



Creative reflective writing and close reading in the re-elaboration of the clinical internship experience for nursing students: multi-method study protocol

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Findings:

ABSTRACT

This protocol describes a study to assess the impact of reflective writing and close reading in undergraduate nursing students.

BACKGROUND: The education of future healthcare professionals heavily influences their development in terms of knowledge, skills, and emotional intelligence. Utilizing narrative tools, which have been proven to decrease dropout rates and promote emotional maturity, effective communication, and relationship-building, can be a transformative addition to their training.

AIM: To investigate the effect of reflective writing and close reading in relational laboratories for the re-elaboration of clinical internship experiences in first-year students of the nursing degree course at University of Milan.

METHODS: Two-phase multimethod study. First phase two-cohort quasi-experimental quantitative study, measuring empathy, emotional intelligence, self-awareness, clinical reasoning. This is followed by the introduction of NT in the form of a workshop for one of the two cohorts and re-evaluation of the outcomes. Second phase descriptive qualitative study with focus groups and thematic analysis.

EXPECTED RESULTS: It is expected that reflective writing and close reading allow a deep re-elaboration of lived experiences, contributing to the consolidation of emotional and relational skills. High levels of satisfaction are also expected.

KEYWORDS: *Reflective writing, Close reading, Nursing students, Emotional intelligence, Empathy, Relational skills*

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PROTOCOLLO DI STUDIO MULTI-METODO

Implementazione di scrittura riflessiva creativa e close reading nella rielaborazione dell'esperienza di tirocinio clinico per studenti di infermieristica: protocollo di studio multimetodo

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Riscontri:ABSTRACT

Questo protocollo descrive uno studio per valutare l'impatto della scrittura riflessiva e del close reading negli studenti di infermieristica.

BACKGROUND: La formazione dei futuri operatori sanitari influenza pesantemente il loro sviluppo in termini di conoscenze, competenze e intelligenza emotiva. L'utilizzo di strumenti narrativi, che hanno dimostrato di ridurre i tassi di abbandono e di promuovere la maturità emotiva, la comunicazione efficace e la costruzione di relazioni, può essere un'aggiunta trasformativa alla loro formazione.

OBIETTIVO: Indagare le ricadute dell'utilizzo della scrittura riflessiva e del close reading nei laboratori relazionali per la rielaborazione delle esperienze di tirocinio clinico negli studenti del primo anno del corso di laurea in infermieristica dell'Università degli Studi di Milano.

MATERIALI E METODI: Studio multi-metodo in due fasi. Prima fase: studio quantitativo quasi sperimentale a due coorti finalizzato a misurare empatia, intelligenza emotiva, autoconsapevolezza e ragionamento clinico. Di seguito, saranno introdotti gli strumenti narrativi sotto forma di workshop per una delle due coorti e saranno successivamente rivalutati i risultati. Seconda fase: studio qualitativo descrittivo con focus group e analisi tematica.

RISULTATI ATTESI: Ci si aspetta che la scrittura riflessiva ed il close reading consentano una rielaborazione delle esperienze vissute, contribuendo al consolidamento delle competenze emotive e relazionali. Ci si aspetta, inoltre, di rilevare alti livelli di soddisfazione.

KEYWORDS: Scrittura riflessiva, Lettura ravvicinata, Studenti di infermieristica, Intelligenza emotiva, Empatia, Competenze relazionali

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BACKGROUND

From Bloom's thought with the cognitive, affective and psychomotor pedagogical domains, to Guilbert's re-elaboration (1) with the pedagogical theories for healthcare personnel, the reference to communicative and emotional-relational skills as a professional tool is constant. Since 1999, the year of publication of the work which sanctioned the tracing of the entire curricular portfolio required, in Italy, for the purpose of contributing to a truly functional university teaching program for nursing professionals in training. Degree courses in Nursing have begun to introduce new teaching methodologies such as problem based learning, role playing, laboratory teaching, learning contracts, briefing and de-briefing activities before and after internships, Medical Humanities, high, medium and low fidelity simulations and many other educational innovations. The evaluation system has also been studied and innovated with the introduction of valid methods aimed at evaluating skills and not just knowledge (1). Pedagogical knowledge and the careful study of functional methodologies for learning the aforementioned skills has therefore become an object integrated into the profession as a cornerstone of the construction of the profession itself. (1). In the exercise of nursing action, the relationship is an operational tool in all respects and consequently the necessary competence for carrying out the treatment (2). To the point of having enshrined this statement in the professional code of ethics (3). The exercise of relationships as a skill requires communicative knowledge that is affected by one's capacity for self-awareness, empathy, listening, suspension of judgement, emotional intelligence. This is followed by professional action oriented towards the holistic vision and acceptance of the person and care, a personalization of assistance, a

