

# The Habit of Curiosity: How Writing Shapes Clinical Thinking in Medical Training

George M. Jeha, MD

## PRACTICE POINTS

- Writing about everyday clinical experiences forces trainees to slow down, think more carefully, and better understand why they do what they do. Being able to write clearly about a clinical scenario reflects true understanding.
- The act of writing sharpens clinical judgment by requiring clarity, honesty, and reflection rather than relying on habit or routine.
- Writing fosters habits of curiosity that support continued professional growth and ongoing engagement with one's field beyond formal training milestones.

Scholarly activity during medical training is occasionally viewed as a means of meeting academic or career requirements. This perspective argues that writing serves a deeper purpose by fostering curiosity, promoting reflection, and sharpening clinical thinking. Cultivating these habits through writing may support sustained professional growth and ongoing engagement with one's field beyond formal training milestones.

I was accepted into my fellowship almost 1 year ago: major milestones on my curriculum vitae are now met, fellowship application materials are complete, and the stress of the match is long gone. At the start of my fellowship, I had 2 priorities: (1) to learn as much as I could about dermatologic surgery and (2) to be the best dad possible to my newborn son, Jay. However, most nights I still find myself up late editing a manuscript draft or chasing down references, long after the “need” to publish has passed. Recently, my wife asked me why—what’s left to prove?

I’ll be the first to admit it: early on, publishing felt almost purely transactional. Each project was little more than a line on an application or a way to stand out or meet a new mentor. I have reflected before on how easily that mindset can slip into a kind of research arms race, in which productivity overshadows purpose.<sup>1</sup> This time, I wanted to explore the other side of that equation: the “why” behind it all.

I have learned that writing forces me to slow down and actually think about what I am seeing every day. It turns routine work into something I must understand well enough to explain. Even a small write-up can make me notice details I would otherwise skim past in clinic or surgery. These days, most of my projects start small: a case that taught me something, an observation that made me pause and think. Those seemingly small questions are what eventually grow into bigger ones. The clinical trial I am designing now did not begin as a grand plan—it started because I could not stop thinking about how we manage pain and analgesia after Mohs surgery. That curiosity, shaped by the experience of writing those earlier “smaller” papers, evolved into a study that might actually help improve patient care one day. Still, most of what I write will not revolutionize the field. It is not cutting-edge science or paradigm-shifting data; it is mostly modest analyses with a few interesting conclusions or surgical pearls that might cut down on a patient’s procedural time or save a dermatologist somewhere a few sutures. But it still feels worth doing.

While rotating with Dr. Anna Bar at Oregon Health & Science University, Portland, I noticed a poster hanging on the wall titled, “Top 10 Reasons Why Our Faculty Are Dedicated to Academics and Teaching,” based on the wisdom of Dr. Jane M. Grant-Kels.<sup>2</sup> My favorite line on the poster reads, “Residents make us better by asking

Dr. Jeha is from Baylor University Medical Center, Dallas, Texas.

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Correspondence: George M. Jeha, MD (gmjeha@gmail.com).

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questions.” I think this philosophy is the main reason why I still write. Even though I am not a resident anymore, I am still asking questions. But if I had to sum up my “why” into a neat list, here is what it might look like:

Because asking questions keeps your brain wired for curiosity. Even small projects train us to remain curious, and this curiosity can mean the difference between just doing your job and continuing to evolve within it. As Dr. Rodolfo Neirotti reminds us, “Questions are useful tools—they open communication, improve understanding, and drive scientific research. In medicine, doing things without knowing why is risky.”<sup>3</sup>

Because the small stuff builds the culture. Dermatology is a small world. Even short case series, pearls, or “how we do it” pieces can shape how we practice. They may not change paradigms, but they can refine them. Over time, those small practical contributions become part of the field’s collective muscle memory.

Because it preserves perspective. Residency, fellowship, and early practice can blur together. A tiny project can become a timestamp of what you were learning or caring about at that specific moment. Years later, you may remember the case through the paper.

Because the act of writing is the point. Writing forces clarity. You cannot hide behind saying, “That’s just how I do things,” when you have to explain it to others. The discipline of organizing your thoughts sharpens your

clinical reasoning and keeps you honest about what you actually know.

Because sometimes it is simply about participating. Publishing, even small pieces, is a way of staying in touch with your field. It says, “I’m still here. I’m still paying attention.”

I think about how Dr. Frederic Mohs developed the technique that now bears his name while he was still a medical student.<sup>4</sup> He could have said, “I already made it into medical school. That’s enough.” But he did not. I guess my point is not that we are all on the verge of inventing something revolutionary; it is that innovation happens only when curiosity keeps moving us forward. So no, I do not write to check boxes anymore. I write because it keeps me curious, and I have realized that curiosity is a habit I never want to outgrow.

Or maybe it’s because Jay keeps me up at night, and I have nothing better to do.

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