

## **STORYTELLING IN MEDICAL EDUCATION:**

**Intro Slide:** Thanks to Drs. Peggy Lu and Anna Hsu for their kind invitation and to the Kaohsiung Medical University for hosting me. 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 vision and leadership and to you all for committing to actualize 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** about ourselves and the world; Of apprehending the nature of reality. In contrast 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

**Reality is socially constructed**

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

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

Further, it implies that meaning derives from the connections and interactions between people (**what is known as relationality**)

To understand someone’s story, we must think not only about them, but about the connections they share with others and how these relationships influence the story being told

**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 at any rate has the following elements:**

**\*Characters**

**\*Plot** – what happens in the story

**\*Beginning, middle, end**

**\*Conflict/Problem** that leads to

**\*Rising action, the tension in the story, 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?** Is the story written or told in the 1<sup>st</sup> person (a personal account);

2<sup>nd</sup> person (the “you” voice; intimate, involves the listener or reader); or 3<sup>rd</sup> person, more

distanced and seemingly, but not necessarily, 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 type of 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 these bad things can be fixed and that we can be**

**returned to our pre-trauma or pre-illness or pre-crisis state good as new. In this skiing example....**

In a medical student version, this story might go as follows– “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 and wise guides (Tin Woodman, Scarecrow, Cowardly Lion, Glinda the Good)
- Who help her accomplish her mission (finding her way home so that she can deepen her love and appreciation for family and friends)
- Uplifting; emphasizes acquisition of wisdom, lessons learned
- Can be 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**

**Another form of story is the testimony or resistance story. These stories are less common, harder to tell and often require courage to tell. These stories witness difficult truths not generally recognized or acknowledged.**

**They usually challenge conventional wisdom**

**Often, they 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**

**A fourth kind of story as been called a transformative story. In medicine and in life, we all experience these stories: Moments of small (or large) miracles; moments of awe and transcendence. They generate responses of awe and appreciation.**

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**

- **I’ve discussed restitution stories, journey stories, resistance stories and transformative stories.**
- **But there are still other kinds of stories.**
- **These stories are frustrating, confusing, messy, terrifying, heartbreaking.**
- **They are stories of Chaos, Ambivalence, Imposter Syndrome, Fear, Anxiety, Helplessness, Sadness**
- **They can also be stories of Trauma: either the student’s personally experienced trauma or the secondary trauma that can result from interacting with or caring for patients and families in circumstances of great suffering and difficulty**
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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 couldn’t believe that Mrs. A died last night. I was talking to her just yesterday on rounds. I knew she was very sick, but I

thought she could recover. No one on the team said anything about it. It was just business as usual. Am I going to be a bad doctor because I felt sad?"

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 at the time, but when I was in college, I was raped."

## **MEDICAL STUDENT STORIES**

**My own research and clinical experiences suggests**

- **Students often tell restitution stories**
  - **These stories reflect a modernist, find-it-and-fix-it mentality that is still prevalent in medicine and that they often hear from attendings**
  - **These stories are superficially reassuring to everyone involved, but if they are not accurate, they can feel inauthentic and leave the student feeling more anxious and vulnerable than ever**
- **Medical students also favor journey 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 the student is "required" to tell**
- **As I've pointed out, students have other, more complicated , messier stories**
  - **They should be encouraged to tell the stories that are appropriate to their situations and those of their patients**

## **MEDICAL STUDENTS: SHARING THEIR STORIES**

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

**Medical students deserve to receive the support from their educators that will enable them to tell these more painful, more complex and less resolved stories**

**The good news is that 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 their voice, their sense of individuality, their sense of identity, that the pressures of the medical education system can take away

### **WHAT HAPPENS WHEN STUDENTS SHARE THEIR STORIES? FIND MEANING**

Storytelling is also a way for students to find meaning and insight into their experiences in ways that address their emotional, spiritual, and even physical needs

### **WHAT HAPPENS WHEN STUDENTS SHARE THEIR STORIES? CONNECTION**

Through storytelling, student can develop connection and community with others by creating 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
    - Even at times accept and normalize them
- 2,500 years ago Siddhartha Gautama, the Buddha, talked of the 10,000 joys and 10,000 sorrows that comprise our earthly existence
  - 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 and a Tolerance for Cognitive Disequilibrium**
  - **Critical thinking will enable them to challenge and evaluate**
    - **Conventional patterns of thinking**
    - **As well as their own assumptions/values**
  - **We also expect that exposure to storytelling will strengthen students' ability to tolerate**
    - **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 the recognition 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 have to do with relationships BETWEEN the teller and others**
  - **From this, students can learn to understand and respect 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, students can learn to care about every story of which they are a part while simultaneously being able to maintain a kind of emotional steadiness even in the face of very difficult or painful stories**
- **And further, we hope that by engaging in storytelling, students will develop attitudes of Humanism**
  - **Including Empathy, Compassion,**
  - **Altruism and service**

## **PEDAGOGICAL GOALS - STORYTELLING: CULTURAL HUMILITY/AWARENESS OF STRUCTURAL INJUSTICE**

**As well, we can fruitfully hope that storytelling will inculcate habits 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 own 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**

## **PEDAGOGICAL GOALS OF STORYTELLING: IMPROVED PATIENT CARE**

- **Ultimately, we hope that patients seen by students who've engaged in storytelling will experience:**
  - **Greater attention from these students: in the sense of greater respect, appreciation, and awareness of their patients' perspectives and life experiences**
  - **We hope that patients will also experience greater affiliation from storytelling students: that is, greater humanism, empathy, caring**
  - **We hope that storytelling students will "represent" their patients with greater respect and kindness: that is, that students trained in storytelling will take more care in how they portray their patients in case presentations, in the EMR, in discussions with attendings, nurses, and fellow students, and in the way they think about their patients**
  - **We also hope that storytelling will lead to Improved communication between student physicians and their patients – that these students**



**will pay closer attention to language, exercise greater clarity in their explanations to patients, and engage in more active listening**

- **Finally, we hope that storytelling might also lead to Improved student self-care**
  - **Storytelling can help students Reflect on signs of stress and burn-out; and recognize the importance of taking care of themselves as well as their patients**
  - **Storytelling can also remind students about what gives them joy or brings meaning to their lives**
  - **Importantly, storytelling is a process by which students Feel seen, heard, understood and appreciated**

#### **SUMMARY:**

- **Storytelling can take many different forms; some are easier to share than others**
- **Storytelling helps students reclaim voice, gain insight into self and others, and strengthen community**
- **Storytelling is important because it develops critical habits of mind, self and other awareness, empathy/humanism, cultural awareness, and capacity for better patient care**
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