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A genre analysis of reflective writing texts by English medical students

What role does narrative play?

Miriam A. Locher, Regula Koenig and Janine Meier

This chapter reports on the study of reflective writing texts by English medical students on a memorable encounter with a patient. The texts offer crucial information on the ways in which future doctors interpret a patient's narrative and reflect their own situation. Drawing on genre analysis and corpus linguistics, we discuss how the texts are composed and how different genres influence their composition. While reflection is the main element of the texts, we see evidence of the genre of essay, medical case report, drama, and aspects of personal narratives. The latter is particularly evident and highlights once more the importance of narrative in medical practice.

1. Introduction

This chapter studies the composition of reflective writing texts written by medical students at the University of Nottingham and pays special attention to the importance of genre mixing and the notion of 'narrative' therein. This study is part of a larger interdisciplinary project within the medical humanities, which was funded by the Swiss National Science Foundation (*'Life (beyond) Writing': Illness Narratives*). It combines interests in literary studies by looking at Anglophone autobiographical illness narratives (see Gygax's contribution to this volume) with linguistic interests in narrative and reflective writing (the present chapter). It also aims at making results available to the collaborators in the team who work in the field of teaching communication skills to medical students

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(Alexander Kiss and Victoria Tischler;[1] see also Tischler and Oyebode's contribution to this volume). The present chapter reports on the linguistic part of the project, which works with a particular genre of reflective writing used for teaching and formation purposes in the medical field. This type of reflective writing, which contains a strong narrative core, and the data that forms the basis for this study are introduced in Section 2. In Section 3, we turn to theoretical considerations of the notion of 'genre' in order to establish the methodology with which we approached the texts. The following sections first present the genre features of the corpus (Section 4) and then pursue the questions of genre mixing by following up the influence of the essay, medical case report, drama and narrative genre on the texts (Section 5).

2. Reflective writing in medical practice and data for this study

According to a website dedicated to writing in the medical professions, which is provided by Monash University,

> [r]eflective writing is writing which involves '... consideration of the larger context, the meaning, and the implications of an experience or action' (Branch & Paranjape, 2002, p. 1185). In medical and health science courses you are required to produce reflective writing in order to learn from educational and practical experiences, and to develop the habit of critical reflection as a future health professional. (Monash University, 2012)

The text goes on to explain that "[r]eflective writing may be based on: description and analysis of a learning experience within the course"; "description and analysis of a past experience"; "review of your learning or course to that point" or "description and analysis of a critical incident" (Monash University, 2012). The structure of these texts is based on three steps: description, interpretation (or reflection) and outcome (or conclusion) (Hampton, 2010a, 2010b; for an extended version, see Watton et al., 2001).

It is important to stress that reflective writing does not only occur during the education phase at universities. As the quotation above highlights, the students are encouraged to "develop the habit of critical reflection as a future health professional" (Monash University, 2012). Indeed, reflective writing is a tool often used by professionals to monitor their continual learning processes (Brady et al., 2002; Mann et al., 2009; Shapiro et al., 2006). Watton et al. (2001) quote Gibbs (1988) on the importance of reflection:

> It is not sufficient simply to have an experience in order to learn. Without reflecting upon this experience it may quickly be forgotten, or its learning potential lost. It is from the feelings and thoughts emerging from this reflection that generalisations or concepts can be

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> generated. And it is generalisations that allow new situation to be tackled effectively. (Gibbs, 1988, p. 9)

This means that reflective writing can be a life-long tool for professionals of any kind to keep learning from their experience.

Both the University of Basel and the University of Nottingham have adopted reflective writing tasks for medical students in their curriculum. The texts that are part of this particular study present the students' very first encounter with this genre. For this paper, we focus on the 189 English texts, which were collected in 2010 and 2011, and which form a corpus of 249,708 words.[2] The Nottingham students wrote their texts in connection with their communication skills course taught by Victoria Tischler, but the task was optional for them. The students gave their consent to be part of this study and were assured of anonymity. They received detailed instructions on how to compose their text, which can be summarized as follows:

- The students write about a *conversation/encounter with a patient* that *impressed* them most during their attachment at a GP surgery or clinical surgery.
- They are invited to *introduce/describe* the situation and the characters of the chosen episode and to use constructed dialogue for key passages.
- They are asked to *reflect* on their communication skills, on their emotional reactions and to *draw conclusions* about future behaviour.

The detailed instructions especially invite the students to focus on communication skills and to include reflections on the feelings and emotions that were part of the experience. Screenshot 1 gives an impression of the level of detail and also shows that the students are invited to use constructed dialogue (see Tannen, 1989) to illustrate their encounters. The average length of the texts is 1,300 words, 63% of the students are female, 92% are aged between 19 and 21 years and 88% indicate English as their first language. ↑ 143
At the time of writing, the students were in their second year of medical training (of a five-year degree). They have had clinical interaction through attachment to a general practitioner and during regular hospital visits. They have also completed a clinical communication skills module in the first year of the course, in which the following topics are introduced: how to structure a clinical interview; use of different question types; signalling empathy and other verbal strategies; rapport building; non-verbal communication; and roles of doctor and patient. 144 ↓

The potential for research on this corpus is vast. So far we have studied the emergence of linguistic identity construction (Gygax, Koenig & Locher, 2012), the importance of emotions (Locher & Koenig, 2014) and we have analysed the emerging topics in order to

[2] The project also looks at a corpus of German reflective writing texts by students of the University of Basel and at a collection of comparable texts published by physicians in the colums 'A Piece of My Mind' (*JAMA*) and 'On Being a Doctor' (*AIM*).

