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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.

Narrative Writing and Self-discovery in Residency

Sue Graham, MSW

I didn't invent it, but when I read about narrative medicine, I had to think of a way to incorporate it into our family medicine residency program. Narrative medicine is a way for physicians to understand the personal connections between themselves and their patients.¹ It helps the physician recognize, interpret, and be moved to action by the problems of others.² It helps them develop confidence and competence while identifying the conflicts they face. The narrative concept includes examining and understanding medical reasoning, clinical relationships, empathy, and medical ethics. Narrative medicine can be a framework for practice and propose an ideal of

care while providing a means to gain competence.³ It can include listening to stories of patients, self-reflection, reflection on the profession as a whole, or even on society as a whole. For family physicians, narrative medicine is a perfect complement to the philosophies of the biopsychosocial approach and patient-centered practice that are cornerstones of the specialty. The concepts and tools of narrative medicine can aid physicians who may be having difficulty recognizing the emotional pain of their patients, in understanding their plights, or extending empathy to those in need.¹

Narrative writing is one aspect of narrative medicine and the way in which I brought this model into our residency program. Using a narrative approach, residents can write about daily clinical events and encounters, their struggles, and their accomplishments without the critical eye of the preceptor, the attending, or their seniors. Residents'

journey and navigation through the health care system is often difficult and filled with self-doubt and frustration. Writing reflectively about their various experiences can help alleviate these feelings and assist in mastery.

I am the behavioral science faculty of a new residency program. A resident who is in the first year of a new program faces many challenges that a resident in a more established program does not. Rotations are not tested, and there are no senior residents available to guide them. Additionally, the local community is not familiar with the residency model and may fear that residents are not "real doctors." Some community physicians may not be interested in participating in postgraduate education. These challenges add to the already considerable stress of residency. My hope was that by having the residents begin writing about their experiences, they would gain a sense of themselves through

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reflection and, through the sharing of stories, see that others felt the same or similarly.

Our program in Narrative Medicine began during orientation with a typical lecture explaining the theory and introducing the process. This was incorporated as part of our Resident Wellness curriculum. Each resident was given a nice, pocket-size, personalized journal. They were asked to begin writing about their journey into residency and continue writing throughout their 3 years. To their dismay, they were told that the group would be sharing stories during "Wellness" groups.

Our residency program is much like many other residencies in family medicine. We have residents from all over the world and from different cultures. I was concerned that narrative writing would not be something that individuals from other cultures would take to, and I feared resistance would be prevalent. When after 3 months I asked the residents to bring their journals to "Wellness," I could practically feel the anticipation and concern.

The first person who volunteered to "share" was a resident who had been showing me her writings for some time. She was a resident who I anticipated would love the process, which she did. Her story was so moving that another resident decided to share. Then another, and another. After a short time, they were vying for time to read their stories. There were tears and clapping and sharing of feelings. It opened dialogue on coping and problem solving. It brought them closer as a group. To my surprise, every resident had written numerous entries. They were heartfelt and thoughtful. No one wrote just to get "off the hook."

There were a number of themes that became apparent after hearing and reading the stories. Many were similar to what all new residents feel: moving to a new area, anticipation of rotations, fear of

inadequacy and failure, and stress. Others were more unique to a new residency program, including isolation, feeling less privileged than residents from existing programs in the system, and also having a stronger connection to the faculty who often substitute for senior residents. In established programs, senior residents often act as confidants and go-betweens when new residents have concerns, fears, or stress. In a new program, the residents are unsure of the boundaries between each other and faculty and the way these relationships should be constituted. Narrative writing provided an opportunity to examine this issue. The process of narrative writing also has been valuable in uncovering areas of concern that residents may not feel comfortable bringing up in discussion. Once identified, such concerns can either be explored further in Wellness group or discussed individually with the resident.

Evaluation of this program is based on participation. There is no right or wrong in narrative writing. The residents are free to express themselves in many ways, including stories, poetry, and even drawing. But, they must participate on an ongoing basis. If a resident misses the Wellness session where we are sharing journals, they must present their journals to me for review. Residents are also encouraged to be reflective, authentic, and transparent in their writing.

The benefits of this program, as I perceive them and as residents comment to me, are improved resident wellness and greater understanding of their journeys into medicine. Residents begin to develop strengths by accepting their own vulnerabilities. With the pressure of professional expectations put aside, they can explore their "human" side.⁴ This allows them to grow personally and professionally and opens them to the stories of their patients. In the end, the program should help the resident

feel good about themselves as physicians, as family members, and as individuals. This will hopefully transfer to better communication and understanding of their patients. Although this is a new part of the curriculum, it looks like it will be a permanent addition.

Below are two examples of the entries written by residents (quoted with their permission):

She asked me:

Why can't you remember?

You had only 2 cases!

Why can't you have a normal conversation with the patient?

At that moment I didn't know the answer, but I do now.

I always read about anxiety, treating patients with anxiety.

However, knowing something and experiencing it, is totally different.

I wondered. What is wrong with me? It's not the first time I'm under stress. I've been in more stressful situation in my life. So what is different now?

Is it being married?

Is it being away from home?

Is it being away from family, friends?

Is it, Is it. . .

I remember 8 months ago, at the time of interview.

She asked, "How do you deal with stress?"

My thoughts at the time:

I'm an expert in dealing with stress.

I had never crashed under stress.

I always knew how to get over it,

How to escape it,

I'm invincible, nothing can harm me.

I was wrong.

Now I know, I need to remember,

Remember how to relax,

Remember to enjoy my time,

Remember to deal with stress,

And always to smile ☺

“Have you ever had a patient die?”

Dr D asked me one day in December.

“Sure” I said cavalierly, “I just did in MICU. I had a number of patients die.”

He looked at me and smiled a little and I think we changed the subject.

In February I got a page from K.—one of my patients had died and her mother wanted to talk to me.

My patient is 40-something, obese, DM, HTN, hyperlipidemia, kidney disease, former alcoholic who had not had a drink in over 13 yrs—I was going to see her in the office on Thursday.

We had formulated a plan—we were going to get her BS under control! She was going to start an exercise program, quit smoking—sometimes you feel that connection when you see something in them and they see something in you...

I couldn't stop shaking. I called her mother's cell phone—I spoke to her father; I spoke with the funeral home—contacted medical records—the paperwork pile to obtain her death certificate was in its proper sequencing...I did all these professionally, mechanically, calmly. Once I was done I closed my eyes and remembered her smile and that look in her eyes—she was motivated to get better. She was going to pull out all the stops and we were going to see each other often, at least bi-monthly in the beginning...

I said some prayers for her soul. I cried for her as she was young. She had overcome a lot of personal struggles. I cried because I was going to miss her. I didn't know her for any length of time—really only one visit in the office and some follow-up phone calls. All right Dr. D.—I see what you mean now—have I ever had one of MY patients die? Yes—it hits you hard; unexpectedly.

As the examples show, narrative writing can be a useful tool to help residents adjust to new roles and responsibilities, communicate and share with patients, and work through emotional difficulties. Any family medicine residency program can benefit from a narrative medicine program, but in a new program, this writing is proving invaluable in terms of helping residents sort through their relationships with each other, with faculty, and in forming their identities as family physicians.

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