BRUCE GREENFIELD AND LAURA LEE SWISHER

17. THE ROLE OF NARRATIVES IN PROFESSIONAL FORMATION FOR STUDENTS

Rational decision-making and "top down approaches" that use deductive reasoning for making clinical treatment decisions do not address the complexity, ambiguities, uncertainties and unpredictabilities of clinical practice. Contemporary research indicates that expert practitioners draw from multiple methods of clinical reasoning including the use of narrative reasoning (Edwards, Jones, Carr, Braunack-Mayer, & Jensen, 2004; Edwards & Jones, 2007; Jensen, Gwyer, Hack, & Shepard, 2007). To the extent that clinicians use narrative to gain a more holistic understanding of the lived experiences of patients with diseases and to clarify the contextual nature of their physiological changes, they are more likely to develop an empathetic, patient-centred relationship (Charon, 2006). The purpose of this chapter is to review the role of narrative in the professional formation of students in healthcare professional training and in clinical practice. We begin with an overview of the principles of narrative in practice-based professional education. The focus is on the professional training of healthcare professionals. After discussing theories and principles of narrative, we present cases illustrating the use of narrative in the training of students toward the degree of doctor of physical therapy. We conclude by delineating implications for current and future use of narrative in healthcare education.

NARRATIVE FOR PRACTICAL KNOWLEDGE: BRIDGING THEORY WITH PRACTICE

Rita Charon writes in her book, *Narrative Medicine*, "narrative can be defined as a story with a teller, a listener, a time course, a plot, and a point. Narrative medicine means medicine that is practiced with narrative skills of recognizing, absorbing, interpreting and being moved by the stories of illness" (2006, p. 3). Narrative can also be used to reflect upon our experiences in order to learn from them.

An example one of the authors experienced several years ago illustrates that point. Working with a patient with chronic foot and ankle problems, I fabricated orthotics to accommodate for the patient's forefoot and rear foot deformities. After several trials, since my efforts did not produce the expected improvement in the patient's condition, I turned to my expert colleague, who fabricated an orthotic counterintuitive to clinical guidelines based on this patient's foot presentation. Remarkably, the patient improved dramatically over the next few weeks while wearing the orthotics. What did this therapist do? Why in this case didn't accepted theory and evidence fit practice? When I asked him what underlay his decision-

J. Higgs et al. (Eds.), Realising Exemplary Practice-Based Education, 163–170.

making, he shrugged his shoulders and told me he had a feeling that this would work. Hmm …????

This story leads us to quote Charon again: "Any phenomenon has to be contextualized in order to be understood." About narrative she writes (2006, p. 27)

> As medicine matures, perhaps its practitioners will develop the skill to register the singular contexts that donate meaning to each clinical situation and will take upon themselves the responsibility to learn about singular aspects of their patients' lives.

Schön (1991) pointed out that expert practitioners usually know more than they can say (as indicated in the story above). They exhibit a kind of knowing in practice, or practical knowledge, most of which, according to Schön, is tacit, or intuitive. Schön's central concern was how clinicians can gain practical knowledge. He asserted that clinicians add to a practical knowledge not merely through experience alone but through a process of reflection. As Shulman (2004, p. 474) reminded us, we do not necessarily learn through experience, "we learn by thinking about our experience." Similarly, Mezirow (1991) considered that learning through reflection entails strategies that force us to question our experiences, what we know, and how we know it.

We can trace reflective practice back to the pedagogical philosophy of John Dewey (1925) who believed that meaning is embedded in experiences; to uncover meaning, we must explore and reflect on our experiences. The ground-breaking research by Benner, Tanner, and Chesla (1996), exploring the practices of novice and expert nurses, made it exceedingly clear that expert practice is not based solely on age, or the number of years of experience, but on the commitment to reflection in practice. Similarly, Edwards and Jones (2004) and Jensen et al. (2007) found that expert physical therapists used combinations of clinical reasoning including hypothetico-deductive reasoning and ethical and narrative reasoning. We also know that expert clinicians are at times at a loss explaining practical or intuitive knowledge and decision-making. So, based on all we know about models of expert practice, and practical knowledge, what are the implications for doctoral-level education in physical therapy? More, specifically, what can be done in the educational process to facilitate the path from an entry-level education to expertise?

First, we should help our students to develop their metacognitive and reflective skills and to build on their contextual knowledge in order to develop the self-learning skills used by experts. Most importantly, students must develop the skills necessary to learn from their patients. In this chapter we argue that narrative is one important strategy that can help students learn to become more reflective, patient-centred, able to understand feelings in practice and to enhance contextual decision-making.

