From Inspiration to Publication: Practical tips for polishing your story, essay or reflection

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Outline

• What’s in a Story?
  – The act of writing (Charon’s membranes)
  – What makes a story *good*
  – The chaff and the grain

• “Becoming Your Own Best Editor”
  – Content, line and copy editing

• Writing for Publication
  – Knowing your audience and choosing your battles
  – The business of rejection
Learning Objectives

1. List 3 ways narrative affects tellers/listeners

2. Define content, line and copy editing

3. Identify major medical journals that publish personal vignettes versus essays
“Whether writing a novel, attending a Seder at Passover, testifying at a Congressional hearing, or reading a child to sleep, we use stories to reach and influence one another—toward knowledge, pleasure, faith, action, or love...

Stories are the avenue toward telling and, therefore, knowing of the self.”

—Rita Charon

Part 1: What’s in a Story?

- In **local (short distance) signaling**, cells may communicate via direct contact

*Cell-cell recognition. Two cells in an animal may communicate by interaction between molecules protruding from their surfaces.*
Part 1: What’s in a Story?

“What are the ligands and receptors on the membrane of my patient and me, as we sit in my office? What is it that the patient secretes that activates my knowledge, memories, emotions, clinical judgment, and desire to be of help?

I think our ligands are stories.”

—Rita Charon

Part 1: What’s in a Story?

The Power of Narrative:
1. To *sharpen* the teller’s perception
2. To *engage* her imagination
3. To *influence* the listener/reader
4. To *produce* new meanings (teller & listener dyads)
5. To *experience* ordeals and their consequences again (beyond remembering)

Part 1: What’s in a Story?

When we clinicians write the clinical history as absorbed from the patient, our words express something we did not know before we let our words express it.

—Rita Charon

Part 1: What’s in a Story?

The Act of Writing:

- “writing is a sensorimotor act by which one transforms immaterial thoughts into materiality”
- writing is not just reporting, but creating

*Meaning is more than the sum of “the facts.” Meaning depends on the way in which we choose to tell our stories.*

Part 1: What’s in a Story?


Sept 1: Feels better this AM. Ord. Ergot

Sept 3: Very weak and short of breath, still spits blood clots.


Sept 5: Patient gradually sank at 8 am. No radial pulse. Temperature 105 and at 9:15, quietly died.

Chart entry written at St. Luke’s Hospital August 31, 1884
I saw one patient die. They had just announced a code overhead, and we ran, and my resident was doing chest compressions, and everything, and pushing the drugs, and all that, and then, at the end, they called—you know, the time of death, and it was over, and then everyone like, walked out of the room...[U]h, everyone walked out of the room, and the patient was just lying on the bed, naked. She had her head bent back, and the tube in her throat, and tape across her face, trying to hold it down, and her groin was all bloody from the multiple ABGs [arterial blood gas tests] we had done, or sent, and it just looked very horrible, and it was just very—everyone just left, like, they were like, okay, it's over now, and just left.
Part 1: What’s in a Story?

The essence of art is unexpectedness.

There is nothing new under the sun.
‘Everyone in this room,’ I tell them, rubbing it in, ‘will cut open a cadaver, everyone will do a first pelvic exam and participate in the delivery of a baby and watch someone die—watch many people die.’ They will be among crowds of thousands who observe amazing medical rescues and terrible, avoidable mistakes. At the same time, I tell them, they are explorers in the ever-new city of the hospital. Like anthropologists, they are both observers and participants, modifying their environment with their very presence. The city of the hospital—this new, ever-evolving city which has had millions upon millions of previous inhabitants but of which they are the first new explorer—is an amazing world in which they are privileged to spend the rest of their lives.

—David Hellerstein

Part 1: What’s in a Story?

• How can you make it new?

• What can you say that is different from the thousands who have been here before and who will be here in the future?

• What is it that you observe that is truly unique and that at the same time illuminates general truths?

Part 1: What's in a Story?

Andrew Wyeth’s Wind from the Sea
Part 1: What’s in a Story?

Inspiration
(at the bedside)

Can I make it **new**?

- Yes
  - Write/edit for publication
- No
  - Do I need to write it anyway?
    - Yes – Blog?
    - No – Stop.
- Maybe
  - Save for later
Circus Man

Gaetan Sgro

His name was Daniel, and he had no one, but knife-throwing eyes, pachyderm skin and tobacco tar hands to speak for him.

