



STORYAID.EU COURSEBOOK

ERASMUS+ PROGRAMME

2014-2020

KEY ACTION 2: STRATEGIC PARTNERSHIP

**HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF
STORYTELLING**

AGREEMENT N°2019-1-ES01-KA203-065728



StoryAidEU
Humanizing Healthcare Education through
the use of Storytelling



International Network for
Health Workforce Education



Co-funded by the
Erasmus+ Programme
of the European Union

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Coursebook

May 2021

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Introduction to the Course

Current healthcare training relies upon a comprehensive understanding of the bio-medical model of medicine. However, it is widely acknowledged that it is necessary to develop curricula which incorporate a more rounded perspective in order to achieve a greater degree of humanism in healthcare. The need for the health workforce to understand and value humanism has never been greater: Europe faces increased demands for health services due to ageing populations, rising patient mobility, and a diminishing supply of health workers caused by retirement rates that surpass recruitment rates. Under these conditions, healthcare systems are being placed under unprecedented pressure and there is a great risk for the principles of humanism to become side-lined even further.

This course presents a clear approach for integrating the principles of humanism in the delivery of healthcare. It proposes that storytelling can become a crucial tool for educators to reveal the hidden and silent stories of patients, healthcare professionals, loved ones, and vulnerable populations, and in particular through the practice of interprofessional collaboration. By clarifying the positive impact of humanistic approaches on healthcare outcomes as well as providing specific tools and real-world case studies for implementing humanistic principles in healthcare practice, this course provides a compelling justification and concrete pathway for healthcare students to make humanistic healthcare part of their everyday working lives.

The course consists of the following modules:

Module 1: Introduction to Humanism

Module 2: Introduction to Storytelling

Module 3: Introduction to Interprofessional Education

Module 4: The Power of Stories

Module 5: Mindfulness in Healthcare

Module 6: Intercultural Understanding

Module 7: Creating Safe Spaces

Module 8: Creating Supportive Networks

Module 9: Collaborative Storytelling

Module 10: Self Care

Module 11: Storytelling, Humanism and Leadership

Module 12: Reflection

The remainder of the coursebook outlines the modules in detail, including the key areas covered, teaching methods, and learning outcomes.

Module 1: Introduction to Humanism

<p>Module Summary</p> <p>This module outlines the basic tenets of humanism. It will demonstrate the close connection between humanism and person-centred care and its implications for the understanding of others.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • A history of humanism • Theories of humanism • Key definitions of humanism • How the key attribute of storytelling is implicit within humanism • Evaluation of humanism 		<p>Importance of module to healthcare delivery</p> <p>Humanism in health care improves health outcomes and enhances patients to adhere to professional advice and treatment options. Teaching humanism in healthcare education is a necessity to help students to conduct their professional lives in a more humanistic manner. This module outlines the main tenets of humanism in order to introduce students to the concept of humanism and help them to begin identifying its relevance to the delivery of healthcare.</p> <p>Importance of module to individual healthcare professionals</p> <p>Humanism in health care reminds us that illness, recovery, as well as dying are an integral part of the whole human experience. Every person in the health system – health professional or patient – is first a human being which means a great responsibility to develop appropriate understandings of the human experience that go beyond standard professional knowledge. It is crucial to empower health professionals to develop skills that enable humanistic care towards patients, colleagues, and themselves.</p>
<p>Length (hours)</p> <p>2,5</p>	<p>Credits in ECTS</p> <p>0,1</p>	<p>Teaching methods</p> <p>Interactive classroom teaching, webinars, reading material, Powerpoint slides, presentation videos,</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • What are the key attributes of humanism? • What does humanism look like in healthcare practice? • How does humanism link to patient-centred care? • What is the role of presence in humanism within the healthcare professional and patient context? 		<p>Learning outcomes</p> <p>Successful completion of the module will lead to:</p> <ul style="list-style-type: none"> • An understanding of the concept of humanism • An understanding of the role of humanism development in the discipline of professions and practice • The importance of theories of humanism in the delivery of outcomes for people, professionals and organisations • Applying key principles for planning, designing, implementing and evaluating humanistic care
<p>Key module resources</p> <ul style="list-style-type: none"> • Cave, P. (2009). Humanism: A Beginner's Guide. New York: Simon and Schuster. • Cohen, J. (1958). Humanistic Psychology. Sydney: Allen & Unwin. • Gerald P. Turner, J. M. (1988). Humanistic Health Care: Issues for Caregivers. Chicago: Health Administration Press. • Hulail, M. (2018). Humanism in medical practice: what, why and how? Hospice & Palliative Medicine International Journal, 2(6), 336-340. • Kirk J. Schneider, J. F. (2001). The Handbook of Humanistic Psychology: Leading Edges in Theory, Research, and Practice. Newbury Park: SAGE. • Law, S. (2011). Humanism: A Very Short Introduction. Oxford: Oxford University Press. • Moss-Wellington, W. (2019). Narrative Humanism: Kindness and Complexity in Fiction and Film. Edinburgh: Edinburgh University Press. 		

