



STORYAID.EU TRAINING GUIDE FOR EDUCATORS

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



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Training Guide

June 2021

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1. The StoryAidEU Project

Healthcare has undergone changes in recent years with advancement in technologies, e-health and the strive to attain high quality of patient care in a climate of increasing health care costs as well as due to the shortage of health care staff present within systems in many countries globally. In this context, the delivery of patient-centered, pro-active and integrated health care of high quality has become a priority in health care policy (OECD/European Union, 2018).

Educational institutions contribute to this development delivering knowledge skills and attitudes to students and graduates. It has been recognized that training curricula implemented in universities increasingly rely on a comprehensive understanding of bio-medical models of medicine. To achieve the desired political goals of European health systems, however, it will be crucial to deliver training that is grounded in a more rounded bio-psycho-social model of health care training (Bolton & Gillett, 2019). It has therefore been the aim of the StoryAidEU project to advance person-centered health to become “humanistic healthcare” by integrating the discipline of storytelling into the curriculum of multiple disciplines involved in healthcare and by delivering the supporting training materials.

It is important to understand that the overall population, including users, caregivers and relatives and professionals in health care, represent an opportunity to develop healthcare towards a more person-centered system. One option for achieving this goal is the use of unique narratives which can be shared between different disciplines involved in healthcare. The method of storytelling, ideally in an interprofessional and inter-stakeholder approach, has come into focus as one opportunity for sharing narratives, enabling the co-creation of a “healing community” around patients through daily practice, education, and training (Gray J Power of Storytelling). Furthermore, the emotional resilience required for the management of daily practice in health care settings to sustain such a “healing community” requires a strong understanding of humanism to be woven into the thinking of all health care professionals from the very early stages of their education in order to reconstruct the meaning of different professional profiles working in health care today.

Unsurprisingly, storytelling has become a crucial tool for educators to reveal the silent and hidden stories of patients, health care professionals, carers and relatives as well as vulnerable populations, in particular through a transdisciplinary approach that uses the practice of interprofessional collaborative practice (ICP) (Stutsky & Laschinger, 2014). The framework for interprofessional education (IPE) that utilizes storytelling which has been developed during the StoryAidEU project is one which aims at delivering the positive impact of humanistic approaches on health care outcomes. Furthermore, it aims to provide tools and real-world case studies for implementing humanistic principles in health care practice for all stakeholders involved in the care process (<https://storyaid.eu/>). For these reasons project partners have developed a program that enables educators at higher education institutions, such as universities, to deliver structured and evidence-based training on person-centered and humanistic healthcare, something which is facilitated by providing them with training material of various formats.

This training guide summarizes tools which have become available during the project and tries to describe an implementation process into preexisting curricula, taking into account maturity assessments, needs analysis and tailored and gradual and timely tailored implementation steps for integration of humanism through interprofessional storytelling into health care curricula of different disciplines to allow shared activities.

2. Framework of the training program for storytelling and how it was developed

The overall aim of the StoryAidEU framework is to promote humanist approaches in the delivery of healthcare. This is aimed to specifically take place in the context of interprofessional collaboration

through the tool of storytelling. It has been deemed necessary to evaluate the three related topics (humanism, interprofessional collaboration, and storytelling) independently by conducting scoping literature reviews, concept analyses and policy analyses and a Delphi survey for broad consensus building.

Following this, partners of the consortium identified key synergies between the three components, which was facilitated by conducting a structured survey among educators across the countries represented in the consortium. The overall project findings have highlighted that collaborative practice requires communication skills, self-reflection, and the capacity to treat patients and their families as members of the care team. Following the evidence generation process, consensus building, and synergy building work, 12 training modules were developed which included features such as learning outcomes, videos, and case study scenarios for use during the training sessions.

To facilitate the implementation of project deliverables in health care education, project partners performed scope policy-oriented literature reviews which were followed by policy interviews to introduce interpretivist approaches to the research findings. The interviews were semi structured, which allowed space for ideas to be pursued in more detail (Miles & Gilbert, 2015). Evidence from the literature and interviews was then integrated and developed into an overall training framework for humanism through interprofessional storytelling in order to increase the likelihood that training materials presented in this document will be implemented effectively across EU member states.

As foreseen in the project plan the consortium has developed a comprehensive framework for humanism in health care through interprofessional storytelling which ranges from basic levels of knowledge to expert level training. Figure 1 outlines the framework and includes the overarching topics covered for the different levels of professional training.