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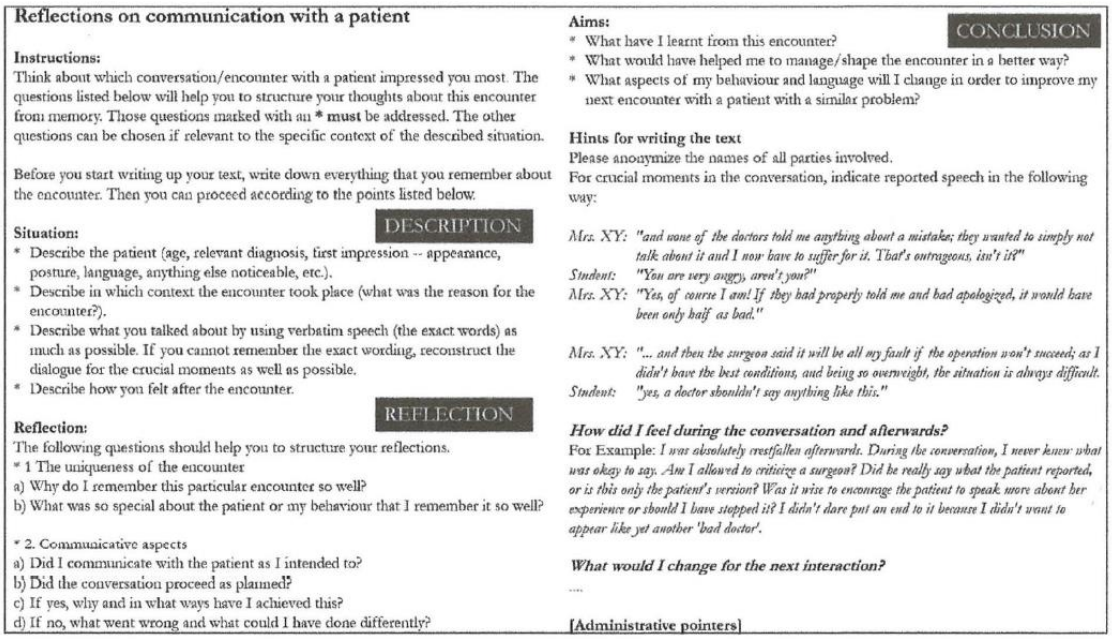
establish what the students find worth reporting. In this study, we explore the notion of 'genre' and especially the importance of 'narrative' within the reflective writing task.



Reflections on communication with a patient

Instructions:
Think about which conversation/encounter with a patient impressed you most. The questions listed below will help you to structure your thoughts about this encounter from memory. Those questions marked with an * must be addressed. The other questions can be chosen if relevant to the specific context of the described situation.

Before you start writing up your text, write down everything that you remember about the encounter. Then you can proceed according to the points listed below.

Situation: DESCRIPTION
* Describe the patient (age, relevant diagnosis, first impression -- appearance, posture, language, anything else noticeable, etc.).
* Describe in which context the encounter took place (what was the reason for the encounter?).
* Describe what you talked about by using verbatim speech (the exact words) as much as possible. If you cannot remember the exact wording, reconstruct the dialogue for the crucial moments as well as possible.
* Describe how you felt after the encounter.

Reflection: REFLECTION
The following questions should help you to structure your reflections.
* 1 The uniqueness of the encounter
a) Why do I remember this particular encounter so well?
b) What was so special about the patient or my behaviour that I remember it so well?

* 2. Communicative aspects
a) Did I communicate with the patient as I intended to?
b) Did the conversation proceed as planned?
c) If yes, why and in what ways have I achieved this?
d) If no, what went wrong and what could I have done differently?

Aims: CONCLUSION
* What have I learnt from this encounter?
* What would have helped me to manage/shape the encounter in a better way?
* What aspects of my behaviour and language will I change in order to improve my next encounter with a patient with a similar problem?

Hints for writing the text
Please anonymize the names of all parties involved.
For crucial moments in the conversation, indicate reported speech in the following way:

Mrs. XY: "and none of the doctors told me anything about a mistake; they wanted to simply not talk about it and I now have to suffer for it. That's outrageous, isn't it?"
Student: "You are very angry, aren't you?"
Mrs. XY: "Yes, of course I am! If they had properly told me and had apologized, it would have been only half as bad."

Mrs. XY: "... and then the surgeon said it will be all my fault if the operation won't succeed; as I didn't have the best conditions, and being so overweight, the situation is always difficult.
Student: "yes, a doctor shouldn't say anything like this."

How did I feel during the conversation and afterwards?
For Example: *I was absolutely crestfallen afterwards. During the conversation, I never knew what was okay to say. Am I allowed to criticize a surgeon? Did he really say what the patient reported, or is this only the patient's version? Was it wise to encourage the patient to speak more about her experience or should I have stopped it? I didn't dare put an end to it because I didn't want to appear like yet another 'bad doctor'.*

What would I change for the next interaction?
....

[Administrative pointers]

Screenshot 1. The instructions to the students (the designations 'description,' 'reflection' and 'conclusion' have been added).

3. Theoretical background

As many researchers point out, defining 'genre' is no straightforward task in linguistics (see Corbett, 2006; Giltrow & Stein, 2009; Bax, 2011; Schubert, 2012; Giltrow, 2013; Busse, 2014). Owing its development to literary and folklore studies (see Swales, 1990, p. 33-44), linguistic approaches to genre can be found within discourse analysis, corpus linguistics and text linguistics (see Schubert, 2012, p. 14). Corbett (2006, p. 27) argues that there are a number of very productive research strands. In systemic-functionalist linguistics, researchers are concerned with the collection of "comparable texts and attempts to find in them predictable, goal-oriented elements that are characterized by similar realizational patterns" (Corbett, 2006, p. 31). The new rhetoricians are more interested in a genre's historical context, while applied linguists focus on genres in order to be able to "teach generic conventions to novices" (Corbett, 2006, p. 31).

↑ 144 145 ↓

In this paper, we follow Bax's (2011, p. 40) definition of 'genre schema,' which consists of "clusters of mental concepts which we draw on in order to [...] interpret language" (similar to schemas/frames/scripts). This means that we are ultimately dealing with a cognitive concept and that interactants assess the degree of prototypicality of a text, i.e. the "actual manifestations of language in the world" (Bax, 2011, p. 27), when they encounter it in a particular context in order to make sense of it (p. 39). It is important to point out that this approach allows texts to be fuzzy and unstable and to demonstrate

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textual hybridity. Indeed, "[t]exts draw on our mental ideas of genres, but may differ from those genres in various creative ways, or may mix genres creatively for particular and communicative purposes" (Bax, 2011, p. 27).