His legs were thin as wires, having outrun lions, pinned in the end by tumors, trampling his heaving chest, his airway closing like a fist.

He could not raise his voice, had never learned to write, could only nod.

I understand, if you take the tube out—

or No
I have no family
or No
I do not want a priest
and Yes, goddamn
I understand
I understand
I understand

We took it out—

And he never revealed how a man swallows flame, how to sleep among cats, how to fall from a train.
The Pharaoh

He had long, thinning hair that hung up on the scruff of his beard, and a face that looked like mountains. He had crept in in the grey hour before dawn, hoping to avoid notice. He had driven through darkness, kept awake by a whistling draft and by his truck's weary shocks that bobbed and wheezed along the windy, western turnpike. He had taken the old Ford, which he no longer needed for hauling scrap or lumber, because he knew that he could trust it.

It was Saturday morning, and his private room was quiet. I dragged a heavy chair to the side of his bed, and sat down to hear his confession. How cancer had been working on him for months, at least. How last spring had come early, and the work of clearing brush, cleaning gutters and turning over garden beds had been steady. How he hadn't been able to keep up. How his body felt stiff, like it was still half asleep. How he'd relied more and more on the truck to do the heavy lifting.

By the time August arrived with her lazy, endless days to dry the fields and stain the leaves with blots of brown and pink, he had stopped looking for work. He holed up in his apartment, propping himself so he could stare out the window, and waited for the pain. Not a pain he could name, exactly. Nothing that would look him in the eye but some dull, backstabbing thing.

His money dwindled, followed by his appetite, and soon his faculties were in full mutiny. His fingers fumbled over button holes, legs burned when he got up to pee. His mind started tripping. One night, he was startled by an intruder, and spent a few panicked seconds stumbling in the dark, leaning into walls and overturning furniture until he saw his dog sleeping soundly in their corner.

When he woke one November morning to the first heavy snowfall and, looking out the window, saw his yellow mask reflected in the pane, he knew
Something *Not* New

Service

Every day I marvel at the generosity of our Vets. Their selflessness seems unlimited. I’ll never forget the relatively young man who told me that he didn’t want a liver transplant because he figured someone else could put the organ “to better use.” And in spite of their sacrifices, I can’t believe how little my patients expect in return. They thank us for everything. They thank us for doctoring. They thank us for listening. They thank us for the sheets. So when I say that it’s an honor to serve Veterans, I mean it most sincerely.

I said that this morning to a man who wouldn’t stop thanking me and my team just for being with him. This man who, two days ago, lost the vision in his right eye to a stroke. This man whose eye we could not save. And yet, there he was, squinting up at us, overflowing with thanks. I reminded him that he’d earned all of this and more by his own service, and this is what he said to us. He said:

“What, that? You mean my cruise? They put me on a cruise to Korea, all expenses paid. On the way over we saw dolphins...
Something I Don’t Know How to Say
Part 2: Editing
Part 2: Editing

Definitions:

• Content editing: tackling the “big picture” issues like voice, tone, pacing, characterization, theme and coherence

• Line editing: grammar, punctuation, spelling, consistency and word usage

• Copy editing: style, accuracy, privacy
Content Editing

Key Questions:

• On characterization
  – Are your characters in your story sufficiently developed? (Do the characters drive the action?)

• On pacing
  – Does the opening grab you? Do you want to know what will happen next? Are there key moments that would benefit from another beat or two?
Content Editing

Key Questions:

• On endings
  – Have you earned your ending? Is it both surprising and inevitable?

• On narrative
  – Have you kept your tendency towards exposition in check? Have you used dialogue sufficiently? In general: dialogue>description>exposition.
Content Editing

Key Questions:

• On voice/tone
  – Is it consistent with the theme/action/goals of the writing?
  – How would a tough critic respond?
Content Editing

Tips:

• Put time to work for you

• Be ruthless. Address anything that gives you pause, that could pull the reader out of the zone

• Be open minded. Your favorite paragraphs/metaphors/themes are often your biggest problems
Line Editing

Key Principles:

• Grammar serves clarity. Poor grammar does more than threaten clarity; it can also pull readers out of the zone

  – That/which, literally/figuratively, oxford commas
  – Eats, Shoots & leaves, Strunk & White, etc.
  – Meaning is the tie breaker
Line Editing

Key Principles:

• Cut to the chase and don’t repeat yourself.
  – Precision and economy

• Keep your description in check:
  – “And what greater enemy of simplicity and straightforwardness than the adverb?” –Stephen King
“The crickets and the rust-beetles scuttled among the nettles of the sage thicket. ‘Vámonos, amigos,’ he whispered, and threw the busted leather flintcraw over the loose weave of the saddlecock. And they rode on in the friscalating dusklight.”
Line Editing

Key Principles:

• Avoid unnecessary mediating (“I watch,” “I hear,” “I see,” “I listen”)

• Let the reader connect the dots
  – “It was like saying good-by to a statue. After a while I went out and left the hospital and walked back to the hotel in the rain.” —EH
Line Editing

Key Principles:

• Get your facts straight
  – “Goldeneye”

• Read your sentences out loud
  – Listen for the beat
  – Avoid repetition
  – “Use no word that under stress of emotion your could not actually say” –Ezra Pound
Copy Editing

Key Principles:

• Don’t worry about “house style”—it won’t make or break your manuscript

• *Do* worry about HIPPA
“HIPPA and Such”

Wendy J. Davis

Would you be okay with me writing about you someday, sir?”

“May I have your permission to share parts of this experience with others, ma’am?”

This is essentially what I ask my patients when they touch me during our interactions. Even the most difficult ones... I don’t shy away from that simple question. I tell them, “I write a blog about my experiences with patients who touch me and teach me. I always change all the details of who you are, unless you agree otherwise. Even if you do, I still change things quite a bit. Would you be okay with me writing about my experience taking care of you?”

“Becoming is better than thinking” – Carol Dweck
“HIPPA and Such”

Key Principles:

• If you don’t get a patient’s permission to write about them, you have to steer clear of all 18 HIPPA Identifiers (name, specific dates, ID #s, etc.)

• Most not a problem (sometimes dates and geography are though)

• Many publications will ask for signed permission in certain instances
Welcome Interns: *May I Have Your Attention?*

June 17, 2015
Share it with someone you trust

Ask for specific feedback
  - Does this have publication potential?
  - If so, where would you send it?
The “First” Edit

• Kim Manning call 6/24/2015
  – I like where you’re going with this / I’ve not read this before BUT
  – This is a speech
  – Too many “I’s”
  – Make it universal
  – Imagine the reader doesn’t like you
The Second Draft

• From 1,795 to 1,142 words
• Cut almost all “I’s” except in opening anecdote
• Removed any IM specific references
• Climbed down off of my horse
Wait for It...

- JAMA – Pass
- Annals - Pass
- JGME - Provisional Acceptance 7/29/2015
  - “This is a lovely, inspiring piece of writing. It could resonate with many readers and is a good fit for JGME.”
A few minor comments to consider:

– p2, line 19: "You will. You will find it. You will love this profession; love being a physician; love what you mean to your patients." Would consider changing to You can. It's unfortunate that not everyone will and making this into a possible not definite might appeal as more realistic to readers.
First JGME Edits

• A few minor comments to consider:
  – The introduction is particular is very nice, very 'alive.' Only one thought: what if the reader (residents) is in a specialty that does not spend much/any time in the hospital? Although I guess that is not really an issue as even family medicine and dermatology have some hospital experiences. You want to speak to as many readers as possible.
– Re: p2, line 19:
  • I see your point here: that I need to qualify this statement to avoid alienating some readers who feel differently. Changing “will” to “can,” however, strikes me as too much of a concession. I want make a more positive, forceful statement here, so what I’ve done is added the qualifier “many,” as in, “You will. Many of you will.”

– Re: The introduction:
  • If it’s ok with you, I’d like to leave “hospital” here. As you suggested, I do think almost all interns spend a good bit of time in the hospital. Also, when I read it out loud, there is a nice consonance between “medical school” and “hospital.”
Second JGME Edits

• Official JGME Acceptance 8/3/2015
• Copy Edits 1/15/2016:
  – Please find attached a copyedited, tracked changes version of your article. Review, answer any queries, approve, or make further changes and e-mail a clean copy back to us.
  – JGME house style is adapted from the AMA Manual of Style, and any changes regarding punctuation, numbers, and other usage are made intentionally to conform to these style guidelines.
The Fourth Draft

• Final line and copy edits
• Adjusted for timing of publication (written in June, final revision in February)
June 2013 - June 2015
Idea Stage

June - July 2015
Initial Drafts
and Content Edits

August - September 2015
Final Content
and Initial Line Edits

January - February 2016
Final Line and Copy edits

May 2016
Print
Final Thoughts on Editing

• Imagine you’re on a first date with your reader
  – Keep her engaged; keep her guessing; don’t make it about you (Owen Wilson).

