

STORYAID.EU STORYTELLING POLICY REVIEW

ERASMUS+ PROGRAMME

2014-2020

KEY ACTION 2: STRATEGIC PARTNERSHIP

**HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF
STORYTELLING**

AGREEMENT N°2019-1-ES01-KA203-065728



StoryAidEU
Humanizing Healthcare Education through
the use of Storytelling



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STORYAID - HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

Storytelling Policy Review Report

October 2020

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Overview

This Policy Review was conducted over the first 12 months of the StoryAidEU project and consists of two parts. Part 1 involves desk-based research using the triple plus method to ensure the documents were collected in a thorough and systematic manner. Part 2 draws on semi-structured interviews with policy makers from across a number of EU states. This document outlines the background to the review, highlights the methodology of the desk-based research and interviews, outlines the results and, lastly, discusses findings and conclusions for the review. In relation to the future of the project, the report will be used by the leaders of all three intellectual outputs (IO1, IO2 and IO3) and the findings will inform synergy discussions and the development of training materials.

The StoryAidEU project aims to humanise healthcare education through the use of storytelling. It identifies how current healthcare training curricula rely on a comprehensive understanding of the bio-medical model of medicine but that it is critical for these to incorporate more rounded perspectives. To explore a new model of healthcare training, the project proposes that storytelling can become a crucial tool for educators to show the hidden and silent stories of patients, healthcare professionals, patients' loved ones, and vulnerable people who are receiving care. This approach is of paramount importance in a context where Europe is facing increased demand for health services due to ageing populations, rising patient mobility, and a diminishing supply of health workers caused by retirement rates that surpass recruitment rates. This is placing unprecedented pressure on the health workforce and storytelling has the potential to increase health professionals' capacity for self-reflection to help them cope with these pressures.

Storytelling can be used to ensure a holistic approach to healthcare professionals' education and this project aims to build a truly interprofessional approach to storytelling. There is strong evidence to support that effective interprofessional education (IPE) is an innovative strategy for enabling effective collaborative practice, making IPE a necessary feature for training a prepared health workforce. Furthermore, collaborative practice strengthens health systems and has been shown to improve health outcomes (WHO, 2010). The StoryAidEU project therefore proposes that storytelling will be highly valuable when used in an interdisciplinary environment, something which this project will support by creating an innovative multi-professional, inter-stakeholder approach to bridge the gap between current educational models and a more holistic model designed for the future.

Background

Storytelling

From the project team's literature search conducted before the project's initiation, we know that storytelling can be used as an effective pedagogical tool to help students think more critically about their practice (Moore, 2013) but also as a means through which to give students a sense of pride and belonging within an interprofessional team (Francois, 2019). We are not yet clear, however, whether there are best practice policy interventions which aim to introduce storytelling into a healthcare setting either regionally or nationally. Some limited examples are known within the project team, such as the NHS Plan (implemented by the United Kingdom's Department of Health in 2001) which stated that hospitals must attend to patients' views and wishes and make all actors genuine partners in care. This policy subsequently led to an increased impetus to include the use of patients' stories in nurse education (Haigh & Hardy, 2011). This Policy Review set out to find further examples of direct policy interventions and their success if such peer reviewed research is available.

Part I: Desk Based Research

Methodology

For the Policy Review search to be successful it was important to explore both academic and grey literature. Grey literature can be found in many forms such as government and non-governmental reports, conference presentations and projects, industry standards, documentation (from private or

public sector) and other official documentation (Alberani et al, 1990). In order to search both academic and grey literature effectively Booth’s (2013) triple plus strategy was implemented. This strategy provides a systematic method for searching literature and is particularly useful for finding policy related documents. Firstly, journal databases were used for academic sources. Secondly, specialist grey literature databases were searched. Finally, supplementary strategies, such as consulting Google Scholar, were examined.

