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Can poetry help GPs and GP trainees to develop their reflective practice?

Fostering reflective practice is an integral part of continuing professional development (CPD) and general practice training. However, popular reflective tools are often applied superficially, with little insight generated as a result. This article presents engagement with poetry as a unique method of reflection, which can enable clinicians to reflect on challenging experiences including those encountered during the COVID-19 pandemic. Existing communities who use poetry as a reflective tool will be spotlighted. Finally, the impact of poetic reflection in building resilience and mature reflection for GPs and GP trainees will be considered.

**Clinical case scenario**

Irene is a GPST working on an elderly care ward. She recently cared for a frail patient with multiple comorbidities who became more unwell during a prolonged hospital admission. They had been awaiting a social care package for many weeks. The patient became increasingly unwell and a decision was made to limit the ceiling of treatment escalation due to their frailty. Irene had built up a strong rapport with the patient and their family during their admission, and she had been involved in discussing the patient’s deteriorating condition with their family.

Irene found this experience very distressing. Afterwards she felt preoccupied by the event and found it hard to concentrate. She discussed this with her fellow trainees at a study release session.

How might writing in general, and poetry in particular, help Irene to reflect on the experience of caring for a dying patient, and to express her feelings of frustration at how systemic issues in healthcare impact certain individuals disproportionately? How could using poetry in group reflection help Irene to build a meaningful narrative from this experience that will allow her to develop as a clinician?

**Challenges to reflective practice**

**Reflexivity**

Engaging regularly with reflective practice is an essential element of postgraduate training, revalidation and appraisal (Academy of Medical Royal Colleges et al [AoMRC], 2018). Reflective practice is deemed to be so important that it is
mandated by the General Medical Council (GMC) as an activity that doctors ‘must’ engage with regularly on the grounds of patient safety (GMC, 2020). However, assessing the quality and impact of different types of reflective activities on clinical development is a complex task.

Reflective practice can be defined as a process through which clarity is achieved, by applying ‘critical’ attention to ‘practical values, theories, principles, assumptions, and the relationship between theory and practice which inform everyday actions’ (Bolton, 2014). Reflexivity, an essential element of reflective practice, is defined as ‘focused in-depth reflection upon one’s own perspective, values and assumptions’ (Bolton, 2014). Reflexivity is an aspect of reflective practice that can be particularly challenging to achieve. It requires a clinician to explore and unpick their own attitudes and behaviours, and to uncover the multiple influences at work that govern seemingly automatic responses to situations.

Box 1 contains a quote from Exhalation, a short story by science fiction author Ted Chiang, which encapsulates this concept of reflexivity. The narrator of this story is an automaton who seeks to better understand their own neuroanatomy. They set up an elaborate system of mirrors, which allows them to see their own consciousness at work. Similarly, reflexivity offers a means by which GP trainees can examine decisions and actions which on the surface seem reactive and intuitive, but on inspection under the searching light of reflexive thinking, reveal themselves to be deeply embedded in unconscious social, psychological and organisational assumptions and values.

From medical school onwards, clinicians are exposed to several familiar reflective models. These are valuable tools, but they have the potential to be wielded in ways that foreclose reflexive thinking.

For example, Gibbs’ reflective cycle (1988) outlines six stages through which a reflection might be built. These involve:

1. Describing an experience
2. Outlining feelings and thoughts in relation to the experience
3. Evaluating positive and negative aspects of the experience
4. Analysing why events played out in the way they did, and considering ways in which the experience can be understood
5. Concluding with what lessons can be gained from the experience
6. Creating an action plan for how these lessons will be translated into practice
By comparison, Rolfe et al’s model (2001) asks a reflective practitioner to respond to three simple questions:

1. **What?** Asks the practitioner to describe a situation in its different facets.
2. **So what?** To explore what the experience means.
3. **Now what?** To construct a plan of action that will put learning points into practice.