Figure 1: Framework for Training of Humanism through Interprofessional Storytelling in Health Care

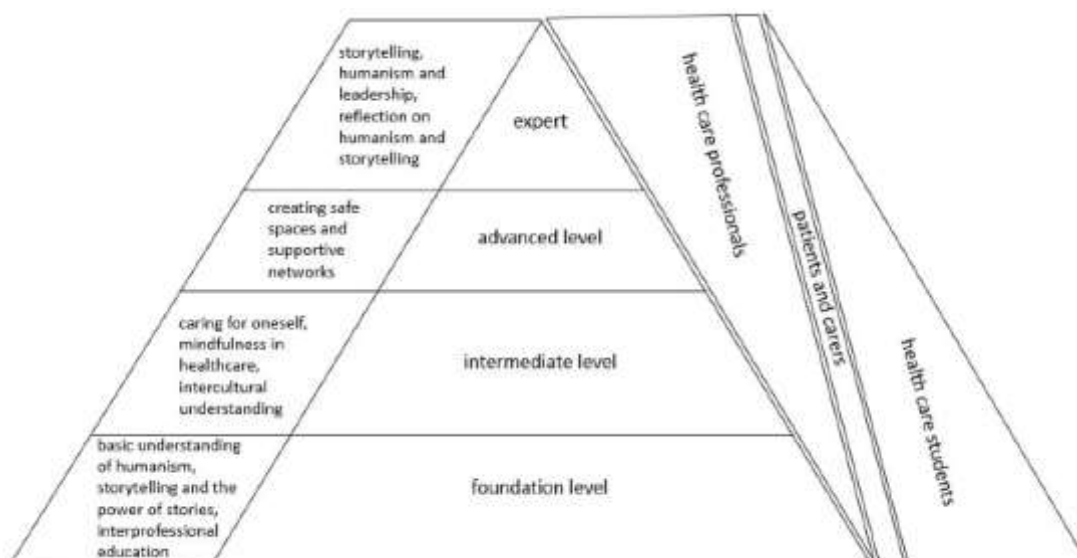


Figure 1 Framework for Training

Figure 1 shows the framework represented in the curriculum for Humanism through Interprofessional Storytelling in Health Care. The framework consists of four different levels of competence: foundation, intermediate, advanced, and expert levels. The framework was aligned with the concept of Miller (Carley, 2015).

As demonstrated in the figure, the chosen framework allows for an integrated training approach and provides opportunity for individualized adaptations during its implementation in pre-existing curricula. It covers a wide spectrum of topics related to humanism in health care as well as a range of different competency levels to be acquired during the training process. Given the current framework design, it is feasible to introduce the training not only as a feature of students' undergraduate curricula, but also, for staff already working in health care settings. Role modelling at the leadership level will be an important strategy for illustrating to students what working in an interprofessional and humanistic manner involves in practice. This approach will be covered by offering special Train-the-Trainer programs.

In addition to focusing on patient stories and encouraging students to cultivate their skills for showing compassion towards others, an essential focus of the educational program is to cultivate self-knowledge prior to caring for someone. This may also include identifying uncomfortable and painful experiences, and this has been a central feature of the framework. Another core aim of the framework is to teach students the value of every profession and person involved in the care process along with techniques that help improve humanism through storytelling and mindfulness.

3. Training Pathways

Training pathways may differ in terms of interested stakeholders, an individual's career stage, and level of professional development. As demonstrated in Figure 2, the minimum entrance requirement for attending the course is for a learner to be at an undergraduate level of any health care course. This minimum requirement includes learners at any stage of their undergraduate training and attendance can be started at whatever point the local curricular commission considers it appropriate and feasible according to specific institutional curricular requirements.

Figure 2: Training Pathways for the new curriculum on humanism in healthcare through interprofessional storytelling

