

STORYTELLING IN MEDICAL EDUCATION: What It Is, Why It Is Important, and How It Might Be Assessed

Intro Slide: Thanks to Dr. Peggy Lu and Anna for their kind invitation and to the Kaohsiung Medical University for hosting me this evening (or afternoon!). Peggy and Anna have shared an abstract of the Storytelling project with me, and it impressed me as innovative and indeed groundbreaking. Congratulations to Peggy for her leadership and to you all for having the vision to realize this ambitious and worthwhile initiative.

EVERYTHING IS HELD TOGETHER WITH STORIES: We all know that stories are important. The communications theorist, Walter Fischer, coined the term *homo narrans*, storytelling animal, to describe the human species. One of my favorite quotes is from the author Barry Lopez: "Everything is held together with stories. That is all that is holding us together, stories and compassion."

STORIES OFFER ALTERNATIVE/COMPLEMENTARY WAYS OF KNOWING: Of apprehending reality. In addition to logico-scientific knowing, the foundation of science and much of medicine, stories offer narrative knowing.

NARRATIVE KNOWING: Narrative knowledge invites us to consider that

Realities are socially constructed

Which leads to a biopsychosocial/cultural/structural understanding of reality

It also means that the meaning of an event, as opposed to the fact that it occurred, must be pondered and interpreted

**Meaning derives from the connections and interactions between people (relationality) **

To understand someone's story, we must think not only about them, but about the connections they share with others and the perceptions and understandings of these others

WHAT IS A STORY?: Before we can start talking about storytelling in medical education, however, we must ensure that we all understand what a story *is*.

A traditional story has the following elements:

***Characters**

***Plot**

***Beginning, middle, end**

***Conflict/Problem** that leads to

***Rising action and a climax**, or the peak moment in the story,

after which comes the falling action, the winding down, that leaves us with

*** the story's final Resolution/Solution**

Stories also have:

Frame:

Which means the context in which the story occurs

This can include historical, cultural, socioeconomic, and familial elements

Voice, point of view, and audience

Who is the narrator, the person telling the story?

Whose voice is being heard?

Whose voices might be suppressed or absent?

What is the point of view? 1st person (a personal account); 2nd person (intimate, involves the listener or reader); or 3rd person, more distanced and seemingly objective

Who is the intended audience? People in general, colleagues, classmates, professionals; people who will likely be sympathetic to the story; people who may be skeptical

Theme – animating ideas that the teller of the story wants to convey

MODELS FOR STORYTELLING: Restitution Stories

Not all stories are the same. The medical sociologist Arthur Frank identified various types of narratives; and others have added to the possibilities. One popular and reassuring story, in medicine and other aspects of life, is the restitution story. It accounts for the fact that bad things happen in life, but reassures both teller and listener that they can be fixed and that we can be returned to our pre-trauma or pre-illness state good as new.

In a medical student version, this story might go – “I was a strong student in college, but I failed my first exam in med school. I got help from my professor and next time I got an A.”

MODELS FOR STORYTELLING: Quest Stories

Another popular form of story is the quest or journey story. From a Western frame of reference, think of Lord of the Rings, or as I illustrate here, the Wizard of Oz.

- Reluctant hero receives a call (for Dorothy, a tornado that literally uproots her)
- Encounters trials and challenges (such as the Wicked Witch of the West; separation from family and friends, persecution by flying monkeys)
- But she also finds friends (Tin Woodman, Scarecrow, Cowardly Lion, Glinda the Good)
- Who help her accomplish her mission (finding her way home so that she can help others by loving and appreciating them)
- Uplifting; emphasizes acquisition of wisdom, lessons learned
- Can be overly romanticized

The medical student version of the quest story might go something like this – “I’m on a journey to be the best doctor I can be. I’ve had some challenges – difficult patients, indifferent preceptors – but I’ve formed great friendships and had good mentors. Patients connect with me and trust me. When I am a full-fledged doctor back in the real world, I’ll continue to embody everything I’ve learned.”

MODELS FOR STORYTELLING: Testimony/Resistance Stories

Testimony or resistance stories are less common, harder to tell and take great courage. These stories offer testimony or witnessing to difficult truths not generally recognized or acknowledged.

Challenge conventional wisdom

Take a stand against injustice

A medical student might tell a witnessing or resistance story like this: “In the OR, I heard a surgeon insult a fellow student. I didn’t say anything at the time, but afterwards I filed an anonymous report and told

my classmate that the surgeon's behavior was wrong. Somehow, the attending found out I filed the report and reprimanded me. I'm still glad I did what I did."

MODELS FOR STORYTELLING: Epiphanic/Transformative Stories

In medicine and in life, we all experience these stories: Moments of small (or large) miracles; moments of awe and transcendence.