Following Swales (1990, p. 46), the communicative purpose or function of a genre is its most distinct feature. This function can textually be achieved in different ways. Bax (2011, p. 57) speaks of a distinction between genre (functionally defined) and 'discourse mode.' He argues that "[d]iscourse modes do not have unique functions in themselves but enter into many genres." For example, discourse modes can be narrating, describing, informing, arguing, interacting, etc. and these modes can be combined and have many different functions when they form genres such as 'conversation', 'classroom lesson,' 'novel,' 'weather forecast,' or 'recipe.' Next to these discourse modes, Bax (2011, p. 60-61) argues that "[t]he function of a genre then guides the features of the genre. These features include the location, structure, layout, style, lexis, grammar, and other aspects." By way of example, Bax (2011, p. 50) discusses the genre of 'recipe' which has the function "to inform us quickly and efficiently how to prepare a particular dish." This function determines the set of features summarized in Table 1. In order to establish the features of our reflective writing corpus, we will analyse the same nine features proposed by Bax next, and will then turn to the hybridity of the genre by looking at what evidence of genre mixture we can find in the corpus.

4. The text features of the reflective writing corpus

Taking Bax's (2011, p. 50) table of features as inspiration, we systematically analysed the 189 texts in the Nottingham reflective writing corpus. Table 2 gives an overview at one glance. The main function of the texts is to learn from an

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Table 1. The relation between text functions and text features, abbreviated from Bax (2011, p. 50). 146 ↓

Features	Example: Recipe genre
Location	In a magazine or recipe book
Topic focus	How to prepare food
Visual aspects and layout Pictures, position of different parts, diagrams, colours	Frequently starts with a bold title and has pictures, perhaps with various colours to make it attractive
Length	Typically no longer than one page
Structure	Title, picture, ingredients, instructions, etc.
Subjects/agents/focus [discourse modes] Who is actually doing the actions? Subjects of the verbs?	Imperatives; the ingredients are in *describing* discourse mode and the instructions in the *interacting* discourse mode
Style and register Formal or informal? Related to any particular professional domain?	Typically relatively informal
Grammar Tense (past, present, future) Syntax (word order) Length of sentences	 Imperatives, some conditionals (*if it is tender, then ...*) Standard, but simple Simple short sentences
Lexis Any jargon or technical language?	Cooking terms, names of foods, weights and measures

Table 2. The text features of the Nottingham reflective writing corpus.

Features	Reflective writing corpus
Location	Digital text submitted by students to instructor
Topic focus	Reflection on a memorable encounter with a patient in the past
Visual aspects and layout	Dialogue sequences; 66% no sectioning; headers, and/or Q&As present in 34%
Length	1-4 pages, average of 1,300 words
Structure	Description - reflection - conclusion/aims
Discourse modes	Narrating, describing, arguing
Style/formality	Fairly formal in description and reflection part; some use of non-standard forms in constructed dialogue; contracted forms mainly in dialogues
Grammar	Predominantly past simple, followed by present simple; hardly any passive form (based on the analysis of 8 texts, Meier, 2012)
Lexis	ca. 12.3% medical jargon; ca. 5% reflection and emotions

↑ 146

experience in the past by reflecting on communication skills. This is achieved in different ways. 147 ↓

First, we can state that the texts are submitted in digital form to the instructor and their *location* is a non-public archive. The texts exist as printouts for safekeeping and analysis and (ideally) the students retain their texts as part of their personal (non-institutional) learning portfolio.

The general *topic* is given in that the students are requested to and do reflect on a memorable encounter with a patient in the past. However, the choice of encounter (e.g. positive or negative experiences) is not specified by the instructions so that the students

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are free to select an experience for reflection. We can also state that the instructions evoke a narrative frame in that a past, personal experience is being recalled. This narrative core will be further explored in Section 4.

One of the most striking *visual features* of the *layout* of the texts is the inclusion of constructed dialogue. The instructions ask for this particular feature and most of the students comply with it. The texts can be further divided into three groups. In 66% (n = 124), the texts are presented as an essay without any subsections or headers (with the exception of the inclusion of constructed dialogue). In 23% (n = 43), the students use the headers given in the instructions (situation, reflection, aims; or variants thereof), while the remaining 11 % (n = 22) make use of a dialogic presentation by not only taking up the suggestions for section headers, but also including all the guiding questions found in the instructions, to which they then give a responses (see Screenshot 1).

The texts are 1 to 4 pages in *length* and their *structure* always follows the classical reflective writing paradigm of description - reflection - conclusion/aims, no matter what layout and visual presentation choices were made.

As to the *discourse modes* employed, we find a mixture between narrating, describing and arguing, which together make up the reflective writing corpus. Following Smith (2003, p. 23), the *narrating* discourse mode is characterized in that it "presents a sequence of events and states that have the same participants and/or causal and other consequential relation ... They occur in a certain order, which is crucial for understanding" (as quoted in Bax, 2011, p. 66). Bax (2011, 66-67) further summarizes that the narrating mode often displays sequencing or time adverbs (then, suddenly, so) and displays a focus on past events that dynamically develop within the story time. Furthermore, Bax (2011, 65-77) mentions structural elements of written and oral narrative as reported in the work by literary and linguistic scholars, but he is careful to point out that these features do not all have to co-occur in order to argue that the text contains elements of narrating mode. We will return to the importance of narrative in Section 4. Here we will demonstrate the narrating mode with the very beginning of reflective writing text N-175 (all extracts are left as in the originals; no stylistic or typographical changes have been made, but at times italics are used to highlight points of interest). ↑ 147 148 ↓

(1) As I entered the nurse's office, I noticed the patient. A small boy of seven, huddled in his mother's arms, with a panicked expression on his face. As he sat there, his sister stood across from him, a look which I can only describe as consternation on hers. With a short, number 2 haircut, the boy looked like a typical schoolchild in a totally alien environment, the last place someone wants to be.
The GP took me aside a moment, and quietly informed of the situation. The boy had a bead stuck inside his right ear canal. The bead had almost completely obstructed the canal, and it had to come out. (N-175, very beginning)

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The first paragraph of N-17 5 starts in medias res. An 'I' enters the 'stage,' where we already find a scene unfolding. The writer nicely transports the reader back in time to a nurse's office into which the student enters. The location and the characters of the scene are introduced (the 'I,' the patient, his sister, the GP). In addition, the medical problem is reported in such a way that we assign the words to the GP. Importantly, actions happen in sequence; e.g. the student enters the nurse's office, takes stock of the situation and then is briefed by the GP.

