



“You will have changed profoundly”: a letter writing exercise for 4th year medical students

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Abstract

Introduction: Reflective writing, an exercise where students respond to a prompt in writing and then read their writing aloud in class, is a core component of Narrative Medicine. Student writings often reveal truths about their own experiences moving through medical education, including the identity transformation they experience. **Method:** The purpose of this study was to ask fourth-year medical students (N=15) enrolled in Narrative Medicine elective courses at two large U.S. Midwestern medical schools to reflect on their medical school experience. The students were asked to write a letter in response to the following prompt: “if you could tell your 1st day of medical school self anything, what would it be?” **Results:** Through thematic analysis, the authors identified three major themes in these letters, including student reflections of medical school as a journey, identity transformation and identity management within medical school, and the value of important relationships and the role they play in the medical student experience. **Discussion:** We conclude the paper with a discussion on what we can learn from these student letters, calling for more attention to the vulnerability of students as they progress through medical school and more research on the kinds of transformation students experience. Medical students can be vulnerable, and the system that has been created for them to develop into empathetic, skilled physicians often contributes to that vulnerability. Therefore, institutions should not only allow students to reflect and give voice to their experience, but also encourage a reimagining of certain aspects of medical education.

Keywords: Medical Education, Narrative Medicine, Reflective Writing, Identity Transformation

Introduction

The effect of medical school on individual identity and growth has been well documented. There is a decided focus on the

negative aspects, which include the “pressure cooker” environment, the difficulty of conforming to hidden curriculum pressures, fears of inadequacy or errors, and

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the lack of a supportive environment in which to deal with the stresses of the experience. [1,2] Medical student identity, only one of several identities the individual may hold, is informed by a multi-faceted set of influences. [3] As students learn to become physicians, they engage in the performing of this medical student role (i.e., facework) even before they feel completely comfortable. In fact, some research suggests that this performance begins as early as during the admission process. [4,5]

The literature also encourages medical schools to act on these findings and engage in “curricular changes that...include greater integration of the humanities into curricula, [and] structured opportunities for reflection and creative expression...”[1] Narrative medicine, which is medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness, encourages this kind of reflection, which is something medical students seem to require, but seldom have the opportunity to do.[6,7] Further, narrative competence depends largely on the ability of students and physicians to reflect on their own stories, not just on the stories of others. [6,7] Therefore, a significant feature of the narrative medicine curriculum is writing and reflection,[8] which are “important practices in the development of caring and capable physicians.”[9]

Authors suggest that reflective writing, which has become more common in medical education, ought to require students to consider and work out an issue, experience, or perplexity; bring together previous experiences to make sense of the perplexity; elucidate the experience with new knowledge; and speculate and wonder and about the meanings and implications of the experience and consider how they might apply them in the future.[9,10] The lack of evaluation or direction, which is crucial to the success of this process, allows free and open discourse without fear of criticism or correction. This strategy offers students a

“safe place to question the way they are taught and the way the medical system encourages them to practice.”[8-12] Perhaps most importantly, narrative medicine curricula encourage students to interpret their own experiences to not only make meaning, but also to better inform their future.[13]

The purpose of this study is to examine how fourth-year medical students reflect on their medical school experience, including the stories they tell about that experience, and the transformation they undergo, through a writing exercise in the form of a letter.

Methods

Study design and sample

This was a qualitative study involving the collection of written narratives in the form of letters with fourth year medical students enrolled in a Narrative Medicine elective course. Participants were students from two large U.S. medical schools. The first author taught the course at Indiana University School of Medicine in January of 2020 and had 14 students enrolled. The third author taught the course at The University of Illinois College of Medicine at Chicago in September of 2019 and had eight students enrolled. This study was deemed exempt by the Indiana University Institutional Review Board.