Three databases were used to search for academic literature on the subject area. These were:

- Elsevier – ScienceDirect
- Springer/ICM
- Web of Knowledge

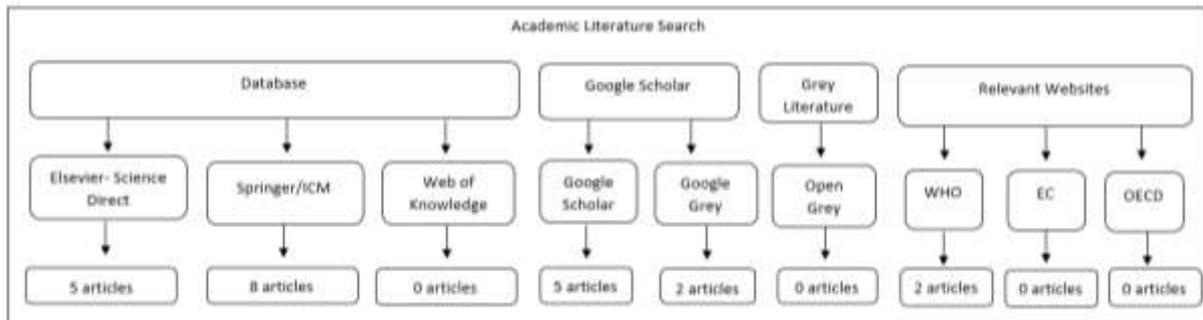
When searching for grey literature only one database was used:

- OpenGrey

Supplementary strategies included using Google Scholar, standard google searching and the websites of three large international organisations (WHO, OECD and European Commission).

Search Strategy

The search terms were derived from the concept analysis undertaken as part of the wider StoryAidEU project. The terms were kept simple and we prioritised ‘healthcare’ and ‘policy’ to ensure that results were as relevant as possible. Appendix A includes a full description of search terms used, the number of results from each search method and selected articles. In line with Booth’s (2013) method databases were searched first, starting with Elsevier – ScienceDirect, which provided five articles that were applicable to the review. This search was partially duplicated for both the Springer/ICM and Web of Knowledge databases providing similar results in selecting a total of eight articles. Grey literature was searched next and was conducted using the Open Grey database. A similar search technique to the academic literature was implemented which produced no articles of relevance.



Maintaining Booth’s (2013) strategy, supplementary search formats were attempted. Google Scholar was searched for supplementary sources finding five articles and this was followed up by a standard Google search which provided a further two sources of grey literature. Search terms followed a similar pattern to those of the preceding database searches. Lastly, the three relevant websites that had been identified as useful by the consortium were investigated in more depth provided a further two relevant articles on storytelling. In total, 22 sources of information were identified that had relevance to storytelling in healthcare and which could be used by policy makers to enable the implementation of healthcare reforms that introduce storytelling tools.

Data Mapping

The results of the search primarily came from publications in English-speaking countries with the United Kingdom (particularly the National Health Service) and United States of America making up a large proportion of the data collected. This is likely due to the language used for project and search

terms, and reflects one of the limitations of the search method. The data comes from multiple viewpoints with articles focusing with a national outlook producing eight results, international perspectives produced seven results and local and regional outlooks each producing three and four results respectively. General academic studies produced nine results, followed by guidance or framework documents with seven, three systematic reviews were identified with two theory documents and one case study. Due to the lack of genuine policy documents, articles were selected that would be of high value to policy makers when implementing storytelling principles at various levels into their healthcare systems. Thus, local, regional and national studies were included along with guidance or frameworks that offer detailed explanations on policy implementation. Interestingly, many international examples of storytelling exist and could be used to promote storytelling cross-nationally within the EU.

The documents, including the key aspects of their methods and their core conclusions, are summarised in the table which follows.

