

Humanities

Creative Writing in Residency Training

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Abstract

Description

Residents compose notes for medical purposes on a daily basis. As part of wellness, I have done creative writing during didactic time with family medicine residents. I present some of the poems that have been created.

Keywords

creative writing; poetry; humanities; literature; creativity; health promotion; residency, medical education; family medicine

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Writing is a part of a resident's daily life. From composing outpatient notes in the SOAP format, developing an H&P from a patient encounter in the emergency department to summarizing the hospital stay in a discharge summary, there is a bias in these compositions toward science, making a diagnosis, having facts and creating a document to stand up in court. We, as faculty, have clearly defined expectations for these documents and the medical science to be demonstrated.

Composing a medical note is a creative process, but limited in scope. Notes do communicate data and are reliable sources of information, yet in these writings the resident is detached. A story is told about the patient, but the note does not allow the resident to reflect on the meaning of the interaction with the patient. Being objective can give the false impression that physicians are not emotionally affected by their work. As family physicians, we see the entire range of patients from the beginning to the end of life and these extremes often provoke the most emotion. There are few opportunities given to residents to process the emotional content of events.

I have used creative writing as one approach to help residents make sense of their experiences

during residency. I first was interested with this concept because I saw poems and stories in the journals I was reading to gain medical knowledge. With the help of my doctoral psychology colleagues, I added it as a fill-in topic for resident didactics on occasion. We have not defined a curriculum to develop this creativity, but with an emphasis on wellness, it can be incorporated into the didactic schedule. Often the residents express resistance at the start of the presentation. Through this process they will need to be imaginative, thinking outside the realm of scientific note taking, and this exercise is not something usually done in medical training.

I use the 55-word-story format because it is simple and the result is tangible. *JAMA* is a good source for 55-word stories to share with residents.¹ I select a few stories and put each one on a PowerPoint slide. The stories have varied content, and this helps delve into the different emotions of the residents. I have a resident volunteer to read a story and then discuss the reactions among the group. Most of the time they identify with the writer, but sometimes the character portrayed in the story guides the conversation. The discussion continues as others share similar experiences or reactions.

Another approach I use is to have each resident create a 55-word story of his or her own. The rules for the process are straightforward: compose a story with a setting, characters, conflict and resolution all with a 55-word limit. I don't tell them initially that the goal will be 55 words, I have them just write as much as they can. Then we discuss limiting the length of the story and they go through the process of editing and finding words that give the most meaning. I sometimes use the subject of difficult encounters, the passing of a dear patient or a moment of fulfillment that confirms they are in the correct profession. I have residents and faculty write poetry regarding a delicate subject: victims of domestic abuse they had cared for in clinic. A few of those poems have been successfully published.²

I let those who want to share their composition read the story aloud and ask for reactions from the group. I have found myself with an emotional response to these stories. For example, when a resident shares a poem about the joy at the birth of a baby, because it reminds me of my experience in the labor and delivery suite. Feedback from a behavioral science faculty member (D. Vachon, PhD at St. Joseph Family Medicine Residency, personal communication, 2009), after one of these sessions, believes the 55-word stories have a "relieving and inspiring effect. Hearing another resident's story has a positive effect on the listeners. Generally, residents find themselves unexpectedly impressed with the creative, wrestling with different patient events."

Even though we have used creative writing sporadically in our didactic curriculum, I would encourage other family medicine faculty to consider this exercise to let your residents or students find their artistic side. We have also experimented with poems and haiku as other ways to write. Sharing in this way can help you learn something new about those you work with every day. Any topic can be used as the focus in this process. Other specialties may use this technique as a way to process patient deaths, difficult patient visits, joyous births or saving lives. With the new *HCA Healthcare Journal of Medicine* there is now an opportunity

to have creative items published by students, resident, staff and faculty. Here are examples from a didactic session, led by our faculty wellness champion Dr. Espinoza.

Bright sunny morning, body full of rest. Eager and motivated.
Charts prepped, game plan for the day in the back of my mind.
Patients late, no vaccines to be given.
Refill, refill, refill, all medications that had been previously given.
Patients unappreciative. Is there a pill I can take for that?
Is this life now?

Kyle Herring, DO
PGY-3

There once was a boy
Who was kicked out of school
For not raising his hand
And for acting a fool

Loudly he did play
Directions he did not follow
In his seat he would not stay
And the answers he would holler

Constant running and climbing
With difficulty waiting
Interrupting and intruding
And constantly talking

The same problems at home
An appointment was gotten
The doctor he did see
His situation so common

ADHD we supposed
Medication was started
Play therapy he began
And the problems soon parted

James Vandruff, DO
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Acknowledgements

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Conflicts of Interest

The author declares she has no conflicts of interest.

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

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