

What Is a Professional Experience Narrative and What Is It For?

Silvana Soli¹, Ana Braslavsky¹, María L. Peroni² y María F. Grande Ratti¹

1. Área de Investigación en Medicina Interna, Servicio de Clínica Médica. Hospital Italiano de Buenos Aires. Argentina.

2. Posgrado, Universidad Hospital Italiano. Argentina

ABSTRACT

In the health field, an experience narrative is a type of work that aims to share an experience whose approach, originality, or depth justifies its scientific communication. It may originate from clinical care, community work, public health, healthcare management, and/or educational or teaching contexts. These narratives have their roots in the social sciences and are related to narrative medicine and qualitative research. They may be written, shared, and presented at conferences and/or published in scientific journals, provided that the writing is clear, coherent, and systematic, with an academic structure and format.

This article aims to provide the conceptual and methodological foundations for their development. The key lies in contextualizing the experience, stating the objectives, and offering a detailed account of the process-presenting not only the outcomes, but also highlighting both achievements and challenges. The final discussion should offer reflections on how the experience may contribute to knowledge or help improve professional practices.

Keywords: publication formats, medical education, professional education, public health education, continuing education, continuing medical education.

¿Qué es y para qué sirve un relato de experiencia profesional?

RESUMEN

En salud, un relato de experiencia es la presentación de un trabajo cuyo objetivo es compartir una vivencia cuya originalidad, enfoque o profundidad justifican su comunicación científica. Puede originarse en el ámbito clínico-asistencial, comunitario, de salud pública, de gestión y/o educativo-docente-pedagógico. Este tipo de relatos proviene de las ciencias sociales y se vincula con la medicina narrativa y las investigaciones cualitativas.

El relato de experiencia puede ser redactado, compartido y difundido en congresos y/o publicado en revistas científicas, siempre que su escritura sea clara, coherente y sistematizada, con una estructura y formato académicos.

El presente artículo pretende dar las bases conceptuales y metodológicas para su elaboración. La clave radica en contextualizar la experiencia, explicitar los objetivos y un desarrollo detallado del proceso, presentando no solo los resultados obtenidos, sino también destacando tanto los logros como las

Author for correspondence: maria.grande@hospitalitaliano.org.ar, Grande Ratti MF.

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dificultades enfrentadas. La discusión final debe ofrecer reflexiones sobre cómo puede contribuir al conocimiento o mejorar las prácticas profesionales.

Palabras clave: formatos de publicación, educación médica, educación profesional, educación en salud pública profesional, educación continua, educación médica continua.

An experience report is a narrative that describes and reflects on a specific event, aiming to share its most meaningful aspects, the lessons learned, the challenges encountered, the emotions felt, and the reflections that emerged along the way. Writing and editing such a report helps the professional reconstruct and give new meaning to what has been experienced, reconfiguring its sense and generating new ones¹. According to Fernández et al., “they reveal the perspective of the narrator and foster a new way of understanding”².

In the Health Sciences, an experience report has the potential to become a valuable scientific publication, structured as an academic article that follows the IMRaD format³ (Introduction, Methods, Results, and Discussion), but with a more reflective focus (Table 1). This would involve not only describing the experience itself (e.g., what, who, how, when, and where in the Methods/Methodology section) but also including an interpretive analysis of the Results (e.g., organizational context, rationale for decision-making, lessons learned, barriers to implementation, etc.), and a discussion of the implications for health. In this sense, it is worth highlighting the differences between these two types of production (Table 1): experience report and research (usually presented as an “original article”). They are complementary: while research seeks to answer questions with systematic evidence and predefined results, the experience report is a valuable form of knowledge production from practice, based on a critical and human perspective on what has been lived.

