

Teaching doctors to listen. **Live Patient Storytelling in Communications Skills Courses**

Every junior doctor in Denmark is required to participate in a three-day patient communications training course. Since 2011, patients and carers have told their stories on every course in the Copenhagen and Zealand Regions. All the stories include serious adverse events, some even death. Communication breakdowns are central to each.

Purpose of patient storytelling to doctors

To put aside the role of the treating physician and experience what happens when they just listen. To switch perspectives and better understand what matters to patients, and hear from people who were harmed by adverse events that nobody expects them to be perfect.

To let them hear, that they are instead expected to do their best, to listen, to be humble, with the ability to say: I don't understand, I don't know, let me explore, tell me more.

This course has taught me that our medical knowledge is not enough to make patients feel safe. We need to treat the person, not only the disease

I learned from hearing how phrases I use every day are perceived by the patient.

the patient will often see every action from health care personnel through a own health journey,

some of us were initially very skeptical about this

an extraordinary experience to witness and listen to a patient,

the patient ambassadors were able to focus on the importance of the communicative aspect of their meetings with

the doctors

I reflected on what an immense effect that both our verbal and non-verbal communication skills play a role, in how we are perceived as medical professionals and the great impact it has on the patients feeling of safety

What is a good doctor? This question has been one that has been on my mind every day in the clinic since this course

What I as a doctor find essential to address can be very far from what the patient need. And especially the "when" was root to a lot of unnecessary misery in this patient's story.

lens and narrative of their attributing every action as something that arise from their situation.

We can make sure to inform the patient what is happening and what they are waiting for.



Pointers for success

- The junior doctors attends the course in a position as learners
- The patient ambassador attends the course in a position as an educator
- The balance of power has turned it is opposite from the clinic
- That is a vulnerable and unconfutable position for the doctors
- The doctors sometimes struggle to understand and stay in their position
- The doctors tend to raise their guards, if they experience being critiqued
- If the PA share an experience of confusion, the doctors tends to want to fix it
- Sometimes the doctors wish to explain the doctor perspective or what must have happened in the case of the PA, thinking at the PA didn't get it right.

The role of the facilitators

Acknowledge the vulnerable situation, explain the framework and create a safe space. Articulate the roles and positions - set guidelines to the junior doctors:

- You are not the physician of this person
- You are here as a learner
- You are supposed to be attentive to listen and not be thinking ahead
- You are welcome to ask questions if you don't understand
- You are welcome to ask questions if you are curious about something
- If you feel hurt you are welcome to share and reflect upon it
- If you feel like explaining something to the patient ambassador don't
- Focus on the communicative aspects of the story, not the medical case

With good facilitation the narrative given by the patient ambassador normally has a great impact on the junior doctors. For the visit to be a success, the patient ambassador must also be attentive to the vulnerability of the situation and address the junior doctors with respect and compassion.

Selecting Stories and Storytellers

Stories should have communication in the broadest sense as a major focus both positive & negative experiences. The storyteller has to be past feelings like anger, resentment, or vengefulness. He or she must be able to compartmentalise and put personal feelings aside, focus on the learning aspect for the junior doctors, and be robust mentally.

The selection process can be a lengthy to find the right people, involving interviews and working through the stories looking for weak points; can the storyteller step back from the story, from their feelings and engage with critical questions without feeling hurt or insulted? And patients may need training and coaching:

- Learning to speak in public (how to use your voice and your body language, timing)
- Learning to select important points (30 minutes does not allow for a marathon)
- Learning how to engage the audience (short on criticism of staff, long on bridge building).

Camilla Thamdrup, course director at CAMES. camilla.Thamdrup@RegionH.dk, Phone +45 5144 6266 Abdulkarim Harakow, doctor, harakow96@gmail.com Phone +45 42950433 Urd Hansen, doctor, horakow96@gmail.com Phone +45 30613728 Katrine Kirk, patient advocate, Katrine.Kirk@yahoo.dk, Phone +45 2383 2615 Birgit Hartoft, patient advocate, alfheim@mail.dk, Phone 2374 8586 Kira Ørbækker, patient advocate, kiraoerbekker@gmail.com, Phone +45 2530 4862