The University of Edinburgh’s ‘Reflection Toolkit’ provides a helpful guide to using these frameworks (Reflection Toolkit, 2020). ‘Analysis’ in Gibbs’s cycle and Rolfe’s ‘so what?’ prompt both offer opportunities for reflexivity to be explored, but how often do clinicians engage authentically with this when composing their reflections? In practice it is all too easy to skate over the surface of an experience and offer a facile interpretation of its meaning.

By mechanically responding to well-worn prompts, clinicians risk remaining in a comfortable position in which their practice remains unchanged and assumptions unchallenged. Donald Schön (1983), in his pivotal investigation into the reflective practices of professionals, describes a co-operative and dynamic relationship between ‘reflection-in-action’ and ‘reflection-on-action’. Schön refers to the ‘artistic’ method required to navigate professional practice. Similarly, it can be argued that a creative or artistic technique is needed to enable reflexive thinking.

**Pandemic poetry**

The COVID-19 pandemic created a crisis in the face of which traditional models of reflection seemed to wither, with a significant psychological impact on healthcare workers. It could not be navigated by a simplified ‘So what? Now what?’ approach. Greenberg et al (2020) anticipated the need for frontline workers to create ‘meaningful narratives’ in their reflections on experiences during the pandemic, to protect against the potential for these events to cause lasting trauma.

It was under these circumstances that two of the authors of this article collaborated to create an online creative community, with the aim of connecting doctors who read and write poetry and to foster a space to reflect. This project was developed in response to the personal and professional challenges emerging from the pandemic. In monthly online meetings we discussed both the poetry we had written, and the poems that resonated with us, all the while working clinically between these meetings on the so-called ‘frontline’ of the pandemic. We found so much value in this collaborative creative space, that we began to ask ourselves whether there was something uniquely beneficial in engaging with poetry as healthcare workers.
Poetry as a reflective technique

Many communities exist for doctors and other healthcare workers to engage in creative pursuits as alternative ways of facilitating reflective practice. There has been research into the benefits for reflective practitioners of creative practices throughout a diverse range of arts and literature disciplines, from writing fiction (Andrews, 2015), to drawing cartoons (Al-Jawad, 2012). However, engaging with poetry offers specific advantages. This article will present alternative ways in which poetry promotes reflective practice and encourages deeper reflexivity:

- Through the dynamics of group discussion
- By fostering empathy
- Through perspectival shifts
- Through specific uses of language such as metaphor and metonymy

Group discussion

Creating a collaborative, interpretive space, which centres around the discussion of poetry, can transform ways of connecting with colleagues. In a study looking at creative reflective writing (including poetry) as a professional development tool, students responded most positively to the aspect of the intervention that involved group discussion (Wallace et al, 2020). The authors concluded that group discussion, involving feedback and peer support, increased the value of the creative intervention in their study (Wallace et al, 2020).

Leveen (2017) suggests that the mechanism by which poetry discussion strengthens interpersonal connections is through collaboration: ‘deciphering’ and ‘working together to understand a poem’. Through the dynamics of a group discussion that starts with a focus on poetic form and language, challenging questions can arise and surprising insights can be located. Similarly, Rafael Campo describes how ‘poetry becomes a way of connecting with other people’ and concludes that this connection can form ‘sustenance’ for doctors against ‘burnout […] stress and […] hopelessness’ (Campo and Harrison, 2020).

Compassionate communication and empathy

Much of the literature examining the role of poetry as a reflective or educational tool in medicine describes a positive association between poetry and empathy, though the precise impact is difficult to quantify (Schoonover et al, 2020). Empathy can be defined as an ‘uncritical understanding of a patient’s inner feelings and experiences as a separate individual, as opposed to “feeling with” the patient, which characterizes sympathy’ (Hojat et al, 2001).

Applying poetry as a reflective technique calls attention to the ways in which poems encourage clinicians to consider and respect patients’ own experiences and stories.
fully. Rafael Campo, primary care physician and poet, describes the experience of listening to the language of his patients, who ‘narrate their symptoms’ in ‘richly metaphorical’ ways:

‘When they say, “The pain is like this cold wind blowing through my chest” – I can’t quantify that. There’s no data I can extract from that description. But I can feel it [...]’ (Campo and Harrison, 2020)

Campo’s description chimes with the arguments of Angela Andrews, another physician-poet, who states that ‘a poetic understanding gives agency to the living, breathing person as a part of the medical encounter’ (Andrews, 2015).