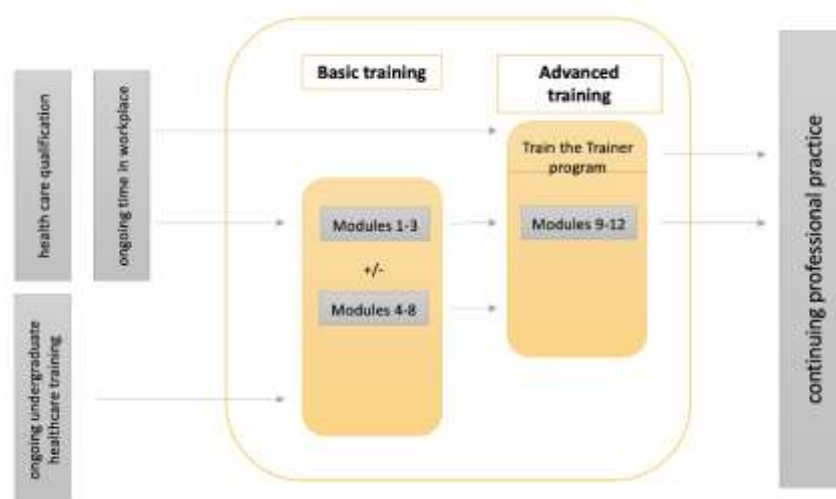


Figure 2 Training Pathways

A complete curriculum on humanism through interprofessional storytelling, including all training materials prepared by the StoryAidEU consortium is mainly offered for an undergraduate level of health care professional training for different specialties involved in the care continuum. Attending the comprehensive course should inform and train participants from basic training level to advanced levels and follow onto continuous professional practice. It is the aim of the consortium to promote

mandatory attendance of the whole curriculum, favorably already at an undergraduate level in an interprofessional training setting.

However, it is also possible to decide on “pillars of training” (groups of modules) to be integrated as mandatory elements in undergraduate health care education. Basic training modules, for instance, may be added as mandatory training content, and advanced training modules may be offered additionally, on a voluntary basis (optional training modules). Another option for the training could be implemented through single one-day workshops, which bundle together content from different advanced training modules. However, it is important to stress that the most desirable training option is the implementation of the comprehensive curriculum developed by the StoryAidEU project. However, the isolated implementation of single elements (modules) independent from the remaining training content are also worth considering, if existing curricula do not allow for the implementation of the comprehensive curriculum in one step.

The priority setting strongly depends on local needs assessment and structural and organizational benchmarking during the implementation process. Many health care training institutions across Europe have their own change management standards implemented during curricular development. However, chapter 6 of this document will outline a reference implementation process as an example, how to drive change management and the implementation of the new curriculum.

As demonstrated by the training pathway, professionals with experience in their field should also have access to the program. Professionals can either select the full curriculum, or, alternatively, enter at a rather advanced level of the program. Professionals who successfully complete the training program will receive certificates of completion from INHWE.

4. Duration of Training

Given the current framework of the new training program a complete curriculum will involve an overall workload of 2 Credits with the European Credit Transfer and Accumulation System (ECTS) (European Union, 2015). ECTS aims to make it easier for students to move between countries and allow for the development of comparable training frameworks. The new curriculum on humanism through interprofessional storytelling may be implemented in undergraduate health care curricula either in its complete version or by being fragmented into mandatory and/or optional training offers (also see chapter 2.3.). In cases where only the basic program is implemented students will receive 1 ECTS. Table 1 shows the timely input for each training element included in the program.

Table 1: Timetable of the new curriculum on Humanism and interprofessional storytelling

Training Module	Real Time Overall in hours (60 Minute per hour)- please recalculate to your teaching units (45 or 50 minutes timeslots)	ECTS
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Basic Course (Foundation Level)		
Module 1	2,5	0,1
Module 2	5	0,2
Module 3	5	0,2
Basic Course (Intermediate Level)		
Module 4	2,5	0,1
Module 5	2,5	0,1
Module 6	2,5	0,1
Module 7	2,5	0,1
Module 8	2,5	0,1
Advanced Course (Advanced level)		
Module 9	6,25	0,25
Module 10	6,25	0,25
Expert Course (Expert level)		
Module 11	6,25	0,25
Module 12	6,25	0,25

Table 1 Curriculum Timetable

Implementing only three basic elements to build an understanding of humanism in healthcare will therefore mean shifting to 0.5 ECTS for the foundation level training and an additional 0.5 ECTS for the intermediate training level within the mandatory ECTS framework in the respective undergraduate health care training curriculum. For example, human medicine curricula in Europe are built from content that amounts to an overall workload of 360 ECTS in total to achieve full training in the field and get access to further training in clinical practice. This step-wise approach of implementation and evaluation of outcomes and performance will make implementation feasible and easy to perform for many training institutions.

5. Content of Learning: Principle Key Actions and Learning Outcomes

The overall framework of the new program on humanism through interprofessional storytelling in healthcare is built on a comprehensive set of key actions and associated learning outcomes (LOs). An overview of the modules and their content is summarized in table 1 in the appendix of this document. Consortium partners decided to have every key action defined during the framework development with a single training module. This approach facilitates implementation of the new training content also in a step-wise approach into preexisting curricula. Table 2 below gives a brief summary of every key action and its learning outcomes for each of the 12 modules of the new curriculum.

