



I have had concerns about my now 4 year old daughter since she was one year old, maybe even before that..

1

1

## **Creating a Healing Narrative in Occupational Therapy**

Presented by Alysson Goodwin

2



# WRITING PROMPT

write a story about your name



3

3



## medical humanities

an inter- and multi-disciplinary field that explores contexts, experiences, and critical and conceptual issues in medicine and health care, while supporting professional identity formation

-Cole, Carson, Carlin (2014)

4

4

## narrative medicine

clinical practice fortified by narrative competence—the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness.

Simply, it is medicine practiced by someone who knows what to do with stories

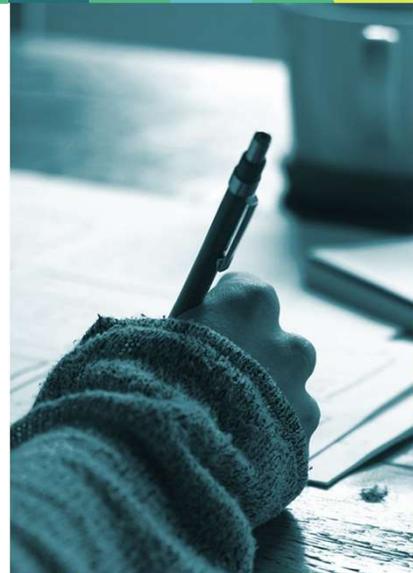
-Rita Charon (2007)

5

5

## character/narrator

- voice
- point of view
- role
- mood
- current vs. ideal



6

6

## timeline

- origin
- causality
- timeline
- sequence
- when- past present future

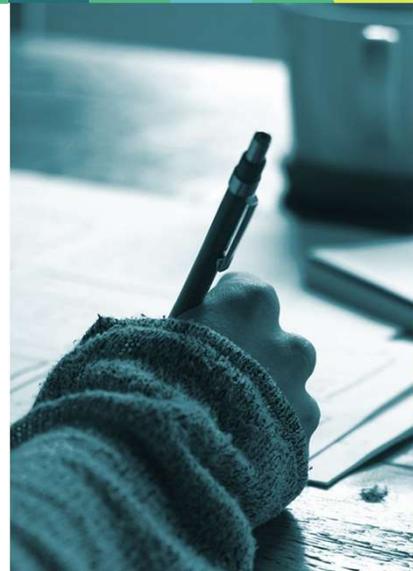


7

7

## synopsis

- feelings
- meanings
- plot
- genre



8

8

Concept	Illustrative probing questions
Genre	<i>What literary type (or genre) do you think this writing might be described as (e.g. prose, poetry, drama, obituary, prayer, diary entry, legal document, recipe, etc.)?</i>
Narrator vs. author	<i>Do we know who the author is? Who is the narrator?</i>
Narration	<i>Is the voice of the narrator in the 1st person (I), 2nd person (you), 3rd person (he/she/they)? What is the narrator's status (e.g. powerful, expert, novice, victim, neutral, biased, involved, distant)? Does the narrator change during the course of the text? Are there multiple points of view (POV) expressed in the narration? Example: Is there a third-person omniscient POV? Is such a POV possible? How would you describe the visual lenses (or focalization) through which you are apprehending the events and characters in this narration?</i>
Diction	<i>Is it serious, grandiose, cold/impersonal, pleading, clinical, casual, etc.?</i>
Time	<i>When does this story occur? Is it in the past, present or future or a combination? How much time passes in the story? In what order are events described? Are there any flashbacks or flash-forwards?</i>
Plot	<i>What happens in this story? Can you recognize a type of story that this narrative may resemble? Have you been exposed to this theme before (e.g. story of quest, chaos, revenge, love, restitution?)</i>
Images	<i>What images are conjured up? What metaphors are used? What do you wonder about?</i>
Feelings/emotions	<i>What feelings are evoked in this text?</i>
Gaps or 'left out text'	<i>What might be 'missing' from the text? Is there anything you want to know more about in this story?</i>
Meaning	<i>What meanings do you think the author is trying to convey in this story?</i>

Note this table is based on *The Cambridge Introduction to Narrative* by H. Porter Abbott [18]

