Author's response to reviews

Title: Clinical realism: A new literary genre and a potential tool for encouraging empathy in medical students.

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Author's response to reviews: see over
Thank you for your comments. Please find enclosed file detailing my response to the various revisions.

I have pasted the revision requests below, with my responses in red.

Kind regards

Paula McDonald

> MINOR REVISIONS (Editor)
  >
  > Abstract: Line 33. Suggest rewording it: This article is based on the written work produced by the (date e.g. 2012-2013) cohort of [number] students etc. I wonder if throughout the paper it is better to refer to the [date] cohort (rather than the 'last' cohort)

I have implemented this

> P2 Line 46-7. Please reword the end of this sentence "about characters for whom they initially felt little empathy"

Done

> P3 Line 59. Please check the wording here "to be healed rather than cured" I found this slightly surprising as would not see this necessarily as an either/or and imagine that patients do still want to be cured (where a cure is possible!)

This is trying to express the difference between a technocratic approach to medicine, where people have things done to them, and a more holistic approach that involves the mind as well as the body. It is explained in more detail in the two references.

> P4 Line 79 do you mean cortex? (rather than coirtex) Please check.

Corrected

> Methods section:

> This is now very much clearer. I share the reviewer's (JT) concern regarding use of the term 'grounded theory' to describe methodological approach rather than (say) thematic analysis that is informed by a constructivist approach to meaning-making.

I have changed this to:
The student outputs were analysed thematically using a constructivist approach to meaning-making as a guiding principle, as developed by Charmaz [33] and as used by Kristiansson et al.

Some minor recommended revisions:

- Line 175: found this confusing - obituaries and five word obituaries? Please check.

They were very brief obituaries, summing the person up in a few words. I have taken this out.

- I am not convinced that all the details in lines 185 - 191 are centrally relevant to this paper, though it is useful to know that the course has evolved from 2010-2013 in response to student feedback and teacher/learner experience. It is important to know what the course included for the cohort on which this paper is based but perhaps you might consider removing reference to those parts of the course that had been dropped (e.g., the sentence in line 188-190). Likewise in line 196 please edit out "and varied only slightly throughout the various versions of the SCC" (for the same reason).

I have edited it in response to this:

The course evolved from 2010-2013 in response to student feedback and teacher/learner experience. In 2013, the cohort on which this paper is based attended narrative medicine seminars, sessions had interviewing patients with chronic disorders and attended either creative writing or graphic medicine seminars.

- I do think it is very valuable to convey (briefly) the kinds of activities that students engaged in the creative writing workshops (e.g., The workshop and writing tasks included exercises in dialogue, plot, genre..and microfiction (as in p9, line 198-199). However I thought lines 199 - 204 might be difficult to grasp for readers who does not 'know' the course. Could you perhaps check this again and consider how it reads for an 'outsider' and tweak this slightly to make it a little more accessible.

I have removed this:

The results section

Throughout the results section please ensure that you find a way of attributing the quotes to particular participants (e.g., Student 1; Student 2). As it stands it is sometimes difficult to know whether consecutive sections 'belong' to the same person (or character) or different ones. Perhaps it would be possible to have student 1 and/or character 1 (so we realise this is the same 'author'?) If it is relevant you could consider whether there is any additional value in indicating week 1 / week 4 etc of the course (not essential).

I have attributed the quotes to the different students, I thought it might get confusing if I also used character 1 etc, so I have stuck to using student 1, 2 etc, in the order they are cited in the author page (alphabetically).

- It would help the reader enormously (in terms of understanding your teaching intervention) if you could explain (in a table perhaps?) the 'character scenarios' that the students were given.
To create their characters, the students initially chose two letters, which became the initials of their character's name. They then randomly drew slips with diagnoses on - in this cohort, irritable bowel syndrome, post head injury with memory impairment, post-treatment breast cancer, rheumatoid arthritis, Hepatitis C and type 1 diabetes. They drew further slips to determine their age, sex, what sort of accommodation they lived in and who they lived with. They then chose names for their characters and completed a character creation questionnaire, which included details of their character, including details of their disorder and how it affected them, but also other aspects such as their appearance, what sort of clothes they wore, where do they did their shopping, hobbies, aspirations, regrets and how they saw their future. The students were encouraged to research their characters by looking at online patient groups and blogs.

> Please consider using titles for your illness-related themes that are slightly longer than one word (e.g., 'stigma' 'self-image')

I have changed these to "narratives relating to stigma " and "narratives relating to self-image."

etc

> Discussion.

