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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 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:

Exposure to new methodologies from social and behavioral science

Enhanced understanding of epistemology

Greater capacity for interdisciplinary collaboration

Demonstrated expertise in qualitative methods

Engaging in creative self expression

Decreased feelings of isolation

Enhanced self-awareness and self-understanding

Cultivated "right brain" skills and capacities often missing from residency training

Undertaking critical cultural analysis of personal narratives

Enhanced capacities for perspective-taking

Greater understanding of cultural influences on education and clinical practice

Improved physician-patient relationships, inter-professional relationships

Enhanced professionalism

*"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:

1. Bochner, A. P. (2000). Criteria against ourselves. *Qualitative Inquiry*, 6(2), 266-272.
2. Bochner, A. P., & Ellis, C. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin, & Y.S. Lincoln (Eds.) *Handbook of qualitative research*. (pp. 733-768). London, United Kingdom: Sage.
3. Ellis, C. (1991). Sociological introspection and emotional experience. *Symbolic Interaction*, 14(1), 23-50.
4. Ellis, C. (2009). *Revision: Autoethnographic reflections on life and work (writing lives)*. Walnut Creek, CA: Left Coast Press.
5. Foster E. (2010). My eyes cry without me: Illusions of choice in the transition to motherhood. In S. Hayden & D. L. O'Brien Hallstein (Eds.) *Contemplating maternity in an era of choice: Explorations into discourses of reproduction* (pp. 139-158). Lanham, MD: Lexington Books.
6. Foster, E. (2002). Storm tracking: Scenes of marital disintegration. *Qualitative Inquiry*, 8(6), 804-819.
7. Miller, W.L., & Crabtree B. F. (2000). Clinical research. In: N. K. Denzin, & Y.S. Lincoln (Eds.) *Handbook of qualitative research*. (pp. 607-631). London, United Kingdom: Sage.
8. Pelias, R.J. (2004). *A Methodology of the Heart: Evoking Academic and Daily Life*. Walnut Creek, CA: AltaMira Press.
9. Tillmann-Healy, L.M. (1996). A secret life in a culture of thinness: Reflections on body, food, and bulimia. In C. Ellis & A. P. Bochner (Eds.) *Composing Ethnography: Alternative forms of qualitative writing*. (pp. 76-108). Walnut Creek, CA: AltaMira Press.