Publishing in the "On Teaching" Category: Powerful Creative Writing

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If creative writing is outside your comfort zone, you are not alone. The subjectivity of this writing style is in direct contrast to the uniform and impartial scientific method ingrained in us during health professions training. It takes courage to break from this dogma to express a personal voice and style. Creative writing also takes time and patience—the blinking cursor on a blank screen is a reminder of time passing with an ever-accumulating to-do list. Why persist?

Creative writing is a shared experience between the writer and the reader, with mutual benefits.[1] In this editorial, we use creative writing to mean any writing that "unleashes the curiosity and imagination of the writer."[1] This includes reflective works that allow the writer to reflect on a personal experience to create meaning and improve self-awareness. Recently there has been greater appreciation of the value of creative writing, particularly involving reflection, in health care[2,3] and health professions education.[4] Creative writing is used as a pedagogical tool in some medical schools to enhance communication skills and promote a humanistic approach to patient care.[5] In addition to writing, close reading of texts can improve attention to detail and promote empathy.[1]

Creative writing can also have a separate purpose: education surrounding a particular topic. The writer can share elements of learning and information with the reader. Creative writing can be a powerful way to convey ideas and meaning; a story involving human connection is more memorable than a paragraph in a textbook. Rather than reading a paragraph about the prevalence of infertility during residency and fellowship, experiencing the story of a physician who has been trying unsuccessfully to get pregnant for years—and receives a call about a failed treatment while leading work rounds—is likely more compelling.[6]

In the On Teaching section of the *Journal of Graduate Medical Education* (JGME), we publish creative works related to the teaching and learning experiences in graduate medical education (GME), with broad appeal across specialties. While revealing the author's thoughts and feelings, the stories take the reader on a vicarious journey and end with important insights that relate to GME. There may be an "aha" moment in which the reader suddenly understands the deeper meaning of the narrative. All formats are welcome; we encourage authors to choose the best genre to convey their message. TABLE 1 demonstrates the varied styles between writing for a research article, a perspectives piece, and the On Teaching section for JGME. The informal, natural voice of the resident in "On Teaching" column of TABLE 1 allows the reader to experience a more personal connection to the concept of burnout.

BOX 1 Writing Tips for Personal Essays

1. Be succinct: make every word count.
2. Use enough description to allow the reader to be "in the moment," but avoid details that do not further your story.
3. Use active tense.
4. Use adverbs sparingly (per author Stephen King, "...the road to hell is paved with adverbs").[7]
5. Write strong opening and concluding lines.
6. Create a short, memorable title that intrigues.

BOX 1 contains writing tips. Brevity and detailed descriptions may seem in opposition. However, it is important to provide enough rich description to bring the reader "in the moment," with a few well-chosen details, while avoiding over-description.[7] As a golden rule, make every word count. Think about how your words will engage the reader. If you are writing about your experience as a senior resident on a team caring for a child who died overnight, to demonstrate team dynamics and resident education challenges during a time of high emotion, details about the child's pink bow may bring the reader into a similar headspace. A vivid description of your own headwear that evening may not have the same effect.

While every word counts, the most critical lines are the title and the opening and concluding sentences. What is your "hook?" The title should be catchy and relate to the key theme in the story. For example, in the recent On Teaching piece, "To Be or Not to Be

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TABLE 1
Writing Styles: Research vs Perspectives vs On Teaching