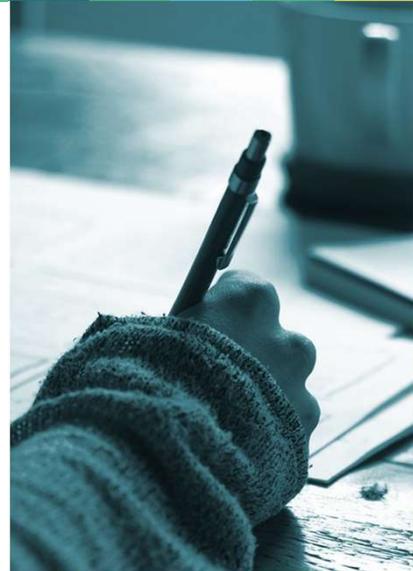
9

My name is Alysson. That is spelled A-L-Y-S-S-O-N. I've had to introduce myself with a spelling lesson for my entire life. Thanks Mom. I used to be unforgiving when it came to people misspelling my name but now I rarely correct them unless it will be on a legal document. When I was a little girl I used to make one of the Ss backwards because it was extremely difficult to make two Ss look exactly alike. I remember rubbing through so many attempts at the perfect identical twin Ss.

10

## character/narrator

- voice
- point of view
- role
- mood
- current vs. ideal



11

11

## WRITING PROMPT

write a story about  
a scar or illness

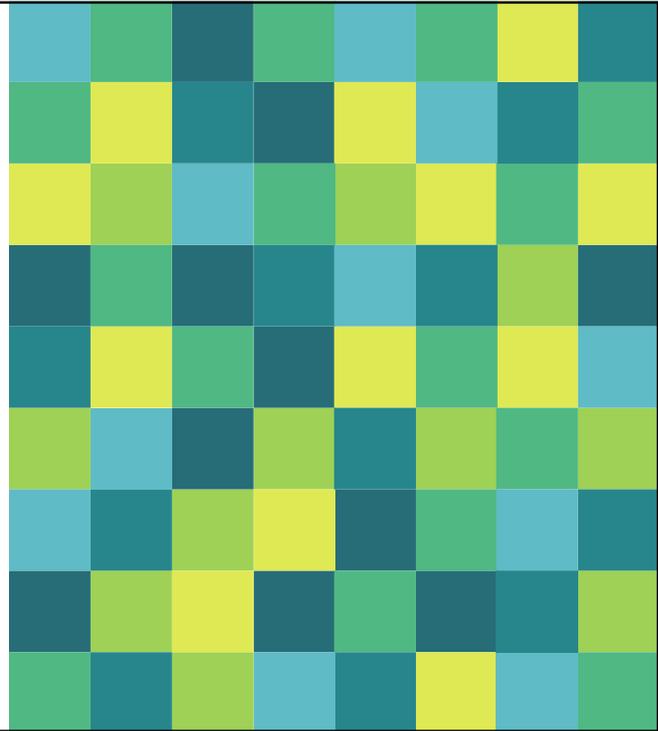


12

12

# Interpreting Client Narrative

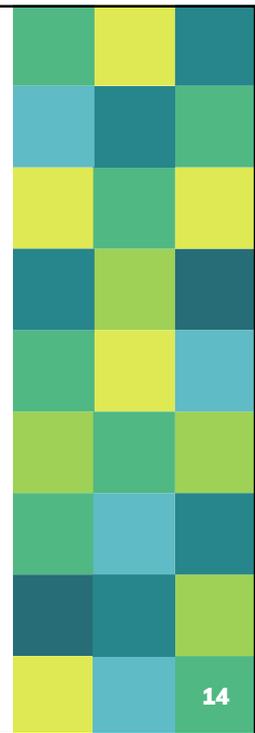
Identity, Illness, Compromise



13

# Meaning of illness

Personal Identity  
Identity of Child



14

## Four areas of compromise in illness

1. freedom of action
2. lack of information to make rational steps toward recovery
3. lack of autonomy
4. increased dependence

15

15

## Stages of Illness and Medical Care

1. symptom-experience
2. assumption of the sick role
3. medical care contact
4. dependent-patient role
5. recovery or rehabilitation

- Suchman (1965)

16

16

## Occupational Therapy Services

- an individualized evaluation, during which the client/family and occupational therapist determine the person's goals
- customized intervention to improve the person's ability to perform daily activities and reach the goals
- an outcomes evaluation to ensure that the goals are being met and/or make changes to the intervention plan