Table 2: Key Action and Learning Outcomes Catalogue of the Interprofessional Training Program for Storytelling in Health Care

Key Action	Learning Outcomes <i>After successful completion of the training students will be able to:</i>
KA1: Implement humanism in Healthcare	<ul style="list-style-type: none"> • understand the concept of humanism • understand the role of humanism development in the discipline of professions and practice • know the theories of humanism in the deliveries for people, professionals and organizations • apply key principles for planning, designing, implementing and evaluating humanistic care
KA2: Know the Concept of Storytelling in Healthcare	<ul style="list-style-type: none"> • understand storytelling as a concept • know the theory of storytelling • tell about examples of storytelling in practice (multi- and interprofessional settings)
KA3: Understand the impact of socialization on person-centered healthcare	<ul style="list-style-type: none"> • understand the concept of IPE and its importance to the delivery of healthcare • understand collaborative practice competencies within the context of interprofessional teams • understand the importance of active involvement, experimental learning and socialization processes, analogical experiences and collaborative patient-centered care
KA4: Practice storytelling within a sociocultural context	<ul style="list-style-type: none"> • listen to stories and build authentic relationships • create personal and structural permissions • understand referencing and its applications (GRT) • understand emotional awareness and issues relating to adverse childhood experiences (ACE) and how this affects the message behind stories
KA5: Understand the concept of mindfulness in Healthcare with a focus on trauma informed approaches	<ul style="list-style-type: none"> • understand mindfulness as a concept • know techniques, exercises and practices for mindfulness • understand trauma informed approaches
KA6: Use the concept of Intercultural teaching and culturally sensitive teaching settings	<ul style="list-style-type: none"> • understand the impact of creating challenging situations in educational settings to allow gain of intercultural competences • understand the role of critical cultural awareness to inform intercultural competences in learners • appreciate a multidimensional teaching culture to promote intercultural understanding in students and understand that teaching “culture” (such as delivering institutional, historical, and political aspects) is not enough to inform intercultural understanding • understand and deliver subjective culture, in which the focus turns to exploring alternative worldviews and cultural self-awareness
KA7: Create Safe Spaces in Healthcare	<ul style="list-style-type: none"> • understand the story of the institution. • define and apply Global Reference Theory and & Quantum Dynamic Spatial Architecture. • develop resilience • design safe spaces
KA8: Create Supportive Networks	<ul style="list-style-type: none"> • understand social networks’ role in caring for patients’ health • identify support network session techniques, practices and exercises.

	<ul style="list-style-type: none"> • appreciate the relevance of support networks for today's healthcare systems.
KA9: Practice Collaborative Storytelling	<ul style="list-style-type: none"> • understand, that co-creating healing stories for both patient and staff are critical to healthcare • to utilise the storytelling approach, which is contrary to using fixed closed questions • to use mixed-methods for prioritising stories from vulnerable patients • understand inclusive settings that foster storytelling
KA10: Create Self Care	<ul style="list-style-type: none"> • to apply mindfulness in stressful situations • to prevent burn-out • to rely on one's own vulnerability to create long- term support and emotional resilience
KA11: Develop leadership skills for implementing storytelling in an ecosystem	<ul style="list-style-type: none"> • know the meaning of organisational culture and change. • demonstrate leadership skills and management techniques • know best examples of policy implementation
KA12: Use reflection in humanistic healthcare	<ul style="list-style-type: none"> • know the definition of reflective practice • understand the existing reflective theories • appreciate the benefits of reflection • identify barriers to reflection • know examples of reflective cycles • understand, how reflection can promote humanistic care

For more details, please visit the course book developed during the StoryAidEU project and visit the StoryAidEU Academy platform (*Available soon*).

6. Learning and Teaching

Generally, there is broad agreement among experts that humanism and interprofessional education need to play a greater role in the education of healthcare professionals (Reeves, Pelone, Harrison, Goldman & Zwarenstein, 2017).

Interprofessional education is defined as developing healthcare students to learn with, from and about each other, to teach them to work collaboratively in practice, resulting in improved patient care (Global Forum on Innovation in Health Professional Education, Board on Global Health & Institute of Medicine, 2013). The definition points to the need for practice-based and face-to face training settings. This approach has also been supported by students and learners within a survey conducted by the consortium during the project (Diack, 2020). However, the recent pandemic and trends in education are increasingly shifting training settings from onsite to remote training offers. Therefore, partners of the project tried to deliver a set of training materials, which allow a shift towards blended learning offers for all competency levels in the new curriculum.