Research	Perspectives	On Teaching
The critical issue of well-being and burnout during graduate medical education has spurred multiple interventions that focus on a variety of environmental factors associated with well-being. However, many studies examine short-term outcomes, after a few sessions, and have low participation rates of trainees. Longitudinal studies are required to fully assess well-being and burnout, which may vary with time of year, type of rotation, and other parameters. The objective of this study is to examine annual changes in self-reported wellness behaviors over 3 years, in 4 specialties at 1 large institution.	Despite years of research and frequent surveys with numerous resilience, grit, or work-life satisfaction indices, studies report increasing burnout in graduate medical education trainees. Based on our past decade of experiences in a large urban university-based health system, trainees find many "wellness" interventions more burdensome than beneficial: yet one more item on an endless checklist. As one trainee reported, "I *already* know that exercise and a healthy diet are important. How do ball games or a scavenger hunt with my colleagues help me to be more resilient in the ICU?"	I sauntered into the antiquated ICU for 7:30 rounds with a slightly cleaner body but just as rumpled outerwear and mind. No one, including me, ever rushed to join the inevitable chaos. Today more nurses and techs than usual were hurrying, carrying bags of fluid and blood. Who was on call? Oh right, my comrade-at-arms, the only other woman intern in our program. Brilliant, but always with a dark cloud when on call. I saw her, up to her elbows in blood, next to a body obscured by tubes and machines. Her hoarse voice announced: GI variceal bleeding, abnormal coags, declining cardiac and renal status, no advance care plans or surrogate decision-maker. Her eyes were glazed, and she appeared closer to death than the patient.

BOX 2 Exemplar On Teaching Articles

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Gay: The Odyssey of Applying to Residency as a Gay International Medical Graduate," the title draws the reader in with powerful Shakespearean wordplay and clear description of the critical theme of the work.[8] In "Long Division, Remainder 1," the title plays on a clever comparison between the writer, a program director and a mother navigating a virtual work meeting with her daughter's meltdown about long division in the next room.[9]

Similarly, pull the reader in with the first sentence. An example of an engaging first line is in "ICU Delirium": "It's hour 26 and I'm starting to drag."[10] Contrast that with the less captivating, "It's been a long call shift and I feel tired." To compel the reader to continue to read, the title and first sentence must convey elements of mystery and suspense, which is nearly the opposite of a research abstract. A highly structured scientific abstract gives all the information away; in contrast, the first sentence and paragraph of a story lead you into a compelling narrative that pulls you into the story.

The last paragraph and very last sentence are just as critical in short personal essays. Here is where strong insights—both thoughts and feelings—may be realized by readers if you have led them carefully on this vicarious journey. "Slowly, I fall into a deep sleep, hoping to stay only there for another 28 hours" is one example[10] (see BOX 2 for exemplar On Teaching articles published in JGME).

BOX 3 includes common pitfalls of submissions to the On Teaching section. We often receive creative writing pieces that do not fit our journal as they do not relate to teaching or learning in GME. There may be other venues for these works (TABLE 2). Another common

TABLE 2
Examples of Medical Journals With Creative Writing Categories

Journal	Section(s)
Academic Medicine	Medicine and the Arts Teaching and Learning Moments
American Journal of Kidney Disease	In a Few Words
Annals of Internal Medicine	On Being a Doctor On Being a Patient
British Medical Journal	Personal Views
Canadian Medical Association Journal	Humanities
Family Medicine	Narrative Essays
Health Affairs	Narrative Matters
Journal of the American Geriatrics Society	Old Lives Tales
Journal of the American Medical Association	The Arts and Medicine A Piece of My Mind Poetry
Journal of General Internal Medicine	Materia Medica Text and Context The Spark
New England Journal of Medicine	Perspective
Neurology	Neurology and the Humanities: Reflections

pitfall is the style of writing, which must be less "didactic"—stating your themes—and more "revealing," or "unveiling" your themes. Rather than telling the reader the message, *show* them by pulling them into the story and allowing them to experience it through the writer's perspective. Also make note of the usual word limit for this category, which is 1200 words.

We look forward to journeying with you through your On Teaching writing. Be courageous. Creative writing may be outside your comfort zone, but not outside your strike zone—hit it out of the park.

BOX 3 Common Pitfalls

1. Not related to teaching or learning in graduate medical education
2. Using a "didactic" as opposed to a "revealing" writing style
3. Much longer than 1200 words

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