

“Getting Started”: A Pilot Introductory Narrative Writing Session for Interprofessional Faculty in Academic Health Sciences

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Purpose: We designed and implemented a pilot introductory narrative writing session with the two-fold goal of fostering the dissemination of faculty writing for submission to peer-reviewed journals and other publication venues while simultaneously creating a framework for establishing collaborative and empathic interprofessional teams by enhancing narrative-related competencies.

Methods: The session was open to interprofessional faculty at our academic health sciences center. Participants were accepted via a competitive application process, with group size limited to 18 individuals due to the workshop-style format. Learners were reflective of our diverse campus regarding sex, race/ethnicity, department, rank, and professional role. The session began with an experiential seminar providing instruction on writing theory and practice, discussion questions, and reflective writing prompts. The seminar was followed by a writing workshop. We conducted a mixed-methods evaluation to gauge participant satisfaction and educational efficacy.

Results: The mixed-methods evaluation revealed that faculty reported high satisfaction with the session as a designated space to contemplate, discuss, practice, share, and critique narrative writing. All learners (18, 100%) rated it “very good” or “excellent” in overall quality and value as well as in relevance to personal growth. Participants reported growth in communication (13, 72%), self-reflection (12, 67%), active listening (12, 67%), writing confidence (11, 61%), perspective-taking (11, 61%), writing skills (10, 56%), and empathy (8, 44%).

Discussion: Faculty valued the session as a venue for improving their writing skills and sharing with a diverse group of colleagues about the significance of narrative in relation to their professional lives.

Conclusion: Seminar outcomes suggest that narrative-based education for interprofessional health sciences faculty can be effective in achieving the two-fold goal of enhancing writing competencies while simultaneously fostering essential skills for building collaborative and empathic teams to promote high-quality education, research, and whole person clinical care.

Keywords: interprofessional writing education, narrative writing, narrative education, narrative medicine, health humanities, medical humanities, literature and medicine

Introduction

In recent years, narrative-based education has gained popularity within academic health sciences. The pedagogical integration of literature and medicine—often referred to as narrative medicine^{1,2} or medical humanities—has been used effectively to foster a wide range of strengths and competencies, as we noted in our 2020 systematic review, which documented content and outcomes of narrative-based education in academic medicine and health sciences.³

While the inherent usefulness of narrative—sometimes framed as “storytelling”—has gained credence across the professional spectrum, it seems especially significant in the realm of healthcare, where an emphasis on fact-gathering and

quantifiable data cannot always suffice for the development of qualities such as empathy, communication, teamwork, and professionalism. Indeed, a growing body of literature is drawing awareness to

the powerful ways in which narrative can promote self-reflection and resilience among healthcare professionals. Although sometimes viewed as a ‘stranger’ in the world of traditional medical education, storytelling can provide a framework for cultivating self-reflection, communicating knowledge, fostering connections in ways that align rather than alienate, and listening for meaning that exists beyond the immediately observable.⁴

A core competency of narrative-based education is training in narrative writing, which may be conceptualized as forms of writing that convey stories. Faculty benefit in many ways from writing narratives.⁵ Generally speaking, the objectives of narrative writing interventions may be grouped into two broad categories. First, narrative writing cultivates an array of skills and strengths, including communication,⁶ cultural competence,^{7,8} empathy,^{9–11} professional identity formation,¹² and self-reflection to promote professionalism^{13–15} and vitality through mitigating burnout.^{16–18} Second, and less frequently, narrative writing training may be employed to promote writing skills that are essential for developing future clinician educators and researchers. For instance, faculty writing groups and workshops may serve participants by improving writing-related competencies,^{19,20} boosting publications,^{21–24} and augmenting writing self-efficacy.^{19–22,25} Nevertheless, our 2020 systematic review of narrative-based education programs reported a lack of programming with stated goals of promoting narrative writing skills—and recommended the expansion of program learning objectives to include the development of narrative writing competencies and writing-related self-efficacy as assessable educational outcomes.³