Article Selection

Author(s)	Title	Year	Publication	Premise	Methodology	Conclusion	Location	Type
Middlewick, Y. et al	Curtains up! Using forum theatre to rehearse the art of communication in healthcare education	2012	Nurse Education in Practice	Teaching students to develop high quality communication skills in healthcare education is vitally important if best practice is to be achieved. These skills have often been seen as challenging to successfully develop.	Experiences of a group of University lecturers introducing the use of an experiential theatrical technique, forum theatre, to support students to develop their communication skills.	Forum theatre can provide a practical, pedagogically effective approach to the teaching and learning of communication skills for student nurses within higher education. It utilises a dynamic and interactive style that captures student imagination and student feedback suggests that it makes a lasting impression on those who participate.	UK	Regional study
Adamson, E. and Dewar, B.	Compassionate Care: Student nurses' learning through reflection and the use of story	2015	Nurse Education in Practice	This paper describes the use of stories within the curricula to enhance knowledge and skills in compassionate caring.	The Leadership in Compassionate Care Programme (LCCP) was a 3-year action research project that sought to capture what compassionate care means within practice and utilise this learning within education.	The discussions suggest that reflective learning and the use of stories about the experience of giving and receiving care can contribute to the development of the knowledge, skill and confidence that enable student nurses to provide compassionate relationship centred care within practice.	UK	Local study
Kirk, M. et al	Storytellers as partners in developing a genetics education resource for health professionals	2013	Nurse Education Today	Advances in genetics are bringing unprecedented opportunities for understanding health and disease, developing new therapies and changes in healthcare practice. One approach to enhance	Telling Stories, Understanding Real Life Genetics is a freely accessible website that sets people's stories within an education framework. The links between the stories and	The experience of working with storytellers has been positive. The storytellers want to be heard so that others will benefit from their stories. They serve as a	UK	National study

				understanding of genetics is to simulate clinical exposure through storytelling.	professional practice are made explicit and additional features support learning and teaching.	reminder of why this work is important.		
Segal, A.	Story exchange in teacher professional discourse	2019	Teaching and Teacher Education	This paper brings together multiple storytelling practices along with additional lenses to explore key functions of embedded teacher stories in a practice setting.	Embedded stories in teacher professional discourse are studied using mixed methods.	Stories appear in story clusters, and association is found between stories' framing and subsequent uptake. Storytelling genre facilitates expressions of heterodox views, but teachers then retreat to consensus.	Israel	Local study
Dahl, K.	Narrative learning through life: Kenyan teachers' life-stories and narrative learning, and what this means for their relation to the teaching profession	2015	International Journal of Educational Development	Evidence suggests that narrative learning manifests as altered professionalism 'in' and 'through' the stories teachers tell about their lives and depends on ruptures in lived life, followed by periods of transition in life-stories.	Article explores four Kenyan primary school teachers' life-stories and narrative learning through living and telling stories about their lives from 2000 to 2011, and what this means for their relation to the teaching profession.	Narrative learning influences teacher professionalism as teachers story and live their lives. It also depends on ruptures, followed by transitions in life-tracks and life-stories. Additionally, narrative learning provides a learning site and resource for professional development.	Kenya	Regional study
Bonosevich, G. et al	Me, the transplant and the ICU: a patient's story	2019	Intensive Care Medicine	Editorial from a journal showing an example of a patient story for ICU	N/A	Example of patient story and how it can be used in healthcare (in this case, to talk directly to ICU professionals and researchers).	Germany	National Model Case
Chretien. K. et al	Tell Me Your Story: A Pilot Narrative Medicine Curriculum	2015	Journal of General Internal Medicine	Narrative medicine educational interventions may enhance patient-centered care, yet most educational interventions do	The curriculum involved 1) an introductory session, 2) a patient storytelling activity, and 3) a group reflection session. For the	The curriculum was found to be feasible and acceptable to both patients and students. Some patients and students were	USA	Regional study

