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Feature Editor

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.

"Doctor, Are You Listening?" A Writing and Reflection Workshop

Deborah L. Kasman, MD, MA

I was the attending for a family medicine residency clinic, when a resident bemoaned her frustration. She said, "I can't stand seeing this patient. There is nothing I can do. She has no money or insurance, has three kids, and needs multiple medications. She has a 30-minute appointment, and it's the first time I'm meeting her. She cannot follow through on anything I advise." I reaffirmed the resident's frustration with the seemingly overwhelming nature of her patient's problems but then encouraged, "There is something you can do. You can reaffirm that you've heard your patient's concerns. Over time, you will help her and involve social services." I then asked the resident, "When is that last time someone took the time to listen to your concerns? You of-

fer your patient a gift by truly listening and hearing her needs." The resident later reported that both she and the patient had very positive feelings about their encounter.

It is often forgotten how important it is to hear our patients' underlying fears and issues hidden within their symptoms, as well as to hear our trainees' frustrations, exhaustion, and fears,¹ and to hear our own voices^{2,3} that say we are tired or upset by non-work-related affairs. Self-reflection and active listening are both important skills, allowing one to hear his/her voice and those of his/her patients.

We conducted a "writing workshop" with the goal of teaching residents and faculty one skill that promotes self-reflection and hearing one's voice, as well as actively listening to others. All second-year residents at a university-affiliated family medicine residency engaged in this workshop 3 years in a row, and one university faculty group participated during their annual re-

treat. We present the details for this writing and reflection workshop below.

Stage 1: Becoming Present

Decompression

Students, residents, and faculty are busy moving from one task to the next. It is important to decompress frenetic energy and allow participants to become present. An instant writing exercise serves the dual purpose of unwinding frantic energy and forcing participants to overcome inhibitions about writing. We quickly describe six rules of "free writing" described by Natalie Goldberg in *Writing Down the Bones*⁴ (Table 1). Participants write for 5 minutes about current daily activities, thoughts on their minds, or worries carried over from home.

Welcome

After this task, participants' faces soften. We welcome their presence and compliment their courage for immediately diving into writing.

(Fam Med 2004;36(8):549-51.)

From the Department of Family Medicine, Georgetown University.

Stage 2: Introduction

Facilitators

This workshop runs best with two cofacilitators. We prefer one physician and one educator, but most important are facilitators who are empathic and enthusiastic. Facilitators share their prior experiences with writing and reflection.

Participants

Participants briefly share facts about their background as well as prior writing experience. (It is always fascinating to hear certain participants swear how terribly they write and later hear their eloquent prose produced during the workshop).

Writing Medical Stories

Participants have (hopefully) read two to three preassigned short stories (see Table 1 for examples) written by physicians regarding medical encounters. Facilitators lead a discussion on one or two of the readings, reflecting on emotions expressed and why the author chose to write this story.

Stage 3: Getting Started

Self-reflection

Participants are asked to think of medical experiences in which they felt touched or moved by a patient. They are given 5 minutes to write down a phrase to trigger a specific memory, generating a list of possible stories.

Listening to Self and Others

Participants are paired up to read their newly created lists to one another. Readers are asked to pay attention as they recount each memory to their partner, noting which story evokes greater emotions. Next, readers fully attend to their partner's list. Some pairs read their lists quietly, absorbing their thoughts, but the majority freely chatter. Although this stage is brief, enthusiasm germinates.

Stage 4: The Writing Exercise

Each participant selects one story from his/her list. We encourage participants to choose one that elicits strong emotions. After reviewing the rules of free writing, participants engage in nonstop writing for 12 minutes. We give a 2-minute warning to allow participants to wrap up their thoughts.

Stage 5: Active Listening and Reflection

With cramped hands and furrowed foreheads, everyone takes a moment to stretch and deep breathe. Three imperative ground rules are laid out.

(1) *Everything shared is entirely confidential.* Stories cannot be discussed outside of this room. If so moved, one must first discreetly ask a colleague's permission, never assuming tacit agreement.

(2) *Sharing one's writing with the group is purely voluntary.* No one is required to share.