- Niels De Nutte, B. G. (2019). Looking Back to Look Forward: Organised Humanism in the World: Belgium, Great Britain, the Netherlands and the United States of America, 1945-2005. Uppsala: Vubpress.
- Rotenstreich, N. (2020). Humanism in the contemporary era. Berlin: Walter de Gruyter GmbH & Co KG.
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Module 2: Introduction to Storytelling

<p>Module Summary</p> <p>Storytelling is introduced as a holistic and culturally co-created experience, which authentically navigates and engages human beings in a dynamic process of sharing, learning and celebrating our interconnected lives. It embodies thoughts, knowledge and heritage, and reveals the language of the world and community in which we live. Storytelling strives to impress upon the reader that individuals, communities and groups have a right to live, voice and realise their own story. Using storytelling in healthcare settings holds great potential for delivering healthcare in a manner that reflects humanistic principles.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • Key features of storytelling as a concept • Theory of storytelling • The importance of storytelling in interprofessional environments • How storytelling can improve the delivery of healthcare, interprofessional collaboration, and patient experience • Examples of how storytelling can be used in practice in healthcare contexts 		<p>Importance of module to healthcare delivery</p> <p>Building on Module 2, there is a clear need to develop healthcare systems that reflect the principles of humanism. Storytelling is a valuable tool for putting humanistic principles into practice. By providing opportunities for health professionals to develop a deeper understanding of their colleagues, their patients and themselves, storytelling can be an essential element in efforts to create a more humanistic healthcare system. In addition to this, storytelling increases an awareness of societal inequality and diversity by highlighting how all experiences are situated in specific cultural, societal, and generational norms (among others). A healthcare workforce that is more aware of the full breadth of societal experiences and perspectives will lead to healthcare systems being better equipped to treat patients from all parts of our diverse society, including under-represented or disempowered groups.</p> <p>Importance of module to individual healthcare professionals</p> <p>The use of storytelling has the potential to produce highly positive results to individual healthcare professionals as well as to their patients. Developing a better understanding of storytelling and how to put it into practice will enable healthcare students to develop into professionals who are better able to communicate with their colleagues and patients, which will give them a more rewarding professional life. In addition, learning to use storytelling effectively in their everyday work will give healthcare professionals the skills to become more self-aware and process their own experiences, bringing benefits to their mental health and well-being.</p>
<p>Length (hours)</p> <p>5</p>	<p>Credits in ECTS</p> <p>0,2</p>	<p>Teaching methods</p> <p>Interactive classroom teaching, webinars, reading material, Powerpoint slides, presentation videos, Group work using action learning sets</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • What is storytelling? • Why is storytelling important to improving healthcare? • How can storytelling be used by healthcare professionals and in interprofessional settings? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. Broad understanding of storytelling as a concept. 2. Theory of storytelling. 3. Examples of storytelling in practice (multi- and interprofessional settings)
<p>Key course resources</p>		

- Anderson, E. (2015) A Right to Story: stories are an essential social prescription in the process of healing challenging inequality in healthcare and education.R
- Bailey, Patricia, H., Tilly, Stephen (2008). Storytelling and the interpretation of meaning in qualitative research, JAN, Leading Global Nursing research.
- Cersosimo G. (2019). Storytelling in medical education programs. Italian Journal of Sociology of Education, 11(3), 212-225.
- Charon, R. (2006) Narrative Medicine: Honoring the Stories of Illness, OUP, USA.
- Gubrium C. A., Fiddian-Green A., Lowe S., Difulvio G., Del Toro-Mejias L. (2016). Measuring down: evaluating digital Storytelling as a process for narrative health promotion. Qualitative Health Research, 26(13), 1787-1801.
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- Ingemark, A.A. (2013). Therapeutic Uses of Storytelling: An Interdisciplinary Approach to Narration as Therapy. Pub. Nordic Academic Press, Sweden.
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Module 3: Introduction to Interprofessional Education

<p>Module Summary</p> <p>Interprofessional education (IPE) is a key concept relating to health care professionals' ability to effectively work together. The significance of IPE is extremely high since collaboration and highly integrated teamwork are essential to patient safety and quality of care. When individuals of different professions learn together, the experience can change their attitudes, and reduce stereotypes between professions within the medical field. IPE is increasingly being recognized as a valuable tool of training health professionals to improve health care and patient outcomes.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • Key definitions and attributes of IPE • The importance of IPE in healthcare • Key studies of IPE in healthcare settings • Model and contrary cases of IPE in practice • Case studies of real-world examples of IPE being implemented in healthcare contexts 		<p>Importance of module to healthcare delivery</p> <p>In current healthcare systems across the world, patients are increasingly cared for by multidisciplinary teams involving a wide range of healthcare and other professionals. It is therefore vital that effective team-working, collaborations and communication exist across professional boundaries, ensuring high quality care that benefits patients. IPE between different professions is a means of achieving this type of collaboration.</p> <p>Importance of module to individual healthcare professionals</p> <p>Working in an interprofessional manner requires a specific set of skills which enable individual professionals to rise to the challenges that they will inevitably face when working with professionals outside their own discipline. Being able to identify the essential skills and best practices involved in working in IPE settings is essential knowledge for healthcare students to possess and it will help them to become effective collaborators and communicators when they eventually need to work in interprofessional settings.</p>
<p>Length (hours)</p> <p>5</p>	<p>Credits in ECTS</p> <p>0,2</p>	<p>Teaching methods</p> <p>Interactive classroom teaching, webinars, reading material, Powerpoint slides, presentation videos,</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • What are the basic features of IPE? • Why is IPE important to the delivery of healthcare? • What does IPE look like in a practical healthcare setting? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. Possess a clear understanding of IPE and its importance to the delivery of healthcare. 2. Understanding of collaborative practice competencies within the context of Interprofessional Teams. 3. Understanding the importance of active involvement (interactional); experiential learning and socialization process; anagogical experiences; collaborative patient-centred care
<p>Key course resources</p> <ol style="list-style-type: none"> 1. Luke R., Solomon P., Baptiste S., Hall P., Orchard C., Rukholm E., Carter L. (2009), Online interprofessional health sciences education: from theory to practice. <i>Journal of Continuing Education in the Health Professions</i>, 29(3), 161-167. 2. Rabinowitz M., Johnson L.E., Mazzapica D. O'Leary J. (2010), Storytelling effectively translates TeamSTEPPS skills into practice. <i>Journal of Continuing Education in Nursing</i> 41(1), 486-7. 3. Brandt B., Lutfiyya N.M., King J.A., Chioreso C. (2014), A scoping review of interprofessional collaborative practice and education using the lens of the Triple Aim. <i>Journal of interprofessional Care</i>, 28(5), 393-399. 4. Balogun S.A., Rose K., Thomas S., Owen J., Brashers V. (2015), Innovative interprofessional geriatric education for medical and nursing students: focus on transitions in care. <i>QJM: Monthly Journal of the Association of Physicians</i>, 108(6), 465-471. 		