Purpose

At Boston University Medical Campus [BUMC] we sought to offer a pilot narrative writing training program for academic health sciences faculty that addressed both educational domains described above. We envisioned a space in which faculty could gain writing skills and competencies that ultimately would foster publication of their narratives in peer-reviewed journals and non-academic publication outlets. Simultaneously, we aimed to create a space in which participants could cultivate a range of narrative-based skills and strengths that are essential to building successful teams for providing high-quality research, education, and whole-person clinical care. Since the literature has demonstrated that interprofessional training can have a positive impact within health sciences through fostering collaboration and the provision of high-quality patient care,^{26,27} we wanted to implement an interprofessional program involving faculty from across BUMC.

We found that curricula and resources are available for training medical students and residents in narrative writing. Examples include Winkel’s narrative medicine writing workshop¹⁷ and Wagner and Roth’s exercise in reflective narrative²⁸—both geared towards residents—as well as Murinson’s training on pain and the humanities for medical students,²⁹ which incorporates a writing component. Additional resources are Charon et al’s advice on including creative writing in clinical education³⁰ and descriptions regarding the implementation of narrative-based curricula in the medicine clerkship, by Chretien et al,³¹ and during internship year, by Wesley et al.³²

However, despite the existence of some programs offering narrative writing education for faculty,^{33–36} we found limited curricula dedicated to offering faculty narrative-related competencies while simultaneously promoting their writing skills and publication. To fill the critical gap, we decided to explore the usefulness of creating a narrative writing curriculum for our faculty at BUMC. The program would be geared towards providing time and space for participants to foster the narrative skills and writing confidence necessary for publication. It also would offer philosophical engagement with humanities themes relevant to their daily lives as professionals working in academic medicine and health sciences.

Needs Assessment

Based on our supposition that a narrative-based education program for faculty with appointments at our health sciences campus’s three schools—dentistry, medicine, and public health—would be valuable, we conducted a needs assessment of a smaller sub-group, the Department of Medicine (DOM) faculty, to gauge interest in narrative writing education. Fifty-six DOM faculty completed the needs assessment survey ([Supplementary Material 1](#)), which was distributed via email.

Not a single faculty respondent self-identified as being “very familiar” with the principles of narrative-based education and practice in academic health sciences, while 37 (66%) faculty reported being only “slightly familiar” or “not familiar at all” with it. Nearly half of respondents (27, 48%) reported being either “somewhat interested” or “extremely interested” in integrating narratives into their clinical, educational, and/or academic work. Respondents noted that the most significant barriers preventing them from engaging with narrative in academic health sciences included lack of time (38, 68%), lack of familiarity with narrative-based practice (22, 39%), and lack of confidence in their narrative writing skills (21, 38%).

Methods

Pilot Program Development

Based upon the data collected by our initial needs assessment, we designed and implemented a longitudinal, cohort-based pilot program: the *Narrative Writing Program (NWP): Writing from the Front Lines of Clinical Care, Education, and Research*. The NWP was open to all faculty, including clinicians, educators, and researchers. Participants were accepted into the NWP via a selective application process. We received nearly 50 applications. However, we chose to limit the group size to 18 due to the workshop-style format, which was designed to foster an atmosphere of trust and collegiality. When selecting faculty to participate, we focused on composing a cohort that reflected our diverse medical campus regarding sex, race/ethnicity, department, rank, and professional role (Table 1). We intentionally admitted researchers and other non-physician clinicians (eg, dentists, nurse practitioners, certified nurse midwives, etc.) in addition to the physicians and medical trainees to whom narrative-based programming frequently has been geared within academic medicine and health sciences.³

Session Planning

We designed the first NWP session, “Getting Started in Narrative Writing,” as an introductory pilot to launch the series (see [Supplementary Material 2](#) for the entire session series timeline), but also to function as a standalone workshop. While the series initially was designed to be implemented in an in-person format, the curriculum is easily adaptable for online delivery if necessary. The session was framed by several interconnected learning objectives, encouraging participants to: 1) identify and implement strategies for overcoming perfectionism in regards to “getting started” with narrative writing projects; 2) foster reflection to find one’s narrative voice for professional and personal well-being; 3) acquire new writing competencies and self-efficacy to generate publishable narratives; 4) explore ways to engage more empathically with patients, learners, colleagues, and self by refining skills for listening to and interpreting personal narratives; and 5) practice constructive and generative workshoping of colleagues’ narratives in a small-group setting.