A medical student account of a transformative story might unfold along these lines: "When I saw the baby being born, the OB-Gyn said, 'Get ready to catch her!' I was terrified, but when I held that new life in my hands, I knew this was a moment of joy and beauty I'd never forget."

OTHER KINDS OF STORIES

- **These stories are frustrating, confusing, terrifying, heartbreaking.**
- **They are stories of Chaos, Ambivalence, Imposture syndrome, Fear, anxiety, confusion, Helplessness, Sadness**
- **Secondary trauma: Changes in students' psychological, physical, and spiritual wellbeing that can occur because of caring for others in circumstances of great suffering**
- **These are especially difficult and vulnerable stories to tell**

A medical student might have a story like this: "No matter how much I learn, I feel like a fake and a fraud. I'm terrified I will make a mistake. The more experience I get, the worse I feel."

Or another story might go like this:

"I'm not like other medical students. My family is poor. I was the first person in my family to go to college. I feel so alone here. No one understands me or what I've lived through."

Finally, "The patient had been sexually assaulted. As she told her story, I started to cry and had to leave the room. I didn't tell anyone, but when I was in college, I was raped."

MEDICAL STUDENT STORIES

Focusing more in-depth on medical student stories,

- **Students often tell restitution stories**
 - **These stories reflect a modernist, find-it-and-fix-it mentality that is still prevalent in medicine**
 - **These stories are superficially reassuring to everyone involved, but if they are not accurate, they can feel inauthentic and leave the student more anxious than ever**
- **Medical students also favor quest stories, especially those which showcase how well they are doing despite challenges and obstacles. Again, these can be beautiful, triumphant stories, but if they do not genuinely reflect the student's complex experience, they may feel performative, as though this is the story they are "required" to tell**
- **Students have other, more complicated stories to tell**
 - **They should be encouraged to tell stories that are appropriate to their situations and those of their patients**
 - **They deserve to receive the support from their educators that enable them to tell more painful, more complex and less resolved stories**

MEDICAL STUDENTS: SHARING THEIR STORIES

More unresolved, vulnerable stories can be difficult to share because students fear embarrassment, vulnerability, stigma, judgment and lack of empathy from listeners

STORYTELLING IN A MEDICAL CONTEXT

- In medicine, students learn to tell other people's stories
- They learn to tell these stories in a certain way (focused on details of disease; case presentations, EMR)
- They learn to ignore their own stories and the stories of their classmates

But when faculty and peers can encourage and accept such stories without judgment, there are several positive possible outcomes:

WHAT HAPPENS WHEN STUDENTS SHARE THEIR STORIES? RECLAIM VOICE

Storytelling is a way for students to recover the voice, their sense of individuality, that the pressures of the educational system can take away

WHAT HAPPENS WHEN STUDENTS SHARE THEIR STORIES? FIND MEANING

Storytelling is a way of finding meaning and understanding in their experiences in ways that address their emotional, spiritual, and physical needs

WHAT HAPPENS WHEN STUDENTS SHARE THEIR STORIES? CONNECTION

Through storytelling, the student becomes joined to others through shared bonds of vulnerability and authenticity

STORYTELLING IN A MEDICAL CONTEXT: EMBRACING THE JOYS AND SORROWS

- Telling their stories to each other helps students...
 - Step back from their experiences and feelings
 - See them with more clarity and less judgment
 - Realize others have similar experiences and feelings
 - Discover they can face difficult experiences with less fear and panic
 - accept, normalize and embrace them
- 2,500 years ago Siddhartha Gautama, the Buddha, talked of the 10,000 joys and 10,000 sorrows
 - Stories help our students embrace both the joys and the sorrows they encounter in the process of their training

WHAT ARE OUR EDUCATIONAL GOALS FOR INCORPORATING STORYTELLING? CLOSE READING, CRITICAL THINKING

We've talked about what stories are, different types of stories, how students can benefit from sharing stories, but what are our pedagogical goals as medical educators?

- By telling and listening to their own and others' stories, we hope students will develop:
 - Sustained, close attention to their own and others' stories (what is also known as narrative competence)
- We hope they will also develop a capacity for Critical thinking/Cognitive disequilibrium

- That enables them to challenge and calibraoutte
 - Conventional patterns of thinking
 - As well as their own assumptions/values
- As well as strengthens their Tolerance for
 - Ambiguity/uncertainty
 - Emotional/intellectual discomfort