5. Herge E.E., Hsieh C., Waddell-Terry T., Keats P. (2015), A simulated Clinical Skills Scenario to teach interprofessional teamwork to health profession students. *Journal of Medical Education and Curricular Development*, Vol 2(2015).
6. Khan N.S., Shahnaz S.I., Gomathi K.G. (2016), Currently available tools and teaching strategies for the interprofessional education of students in health professions. *Sultan Qaboos University Medical Journal*, 16(3), 277-285.
7. West C., Graham L., Palmer R.T., Fuqua Miller M., Thayer E.K., Stuber M.L., Awdishu L., Umoren R.A., Wamsley M.A., Nelson E.A., Joo P.A., Tysinger J.W., George, P.A. (2016), Implementation of interprofessional education (IPE) in 16 U.S. medical schools: common practices, barriers and facilitators. *Journal of Interprofessional Education & Practice*, 4(September 2016), 41-49.
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9. Guraya S.Y., Barr H. (2018), The effectiveness of interprofessional education in healthcare: a systematic review and meta-analysis. *The Kaohsiung Journal of Medical Sciences*, 34(3), 160-165.
10. Schapmire J., Head B., Nash W., Yankelov P., Furman C., Wright B., Gopalraj R., Gordon B., Black K., Hall-Faul M., Faul C. (2018), Overcoming barriers to interprofessional education in gerontology: the interprofessional curriculum for the care of older adults. *Advances in Medical Education and Practice*, 15(9), 109-118.
11. Tran C., Kaila P., Salminen H. (2018). Conditions for interprofessional education for students in primary healthcare: a qualitative study. *BMC Medical Education*, 18(122).
12. Torte L., Quinlan P., Makaryus A., George C., Caruso V., Gilman S., Ricardo A., Fornari A. (2019), The long-term impact of an interprofessional humanistic faculty development programme: a qualitative investigation. *Journal of Evaluation in Clinical Practice*, 26(3), 738-746.
13. Rider E., Navedo D., Branch W. (2020), Shifting organizational cultures: developing leaders in humanistic interprofessional education. *International Journal of Whole Person Care*, 7(1), 26-27.

Module 4: The Power of Stories

<p>Module summary</p> <p>This module is about the power of stories. It describes the storytelling process that can be used to enhance teaching and research. It is a therapeutic non-invasive human process which dignifies and respects the humanity of individuals, and has existed across many cultures throughout history. The module outlines how storytelling triggers a three-stage healing process involving the incorporation of the physical, the mental and the spiritual.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • Why storytelling is a powerful tool for healthcare teaching and practice • The healing processes of storytelling • How to lead storytelling practices and narrative interviews 		<p>Importance of module to healthcare delivery</p> <p>Using storytelling in healthcare settings involves seeing the patient's health issue from their perspective and understanding their suffering. Practicing medicine with narrative competence results in a better understanding of the patient's story, making for improved care and increased patient satisfaction.</p> <p>Importance of module to individual healthcare professionals</p> <p>The narratives we construct about our experiences have a profound impact on how we understand and move through our lives. Sharing a story is an effective means of imparting wisdom to others and a valuable tool for processing our own experiences. An encounter with a story that helps us make sense of a troubling experience is a powerful healing tool; such a narrative helps us formulate a plan for coping and provides evidence that others have faced the same challenges and survived. Stories matter because they are a powerful mechanism for instilling hope.</p>
<p>Length (hours)</p> <p>2,5</p>	<p>Credits in ECTS</p> <p>0,1</p>	<p>Teaching methods</p> <p>Interactive classroom teaching, webinars, reading material, Powerpoint slides, presentation videos, Case based teaching, Problem based learning, group work using action learning sets, bedside teaching</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • What impacts do stories create? • Which skills does storytelling improve? • How can we use storytelling to make a positive impact in a healthcare context? 		<p>Learning outcomes</p> <ul style="list-style-type: none"> • How to listen to stories and build authentic relationships • How to create personal and structural permissions. • Understanding Referencing and its applications (GRT) • Understanding emotional awareness and issues relating to Adverse Childhood Experiences (ACE). How does this help understand stories?
<p>Key course resources</p> <ul style="list-style-type: none"> • Anderson, E (2019). Can incorporating the StoryAID theories GRT & Q^DSA lead to the rehumanisation of healthcare? 2019. StoryAID Link code: StoryAIDEU/INHWE • Felnhofer A, Kothgassner OD, Hauk N, Beutl L, Hlavacs H, Kryspin-Exner I (2014) [Online]. Available: http://www.sciencedirect.com/science/article/pii/S0747563213003956 Physical and social presence in collaborative virtual environments: Exploring age and gender differences with respect to empathy. <i>Comput Hum Behav</i> 31:272–279 • Frank AW (2010) <i>Letting Stories Breathe: A Socio-Narratology</i>. University of Chicago Press: Chicago. • Ganz M (2011) Public narrative, collective action, and power. In: Odugbemi S and Lee T (eds). <i>Accountability through Public Opinion: From Inertia to Public Action</i>. The World Bank: Washington DC, pp 273–289. 		

