

Fifty-five Word Stories: “Small Jewels” for Personal Reflection and Teaching

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Fifty-five word stories are brief pieces of creative writing that use elements of poetry, prose, or both to encapsulate key experiences in health care. These stories have appeared in Family Medicine¹ and JAMA² and have been used to teach family medicine faculty development fellows.³ Writers and readers of 55-word stories gain insight into key moments of the healing arts; the brevity of the pieces adds to both the writing and reading impact. Fifty-five word stories may be used with trainees to stimulate personal reflection on key training experiences or may be used by individual practitioners as a tool for professional growth.

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After using the 55-word story format for several years to do my own writing and reflecting on my experiences as a family physician,⁴ I developed a seminar to introduce other family medicine educators to the 55-word story format. I presented this seminar at the 2009 annual meeting of the Society of Teachers of Family Medicine (STFM). At the beginning of the seminar, I introduced the form and the group reviewed several stories, both fiction⁵ and non-fiction by physician writers¹⁻³ to illustrate the power of this brief format of storytelling.

I presented the overall goal of writing 55-word stories “to tell—in 55 words exactly—a story that helps us to understand, or to appreciate, something about a patient or about an experience of health care.”² Then I presented some

guidelines for generating 55-word stories (Table 1).

Well-written 55-word stories include the key elements of narrative: (1) Setting, (2) Character(s), (3) Conflict (something has to happen!), and (4) Resolution (what’s the outcome of the story?)

Writers of 55-word stories must remember that just because they are

short doesn’t mean they are easy! A statement by 17th-century French philosopher and mathematician Blaise Pascal (frequently misattributed to Mark Twain), “I have made this letter longer than usual, only because I have not had time to make it shorter” reminds us of the work entailed in writing succinctly.⁶ Beginning is the most important

Table 1

How to Write a 55-word Story^{2,5}

1. Think of a compelling story based on your experience (as clinician, patient, other?).
 2. Write down everything you can think of.
 3. Don’t edit, just write (phrases, words, key chunks of memory).
 4. Put it away (optional and can be done at any time between # 2 and finishing).
 5. Read over your writing and begin to clarify the idea or storyline that you want to convey.
 6. Begin editing, sometimes ruthlessly.
 7. Share your work with others for reactions and feedback.
 8. Keep editing until you get to 55 words. Use your word counter, and also double check manually.
 - a. Title doesn’t contribute to word count but shouldn’t be more than seven words.
 - b. Contractions count as single words.
 - c. Eliminating articles (the, a, an) can help with word count.
 9. If you cannot cut enough words, you probably have material that either would lend itself to a longer essay or become multiple 55-word stories.
 10. Given the brevity, formatting can make a big difference. Experiment with line length, indentations, hanging indents, and other use of white space.
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step, followed by persistence in editing until the story is told in 55 words exactly. While editing, I recommend keeping any ideas or words that you like, but don't fit, elsewhere for possible future use. The goal of editing is to choose the 55 best words with which to tell your story. Themes that work well in the 55-word format can be "big" or "small." The strength of the story and brevity of words are the most important features.

Results

Ten STFM attendees attended the seminar, all of whom were faculty in family medicine residency programs. Three were behavioral science faculty and the remainder family physician faculty. Several had written previously in other formats, but most noted that they were too afraid to write anything or have encountered significant barriers to writing in the past.

During the seminar, participants were given 15 minutes to write down ideas to lead to a 55-word story, and encouraged to attempt to complete a story, although they did not have to do so.

All participants used the time to write, and eight participants shared their work aloud. Of the faculty who read aloud, all had achieved a 55-word story in the allotted time.

Although this workshop was not conducted as a formal data-gathering exercise, poetry and prose can yield data about the writer's experience.⁷ Participants' work reflected several themes. Two participants wrote about challenging experiences from their work as faculty members with residents. Two participants shared stories from their training, and two shared stories from recent patient experience, both centered on end-of-life issues. One participant wrote of a challenging clinical situation from a resource-poor nation. One participant wrote a story about the process of writing 55-word stories, reflecting his lack of clarity about

the relevance of the format, noting that the number 55 is largely an arbitrary figure developed by the originator of the form.