Poems by GPs such as ‘Words Fail Us’ by Richard Westcott reflect on consultations in ways that fully honor the patient as a subject in their own right (Westcott, 2020). Westcott describes problems with communication between doctor and patient, which results in a sense of failure or futility on the part of the doctor-narrator. However, though the internal world of the patient in this encounter is found to be ultimately unknowable, the patient is treated with respect. Westcott’s poem is included in the recently published poetry collection *These Are the Hands*, which contains many poems written by healthcare workers as well as established poets (Alma and Amiel [eds], 2020). Several of the poems cited in this article can be found in this collection.

**Perspectival shifts**

Reading and writing poetry is often seen as facilitating reflection-on-action (Schön, 1983). This is described by Romantic poet William Wordsworth as ‘emotion recollected in tranquility’ (Wordsworth, 1802). Wordsworth envisaged a model of reflective thinking in which one looks back on an experience in an attitude of calm detachment. Yet poetry can also create a dynamic re-experiencing of a situation, simulating Schön’s conception of reflection-in-action by moving through an encounter fluidly and using multiple perspectives.

There is no requirement for a poem to offer certainty or to foreclose meaning. For example, in a poem by GP Wendy-Jane Walton, entitled ‘Home Visit’, the story of a patient dying at home is recounted. There is a suggestion that the cause of death may have been a heart attack that masqueraded as indigestion (Walton, 2020). ‘I should have sent her in’, the narrator frets, chiming with the pervasive anxiety expressed by many primary care doctors faced with the risk that ‘perhaps among the many documents and clinical encounters, and despite one’s best efforts – something might have been missed’ (Clark, 2021). However, in a switch of perspective, the voice of the patient’s son is then heard, who says ‘when it happened/ she wanted to
be/ up here in the woods’ (Walton, 2020). The poem allows the perspectives of patient, family member and doctor to share the same space and the same authority. Shifting between different points of view in poetry allows several narratives recounting the same event to exist, which can be troublesome but also productive.

**Metaphorical and metonymic activity**
Reflecting on our clinical lives can be an uncomfortably exposing activity. It is easy enough to glide descriptively over the surface of an encounter. It is much more challenging to perform reflection as described by John Dewey:

‘[…] to give full attention to alternative possibilities, to recognise the possibility of error even in the beliefs which are dearest to us’ (Dewey, 1933).

The reflective practice of doctors was transformed in the wake of the trial of Dr Hadiza Bawa Garba, when it emerged that the potential for doctors’ reflective writings to be used as evidence in litigation could not be eliminated (Nicholl, 2018). A survey of UK doctors revealed that 81% now record their reflections differently because of this (British Medical Association [BMA], 2018). Reflection therefore risks becoming a form of ‘self-surveillance’, which may inhibit engagement in genuine reflection that allows for error and uncertainty (Fulton, 2013).

By contrast, through the metaphorical and metonymic language of poetry, clarity is produced via obliqueness. Poetry enables authentic, deep reflection without compromising anonymity. As Ted Hughes described:

‘poetry […] is a revealing of something that the writer doesn’t actually want to say, but desperately needs to communicate […] it leaks out obliquely, smuggled through analogies’ (Hughes and Heinz, 1995).

Metaphor is a linguistic tool that we can use to equate two things or concepts, which on the surface may seem dissimilar. For example, when a colleague walks through the A&E department on a Friday and comments that ‘it’s a warzone this evening’, they are taking advantage of metaphor to convey a sense of urgency. The two concepts (a hectic emergency department, and a military battlefield) are conflated together, and help us to understand their meanings in new ways.

