

Module 0 _____

_____ **Story**

training _____

_____ **and**

_____ **collection**

Module learning objective:

- Increased understanding of stories and their value in healthcare

This first module is, potentially, different in scope and audience to the remaining modules in that it is aimed more at orientation to the story-based approach overall. It is foundational to the training. It orients trainees to the importance of stories in healthcare, introducing what we mean by a story and how to collect and work with stories in healthcare training. The module introduces trainees to the key concepts and ideas in story-based learning.

In this module we hope to:

- Orient you to the idea of narratives.
 - Introduce key concepts and ideas.
 - Help you, in a small way, to begin the process of self-reflection through narrative.
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Story

KEY CONCEPTS

By story, we understand an individual's story about an experience where different time-located events are connected in a way that brings to the surface their relevant values (past), priorities (present) and expectations (future). Stories enable the citizen to contextualise and organise their life experiences, giving personal meaning to those experiences told as a type of social encounter. They are complex, multifaceted and may also be contradictory – coherence may or may not be an aim and may be more or less fully achieved. The storyteller may be selective (consciously or unconsciously), dependent upon the situation, setting or the intended audience, in constructing their story. Stories may be diverse in terms of content and whatever this may be, facilitating more effective listening and interpretation of the story content will enable a more holistic focus and thereby a more empathic and fitting response. Story interpretation can support the development of listening skills and empathy through emotional engagement and a more holistic conception of the citizen and their needs.

Many patients – and providers – of healthcare are eager to relate their stories in the hope that others may learn from their experiences, arguing that patient stories are as important – and as valid – as clinical evidence. The evidence of experience provides an essential balance to the evidence that comes from clinical trials and patient surveys as revealed through statistics and reports. These ideas have been around for some time as supported by the UK Francis inquiry:

'If there is one lesson to be learnt, I suggest it is that people must always come before numbers. It is the individual experiences that lie behind statistics and benchmarks and action plans that really matter, and that is what must never be forgotten when policies are being made and implemented' (Francis 2010)¹.

Francis, R. Q. (2010) Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 Volume I. London, The Stationery Office, 1: 452.

Story-based learning

Hearing/reading stories fosters an interpersonal link in the affective, cognitive and experiential domains i.e. an emotional connection to the story, an intellectual interpretation of the story, and an experiential engagement with the story through dialogue. The stories themselves give space to hear the citizen's feelings, mindset, desires and wider considerations. The key mode of learning is reflective learning, drawing on dialogue (for the group-based training) and self-reflection (for individuals) on the interpretation of stories.

Transformative learning

By transformative learning we refer to a process of critical reflection and dialogue about taken-for-granted assumptions that structure our habitual ways of interpreting experience, often as a result of an emotional or disorienting experience, so that we come to revise our meaning structures and broaden or transform our frames of reference.

Exercise 0.1

Personal stories and professional reflection



One of the most effective ways to understand how a patient or citizen experiences the telling and sharing of their own story is to reflect upon and create your own story. The three foundation exercises in this module build up to this.

In this first foundation exercise, we are going to begin to consider the value of a story in person-centred healthcare. Watch the digital story “Touch” made by Damon, a Consultant Anaesthetist and reflect on it:



0.1.1

What are his key reflections on his personal motivations and experiences?

How have they affected his career and professional practices and behaviours?

What learning has he attempted to share with colleagues?

How might his own story change the way he cares for patients and staff, and hence change their own stories of care and caring, i.e. what transformative learning does his story describe?