- Hall, J.M, Powell, J. Understanding the Person through Narrative. *Nursing Research and Practice*. 2011.
- Hattaway Team. (2017) *The Science of Storytelling, Part 1: Help Your Audience Understand Cause and Effect*, <http://www.aspiration.al/science-of-storytelling-part-1-cause-and-effect/>, accessed 13 April 2017.
- Lugmayr A (2011) Applying 'Design Thinking' as Method for Teaching in Media Education, In *Proceedings of the 15th International Academic MindTrekConfernece: Envisioning Future Media Environments*, pp. 332–334
- Hagström L & Gustafsson K. (2019) Narrative power: how storytelling shapes East Asian international politics, *Cambridge Review of International Affairs*, 32:4, 387-406
- McBeth MK, Jones MD and Shanahan EA (2014) The narrative policy framework. In: Sabatier PA and Weible CM (eds). *Theories of the Policy Process*. Avalon Publishing: Boulder, CO.
- Resource Media. (2016) *What They See Matters: Visual communication takeaways from audience research and tips for testing images*, Resource Media, <http://www.resource-media.org/wp-content/uploads/2016/03/What-They-See-Matters-Image-Testing-Guide.pdf>.

Module 5: Mindfulness in healthcare

<p>Module summary</p> <p>Mindfulness is the art of being fully aware through purposefully and non-judgmentally paying attention to the present moment. Its usefulness for patients and healthcare professionals has been repeatedly proven and several mindfulness techniques are gaining popularity within the healthcare sector. This module explores several mindfulness techniques which can be applied to healthcare practices.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • Mindfulness techniques for healthcare professionals • The mindfulness techniques which aim to help healthcare professionals manage stress, depression, emotional exhaustion or burnout • Techniques such as mindfulness-based stress reduction (MSBR), mindfulness-backed therapeutic techniques (mindfulness based-interventions – MBIs), and trauma-informed approaches (TIAs). • Challenges of and methods for integrating these techniques into healthcare contexts • The cost-effectiveness of implementing mindfulness-based therapeutic approaches in healthcare 		<p>Importance of module to healthcare delivery</p> <p>Mindfulness-backed techniques are a cost-effective way of improving the quality of care delivered to patients and enhancing the wellbeing of healthcare professionals.</p> <p>Importance of module to individual healthcare professionals</p> <p>Mindfulness helps health professionals to be more fully present with their patients and within themselves. The ability to pay attention to what is happening in the moment and with a specific patient, rather than being distracted by other demands and concerns, creates space for health professionals to use their experience and knowledge effectively, while prioritising the dignity of each patient. Being more present to their own experiences increases healthcare professionals' ability to manage stress, and also helps to enhance their decision-making, well-being, and self-efficacy. Mindful meditation techniques are widely used to manage stress, and are especially effective at reducing the stresses of time pressure and excessive workload that make modern healthcare so challenging to cope with.</p>
<p>Length (hours) 2,5</p>	<p>Credits in ECTS 0,1</p>	<p>Teaching methods</p> <p>Interactive classroom teaching, webinars, reading material, Powerpoint slides, presentation videos, Case based teaching, Problem based learning, group work using action learning sets</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • How can mindfulness help me become a more self-aware, satisfied, and effective healthcare professional? • How can I treat my patients using approaches and techniques stemming from the concept of mindfulness? • How can I overcome the challenges of implementing these techniques in the current working environment of the healthcare system? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. Gain a broad understanding of mindfulness as a concept. 2. Learn about mindfulness techniques, practices and exercises. 3. Understand trauma-informed approaches
<p>Key course resources</p>		

- Baer RA. Mindfulness training as clinical intervention: a conceptual and empirical review. Clin Psychol (New York) (2003).
- Baer RA, ed. Mindfulness-Based Treatment Approaches. Clinician's Guide to Evidence Base and Applications. San Diego, Calif: Academic Press (2006).
- Cheung K (2018) "Implicit and Explicit Ethics 16 in Mindfulness-Based Programs in a Broader Context" in "Handbook of Ethical Foundations of Mindfulness", Mindfulness in Behavioral Health Series Editor: Singh N.N, Additional Editors: Singh N.N, Stanley S, Purser R.E. . Springer International Publishing AG, part of Springer Nature, US. <https://doi.org/10.1007/978-3-319-76538-9>
- Fossas A (2015) "The Basics of Mindfulness: Where Did It Come From?" Published 27 January 2015, <https://welldoing.org/article/basics-of-mindfulness-come-from> (internet article: accessed 10th February 2021)
- Hall J. M., Powell J. Understanding the person through narrative. Nursing Research and Practice, (2011).
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- Jayadevappa R, Johnson JC, Bloom BS, etal. Effectiveness of transcendental meditation on functional capacity and quality of life of African Americans with congestive heart failure: a randomized controlled study. Ethn Dis. (2007).
- Kabat-Zinn J. Mindfulness meditation. What it is, what it isn't and its role in healthcare and medicine. In: Haruki Y, Ishii Y, Suzuki M, eds. Comparative and Psychological Study on Meditation. Delft, The Netherlands: Eburon (1996).
- Liu, YC (Liu, Yu-Chen); Li, IL (Li, I-Ling); Hsiao, FH (Hsiao, Fei-Hsiu). Effectiveness of mindfulness-based intervention on psychotic symptoms for patients with schizophrenia: A meta-analysis of randomized controlled trials (2021).
- M.M.P. Demarzo, Ph.D., M.D., A.Cebolla, Ph.D., J. Garcia-Campayo, M.D., Ph.D. The implementation of mindfulness in healthcare systems: a theoretical analysis (2014).
- Sobel DS. Mind matters, money matters: the cost effectiveness of mind-body medicine. JAMA (2000).
- Sun, YY (Sun, Yuying); Wong, SYS (Wong, Samuel Y. S.); Zhang, DX (Zhang, Dexing); Chen, CHJ (Chen, Cynthia H. J.); Yip, BHK (Yip, Benjamin H. K.). Behavioral activation with mindfulness in treating subthreshold depression in primary care: A cost-utility and cost-effectiveness analysis alongside a randomized controlled trial (2021).