Metonymy is another linguistic technique, this time when a word is substituted by a related, equivalent term. In medicine, metonymy is sometimes used in an unwitting and dehumanising way (Camp, Cole and Sadler, 2019). For example, when running through a list of patients on the post-take ward round, you might have heard a colleague refer to a patient as ‘the diabetic’ or ‘the IVDU’.
Both metaphor and metonymy are ways of manipulating language to infer underlying meaning. Box 2 presents a poem written by one of the authors of this article, which exemplifies the use of these phenomena. The poem describes the experiences of a junior doctor redeployed at the crest of the first wave of the pandemic in the UK. This context is not referred to directly, neither are any of the clinical experiences that redeployment entailed. The doctors are represented metonymically by the colours of their scrubs and their names on a spreadsheet. By using contractions and substitutions, the author creates complex and expansive meaning in a concise form.

[INSERT BOX 2 HERE]

A poem allows meaning to emerge from gaps and omissions. The complicated and nuanced trauma sustained during the experience of working in the pandemic is conveyed to the reader through spaces and silences.

Poetry and resilience

Resilience can be defined as ‘the individual’s ability to adapt to and manage stress and adversity’ (Lown et al, 2015). There are of course deep and divisive problems in the health service that no amount of resilience training or wellbeing workshops will solve. For example, the high rate of burnout among GPs is felt to be driven by structural issues, such as recruitment and retention (Clark, 2021). These problems need to be addressed on a systemic level: poetry cannot be bolted on to a broken system and expected to fix it. Nevertheless, as Lown et al argue, there remains a responsibility for individual practitioners ‘to maintain compassion and manage complex, day-to-day, clinical, and managerial situations successfully’ (2015). Can engaging with poetry on a regular basis help GPs to build resilience?

GP Rachna Chowla vividly describes an experience of working under intense frontline pressures in her poem ‘Stop before crying’ (Chowla, 2020). Lines run on and on, mimicking the endless demands of the day and punctuated by the endless click of the keyboard:

‘No time left, turn up the rushing, machining, machining, but is that listening, is that caring? Doing the clicking, clicking, clicking?’ (Chowla, 2020)
The visceral rhythm of ceaseless movement that these lines convey compels the reader to share in the experience of stress and anxiety. The poem ends with a recognition of the toll that the day’s frustrations have taken: ‘And the day suddenly stopping/ When I finally stood still and started crying’ (Chowla, 2020). Poetry can help us to achieve a deeper understanding of how we are affected by our work, to recognise when negative impacts of work threaten to overwhelm us, and to develop the skills we need to sustain our humanity in the face of adversity.

Integrating poetic practice into both personal and professional lives can allow doctors to develop and to prioritise a ‘poetic way of seeing and thinking’ (Andrews, 2015). This poetic mindset goes beyond the shoring up of CPD points. Andrews argues that if doctors can protect and nurture the insights offered by engaging with poetry, ‘operations at the level of perception can translate into real behaviours that have ethical implications and affect patient care’ (Andrews, 2015). Andrews’ argument will resonate with GPs who struggle to connect and vitalise espoused patient-centred values with the reality of practicing as a GP today.

A poetry toolkit for doctors
Developing a reflective practice through poetry is to learn how to navigate different perspectives, and to become more at home with ambiguity. It is a process of honouring the irreducible complexity of situations, while also teasing out precision and meaning. For GPs and GP trainees who want to expand their own reflective practice with poetry, Box 3 outlines tips on how to get started.

As with any written reflection, care must be taken to anonymise patient details if you are writing a poem that refers directly to a clinical experience (AoMRC et al, 2018). You may choose to include poems in your reflective portfolio if this is appropriate, but if you are not comfortable doing so you could include a summary of the insights and learning points gained from the process of writing instead.

