

## Dina's Story

*(This story has been significantly edited for brevity.)*

My name is Dina. As a young female who had four emergency department visits within one hospitalization for nausea and anxiety between August and September 2014, I was aware, along with my primary care physician, of my diagnosed eating disorder and my previous two treatments that had minimal success. My lowest recorded weight was 95 pounds. What could be done?

My provider referred me to the practice's care manager for support and resources because at the time, I was not interested in going into a treatment program again. After declining the plan of care, developed with the care manager, I was referred to a gastroenterology specialist to discuss my condition. I believe, like many people, I had no idea how many resources my primary care practice had access to and the level of care and interest they had for me individually. I then developed a good relationship with the GI specialist and felt reassured that seeking treatment was the best plan of action. I called the care manager at the practice and asked for information on admission to a treatment program.

With the care manager's help, I successfully completed therapy and, with close monitoring and support from the care manager, my weight has now increased to 115 pounds and I have developed a positive outlook regarding my condition and life. I have also gained the tools to continue recovery. I am incredibly thankful for all the assistance and encouragement my primary care practice staff provided me before, during, and after my treatment. I encourage my friends and family to discuss any issues they have with their primary care team and to find practices that are offering services like care management in case there comes a time when they might need it.

Hearing a story from a patient or family member can be one of the most powerful ways to communicate the importance of patient safety and care to healthcare workers. When done well, use of story is one of the most effective methods for motivating a group to act. For centuries, effective leaders have used story as an instrument to move others to action.

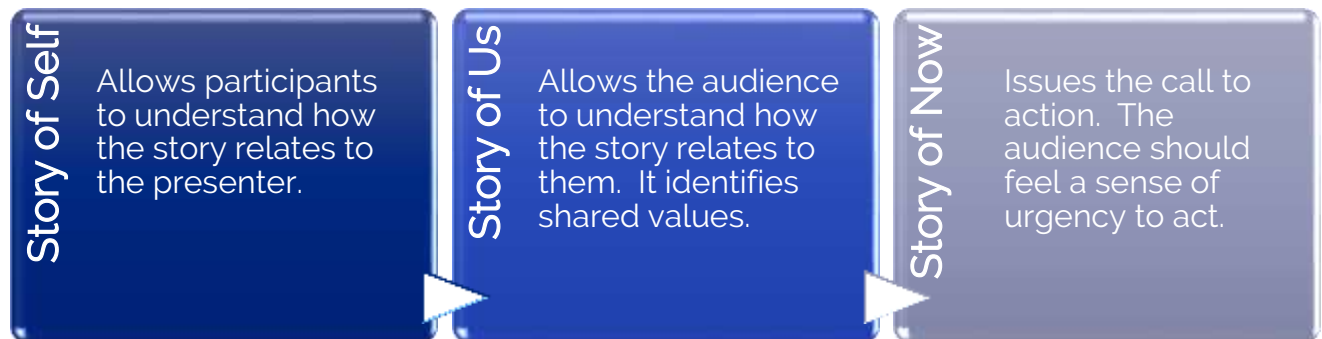
## Why Use Story?

A personal story helps us connect the work we do to the individuals with whom we work. The work becomes less about tasks and more about helping others which then allows us to see the value of the work. We see how we personally contribute to another person's experience.

- ◆ A personal connection to the presenter and situation
- ◆ A greater understanding of the impact we can have on others
- ◆ The “why” of what is being asked
- ◆ A “Call to Action” that's on a personal level

## USING STORY TO MOTIVATE

A story typically has three parts, a beginning, a middle, and an end. When using a story to motivate action, it should have three additional parts, the story of self, the story of us, and the story of now.



## TELLING A GOOD STORY

**Step 1:** Define your “Call to Action” or what it is you are asking of your audience, this will keep you focused when telling your story.

**Step 2:** Begin with a question. This allows your audience to focus on the idea of the story and creates a desire for more information. *For example: How many of you have personally been impacted by a medical error?*

**Step 3:** Tell your story. Allow for the characters to develop; the audience needs to connect with the person/people in the story. Keep in mind, people don’t think about things they don’t care about.

**Step 4:** Build suspense. You want your audience engaged in your story and wondering what happens next. In every story the character should face a challenge or a surprise.

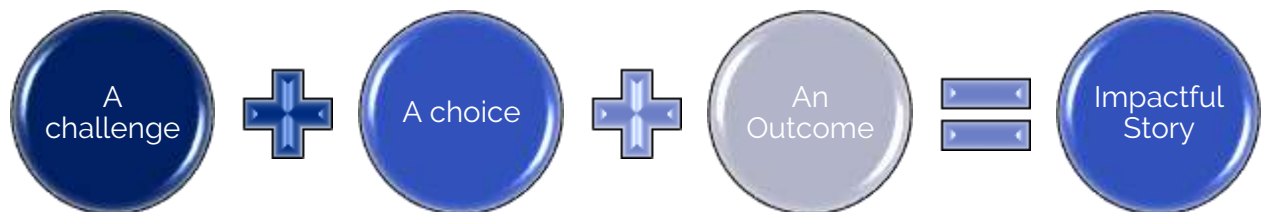
**Step 5:** Identify the choice. When faced with a challenge, a character is often presented with a choice for moving forward.

**Step 6:** Close the story. Your audience should have a clear understanding of the outcome of the choice that was made and the purpose for sharing this experience together.

---

*Remember:*

- *Use your own style, it’s your story.*
- *Speak from the heart. It’s ok to show emotion.*
- *Practice, but don’t be too calculated.*
- *Don’t allow your story to ramble.*



## RESOURCES

Andrew Morris-Singer, Primary Care Progress. Developing your Public Narrative. Presentation provide at PCMH Colorado Family Medicine Residency Collaborative, 2013 Learning Collaborative.