In a Labovian (1997) analysis we can describe these paragraphs as presenting the orientation phase. For this reason, we can also make a case for the presence of the *describing* discourse mode. In Bax's (2011, p. 90) terms, "in the *describing* discourse mode there is less a focus on events than in *narrating,* and more focus on people, places and things." For example, the description of the haircut of the patient would fall in this category.

Finally, the *arguing* discourse mode is crucial for the reflective writing corpus. In this mode we find ample use of verbs of opinion (*feel, believe, think*) or linking words (*however, but, nonetheless*) (Schubert, 2012, p. 99). Extract (2), which is taken from the same reflective writing text as (1), and (3) demonstrate this use (*think, believe, however, perhaps if).*

(2) This patient was definitely one of the more outstanding ones in my memory. For one, the uniqueness of the situation contributed to this. Rather than a short consultation in a room, there was action, back and forth, and plan, and adaptations to that plan. *I think* that another major factor was that I was forced to communicate with a patient in distress, as well as with his family, and unusual experience. [...]
The main points I took away from this encounter, was that, especially with children, you can't always develop a true rapport in a short consultation. With so much going on, and ↑
especially a clear goal and objective, there 148
simply wasn't enough time or incentive to ask where the patient went to school, or what 149
his favourite food was. *Perhaps if* I had been brought into the consultation earlier, and ↓
had seen the boy from minute one, *I could've* developed more communication with him. (N-175, reflection and concluding part)

(3) The patient history didn't go as I intended, it wasn't slick or well sign posted and it took much longer than anticipated. I normally explore what the patient says a lot more and stick to the clinical aspects more. *However,* by not doing this *I think* I achieved more and both I and importantly the patient got more out of the encounter. [...] In hindsight *I believe* I became too enthralled with the patients "story" to actually gain an understanding of him overall. (N-185, reflection part)

Discussing *style and formality* is always a matter of putting findings in relation to other corpora. However, without making any absolute claims, we can state that the students adhere to fairly formal, written language in the description and reflection parts of their texts, using standard orthography. Only in the constructed dialogue do we find noticeable

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non-standard, written forms as a stylistic means for character positioning (Davies & Harré, 1990). Extract (4) from N-074 is a case in point.

(4) Me: "I noticed you were rather reserved earlier when the Doctor asked you questions, yet you seem to be able to talk to me quite easily. Do you know why this is?"
Patient: "I *dunno.* I don't think he really gets it. I *kinda* feel like I'm wasting his time."
Me: ''And why do you think this?"
Patient: "Well I'm not actually ill *am I.* Just feeling down. It's not really the Doctor's job to deal with people like me. He should spend his time with people who really are ill."
Me: "I see. I'm sorry you feel like that." (N-074)

In (4), we find oral features in the constructed dialogue in the rendition of contracted informal forms (*dunno, kinda*) and the use of a tag question (*am I*). In these instances the patient is characterized as using these oral features, while the student (*Me*) does not use them. In this way, a difference between the two persons is created on a linguistic level.

With respect to *grammar,* we draw on Meier's (2012) detailed analysis of eight texts from the corpus. She established that the texts are primarily written in past simple, followed by present simple. The present constructions particularly occur in the constructed dialogues and future tense is primarily found in the descriptions of future conduct. There are hardly any passive constructions.

The last feature to be looked at in this section is *lexis.* We first compiled word frequency lists of the entire corpus (N = 249,708 words), and then conducted a keyword analysis. In addition, we manually screened the corpus for particular lexical fields. Keywords document which words in a set are statistically more frequent than in another set, which allows the researcher to find both the typically distinct vocabulary as well as to detect themes (for this well-documented methodology in corpus linguistics see Baker, 2010; Stubbs, 2001; Scott, 1997). Using AntConc, all words of the corpus (not lemmatised and including stop words) were compared to the words in the British National Corpus as reference corpus to establish the set of words that are characteristic of the reflective writing corpus (see also Locher & Koenig, 2014). The following list shows the first twenty most typical words with their number of occurrence (ordered according to their log-likelihood values):

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> I, 10245; patient, 3829; felt, 960; student, 736; interview, 656; consultation, 651; feel, 642; gp, 593; doctor, 580; encounter, 564; history, 543; questions, 541; me, 2159; mrs, 453; seemed, 432; medical, 388; patients, 387; conversation, 383; communication, 379; asked, 371

The pronoun *I* is in first position of the list. Its importance can be explained with the focus on first person reflection in the corpus.[3] We also see evidence of the doctor-patient

[3] The first person pronoun does not always refer to the narrator but also appears in the constructed dialogue

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encounter (*patient, student, interview, consultation, gp/doctor, history* (*taking), questions, conversation, asked*) and the reflective element of the texts (*felt, feel*).

Scanning the frequency lists manually (excluding stop words such as articles, pronouns, prepositions and conjunctions; N = 108,017 words), we found that medical jargon (ca. 11%; n = 12,285) and the mention of body parts (ca. 1.3%, n = 1'470) was striking.[4] Often, however, these lexical items only occurred once or twice so that they escaped the top list of the keyword analysis (e.g. *body parts:* elbow, 2; eyelid, 2; lip, 13; fists, 1; forearm, 1; forehead, 1; larynx, 2; organ, 1; toes, 1; , visage, 1; *medical jargon:* aneurysm, 1; anginas, 1; angiography, 1; angioplastic, 1; anorexia, 1; antibodies, 1; apnoea, 1; appendectomy, 1; arrhythmia, 1; bronchiestasis, 1; bronchodilators, 1). Among the most frequent mention of body parts were: back, 247; eye, 121; hand, 101; face, 96; eyes, 81; heart, 78; head, 69; leg, 56; hands, 52; ear, 41. And the most frequent medical vocabulary were: patient, 3826; consultation, 651; gp, 593; doctor, 580; medical, 388; patients, 380; condition, 246; hospital, 204; surgery, 160; medication, 131; health, 125; symptoms, 121; doctors, 113; blood, 111; disease, 99; treatment, 87; diagnosis, 86. Taken together, they make up a noticeable part of the lexis used.

