Fifty-five Word Stories: “Small Jewels” for Personal Reflection and Teaching

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Fifty-five word stories are brief pieces of creative writing that use elements of poetry, prose, or both to encapsulate key experiences in health care. These stories have appeared in Family Medicine and JAMA and have been used to teach family medicine faculty development fellows. Writers and readers of 55-word stories gain insight into key moments of the healing arts; the brevity of the pieces adds to both the writing and reading impact. Fifty-five word stories may be used with trainees to stimulate personal reflection on key training experiences or may be used by individual practitioners as a tool for professional growth.

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After using the 55-word story format for several years to do my own writing and reflecting on my experiences as a family physician, I developed a seminar to introduce other family medicine educators to the 55-word story format. I presented this seminar at the 2009 annual meeting of the Society of Teachers of Family Medicine (STFM). At the beginning of the seminar, I introduced the form and the group reviewed several stories, both fiction and non-fiction by physician writers, to illustrate the power of this brief format of storytelling.

I presented the overall goal of writing 55-word stories “to tell—in 55 words exactly—a story that helps us to understand, or to appreciate, something about a patient or about an experience of health care.” Then I presented some guidelines for generating 55-word stories (Table 1).

Well-written 55-word stories include the key elements of narrative: (1) Setting, (2) Character(s), (3) Conflict (something has to happen!), and (4) Resolution (what’s the outcome of the story?)

Writers of 55-word stories must remember that just because they are short doesn’t mean they are easy! A statement by 17th-century French philosopher and mathematician Blaise Pascal (frequently misattributed to Mark Twain), “I have made this letter longer than usual, only because I have not had time to make it shorter” reminds us of the work entailed in writing succinctly. Beginning is the most important...
step, followed by persistence in editing until the story is told in 55 words exactly. While editing, I recommend keeping any ideas or words that you like, but don’t fit, elsewhere for possible future use. The goal of editing is to choose the 55 best words with which to tell your story. Themes that work well in the 55-word format can be “big” or “small.” The strength of the story and brevity of words are the most important features.

Results
Ten STFM attendees attended the seminar, all of whom were faculty in family medicine residency programs. Three were behavioral science faculty and the remainder family physician faculty. Several had written previously in other formats, but most noted that they were too afraid to write anything or have encountered significant barriers to writing in the past.

During the seminar, participants were given 15 minutes to write down ideas to lead to a 55-word story, and encouraged to attempt to complete a story, although they did not have to do so.

All participants used the time to write, and eight participants shared their work aloud. Of the faculty who read aloud, all had achieved a 55-word story in the allotted time.

Although this workshop was not conducted as a formal data-gathering exercise, poetry and prose can yield data about the writer’s experience. Participants’ work reflected several themes. Two participants wrote about challenging experiences from their work as faculty members with residents. Two participants shared stories from their training, and two shared stories from recent patient experiences, both centered on end-of-life issues. One participant wrote of a challenging clinical situation from a resource-poor nation. One participant wrote a story about the process of writing 55-word stories, reflecting his lack of clarity about the relevance of the format, noting that the number 55 is largely an arbitrary figure developed by the originator of the form.

Most attendees provided enthusiastic feedback about the workshop. Many participants commented that this exercise was the first time that they had been able to write anything at all. Others, who had done other forms of writing previously, appreciated the brevity of the format and the ability to share small moments from their practice. One of the participants suggested writing an article summarizing the experience for *Family Medicine*, and six participants agreed to have their work included in this article. The following stories were written during the workshop and are included with the authors’ permission.

**Physical Diagnosis I**
“I’m going to do your exam now.”
Unsure.
Pull out the blood pressure cuff, untwist the curly cord
Which side by the skin?
Pen in my mouth, stethoscope in my ears
Cord snaps back and hits her cheek…
I need another hand or three.
“Don’t worry,” I say ruefully.
“They don’t give me anything sharp.”

*Kristen Goodell, MD, Tufts University School of Medicine, Boston*

**Dialysis**
“You can’t do this! Please start dialysis.”
“Janet, I’m ready to die now.”

“It’s not fair to June. She took care of you these last eight years. Just wait till she comes home from her surgery?
Just take dialysis until then. Do it for June!”

“Janet, it’s June. No dialysis…It’s time…Let Mom go.”

*Farion R. Williams, MD, Dixon Rural Training Track in Family Medicine, Rockford, IL*

**The Patient**
“I want you to be my doctor.
This has been a tough decision.
They promised me a cure.
Instead I received misery.
I want you to be there for my family and me.
Don’t judge, just support and pray with us.
Preserve my dignity.
Before, you have helped me live.
Now, please help me die.”

*Uriel Ross Luckie, MD, Pensacola Naval Hospital, Family Practice Department, Pensacola, FL*

**Fifty-five Trial**
Take a stab at it.
I still don’t know why.
55 more or less
Doesn’t make or hurt my day
But stab I will
Just about anything once.
My paper fails at 28
So I guess I’ll add some more.
An adjective, verb, or extra noun
To get the magic number met.
Now fifty-five.

*Joel S. Leitch, In His Image Family Medicine Residency, Tulsa, OK*
What's Going On?

Butterflies. Nervous excitement. This car cost more than I’d ever spent before, but finally I have reliable transport.

Driving home in spring snow, the butterflies increase…

“Let me get home unscratched!” More inner turmoil—butterflies I understand, but why so gut wrenchingly distraught?

Then the news: Cryptosporidium in the water.

My insides erupt.

Experiential parasitology!

William Cayley Jr, MD, MDiv, Eau Claire Family Medicine Residency, Eau Claire, WI

Discussion

All participants who shared with the group stated that they enjoyed writing the stories. Participants were impressed with each other’s stories, and the group supported writers who shared intensely emotional stories. It is useful for the facilitator of this type of writing exercise to comment about the likelihood of emotions coming forth in the writing and remind the group to turn off the editors in the room, both for their own writing and others’ writing.

The group discussed possibilities for using this format in their teaching. Ideas included faculty development and resident teaching in psychosocial or biomedical issues. Writing stories can assist learners and seasoned clinicians alike to integrate intense experiences into their professional persona, especially extremely emotional experiences, like births and deaths, clinical “firsts,” “aha” moments, and other important experiences. Including 55-word stories in a resident portfolio can provide a record of the resident’s meaningful experiences over time and demonstrate important evidence of personal and professional growth. Fifty-five word stories are an accessible format with which to reflect and share experiences within health care and training settings.

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References