A variety of training materials have been delivered for the new curriculum. The following section will briefly describe the range of support tools and how to use these in daily training settings most effectively.

Powerpoint Slides: Powerpoint slides have been delivered in the English language for every topic included in the new curriculum. They may be downloaded visiting the StoryAidEU Academy (*Available soon*). It will be necessary to translate and adapt the content into the language in use at training institutions. Slides mainly aim to facilitate knowledge transfer and to develop understanding on ‘what’, ‘how’ and ‘when’ questions. They may be used either in face-to face trainings and/or as online material once they are adapted to delivery modes for specific institutions. An important issue will be to take note of the regular updates released by INHWE (which will also be shaped by student feedback) which will require alterations to be made to the powerpoint slide content.

Presentation Videos: All 12 modules have been recorded with the use of powerpoint slides and may be accessed from the StoryAidEU Academy platform. They are presented in the English language and may be used in English, as they primarily serve knowledge transfer.

To further facilitate a deeper understanding of the different dimensions of storytelling, six Doodly videos which give comprehensive background knowledge on the curriculum have been made available through the platform of the StoryAidEU Academy. Furthermore, six videos with interviews held with experts in the field of storytelling are available to view. These give insight into the daily impact of storytelling, weaving the theoretical knowledge presented in the 12 module videos with practical clinical and interprofessional insights. This approach allows for the development of a learning curve which starts with knowledge acquisition and proceeds to deeper understanding and is something that may be used at all levels of the training program. To download the videos please visit the StoryAidEU Academy platform (*Available soon*).

How to run Seminars/ Group Works: In general, seminar group work is foreseen for every module included in this new training program. The seminars serve the development of a deeper understanding of the different topics addressed in the training (analyzing and re-synthesizing content). At advanced levels of training the included seminars aim at applying newly learnt techniques in safe environments as well as reflecting on what has been learnt from these experiences. This deeper learning experience

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needs guidance in the first advanced modules by trainers, as has already been described in the implementation section of this document. Trainers running these seminars should be capable of structuring the learning experience according to protocol.

Case Study Fact Sheets: To allow a personalized and a training approach adapted to local needs, it is feasible to tailor the local case scenarios to specific institutional goals. The consortium therefore decided to offer teachers and trainers a template developed on the experience of partners in the consortium, for designing their own stories for training. These templates guide trainers through the steps for constructing the key aspects of a mindful story. It is recommended for training centers to build a "positive" and a "negative" case study. This approach will lead to a better understanding of the case, for example, by being able to identify the impact of humanism being present or absent in a situation.

The template for preparing such cases may either be found on the homepage of the StoryAidEU Academy and/or in the appendix of this trainer’s guide document.

Coursebook: A coursebook has been delivered in order to develop a rounded understanding of the structured training both for trainers and students. This can be found in the appendix of this trainer’s guide. The coursebook serves as a guide for the entire curriculum, outlining the modules in detail. Module-specific content includes: Key areas covered during a module, teaching methods, learning outcomes and how to assess them, as well as credits achieved during successful attendance. For further information please also see: <https://storyaid.eu/>.

7. Assessment

“Assessment drives learning” (Wormald, Schoeman, Somasunderam & Penn, 2009).

According to Miller’s work (Carley, 2015), assessment formats will be adapted to the competence level of learning outcomes. Therefore, it is necessary to already have assessment formats in place which will guide the implementation process. Each faculty and university has a standard tool box of assessments which they use for student assessment. The following section aims at outlining examples of assessment formats available for the different course modules. The question of when to introduce an assessment needs to be decided locally. After the completion of each module, there are opportunities to assess and/or design formative assessments relating to parts of the program (for instance level based etc.) or relating to the content of the complete course. The decision of when to set the assessment also depends on legal and structural regulations within existing curricula, in which the new program will be implemented and aligned.