There are different categories:

- A. Educational.** These describe and reflect on a teaching-learning process in various educational contexts (e.g., undergraduate students, postgraduate students, residencies, and fellows). They should connect with theoretical frameworks and pedagogical practices/techniques, or report on new teaching methodologies⁴. For example, the virtual teaching experience in research at the Department of Internal Medicine⁵, or the nursing professional’s experience with students during their clinical training⁶.
- B. Care-related.** These are written by healthcare personnel (e.g., medical, nursing, psychology teams, etc.) who describe and reflect on an experience that occurred while providing patient care. They should offer a more human and empathetic perspective on healthcare, beyond the technical/clinical aspects, and highlight the interactions and decisions that were made. Person-centered care and shared decision-making have contributed to the rise of narrative medicine⁷. For example, the creation of a dermatology tele-triage system to interact with the emergency center⁸.
- C. Health management.** These focus on the organization, planning, and decision-making that affect the provision of health services in an institution (e.g., hospital, health center). They are recommended for disseminating projects and/or programs, provided they include strategies for human resources, logistics-operations, and communication. For example, the

Table 1. Differences between experience report and research

Aspect	Experience report	Research
Objective	To share an experience (educational, health management, or healthcare) and reflect on it	To generate new knowledge
	Personal, professional, or institutional experience	Data systematically collected (prospective or retrospective, for that purpose)
Basis	Academic, but more narrative or reflective	Formal, defined, and systematic (e.g., the
Methodology	More flexible and open structure, allowing for deep reflection and presentation of professional learning	Equator Network® contains checklists according to design)
Format		IMRaD structure, rigid and standardized framework
Ethical approval	Desirable, but conditional	Mandatory

restructuring of an outpatient emergency department during the COVID-19 pandemic⁹.

These reports go beyond a simple record of events, since –through the authors’ perspectives– they reconstruct both quantitative data (e.g., number of people involved, baseline characteristics of participants) and qualitative data (e.g., emotions, feelings)¹⁰. Writing plays an important role in continuing professional education, known as experiential learning, an approach based on the idea that personal experience and reflection on what has been lived are essential for building knowledge and soft skills (e.g., active listening, clear and empathetic communication)¹¹.

ORIGINS

Narrative documentation in health (stories, cases, examples, testimonies) can be used to convey information in a way that is easily understandable and memorable¹² and draws on the insights of interpretive and narrative research from the Social Sciences. It is linked to qualitative research and is increasingly being applied in health management, public health, and community health¹³. It goes beyond compiling clinical or diagnostic data by also considering the experiences, emotions, and perceptions of both patients and healthcare professionals. These narratives are marked by singularities influenced by contextual factors (e.g., geographic, cultural, historical), and there is a growing recognition of their incorporation into public policy-making as an important component of the evidence base needed to inform complex processes¹².

WRITING AN EXPERIENCE REPORT

An experience report involves clearly and reflectively narrating a significant event you have experienced. The undisputed first step is to identify it and define its purpose. To do this, one must ask: Why? What makes it valuable to share/teach?

The academic structure could follow the IMRaD format³ or be more flexible and open (depending on each journal’s editorial guidelines). As shown in Table 2, this guiding framework includes an “Introduction” that presents the context of the experience (what was the trigger?), a brief review of the current state of knowledge, and a statement of the objective. In “Methods,” the process is described: how the events unfolded, how you interacted with people, including the steps or decisions you made or the approaches you used to face the experience, without omitting the timeframe and location. In “Results,” you describe the outcomes of your experience, including achievements, difficulties, or challenges that arose during implementation. This section also examines how actions and decisions influenced the progression of events. In “Discussion,” you reflect on the lessons learned, how that learning can be applied to future situations, and the effect/impact of the experience on your professional development. It should undoubtedly contain interpretations and connections with previous experiences or relevant conceptual frameworks (e.g., similarities, differences).

You may consider including visual elements, such as figures, graphs, and tables. These are a fast way to communicate large volumes of complex information that would be complicated and lengthy to explain in a narrative text. They are important for attracting readers, as many will focus only on those visual elements.