Module 6: Intercultural understanding

<p>Module Summary</p> <p>Intercultural competence involves the ability to interact effectively and appropriately with people from other cultures. It is therefore an essential element to achieving more humanised healthcare systems which are underpinned by values including patient-centred care, interaction with the patient and their family based on understanding, and humane companionship which fosters genuine and empathetic engagement. This module explores the meaning of intercultural understanding and how to achieve this in healthcare settings.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • Introduction to self-categorisation theory to explore how individuals view themselves in relation to the groups to which they belong. • The cognitive and affective aspects of intercultural understanding. • The four dimensions of intercultural competence: knowledge, attitudes, skills, and behaviours. • Essential elements for achieving intercultural understanding. 		<p>Importance of module to healthcare delivery</p> <p>In the context of our culturally diverse societies, developing healthcare systems which reflect the values of humanism require all health professionals to appreciate and practice intercultural understanding towards each other and their patients. It is only through understanding the meaning of effective intercultural communication and interaction and how to implement this in practice that healthcare can be delivered in a respectful, patient-centred manner.</p> <p>Importance of module to individual healthcare professionals</p> <p>For many individuals, it is their default to interact and understand others through the lens of their own culture, often leading to miscommunication or a lack of shared understanding. In a healthcare setting, a lack of intercultural understanding ultimately makes it very challenging for any connection or empathy to be established between a healthcare professional and their patient. Caring for a patient requires a holistic professional-patient relationship: a relationship which is inclusive of the patient experience and a connection between the patient and healthcare professional being established which takes place regardless of their cultural backgrounds.</p>
<p>Length (hours) 2,5</p>	<p>Credits in ECTS 0,1</p>	<p>Teaching methods</p> <p>Interactive classroom teaching, webinars, reading material, Powerpoint slides, presentation videos, Case based teaching, Problem based learning, group work using action learning sets, field experience, bedside teaching- all preferably designed in a blended learning approach</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • What is intercultural understanding? • What is the process that leads to establishing intercultural understanding? • How can intercultural competence be measured? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. To understand that some form of challenge is necessary for education in intercultural competence 2. Understand that teaching intercultural competence requires the development of critical cultural awareness. 3. To appreciate that teaching 'culture' (e.g. the institutional, historical and political aspects of culture) is not enough. 4. To understand that the development of intercultural competence requires the teaching of subjective culture, in which the focus turns to exploring alternative worldviews and cultural self-awareness.
<p>Key course resources</p>		

Bennett, M. J. (1993). Towards ethnorelativism: A developmental model of intercultural sensitivity. In R. M. Paige (Ed.), *Education for the intercultural experience* (pp. 21–71). Yarmouth, ME: Intercultural Press.

Byram, M. (1997) *Teaching and Assessing Intercultural Communicative Competence*. Cleveland, UK: Multilingual Matters.

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Deardorff, D.K. (ed.) (2009) *The SAGE Handbook of Intercultural Competence*. Thousand Oaks, California: SAGE.

Fantini, A.E. (2000) A central concern: Developing intercultural communicative competence. *School for International Training Occasional Papers Series*, Inaugural Issue, pp. 25-42.

Hall, E.T. (1966) *The Hidden Dimension*. Garden City, NY: Doubleday

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Hofstede, G.F. *Culture's Consequences: International Differences in Work-Related Values*. Cross-Cultural Research and Methodology 5. Beverly Hills CA: SAGE, 1980.

Hofstede, G.F. (2009) 'The moral circle in intercultural competence' in Deardorff D. K. (ed.), *The SAGE Handbook of Intercultural Competence*. Thousand Oaks, California: SAGE, pp. 85-99.

ICcinTE - Council of Europe (2007): Developing and accessing intercultural communicative competence. A guide for language teachers and teacher educators. Graz, ECML.