17

17

## patient centered care- acute

- considers patients' experience by defining the dimensions of care that matter most to the patient.
  - It consists of:
    1. recognizing autonomy of patients, need for patient choice in identifying rehabilitation needs, strengths that patients may bring to the care encounter
    2. partnership
    3. ensuring services are accessible and fit the context in which patients live
- (Cott et al., 2006)

18

18

## patient centered care- general

- is a philosophy of respect for and partnership with people receiving services.
- involves recognizing the autonomy of people, the need for choice in decisions about occupational needs, the strengths that patients bring
- ensuring that services are accessible and fit the context in which a patient lives

-(Canadian Association of Occupational Therapists, 1997)

19

19

“

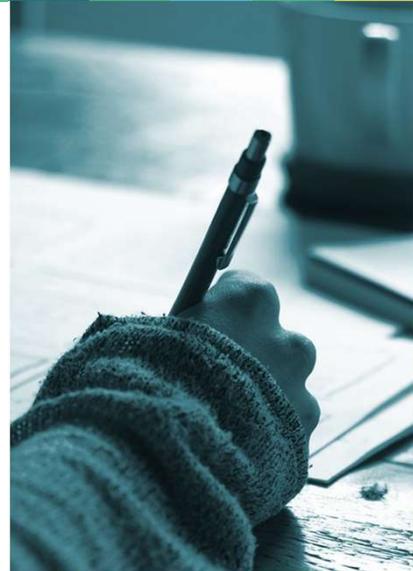
I have had concerns about my now 4 year old daughter since she was one year old, maybe even before that..

20

20

## timeline

- origin
- causality
- timeline
- sequence
- when- past present future



21

21

## Four areas of compromise in illness

1. freedom of action
2. lack of information to make rational steps toward recovery
3. lack of autonomy
4. increased dependence

22

22

## Stages of Illness and Medical Care

1. symptom-experience
2. assumption of the sick role
3. medical care contact
4. dependent-patient role
5. recovery or rehabilitation

- Suchman (1965)

