PROPOSAL FOR CCCC 2015, Tampa Bay
Submitted: 28 APRIL 2014
Session Type: PANEL PRESENTATION: Speaker 1: Susan Chaudoir, University of Alberta; Speaker 2: Jessie Richards, University of Utah; Speaker 3: Susan Sample, University of Utah
Level Emphasis: ALL
Area Cluster: #8) Innovation and Taking Risks **Major Focus:** Adaptation of rhetoric or composition of methods from other disciplines
One sentence description: Panelists redefine the "contact zone" using narratives from medical education, war trauma communication, and academic medical publications.
Key Words: institutional narrative, personal narrative, contact zone, resistance, medical rhetoric

Word count: 781

TAKING RISKS IN THE "CONTACT ZONE": PERSONAL, POLITICAL, AND PROFESSIONAL NARRATIVES IN SURGERY EDUCATION, ACADEMIC MEDICAL JOURNALS, AND WAR TRAUMA

How to acknowledge, situate, and give voice to Others in the writing classroom continues to stimulate scholarship that encourages students and teachers alike to take risks. Trimbur redefines consensus as a means of generating difference through telling stories that conflict with the "rhetoric of dissensus": power relationships that marginalize Others (1989). Pratt proposes the "contact zone": "social spaces where cultures meet, clash, and grapple with one another" (1991); where students tell stories to resist others' representation of them. hooks argues that "engaged pedagogy" means "addressing the connections between what [students] are learning and their overall life experiences" (1994). Jones Royster advocates crossing cultural boundaries by talking, talking back, and listening (1996).

In this panel presentation, we will identify "contact zones" in medical surgical education, trauma literature about war survivors, and physicians' professional medical discourse. We will discuss how narrative—oral, written, and multidisciplinary--is used to resist master narratives' representation of individual's bodies and their experiences. By taking risks— "talking back" to the "rhetoric of dissensus"—medical students, war refugees, and physician-writers are redefining their cultural discourses. Research findings suggest that personal, political, and professional narratives might be (re)adapted by rhetoric and composition as it expands across institutions and professions.

Speaker 1: "Don't let the emotional get in the way:" A case study of students' reflective writing and hidden curriculum in medical education

This presentation views the pedagogical space of reflective writing as the contact zone for learning medicine. The speaker reports on a 6-year study of using reflective writing to explore student experiences in surgery at one large Canadian university that has never used reflective writing in its 100-year history. The purpose was to gain more reflexive insight about teaching practices, especially in terms of hidden curriculum and how it is appropriated to students (Lemp & Seale, 2004). **METHODOLOGY**: Theories of narrative medicine (Charon, 2004) and situated learning (Lave & Wenger, 1991) informed the study. After their surgery rotation, 3rd and 4th year medical students were asked to reflect on some aspect of their rotation experience, and create any genre of their choice. Data collection included 1,847 student samples and 65

different genres. Content (Neuendorf, 2002) and narrative analysis (Mayan, 2010) and OmniGraffle® software tools were used to sort and code assignments. **RESULTS**: Medical students reported dynamic processes associated with affective functions across all stages of their training. Students explicitly demonstrated a resistance to hidden curricular practices, such as emotional neutrality, acceptance of hierarchy, work ethic expectations, lifestyle choices, and engendered stereotypes in the workplace. **DISCUSSION**: will include genre samples (art, photography, video, essay) that characterize significant aspects of students' personal epistemology in medical training. Findings imply the hidden curriculum needs attention placed on more relational, empathetic, and engaged pedagogical approaches to teaching medicine.

Speaker 2: Trauma Survivors' Narratives "Talk Back" to Dominant Institutional Narratives of War, Peace, and Justice

This presentation (re)views the communication of trauma as a "contact zone." Specifically, it looks at how memory and identity inform one another in the communication of trauma. Invoking a social memory studies lens (Nora 1989; Edkins 2003; Caruth 1996), I argue that the articulation of trauma simultaneously constitutes and is informed by the rhetorical dance between memory and identity. Survivor's personal narratives of trauma can transform dominant institutional narratives about war, peace, and justice, "talking back" to institutional memory; the use of personal narrative is also a way for survivors to work through trauma (Smith and Watson 2001). The microlinguistic instances of language-in-action (Johnstone 2008) are studied alongside non-linguistic rhetorical elements such as gesture, inflection, silence, embodiment, place, space, memory-making and place-making practices (Conquergood 1991) to make claims about larger social structures. As trauma is communicated in a contact zone through personal narrative, memories and identities reveal their fluidity, demonstrating the instability of presumably "given" social formations and dominant institutional narratives about war.

Speaker 3 -- "*Perspective Writing* as Contact Zone: Where Narrative Contests Medicine's Moral Enculturation

In recent decades, medical journals have introduced sections featuring personal writing, described variously as narratives/reflections/essays/stories about nonscientific aspects of the practice of medicine. At the same time, these first-person, subjective accounts of clinical experiences have been marginalized by the medical profession and scholars who refer to them as literary writing, a subgenre of autobiography (Hunter 1991), or confessional writing (Wear & Jones 2010), both situated outside the medical literature hierarchy. In this presentation, I argue that physicians' personal narratives about professional experiences function as a "contact zone": a social space *within* medical discourse where physicians and trainees grapple with the "hidden curriculum" (Hafferty & Franks 1994) as their emotional and existential experiences clash with medicine's "moral enculturation." I suggest that personal narratives constitute a new genre of medical literature I provisionally call *perspective writing*. Using Berkenkotter and Huckin's sociocognitive theory of genre (1995), I show how recognition of *perspective writing* elucidates occluded genre knowledge that has the potential to humanize medical education and practice, enabling physicians to reconnect their personal and professional lives.