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Module 7: Creating Safe Spaces

<p>Module Summary</p> <p>This module demonstrates how to create a safe space for facilitating storytelling processes. The module outlines how this process starts with building a trusting relationship with fellow narrators and creating a safe space in which they feel comfortable sharing their story. Other issues involve gaining the respect of narrators and patients, providing training for non/verbal skills during storytelling and developing individuals' ability to empathise. Also, this module provides tips for how to facilitate dialogue and how to maintain the flow of storytelling.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • Establishing trust: how make sure that the person you are talking to knows that what they share stays with you. • Listening: how to talk people through their issues, and how to avoid adding to opinions and advice. • Stay affirming: how to share stories with narratives, how to thank them for sharing their story, and how to pay attention. • Ground rules for creating a safe space, such as refraining from commenting or offering advice, and practising empathy instead of sympathy. • Ethical concerns surrounding story-documentation and informed consent. 		<p>Importance of module to healthcare delivery</p> <p>Creating safe spaces for storytelling presents new opportunities and challenges for instructors. It is necessary to delineate what a safe space might look like in the education context. It is proposed that experiential learning can result in deeper learning when conducted in such a space, which consists of appropriate physical aspects, trust, respect, suspension of judgment and censorship, a willingness to share, and high-quality listening. Part of the transformative power of stories stems from the intimacy and vulnerability that comes with listening to and sharing them. That power comes with the responsibility to be mindful about the planning and execution of the storytelling projects. It is important to recognise the nature of the stories shared and consciously ensuring that appropriate aftercare will be needed, both for the healthcare professional and the community around which the vulnerable person relies.</p> <p>Importance of module to individual healthcare professionals</p> <p>Listening to and working with the stories of others is a transformative experience, but it can be difficult, especially when interviewing someone who has faced hardship or trauma. Secondary stress and "compassion fatigue" are common consequences of participating in storytelling practices, and this will certainly be relevant in the case of healthcare professionals using storytelling in their professional practices. This module will help health professionals learn how to overcome the challenges of using storytelling by teaching them how to create boundaries, talk to other people who can relate to their experiences, get enough rest, nutrition, hydration and exercise, and accept their own limitations.</p>
<p>Length (hours) 2,5</p>	<p>Credits in ECTS 0,1</p>	<p>Teaching methods Presentation videos, Case based teaching, group work using action learning sets, field experience, bedside teaching</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • How can we create safe spaces for storytelling? • What is the meaning of a safe space for a narrator? • How can we delimit borderlines? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. Understanding the story of the institution. 2. Defining and applying Global Reference Theory and & Quantum Dynamic Spatial Architecture. 3. Developing resilience. 4. Designing safe spaces.
<p>Key course resources</p> <ul style="list-style-type: none"> • Badley, G. (2009). A reflective essaying model for higher education. Education and 		

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- Wilson, S. (2013). Caring leadership applied in the classroom to embrace the needs of students. *Journal of College and Learning*, 10(1), 23-28.
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Module 8: Creating Supportive Networks

<p>Module Summary</p> <p>Supportive networks are social networks that help patients or rehabilitants cope with their illness or condition by giving them a sense of respect and belonging. Learning how to create and sustain supportive networks in healthcare settings is therefore central to delivering healthcare which reflects the principles of humanism.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • The definition of supportive networks and social support. • The different types of social support: emotional support, esteem support, network support. • The significance of supportive networks. • Techniques that can be used during supportive sessions (e.g. Tree of life). • Ways to incorporate supportive sessions into the everyday work of a healthcare institution. 		<p>Importance of module to healthcare delivery</p> <p>Improving patients' wellbeing by showing that they are respected and that they belong to a larger community that really cares can increase survival rates, improve rehabilitation times and is cost-effective. Social support is offered by being part of a social network who we can rely on to help us. Those enjoying strong social ties appear to be at low risk of psychosocial and physical impairment, whereas a lack of social support has been found to be associated with depression, neurosis and even mortality. Therefore, learning how to create supportive networks within healthcare settings has the power to improve patient outcomes and can facilitate all aspects of the healthcare system to deliver quality care.</p> <p>Importance of the module to individual healthcare professionals</p> <p>Health professionals themselves are often in need of supportive network sessions. The impact of stress and work pressures will often lead to physical, emotional and psychological challenges, many of which can lead to burn-out and situations where decisions may compromise the outcomes of patients and professionals. In such cases supportive networks are critical to maintaining a healthy personal and professional life. This will have the effect of reducing potential issues that may lead to alleged mistreatment or medico-legal complaints.</p>
<p>Length (hours) 2,5</p>	<p>Credits in ECTS 0,1</p>	<p>Teaching methods Group work using action learning sets</p>
<p>Essential questions</p> <ol style="list-style-type: none"> 1. How can support networks improve patients' wellbeing and health? 2. How can a support network consisting of experientially similar others and medical staff be set up? 3. How can support network sessions be organised and mediated? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. Understanding social networks' role in caring for patients' health. 2. Identifying support network session techniques, practices and exercises. 3. Appreciating the relevance of support networks for today's healthcare systems.
<p>Key course resources</p> <ul style="list-style-type: none"> • Surr CA, Kelley R, Griffiths A.W, Ashley L, Cowdell F, Henry A, Collinson M, Mason E, Farrin A.J. (2020) "Enabling people with dementia to access and receive cancer treatment and care: The crucial role of supportive networks". <i>Journal of Geriatric Oncology</i>, Volume 11, Issue 7, September 2020, Pages 1125-1131 • Donev D, Pavlekovic G, Lijana ZK (2008). "Social Networks and Social Support in Health Promotion Programmes". January 2008. • Gage-Bouchard E.A (2012). "Social networks of experientially similar others: Formation, activation, and consequences of network ties on the health care experience". September 2012. 		

