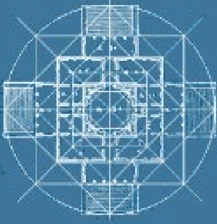
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Storytelling in Medical Education Programs

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Storytelling in Medical Education Programs

Giuseppina Cersosimo

Abstract: The aim of this article is to increase understanding about the validity of narrative and storytelling as approaches to learning and social awareness for medical professionals. If practiced widely, these could bring great benefits to the healthcare system as a whole. This contribution is the result of teaching and researching at the University of Salerno in a degree program aimed at improving students' learning and professional progress through the study and application of The Sociology of Health and Illness.

Keywords: narrative, illness, pilot action research, active learning

Their story, yours and mine - it's what we carry with us on this trip we take, and we owe it to each other to respect our stories and learn from them.

William Carlos Williams, 1883-1963, in Coles, 1989, p.30

A man is always a teller of stories, he lives surrounded by his own stories and those of other people, he sees everything that happens to him in terms of these stories and he tries to live his life as if he were recounting it.

Sartre J.P., 1964, p.58

A known yet surprising premise

One of the most prevalent problems in medical and surgical degree courses, as well as in graduate health professions, is understanding how to explain the ways that disease is not only a biological or clinical state, but also a social and cultural condition. At first glance the idea is totally incomprehensible, if not entirely secondary or irrelevant. It is a necessary and useful understanding however in terms of professional development for students and health care workers alike.

In the process of teaching, I realized how this method of storytelling had taken hold of medical students, and felt inclined to make it clear how important the patient doctor relationship actually was. I told them about my own adventures / misadventures and about the importance of listening closely to a patient in order to frame the diagnosis. Subsequently, each of my 120 students wanted to talk, interpret, and understand the relationship between what was a mistaken diagnosis and what developed over the next eight months in terms of defining and solving what would be unexplainable according to Evidence Based Medicine (EBM) alone.

It was at that moment I understood that in the first years of medical students' instruction - when they have no experience with diseases and patients as they will in the years to come - there was a need to develop a new method for learning about the Sociology of Health and Illness. As the year progressed, a method of storytelling was undertaken to give them the experience they would need. The students were asked to listen, and then analyse patients' stories to detect cultures, daily life patterns, ethnic groups, cultural capital, social capital and religions. In relation to social stratification, these conditions make illness and perceptions of it not only a disease, but also a sickness. This information is as important as the disease itself in terms of framing and treating the patient. In this way, storytelling becomes a real method for experiencing learning and knowledge, projecting the student into what will be their future professional

life. Therefore it is not a neutral and objective construction of reality, but rather an interpretation of symbolic meanings which shape reality, as critical as the experience that made the subject sick. This does not mean that we abandon the biomedical model, but rather integrate it with a narrative approach. The triad of disease, illness and sickness (Twaddle, 1968; Good, 1994; Kleimnan, 1980) has been useful in understanding the importance of this method, since through narrative we build meaning around the disease and its experience it as illness (Giarelli et. al, 2005). The individual tells a story in an attempt to understand an imponderable and painful event, which he can not make sense of. In telling their story of illness, a patient does not limit himself to describing events, but rather constructs a plot and contextualizes it in space and time giving it meaning based on a cultural context and a specific "semantic network of sickness". At the same time, this narrative, as a representation of the experience of others, allows us to understand individual experiences of pain and suffering despite their difficult communicability. The narrative is not only an interpretation of the experience of illness, but the result of re-proposing interpretations of the individual's biography (Bichi, 2000). This is a process between the patient and the health professional, and from here it is possible to provide a new interpretation of the manifest disease. This also means that the decision to undergo a course of therapy will be influenced by the meaning that the patient and the health professional have constructed through the narratives within their therapeutic relationship.

For this reason it is fundamental to the clinical practice of various professionals 1) to recognize the importance of the ways in which a patient relates to the whole of their diseases, including anatomical and physiological disorders, and 2) to grasp the subjective experience of illness which varies from individual to individual. From there we begin to interpret the patient's narrative of his experience from a cultural, political and social point of view.

Storytelling and illness

The disease hides itself in the folds of a story, in linguistic spies and in social relationships. There is an interaction between the narrator and the listener, the doctors and health workers; they are witnesses to the suffering of the patient and carriers of benefit and adjustment in their lives, already affected by pathologies. This approach is aimed at recovering aspects of treatment that are sometimes undermined by the growing process of specialization and technology in medicine: the sensitivity, the emotional and cultural dimension of care (Cersosimo, 2014; Vicarelli, 2016), respect for the individuality of patients and the ethical commitment

of professionals. The application of narrative skills can take different forms and functions. It is first and foremost a means to understand and recognize patients in the context of their lives and their suffering, but it can also be a way of thinking for doctors and health professionals as they consider their clinical practice as a contribution to the training of future professionals. Storytelling can also be used as a treatment, intervention and instrument, as well as a research technique to collect qualitative data on the treatment processes (Striano, 2012).