The following table summarizes possible assessment formats for the different learning strategies used in the curriculum modules:

Table 3: Possible assessment formats for different training modules

Assessment Format	Training Modules
	Basic Course (Foundation Level)
Written exams (MCQ, Short answer, short essay) and/or computer-based exams, structured oral exams, assessment by simulation and Objective Structured Clinical Examination (OSCE - Medical Council of Canada, n.d.)	<ul style="list-style-type: none"> • Module 1 • Module 2 • Module 3
	Basic Course (Intermediate Level)
Written exams (MCQ, Short answer, short essay) and/or computer-based exams, structured oral exams, assessment by simulation and OSCEs (Medical Council of Canada, n.d.)	<ul style="list-style-type: none"> • Module 4 • Module 5 • Module 6

	<ul style="list-style-type: none"> • Module 7 • Module 8
	Advanced Course (Advanced level)
Assessment by direct observation of performance e.g. Mini-CEX (American Board of Internal Medicine, n.d.), Direct Observation of Procedural Skills (DOPS - Joint Royal Colleges of Physicians Training Board, n.d.) etc.	<ul style="list-style-type: none"> • Module 9 • Module 10
	Expert Course (Expert level)
Assessment by direct observation of performance using workplace-based assessment (360 Degree assessment (Bracken, Rose & Church, 2016) etc.)	<ul style="list-style-type: none"> • Module 11 • Module 12

Table 2 Assessment Formats

8. Managing Curriculum Implementation

Implementing humanism through interprofessional storytelling in undergraduate curricula in as many universities and faculties as possible will be the key to driving change in healthcare professionals' development. The availability of a storytelling curriculum is useful in guiding students and healthcare professionals through the principles of humanism in healthcare and facilitating them to put these principles into practice through using storytelling in interprofessional contexts (Liao & Wang, 2020). This new curriculum may also help to map existing curricula for content on humanism and interprofessional care delivery. Once decided, that content on humanism needs to be newly introduced into a curriculum. The work by Thomas et al. (Thomas, Kern, Hughes & Chen, 2016) acts as a guide for how to run the implementation process efficiently.

Figure 3 illustrates the process of curriculum implementation:

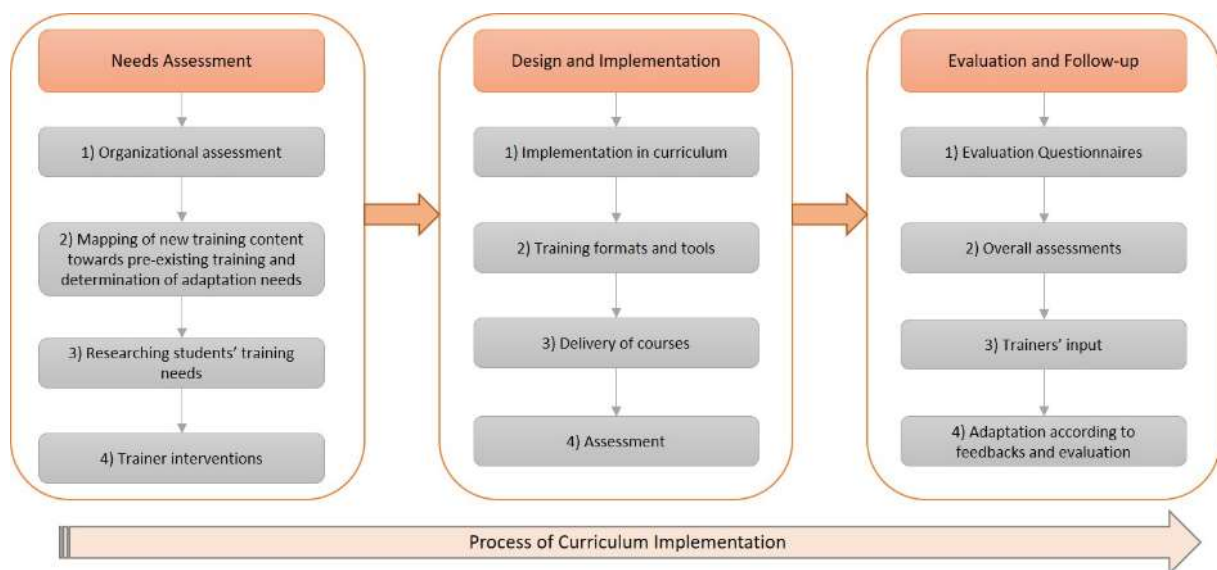


Figure 3 Process of Curriculum Implementation

Needs assessment and evaluation of learning objectives and outcomes

The process starts with a detailed **needs assessment and evaluation of learning objectives and outcomes**. The first step considers mapping the new training content onto preexisting interprofessional training already delivered in training and education institutions. This may either be done by conducting a scoping training session or, if available, by screening learning outcomes (LOs) in specific curricula. The assessed LOs may then be mapped against the Key Activities and LOs which are outlined in the appendix of this training guide.