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The same can be said for the occurrence of the many emotion words (with positive, neutral or negative connotations)[5] that, together with reflection words, make up another 5% (n = 5'846) of the frequency lists (stop words excluded). Often, these words are also part of the top 100 words overall. The examples show the 23 words that appear more than 50 times:

> felt, 960; feel, 642; think, 577; feeling, 248; empathy, 142; happy, 139; comfortable, 135; upset, 128; feelings, 119; believe, 112; worried, 98; sorry, 94; emotions, 81; emotional, 78; confidence, 60; confident, 59; thinking, 55; calm, 54; confused, 54; nervous, 54; concerned, 53; involved, 50; worry, 50.

The emotion and reflection words are listed together as there can be made no meaningful decision on the basis of the word list alone whether words such as *felt/feel/think/feeling,* etc. refer to processes of reflection or emotions. The high number of words such as *feel, think, believe* once again points to the reflective nature of the corpus.

Looking at the nine text features proposed by Bax, we can indeed see that their combination allows the texts to fulfil the function of the reflective writing task. The

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when the patients are given a voice.

[4] Two raters went through the lists manually and tagged the presence of these categories. The numbers present only crude approximations since it was not possible to distinguish between, for example, *back* used as a noun or as preposition on the basis of the word lists only. The raters may also have missed some lexemes. While this looking at word lists out of context constitutes an obvious disadvantage, we still believe that exploring the lists in this manner results in giving us a crude understanding of the overall vocabulary composition of the texts.

[5] The list shows a wide scope of emotion words ranging from those with negative connotations (22%, n = 1'278; e.g. embarrassed, worried) and positive connotations (23%, n = 1'312; e.g. pleasant, grateful) to those that have either neutral or unclear connotations (56%, n = 3'238; e.g. emotional, sensitive). See Locher & Koenig (2014) for more information.

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individual features are of course not unique to only our Nottingham reflective writing corpus so that we turn to evidence of genre mixing in the next section.

5. Evidence of genre mixing

When the students write their texts, this is the first time they have encountered reflective writing in their medical training. Since we can also assume that reflective writing is rarely taught at schools before university or professional training,[6] we argue that we can speak of the very beginning of being exposed to this text genre. Since many students will thus be unfamiliar with this text type, they are likely to look for analogies in other genres.[7] As stated above, when we think of genre as a cognitive concept, representing a prototype, students are likely to draw comparisons with other text types to which they have already been exposed. We assumed that a candidate for such an analogy would be the classical 'essay' written in English classes. Students might also be reminded of drama texts because of the constructed dialogue depicted in the instructions, and, since they are asked to recall a memorable encounter with a patient, they might also draw on their knowledge of (oral) narratives. Furthermore, aspects of the medical case report might also be drawn on. In our close reading of the texts, we looked for evidence of genre mixing that might draw on these or other potential genres. In what follows we explore the mixture of genre elements that we found in the reflective writing corpus.

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5.1 Evidence for "reflection"

We start by reporting once more that the main function of the texts is reflection. While this is of course the intended aim of the task, it is noteworthy that the students also adhere to it. This is made manifest on a number of levels. First of all, the general composition of the texts follows the content organisation proposed in the instructions: description – reflection – conclusion/aims. This means that the students choose an experience in the past which they recall for the benefit of reflection (rather than story-sharing) and we can find passages in the texts that are primarily dedicated to the aim of this reflection, as shown in extracts (2) and (3). As discussed with respect to the feature of lexis above, the students' vocabulary choices highlight processes of reflection as well (*feel, think, believe;* the use of conjunctions such as *however,* etc.). In sum, this means that we fundamentally deal with reflection, no matter how many or what other evidence of genre features we find in the texts.

[6] This observation is based on the assessment of Victoria Tischler and her experience with the students.
[7] As mentioned above, the students get a brief introduction to reflective writing and they also see sample texts in order to explain their task.

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5.2 Evidence for "narrative"

While reflection is the main purpose of the task, there is no denying that there is a fundamental narrative core (a 'reportable event,' Labov, 1997) in the reflective writing texts. This is because the students are asked to recall a personal experience in the past on which to sharpen their reflection skills. However, in choosing a memorable past experience, the students' task is not done. They need to retell the episode in such a way that the reader (i.e. the instructor of the communication skills course) can also understand what happened. Consequently, there are storytelling elements in the texts, which are at the heart of this section.

Far from claiming that we are dealing with instances of personal oral narratives in the Labovian (1997) sense, the concepts introduced in this framework are nevertheless helpful to approach our written data as well. The elements of an oral, personal narrative are abstract, orientation, complicating action, evaluation, resolution and coda (Labov, 1997). While the abstract and coda are optional, the body of an oral narrative is composed of narrative clauses, which move the story on, orientation clauses, which set the scene of the story world (place, time, characters, further background information), and evaluation passages, which reveal the narrator's stance to the reported event (see Labov, 1997; Johnstone, 1990; De Fina and Georgakopoulou, 2012). Evaluative stance can be revealed throughout the narrative and is not restricted to separate sections only (see, e.g. Labov, 1997, p. 403). In what follows, we will revisit these elements to see if and how they are instantiated in the corpus.

Labov and Waletzky (1967) and Labov (1997, p. 398) argue that oral personal narratives contain a 'reportable event' since the tellers want to fend off the 'so what' question and since this reportable event guarantees that the audience will listen. The students in the corpus are also invited to "Think about which conversation/encounter with a patient impressed you most" rather than to report on a routine encounter. This means that they need to make apparent in the text why they chose this particular encounter and why they have singled it out as memorable and worth discussing. As the structure of the text follows the description-reflection-conclusion pattern, this does not invite a high-point retelling, which allows readers to find out about the point of chosen episode themselves during the often dramatic re-enacting of a story in an oral context. In the reflective writing texts, we can find accounts for the reportability in a number of locations, such as in the abstracts at the very beginning, the reflection or conclusion sections. Extracts (5) and (6) show this evaluation of reportability at the very beginning of the texts.