“Getting Started” was designed and facilitated by two faculty members with complementary skill sets and expertise: one had a PhD in English Literature and an MA in Creative Writing and the other possessed an MD, as well as an undergraduate degree in Comparative Literature. Both facilitators had published narrative writing and taught narrative education courses in academic health sciences. Their combination of theoretical and clinical expertise provided a strong pedagogical foundation. The session incorporated both an experiential literary seminar, which included reflective writing exercises, and a narrative writing workshop. Our curriculum—delineated in the facilitators’ guide ([Supplementary Material 3](#))—emphasized experiential learning and peer mentoring to foster interprofessional education, with spontaneous reflective writing exercises followed by opportunities for participants to share their writing with the group.

Several weeks in advance of our meeting, we emailed the assigned pre-readings to participants ([Supplementary Material 3](#)). We also recruited (via email) two volunteers from among the group to workshop narratives in progress during the session. The workshop offered a venue for faculty to receive critical feedback on drafts they were preparing to submit for publication while fostering a sense of community. The NWP sought to create a venue where participants could support one another through peer mentoring, encouragement, and accountability for achieving writing goals.

Table 1 NWP “Getting Started in Narrative Writing” Workshop Participant Demographic Data (N=18)

	Characteristic	N (%)
Sex	Female	12 (67%)
	Male	6 (33%)
URG Status*	Non-URG	16 (89%)
	URG	2 (11%)
Rank	Clinical Instructor or Instructor	2 (11%)
	Clinical Assistant Professor or Assistant Professor	10 (56%)
	Clinical Associate Professor or Associate Professor	4 (22%)
	Clinical Professor or Professor	2 (11%)
Primary Role	Certified Nurse Midwife	1 (6%)
	Dentist	2 (11%)
	Nurse Practitioner	1 (6%)
	Physician	11 (61%)
	Orthopedic Surgeon	1 (6%)
	Population Scientist	1 (6%)
	Public Health Faculty	1 (6%)
Department/Division	Dental Medicine	2 (11%)
	Emergency Medicine	1 (6%)
	Family Medicine	2 (11%)
	Medicine-GIM	3 (17%)
	Neurology	2 (11%)
	Obstetrics & Gynecology	1 (6%)
	Ophthalmology	1 (6%)
	Orthopedic Surgery	1 (6%)
	Pediatrics	2 (11%)
	Psychiatry	1 (6%)
	Public Health	1 (6%)
	Radiation Oncology	1 (6%)

Abbreviation: *URG, underrepresented groups in medicine and health sciences.

Session Evaluation Strategy

We designed an evaluation strategy involving both quantitative assessments and qualitative evaluations. [Supplementary Material 4](#) contains the evaluation form in its entirety. The evaluation used a 5-point Likert scale to assess overall quality and value of the session as well as relevance of the session to participants’ professional work and personal growth. Evaluations also queried whether the session had been relevant for enhancing participants’ skills and/or growth in eleven specific domains and gathered qualitative data about the learning experience. We analyzed the responses to open-ended questions by identifying recurring themes.

We obtained IRB exemption from the Boston University Medical Campus Institutional Review Board due to the NWP’s status as an educational program. Written consent was obtained from all participants, who were informed regarding the nature of the study. The study complies with the Declaration of Helsinki pertaining to medical research involving human subjects.

Session Implementation

Participants, who came from all three schools at BUMC ([Table 1](#)), sat around a circular table to encourage participation and sharing. To foster a sense of presence during the meeting, we did not employ technology, and we asked participants to refrain from using laptops and cell phones. The session was split into two 60-minute components: an experiential

seminar and a peer writing workshop. The first hour involved discussions centered on writing theory and textual analysis based on assigned readings. The facilitators introduced participants to the craft of narrative writing. The second hour was comprised of a writing workshop, during which two participants had the opportunity to read drafts aloud and receive feedback from their peers. Both sessions components are described briefly below.

