

## FM REVIEW 2015 35 COMMENTS

**COMMENTS TO EDITOR:** This essay tells a story of burn-out and compassion fatigue in a resident and her efforts to reclaim a feeling, human relationship with her patients. I think it is a valuable piece of writing that can remind family medicine teachers just how much residents can struggle. However, it needs some work.

Both reviewers had problems with the writing style. I think the author is going for a "literary," "poetic," "lyrical" form of writing, and in parts it is quite beautiful. In other parts I agree it is just confusing and affected. I also agree with reviewer 1 that some of her references can be confusing because they are so associational. Finally, the transitions between images is often abrupt and hard to follow.

More importantly, the underlying message needs refinement. It is unclear exactly how the author is able to reconnect to the suffering of her patients by "noticing things" - yet now without feeling the burden so greatly. If she could clarify this better, she would provide important insights about how to stay emotionally connected to patients without being overwhelmed by this connection.

**COMMENTS TO AUTHOR:** This essay has a brave and honest narrative arc. It is often compellingly and lyrically written, and is filled with striking, vivid imagery. The story it tells - of patient connection lost and recreated - is a vitally important one. Nevertheless, it needs considerable work.

Both reviewers had problems with the writing style, and I concur to some degree. I think you are trying to embody a lyrical, poetical form of prose, very different from the standard journal article, and often this is moving and effective. However, reviewers noted that it was distracting to move from complete to fragment sentences. Reviewer 1 also commented on the difficulty of understanding all your associational images. The transitions between these images ARE often abrupt and confusing. Please review the manuscript carefully with this in mind. You do not have to follow rules of grammar literally, but try to find a better balance, and consider carefully whether your choice of a fragmented sentence structure is always necessary or best. Also please reduce the number of sentences/phrases you start with "and." Again, this is not always a more lyrical option. Finally, please consider finding a different way of expressing "normalizing." This has become such a reductive, behavioral word, and I think you are saying something deeper and kinder.

The larger problem is not stylistic. Reviewer 1 thinks your conclusion is somewhat pessimistic. I disagree, as I see it as "reconnecting" with a patient in a touching and emotionally resonant way. However, the fact that it is unclear what you are saying suggests more work needs to be done here. In particular, I was confused as to how you "graft" suffering on to noticing. I realize you are describing a process that is not linear, but it is so vague as to leave the reader bewildered rather than inspired. Also it was not clear to me how this noticing, on the other side of burn-out and despair, had become lighter and thus easier to bear. It seems essential that you assist the reader in grasping what stayed the same and what changed for you. Without this insight, the essay falls short.

Thank you for being willing to rework this essay. I'm confident that you can retain its poetic lyricism while anchoring it with a bit more clarity.

**COMMENTS TO EDITOR II:** This submission about a resident learning to balance emotional connection and professional boundaries has undergone one revision, which significantly helped with a lyrical but rather confusing writing style. Fortunately, LeNeva was willing to do additional line edits and did a superb job. The essay now has better flow, persistent confusions in the text have been clarified, yet it is still poetic and quite moving. I invite the author to make the recommended changes, as well as change the title; and clarify a seemingly contradictory aspect of the final section.

**COMMENTS TO AUTHOR II:** Thank you for this revision which is a significant improvement in terms of readability while still retaining your beautiful writing style. The journal's editorial manager has made additional suggestions to address the flow of the narrative (see attached - edits in red).

In addition, we think you can improve upon the essay's title. There are a few suggestions in the attached document; or you can come up with your own.

Finally, there is some difference of opinion about the paragraph's recounting Dayla's story. One perspective is that the essay could satisfyingly end BEFORE this narrative. Another perspective is that it grounds the previous insights. Please consider both points of view. If you decide to retain this story, please address a purely logical issue: If Dayla is having a miscarriage, how will you be able to do some of the fetus-related things you describe in the final paragraph? Maybe add a phrase, "If her baby survives..." In any case, be sure this makes sense and is not jarring.

Thank you for fine tuning this very lovely piece of writing.

**COMMENTS TO EDITOR III:** This is one of the most beautiful and profound essays we've received. The writing is lyrical and poetic, and the self-awareness and insights match the technical craft. The insights about the tremendous burden of carrying the weight of each patient - as well as strategies of noticing and being present to revive compassion - will speak directly and helpfully to the experience of all residents. LeNeva and I have both edited the essay to make it a bit more accessible and clear for journal readers. I am excited to accept this piece.

Please note that the author offers three titles. I recommend "The other residency education" but leave it up to the author to make a final decision.

**COMMENTS TO AUTHOR III:** Thank you for this beautifully written and profoundly revelatory essay. Your insights about the tremendous burden of carrying the weight of each patient - as well as your strategies of noticing and being present to revive compassion - will speak directly and helpfully to the experience of all residents. It is a pleasure to accept it for publication without further change, and agree with your thinking about each of the points you used in the text.

Regarding the title, my personal preference is "The other residency education," but we leave the final decision in your hands. Please submit a final version with a single title and comments removed.

Thank you for considering Family Medicine as an outlet for your work. It is an honor to publish this piece in our journal.