Most attendees provided enthusiastic feedback about the workshop. Many participants commented that this exercise was the first time that they had been able to write anything at all. Others, who had done other forms of writing previously, appreciated the brevity of the format and the ability to share small moments from their practice. One of the participants suggested writing an article summarizing the experience for *Family Medicine*, and six participants agreed to have their work included in this article. The following stories were written during the workshop and are included with the authors' permission.

Physical Diagnosis I

"I'm going to do your exam now."

Unsure.

Pull out the blood pressure cuff, untwist the curly cord

Which side by the skin?

Pen in my mouth, stethoscope in my ears

Cord snaps back and hits her cheek...

I need another hand or three.

"Don't worry," I say ruefully.

"They don't give me anything sharp."

Kristen Goodell, MD, Tufts University School of Medicine, Boston

The Patient

"I want you to be my doctor.

This has been a tough decision.

They promised me a cure.

Instead I received misery.

I want you to be there for my family and me.

Don't judge, just support and pray with us.

Preserve my dignity.

Before, you have helped me live.

Now, please help me die."

Uriel Ross Luckie, MD, Pensacola Naval Hospital, Family Practice Department, Pensacola, FL

Dialysis

"You can't do this! Please start dialysis."

"Janet, I'm ready to die now."

"It's not fair to June. She took care of you these last eight years.

Just wait till she comes home from her surgery?

Just take dialysis until then. Do it for June!"

"Janet, it's June. No dialysis...It's time...Let Mom go."

Farion R. Williams, MD, Dixon Rural Training Track in Family Medicine, Rockford, IL

The Termination

I need your help. Please tell no one.

It's not the right time for us.

This will break me. Where can I go?

Do you think I am still a good person, a good doctor?

We have been up for nights...I am so tired.

Who can I tell?

Only you.

Will you help me?

Deborah Taylor, PhD, Central Maine Medical Center, Lewiston, ME

Fifty-five Trial

Take a stab at it.

I still don't know why.

55 more or less

Doesn't make or hurt my day

But stab I will

Just about anything once.

My paper fails at 28

So I guess I'll add some more.

An adjective, verb, or extra noun

To get the magic number met.

Now fifty-five.

Joel S. Leitch, In His Image Family Medicine Residency, Tulsa, OK

What's Going On?

Butterflies. Nervous excitement.
This car cost more than I'd ever spent
before, but finally I have reliable
transport.

Driving home in spring snow, the but-
terflies increase...

"Let me get home unscratched!"
More inner turmoil—butterflies I un-
derstand, but why so gut wrenchingly
distracted?

Then the news: Cryptosporidium in
the water.

My insides erupt.

Experiential parasitology!

*William Cayley Jr, MD, MDiv, Eau
Claire Family Medicine Residency,
Eau Claire, WI*

Discussion

All participants who shared with
the group stated that they enjoyed
writing the stories. Participants
were impressed with each other's
stories, and the group supported
writers who shared intensely emo-

tional stories. It is useful for the
facilitator of this type of writing
exercise to comment about the like-
lihood of emotions coming forth in
the writing and remind the group
to turn off the editors in the room,
both for their own writing and oth-
ers' writing.

The group discussed possibili-
ties for using this format in their
teaching. Ideas included faculty de-
velopment and resident teaching in
psychosocial or biomedical issues.
Writing stories can assist learn-
ers and seasoned clinicians alike
to integrate intense experiences
into their professional persona,
especially extremely emotional
experiences, like births and deaths,
clinical "firsts," "aha" moments,
and other important experiences.
Including 55-word stories in a resi-
dent portfolio can provide a record
of the resident's meaningful expe-
riences over time and demonstrate
important evidence of personal
and professional growth. Fifty-five
word stories are an accessible for-
mat with which to reflect and share
experiences within health care and
training settings.

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