made with the patient?

4) Please have a mentor or classmate review your revised ms, as there are several examples of grammatical errors and misused words.

As reviewer 1 observes, the heart of this essay is not that you made a connection with this patient, but HOW you did so (by sharing some relevant experiences from your own family). This is where the focus of the essay should stay; and it would be helpful if in your final paragraph you could reflect on

what you learned from this experience beyond simply the value of "connecting" with patients, or the risks of high-tech medicine, which no one will dispute. By paying closer attention to exactly what it was about your disclosures that enabled you to reach this patient (how your story affected her, and how sharing it affected you), and the implications of this shared story-telling for future patient care, you will have an essay that is both moving and causes readers to think.