(5) The patient I have chosen to write about is the one with whom I recorded the interview last year. As it was my first encounter with a real patient as a medical student, it feel it was somewhat momentous. I remember feeling under a lot of pressure and very nervous, as this was my last GP visit before the coursework was due in, and so I absolutely had to do it on that day. I had also built up this moment a lot in my head and had been thinking

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about it and getting anxious, and so my performance may have reflected this. (N-133, very beginning)

(6) The patient encounter which made the greatest impression on me during my clinical visits was a consultation with a 45 year old woman who came into the GP surgery for a renewal of her sick note entitling her to time
off work. I remember this consultation particularly well as this was the first experience I had of dealing with a patient who lost composure and was visibly very upset. I had never seen a patient who was so emotionally vulnerable and I found it a difficult situation to handle. (N-016, very beginning)

In (5) the student explains the reportability with the fact that the chosen encounter constituted the very first doctor-patient interaction that she engaged in as a medical student. It is striking that the student's emotions during this encounter are particularly highlighted. In (6), in contrast, it is the patient's emotions that trigger the memory and the difficulty of how to handle them are given as explanations for choosing this particular event as memorable. By giving the reasons for their choice at the very beginning, the reader will be primed to pay special attention to the issues raised in the continuation of the text. Extracts (7) to (9) serve as illustration for accounts of reportability in the reflection and conclusion sections.

(7) I remember this encounter clearly because it was the first time I interviewed a young child. It was quite different to how it expected it would be. I think this is because most of my previous experience in communicating with children of this kind of age has been with children who I know or have spent some time building a relationship and trust with, so they are comfortable talking to me. Also, I have not had any experience in communicating with children in a context where I need to obtain information from them. Altogether the circumstances of this kind of encounter create a very different dynamic to a situation where I am talking to child just to play with them. (N-076, reflection section)

(8) The patient was very unique because he was willing to share his personal stories with me about when he became hard of hearing, how this affected him, his family life, his current conditions, a surgery he will be having very soon, etc. [...]. What touched me most is that although he was facing many health problems and feared of whether or not he will survive the surgery, he said he always had his family which looked after him. [...] I could see that he really loved his family and so could guess that his family is very warm. I also love my family and so it was very touching to have a patient, like him, talk about how being loved and cared by family members are so important for one to keep on living. (N-180, reflection section)

(9) Ultimately, the message I take from this encounter was simply; as students, as healthcare practicioners, as a primary source of support, guidance, and as physicians we must be willing to adapt to every flavor of patient. And it was his last words to me before our brisk interruption that left a lasting impression that to this day guides my studies and my

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> medical demeanor. Mr. X: "It was like hell those few months, nobody cared, nobody stopped, I was lost and trapped in my own mind without a ladder to escape my son. You as a doctor, you've got no idea mate, how much is held in your hands.
> All it would have taken was one doctor to care and it might have changed my life." (N-007, conclusion part, very end)

↑ 154 155 ↓

In (7) the student explains that it was the fact that she experienced interacting with a young child in the role of a medical student for the first time that was so memorable to her. She reflects that the professional encounter aimed at gaining information differs from interacting with children in a play context in which trust has been built beforehand. In (8), the student highlights the openness of the patient and the value that the patient gave to family ties as reportable. Especially the latter resonated with the student, who acknowledges that he also considers family backup crucial. In (9) the student closes his text by first summarizing his take-home message "we must be willing to adapt to every flavor of patient" and then – in a nice rhetorical move – he gives the last word to the patient (Mr. X) to illustrate this point further. Here the final paragraphs of the text can be argued to work as coda to the previously discussed encounter. What is immediately apparent in all five examples on explicit mention of reportability is the fact that evaluation is a crucial element in that it reveals the stance of the student towards the chosen episode.

After having discussed evidence of a 'most reportable event,' we can turn to the other structural elements of oral narratives that also play a role in the reflective writing corpus. When we look at the instructions for the reflective writing task once again, we can see that the students are asked to situate their memorable encounter and to introduce the protagonists. The instruction details are as follows:

Situation:

- Describe the patient (age, relevant diagnosis, first impression - appearance, posture, language, anything else noticeable, etc.).
- Describe in which context the encounter took place (what was the reason for the encounter?).
- Describe what you talked about by using verbatim speech (the exact words) as much as possible. If you cannot remember the exact wording, reconstruct the dialogue for the crucial moments as well as possible.
- Describe how you felt after the encounter.

The first two bullet points in the instructions refer to 'orientation' (Labov, 1997; Johnstone, 1990) in that the characters and the context of the episode should be introduced. This creation of a story world is fundamental in storytelling (Johnstone, 1990). We saw an example of this in the very first paragraph of text N-175 in extract (1) above. Extract (10) is another case in point.

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(10) The Patient (Mr X) was a middle aged man, in to get his ears cleaned out by the nursing staff (this is routine for him and happens every few months). The first thing that struck me about him was how friendly he was - I had been explaining to the patient beside him in the queue that I was a medical student in to practice history taking/explanation at the ENT clinic, the patient I was talking to was then called in for her consultation. Slightly crestfallen I looked around for someone else to interview, it was at this point Mr X invited me over, saying "well common then, you can talk to me!" I was more than happy to oblige. He was certainly not offering out of loneliness (he was in with his wife), but rather a genuine desire to help me with my work. He later told me that he often talked to medical students and quite enjoyed it. (N-014, very beginning) 156 ↓

In (10) the student introduces the patient he interviewed as "a middle aged man" and specifies why he was at the clinic. He also mentions that he introduced himself as "a medical student," who should practice "history taking/explanation at the ENT clinic." As the text continues, we learn about more protagonists, since there was another "patient beside him" and the patient's wife as well. With respect to location, the student reveals that he had approached another patient before – thus implying that there was a queue of patients to be called in for consultation and that the encounter did not take place in the more private consultation room. At the end of (9), we read that "He later told me that he often talked to medical students and quite enjoyed it." This is a time jump in that the student reveals information gained later in the encounter. While not every text goes into details with respect to information on location and time, the raw backbone of story world creation is usually maintained by at least character positioning (the patient and the student) and implied information on location.