NARRATIVE IN PROFESSIONAL ETHICS EDUCATION – IDENTITY FORMATION, MORAL PERTURBATION AND TRANSFORMATIVE LEARNING

In this section we provide two case studies that describe exemplary practice-based educational programs in teaching professional ethics. We reflect on lessons learned and note the importance of integrative practice-based reflection to support narrative and case-based learning in ethics education.

CASE 1

The Setting

This undergraduate ethics program is delivered to physiotherapy students in their final year in the School of Health Sciences, University of South Australia. The teaching team includes faculty with expertise in ethics, psychosocial issues, theoretical models of clinical reasoning and physical therapy pedagogy. A complete description of the course and its outcomes is given in *Physical Therapy Reviews* (Swisher, van Kessel, Jones, Beckstead, & Edwards, 2012).

The Focus

The primary impetus was to improve student feedback for the ethics portion of the curriculum. Previous instructional efforts had not been well received by the students. The course developers shared a conviction that ethical and clinical issues are fundamentally interrelated, that ethical issues often present in ambiguous or ill-defined ways, and that educators should utilise pedagogic strategies to stimulate "transformatory learning" as described by Mezirow (1991), in order to encourage students to reflect critically on their ethical values and beliefs.

The Strategy

The course was placed at the end of the curriculum to enable students to first experience clinical affiliations and then draw on their practice-based experiences for further growth and meaningful learning. Table 17.1 delineates the relationship between the team's ethical educational philosophies and pedagogic strategies/ learning activities in the redesigned course.

Challenges Faced

Challenges for implementation and evaluation of the ethics curriculum included the individuality of pace and content of learning, development of reliability in evaluation of concept maps and commentaries, and assessing transformative learning. Each student began the course with a different type of moral reasoning, learned at a different pace, and attached different meaning to their learning. Outcome measures indicated that students improved in their organisation of ethical

knowledge (concept maps) and level of moral reasoning (defining issues test). Moreover, student evaluations indicated that the course was well received and perceived as meaningful. It is more difficult, however, to determine whether students experienced long-lasting transformative learning that would persist into clinical practice.

Table 17.1. Shared faculty philosophies and resulting pedagogic strategies

Shared educational or ethical philosophy	Pedagogic strategies and learning activities
Relationship of clinical and ethical reasoning Ethical and clinical reasoning are fundamentally interrelated.	– Placement of ethics curriculum – Ethical reasoning bridge (Edwards, Delany, Townsend, & Swisher, 2011)
Nature of ethics in professional practice Ethical issues encountered in professional practice are often ambiguous and ill-defined, and may not be resolved through simple application of principles from codes of ethics or deductive reasoning alone.	– Case approach, from students' personal experience (known narratives) provides a foundation for more ambiguous cases (unknown narratives). – Guided reflection on cases – Principles are necessary but insufficient for moral agency.
Professional students are adult learners Learning should be personal, experiential, and meaningful (transformative) (Mezirow, 1991; Edwards, van Kessel, Jones, Beckstead, & Swisher, 2012).	– Moral perturbation, "disequilibrium" and ambiguity encourage students to question their own beliefs, and stimulate reflection. – Concept mapping: each student creates a concept map and commentary.
Ethics outcomes Learning outcomes in ethics can be evaluated.	– Faculty evaluation of concept maps and commentaries (organisation of ethics knowledge) – Defining issues test (moral reasoning) – Student evaluations of course

Critical Reflection

The success of this program provides important lessons for designing educational experiences in professional ethics. In particular, it speaks to the importance of practice-based narratives, reflection on clinical and personal experience, using practice-based cases, and embracing multiple approaches to ethics. In light of the current emphasis on using principles to resolve classic cases in ethics, it is noteworthy that this curriculum included principles, ethical theories, narrative reasoning, ethical decision-making frameworks, and strategies for reflection.

CASE 2

The Setting

The setting for the educational program is a graduate integration seminar developed by Bruce Greenfield and colleagues, conducted with physical therapy students during their second year clinical science course in musculoskeletal rehabilitation at Emory University, Division of Physical Therapy Doctor of Physical Therapy program, Atlanta, Georgia, USA.

The Focus

The primary impetus for the development of the integration seminar was consistent with the practice-based education philosophy to allow students opportunities to reflect on their first-time clinical experiences associated with each clinical science course. The purpose of the integration seminar is to provide students opportunities for self-reflection and to welcome uncertainty and see difficult situations and patients as areas for creative problem-solving rather than unsolvable problems. The goal is to challenge the status quo of practice to raise it to the most effective level of caring practice while demonstrating integrity in all interactions with patients/clients and all stakeholders.