	During the Medicine Clerkship			not involve actual patient-provider interactions, nor do they assess narrative competence, a key skill for its practice. An experiential narrative medicine curriculum for medical students was developed and piloted.	storytelling activity, students elicited illness narratives in storytelling form from patients, listened attentively, wrote their versions of the story, and then read them back to patients.	profoundly moved. Ongoing focus groups resulted in continual process improvement. Students' stories showed attainment of narrative competence.		
Morris, D. et al	Narrative and Pain: Towards an Integrative Mode	2013	Handbook on Pain (Chapter 38)	Outlines various theories on narrative medicine in the case of pain management in healthcare	N/A (theoretical chapter in wider book)	Outlines a number of areas where narrative medicine can help healthcare professionals (communication, ethics, diagnosis, education etc).	USA	International theory
Fadlallah, R. et al	Using narratives to impact health policy-making: a systematic review	2019	Health Research Policy and Systems	There is increased interest in using narratives or storytelling to influence health policies. We aimed to systematically review the evidence on the use of narratives to impact the health policy-making process.	We synthesised the findings narratively and presented the results stratified according to the following stages of the policy cycle: (1) agenda-setting, (2) policy formulation, (3) policy adoption, (4) policy implementation and (5) policy evaluation.	The existing evidence base precludes any robust inferences about the impact of narrative interventions on health policy-making. We discuss the implications of the findings for research and policy.	Lebanon	International systematic review
Kreuter, M. et al	Narrative communication in cancer prevention and control: A framework to guide research and application	2007	Annals of Behavioral Medicine	To stimulate critical thinking about the role of narrative in cancer communication and promote a more focused and systematic program of research to understand its effects, we propose a typology of narrative application in cancer control.	We assert that narrative has four distinctive capabilities: overcoming resistance, facilitating information processing, providing surrogate social connections, and addressing emotional and existential issues.	This article describes the empirical evidence and theoretical rationale supporting propositions in the typology, identifies variables likely to moderate narrative effects, raises ethical issues to be addressed when using narrative communication in cancer prevention and	USA	National framework / guidance

						control efforts, and discusses potential limitations of using narrative in this way.		
Brady, L. et al	Paramedics, poetry, and film: health policy and systems research at the intersection of theory, art, and practice	2019	Human Resources for Health	Increasingly, paramedics working in high-risk areas of Cape Town are being caught in the crossfire, and in 2018, there was an attack on a paramedic crew nearly every week. These attacks are a symptom of much deeper, complex societal issues.	Paramedics, poets, and filmmakers collaborating to tell human stories from the frontline thereby bringing the lived experiences of healthcare workers into policy making processes.	In this commentary, we share a series of poems and a poetry-film that form part of a larger body of work focused on the safety of paramedics, to catalyze discussion about the possibilities that arts-based methods offer us as we seek to better understand and engage with complex social issues that have a direct impact on the health system.	South Africa	National guidance / framework
Fitzhugh, M. et al	Narrative Matters: The Power of the Personal Essay in Health Policy	2006	Book	Narrative Matters: The Power of the Personal Essay in Health Policy seeks to address two important questions. These questions are: (1) how important is the personal narrative to health policy development and (2) how can it be used appropriately to craft meaningful change in our U.S. health care system?	Collection of essays from subject matter experts.	The use of stories and narrative in the field of health policy is representative of a broader movement within the social sciences toward a narrative, reflective mode that seeks to expand the methods of human problem solving, especially in those problem areas that are less amenable to traditional, quantitative approach	USA	International theory
Davidson, B.	Storytelling and evidence-based policy: lessons from the grey literature	2017	Palgrave Communications	A number of authors interested in how to translate evidence into policy identify the importance of policy narrative and argue that	This article shows how these processes are described in the “grey” literature—defined as literature which is	It highlights practical advice about storytelling that emerges from the literature, and presents four case studies illustrating aspects	USA	International systematic review

				advocates of scientific evidence need to tell good stories to grab the attention and appeal to the emotions of policymakers.	produced by all levels of government, academics, business and industry, but which is not controlled by commercial publishers.	of storytelling in action. It concludes by identifying the implications for scientists and other advocates of “evidence informed policymaking”, practitioners and policymakers.		
NHS Improvement	Patient Stories	2018	Online library of Quality, Service Improvement and Redesign tools	Stories told by individuals from their own perspective and in a healthcare setting can provide us with an opportunity to understand their experience of the care they have received helping us to learn the good, the bad and what could be done to improve their experience.	N/A	Guidance document on how, when and why to use patient stories in the UK	UK	National guidance / framework
The Health Foundation	USING STORYTELLING IN HEALTH CARE IMPROVEMENT: a guide	2016	The Health Foundation Website	Telling stories about the experiences of patients and health care professionals is well-established as an effective means of engaging others in improvement work.	N/A	For people involved in health care improvement projects who want to use stories to communicate and share important learning from their work.	UK	National guidance / framework
McIntyre L et al	An evaluation of storytelling in the NHS.	2015	Nursing Times	Capturing the stories of patients, carers and staff can help drive service improvement.	An evaluation among NHS organisations in NHS Midlands and East found that organisations are committed to using storytelling but how it is used varies widely.	Where organisations took a systematic approach to storytelling, positive outcomes were more readily evident. This article gives examples of how individual trusts have used storytelling.	UK	Regional study
WHO	Storytelling for community-based inclusive	2018	WHO Website	WHO provides guidance on community-based rehabilitation (CBR) to support people with	The WHO Collaborating Centre in Health Workforce Development in Rehabilitation and Long	Videos created by the project can be used in educational materials in CBR, CBID, allied health and	Australia	International study