The concept of narrative clauses, i.e. sentences that are temporally bound to appear one after the other and move the story plot on (Labov, 1997), can also be applied to the texts in our corpus. We can indeed find such instances as in (9) above quite easily: "Slightly crestfallen I looked around for someone else to interview, it was at this point Mr X invited me over, saying 'well common then, you can talk to me!' I was more than happy to oblige." However, since the overall structure of the texts is guided by the pattern of description-reflection-conclusion, the narrative core, when defined as a sequence of narrative clauses leading to a high-point, is often very short within the overall composition of the text, so that we can only speak of nuclear narratives.

The above quoted instructions also invite the students to use constructed dialogue in the composition of their texts. This is motivated by the focus on communication skills and the idea that the students will reflect better on the different turns in an attempt to reconstruct the interaction as well as possible. However, at the same time, constructed dialogue is a well-documented strategy ↑ 156
to create involvement and suspense in oral narratives (see Tannen, 1989) because the listener or reader is transported back in time. It can also be a stylistic means to leave evaluation of actions to the addressee of the narrative, who is invited to witness the interaction and draw his or her own conclusions rather than be told about them or simply 157 ↓

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to move the narrative plot forward by letting the characters re-enact the actions (see Tannen, 1989). We have already seen that students sometimes make use of constructed dialogue to position the patients by assigning non-formal speech to them as in extract (4). Also in (9) the patient uses terms such as "my son" or "mate," which gives the interaction an informal flavour and positions the patient as older than the student. It is striking that the sequences of constructed dialogue are rarely used to move the plot of the narrative episode on. Instead, the passages are usually introduced or even framed by comments that explain what the constructed dialogue should illustrate, as in extract (11).

(11) Then, I conducted a full medical interview with him. The information I got from him include the characteristics of his pain and other associated symptoms, brief drug, family and past medical history, and ideas, concerns and expectations about his consultation with the GP.
St: "So, may I ask what are your ideas and concerns about your health conditions and do these affect you in anyway?"
[several turns of constructed dialogue] (N-180)

After having established that we can usefully apply concepts developed in the field of oral personal narrative to our corpus in order to discover elements in the composition of texts that pertain to the narrative genre, it is worth pointing out that the students are also invited to think about the future. In other words, rather than only reflecting on past behaviour, the students can use the final sections of their texts to project their future behaviour. In Gygax, Koenig and Locher (2012), we describe one such text in which a student quite carefully engages in diverse identity construction, projecting different roles in connection with the learning stages, such as 'medical student,' 'student of communication skills course,' 'individual in the past,' 'individual in the present,' 'novice doctor' and 'individual projecting alternative actions in past or future.' The latter category is exemplified with the sentence "Looking back on this scenario I would definitely express more empathy and acclimatize myself with the situation and its meaning" (N-002). In extracts (12) and (13), we can see further instances of such projections:

(12) In future interviews, I will definitely structure my interview better to gain more from the patient and add more flow to my interview technique. A more linear progression through the history would be key to developing a sound structure to the interview: e.g. History of presenting complaint, past medical history, drug history etc. I will also ensure I follow the ↑
"open-closed cone" to reduce use of leading questions and ensure that 157
I structure the interview correctly in terms of question-type. I will explore the patient's 158
ideas, concerns and expectations (ICE) during the interview to ensure I fully appreciate ↓
the patient's perspective. Finally, I will close the interview by summarizing, to make sure the patient has not left out any vital information. I will also make sure that the patient has got everything out of the interview that they were expecting. (N-099, very end)

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(13) In the future, I will improve my use eye contact with patients and be more confident when speaking to the blind or patients other sight disabilities. I felt that through most of the conversation, I was looking at the patient's mother for reassurance, that I was saying the right things and not insulting him. I feel that I need to improve upon my confidence and then I will make a much better medical student and thus a better doctor. (N-142, very end)

These mini scenarios of how future encounters of the student with patients might unfold are clearly no fully fledged narratives. However, it could be argued that they constitute small stories (see, e.g. Bamberg, 2004; Georgakopoulou, 2007, 2013). Our analysis of narrative features within the reflective writing corpus clearly shows the influence of this important genre on the texts - be it with respect to the main reportable event or the future projections. In the conclusion, we will return to this point.

5.3 Evidence for "medical case report"

A further genre prototype that we hypothesized to potentially influence the reflective writing texts is the medical case report (or case history/case study). This genre pertains to a written medical practice that is used to pass on knowledge about a particular patient and his or her condition to colleagues in a succinct way (see Hurwitz, 2006; Taavitsainen and Pahta, 2000; Cohen, 2006). A medical case report contains the patient description (demographic information and the patient's medical, family and social history, diagnostic data, medication history, and diet; Cohen 2006, pp. 1889-1890) and then the case discussion, in which the author is to "explain how and why decisions were made" (Hall, 2003, p. 89). A chronological order is typically followed so that a fellow doctor can come to his or her own conclusions about the condition and treatment options (Hall 2003, p. 88; Cohen, 2006, p. 1889). While Taavitsainen and Pahta (2000, p. 71-73) and Hurwitz (2006, p. 236) report that earlier case reports contained the voices of the doctor and patients and their emotional reactions, current usage transforms the narratives of the encounters into neutral informative texts (see also Hunter, 1991), in which the voice of the author is depersonalized.

Since a narrative contains (at least implied) evaluation by definition and the required reflection is first person oriented, we wondered whether the students would prefer to lean toward the medical case report in an endeavour to adhere to a clearly medical practice and, consequently, to appear as medical professionals (see Oyebode and Tischler, this volume, for a discussion of the reluctance of medical students to engage in writing of a similar kind). While we have seen that some students begin their texts with a passage that leans more towards the narrative genre as illustrated earlier in extracts (1) and (10), other students indeed started in the vein of a case report, i.e. they used a rather neutral summary of information known about a patient. Extracts (14) to (16) exemplify this use:

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(14) Description of patient
The patient, Frank, was male and 43 years old. The GP described him as having behavioural problems since childhood, learning difficulties and depression. His carer also told me he was on the autistic spectrum. His epilepsy was severe, and he had seizures in his sleep. He was on antiepileptic drugs that helped reduce the seizures but didn't eliminate them all together. He had also experienced a worsening of health over the last 2 years, with days when he would seem very unstable on his feet and poorly, without any known cause. The patient on first appearance looked very vacant and lethargic, not engaging with either myself of his carer. (N-084, very beginning)

