



Jennifer & April Edwell // When we applied to be contributors for Synapsis, we described ourselves as embodying the health humanities:

Jennifer—trained as a humanist, April—trained as a medical scientist. As partners, we have learned to navigate across these two worlds, and we have developed an appreciation for the unique opportunities and challenges that result from interdisciplinary conversation.

In this post, we reflect on our experience brainstorming and composing for Synapsis.

Many of the topics we discussed and wrote about this year extend from familiar conversations in April's training and professional world. The number of hours residents and fellows work. The tools they use. The spaces they move in. The ethical dilemmas they encounter. The way patients and families are perceived and treated. The privilege of being a physician. The burdens of being a physician. Many of our posts started out as casual conversations about particular issues or cases. Then, April would freewrite about her experience. Jen would revise this text, 'mediating' between April's reflections and the Med/Health Humanities audience. Later, April would edit the content of each post to ensure it was accurate and credible from her professional perspective.

For example, our initial conversation about Electronic Health Records (EHRs) was prompted by a controversial article in JAMA Pediatrics.[1] Academic Twitter had a lot to say about the article, particularly about the nature of ableism and stigma against mental health conditions. Likewise, we spent quite a while talking about the problematic language in the article; however, we ultimately decided to address the issue of EHRs in our post.

As a rhetorician, Jen was interested in how the EHR participates in the “discourse community” of healthcare. A discourse community is a group of people who share a set basic values, assumptions, and communication practices (see John Swales). So, Jen began by asking questions like: How do EHRs participate in the values and goals of healthcare? How do EHRs shape communication practices? What are the affordances and the limitations of this tool? To better understand the history and role of EHRs, Jen began by writing a short literature review.

Meanwhile, April composed the first draft of our blog post. She reflected on her personal experience with EHRs, highlighting how her experience of paper charting differed from EHRs as well as issues she had observed with computerized record keeping.

Next, Jen synthesized April’s freewriting with her literature review. This required transforming April’s first-person reflection into third-person commentary. Afterward, April reviewed the new draft, elaborating on key concepts, correcting medical terminology, and tweaking phrasing. Together, we made sure examples were effective for both a medical and non-medical audience.

This sort of collaboration was—to be honest—challenging. We approach writing very differently. April’s first draft tends to be stream-of-consciousness writing, and she prefers to get everything done in one draft. Differently, Jen likes to “volley” ideas as a way of brainstorming, and she is used to collaborative, iterative writing.

Also, April struggled to identify the audience for the posts. “Who are these medical humanists? What are they about?” April seemed to imagine an intimidating circle of scholars, armed with well-referenced essays and stacks of books that she had never read. This sense of ‘otherness’ was April’s main writing block.

Despite these challenges (or, probably, because of them), we have become aware of our unique disciplinary skills and personal strengths. For example, when it comes to brainstorming, April likes to be asked questions. She likes explaining complex medical ideas—scientific and ethical. Q&A is the best way to engage her in innovative thinking. Jen is used to generating ideas through engagement with existing scholarly material and conducting a literature review is often a productive first step in her brainstorming process. In regards to writing style, April has a strong narrative voice and natural instinct for ‘translating’ complex medical ideas to make them easier to understand. Jen is very efficient at conducting literature reviews, synthesizing sources (from both the humanities and medical sciences), and revising drafts. Lastly, when strategizing about each post, April tends to reflect a lot on her personal experience, and she is very hesitant to make claim-

statements. Jen, however, feels a compulsion to make an argumentative, original claim in every post. Further, Jen is more comfortable with ambiguity, open questions, and complexity.

To conclude, we have just a few tips for cross-disciplinary collaborations (and relationships):

- Ask questions. Discuss with passion. Practice good communication.
- Operate from the assumption that your collaborator is doing their best. Recognize their effort and express gratitude (this promotes buy-in from students, colleagues, and partners).
- Be mindful when critiquing and deconstructing. We've all gone through (or are going through) a gauntlet of training to be successful in a professional world we want to believe in (even though we know criticism is often warranted).

**We want to thank the editors of Synapsis for the opportunity to participate in this fun, thought-provoking community.

[1] "The Electronic Health Record and Acquired Physician Autism"

Featured Image by diannehope14 via Pixabay.

Work Cited

Swales, John. "The Concept of Discourse Community." *Genre Analysis: English in Academic and Research Settings*. Boston: Cambridge UP, 1990. 21-32.