

Capstone for Impact Submission | GY2020

Project Title: “Reflections on Waiting”

Student Name(s): Danielle Devlin

Advisor Names(s): Dr. Laura Hirshbein

Branch: Patients and Populations

Path of Excellence: Medical Humanities

If this project can be continued by another UMMS student, please include your contact information or any other details you would like to share here:

This project cannot be continued.

Summary: My Capstone project “Reflections on Waiting” represents an examination of my own medical experiences within the framework of Narrative Medicine. In the words of the Division of Narrative Medicine at Columbia, “We realize that the care of the sick unfolds in stories, and we recognize that the central event of health care is for a patient to give an account of self and a clinician to skillfully receive it.”¹ That is, Narrative Medicine seeks to add a space for storytelling and literary analysis back to our clinical practice, even to give them primacy of place.

Although my own medical experiences significantly impacted my decision to change careers and pursue medical school, I had struggled with how I wanted to integrate them into my identity as a physician in training. My Capstone sought to utilize Narrative to help accomplish that task. Through the process of crafting a creative non-fiction piece, I was able to mine my medical history for insights that will shape my practice going forward and that I hope will benefit the larger medical community.

Methodology:

- 1) Familiarized myself with conventions of Narrative Medicine as a genre by reading the writing of Dr. Rita Charon, one of the founding figures of Narrative Medicine and by analyzing pieces published in JAMA’s “A Piece of My Mind” column and the New England Journal’s “Perspective” section, two very visible, impactful venues for Narrative.
- 2) Drafted and refined the personal Narrative Medicine work “Reflections on Waiting” revolving around the dynamics of watchful waiting and its considerable ramifications for patients’ mental and emotional health.

Results/Conclusion:

One Narrative Medicine piece was finished for submission to Narrative Medicine publication venues. Through the drafting process, in collaboration with Dr. Hirshbein, topics for at least four other possible pieces emerged. Additional staff members at Michigan Medicine engaged with Narrative were also identified.

¹ (<https://www.narrativemedicine.org/about-narrative-medicine/>)

I have discussed with Dr. Hirshbein avenues for continuing to write other Narrative Medicine projects, including those extrinsic to my own experiences as a patient.

Reflection/Impact Statement:

1) Many well-known examples of Narrative Medicine such as *When Breath Becomes Air* have clear trajectories with definitive endings because the stories of illness those pieces relate themselves have definitive endings. My story does not. That type of Narrative is an important addition to the genre because physicians are not able to offer diagnosis or resolution to every patient.

2) The above observation may be especially important for learners, many of whom will not gain this insight until later into their careers.

3) Creative non-fiction is a helpful tool for me to process my emotional reactions to my own health experiences. I will continue to use Narrative to help me integrate those experiences into my identity as a physician in training, including using it to reflect on when/if I choose to disclose my history to patients.

4) Creative non-fiction will be a part of how I relate to my own patients whose stories have struck me.