The Strategy

Seminars were integrated during the clinical science course, occurring the day after each student's clinical experience. This strategy was consistent with facilitating reflective learning. Each student was asked to write a narrative about a clinical experience. The objective listed in the syllabus was as follows:

> Given an issue or interaction in clinic involving patients/clients, family members/ caregivers, other health professionals, students, other consumers and payers, the student will:
>
> Effectively deal with positive and negative outcomes resulting from self-assessment/ reflection activities by writing a short summary of the experience based on the following questions:
>
> – What was the central issue you encountered?
> – What confuses you about the issue/case?
> – What feelings did you experience during this issue?
> – How did you and/or others address the issue?
> – What did you learn about yourself from this issue/case/ encounter?
> – What would you do differently if you encountered this issue again?

The guiding questions were based on Shulman's (2004) principles on writing an educative and reflective case. Students were expected to write five self-reflection

summaries (500–700 words) addressing the questions, based on their clinical experiences.

Challenges Faced

The primary challenge was to have the students initially accept the narratives as important components of their educational experience. At first, some students took the assignment lightly, whereas others were extremely motivated. All students were expected to submit a written narrative; some read their narratives to the class and began to identify dilemmas and raise important issues, tell their own stories and ask appropriate probe questions. Gradually, useful lessons emerged and students became more enthused and willing to share their stories. The following exemplifies a typical story told by a student:

> One of the first patients I met was a lady who had just had her fifth surgery on both of her knees from getting total knee replacements that kept getting infected. From the first day I met her she was pretty depressed and crying about the situation that she was in and afraid that she may never walk again... At first I had no idea how to approach the subject or get our patient to stop crying and focus on her treatments but over time it became easier to me to help calm her down and find ways to keep her focused on her actual treatment … The days in which the patient would not do anything were the hardest for me to understand and figure out. One of the most important things my CI taught me during this experience was that you needed to leave the emotional aspect of work at work because if you did not then it would end up eating you up inside and you too would turn into that depressed person.

Critical Reflection

We learned several lessons after the initial integration seminar was implemented in 2009. First, students did not understand the concept of narrative learning and how to write a narrative – so they learned as they went along. Since that initial experience, we have integrated a narrative learning component into our second semester course, *Teaching and Learning*. In the narrative component section of that course, the course instructor (Bruce Greenfield) introduces concepts of transformative learning through narrative and reviews specific principles and steps in writing narratives. The students are asked to each write a narrative based on a learning experience in the past. These are all posted on Blackboard, an educational online learning site, as a discussion thread that allows other students to read each other's narratives and post follow-up questions and comments.

Second, we decided to make the seminar more interactive and have all students contribute by reading their narratives. We divided the class into smaller groups of 5 to 10 students, so that each would have an opportunity to read his/her narrative and have other students and faculty comment. This has challenged time allocation but

has proved to be a more conformable and richer experience for both faculty and students.

Finally, although student feedback about the seminars has been anecdotally positive for the most part, we have yet to develop specific measures of its overall effectiveness. Part of the problem of finding effective measures is inherent in the very nature of narrative learning, exposing what is not predictable or readily apparent, and contextually based. We continue to debate ways of measuring narrative learning, including the perceptions of clinical instructors about student performance as they transition into the clinic.

CONCLUSION

Both exemplars point to the importance of practice-based cases and narratives as a basis for reflection, development of personal meaning, and transformative learning in ethics education. Moreover, the examples also speak to the importance of intentionality in designing learning experiences. From this perspective, it is important for students to appreciate the educational purpose for practice-based narratives and personal reflection. Although these examples examined education for professional students, our experience suggests that such practice-based strategies are even more important for practising clinicians.

The lessons from these cases also have implications for practice and professional development. Given the importance of reflection, practice environments must find mechanisms to provide what has become perhaps the scarcest resource of all – time. Ways to support effective use of time must be found. Managers should value time for learning as a necessary part of practice. Mentorships should be the normal variant for young physiotherapists, and include strategies to foster reflective practice. Dual charting can be used to develop reflections about meaningful clinical encounters. Audio and video records can be used to help clinicians observe their clinical encounters with patients. Clinicians can be encouraged to interview each other – for example, young or novice clinicians might ask experienced clinicians from physical therapy and other disciplines to discuss their methods of ethical and clinical reasoning, how they have changed over the years, what are the most important sources of knowledge and how they integrate evidence-based knowledge. Audio interviews from competent and expert physiotherapists can be saved into a library or data base.

In conclusion, we should be mindful that as humans we have always shared stories with each other – as children, as parents, as friends, and now as colleagues and as teachers. Of course, as we suggest in this chapter, our telling of stories is not just a way to pass the time, but one of the more important elements in human and professional growth and learning. In some ways, our role as educators is less difficult since we are embracing a taken-for-granted tradition. We should remember that stories call us in, so to speak. We are often asked by students how they should choose what experiences to write about. Our response is simple. It is a response that goes to the heart of narrative learning; that is, we don't often choose

the narrative, it is there and we must find it, be open to the experience – in essence, the narrative finds us.

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