facilitation of the exercise of the multi-professional helping relationship which includes a team and family (4). "If I know who I am and I know what I feel, I know better how to act for me and for you, valuing your feelings" (4). The aptitudes for relationships are innate in the egg, the development of aptitudes is the result of exercise, training, comparison, re-elaboration. In nursing training, in order to train competent professionals in the exercise of the relationship as a working tool that produces effective outcomes, it is necessary to strengthen and implement training courses that guide the acquisition of these skills aimed at caring. The academic educational curricula in Italy relating to the learning objectives in internships do not express evaluations of student performances which can be traced back purely to relational items or which can be traced back to communication skills, other than the ability to be in a team and relate to caregivers or family members (5). However, they consider relational skills implicit, considering them as functional to the achievement of other technical-practical (e.g. performance of services) or cognitive (e.g. nursing assessment and formulation of diagnoses) objectives which cannot be pursued without knowing how to communicate adequately and effectively. Clinical internship experiences, i.e. the encounter with the reality of the experience of illness and treatment, suffering and death, possibility and impotence of professional action, are the experiences that most expose students to the emotional burden and measure themselves of their own communication skills and the need to develop competence structured in this sense (6, 7). The literature consulted in the study reports how intervening in training for the acquisition of these skills is necessary and functional mainly in the first level degree curriculum, although their use also in post-basic courses is not excluded. The narrative practices drawn from health

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humanities and narrative medicine, working on an emotional level, are effective tools especially in forms of expression and direct involvement of students. The literature has reported how the use of narrative tools (NT) such as reflective writing and close reading (i.e. reading details) are particularly useful in the acquisition and consolidation of emotional and relational skills in students training in the healthcare sector, in particular nursing way (6-9). They are indicated as fundamental tools for re-elaborating experience and one's emotions and sensations starting from an observation focused on details (10). Writing, in an intimate dimension of interior listening to one's own experience, becomes a free expression of one's experience and automatically becomes a form of awareness (11-13). The observation, reading, analysis of the detail of images, texts, words of close reading become an opportunity to develop observation, accuracy according to one's own individual filter, developing the ability to investigate detail also in relation to other and respect for individual experience also in the patient's care experience, orienting towards the personalization of professional action. and personalization (10, 14). Empathy (15), emotional intelligence (16) and self-awareness (17), which fully fall within the sphere of individual and professional relational skills and allow the development of structured communication skills (18). These skills can find opportunities for consolidation in the exercise of individual narration by the student protagonist of the care experience, especially during the internship. The literature reports how dedicating, in the academic training of future professionals, structured moments of re-elaboration of the internship by integrating tools such as NT is functional to the acquisition of these skills, defining the membership of relational laboratories and workshops as an effective part

of the educational path, explaining goals and measuring the outcomes (19, 20).

The literature shows how narrative tools, tools borrowed from narrative medicine and health humanities, can be effective tools for reworking experience. In particular, the literature shows how reflective and creative writing and close reading are the most used formulas in training and how they are functional in the acquisition and consolidation of numerous fundamental skills in carrying out treatment.

Close reading

Close reading is defined as "the signature method of narrative medicine" and takes inspiration from various disciplines - literary criticism, phenomenology, narrative, anthropology, psychology - to provide the doctor with a tool that guides listening and observation of detail to develop attention, scrupulousness, accuracy and personalization (21). The purpose of close reading is to become deeply involved in people and their stories, since "the meaning of a text is conveyed in the dynamic relationship between what is told about and how the narrative is constructed" (22).

