



5.b Appendix 2

AMBU Health Board

Standard Operating Procedures

Patient Stories

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Standard Operating Procedures for Patient Stories

Title: Patient Stories

Department: Patient Feedback Team

Purpose

ABMU Health Board's strategy is for

“each delivery unit to identify at least two members of staff to be trained to make stories which will lead to service improvement. These must be senior members of staff or members of the governance team and they should have time allocated to this work.”

Therefore, the purpose of this document is to provide procedures so patient stories are properly identified, acquired, referenced, and registered.

In addition, this document outlines the procedures necessary to undertake the story and how to train as a Story Facilitator. Finally, these standard operating procedures outline details relating to equipment, governance, and ethics.

Identifying the story

Stories are regularly made by the Communications Team or as part of Arts projects and project evaluations. Some therapists also use the patient storytelling as part of therapy. These Standard Operating Procedures do not cover these stories. The Procedures cover all other stories made within service delivery units.

If there is a story to tell, the lead nurse for the delivery unit is the person to discuss it with, and they will decide if a story should be made.

Although we use the term “patient stories,” this includes stories not just from patients, but from relatives, friends, family, advocates, or from staff – all about their own first-hand experiences.

Why Patient Stories?

There are large benefits from recording and listening to patient stories.

For patients and their families, patient stories help process what is happening (or has happened) to them. Patients, families and staff telling their story feel deeply listened too and the process often brings resolution in difficult circumstances.

The Health Board staff benefit from hearing people's first hand experiences - it can build empathy in the listeners and helps staff to reflect on services provided and take action if improvements are needed. Patient stories can communicate and share best practice as well as supporting improvement to practice.

Models used for Patient Stories

There are several models of patient story work in ABMU Health Board:

Some people have done training with the ABMU Arts in Health Team, with the Digital Storytelling model – see more below;

Some people have done training with 1000 Lives, or with the RCN leadership programme;

Some people have done training through the Co-production initiative;

Some people have done training with the Patient Experience Team (using the ABMU Health Board Values Framework with the use of PowerPoint Slides, letters, emails, thank you cards, testimonials, case studies), or by inviting and supporting a patient to tell their story at key meetings;

Some people have used their own model for patient stories, using their existing professional expertise and skills;

Digital Storytelling

Digital Storytelling is deep listening, and in ABMU it has been instrumental in preventing complaints escalating, as well as bringing resolution for patients following difficult experiences.

A Digital Story is an edited voice recording, usually put together with still images, to create a video.

The digital storytelling model has three basic principles:

- it is always a first-person story
- it is always short – usually less than 3 minutes (as should be the case with most models used for storytelling)
- and the storyteller remains the director of the story

The information below refers mainly to this form of patient storytelling. However, it is relevant for all models of storytelling.

Who should record or facilitate the story being told

Who should record a story is a matter for professional judgement. There are sensitivities around whether people will be able to be honest about the things that were not so good, or whether they will be anxious about their comments affecting their future care. Some people do not wish to record or facilitate a story with patients they are working with.

In ABMU, we are developing story facilitators as part of governance teams. The story facilitators will be trained and given time to record and edit patient stories.

Training as a story facilitator

Training as a storytelling facilitator will normally be available each Autumn. The training is accredited by the University of South Wales at 5 Master's level credits. The training involves five 3 hour sessions in a small group.

Week 1: Finding the story

Week 2: Recording and editing the story

Week 3: Sourcing the images

Week 4: Making a video

Week 5: Finalising the video and consolidating skills

There will also be tasks to complete outside the sessions including making a story in your place of work and a reflective journal.

Anybody wishing to train for this role must first discuss this with their line manager.

Managers must consider the costs incurred for staff time to attend initial training, time spent facilitating stories including travel and editing time.

If permission is granted, the staff member wishing to be trained will need to complete the Application to Train as a Story Facilitator form.

The application form must be signed by the line manager and signed off by the Quality & Safety manager (Q&S manager), who will, in turn, have received approval from the Unit's Nurse Director to go ahead with the training.

Responsibilities of a story facilitator

The Patient Story checklist lists the responsibilities of the story facilitator.

When to record the story

You need to consider why you are recording any story – if something has gone wrong, and you are recording as part of a listening or an advocacy process, then patients or others telling their story may be part of the process. Others may need time to reflect with a bit of distance from the event for them to tell it in a way that is useful for improving services without it overwhelming them.

Where to record the story

It is important to have a quiet, private, and comfortable space when recording a story. Ensure all distracting sounds are eliminated or minimised, such as ticking clocks, computer fans, and, if possible, outside noises too! Also, be aware that even phones on “silent” can still cause electronic interference if you are using a recorder.

What to record

What to record is probably the most important thing to learn – how to help the storyteller select what they want to say. Start by helping them identify why they are telling the story – what is their theme?

A good story does not tell the whole medical history.

It is important to only tell one story, or occasionally a few (at most three) examples of the same point. A small incident can become a powerful metaphor for a big issue.

It helps to have a good understanding of story shapes. Training is available in shaping and recording stories.

Safety

It can be surprisingly emotional telling and listening to a personal story.

The person recording needs good listening skills, must know their limits, and must keep alert that the session does not become something that would be more appropriately handled by someone with more psychological training. Make sure you have the name and contact details for the relevant person for referrals in your delivery unit before you start working with patients facilitating their stories.

The information sheet and the consent form should be read together with the storyteller in the first session, but it should not usually be signed until the storyteller has heard the edited version once you have produced it.

Cataloguing the story with the Patient Feedback Team

When a patient story has been completed and ratified by the Unit's Nurse Director, the Q&S manager must complete the submission form and submit it to the Patient Feedback Team.

The submission form includes any appropriate Action Plan as a result of the story.

Leads must give careful consideration to the “closing statement” of all patient stories, which must include:

What happened

Lesson learned

Actions taken

Service improvements made

Patient benefit

The Patient Experience Team will reflect on the story, it will be catalogued and, if appropriate used in Quality and Safety meetings, and Board of Director meetings, and placed on a shared drive (library) for others to access. The PET will inform the Q&S manager (e.g. by email) about the story’s potential for further use.

Recommended equipment for Digital Storytelling

It is never appropriate to use items of personal equipment to record or video patient stories.

The following equipment is recommended:

A Zoom H1 recorder. A Zoom can be purchased through procurement as a non-catalogue item. There are cheaper recorders, but they are often more complex to use or do not record such high quality sound.

The following software is available from ABMU IT department and is taught during the training sessions:

Audacity, which is a free download at <http://audacity.sourceforge.net/>

If you also wish to add images, you will also need the ability to scan images and to do some image editing. We recommend Proshow Gold video editing software from Photodex <http://www.photodex.com/proshow/gold>

Stories can also be made using ABMU iPhones, iPads, other tablets or other electronic devices. The important thing to remember is the final production must be of a professional standard and quality, and be suitable to upload to the Patient Experience e-learning library.

Separate Documents

Patient Stories Quick Reference Guide

FORMS

- ✓ Checklist
- ✓ Patient story submission form
- ✓ Application to train as story facilitator
- ✓ Storyteller information sheet
- ✓ Storyteller consent form

APPENDICES

1. Reflection Tool for use with patient stories and action plan
2. Five Star patient story reflection tool
3. Story Facilitator structure
4. Training Tools