In the training of doctors and health professionals, it is paramount that the study and treatment of disease are approached with statistically significant information as well as in light of the patient's personal characteristics. The narrative becomes not only an educational method, but a useful channel to help professionals listen and correctly interpret what the patient tries to say - through story - about his perception of the illness. This goes beyond the expression of symptoms aimed at objectifying the patient, and allows the expression of the pain and emotions that are derived from suffering. Narrative skills can thus help healthcare professionals develop their clinical skills by grasping the patient's point of view on his suffering by understanding his needs, and reflecting on his emotions and the effects of the care provided: "With narrative competence, physicians can reach and join their patients in illness, ... for clinical work, narrative medicine can give physicians and surgeons the skills, ... methods to help them join with their patients, honoring all they tell them. ...rigorous training in such narrative skills as close reading, reflective writing, ..." (Charon, 2001, p. 284). Narrative skills also give these professionals new ways to reflect on the meaning of their practice (D'Oria, 2016). Like patients, some doctors and health care workers want to represent their experience in words. In these cases, scientific documents accompany narratives related to the meaning of human interactions and descriptions of the emotional and personal aspects of the care for particular patients.[1]

This is the premise experienced in Surgical and Dental Degree Programs at the University of Salerno. This program for medical training has placed renewed emphasis on narrative skills by way of new methods of instruction and courses / seminars on literature and reflexive writing, aimed at stimulating empathic relationships with patients. In this way, through storytelling about disease, a student can attempt to reveal and translate his own experience of the concept of illness.

[1] One example is the book Siddhartha Mukherjee (2010), medical oncologist winner of the Pulitzer Prize in 2011.

Subjects and methods

The methodological approach in this study was: Pilot Action Research aimed at emphasizing, promoting and developing a system for acquiring knowledge through storytelling and applying it to the Sociology of Health and Illness. The research was conducted by planning, acting, monitoring and reflecting on patients' stories by viewing audio-video evidence on the relationships among physicians, nurses and physiotherapists, the patient, their family and their needs.

For this reason the use of the constructivist paradigm justifies our design of an action-based research study because we wanted to distinguish how students define the experience of learning in relation to an understanding of socio-cultural issues and the everyday lives of patients. The constructivist approach holds that a "story" is not only built in the mind, but also carried out in the real world. Constructivism holds important implications for the education and design of curricula as it actively involves students in the learning process, providing stimulating experiences for the development of their beliefs and their reflection on the process of teaching (Bruner, 2004; Schunk, 2012). Narrative learning has as it's basic principle, the construction of meaning through experience (Clark & Rossiter, 2008).

We focused on discussing the effectiveness of storytelling in teaching. The process of narrative learning in our study was evaluated through the knowledge of concepts such as: values, beliefs, perceptions of disease, social stratification, social capital and cultural capital that students encountered before and after the course. We provided evidence of this through group work, written essays and journal entries. Storytelling has been considered a method for connection and cooperation with other forms of "rationality" (see EBM) derived from different epistemological models to improve diagnosis, treatment and therapy, while restoring the centrality of patients by acquiring a more complete and in-depth vision of the examination and treatment process. This approach was the premise for the formation of a real teaching method in the educational training of the students in the degree courses indicated. Thus, in the three-year period from 2013-2016, through the privileged presence of the researcher/lecturer, lectures, course work and research groups were arranged through EDAs (elective didactic activities) and PTAs (professional training activities), consistent with the objectives indicated, to increase understanding of the usefulness of the narrative method in medical and health professions. During the EDAs, 5 working groups were selected following a targeted sampling strategy. As Cohen, Manion and Morrison (2011) argue, researchers who take a targeted sampling "hand-select" participants based on their judgment of how well they fit the purpose or specific purposes of the study. Creswell (2007)

states that narrative researchers must further reflect on the targeted sample, because the participants should have a greater understanding of research problems and be willing to tell stories of their experiences.

At the beginning of the session, the 5 working groups were invited to view one of the following films (The Doctor, Regarding Henry, Wit, The Barbarian Invasion or Patch Addams)[2]. All the groups were then asked to listen to a story of a patient's life, specifically the story of Professor Sandro Bartoccioni. In each of the five groups there were seven members (three men and four women) with an age range between 19 and 25 years old. Each group watched a film and agreed on the predominant lack of personal understanding in the practice of patient care. It is for this reason that they participated in the interest group with a seriousness and willingness to learn.