Data collection

The data for this project comes from letters that participants wrote to themselves when asked to respond to the following prompt: *Please write a letter from your 4th year self to your 1st year self. In other words, if you could tell your 1st day of medical school self anything, what would it be?* Students were given 20 minutes, in class, to complete the assignment. In total, of the 22 students across the two classes, 15 students agreed to have their completed letters included in the study. Most students opted to type their letters, while others wrote using pen and paper. Names and other identifying information were removed from the letters before data analysis, and each participant was assigned a letter and a number in place

of their name (J10, etc). These codes are used after the exemplar quotes in the results to distinguish between participants.

Data analysis

Analysis followed the thematic analysis framework adapted by Braun and Clarke. [14,15] We focused on the narratives within the letters, utilizing tenets of narrative inquiry, focusing on the stories, plot lines, characters, and cues for interpretation the participants offered.[16-18] The first and second authors read the letters and became familiar with the data separately, making notes as ideas emerged. We then met to discuss our initial read through and compared notes. In the next phase, we returned to the data and began generating initial codes following an iterative process, meeting three more times to discuss codes and compare notes. This process helped to further refine the list of potential codes with each round. After the fourth meeting, we began sorting the codes into themes and subthemes using lists and visual concept-maps. We defined and named our themes, and then through the writing and reporting of each theme, identified exemplar quotes for illustration. The third author then read the report of the themes to provide a quality check and ensure that our analysis presented a clear, logical, and interesting account.

Results

Theme 1: Journey of Reflection

The first theme concerns reflections on medical school as a journey. Overall, this theme can be seen across three specific temporal and spatial stages of the four-year experience: the buildup and starting point of day one, the duration of four years of medical school, and finally, a reflection on the end of the journey.

First, the reflective process begins with the acceptance into medical school. Many of the letters open with congratulatory remarks to oneself:

“Congratulations on making it here! You’ve

done a lot of hard work to get to this point, and the admissions committee seems to have agreed that your list of accomplishments are impressive. Your successes so far should be celebrated, and I hope you feel some pride (A1).”

Others emphasize the difficult road already taken:

“You have come so far and worked so hard to get to this point, and I applaud you!...Your first day of medical school—wow. First, congratulations...please do not diminish the magnitude of your accomplishment (J10).”

The journey of reflection begins with the acknowledgement that the road has not been easy, and achievements should be celebrated. Even further, students suggest this sense of pride and achievement should be remembered as motivation to get through what lies ahead:

“Congratulations on making it to medical school. Continue to keep with you over your four years that you have already made it (M13).”

Second, participants characterize their medical experience as an active journey. Most focused on the enormity of the journey ahead, often within the context of where they’d started:

“There is no way to describe, or even comprehend the journey you are about to begin. The world is going to get much bigger than a small town in Indiana, or a college campus, or even a hospital (F6).”

Furthermore, part of the journey of reflection involved motivational language reminding them that the rigor is worth it:

“I know it’s hard, and I know you’ll muse about the other, easier routes you might have taken when times get tough, but believe me, you won’t regret this path and all the wonderful memories you’ll make on it (G7).”

Students tended to act as cheerleaders for their younger, less experienced selves:

“You’ve totally got this. Don’t sweat the small stuff right now, like what each “phase” of the next four years will look like, or whether you remember every little thing (K11).”

Third, participants spoke to their 1st day selves in terms of the present day. Many were positive and reassuring. Notions like “It will be quite a journey, but I promise it’s a good one” (G7) and “You will end up where you are meant to be” (H8) were commonly expressed. Finally, some students reminded their younger selves to keep their eye on the prize and cautioned them not to end their journey prematurely:

“Third year is going to be hard. It is not the light at the end of the tunnel, and neither is the first half of fourth year. Don’t look at it that way. You’ve got to manage your expectations. You’re going to make it—I hope (B2).”

Theme 2: Transformation and Identity

The second theme concerns descriptions of the transformative experience of medical school. Notions of identity were prevalent here. There was a focus on how the medical school experience transforms one’s identity through significant learning and perspective shifting, as well as the need for humility throughout the process. At the same time, participants reflected on the importance of not losing oneself to medical school.