We recommend clear, engaging, and easy-to-read writing; keeping narratives consistent and identifying and explaining any potential biases. In this type of writing, what is called “narrative bias” may appear –a systematic error stemming from our way of perceiving reality. This can occur when the researcher recounts their own experience. It is not inherently negative but rather a tendency, inclination, or prejudice in favor of or against something. There are strategies aimed at minimizing these biases, such as discussing interpretations with other stakeholders or colleagues and reflecting on possible biases introduced by oneself⁴.

PUBLISHING AN EXPERIENCE REPORT

First, it may be considered for publication as long as the criteria or guidelines established by scientific journals that accept this type of article are met. Although it is a personal experience, including information from previous research, educational theories, or health science frameworks will strengthen the report and align it more closely with the standards of an academic publication.

Table 3 provides a non-exhaustive list that illustrates, by way of example, some journals that accept this type of writing. The process consists of adapting the text to the editorial guidelines. However, it is worth noting that, if written reflectively and rigorously, they may also be submitted as brief communications, or presented at congresses and conferences (such as the Congress of the Society of Internal Medicine; the National Congress of the Argentine Federation of Family Medicine; the Provincial Health Congress; or the Argentine Congress of Medical Education). In general, proposals that represent a genuine contribution to a specific area of knowledge –aiming to extract lessons and general principles that may inspire other working groups– are usually accepted.

REFLECTIONS ON THE CHALLENGES OF WRITING AN EXPERIENCE REPORT

Drawing on our practice, we would like to share some of the main challenges we faced in writing and publishing this type of scientific contribution, with the hope that our experience may serve as both guidance and encouragement for professionals in training or those with less research experience.

One of the first obstacles was our lack of familiarity with this kind of article, which is rarely taught or promoted in the health field. Unlike more traditional formats, experience reports are not typically part of residency curricula, nor are they commonly included in critical reading seminars. For us, taking this path required not only learning a different way of writing but also developing a new lens for interpreting this form of academic work.

Table 2. Suggested structure for writing a professional experience report: moving from theory to practice (adapted from an educational report published in a scientific journal)¹⁵

Section	Theoretical description	Illustrative example
Title	Clearly convey the focus of the work	Experience report: health education with adolescents
Abstract	Experience report: health education with adolescents	In response to unhealthy and risky behaviors among adolescents in community X, a series of educational interventions was planned for this age group
Keywords	Use standardized terms for indexing in biomedical databases (e.g., MeSH or DeCS)	Health education; School health
Introduction	Provide background, context, and the problem that motivated the report	Description of a health education program for adolescents, designed and implemented by a health team after identifying unhealthy and risky behaviors in the community
Objectives	State what the report seeks to achieve	Support adolescents' holistic development—physical, psychological, and social—and strengthen awareness and responsible decision-making
Description, or Materials and Methods, or Actions	Describe where and when activities took place, the institutional or curricular context, materials used, and actions undertaken	Meetings with the interdisciplinary team; identification of issues; workshops with adolescents; community-based actions
Results or Experience Analysis	Present findings, reflect on common practices, justify actions taken, and highlight achievements and challenges	In 2017, a total of 24 weekly workshops were held with approximately 25 students aged 15–16 years
Discussion	Interpret the outcomes, acknowledge limitations, highlight strengths, and suggest areas for future work	The experience prompted us to rethink comprehensive adolescent care, considering both access to health systems and our role as health professionals, as well as collaboration with schools
Conclusion	Summarize key results, contributions, lessons learned, and future recommendations	The workshops enabled adolescents to reflect and build knowledge on relevant and meaningful topics. Their participation extended to dissemination activities both within and beyond the school
References	Debe seguir los estándares para Follow journal requirements (e.g., Vancouver style). The number of references permitted depends on the journal's guidelines	Example: Parra MA. <i>Articulaciones entre el trabajo clínico y la perspectiva comunitaria: un desafío actual para la salud mental en el contexto de la atención primaria de la salud</i> . Rev. Fac. Nac. Salud Pública 2016;34(1):30-7. DOI: 10.17533/udea.rfnsp.v34n1a04

Another challenge was finding suitable journals willing to publish such articles. Biomedical journals usually do not consider them, while alternative options –such as education or management journals– tend to demand more complex or pedagogical theoretical frameworks, which are not always part of the professional training or expertise of health teams.

