

FM REVIEW 2014 5 COMMENTS

COMMENTS TO EDITOR: This essay, likely written by a 4th yr medical student, tells a story of how she was able to "move beyond the template" of a standardized patient encounter with a particular young couple under great stress while anticipating the birth of another child. As you can see, 2 of the 3 reviewers favored rejection (LeNeva, whom I also consulted, was not enthusiastic either). Nevertheless, maybe because I am a medical educator and/or because this is a journal devoted to family medicine educators, I would like to give the author a chance to elevate the content of her essay to the point where publication might be warranted. The main objection is that there is insufficient evidence of insight, and that the author is stating the obvious (i.e., listen and empathize with patients). These are very valid criticisms. However, I think the idea of a "template" is an intriguing one that would resonate with our readers and hope that the author might be able to develop it more fully. In addition, review 3 suggests some specific ways that the author might explore why it can be so difficult to develop connection and relationship with patients, and I'd like to give the author an opportunity to do so. Specific recommendations are below.

COMMENTS TO AUTHOR: This is a heartfelt essay that describes a patient encounter that was obviously highly meaningful and had a profound impact. It is well-written and has some lovely images. It is uplifting to learn how such interactions can have a powerful effect on shaping the values and priorities of medical learners. However, there are several problems with the manuscript in its present form that make it unacceptable for publication. We invite you to consider addressing these concerns.

1) Although you tell a poignant story, please remember that the readership of this journal is primarily experienced family medicine educators, for whom your insights about listening to patients and developing relationship with them are not exactly new. Therefore, to be of interest to our readers, you have to go deeper. As reviewer 1 notes, this would make a great personal statement in a residency application, but it is not ready for publication.

2) There are two themes that I think could be illuminating for FM educators. One is the idea of a "template." You might develop this by making a parallel to the "hidden curriculum" that runs alongside the "formal curriculum." You may be familiar with this concept - basically it says that the formal curriculum teaches certain ideal concepts and practices that in practice are often undermined or contravened by the "hidden" curriculum - the way things actually are in day-to-day clinical medicine. Most medical educators would quickly recognize the template that you're referring to - the algorithmic, routine approach to interviewing that is efficient and "productive" and allows you to move down the assembly line of patients quickly, obtaining all the necessary information and answers that your resident requires. Your point, of course, is that template medicine is not always good medicine. I would like to hear more about this.

The second theme referred to by reviewer 3 (what she calls "the dark side") has to do with why it can be so difficult to develop relationship with patients, since everyone knows this is what you're "supposed" to do. This is a point that could benefit from more in-depth examination. Here again you

would have to do some hard reflection and self-examination to look at yourself and discover what gets in the way.

3) Using these two interrelated themes as the organizing principles of your essay (the main points you want to communicate to your readers), you should return to your story. Right now it is too much of a chronology of the encounter - you said, then they said, then the attending said. Be more selective in what you share and show how it supports your main themes. Put more of yourself in the story - your thoughts, your choice points.

4) Although having participated in a longitudinal clerkship is commendable and definitely the way to learn family medicine, don't include this unless you can show (not tell) how this structure contributed to your being able to "move beyond the template."

5) Remember, this essay is primarily a story about YOU and what you learned from these patients - not about the patients per se. Understanding your evolution as a learner is what will interest a readership of medical educators.

6) I've attached a version of your essay with comments included to help guide you in rewriting - where the essay shines, and where it seems to go off track.

We look forward to your revision.