Using Stories: Whose experience is it anyway?

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Connect in Care/Forum Interactive
Objectives

• Telling & using stories in health service development: issues/questions.
• An experience of how stories can be used in your own work.
• Where can you find story resources?
Motivations: Why listen to/tell stories?

Tell me your story – why?
• To catch & address problems early
• To understand patient needs (individual/collective)
• To get feedback on the service
• Relationship-building (“we’re listening to you”)

Listen to my story – why?
• To help me process what’s happened
• To help secure change
• To vent my anger (catharsis)
# Using stories to support learning

<table>
<thead>
<tr>
<th></th>
<th>Relationship between the storyteller and the listener.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Story</strong></td>
<td>This is about ME  →  This is about ANY of us.</td>
</tr>
<tr>
<td><strong>The Medium</strong></td>
<td>Face to face  →  Text based</td>
</tr>
<tr>
<td><strong>The Listener</strong></td>
<td>Sympathiser  →  Learner</td>
</tr>
<tr>
<td><strong>The Context</strong></td>
<td>Alone  →  In a group</td>
</tr>
<tr>
<td><strong>The Emotional Impact</strong></td>
<td>Shock  →  Making emotional connections</td>
</tr>
</tbody>
</table>

|                          | Ethical considerations in relation to the person whose experience it is/the learner. |

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Focus on Learning & Development

The story

- Sharing experience/making connections
- Identifying learning/sense-making
- Developing new skills
- Link to research/evidence base
- The change process – theory (models, frameworks)
- The change process – practice (tools, tips)
“Jimmy’s Story”
www.patientvoices.org.uk
“Can I have a hand please?”
www.patientvoices.org.uk
Some important questions

• What are the outcomes you’re looking for?
  – Reflections/discussion/greater awareness
  – Improved practice
  – Disseminating research/best practice statements

• How will this story help you/the group get there?

• What help will they need from you?
Our focus

• The relationship between the ‘carer’ and the ‘cared for’.
  – Reflect on the nature of that relationship.
  – Identify the challenges involved.
  – Identify implications for practice.

• The story resource - “Catch my Eye”
Reflection

• Personal connections:
  – “I feel....” (1 min)
  – Thoughts/ideas/connections (2 mins)
  – Share with a partner (5 mins)
Exercise to explore our theme

• Divide table in half: Julie/Mrs Laing (10 mins)
  • What emotions is she experiencing?
  • What pressures does she face?
  • What are her priorities?
    Record on Post-Its/lay out on your side of the table.

• Compare halves (10 mins)
  • What do you notice?
Implications for practice

• Look at the outcome of this exercise alongside the personal connections you identified.

• What are the implications for practice?

• What do we want to do about that?
Carer/Cared for

“carer”
• Familiar environment
• Defined role (clear expectations)
• Secure identity
• Knowing how & where I fit in
• Active contributor
• Network of contacts
• I am known

“cared for”
• Unfamiliar environment
• Loss of identity - “patient”
• Not knowing what’s going on
• Passive recipient
• Nobody knows me
• Pain, discomfort.
Implications for Practice

• It is very easy for the ‘carer’ to lose sight of what it is like to be one of the ‘cared for’.
• The experience of the ‘cared for’ provides essential feedback.
• We need ways to remind ourselves to seek that feedback.
Whose experience is it anyway?

• Transition: from a personal experience to the learner’s experience.
• Encourage/value different perspectives.
• Unexpected things always come up (follow what’s interesting but keep focussed)
• Always allow time for people to reflect on their personal response.
Story resources

- www.patientvoices.org.uk
- www.patients-association.org.uk
- Internal organisation’s processes (on ward, complaints process)
- NHS Education for Scotland (Patient’s Experience Programme)