Finally, we encountered the broader barriers that affect any publication: the financial burden of article processing charges (APCs) in the current socioeconomic context, and the limited number of local or Latin

American journals indexed in major databases, which in turn influences the choice of language for preparing the manuscript.

Our journey highlighted three essential aspects:

- A. **Choosing the right experience to publish.** This decision requires a strategic and reflective approach. One must consider the relevance, the potential contribution, and the educational value of sharing what has been learned. A guiding question is: *what can others gain from this experience?* The experience may be exceptional –standing out for its uniqueness– or it may

Table 3. Examples of scientific journals open to publishing experience reports in health

Journal	Section / Guidelines
Archivos de Medicina Familiar y General	<i>Experience Reports.</i> Publishes accounts of clinical, community, or management experiences whose originality or depth makes them relevant for scientific communication. Submissions should be structured and include an analysis of the experience. Recommended elements include a theoretical framework, objectives, description of activities, evaluations and/or results, discussion, and final reflections. Manuscripts should not exceed 3,500 words.
Revista del Departamento de Ciencias de la Salud de la Universidad Nacional de La Matanza (ReDSal)	<i>Brief Communications / Experience Reports.</i> Focuses on manuscripts that present preliminary findings, innovative methodologies or techniques, or situations of special interest in health sciences. Professional experience reports should describe a situation relevant to health practice and include analysis of conceptual implications, procedural descriptions with intervention strategies, or methodological evidence to assess effectiveness. Only submissions that make a genuine contribution to the field are accepted.
Revista del Hospital Italiano de Buenos Aires (educational experience reports)	<i>Medical Education.</i> Includes educational proposals—whether individual or collective—that are analyzed and/or justified using theoretical frameworks from pedagogy or medical education (e.g., teaching strategies, content design, curriculum planning). The aim is to contribute insights and inspire colleagues and educators in health science

represent common challenges, providing a way to systematize issues that many face but few document.

- B. Identifying the appropriate journal.** This involves several criteria: consulting reliable databases (e.g., Scielo, Redalyc, Latindex, DOAJ, PubMed) and examining each journal's focus, scope, and submission guidelines, including which sections they accept and examples of previously published work.
- C. Coordinating collaboration among authors.** Collaboration may take place synchronously, through regular team meetings that integrate diverse perspectives, or asynchronously, by sharing drafts for critical review and constructive feedback. Tasks are best distributed according to each author's strengths.

FINAL REFLECTIONS

Experience reports originated in the Social Sciences, where they hold a well-established role in pedagogical training. They are now increasingly recognized within the health professions as a legitimate form of scientific communication.

Their defining feature is the uniqueness and unrepeatability of an experience lived by the authors in a particular context.

Writing reconstructs this experience, making sense of it, documenting it, and disseminating it. As with all scientific writing, clarity of purpose is essential: to contribute to academic knowledge while remaining mindful of the narrative bias that stems from subjectivity, and seeking to minimize it.

From an ethical standpoint, experience reports may be regarded as descriptive, retrospective studies with

minimal risk, provided that participant confidentiality is maintained.

FINAL RECOMMENDATIONS

- If experience reports are already a widely recognized means of sharing knowledge, why should we continue to question their value?
- We encourage exploring new modes of writing and reading, with experience reports serving as a valuable tool in the health field to broaden understanding and perspective.
- At the core lies reflection—a fundamental tool for professional growth and lifelong learning.

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