	development: The Pacific Way			disabilities and their families, to meet basic needs and enhance their quality of life.	Term Care at the University of Sydney supports development of a CBR workforce, training and resources in the Pacific where rehabilitation service and its workforce are scarce.	community development and developing CBID strategies for communities across the Pacific.		
WHO	WHO Strategic Communications Framework	2017	WHO Website	Section on telling real stories that proscribes tactics to apply to make your communications understandable	N/A	Descriptive storytelling makes health information more understandable and compelling.	International	International guidance / framework
Laskow, T.	Narrative Interventions in the Palliative Care Setting: A Scoping Review	2019	Journal of Pain and Symptom Management	This scoping review maps the existing literature on narrative interventions within a palliative care and end-of-life context.	A search across multiple electronic databases was performed. The search results were screened. Relevant articles were reviewed for the identification of common themes and challenges.	Narrative interventions are actively being evaluated with the intention of improving communication and well-being among all parties within the palliative care and end-of-life experience. The field would benefit from selecting a subset of outcomes that are comparable across studies, and a common framework for describing narrative interventions.	USA	International systematic review
Greenstreet, W.	Loss, grief and bereavement in interprofessional education, an example of process: Anecdotes and accounts	2005	Nurse Education in Practice	The example of educational provision considered here is an elective module on an Interprofessional Masters programme that demonstrates the use of research based accounts and clinical anecdotes to effect learning and so, potentially,	Creation and testing of IPE module for using stories in health workforce education	Module evaluation confirmed that students were able to evaluate the relevance of theory in practice and that the teaching sequence that had evolved resembled a modified constructivist format.	UK	Local study

				to enhance professional practice.				
NHS Institute for Innovation and Improvement	The Patient Experience Book	2013	NHS	This book is for people with designated responsibility for improving patient experience – both as providers of services and as commissioners. It is intended to give you the evidence you need to influence others, both at management/board level and team level, to focus on improving patient experience	N/A	The content provides a rich source of research evidence, stories from patients and staff and many examples of innovation. It also illustrates a range of well-tested techniques to help you work more closely with patients to understand their experience and use these insights to improve services.	UK	National guidance / framework
NHS Institute for Innovation and Improvement	Experience Based Design	2009	NHS	The ebd approach (experience based design) is a method of designing better experiences for patients, carers and staff. The approach captures the experiences of those involved in healthcare services. It involves looking at the care journey and in addition the emotional journey people experience when they come into contact with a particular pathway or part of the service.	N/A (guide)	The guide is an introduction to the ebd approach (experience based design) and is supported by tools and templates.	UK	National guidance / framework

Part II: Policy Interviews

Interview Methodology

The value of including interviews in this policy review is that they introduce an interpretivist approach to the research. Britten (1995 p. 251) states that “semi-structured interviews are conducted on the basis of a loose structure consisting of open ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail”. Miles & Gilbert (2005) also point out using semi structured interviews offer a great way of finding out ‘why’ rather than ‘how many’ or ‘how much’. Thus, including semi-structured interviews in the research design adds an additional layer of understanding (Gubrium & Holstein, 2002). Thus, by including interviews the Policy Review not only reveals what kind of documents are being used but it also presents direct insights from policymaking settings.

The interviews involved civil servants, government advisors, and politicians. Interview questions were designed to explore the status of humanism in the healthcare system contexts of interviewees and what they perceive to be the key reforms necessary for humanism to assume a more central position in the education of health professionals. Participants were selected for interview due to having wide-ranging policy experience in the field of IPE and were considered highly likely to be able to reflect on the project’s themes. A total of five in-depth interviews were conducted with policymakers from Portugal, the UK, the Netherlands, and Poland. Within the confines of the project’s resources, a decision needed to be made between conducting fewer, in-depth interviews or a larger number of shorter, structured interviews. The decision to conduct the former type of interview was made due to in-depth interviews being more suited to providing a new dimension to the insights gained from the policy review’s document analysis.