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Module 9: Collaborative Storytelling

<p>Module Summary</p> <p>Storytelling can be used as an effective pedagogical tool to help students think more critically about their practice but also as a means through which to give students a sense of pride and belonging within an interprofessional team. Collaborative practice strengthens health systems and has been shown to improve health outcomes (WHO, 2010). When storytelling is integrated into collaborative practices it becomes a highly powerful tool for putting the perspectives of patients at the heart of healthcare delivery.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • The fundamentals of interprofessional teams • Team dynamics in interprofessional settings • Communication within interprofessional teams • Collaborative practices of storytelling • Including the patient in collaborative storytelling 		<p>Importance of module to healthcare delivery</p> <p>Storytelling can become a crucial tool for educators to show the hidden and silent stories of patients, healthcare professionals, patients' loved ones, and vulnerable people who are receiving care. When collaborating with various disciplines, this interprofessionalism and collaboration may lead to multiple healing stories for patient, healthcare staff, and their loved ones.</p> <p>Importance of module to individual healthcare professionals</p> <p>The use of collaborative storytelling, narrative, and reflective learning within curricula has been proven to make a powerful impression on students. Narrative learning can also be used as a resource for professional development. Using patient stories when educating students holds significant and exciting potential to lead to better patient care and, ultimately, improved healthcare systems. Furthermore, some consequences of storytelling on the experience of healthcare professionals include gaining increased confidence and focus in completing their studies, increased commitment to seek out future employment, clarity about who they are as an individual, and an improved understanding about what they wish to achieve in their lives.</p>
<p>Length (hours)</p> <p>6,25</p>	<p>Credits in ECTS</p> <p>0,25</p>	<p>Teaching methods</p> <p>Case based teaching, Group work using action learning sets</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • How can storytelling become a crucial tool for educators? • How has storytelling been used to inform healthcare and humanism in healthcare education? • How co-create patients' stories developing a holistic relationship? • What are the additional benefits of using collaborative storytelling for team members? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. Understanding that co-creating healing stories for both patient and staff are critical to healthcare. 2. How to utilise the storytelling approach, which is contrary to using fixed closed questions. 3. How to use mixed-methods for prioritising stories from vulnerable patients. 4. Understanding inclusive settings that foster storytelling.
<p>Key course resources</p> <ul style="list-style-type: none"> • Cersosimo G. (2019). Storytelling in medical education programs. Italian Journal of Sociology of Education, 11(3), 212-225. • Gubrium C. A., Fiddian-Green A., Lowe S., Difulvio G., Del Toro-Mejias L. (2016). Measuring down: evaluating digital Storytelling as a process for narrative health promotion. Qualitative Health Research, 26(13), 1787-1801 • Hall J. M., Powell J. (2011). Understanding the person through narrative. Nursing Research and 		

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Module 10: Self Care

<p>Module Summary</p> <p>Balancing human intimacy and professional distance, and remaining appropriately present and compassionate, may be recognized as a valuable individual competence. This competence can be taught, and effectively enhanced, through self-awareness and mindful meditation which holds potential for promoting well-being and stress management in healthcare professionals. This module includes the methods which lead to stronger awareness about caring for oneself.</p>		<p>Importance of module to healthcare delivery</p> <p>Research studies demonstrate the value to an organization and to individuals of educating healthcare professionals about self-care. The critical nature of self-care cannot be underestimated. Organisations must seek to actively manage the daily and relentless stress, which is often of a traumatic nature. Professionals who do not incorporate this practice of caring for oneself will experience health issues over time, many of which could compromise professional decision-making, and have a negative impact on their personal lives.</p>
<p>Key areas covered</p> <ul style="list-style-type: none"> • The need for a self-care culture. • Personality and emotional intelligence, especially the meta-cognitive capacity of the individual. • Mindful meditation as a source of strength for preventing the hidden effects of stress, and for strengthening the ability to pay attention to the present moment. • Storytelling and writing as healing, and the therapeutic connections between storytellers and listeners. • The importance of face-to-face interaction. 		<p>Importance of module to individual healthcare professionals</p> <p>The potential effects of self-care techniques to increase healthcare professionals' effectiveness and influence positive patient care outcomes have often been underestimated. Today, healthcare professionals experience increased stress as a result of factors that include greater working hours and intensified patient loads. This context can lead to burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress. Being aware of individual reaction patterns is vital to learning more effective coping and mindful mechanisms. Self-care techniques and exercises can be one source of relieving these stresses. Moreover, most self-care skills can be learned and implemented in a short period of time, and when integrated into a regular practice, can have long-term positive affects.</p>
<p>Length (hours)</p> <p>6,25</p>	<p>Credits in ECTS</p> <p>0,25</p>	<p>Teaching methods</p> <p>Case based teaching, Group work using action learning sets, beside teaching and field experience- preferably hybrid training sessions with reflective cycles</p>
<p>Essential questions</p> <ol style="list-style-type: none"> 1. How can I care for oneself as a lecturer? 2. How can I care for oneself as a professional? 3. How can storytelling support self-care? 4. When do I need to find help from an expert? 5. How can I build an active support system? 		<p>Learning outcomes</p> <ul style="list-style-type: none"> • How to apply mindfulness in stressful situations • How to prevent burn-out • How to rely on one's own vulnerability to create long- term support and emotional resilience.
<p>Key course resources</p> <ul style="list-style-type: none"> • Frank AW. Why doctors' stories matter. Can Fam Physician. 2010;56(1):51-54 • Crane PJ, Ward SF. Self-healing and self-care for nurses. AORN J. 2016;104(5):386-400. • Hart P, Brannan J, De Chesnay M. Resilience in nurses: an integrative review. J Nurs Manag. 2014;22(6):720-734 • Johns C. Becoming a Reflective Practitioner. 5th ed John Wiley & Sons Inc: Hoboken, NJ; 2017. 		