First, participants explained how medical school changes you in meaningful ways:

“You will not be the same person in 2020 as you are now in 2016, but that is a good thing (J10).”

This transformation can also affect personal identity:

“Several years’ time, when you look back on this moment, you won’t recognize yourself.

This you will have not waited around until your coat was lengthened...you will have changed profoundly. The continuity of identity that has always been assumed will be challenged....Your likes and dislikes, habits and vices changed...the stories you tell about yourself about who you are today, will not be true in four years. Mourn it, accept it, celebrate it (E5).”

Related, participants expressed how they managed these changing identities:

“Be confident. Or at least fake it til you make it. No one really knows what they’re doing, and it’s important to play the part until you start to feel more comfortable (G7).”

Second, participants reminded their younger selves to remain humble and open to the transformative process. Despite its enormity, many found value in the challenging process:

“These are NOT like your undergrad classes...my pride got in the way more than once—don’t let it catch you (A1).”

Students not only recognize the inevitability of humility, but also view it as a positive force shaping them into the kind of doctor they hope to become. This prompts us to consider the role of humility in medical school and in the developing physician:

“For every bit of self-assuredness that falls to the wayside, you will gain humility (F6).”

Third, medical school requires students to be aware of its magnitude, but also open to change and development. In other words, participants reminded themselves not to completely lose sight of who they are. The tension between pre-medical student identity and the development of the new identity is often exacerbated by the emergence of personal identities that didn’t or couldn’t exist before medical school. For example, one student wrote “Be bold, and be brave. Be out and proud (K11).”

Students emphasized the importance of maintaining a life outside of medical school:

“Just because you decided that medical school was the right path for you, doesn’t mean that you shouldn’t continue to pursue the things that make you happy. You can still play soccer—let’s be real, I know that is a big concern (D4).”

And others emphasized the need to not limit themselves to the medical student identity, claiming, “I would say not to define yourself by solely your capacity as a medical student or by your academic performance. You are so much more than that. You are your interests and hobbies. You must define yourself by your relationships (O15).”

Theme 3: Relationships

The third theme concerns participant focus on and prioritization of relationships. First, participants specifically discussed the role of fellow students and mentors within medical school. G7 reflected, for example, on the support offered by these insiders, suggesting:

“First off, open up to your classmates early on. They won’t judge you for your struggles. Everyone has their own burdens to bear, and it helps so much to have someone in your same situation to bear them with...ask for help from your fellow students and your professors. There’s no shame in asking for help.”

Another student echoed this sentiment, noting that “All those people around you in [medical school] will become your closest allies, supporters, and best friends. You may even discover some friends in unexpected places that you never thought you would end up [with] (H8).”

Second, participants reflected on the importance of relationships built outside of the medical school space and the support offered within those relationships to make it through:

“Trust when S tells you that it’s OK to go back in the bedroom + study at the agreed upon time. It will be hard (for her probably even more than you) but she means it and it will help you stay on track (C3).”

Participants even reminded themselves to remember to enjoy those relationships:

“Don’t forget to have fun, cook for your friends, and go on adventures. Living your life outside of studying should always be a priority (A1)!”

Third, we noted that many participants reflected more generally on the role of others in medical school, and how important it was to value and show gratitude towards those people:

“Show those you love how thankful you are for all of the continuous sacrifices they’ve made to help you see your dreams (N14),” while another reminded herself to “Be proud of your ability to retain relationships...be grateful for the experience + for having so much love in your life + surrounding yourself with people who build you up—you couldn’t have done this without them (I9).”

Fourth, when examining who these medical school participants discussed as important others in their journey, we noted consistent references to fellow students, mentors/faculty, romantic partners, family, and friends. The role of patients, however, seemed to be missing from many of these narratives. Of the 15 letters we analyzed, only six alluded to the clinical aspects of medical school and thoughts about interacting with patients, and even those were relatively brief. Within these six letters, the focus seemed to center on what can be learned from clinical experiences with patients, or what can be given to patients through clinical interactions. For example, in focusing on what patients can teach medical students, L12 advised

“Find the lesson in every patient you care for, the ones who live and the ones who die.”