Experiential Seminar

The experiential seminar opened with a short introduction, during which we reviewed session themes and learning goals. We also asked participants to commit to honest self-reflection, genuine engagement in conversation, and confidentiality. We then spent a few minutes going around the room to give learners an opportunity to share their names, schools/ departments, and one thing that each hoped to gain from the session.

Next, we distributed handouts listing two writing prompts and instructed participants to respond to one of the two prompts in notebooks we provided. The first prompt referred to a quote by author David Foster Wallace about perfectionism, asking learners to write about how perfectionism related to their own writing process.³⁷ The second prompt, regarding William Butler Yeats' poem "The Lake Isle of Innisfree," directed learners to engage in a narrative exploration of their own metaphorical "lake isle."³⁸ We offered alternative writing prompts because we assumed some participants might prefer a more concrete writing exercise while others would enjoy experimenting with a comparatively abstract narrative. After allowing about ten minutes of writing time, we asked for volunteers to share what they had written. As expected, participants were split in their choice of prompts.

We then facilitated a discussion of the assigned readings: two chapters—"Perfectionism" and "Shitty First Drafts"—from author Anne Lamott's book, *Bird by Bird: Some Instructions on Writing and Life*,³⁹ as well as Dr. Richard Weinberg's short story, "First Love."⁴⁰ We first focused on Lamott's experience with and advice about perfectionism regarding the writing process and then turned to Weinberg's short story as a starting point from which to discuss the craft of narrative writing. We again gave participants a few minutes to write, asking them to reflect on the conversation and commit to one or two writing goals. The experiential seminar ended with some participants sharing what they had written.

Writing Workshop

After a five-minute break, learners reconvened for the writing workshop portion of the session. We distributed hard copies of the two participant narratives that had been solicited previously via email. We then asked the first author to read the piece aloud. In an open forum format, we facilitated a conversation in which workshop participants shared their feedback. The same process was repeated for the second author. In the last few minutes of the session, we distributed and collected session evaluation forms ([Supplementary Material 4](#)).

Results

The NWP participant demographic reflected our diverse medical campus regarding sex, race/ethnicity, department, rank, and professional role, including women (67%) and men (33%), underrepresented groups in medicine and health sciences (URG) (11%) and non-URG (89%). Faculty represented all ranks (from Instructor to full Professor) and a wide variety of primary roles across departments and divisions in the Schools of Medicine, Dentistry, and Public Health. [Table 1](#) delineates NWP participant demographics.

Quantitative Evaluation Outcomes

Overall, the 18 learners expressed high satisfaction with their experience in the session, rating it "very good" or "excellent" in two outcome categories surveyed in the post-session evaluation: overall quality and value of session (18, 100%) and relevance to personal growth (18, 100%). In the outcome category regarding relevance to professional work, 15 (83%) rated the session "very good" or "excellent," while 3 (17%) rated it "good." Faculty indicated that they found the session to be relevant for enhancing their skills/growth across a broad range of areas, with particular emphasis on communication (13, 72%), self-reflection (12, 67%), active listening (12, 67%), writing confidence (11, 61%), perspective-taking (11, 61%), writing skills (10, 56%), and empathy (8, 44%) ([Figure 1](#)).

