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Autoethnography:

A qualitative research method most widely used in the social sciences that explores the researcher's subjective experience to gain understanding of larger cultural contexts (see e.g. Bochner & Ellis, 2000)

Introduction:

- As a reflective process, narrative medicine has been used to promote well-being of both patients and physicians
- Medical schools and residency programs have begun to incorporate narrative medicine into their curricula
- As a narrative research method, however, autoethnography has not yet been incorporated into healthcare scholarship

Methods:

During an 18-month period, four residents and a family medicine faculty member applied autoethnography as a research method with the guidance of a PhD educator trained in qualitative methods.

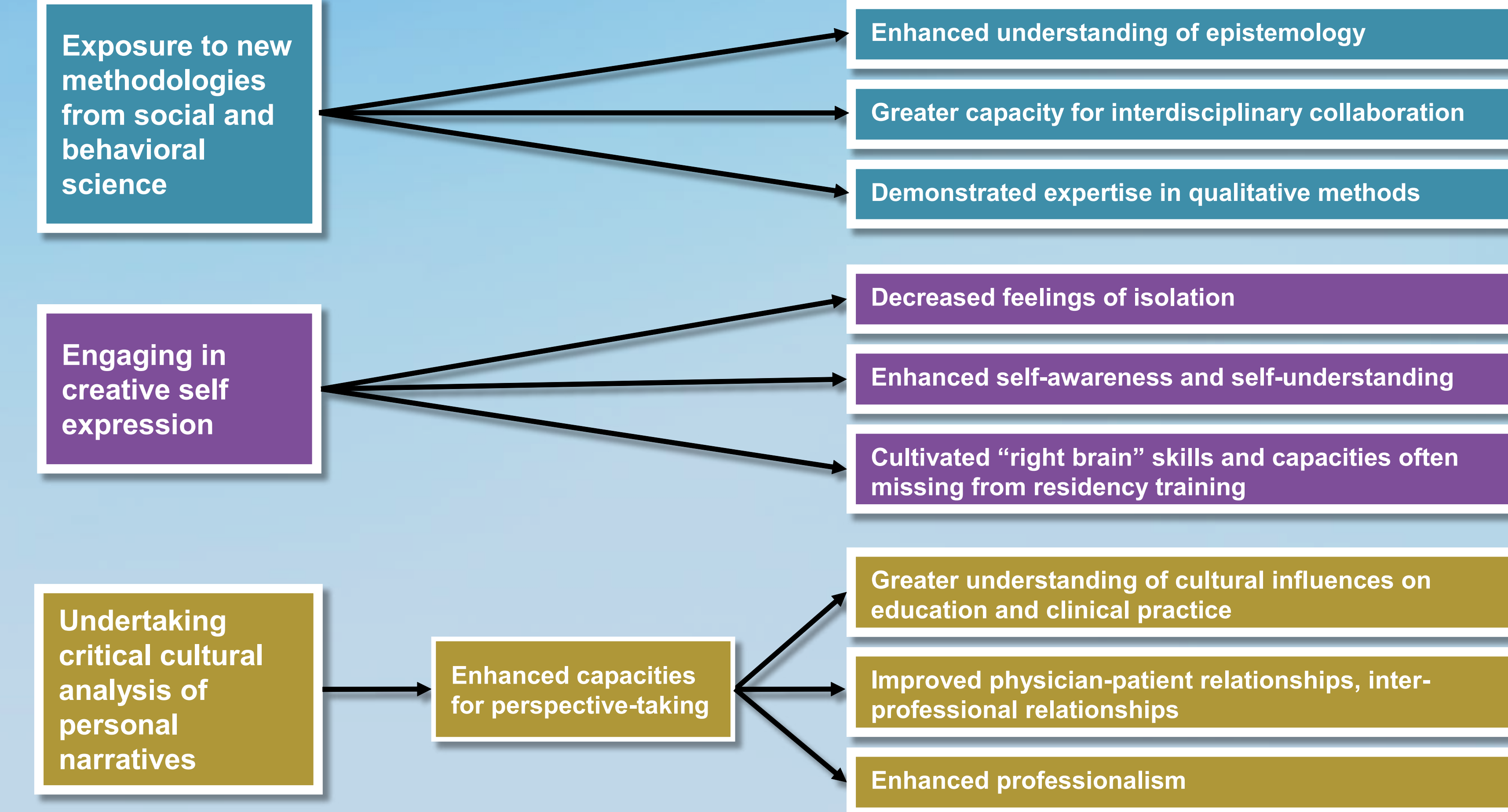
Group Process:

- Key texts and examples of autoethnography were reviewed as a research model (see Resource list)
- Each physician reflected on a significant patient encounter and developed a narrative account
- To develop visceral details that would fully communicate the emotional aspects of their lived experiences, the group collaborated to support and challenge each other
- Participants analyzed their narratives to extract larger themes relating to existing research on the culture of medicine and medical education
- Five individual research manuscripts were generated for publication with ongoing group feedback

"As the tone of the oxygen monitor increased to a pitch that was compatible with life, I realized that I had been holding my own breath. As I slowly allowed my neck muscles to release their tension, I recalled that the human brain can survive only minutes without oxygen. I looked at the clock and shivered. What had we just done?"

"Why did I even go into medicine? I should have followed my childhood dream of opening my own restaurant."

Features and Benefits:



"As I walked into work the following Wednesday morning, the weather was calm and cold. The air felt still. As I entered the hospital, I noticed that the sun was shining through the lobby windows in a serene way that felt almost holy."

"I overhear a hospital employee explaining to Aliyah's mother that she was only able to get a one way bus pass for her. Calculating the cost of a round trip ticket to be \$1.25, I realize how different our worlds are."

"I wonder about the twenty-year old medical student and how this type of system affects her development as a healer. Getting the message that her opinion doesn't matter, that she should stay quiet and obedient, and cope with the frequent humiliations, downcast eyes one day, a blank smile the next, year after year, until eventually...it will be her turn."

"When I think of Kenya I remember my patients' faces and their tragic situations; the connections I made, however fleeting with patients and with those who labor day in and day out to care for them; the happy outcomes, which sometimes seemed to happen despite medical interventions."

Outcomes:

- Results of the research were presented at:
 - International Congress of Qualitative Inquiry, May 2011
 - LVHN Family Medicine Grand Rounds, August 2011
- Family medicine residents met graduation research requirements through completion of their 25-30 page autoethnography manuscripts

Conclusion:

- Autoethnography builds from reflective processes of narrative medicine, generating qualitative research that benefits the author and readers in the medical community and beyond.
- Autoethnographic methods may be offered to medical students, residents and faculty as an alternate form of reflective practice that provides a valuable perspective on culture and contributes to existing knowledge.

Resources:

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