On the other hand, a few participants reflected on how serving patients is an important aspect of medical school:

“no other profession provides so many opportunities to make huge positive impacts in the daily lives of people around you (G7).”

Discussion

The purpose of this study was to capture how fourth-year medical students reflected on their experiences in medical school through written narratives in the form of letters. The noteworthy findings from this study are twofold. First, we confirm the value of the letter writing and reflection process for medical students who often describe themselves as “unreflective.”[19] With a simple prompt, the participant students in this study contributed meaningful, deep reflections on their experiences. Second, from student letters we learn and confirm that medical education engenders a number of meaningful experiences and perspectives. Some of these suggest areas for improvement and some suggest areas for continued focus. Importantly, the post-writing reflective discussion echoed the sentiments in the letters. This leads us to conclude that we can gain insight into the medical school experience through the process of focused reflective writing and discussion,[20] and that the results of that process ought to motivate us to carefully reconsider certain elements of medical education.[21]

Although students were excited to begin medical school and felt an enormous sense of accomplishment in just getting there, those feelings often diminished once in the classroom. Many of them perceived the experience as a journey, though not necessarily one that was pleasant or easy. Rather, while most considered it to be worthwhile, it was also challenging, with the potential for one to reconsider or doubt the choice to pursue it. These findings suggest a level of frustration and insecurity that could adversely affect the overall experience in

particular, and the kind of medical professional we produce in general.

Students also emphasized the need to maintain hope, indicating there were times when they felt they were losing hope, or that it was gone altogether. Future work should continue to explore at what key moments medical students lose confidence or hope, [22-25] and we should work to implement preventative strategies. Studies suggest that peer discussion groups which encourage expression, analysis and shared reflection remind students that they are not alone. [26,27] However, similar groups with a narrative medicine framework provide the tools necessary for practicing physicians to continue the work through their lifelong career trajectory. [28,29]

It is not surprising that students experience a kind of transformation from the first day of medical school through the last. They begin as young, inexperienced, idealistic individuals ready to save the world and end up as something else entirely. Therefore, we ought to re-examine the kind of transformation and identity change we think students should experience while finding better ways to support students during particularly trying times.[20] Surely there is something valuable in the eager, motivated perspective of first year students that is worth maintaining,[30] and which was recognized by these fourth year students in their letters about how they felt on that first day. Earlier incorporation of reflective letter writing exercises within narrative medicine-type courses will help to identify students who are struggling. This strategy will also provide them with a cohort of students with whom to develop healthy relationships in a nurturing environment,[31] so that fourth year students do not feel like survivors, but rather fulfilled, well-trained, empathetic future doctors who have actually enjoyed the experience. Increasing engagement with and demonstrating value in the humanities has the ability to do just that.[32]

This exploratory study has two limitations including a relatively small, convenience sample and the inclusion of students from only two institutions. Additionally, it is important to acknowledge that medical students from diverse backgrounds often experience medical school differently, particularly those from racially/ethnically minoritized groups.[33] Future work that builds on this study should strive to collect demographic and background information on participants to better understand these unique experiences in the context of their narratives.

Conclusion

Medical schools select bright, motivated and empathetic students to come together in a space where they will learn how to become physicians who will care for those who are most vulnerable. Much of the time, however,

we lose sight of the fact that our students are vulnerable as well, and the space we have created for them to develop into empathetic and skilled physicians often contributes to, or builds upon, that vulnerability. Therefore, this study aimed to not only allow students to reflect and give voice to their experience, but moreover, to help us consider how we might reimagine the medical school experience during which students transform into doctors. By acknowledging the rigors and missteps within the formal curriculum, by paying attention to the personal and professional transformation that occurs, and by privileging important relationships through careful, focused engagement with students as early as the first year, students may be better able to navigate the medical school experience and become doctors who are fulfilled rather than depleted.

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