

Stories that Inspire: Engaging Learners Through Storytelling

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Dedication

This poster presentation is dedicated to Carli, Jim and Sheri. This family has graciously allowed us to explore their personal journey of tragedy, courage, perseverance and triumph for the sake of nursing education. Sheri herself is a nurse, and even though she is no longer actively practicing, she continues to support her colleagues' learning by sharing her story of recovery.



Acknowledgements

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Foreword: What is Storytelling?

Much more than a simple case study, storytelling in nursing education is a method of connecting a personal example to a disease process or condition to enhance learning. Storytelling is a way to provide a rich illustration of difficult material so that the learning can not only occur but be retained (Benner, Sutphen, Leonard, & Day, 2010.) The story can illustrate the patient's experience while linking evidence and clinical practice. Storytelling can be utilized in written, verbal and digital formats (Billings, 2016).

Prologue: Why Use Storytelling?

Today's nurse educators face a variety of challenges when providing educational programs to an organization's nurses. Many clinical accreditations require the bedside nurse to accrue a higher number of educational hours annually. Teaching methods based on lecture and simple slideshows have fallen out of favor to more interactive learning strategies. Learners themselves have become accustomed to advanced technologies and the desire to be "entertained" while they learn. Dwindling staff development resources compound these challenges. How can educators find a way to engage today's learners and feel confident that the content provided is valuable and can be transitioned into practice?

An additional benefit of the storytelling methodology is that it allows nurses to revisit a patient they have cared for in the past and find answers to the question, "Whatever happened to Patient X in room 2143?" Many nurses choose this profession because they find fulfillment in caring for people. However, as patients quickly advance through the continuum of care, the nurse-patient relationship becomes transient. The nurse rarely hears of the patient's outcomes, which can leave them feeling dissatisfied and disconnected from the value of their work.

Audience Reviews

"I will make sure to keep the family in the forefront of my mind when taking care of their loved ones."

"LOVED this presentation and hearing the follow-up of this patient and family."

"I enjoyed the video of the patient."

"The video was very effective and I greatly enjoyed it."

"It was nice to see the patient after discharge to see how well she is doing."

"Loved the case study with the family video. Well done. Informative in an interesting way."

"Very engaging."



Table of Contents: What We Did

Chapter 1: Choose the appropriate story.

We began with a need to deliver stroke education on a new and/or interesting topic. We wanted to utilize the case of an actual patient from our unit who achieved a positive outcome. We consulted with an APN from the neurosurgical service to discuss possible patient case studies and selected one.

Chapter 2: Contact that patient.

We asked the APN to contact the patient and introduce us by phone. We asked the patient to share her story and be interviewed on videotape. Prior to videotaping, we obtained written consent allowing us to use the names and images of the patient and family in our presentations.

Chapter 3: Plan how to tell the story.

A key objective was to bring the story to life for the learners. We considered inviting the patient to present her story in person at the live program. However, that was not logistically feasible. The patient lived far away and had slight mobility limitations, making it inconvenient for her and her family to attend multiple sessions. In addition, presenting the patient's story at a live session could create inconsistencies in the learners' experience. We decided that videotaping would resolve these issues. We formulated learning objectives centered around best practice guidelines for Subarachnoid Hemorrhage. We then built a content outline where the nursing care paralleled the patient and family's recount of what happened during the hospital stay. We chose to let the story unfold in chronological order as this allowed us to tell the patient's story from onset through recovery.

Chapter 4: Build the story according to the plan.

We arranged to meet the patient at her local neurosurgeon's office and had permission to interview her in their office after hours. We had sent her a list of possible questions ahead of time to allow for adequate preparation. We secured the video and audio equipment and learned proper operation prior to arrival.

Chapter 5: Add the finishing touches.

It was important to find the right balance between clinical content and emotional context to accurately portray the patient experience and provide a meaningful experience for the learner. We chose a theme that portrayed the emotional context of the subject matter. Then we edited the raw footage of the interviews to highlight key moments that best illustrated the patient's journey. We utilized music and graphics to compliment the theme of the video

Chapter 6: Tell the story.

This is where the magic happens and true learning occurs! We delivered the story to our target audience and allowed time for discussion. During this time, participants were encouraged to recall, react and respond to what they had seen and heard.

Chapter 7: Evaluate the program.

A standard continuing nursing education (CNE) post-program evaluation was used to confirm and validate the effectiveness of the chosen teaching methodology. See the "Audience Reviews" for participant reviews. We felt it was important to properly thank the patient for her time and willingness to share. We sent her a thank you card, a small token of gratitude and an electronic copy of the finished product as a keepsake.

Afterword: Our Results

Using storytelling as a teaching methodology allowed us to reach the affective domain of learning. Hearing this patient's story and seeing her progress toward healing and recovery helped the nursing staff appreciate the long term impact of the care they provide. The participants recalled feeling ambivalent about saving this patient's life without knowing what the future would bring her. They also expressed pride and relief in learning that this patient did achieve a positive recovery and is able to live a meaningful life. The nurses had a newfound appreciation for the significance of what they considered to be routine, everyday care. Hearing the patient's story brought the clinical content to life making it more applicable and relevant. This stimulated much dialogue and enthusiasm, which kept the participants engaged in the learning process.

An unexpected finding was seen among the family members and patient. Being allowed to share her story and express gratitude to the staff who worked so hard to save her life was healing and offered a sense of closure for Sheri. The family was able to share their recollection of the events that unfolded and how the staff made them feel during the many highs and lows of the patient's most vulnerable hours. They expressed sincere gratitude for all that was done for them and the nursing staff was able to receive that message; an opportunity that is so often missed when patients leave the hospital to continue their recovery at home.

There are 2 ways to share knowledge
YOU CAN PUSH INFORMATION OUT
YOU CAN PULL THEM IN w/ STORY

References

- Benner, Sutphen, Leonard, & Day (2010). Book highlights from educating nurses: A call for radical transformation.
Billings (2016). Storytelling: A strategy for providing context for learning.

Video Sample



Resources



Contacts