Teaching methods

The films (about 120 min each) which were used in this study, were all based on a real life medical cases. Storytelling was used to share the patients' and their family members' experience of disease with the students. The videos were viewed in a classroom setting. In order to help students understand the contents of the video, the teachers translated some difficult vocabulary, and provided some essential information about questions of social capital, values and the social stratification of health care systems. After viewing the film, students had a 20 minute discussion. At the end of the first week of class, the students were asked to reflect in their journals about the content and connotations they experienced in the film.

After viewing the a fore mentioned films, all of the students watched an interview with Professor Bartoccioni, a patient with cancer at the end of his life. This video documents his disease and tells the story of a man who is no longer a doctor himself. Professor Bartoccioni became a patient with social needs dictated by the cancer.

This video was shown to all five groups before a broader discussion that involved them in listening to and reflecting on the story of his disease. Storytelling has become a teaching method through which the teachers (other researchers who contributed to the reliability of the work done - criterion of internal validity) and the learners who were engaged with case analysis, watched a film and listened to the real experiences of patients. This helped to ensure that the objectives of the lessons, reinterpreted in the light of the story told, were memorable, applicable and encouraged reflexive practice.

[2] Les Invasions barbares 2003, by Denys Arcand; Patch Adams, 1999, by Tom Shadyac; Regarding Henry 1991, by Mike Nichols; The doctor, 1991, by Randa Hainmes; Wit, 1999, by Mike Nichols.

On the whole, this led to the awareness of having to acquire skills such as: separating the background from the dialogue, developing a relationship with the text, identifying the structure of the story and recognizing metaphors and allusions, in their various facets; expanding creative skills, imagining different interpretations and inventing an inventory of possible endings to create an awareness of uncertainty and the need to understand the true significance of the story.

Methods and data analysis

Data collection took place in the first semester of the academic year November - December 2015. It was carried out by medical students and applied by four methods. First, students' activities were observed and field notes were taken during the learning process. The notes focused on interaction, participation and responses during discussions. They are not presented as data here, only in the interest of spatial economy.

The students' knowledge and opinions about the value and importance of the social context and everyday environment of patients were evaluated before and after viewing the films and the interview with Professor Bartoccioni. The effect of storytelling in this context was evaluated through the combination of student reflections and evaluations. The evaluation forms used were designed to evaluate the effect of storytelling and the change in learning outcomes by comparing the students' prior knowledge to the students' gained knowledge at the end of the research period. In table 1 and table 2 you can see the evaluation form used to collect data. All five groups completed the evaluation form before, during and at the end of the course.

The essays written by the students were collected to compare and identify their knowledge before and after obtaining an understanding of the story through:

- The examination of the social context in which the story of illness is told.
- The examination of how distinct parts of the narrative are linked to the whole, and how each part works within the text.
- The examination of the role played by the narrator and its particular effects within the social context in which the story is told.
- The examination of paralinguistic elements such as pauses, interruptions, multiple meanings, sequencing of words or phrases, etc.

Table 1. The change in learning outcomes by comparing the students' prior knowledge to the students' knowledge at the end of the research period

	Students' prior knowledge about: The purpose of the Sociology of Health and Illness?	**Students' knowledge at the end of the course about: The purpose of the Sociology of Health and Illness?**	**Film viewed**
Group 1	To have some lighter lessons compared to other disciplines	It is useful to help the doctor in developing a methodological narrative and knowledge to understand the social and cultural implications of a patient's illness.	The Doctor
Group 2	To learn how to make a group	To project ourselves into the knowledge that patients have about their disease, so that we can not disregard but rather adhere to that knowledge in defining future treatments.	The Barbarian Invasion
Group 3	To strengthen psychology	It helps us understand that family context, work, friends, and our team are important when framing assistance.	Witt
Group 4	We do not understand its usefulness	A disease can be something that helps patients discover another way of life.	Regarding Henry
Group 5	We do not know what sociology is and we cannot answer	On the basis of inequality, patients experience disease and treatment in a different ways depending on age, sex, culture, and country.	Patch Addams

Table 2. Analysing Assessment of Students' Prior Knowledge and Students' Opinions about the Benefit of Studying the Sociology of Health and Illness. We analysed students' statements by transcribing, coding, and creating categories from their statements. We divided the assessment into the categories that follow