PEDAGOGICAL GOALS OF STORYTELLING: APPRECIATION FOR PERSONHOOD, HUMANISM

***By telling and listening to their own and others' stories, we hope students will develop:**

- **Appreciation for personhood and relationality,**
 - Personhood refers to an appreciation for the fact that stories are told by human beings and describe human beings
 - Relationality reminds us that stories are not ever only about the individual telling them, but always implicate others
 - From this, students can learn the value of understanding and valuing differing perspectives
- **We also hope that as a result of storytelling, students will develop Emotional resonance and Emotional equilibrium**
 - By putting their experiences into words informed by thoughtful reflection, and by listening to the stories of others, they will learn to care about every story of which they are a part while being able to maintain a kind of emotional steadiness even in the face of very difficult or painful stories
- **And finally, that they will develop attitudes of Humanism**
 - Including Empathy, Compassion,
 - Altruism and service

PEDAGOGICAL GOALS OF STORYTELLING: IMPROVED PATIENT CARE

- **Ultimately, although these are more long-range goals, we hope that by telling and listening to their own and others' stories, students will develop:**
- **Improved patient care in the sense of having patients who experience...**
 - **Greater attention from students: respect, appreciation, awareness of patients' perspectives and life experinces**
 - **More affiliation from students: that is, greater humanism, empathy, caring**
 - **Better representation from students: that is, more care in how patients are portrayed in case presentations, and in students' own thinking about their patients**
 - **We also hope that will lead to Improved communication skills – closer attention to language, to clarity of explanations and information, more active listening**
- **We also hope that storytelling might lead to Improved student self-care**
 - **Storytelling can help students Reflect on own stress and burn-out**
 - **As well as Feel seen, heard, understood and appreciated**

PEDAGOGICAL GOALS OF STORYTELLING: CULTURAL HUMILITY AND AWARENESS OF STRUCTURAL INJUSTICE

Finally, we can fruitfully hope for storytelling goals of cultural humility and awareness of structural injustices

- By telling and listening to stories, students can develop greater Knowledge about the historical and cultural communities in which they and their classmates are embedded...
- They can become more Aware of racial, gender, and class privilege, as well as social inequity and discrimination and how these influence their and others' stories
- Stories can also help develop Awareness in students of implicit bias within themselves and others and how these affect the stories they tell and how they receive the stories of others

OPPORTUNITIES FOR INTEGRATING STORYTELLING IN MEDICAL EDUCATION:

I'd like to take the remaining minutes to briefly touch on ways of integrating storytelling in medical education and how we might begin to think about how to evaluate such integration.

There are three legs of the storytelling stool in medical education: Curriculum, Research and Community Engagement

CURRICULAR POSSIBILITIES: These include -

- Reading relevant stories by others
- Sharing oral stories about their experiences as medical students
 - Experiences with patients, preceptors and each other
- Engaging in reflective writing on topics of training, patient care etc.
- Writing original creative stories, poetry, skits to reflect on aspects of training

RESEARCH:

In terms of research, one possibility is to conduct Qualitative analyses of content of students' storytelling, something I've done in several different contexts; or similar analyses of patients' storytelling

Research can also focus on both quantitative and qualitative assessments of attitudes and skills that students acquire as a result of engaging in storytelling

Finally, research can consider how to investigate students' application of the learning they've acquired through exposure to storytelling to patient care situations

COMMUNITY ENGAGEMENT:

- Community Engagement means exploring the possibilities for cooperative storytelling projects with the community in which the medical school is located
 - This might include students taking Narrative oral histories from aging or dying individuals
 - Or initiating Photojournalism projects centered on the patients whom the hospital and clinics serve
- In this context, research can also examine How students' own stories evolve as a result of their intersection with community stories

POSSIBLE MEASURABLE/ASSESSABLE OUTCOMES OF STORYTELLING

There are numerous ways of assessing the effects of storytelling interventions

All of these constructs are related to storytelling and can be assessed in some way.

Quantifiable reliable, validated measures exist for constructs such as: Empathy, Burnout, Observational skills, Communication skills

Qualitative assessment can be used to assess concepts such as: uncertainty, narrative competence, reflexivity, connection, person-centeredness, personal development

STORYTELLING METHODS AND ASSESSMENT:

It is important to point out that, on the whole, for storytelling in particular and medical humanities in general

- The evidence of effectiveness is relatively weak because it
 - presents deficits in the assessment methodology
 - as well as a lack of consistent description of learning outcomes
- Understandably, much assessment involves Self report of students themselves
 - This is not necessarily a problem
 - Indeed, it is Valuable and insightful, especially if conducted with sufficient rigor, which often means combining it with more “gold standard” methods
- Gold standard –
 - For example, Observable behaviors and interactions in clinical situations influenced by students’ storytelling training
 - Patient observations and feedback comparing storytelling vs. standard condition students
 - Longitudinal data – persistence of storytelling students’ behaviors, attitudes, skills over time

SUMMARY:

- Storytelling is important because it develops critical habits of mind, self and other awareness, empathy, compassion and caring
- Storytelling can be implemented through curriculum, research and community engagement
- Storytelling requires more rigorous evaluation of its academic contributions