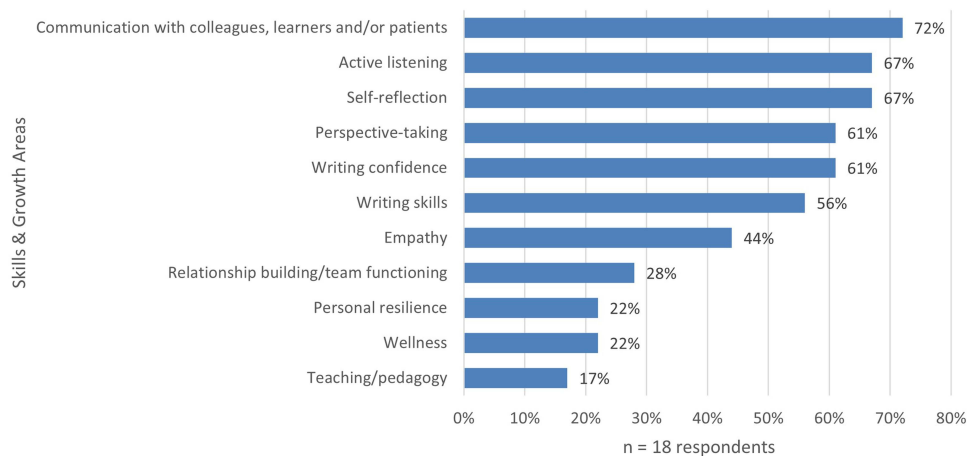


Figure 1 Overall relevance of “getting started” session for enhancing participant skills and growth areas (n=18).

Qualitative Evaluation Outcomes

We include representative participant quotations from the session evaluation forms in [Table 2](#). In response to open-ended, qualitative evaluation questions pertaining to the experiential portion of the session, participants reported finding value in learning about the craft of writing, engaging in theoretical discussions of the literary pre-readings, hearing the diverse perspectives of interprofessional colleagues from across the health sciences campus, sharing ideas and perspectives in community, and experimenting with different narrative modes and styles in a safe environment ([Table 2](#)).

Regarding the writing workshop, participants reported that hearing colleagues read their narratives-in-progress was both enjoyable and educational. Those who received peer feedback said it would help them revise toward eventual submission to peer-reviewed journals or other publication venues ([Table 2](#)). When asked what professional and/or personal changes they planned to make based on the session, faculty highlighted various themes, including their desires to make more time for writing, continue to write personal narratives, spend more time reflecting, consider personal experiences as material for professional writing, and submit narratives for publication ([Table 2](#)).

Discussion

Implementing the pilot “Getting Started” session presented unique opportunities and challenges as we strategized how to develop and implement narrative-based educational programming that would effectively meet the philosophical and practical needs and interests of our faculty. We found diversity to be a strength. Interprofessional participants from multiple health sciences schools and career tracks ([Table 1](#)) helped to promote affinity and shared learning across disparate groups who rarely interact. Participants noted that they enjoyed hearing the ideas, perspectives, and experiences of colleagues outside their own disciplines.

We had designed the learning objectives to focus on two distinct educational themes: 1) building narrative writing skills and confidence, and 2) fostering a range of skills and strengths essential to cultivating successful teams to provide high-quality research, education, and whole person clinical care. Faculty reported finding the session beneficial in both areas. First, they reported, it provided time and space to work on improving narrative writing competencies and confidence, while developing skills in peer coaching colleagues on editing drafts. Second, it offered a sense of peer support/community engagement; opportunities to listen, share, and reflect; and a forum for cultivating communication, resilience, wellness, and professionalism. The findings align with previous research and add to the literature by building upon the recommendations we made in our 2020 systematic review, which advocated for the implementation of narrative writing programs within academic health sciences that include a focus on the development of writing competencies and self-efficacy as distinct learning objectives.³

While learners expressed appreciation for hearing colleagues read aloud their narratives during the workshoping session, several voiced a preference for drafts to be emailed ahead of the session to allow time to ponder their feedback in

Table 2 “Getting Started” Qualitative Session Feedback (n=18)