• Read out loud, preferably to others, to distance yourself from the writing

• Let time be your editor
Final Thoughts on Editing

JESS WALTER
AWARD-WINNING AUTHOR

AN EVENING WITH JESS WALTER
TUESDAY, MARCH 17, 2015
7:00 P.M. JOHN BILL FREEMAN AUDITORIUM
HUB-ROBESON CENTER, UNIVERSITY PARK
Part of the series of events for CAMC/Centre County Reads
Community Read of Jess Walter’s “Beautiful Ruins”

A READING BY JESS WALTER
AS THE STEVEN FISHER WRITER-IN-RESIDENCE
THURSDAY, MARCH 19, 2015
7:30 P.M. FOSTER AUDITORIUM
PATERNO LIBRARY, UNIVERSITY PARK

CALS
MEMBERS OF THE GENERAL PUBLIC
WELCOME!
Part 3: Submitting and Rejection

The world is indifferent to your art.
Part 3: Submitting and Rejection

Where to submit vignettes:

• JAMA
  – *A Piece of My Mind*: Personal vignettes of up to 1800 words exploring the dynamics of the patient-physician relationship

• Annals
  – *On Being a Doctor*: Short essays or fiction up to 1500 words on illuminating experiences in practice.

• JGIM
  – *Materia Medica*: personal narratives, essays or short stories of up to 1500 words

http://www.kevinmd.com/blog/2013/03/medical-journals-accept-stories-essays-physicians.html
Part 3: Submitting and Rejection

Where to submit essays:

• Annals
  – *Perspective*: Unstructured essays up to 1500 words representing opinions, presenting hypotheses, or considering controversial issues.

• Academic Medicine
  – *Teaching and Learning Moments (TLM)*: mostly first-person, informal narratives from 250-600 words written from the perspective of instructor, student, or patient.

• NEJM
  – *Perspective*: articles limited to 1000 to 1200 words cover a wide variety of topics of current interest in health care, medicine, and the intersection between medicine and society.

http://www.kevinmd.com/blog/2013/03/medical-journals-accept-stories-essays-physicians.html
Part 3: Submitting and Rejection
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What are the odds?

• JAMA – Poetry in Medicine
  – circulation: 300,000
  – acceptance rate: 50/1000 = 5%

• Poetry Magazine
  – circulation: 30,000
  – acceptance rate: 300/125,000 = 0.24%

• Harvard University acceptance rate = 5.9% (2014)

Part 3: Submitting and Rejection

“In the US, the flagship publication for fiction writing about medicine is the *Bellevue Literary Review*... The journal receives [close to 5,000 submissions of fiction, non-fiction, and poetry for only 70 available slots], [giving it] a lower acceptance rate than the *New England Journal of Medicine*.”

http://www.statnews.com/2016/02/26/doctors-writing-poetry/
Part 3: Submitting and Rejection

Reasons for rejection:

• Great piece BUT not a good (read: perfect) fit
  – We’ve already published 3 essays on leukemia this year
  – Clues: “not a good fit”
  – Action plan: submit elsewhere

• Close, but I’ve got a lot of choices
  – Opening, ending, coherence
  – Clues: “we liked it but ultimately have to pass”
  – Action plan: revise

• Not good enough
  – Not new, not interesting, not well-written
  – Clues: form letters (multiples)
  – Action plan: rewrite or die
“Thank you for submitting the enclosed formula, which proves and solves the unified field theory. Unfortunately, it does not suit our needs at the present time.”
In Conclusion

Now you know...

1. List 3 ways narrative affects tellers/listeners

2. Define content, line and copy editing

3. Identify major medical journals that publish personal vignettes versus essays
In Conclusion

When you are not sure how:

To get started
To express some burning truth
To grab the reader’s attention
To drive your ending home
To fix an inconsistency
To say...
Shameless Plug

Do it for the Story—and the Glory: Practical Strategies for Evolving Personal Reflections into Peer Reviewed Publications

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(Isla Sgro standing-in)
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