Existing Knowledge of the Disease.	**Gained Knowledge of the Disease**	**Final and Cumulative Knowledge of the Disease**	**Synthesis through expressions detected among the students after the storytelling of prof. Bartoccioni**
Damage of an Organ	Sickness and fear	Illness is not only a physical problem it also interrupts the everyday life of the patient.	*When I was sick I discovered some things I would never have done without cancer, like going on holiday with my son.*
Loss of some capacity of the organism	Illness and the perception of the person in relation to others	Disease as a metaphor of new life	*It's not as important how long you live ... butterflies live just one day ... it's important how you live ... if you're loved, if we've been loved, if we love.*
Physical sickness	Wealth and poverty as inequality in the treatment of the disease	Gender, age, educational qualifications, religion, ethnicity different perceptions of the disease	*Our teachers are our patients, who are different in age, sex profession, beliefs.*

Results

The first result was born from the importance of the storytelling method to enhance the understanding of researchers and students, allowing them to make sense of their experiences (Besozzi & Colombo, 2014). The results of the research and discussion on the use of storytelling in the process of learning to internalize values, culture and social stratification in the history of the disease have been described. The storytelling models used were designed to teach the Sociology of Health and Illness in two phases. Each stage provided various activities related to how students' experiences built their understanding of illness through the study of sociology, and the phases of the narrative model illustrated.

In the first phase we analysed and evaluated the students' prior knowledge and opinions about the benefit of studying the Sociology of Health and Illness through written essays. We analysed students' statements by transcribing, coding, and creating categories from their statements. We divided the assessment into Existing, Gained, Final and Cumulative Knowledge of the disease. In the first session, the teacher asked students to: *Write a definition of disease.* About all students replied: *Damage of an organ.* In the following phases, we introduced the storytelling method and observed that students infact have a myriad of different approaches to and interpretations of disease (see table no. 2).

One emblematic piece of evidence is:

> *Illness is not only a physical problem: it also interrupts the everyday life of the patient* (student_11_ Male_23).

At the end of the research period, we observed a change in the opinions of students about the course of Sociology of Health and Medicine. It was possible to verify the change in learning outcomes by comparing the students' existing and final knowledge. This work showed that students who did partake in the research, changed their perceptions about the usefulness or unusefulness of the Sociology of Health and Medicine in a Medical Degree Program.

An emblematic sentence that well summarizes this point of view is:

> *Sociology is useful to help the doctor to develop a methodological narrative and knowledge to understand the social and cultural implications of a patient's illness* (group 1).

Certainly this work presents positive and negative aspects as well as limits; in particular the limited time available for classroom research and implementation. One primary effect is that, in its exploratory character, it is the first research study in Italy to apply storytelling through films, interviews, documents and literature to increase learning in a Medical Degree Program.

As will be explained later, this has highlighted that what has been observed in the study must be put into action in rethinking the teaching of Sociology of Health and Illness.

The students were guided to discover new knowledge and perceptions of illness in their patients in relation to their social class, gender and generation, and to immerse themselves in the experience of sociological categories. In addition, students were given the opportunity to take personal responsibility in group work and with problem solving. They were supported through instruction, advice and encouragement toward interpretive independence. The students' critical ability to respond to the questions posed before, during and after the films were enhanced. At the end of the process, the students were invited to reflect on their learning. This highlights that the narrative provided new and deeper insights into complex, sensitive issues. Analysis of the films enabled students to make sense of the patients' stories through specific details and aspects. Through narrative, the students were also engaged in the process of interpreting their future profession. We have determined that narrative storytelling represents a primary mode for students to make sense of their worlds and everyday lives (Plummer, 2001; Jedlowski, 2000).

In other words, this research highlights the role of teachers in guiding students to use reflection in the process of learning (Selmo, 2015). Reflection was instrumental in the interpretation of individual experiences of illness from various points of view, which enabled students to learn not only from the present but also for the future. The five groups that took the course wrote an essay on the stories they heard and the information obtained, illustrating how learning takes place in the process of receiving information. This type of learning highlights the interaction between personal, individual and acquired characteristics through stimuli and influences received from the learning environment (Fields, 1996).

The storytelling method is important for describing life experiences as well as determining meaning this has for students *"A story, then, facilitates instruction directly through verbal or linguistic means and indirectly by aiding in the mental construction of a sequence of events enacted for or by the learner."* (Andrews et al. 2009, p. 6). In other words, narrative allowed these medical students to organize their world from another point of view, providing connections and patterns of interpretation, by which they can construct their own identity (Bichi, 2000).

Final remarks

Fisher (1987) stated that humans are "Homo Narrans", affirming that the essence of human nature is storytelling. This propensity distinguishes us from all other creatures. There is no human being without a story. "The un-

derstanding that everyone has himself and his story: I cannot grasp myself outside of time and therefore outside of the story" (Ricoeur, 1988, p. 8).