Once a need for adaption to the new StoryAidEU curriculum has been determined, it is important to conduct a further organizational assessment which addresses the overall strategic plan of an educational institution and the trends in health care delivery in the specific context. Following this step, it will be possible to select the parts of the curriculum which will be introduced and to decide in which part of a pre-existing curriculum these will feature. These same principles can guide the integration of single elements into a pre-existing curriculum.

Researching students' training needs

Training needs can be identified through a variety of instruments. One option is to use online tools to poll professionals in a health care system on what types of training they would like to see offered. Additionally, a review of performance evaluations allows for the identification of relevant trends, such as those exposing areas where healthcare professionals and students are failing to meeting professional expectations, standards and/or benchmarks. Furthermore, it may be helpful to assess the need for curriculum development by conducting interviews with experienced teachers in an institution, as well as consulting the workplace assessments of their students (Grant, 2018). These approaches may provide data as to where training gaps exist. It is also feasible to implement specific parts of the new training program on humanism in health care as outlined in chapter 2 of this training guide.

Secondly, when implementing the new StoryAidEU curriculum learning styles of students and training target groups should be considered.

The current model includes *core elements of knowledge transfer*, powerpoint slides and videos, one for each module (*Available soon*). Furthermore, six Doodly videos are available for basic background knowledge on single topics covered during preparation of the curriculum, as well as six videos with expert interviews which can allow the learner to develop a deeper understanding of the knowledge content. Trainers may consider using the materials during face-to-face trainings or, alternatively, they can set up online training jointly with the podcasts (e-learning material) that have been delivered by the consortium. This approach, however should be set before the case-based trainings to allow a core understanding of the basic concept of humanism, interprofessional teamwork, mindfulness and storytelling in health care. This combination of online training and onsite teaching, also known as blended learning formats (Rasheed, Kamsin & Abdullah, 2019), has become extremely attractive in undergraduate education recently. It has also been shown to be effective in goal-oriented curricula (Rasheed et al., 2019).

The case-based and interactive training elements delivered for the StoryAidEU curriculum are mainly built on the learning theory of reflection (Moon, 2000). It is important to note that reflection as a delivery mode has already been agreed by consortium members and should be followed during the implementation process. Figure 4 illustrates Gibbs' reflective cycle which should be followed during the case-based seminars.

Figure 4: The reflective Cycle (mod. From Gibbs 1988)

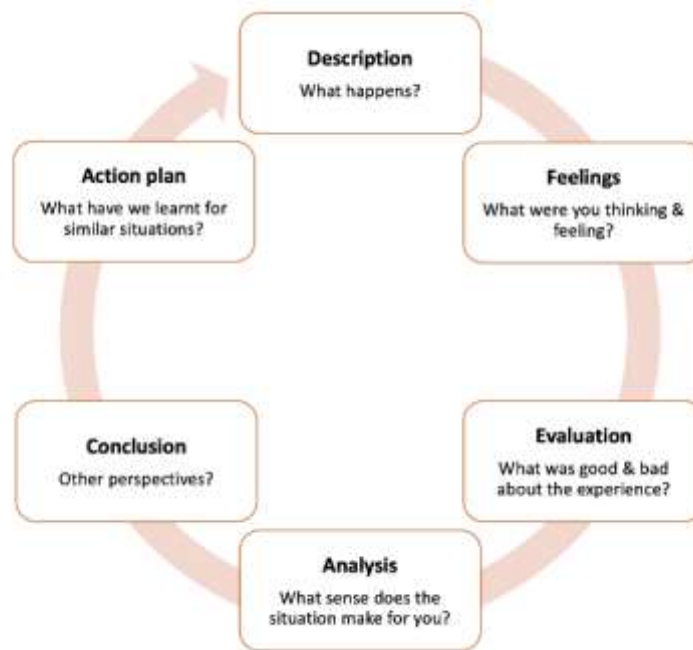


Figure 4 The reflective cycle

Concrete guidance for performing the case-based training has also been outlined by the consortium and may be found on the project homepage (<https://storyaid.eu/>). After running the first scenarios in the presence of an instructor or trainer, it may be possible to offer students the opportunity to attend the last case-based teaching units either in a self-paced context within their own peer group, or guided by a peer teacher. Templates for developing individualized case scenarios can be found in the annex of this training guide.