Capturing and contextualising the meanings relating to the details of the narratives according to one's own interpretative filter. (22). The effectiveness of this tool is therefore expressed in becoming as aware as possible of the elements that concern oneself and one's experience through one's own reading and interpretation of what one observes or listens to, thinking about the internal movement (22).

Close reading is recognized as a tool capable of promoting the ability to learn to listen carefully, improves awareness

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of oneself, of one's emotions and of the mechanisms of construction of meanings, promotes empathy and the exploration of different points of view, teaches a critical and non-naive look at stories, teaches us to stay in the uncertainty and ambiguity of the text (22). As well as being considered an inclusive and participatory method that favors a relational process, in which communication and group co-construction dynamics are put into practice (22).

The meaning of Close Reading is listening to oneself through observation of detail, which helps to see situations better and re-elaborate experiences, since the whole is understood from different perspectives. It therefore allows entry, through our experience as readers, into the experience of others (22). The in-depth reading is then followed by individual reflective/creative writing. Participants are invited to write a text starting from a suggestion of a theme, words or text or observation of an object and in any format they wish. Presumably, this type of writing produces acts of representation that “(...) combine complex processes of perception, neural management, accumulation of associates. impressions, and then the imaginative completion, the completion, the development of what is seen into something created anew” (22). Close reading can be applied in the re-elaboration of clinical experiences to understand in detail the patient's history, treatment decisions and results, but also the experiences of the professionals and operators involved (23). This approach allows, for example, nursing students on internship to be able to re-elaborate their experiences through the development of critical skills in the interpretation and evaluation of clinical cases, as well as in the identification of opportunities for improving care starting from integration processes. of what happened (23)

Reflective and creative writing

Reflective writing, also known as "reflective writing" in English, is a practice that involves personal and critical reflection on experiences, thoughts, feelings or acquired knowledge (24). It is a process through which individuals explore and analyze their experiences in order to develop greater awareness of themselves and the world around them (24). In the context of nursing education and the profession, reflective writing is often used as a tool to help students and professionals better examine and understand their clinical experiences, interactions with patients, clinical decisions, and ethical issues (25, 26). This practice encourages individuals to deeply explore their emotions, thoughts and beliefs, promoting greater self-awareness and personal and professional growth. Reflective writing can take many forms, including personal diaries, accounts of experiences, letters to imaginary patients, or reflections on clinical cases (24). The main objective is to stimulate critical reflection and internal dialogue, helping individuals develop a deeper understanding of their actions and decisions. Writing provides a basis for better understanding the role of the student nurse or future healthcare professional, in promoting critical reflection and the professional development of students, through the written narration of experiences whose re-elaboration occurs through thought starting from a real experience, or through a creative expression with a strong emotional connotation (24, 26). The writing work is carried out in small groups, followed by the determination of a time for writing and sharing afterwards. Circular seat for moments of discussion or listening. Front only if image projection is foreseen (27). Provide distancing spaces if an intimate moment of reflection is required. Notified in advance about the groups called (names of students) and any

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materials to be produced, brought or proposed by the students in the laboratory (27, 28). It is functional that the groups remain the same for every moment of the laboratory to generate a balanced climate. In healthcare, reflective writing is used by professionals, such as nurses or doctors, to critically analyze their clinical experiences, ethical dilemmas, interactions with patients, and decision-making processes. It allows healthcare professionals to continually improve their practice by reflecting on their experiences and considering alternative approaches to patient care (28). Overall, reflective writing is a valuable tool for self-reflection, learning, and personal development, allowing people to gain deeper insight into themselves and their experiences (24, 26, 27).

Research questions:

- Do NTs act to strengthen emotional-relational skills in nursing students? (such as empathy, emotional intelligence, self-awareness) and in terms of educational performance (academic success)?
- How are NTs perceived in terms of satisfaction and satisfaction among CLI students?
- In which areas of professional profile construction do they act? (Focus stimulus question – qualitative).