Valuable aspects of session by theme	Quotes from learners (Responses to Q: “What did you find to be most valuable/informative/helpful about today’s session?”)
Learning about the craft of writing	“Getting started; sharing ideas” “Hearing/reading different styles of writing”
Engaging in theoretical discussions of literary pre-readings	“Discussion of readings”
Hearing diverse perspectives of colleagues from across the medical campus	“Interacting with colleagues from different backgrounds and specialties, each one giving a valuable input for the session and program” “The variety of perspectives” “Meeting everyone & learning about all these different experiences & perspectives”
Sharing ideas and perspectives in community	“Listening to others’ ideas, thoughts” “Hearing others’ opinions” “Nice to meet other people in a different context & hear about their inner lives” “Experiences shared by participants”
Experimenting with different narrative modes and styles in a safe environment	“Just the exposure—the talking and the reading and the narrative exercise—it helps to think in a new way for me”
Hearing colleagues read their works in progress	“Listening to gifted colleagues read” “Reading aloud from writer’s voice” “Discussion of student work” “Loved poems – really touched my heart, made me think” “I was inspired by [a faculty member’s] poems” “I enjoyed workshoping much more than I thought I would”
Receiving peer feedback on drafts	“Getting my pieces workshoped—so intense & hard—but really good”
Planned professional and/or personal changes resulting from session	Quotes from learners (Responses to Q: “What professional and/or personal changes do you plan to make based on today’s session?”)
Make more time for writing	“Try to write more every day” “Carve out personal writing time weekly” “More writing!” “Starting writing! Not aim for perfectionism” “Write more!” “Start writing more often”
Experiment with different forms of writing	“I am going to consider trying to write poetry in particular—which I haven’t done in years and which I didn’t expect coming into this class” “Try more poetry”
Spend more time reflecting	“Reflect more when reading/try to write my reflections”
Consider personal experiences as material for narratives	“Maybe start jotting down thoughts/ideas when they occur” “Apply narrative writing to my everyday life or work in general, as an alternative to scientific writing”
Submit narrative writing for publication	“Publish”

advance. We implemented this suggestion in subsequent NWP sessions. Authors scheduled to have their narratives workshoped now email their drafts to the course facilitators approximately two weeks before the meeting for distribution to the group.

Participants reported their satisfaction as “very good” or “excellent” in most areas. They did, however, rate relevance to professional work slightly lower. We now ask participants to reflect in writing prompts and subsequent discussion about how narrative writing can build essential professional skills.

Overall, participants expressed appreciation that the session was intended to build professional, self-care, and interpersonal skills. Although enhancing narrative writing competencies and self-efficacy were primary objectives of “Getting Started,” we realized from discussions and evaluations that many faculty members valued the space and time to pause, reflect, share, think, and write creatively. For many, the educational value came primarily from practice rather than didactic lessons.

Limitations

We recognize several limitations to our study. First, the needs assessment was restricted to a single department on our medical campus: The DOM. However, the DOM is large and includes diverse faculty (physicians, nurse practitioners, researchers, etc.). Second, NWP participants were chosen via a selective process from a pool of voluntary applications. We acknowledge a selection bias regarding participants’ pre-existing attitudes and opinions about the value of narrative-based education for academic success and personal/professional development, as well as a pre-existing interest in the craft of narrative writing. Third, since the program was a pilot and therefore small, we were unable to analyze subgroups of participants due to sample size and confidentiality. However, data collected from future NWP cohorts will continue to add to the sample size. Fourth, we assessed learner satisfaction, skill-building, and confidence via self-reporting; thus, we did not account for actual behavioral change. Indeed, the challenge of producing “measurable” behavioral change for humanities-based educational programming is ubiquitous, as the augmentation of desirable personal qualities (eg, communication, empathy, team-building skills, etc.) by nature eschews calculation. That is, we recognize the difficulty of performing “quantitative studies of qualitative endeavours,”³ such as narrative writing programs. Although we have made a good faith effort to analyze and interpret all evaluation data—quantitative and qualitative—as accurately as possible, we recognize that qualitative data inherently may be subject to biased interpretations. Fifth, we do not yet have long-term follow-up data to assess whether NWP participation had an impact on writing productivity.

Conclusion

Collectively, the “Getting Started” qualitative and quantitative data suggest that narrative-based educational programming for health sciences faculty can lead to high satisfaction. It may also prove effective for enhancing the writing skills and competencies necessary for academic advancement while fostering high-quality clinical care, education, and research.

Ethics Approval and Informed Consent

We obtained approval for an IRB exemption from the Boston University Medical Campus Institutional Review Board (IRB Number H-37884) and procured written consent from all study participants.

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