(3) *When receiving others' stories, no comments are allowed.* This prevents analysis, criticism, and even praise. As often occurs, emotions are high, and participants are invited to say "thank you."

These ground rules reassure safety for sharing sensitive material and an opportunity for the listener to openly receive the gift of stories. Participants are then invited to share their writings with the group.

Break

Reading and hearing stories is always intense, albeit special. The break allows everyone time to refresh.

Repeating Stages 3, 4, and 5

In a 3-hour workshop, we repeat Stages 3, 4, and 5. We provide a different prompt for Stage 3. Alternate prompts have included listing a story in which: "you were moved by a colleague, teacher, friend, or family member," or "a patient who you cared for was dying or died," or "you witnessed or made an error in patient care." Participants share their new list of stories with a different partner. In the second round of active listening, we offer those who did not read their story in the first round to go first. The voluntary nature is reiterated, yet we find that nearly everyone wants to share a story in one of the two rounds.

Table 1

References Used During the Workshop

Natalie Goldberg's "Rules for Free Writing,"⁴ pp 15-16

1. Keep your hand moving. (Don't pause to reread the line you have just written. That's stalling.)
2. Don't cross out. (Even if you write something you didn't mean to write, leave it.)
3. Don't worry about spelling, punctuation, grammar. (Don't even care about staying within the margins on the page.)
4. Lose control.
5. Don't think, don't get logical.
6. Go for the jugular. (If something comes up in your writing that is scary or naked, dive right into it.)

Readings used in workshops:

- "Imelda," by Richard Selzer, MD
In: *On Doctoring: Stories, Poems, Essays*, edited by Richard Reynolds, MD, and John Stone, MD
- "When a Heart Stops," by Deborah Kasman, MD
In: *On Being a Doctor*, edited by Michael A. LaCombe, MD
- "Another Kind of Silence," by Rachel Naomi Remen, MD
In: *Kitchen Table Wisdom: Stories That Heal*, by Rachel Naomi Remen, MD
- "Fourteen," by Tony Dajer, MD
In: *Emergency Room, Lives Saved and Lost: Doctors Tell their Stories*, edited by Dan Sachs, MD

Excellent Web site for resources:

- <http://endeavor.med.nyu.edu/lit-med/lit-med-db/index.html>
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Evaluations

We leave 5 to 10 minutes for immediate feedback concerning participants' experience with the workshop. Participants also fill out a brief written evaluation. Representative comments from these debriefings have included "I knew everyone in this room for years, yet learned something new today about each one" or "As many times as we heard story 'A' about patient 'B', I never understood this aspect for my colleague before." Others reflect, "It was not as bad as I thought it would be to write." Those who enjoyed the workshop are encouraged to use the lists they generated in the workshop as fodder for continued writing.

As facilitators, we've experienced unsolicited gratitude from residents, months and even years later. One resident said it was the best learning experience in her entire residency. Others recount returning to writing after long lapses in this previously enjoyed skill. The faculty member who organized the second-year resident workshops and skeptically invited us the first year became our most enthusiastic advocate (and participant), ensuring that subsequent classes also shared this experience.

Personal Reflections

Our workshop is offered as a writing workshop, designed to help residents write about stressful experiences in training, promoting self-healing as demonstrated by Pennebaker.⁵ The workshop offers a moment within busy curricula for introspection and teaches free writing as a concrete skill to unleash stress. We were pleased with the reflective attitude of all participants. They wrote seriously, with deep emotions, and then patiently heard their own voice while reading their unedited story. Most were surprised by the depth and beauty of their previously unshared feelings and fears. The person who had decried himself a non-writer during introductions watched the mouths of others drop with the power of his story. These stories are a gift rarely requested or offered in academia. Participants leave sated and challenged.

The art of reflection is an essential skill to the profession of medicine. Taking time to really hear oneself and others is a skill often lost in our hurried, modern, computerized life, yet it is still a cornerstone to the doctor-patient relationship. Writing promotes one means for physicians to learn to listen to them-

selves as well as patients. When patients feel their story has been heard, healing occurs and true diagnoses are unveiled. This writing workshop offers one means for the diminished art of active listening to be included in medical curricula.

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