METHODS

The project involves a multi-method study: a quasi-experimental study and a qualitative phenomenological study. The a priori identification of the topics considered relevant in the development of relational skills (both as limiting and as relevant) and on which narrative practices can have an influence, took place through a review of the

literature and stratified by year of the course. It is not necessary for the students to belong to the same setting or the same typology since the different place of completion of the internship does not constitute bias in the comparability of the results because the topics under analysis are not affected by the influence of the settings referring to a way of perceiving and re-elaborating the personal experience

Sampling

We will proceed with the enrollment of the sample which will consist of two cohorts of students. Each CLI site selected will divide the 1st year class into two cohorts of students: one candidate for the introduction of narrative tools (NT from here onwards) and one without. The cohort subjected to NT, in relational re-elaboration of the internship experience, will be asked to experiment with the use of reflective writing and close reading of literary writings, poems, works of art, songs with a defined theme. The other cohort will not undergo reprocessing using these techniques. The cohort of students in the control group will however be offered the experience at a later time outside the study.

Inclusion criteria

- Students attending the 1st year of the ongoing nursing degree course
- Four teaching locations for the degree course in Nursing. Since the University of Milan has a degree course divided into 17 locations located in hospitals in the city and other areas of Lombardy, the sections will be chosen by enlisting two hospitals in the city of Milan and two peripheral ones. Both in Milan and outside the city, a location will be

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chosen with a number of students higher than the median number of students enrolled in the 17 overall locations and one with a number of students lower than the median. These recruitment criteria will guarantee a better representativeness of the sample, since the assignment to peripheral or central locations is linked not only to geographical criteria but also to the score of the admission test to the degree course.

- Infermieristic nursing course (CLI) offices that offer versatile internships distributed across both hospital and local settings, predominantly not outsourced (no more than 4 different types of outsourced setting)
- fully staffed with an educational tutor for a maximum number of 20 students or a number of tutors appropriate to the number of students
- availability of Nursing Degree Course locations (CLI from here onwards) to appoint collaborating tutors for the project.

Training for colleagues from the offices will include a two-day training course (reflective writing, close reading) for the teaching tutors identified as responsible for the project (2 per office). Tutors will be offered a 4-hour classroom training with a theoretical introduction on the tools under investigation, their characteristics, methods of use, purposes and outcomes and in a laboratory form the experimentation in the use of the tools themselves.

Student inclusion criteria

- Half the class for each cohort

- Groups of no more than 20 students per laboratory in the cohort undergoing NT introduction (repeatable)

- Current attending students

Informed consent

Participants will give their informed consent in written form in accordance with the law; consent may be revoked at any time, even orally. The signed consent forms will be kept by the study researchers in compliance with current privacy legislation.

Ethical considerations

The authorization is being forwarded to the University ethics committee; the study will be conducted in compliance with current privacy legislation and the Declaration of Helsinki. We have specified everything in the text.



Data collection

A) Quasi-experimental study: a sociodemographic questionnaire will be constructed containing personal variables and variables relating to the current academic path (exams, experience satisfaction). Training of Tutor staff of enrolled campus will be carried out in February - March 2025 (theory of use of tools, exercise of use of tools, verification of tool implementation, administration of outcome evaluation scales, creation of focus groups).

Students will be given scales to evaluate outcomes on which NT appears to have an impact in the consolidation of skills in the field of relationships (empathy = Jefferson Scale, Msceti 2.0, emotional intelligence = SREIT, self-awareness = SAMA, clinical reasoning = NCR). The same scales will be administered post-implementation of the

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NT. Intervention implementation times: 2 4-hour meetings (including debriefing) for each internship experience. In both groups the measurement tools will be administered at the beginning of the study (baseline data). In the intervention group, administration will also be carried out after the intervention (discriminating data). The data collected will then be compared within the intervention group (baseline vs. discriminating) and between groups (baseline interventions vs. baseline controls and baseline interventions vs. discriminating interventions).