The narrative method helps us to understand our experiences through the story told. Using this methodology means learning through hearing, telling and recognizing stories (Clark, 2010). Learning from stories through listening takes place when students listen to the stories or meta-stories of patients and their healthcare providers. The most interesting moments were when the students heard the story of disease directly, as in the words of Professor Bartoccioni. This process of active listening, made the students understanding of the meaning and metaphors more profound. Learning in this mode means recognizing culture, gender, education, capital and place. Students were able to comprehend their future professional identity, while thinking and appreciating various aspects in the lives of sick people. We identified three ways in which the students learned narratively, these were: listening, telling and recognizing different ways of experiencing illness and the consequent ways to follow or not follow therapy and care pathways. The benefits of using narrative have shown that it is useful for students, increasing their interest in learning, and developing their abilities and critical thinking. The advantages of storytelling in our case study promoted critical thinking and problem solving skills among the students (Selmo, 2015).

Telling one's own story during a visit, and/or treatment, contributes to an understanding of one's own existence, and clarifies a part of one's biography. The events, experiences, thoughts and feelings told are united by the meaning that the person gives them, as they actively interpret their own life. Some events and episodes can be seen to carry a particular meaning. Some are selected and others "forgotten" or excluded, and sometimes their interpretation - related to past or future plans - is transformed according to the current situation. Rethinking one's own story may mean re-interpreting previous life events and looking for different decision-making perspectives. Such experiences could be accepting a new life situation, such as an illness or coping with a current life situation such as a lifelong disease. In this sense the use of storytelling becomes a method in diagnosis, therapy and physiotherapy, a way to better understand a patient's experience of their disease and their quality of life. Professionals who listen and know how to listen, have an opportunity to communicate more effectively and to develop their empathic skills to interpret, build trust, and support ties with those who must be cared for.

Storytelling is a good way to maintain students' high attention level. It is also a tool for retaining information, facilitating the integration of theoretical knowledge with more practical forms through the use of a concrete true-life case studies. Storytelling is used as an educational tool to develop

students' empathy and to help them become familiar with the stressful situations they will find themselves in when they begin their practice.

We have considered the prospect and meaning of storytelling in the case of illness as a "semantic network".This is an important factor, since it mediates the idea of health that the subject subscribes to, as well as the perceptions that give meaning to the illness in relation to social networks and their cultural references. According to our interlocutors, this contributes - in a useful and indispensable way - to the construction of channels of trust with doctors and health care professionals, as well as to the development and learning of what is not organic but rather political, social and cultural in terms of health care. Therefore, "each case contains a human history of suffering and illness (…) which together require treatment (for the patient) as a person, case and part of the health system" (Cox, 2001, pp. 862-6). In fact, storytelling can provide a meaningful means to understanding others, "in relation to a context that expresses what has not been experienced directly" (Garro & Mattyngly, 2000, p.1). This shows that storytelling is not just a transmission of messages, but rather, it *identifies with the activities* through which people engaged in joint activities, communicate their experiences, giving them a specific expression (see again table 1 and table 2).

The narrative therefore constitutes a methodological approach that has at its core important training experiences for diagnosis, treatment and therapy; because in the life of each individual we can not ignore the emotional, relational and social experiences of that person. Taking care of a sick person does not mean just diagnosing and treating the dysfunction, but also knowing how to understand their uniqueness, their lived experience and their needs, expressed or not.

It could be argued that, despite the partiality and specificity of the work, the power of storytelling stands out when learning concepts such as social and cultural context, ethnicity, inequality, social capital, cultural capital and social communication have an impact on the quality of life, and on the course of the disease and the patient's experience of their illness. This trend is repeatedly reinforced by the fact that the students in our study used and redesigned the narrative method, creating their own methodology to educate and inform their patients about new ways of being after diagnosis, therapy and rehabilitation. This process also led us to design a new educational model in the medical and surgical degree program to shift the teaching approach from one year to the next. This is precisely because the narrative methodology used in this study revealed significant ways in which the 'internal' participants of this program should explore illness in relation to social and psychosomatic implications through in-depth study and narrative explanation. Although sociologists have long stressed the importance of storytelling as a model for learning in medical and nursing schools, scientific and qualitative

evidence is still lacking. If it is to be incorporated as a teaching method in clinical practice, further research is probably needed to better define the role of the methodology, and to understand the specific skills required to practice it. We must determine the desired outcome and usability of this qualitative method in relation to the design of future medical education programs.

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