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- Treloar A, McMillan M, Stone T. Nursing in an imperfect world: storytelling as preparation for mental health nursing practice. *Int J Ment Health Nurs*. 2017;26(3):293-300.
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Module 11: Storytelling, Humanism and Leadership

<p>Module summary</p> <p>The aim of this module is to integrate some of the knowledge and skills learned in the previous modules and to showcase best practices for implementing them in a healthcare organisation. The aim of this module is to enable healthcare professionals to actively use storytelling in an everyday hospital environment, to manage healthcare institutions according to the tenets of humanism, to improve healthcare professionals' understanding, and to encourage them to actively listen to patient stories. The module will prepare the learner to become a leader of change to a more humanist working environment.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • Organisational culture • Role modelling in healthcare • Humanistic healthcare management • Understanding patient stories • Best practice policy examples 		<p>Importance of module to healthcare delivery</p> <p>Storytelling is a tool which can lead to a more compassionate, humanistic approach to healthcare. Improving healthcare professionals' understanding of the core concepts behind storytelling and humanism and embedding them with the skills needed to implement these approaches in their work will improve patient experience, with positive effects on their health and wellbeing.</p> <p>Importance of module to individual healthcare professionals</p> <p>Knowing the concepts behind storytelling and humanism are one thing, however developing the skills and techniques to actively pursue a change in the organisational culture of a healthcare institution are a different thing altogether. To be a leader of positive change one needs to first acquire essential skills through learning from best practice policies.</p>
<p>Length (hours)</p> <p>6,25</p>	<p>Credits in ECTS</p> <p>0,25</p>	<p>Teaching methods</p> <p>Powerpoints, Teaching Videos, Group work with action learnings sets, using management tools (elevator pitch etc)</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • How can I encourage a humanist culture based on the premises of storytelling? • How do I become a role model for others wanting to rehumanise healthcare? • How do I become a better listener and more compassionate leader myself? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. The meaning of organisational culture and change. 2. Necessary leadership skills and management techniques. 3. Best examples of policy implementation.
<p>Key course resources</p> <ul style="list-style-type: none"> • Rachel Rose, Saugata Chakraborty, Ping Mason-Lai, Willow Brocke, Stacey A. Page, David Cawthorpe. The storied mind: A meta-narrative review exploring the capacity of stories to foster humanism in healthcare. Journal of Hospital Administration. Online Published: November 20, 2015, DOI:10.5430/jha.v5n1p52 • Ludmila Mládková. Leadership and Storytelling. Procedia - Social and Behavioral Sciences 75:83–90. April 2013. DOI: 10.1016/j.sbspro.2013.04.010 		

Module 12: Reflection

<p>Module Summary</p> <p>The concepts of Humanism and Storytelling are closely related both in everyday life and in healthcare systems and training. Indeed, every human being lives in relationship to, or is a participant in a series of human social systems and each case contains a human history of suffering and illness which together require treatment as a person. This module focuses on some reflective practices that can encourage health care practitioners to identify ensure healthcare approaches are grounded in humanistic care.</p> <p>Key areas covered</p> <ul style="list-style-type: none"> • Placing the patient at the centre of training systems, curricula and pedagogical approaches, for example by giving patients an active voice during the training process. • The need for teaching professionals to be self-reflective about their own work • The process of reflection • Reflection on humanism and storytelling which should be integrated into training programmes. 		<p>Importance of module to healthcare delivery</p> <p>Understanding the process of reflection and how it can support humanistic care is crucial to improving healthcare systems. Understanding the connection between humanism and storytelling is important because storytelling brings the whole person to the forefront and enhances the connection between patient and healthcare professional and allows the patient to be viewed in a holistic manner leading to enhanced person-centred care. A key factor is that patient stories are personal and can be very emotional for both patient and healthcare worker, so the system needs to provide support services to ensure both healthcare professionals and patients are adequately supported.</p> <p>Importance of module to individual healthcare professionals</p> <p>A training curriculum that utilises storytelling gives healthcare professionals the opportunity to appreciate individualised care, how to communicate in a way that humanises the patient, and how to create a connection between themselves and their patient. Moreover, reflective practices assist the healthcare professional to get to know themselves and the patient, enhances their ability to convey a sense of caring and compassion, and helps with the emotional cost of caring.</p>
<p>Length (hours) 6,25</p>	<p>Credits in ECTS 0,25</p>	<p>Teaching methods</p> <p>Interactive classroom teaching, webinars, reading material, Powerpoint slides, presentation videos, Case based teaching, Problem based learning, group work using action learning sets, field experience, bedside teaching- all preferably designed in a blended learning approach</p>
<p>Essential questions</p> <ul style="list-style-type: none"> • What are the consequences of humanistic education on patients and healthcare professionals? • How can professionals develop self-reflection in their own work? • How do we look for connections between medical and social-behavioural sciences as a way of illuminating how humanism is at the core of delivering healthcare? 		<p>Learning outcomes</p> <ol style="list-style-type: none"> 1. Definition of reflective practice 2. An understanding of reflective theories 3. An appreciation of the benefits of reflection 4. Being able to identify barriers to reflection 5. Examples of reflective cycles 6. Understanding how reflection can promote humanistic care
<p>Key course resources</p> <ul style="list-style-type: none"> • Jasper, M., 2003. Beginning reflective practice. Cheltenham: Nelson Thornes. 		

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