B) Qualitative phenomenological study with interpretative approach “Interpretative, Phenomenological Analysis” I.P.A. (34), which focuses on the deeper meaning of participants' experiences. Students will be involved through proactive sampling among the participants in the NT introduction workshops. The data will be collected through semi-structural face-to-face interviews following the principles of Husserlian hermeneutic philosophy (35) which will be carried out in a place agreed and shared with the students, between the first and second month after the end of the workshops. The students they will be invited to answer questions that explore their lived experience relating to how the narrative practices known and used in the workshops have impacted their methods and ability to listen (to themselves, to others, to patients) and what contribution has been drawn from them with respect to personalizing the treatment/dealing with one's own difficulties (vulnerabilities) in the internship experience, until data saturation is reached. The interviews will be recorded and subsequently transcribed, tracing them with an identification code that maintains the protection of sensitive data and privacy

The working group includes:

SUPERVISOR: Lusignani Maura

PI: Zanella Eleonora

CO-INVESTIGATOR: Santamaria Carmela, Arcadi Paola, Terzoni Stefano

The scientific manager will be tasked with identifying the sites meeting the inclusion criteria eligible for the study, verifying the availability of the sites and acquiring consent to participate in the study. The researchers will train the teaching tutors to carry out the laboratories through the implementation of the NTs under study, presenting the data collection tools. Table 1 illustrates the chronological program of the works.

Data analysis

Regarding quantitative data, categorical variables will be described with frequencies and compared with the chi-square test (or with Fisher's exact test in the presence of expected frequencies <5 in the contingency tables). Continuous variables will be described with mean and standard deviation if normally distributed, median and interquartile range otherwise (Kolmogorov-Smirnov test). The existence of statistically significant differences between the baseline values of the city and peripheral locations will be verified; the same check will be conducted on the discriminating data. In the absence of differences, the headquarters data will be considered without geographical distinction; otherwise a subgroup analysis will be conducted. For all analyses, generalized linear models will be used, after verifying the normality of the data with the Kolmogorov-Smirnov test and possible transformation according to their distribution. Homoscedasticity will be evaluated with Levene's test; in case of heterogeneity of

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	G	F	M	A	M	G	L	A	S	O	N	D	G	F	M	A	M	G	L	A	S	O	N	D
Protocol writing																								
Ethic committee approval																								
Class elegibility																								
TUTOR training																								
Data collection pre NT																								
Introducing NT close reading																								
introducing NT reflecting writing																								
Data collection post NT																								
Interviews for phenomenological fase																								
Data analisys																								
Article writing																								
submission																								

Table 1. Chronological program of the project.

the variances, the Tukey correction will be applied. Continuous demographic (e.g. age) and categorical (e.g. gender) variables will be entered into the model as covariates. The goodness of fit of the models will be evaluated with the R² coefficient and the distribution of the residuals will be studied graphically. If choosing between multiple models, the one with the lowest AIC - Akaike's Information Criterion value will be used, always considering the goodness-of-fit index and the residuals. The significance threshold will be set at 5% for all analyses. The calculations will be conducted with the Jamovi 2.8 software for Windows.

Compared to the qualitative study, the thematic analysis derived from the interviews will be conducted using the IPA model (33). The interviews will be read and re-read independently by two researchers who will note down intuitions, words and concepts deemed relevant for the purposes of the study, and then reunite the contents that emerged with a shared thematic definition.

The criteria of credibility, transferability and reliability described by Lincoln and Guba (36) were considered to guarantee the methodological rigor of the study. Member checking will be performed. Results will be shared with participants, who are asked to confirm emerging themes and share any additional information

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The data will be collected and codified in compliance with anonymity and confidentiality, after obtaining informed consent and used exclusively for the purposes declared by the research project.

RESULTS

The results of the study will be cross-referenced and correlated in order to verify how the NTs chosen and implemented in the relational laboratories during the internship periods actually allow a possibility of increase in skills related to empathy, emotional intelligence, self-awareness and communication-relational skills in general. As well as verifying whether and how the availability of alternative spaces, moments and tools contributes to an experience of greater well-being on the part of the student in relation to the re-elaboration of the internship experience, also favoring a perception of satisfaction with the training experience and of any impact on the school performance and academic success. Data to be correlated with sociodemographic variables in order to stratify the results. The qualitative analysis resulting from the focus groups will provide thematic results heralding insights into the contribution of NT on individual experiences in experiential re-elaboration. Data analysis could also return more precise and functional information relating to the timing and methods of application of laboratory meetings functional to ongoing learning.

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