Editor’s Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

I’ve Got Mail

Hedy S. Wald, PhD

I’ve got mail . . .

The first “field notes,” student-generated narratives, of our Doctoring course* have been sent across cyberspace, through the great beyond, ultimately landing on my computer screen. With a sense of trust, we the teachers have asked our eight small-group first-year medical students, please reveal your innermost thoughts, fears, vulnerabilities, and triumphs, and yes, indeed, it is a lot like what you, in that white coat, will be asking of your patients in just a short while. Go right ahead, knock on the door and enter the examining room, the patient’s life, the patient’s story, and in parallel process, I, your teacher, will now enter the story you capture and join with it to create meaning. Oddly, there is no exit—it becomes a part of you, it becomes a part of me.

Here, my challenge begins—how to do these student narratives justice—not providing, mind you, some brilliant insight but rather the mirror to these students’ souls so that they can more clearly see, through the reflection, how they are gradually becoming transformed. The field note-teacher feedback communication is confidential, hopefully creating a comfort zone for deeper self-reflection. Without eye gaze or nonverbal cues, I am embraced by the intimacy of words and allow this to guide me. The act of reading or listening (as a teacher) is a “remarkable obligation toward another human being,” and I am narratively humbled.

Pause and consider. One can read of suffering in literary classics or derive rich insights from physician-writers’ poignant tales of patient encounters. All of this is valuable. Yet the power of a student-generated narrative transcends the here and now and can serve as a narrative trigger for processes of developing reflective capacity, empathetic interactions with patients, and fostering professionalism, potentially impacting early stages of medical education in a profound way. Within this Doctoring course, students learn to use the medical instrument of a stethoscope to listen to their patient’s heart. With their self-generated narrative, described as an instrument for self-knowledge, they learn to listen to their own heart.

Writing about patient care in narrative form contributes to seeing patients’ “illness in a full, textured, emotionally powerful form,” and such witnessing sanctifies both the patient’s story and the physician’s own emotional experience, which may include tolerating uncomfortable affects. The writing about the experience confers form; the grappling with the patient’s experience in the context of the student’s own story (with all its emotional

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From the Department of Family Medicine, Brown University.
As I join with a student’s “story” to create meaning, I am a company of the educational journey, and the student-generated narrative can lead us to unpredictable destinations. One vivid field note tackling end-of-life issues, for example, is striking. This is a sensitive arena and it’s so early in the year—must we go there?, I wonder. The student’s authentic words convey that we’re already there. So I struggle to find the feedback words in the absence of words and silently wish to fill the void with silence. Take a step back, I empathically encourage, to consider the experience and your reaction to it—not much melodrama when that patient expired and no platitudes to erase the painful reality of a soul departing this roller coaster, merry-go-round, rocket ship through time called Life, and it’s tough when you’re the presumed healer, isn’t it?

One cannot help but be touched by the act of reading and responding. Writing that affects the reader is art. I begin to sense the changes in me—the intersubjective process of transformative growth, it seems, is not the student’s sole proprietorship. Having remained open to this, it unfolds in me as well. My learning horizons expand with each student narrative; the content is challenging at times and keeps me on my toes. Within an interdisciplinary context, my co-teacher’s feedback contributions enrich with fresh ideas or elaboration of my own, the students becoming a Web-based ping pong game audience when we bounce ideas off each other. I benefit from the added bonus of my teaching partner’s gift of intuition and clinical expertise as he too holds the prism of these student notes up to the light, capturing different hues in his feedback responses to color my world.

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The last field note appears. How truly remarkable these now 25% doctors are—compared with initial field note content, their now deeper, more insightful reflections resonate with me—their teacher, their partner. My own personal metamorphosis through the powerful intimacy of the written word has been part of this equation. Teaching is like that. The computer screen seems fuzzy until I realize it is my own misty eyes as the confound—pass the virtual Kleenex. I click Exit and wonder who I’ve become.

* Doctoring is a 2-year, longitudinal course (Monroe A, Ferri F, Borkan J, Dube C, 2005) for first- and second-year students at the Warren Alpert Medical School of Brown University that integrates reflective writing assignments, “field notes,” with instruction in medical interviewing, physical diagnosis, cultural competence, and medical ethics, conducted by a faculty team of a physician and social-behavioral scientist (in this case, a psychologist) in small-group format. Field notes are submitted weekly or biweekly in response to structured questions that serve as guides for reflection on topics such as interactions with standardized and actual patients, development of interviewing skills, and on selected readings.

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References