55-Word Stories: A Collection From the 32nd Forum for Behavioral Science in Family Medicine

Colleen T. Fogarty, MD, MSc; Christine B. Bogar, PhD, LPC; Paul Costello, MD; Gerald W. Greenfield, PhD; Katherine Neely, MD

(Fam Med 2013;45(9):656-7.)

Fifty-five word stories are brief pieces of creative writing that are increasingly being used in health care training settings. The brevity of the form allows nearly everyone to express an important experience or idea.

In September 2011, the first author presented a seminar on 55-word stories at the 32nd Forum for Behavioral Science in Family Medicine, a Society of Teachers of Family Medicine endorsed, Medical College of Wisconsin-sponsored meeting dedicated to presenting and improving methods of integrating behavioral science teaching into family medicine training. Attendees at this conference are mostly behavioral scientists; approximately 20% of the attendees are physicians. This session was one of two sessions at the conference dedicated to creative reflective writing in medical education.

Using a similar workshop format reported elsewhere, I introduced the technique and invited participants to read aloud several stories written by former residents, fellows, and faculty published in our medical center periodical. We ask the reader to read each story through twice to allow the impact of the story to come through to the listeners. After participants read the example stories aloud, I discussed the 55-word story technique and provided the opportunity for participants to write their own stories. I invited the group to jot down some ideas based on their work as faculty and then to try and flesh out one into a 55-word story. In teaching this, I suggest, but don’t mandate, strict adherence to the form. Participants are invited to share their stories aloud and reflect on the process of writing a brief story in a group setting.

Many participants shared stories about challenges relating to the role of educator, parent, physician, and behavioral scientist/family systems faculty in a new setting. During the course of participants reading their stories aloud, others in the session empathized or provided helpful comments. I offer here a collection of stories generated from the seminar, with permission of the participants/authors, together with their comments on the experience of writing these brief pieces.

Patient Teacher

Oh no, again?
A big lump: non-compliant, depressed; in the hospital
Oh no, again.

Who are you?
Lonely, poor, trapped in your body, in your pain.

Every month I listen, you smile.
Three years you come, never to the hospital.
I am away when you do.

Oh no, again,
and bleed,
and die,
without me.

Katherine Neely, MD

Writing always intimidates me. There is something about sitting in a group, with blank paper in front of me, which allows me to wait long enough for the story that needed to come to do so. But as I wrote I realized that not being able to say good-bye to this patient from 15 years ago had always haunted me. Writing this allowed me to say goodbye and to thank her for what I had learned.

From the Department of Family Medicine, University of Rochester (Dr Fogarty); Department of Family Medicine, University of South Alabama (Dr Bogar); Department of Family Medicine, Swedish Medical Center (Dr Costello); Department of Family Medicine, Mercy Health System (Dr Greenfield); and Forbes Family Medicine Residency Program, West Penn Allegheny Health System (Dr Neely).
Grief, Growth, and Ganja

“I know what I’m smelling, and it’s NOT incense.”
He denies it.
Of course he does.
F---.
Sniff the air, walk around the basement. Now what?
“Remain an ask-able parent,” I remember.
My wife calls 2 days later. Walking the dogs, he told her everything.
Courage is overcoming the paralysis of fear. Have faith.

A family physician who prefers anonymity

I was grieving, having just learned about my son’s marijuana use the night before I left town for the Behavioral Science Forum. Writing was cathartic; it connected the right and left sides of my brain in community, bringing meaning to my grief. After reading my story aloud, at least two participants tended caringly to me.

OSCE

I, Behaviorist, observe interns during orientation.
Volunteer simulates “anxious patient.”
I temper but also supplement her frank feedback.
Interns shaken;
I regret my contribution
Still driven to demonstrate my value in medical world.
I realize: They too may struggle with insecurity, ego, mistakes.
So I share what happened, apologize. They forgive; maybe learn, too.

Gerald W. Greenfield, PhD

I was moved to write this story by the satisfaction I felt in turning the lemons of a personal/professional mistake into the lemonade of apology, candid sharing, and the hope that the interns ended up learning from our shared experience.

A Duck Among Geese

A gaggle of geese fill the yard,
Chattering together
and I, the only duck.
They honk, I quack
and somehow we understand.

We learn from each other.
We share the same goals.

I think I’m going to like this yard.
It’s good to be a duck among geese.

Progress!
Last year I was a fish.

Christine B. Bogar, PhD, LPC

As a new behavioral medicine faculty member after a long career as a mental health counselor, I felt as though I landed on another planet. As I pondered my experience, what flowed from my pen helped me laugh about my new journey and affirm that I had indeed made some progress. But the best result of all occurred when my fellow “ducks” laughed along with me because they too had “waddled” along similar paths.

CORRESPONDING AUTHOR: Address correspondence to Dr Fogarty, University of Rochester, Department of Family Medicine, 777 South Clinton Avenue, Rochester, NY 14620. 585-279-4749. colleen_fogarty@urmc.rochester.edu.

References
5. Fogarty CT. Fifty-five words can capture a significant moment. Rochester Medicine 2010;Winter.