Interview Analysis

Interviews with policy actors revealed important insights which confirmed that **policymakers themselves consider storytelling as a valuable tool** for making healthcare systems reflect principles of humanism more effectively. The following quotations reflect the acknowledgement of the importance of storytelling:

“there's nothing more powerful than the story of a patient because they are the ones that know at the end of the day what it is like living with that condition. You can read all the textbooks in the world and it will never compare.” *Policymaker, Portugal*

“Telling a story will enable students to develop sensitivity to particular thematic contexts” *Policymaker, Poland*

Two noteworthy **examples of successfully implemented policies** involving storytelling were mentioned by interviewees. The first involved a training program in England’s NHS for clinical researchers relating to meeting relevant regulatory requirements for clinical trials, including those relating to ethical practice. The UK policymaker described the design of this scheme in the following manner:

“Now you could approach it, and quite a lot of people do approach it, as: you need to learn what the law says. And actually we took a policy decision that that really wasn't that important because actually they're good laws. But all the law does is put into practice what you would hope would happen for yourself or your family in making sure that your rights and your well-being and your safety are protected. And actually the best way of getting people to understand what mattered was to engage them with that question: If you were asked to participate in a [clinical] trial, if your Mum was in a [clinical] trial, what would you want to know about what's happening? What would you want to be assured of? And actually your job is just to make sure that that happens and this is then how you might go about doing it, which is the very humanist approach. And then we used stories from patients to illustrate that, and we also used stories from professionals to illustrate that.” *Policymaker, UK*

This example highlights how storytelling can be used to illustrate ethical responsibilities towards patients by putting the perspectives of patients at the heart of regulations and legislation.

A further example highlighted by a policymaker in The Netherlands related to the St Elisabeth hospital in the city of Tilburg which has placed the principle of “loving care” at the heart of its organisational reforms and overall approach. This has involved training hospital staff to engage with the personal stories and individual contexts of patients, as well as developing communities of practice where hospital staff meet to tell stories and share experiences.

In addition to highlighting examples of good practice, interviews with policymakers provided essential insights into the range of **factors which can prevent storytelling from being implemented** in healthcare settings, which is important knowledge to consider alongside the results of the document analysis. A major challenge for using storytelling as a tool is that it is an essentially *emotional* device and therefore any attempts to simplify stories – such as summarising a story into a few lines in a textbook or presenting it on a lecture slide – lead to the power of a story being undermined. One policymaker spoke at length about this issue:

“[some approach storytelling in a way that] if you can just put a patient story in there [the course content] that it will somehow meet the expectation. But that isn't really about how to get in touch with a human response to this and actually the reason storytelling works is because it's emotional. So you are trying to run programs with the mindset that this is quite a technical process [...] and that to me isn't really a humanist response

[...]

[there is a big]difference between having somebody say, “I know a story about x, y, z” and hearing it from the person themselves or hearing it from the person who was caring for them because they generate an emotional response. That's why stories work but it's hard to find appropriate stories that actually get the point across that you want to get across or open up a conversation in a way that's helpful. They're actually really hard to find from experience.” *Policymaker, UK*

These reflections from a policymaker who has directly worked with using storytelling in healthcare settings warns against losing the emotional link to stories through approaching them as an overly technical or generic tool. For this reason, any ‘best practices’ relating to storytelling need to be reworked to suit the specific (cultural, organisational, professional) context in which they will be implemented otherwise the stories that are selected will be inappropriate, their impact will be diminished, and the emotional response will be minimal.

The need for **greater evidence on the importance of storytelling** in healthcare was another key theme to emerge from the policy interviews.