23

23

## WRITING PROMPT

write about your hardest case

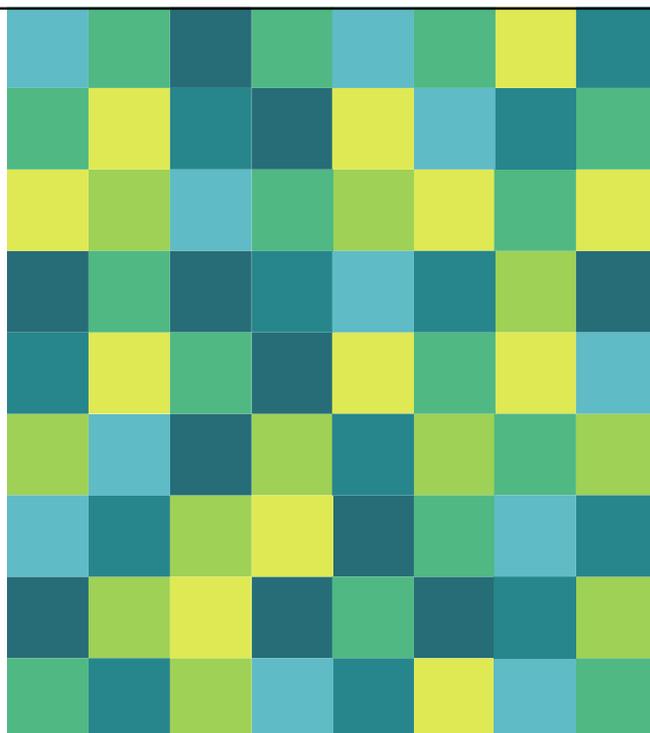


24

24

## Interpreting Clinician Narrative

Focus, Growth, Reflection

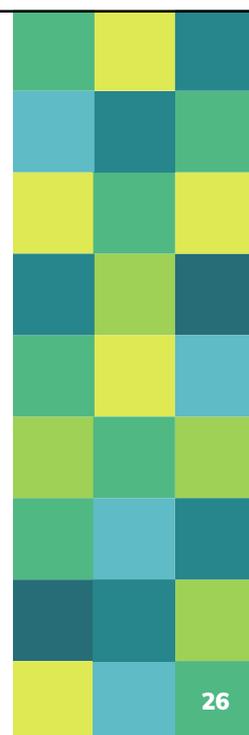


25

## Development of Clinical Competency

1. novice
2. advanced-beginner
3. competent
4. proficient
5. expert
6. master

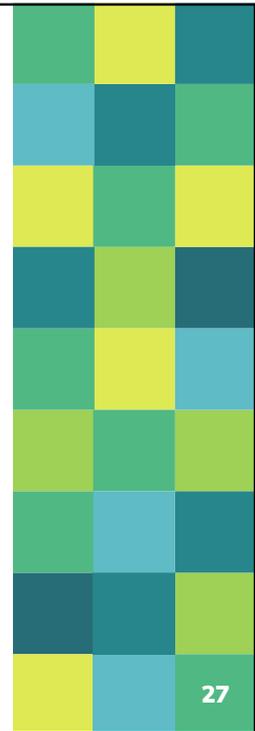
- Carraccio, Benson, Nixon, Derstine (2008)



26

## novice

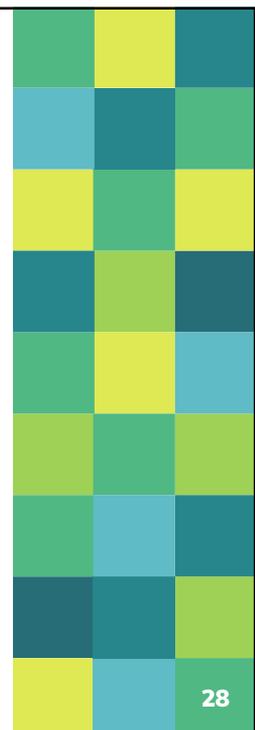
- is rule driven
- uses analytic reasoning and rules to link cause and effect
- has little ability to filter or prioritize information, so synthesis is difficult at best and the big picture is elusive



27

## advanced-beginner

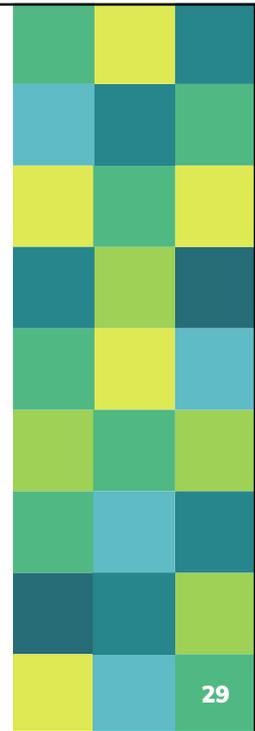
- is able to sort through rules and information to decide what is relevant on the basis of past experience
- uses both analytic reasoning and pattern recognition to solve problems
- is able to abstract from concrete and specific information to more general aspects of a problem



28

## competent

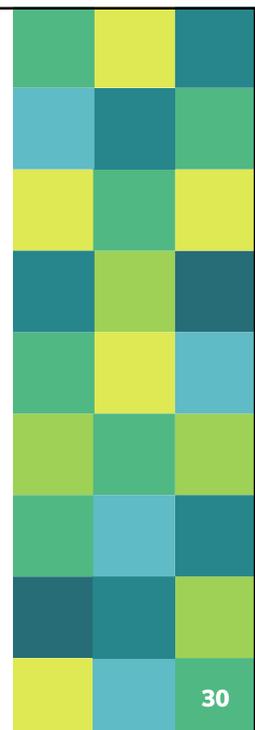
- emotional buy-in allows the learner to feel an appropriate level of responsibility
- more expansive experience tips the balance in clinical reasoning from methodical and analytic to more readily identifiable pattern recognition of common clinical problem presentations
- sees the big picture
- complex or uncommon problems still require reliance on analytic reasoning