[INSERT BOX 3 HERE]

As you become confident engaging with poetry, you might consider sharing your poetry practice with patients and colleagues. Can you think of circumstances in which you might consider offering poetry as an intervention? This could mean using poetry as a teaching tool to open up conversations with students or trainees about how to approach difficult subjects, such as breaking bad news. Or perhaps a poem could be a useful point of discussion in a shared reflective session with colleagues after a challenging event. If you are caring for a patient with a chronic disease, there may be a poem you could look for that will help you gain some insight into their experience.
Conclusion

The RCGP curriculum describes ‘Knowing yourself and relating to others’ as one of five areas of capability. This includes developing a reflective attitude of self-evaluation and insight. Engaging with poetry is a creative way of working towards this goal, by complementing and enhancing traditional reflective practices. Additional sources of information and suggestions for further reading are provided in Box 4.

[INSERT BOX 4 HERE]

Key points

- Reflective practice is a key activity for GPs and GP trainees.
- Engaging with poetry through reading, writing and group discussion provides an alternative way of developing and maintaining a reflective practice.
- Poetry provides unique benefits as a mode of reflection: through linguistic techniques such as metaphor and metonymy, shifting perspective, grounding in empathy, and the dynamics of group discussion.
- Engaging with poetry may provide a way of building resilience through mature reflection, but should not be seen as a ‘one off’ intervention.
- Incorporating poetry into one’s reflective practice can be daunting at first: see our poetry toolkit for tips on getting started.
- Consider including the insights gained from reading and writing poetry in formal reflections, but remember to fully anonymise clinical details.

References and further information


General Medical Council (The), (2013, Updated 2020), Good Medical Practice, p. 10. Available at: www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice (accessed 26 September 2021)


University of Edinburgh, Reflection Toolkit: Reflecting on Experience. Available at: https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience (accessed 11 February 2022)


Box 1. Reflexivity

‘I was an everted person, with my tiny, fragmented body situated at the center of my own distended brain. It was in this unlikely configuration that I began to explore myself’ (Chiang, 2019)

Box 2. Eating on the emergency rota

I know what I’m about to say is very much
The least of it
But it’s what saturates.

That bright hot May last year with perfect skies
When we looked up from low unease that hummed and flickered
When we collapsed in blue on green blades, lunches packed in red.

All of us, all new, were cotton blue, on green,
with this new aching blue above
Our names in colours too, each shift, in excel blocks, a chant

And there, in blue on green, it was, at least
A comfort, we could say each others’ names.
It was a pause of sorts
A bloom.
We ate.
Box 3: Poetry toolkit

Read and listen to poems as often as you can
The more poems you read, the more you will come to understand the ‘scaffolding’ that holds them together, which can be made use of in your own writing (Clanchy, 2020). Make poetry part of the fabric of your day, whether that’s downloading a poetry podcast, or keeping a book of poems to hand at your bedside or on your desk.

Develop a writing routine
- Set aside a small chunk of time each week in which to sit down and write.
- Use a short ‘warm up’ writing exercise to get you over the fear of the blank page: these are quick writing prompts that encourage you to put pen to paper, often by providing a ready-made structure. There are lots of examples of these online. See Box 4 for suggested resources to start with.
- Keep distractions to a minimum during your writing time: choose a time when you can turn off your phone and when you are less likely to be disturbed.

Share your poetry with colleagues
Ask around in your practice or deanery – there may be an established group of writers you can join. Discussing your own writing in a supportive setting allows you to gain valuable feedback and can be motivating by making your practice accountable to the group. If a group doesn’t exist already there may be an opportunity for you to set up your own.
**Box 4: Additional sources of information**

- The Med Poets’ Society: a virtual community of medics with an interest in poetry. Monthly meetings provide an opportunity to read, write and discuss poetry. Join us on Instagram (@medpoets) or email nationalpoetryservice@gmail.com for further details.

**Recommended reading/ listening:**

- Alma D and Amiel K (eds.) (2020) These are the hands: poems from the heart of the NHS: Fair Acre Press
- Poetry podcast: Poetry Unbound (On Being Studios). Available at: https://podcasts.apple.com/gb/podcast/poetry-unbound/id1492928827

**Writing toolkits:**

- National Centre for Writing: Free resources for writers. Available at: https://nationalcentreforwriting.org.uk/free-resources