“how do we convince them [civil service leaders] that the time and the money to invest in creating those stories or doing what might be perceived as quite fluffy activities in helping people engage with that emotional response to things and do that work rather than, chopping six months off this course and get them into work faster? Why this is good for the bottom line? And the bottom line not just being that that they are more rounded people able to deliver when they join the workforce” *Policymaker, UK*

“we lack extensive comparative studies in this area” *Policymaker, Poland*

It is clear that if the necessary resources are to be invested in incorporating storytelling into the training of healthcare professionals in a meaningful and impactful way, that more evidence needs to be developed so that policymakers who are not themselves familiar with the importance of storytelling can be convinced of their value. The document analysis has demonstrated that an evidence base already exists, and while there is much scope for this to be extended, it would seem that an important factor is that the existing evidence base has not been communicated effectively to policymaker audiences.

Conclusion

The policy review identified a number of resources through its document analysis which can help policy makers implement storytelling principles within their healthcare systems. Moreover, interviews with policy actors highlighted the existence of policy interest in the value of storytelling as well as providing some important insights into the challenges of implementing storytelling in healthcare settings.

The review has identified many resources that are based on case studies as well as highlighting the strong theoretical foundation for storytelling. The use of storytelling, narrative, anecdotes and reflective learning within curriculums is proven to make a powerful impression on students while narrative learning can also be used as a resource for professional development. Using patient stories when educating students holds significant and exciting potential to lead to better patient care and, ultimately, improved healthcare systems. Storytelling and narrative interventions can also be used during policymaking (particularly within cross disciplinary discussions) to improve the policy process. A number of international resources exist which can be used to guide decision makers in incorporating storytelling into national healthcare policies. However, as the policy interviews highlighted, a widespread view is that policymakers need to be convinced of the value of investing time and resources into storytelling and there is therefore a need to better communicate the existing evidence base to policymakers as well as to develop further sources of evidence.

In the next stage of the StoryAidEU project, the consortium will use the insights from this review to tailor IO4 and IO5 in order to increase the likelihood that the training materials produced by the project will be implemented effectively across EU states.

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Appendix A – Academic & Grey Literature Search

Search Area	Search Term	Found	Used		
Elsevier – ScienceDirect	Humanism	5,357	7		
	Humanism Policy	2,223			
	Humanism Healthcare Policy	232			
		Interprofessional Education	8,602	5	
		Interprofessional Education Policy	4,122		
		Interprofessional Education Health Policy	4,031		
		Story telling	Story telling	36,536	5
			Story telling policy	13,959	
	Story telling healthcare policy		1,457		
Springer/ICM	Humanism	1070	4		
	Humanism Policy	413			
	Humanism Healthcare Policy	162			
		Interprofessional Education	26,000	6	
		Interprofessional Education Policy	13,000		
		Interprofessional Education Health Policy	13,000		
	Story telling	Story telling	20,000	8	
		Story telling policy	7,724		
		Story telling healthcare policy	3,000		
Web of Knowledge	Humanism	16 620	0		
	Humanism Policy	177			
	Humanism Healthcare Policy	2			
		Interprofessional Education	5595	3	
		Interprofessional Education Policy	363		
		Interprofessional Education Health Policy	295		
	Story telling	Story telling	10 660	0	
		Story telling policy	289		
		Story telling healthcare policy	12		
Open Grey	Humanism	142	0		
	Humanism Policy	1			
	Humanism Healthcare Policy	0			
		Interprofessional Education	62	0	
		Interprofessional Education Policy	7		

	Interprofessional Education Health Policy	5		
	Story telling	94		
	Story telling policy	6	0	
	Story telling healthcare policy	1		
Google Scholar	Humanism	N/A (500,000+)	4	
	Humanism Policy			
	Humanism Healthcare Policy			
	Interprofessional Education			
	Interprofessional Education Policy		3	
	Interprofessional Education Health Policy			
	Story telling			
	Story telling policy		5	
	Story telling healthcare policy			
Google Search	Humanism	N/A (500,000+)		
	Humanism Policy		3	
	Humanism Healthcare Policy			
	Interprofessional Education			
	Interprofessional Education Policy			
	Interprofessional Education Health Policy		8	
	Story telling			
	Story telling policy			
	Story telling healthcare policy		2	
WHO	Humanism	N/A (Unknown)	0	
	Interprofessional Education		4	
	Storytelling		2	
European Commission	Humanism			0
	Interprofessional Education			1
	Storytelling			0
OECD	Humanism			0
	Interprofessional Education			1
	Storytelling			0