Autoethnography: Incorporating Reflective Research into Medical Education

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Autoethnography: Incorporating Reflective Research into Medical Education

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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 narrative research method, however, autoethnography has not yet been incorporated into medical education
• 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
• Five individual research manuscripts were generated for publication with ongoing group feedback

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 applied autoethnography as a research method with the guidance of a PhD educator
• 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

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

“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.”

“Outcomes:”
“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 humilations, downcast eyes one day, a blank smile the next, year after year, until eventually...it will be her turn.”

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:

Features and Benefits:
• Five individual research manuscripts were generated  for publication with ongoing group feedback
• Participants analyzed their narratives to extract larger themes relating to existing research on the culture of medicine and medical education
• Each physician reflected on a significant patient encounter and developed a narrative account
• Apportioning the struggle to engage in challenging discussions and using group feedback
• Understanding and reflecting on the culture of medicine and medical education
• Outcomes:”

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“When I think of Kenya I remember my patients’ faces and their tragic situations; the connections I made, however feeling 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.”