29

## proficient

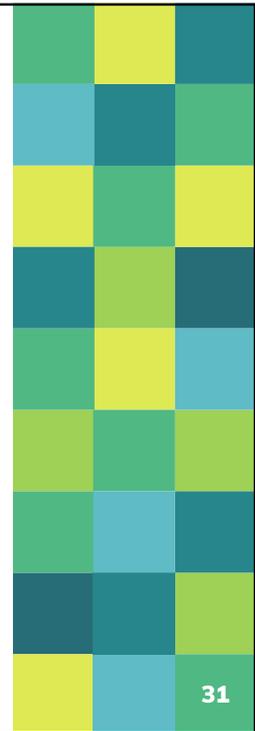
- breadth of past experience allows one to rely on pattern recognition of illness presentation such that clinical problem solving seems intuitive
- still needs to fall back to methodical and analytic reasoning for managing problems because exhaustive number of permutations and responses to management have provided less experience in this regard than in illness recognition
- is comfortable with evolving situations; able to extrapolate from a known situation to an unknown situation (capable)
- can live with ambiguity



30

## expert

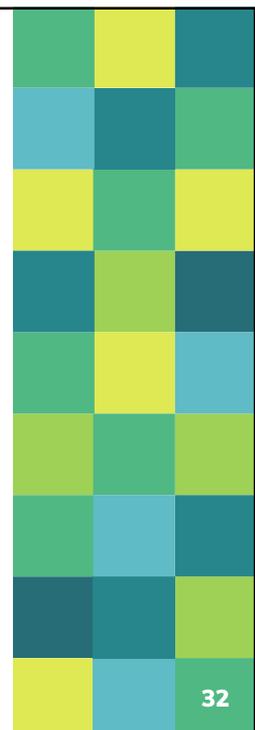
- thought, feeling, and action align into intuitive problem recognition and intuitive situational responses and management
- is open to notice the unexpected
- is clever
- is perceptive in discriminating features that do not fit a recognizable pattern



31

## master

- exercises practical wisdom
- goes beyond the big picture and sees a bigger picture of the culture and context of each situation
- has a deep level of commitment to the work
- has great concern for right and wrong decisions; this fosters emotional engagement
- is intensely motivated by emotional engagement to pursue ongoing learning and improvement
- reflects in, on, and for action



32



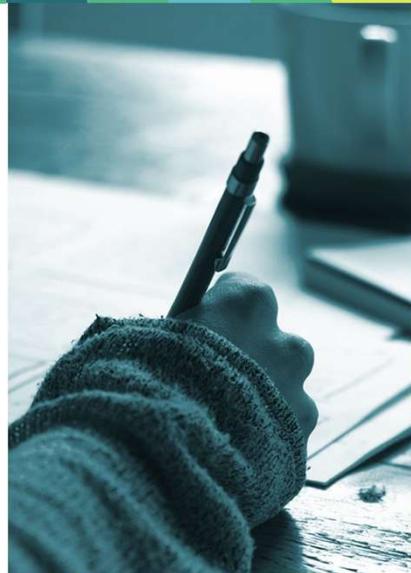
I am seeing a 5-year-old girl with above average intelligence with a diagnosis of ADHD and SPD. I cannot for the life of me get her outbursts/meltdowns under control!

33

33

## synopsis

- feelings
- meanings
- plot
- genre



34

34

## Development of Clinical Competency

1. novice
2. advanced-beginner
3. competent
4. proficient
5. expert
6. master

- Carraccio, Benson, Nixon, Derstine (2008)

35

35

## references

- Boudreau, Liben, and Fuks. (2012). A faculty development workshop in narrative-based reflective writing. *Perspectives in Medical Education*. 1:143–154.
- Carraccio, Benson, Nixon, and Derstine, (2008). From the Educational Bench to the Clinical Bedside: Translating the Dreyfus Developmental Model to the Learning of Clinical Skills. *Academic Medicine*, 83(8).761-7
- Charon, R. 2007. What to do with stories. *Canadian Family Physician*. 53 (8).1265–1267.

36

36

## references

- Davis, Weeks, and Coulter. (2011). A Proposed Conceptual Model for Studying the Use of Complementary and Alternative Medicine. *Alternative Therapies*. 17 (5). 32-36.
- Georgakopoulou, A. (2006). Thinking Big with Small Stories in Narrative Identity Analysis. *Narrative Inquiry*. 16. 122-130.
- Souraya, and Fox. (2014). Patient-centered care: clarification of its specific elements to facilitate interprofessional care. *Journal of Interprofessional Care*. 28(2): 134–141
- Wijnen-Meijer, Burdick, Alofs, Burgers, and Cate. (2013). Stages and transitions in medical education around the world: Clarifying structures and Terminology. *Medical Teacher*. 1-7.

37

37

THANK  
YOU



38

38