> Please review (consider omitting?) p25 lines 611-615. My reading is that this does not seem relevant to this particular cohort of students, unless I have misunderstood.

It would probably make sense to remove the whole of the paragraph(below)- I accept that it is slightly peripheral to the article. I have done so.

It also needs to be recognised that creative writing is not enjoyed by every student. Although almost all students said in the course evaluation that they would recommend this SSC to other students, one added: "If they like this kind of thing." However, students who joined the group because they wanted a break from clinical medicine or because they spoke English as a second language and wanted to improve their written English also engaged well with the course and appeared to become close to their characters, suggesting that the course could be helpful to a
wider group of students than those who are just interested in creative writing. The graphic
(cartoon) medicine option that ran alongside the creative writing course attracted some
students who would not have chosen creative writing, but who nevertheless produced patient
narratives. Narrative approaches utilising the visual arts may be an alternative for students who
not attracted to creative writing.

> Line 579 p24. "it may not matter whether," is somewhat speculative and it is unlikely anyone
would doubt the value of working with real patients and I wonder whether a more useful way of
framing this issue is to say that these approaches offer different but potentially complementary
ways of approaching the development of empathy in students?"

This comment was suggested by referee 2 (AP). I appreciate it's controversial, but I agree with
him, and I think it's an interesting idea – I'd like to leave it in if possible- it only says "may not"
rather than "does not"

Reviewer: Andrew Papanikitas
Reviewer's report:
Minor essential revision - graphic medicine is mentioned at least twice and only
explained at the end, needs explaining earlier.

I have inserted this at the first mention:

The last decade has seen a similar explosion of graphic medicine accounts of illness. Graphic
medicine explores the interaction between the medium of comics and the discourse of
healthcare, and is allied to the graphic novel movement, which has produced "serious" comic
books, aimed at adults. There are now numerous graphic medicine novels and autobiographies
which recount illness narratives in cartoon form. [23], [24]

Reviewer: jonathon tomlinson
Reviewer's report:
Minor essential revisions:
Line 35 I am not convinced that this paper is using grounded theory, for example
(as far as I am aware) GT requires the use of coding, memo-writing, theoretical
sampling and theoretical saturation [Sbaraini 2011]. It is not clear from the
sections on Methods and Theoretical Approaches how GT was used and why
this was GT as opposed to a thematic analysis for example. I note you have
responded to Reviewer 1 suggestion that you say that this is a guiding principle.

Implemented- see above

Line 76. There are a few typos, e.g. line 76 which will need correcting and
full-stops or commas are used inconsistently around reference numbers (line 556
I have corrected this and tidied up the references.

Line 393 The chaos narrative was only minimally defined and the quest narrative not at all. Clearer definitions would show why the quotes were chosen.

I have inserted the following: Frank categorises illness narratives into three categories: a) restitution narratives, which have the storyline: "Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again." b) Chaos narratives in which there is no control and an absence of narrative order and c) quest narratives, which are defined by the ill person’s belief that something is to be gained from the experience.

Line 553 The links between LICs and narratives haven’t been made very clear. You say LICs enable students to get to know patients but don’t make say how that is similar and/or different from clinical realism/narratives. I think there are interesting parallels.

I have added in the below:

One of the key features of LICs is the opportunity get to know and follow up patients. In a similar manner, repeatedly writing about the same character enabled the students on the SSC to get to “know” their characters. Charon suggests that health care workers need to develop “narrative competence”, the ability to “recognise, absorb, interpret and be moved by the stories of illness” and Kleinman has argued that “the interpretation of narratives of illness experience is “a core task in the work of doctoring, although the skill has atrophied in biomedical training.” Getting to knowing the patient and their narrative is a necessary pre-requisite to this.

Discretionary revisions:

Line 138. There are a number of historical chronic disease narratives including The Diabetic Life by RD Lawrence and others about Parkinson’s disease, Epilepsy, Gout etc. but I think you are right to say that there are not many.

I agree, also some of these are illness narratives rather than treating an illness as part of someone’s personal identity.

Results. I note the other reviewer’s suggestion that the students’ quotes are labelled 1-6 which I think would be useful. The quotes are quite long and the discussion quite short, but I will leave it to the authors should they wish to change
I have labelled the quotes. I have kept them fairly long because I am trying to show that they have demonstrated empathy and the quotes are “evidence”.

Final point, not from a reviewer, I noticed that I had repeated myself at line 146, and have removed the lines below:
Suffering from a chronic disease or disability can have a profound impact on someone's personal identity and life options