This variety of training formats aims at increasing learner interactivity (Parry & Sinha, 2005) and can be developed in conjunction with university teachers and trainers during the implementation process at specific institutions.

Training elements in daily clinical practice will help learners to achieve an advanced and/or expert level of interprofessional storytelling in healthcare. The teaching concept for implementing elements in daily practice need to be achieved by following a structured and trainer-guided reflection. One opportunity to drive learning in clinical settings is offered by Kolb's experimental learning cycle (Kolb, 1984). Figure 4 illustrates the steps included in this concept.

Figure 5: Kolb's experimental learning cycle

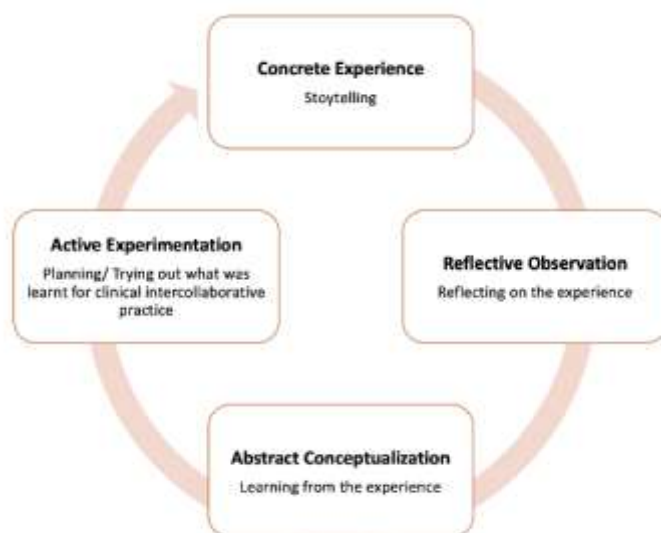


Figure 5 Kolb's experimental learning cycle

Having a concrete experience of storytelling with patients and/or carers is followed by a reflective observation amongst with colleagues and/or teachers. The reflection should lead to a concrete experience, which is then stored as a “picture” in learners’ minds. This concrete experience will then allow and inform the next experience of storytelling with different partners. This step of the learning experience is especially important to achieving advanced and/or expert levels of the training course. However, if only single courses are to be implemented, it is necessary to create a clear understanding of trainee needs and to extrapolate training content that caters to these needs. The StoryAidEU project delivered training materials that can be connected independently during training courses and can therefore allow for interested institutions to develop individualized training approaches.

During the implementation period it will also be necessary to agree on how the **impact and sustainability of the new program** on attitudes and skills of students will be **evaluated**. Evaluation of the program will be essential to informing future changes, which will in turn ensure that the new training elements are fit for purpose and that they are meeting learners’ needs. There are currently several models that are used for evaluation. Kirkpatrick developed a hierarchy of evaluation in the 1960s and this has been applied to medical and health care education. In this model, lower levels are defined as participation in learning, this progresses to improved patient care, and the highest level is defined as highlighting the importance placed on patient safety (Kirkpatrick, 1967).

Figure 6 illustrates Kirkpatrick’s hierarchy and the different levels that should be addressed when training institutions are designing their program evaluation tools.

Figure 6: Hierarchy of Kirkpatrick



Figure 6 Kirkpatrick's hierarchy

As demonstrated by the hierarchy, the evaluation of the new training program can be assessed through program evaluation questionnaires which explore learners' satisfaction, however it should also include input from trainers' observations which can identify modifications to behavior and perceptions as well as long-term changes in professional behavior.

9. Curriculum Review and Update

The sustainability of the training program will be achieved through the StoryAidEU Academy. It is the academy's duty to offer remote training and contain all the training material mentioned in this guide. INHWE as host of this academy will be responsible for quality assurance and evaluation of the curriculum as well as having overall responsibility for the entire training program.

10. APPENDIX

a. References

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Table 1. Summary of title, content and aims of StoryAidEU Modules

Module Title	Content and Aim
Introduction to Humanism	<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
Introduction to Storytelling	<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
Introduction to Interprofessional Education	<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

The Power of Stories	<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
Mindfulness in Healthcare	<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
Intercultural Understanding	<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.
Creating Safe Spaces	<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.
Creating Supportive Networks	<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.
Collaborative Storytelling	<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
Self Care	<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>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.

	<ul style="list-style-type: none"> • Storytelling and writing as healing, and the therapeutic connections between storytellers and listeners. • The importance of face-to-face interaction.
Storytelling, Humanism and Leadership	<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
Reflection and StoryAidEU	<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.