(15) The patient was female and 30 years of age. She was a smoker, and drinks socially. She looked dishevelled, was of normal weight, and not very small or very tall. Her native language was English. She had quite a 'common' accent. She didn't stand tall...but slouched slightly. (N-105, very beginning)

(16) The patient was an elderly man, of about 75. He had hearing problems, and suffered from a repetitive depressive disorder, and had been committed to a mental hospital at several points during his life. He also walked with a stick, and was hunched over a bit and unsteady on his feet. (N-151, very beginning)

However, only 17 texts of the 189 (or 9%) make use of this type of fairly neutral and enumerative beginning reminiscent of the medical case report. This is despite the fact that the instructions quoted above ("Describe the patient (age, relevant diagnosis, first impression - appearance, posture, language, anything else noticeable, etc.)") could also lead us to expect the flavour of the medical case report. Instead, the students orient towards a narrative beginning and play with it to a greater or lesser extent as for example shown in Example (1). This may be because they have not yet had much experience with medical case reports during their attachments and studies. It might also be explained with the focus on evaluation and reflection, which is equally triggered in the instructions, and which does
not occur at the beginning of typical medical case reports (see Hurwitz, 2006; Taavistainen & Pahta, 2000).

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5.4 Other genre mixing elements

Evidence of other genres being part of the reflective writing genre mix can clearly be shown in the corpus but it is less pronounced than the influence of narrative and the medical case report. For one, we can find traces of the classical 'essay' that the students might remember from their school days. We argue that we find hints of this in the visual structure of the texts because in 66% the students do not use any section titles to structure their paper (see Table 2). This absence of headers (but not the three steps of description-reflection-conclusion) might be reminiscent of school essay writing where it would be unusual to work with section titles (Hampton, 2010b). Furthermore, the clear adherence to

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the structure proposed in the instructions can also be explained with the fact that the students 'fulfil a task' for university. Oyebode and Tischler (this volume) report that creativity is not valued by the students and not considered to be part of medical practice. Maybe it is for this reason that they make sure to fulfil the requirements listed on the instruction sheet step by step. The occasional mention of the teacher to whom the texts are submitted also places the texts firmly in the educational realm.

Finally, one can make a point that the texts contain a touch of the 'drama' or 'play' score in that the students employ constructed dialogue. While constructed dialogue is a typical element of oral narratives (see above), we are here dealing with a written version. The instructions request that the students use constructed dialogue and also propose to present the dialogue in the form of a play score. Once again, students predominantly adhere to this way of displaying the oral exchanges on which they want to reflect as separate from the main flow of the text (see extracts 4 and 9). Extract (17) even shows an example in which the student adds 'stage directions.'

(17) Mr. X: "It was just these compulsions, it all felt real, I wouldn't accept nothing from nobody except ***** [he motions over to his assistant],* and when you can't see my son you hear things, you smell things, and he's the only one I'd believe to assure me they weren't really there my son. Been with me through it all he has." (N-007)

It is interesting to observe that the stage directions are presented in the present simple, as it is typical of drama. In the constructed dialogues the story takes place in the here and now, while the reflective part surrounding the dialogue is written in simple past. McIntyre (2006, p. 78) describes stage directions as "extra-dialogic" because they "form the character's speech in some way"; they are graphically separated from the dialogue and usually stand in parenthesis or italicization (McIntyre, 2006, p. 78). While one of the requirements for the reflective writing task is the use of constructed dialogue, the example displayed on the instruction sheet does not contain stage directions. The student thus draws on his knowledge of genre conventions for presenting dialogue outside of the given task.[8]

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6. Conclusions

Our analysis of the textual features and the genre mixing of the texts in the reflective writing corpus has revealed a number of issues. First, the crucial aspect of reflection is evident in the focus on a personal experience and its discussion from the first person perspective, the structure of the text with its sequence of description-reflection-conclusion, and the vocabulary choice. Following Bax (2011), who argues that a text's main function is

[8] Interestingly, some students put the stage directions in the past form. This deviates from a typical drama text, but again is evidence of reflection and/or narrative because especially the past stage directions seem to be used to push the story forward.

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crucial in also determining its genre, we can firmly state that our corpus is constituted of reflective writing texts not only in name but also in fact.

Having established this, it is important to stress that not every student composed his or her text in exactly the same way. Some leaned more toward a narrative and personalized reflection, while others drew more on the medical case report and a more distanced reflection (see Meier, 2012). We also found traces of the essay and the play score. Far from being exceptional, this kind of mixing of genre features is quite common and well known to scholars who work on genres (see Corbett, 2006; Giltrow & Stein, 2009; Bax, 2011; Schubert, 2012; Giltrow, 2013; Busse, 2014).

However, without denying the prominence of reflection, what seems undeniable is the importance of narrative for our text corpus. This observation goes beyond stating that we find evidence of the narrative mode in the texts. Instead, the entire reflective text hinges upon a personal experience of the authors, which necessitates a textual recalling of this experience. This means that we are confronted with minimal narratives within the texts, where story worlds are created, including the evocation of location of the episode in space and time and the introduction of the characters. In their minimal form, these stories include at least the patient and the author/medical student, while more elaborate versions introduce the reader to the GP, carer, spouses, siblings and parents of the patients as well. Despite the fact that the stories recounted are not personal, oral narratives, Labov's (1997) terminology is helpful to pinpoint narrative elements within the overall composition of the texts. Especially the reportable event and the accounts given for the choice as well as the minimal orientation passages are so fundamental to the texts that without them the reflection would not work. Finally, we pointed out that the conclusion sections allow the students to develop small 'future' scenarios in which they position themselves as future actors (Georgakopoulou, 2007, 2013).

The importance of 'narrative' for the medical profession is indeed quite fundamental, as many scholars have pointed out in the past (see, e.g. Hunter, 1991; Charon and Montello, 2002; Charon, 2006). The reflective writing practice, which medical students are encouraged to engage in on a regular basis and – in fact – to make part of their professional lives as well, is a tool that also contains a strong narrative core, which medical practitioners can learn to appreciate.

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