

## Authenticity: A Critical Element in the use of Clinical Anecdotes as Stimulus Material for Undergraduates in Mental Health Nursing

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### ABSTRACT

**Purpose:** The aim of the study was to determine the clinical and educational purpose of clinical anecdotes told to undergraduates by nurses working in mental health.

**Method:** Following ethics approval, 100 stories were collected from experienced nurses working in mental health. These were analysed using a case study methodology.

**Results:** A framework for student discussion of the stories was developed to assist in the discovery of aspects of mental health nursing expertise.

**Conclusion:** Authentic clinical anecdotes from the workplace demonstrate many aspects of mental health nursing expertise not readily described in standard textbooks.

**Keywords:** Storytelling, narrative, undergraduate, mental health nursing, problem based learning

## INTRODUCTION

Most of us grow up hearing stories from our parents and grandparents. Later we may hear stories at school. Mental health nurse educators and clinical mental health nurses have traditionally used stories in their teaching as one way of illustrating to students what they see as the essence of mental health nursing. Other professions use stories in different ways, including doctors, social workers, psychologists, therapists, and educators. As Hunter (2008) remarks, “Humans are most certainly a storied people” (p.2).

Mental health nurses and those working in mental health tell stories in formal education sessions such as lectures and tutorials, and also in informal teaching in the workplace. Many are told to undergraduates and to new recruits. The purposes of the storytelling and the possible interpretations and messages taken away by the listeners have not often been explored. As part of the author’s doctoral studies at the University of Newcastle, 100 stories from nurses working in mental health were collected and analysed to discover potential educational purpose.

A study of students’ experiences of problem-based learning (PBL) in mental health nursing found that students felt that PBL suited the more educationally mature students, but that they benefited from the experience by a greater breadth and depth of learning, increased opportunities for self-direction and greater engagement and motivation. Other benefits were the acquisition of skills seen as essential to mental health nursing such as the positive interpersonal aspects of group work, teamwork, communication and interpersonal skills (Cooper & Carver, 2012).

Telling stories is part of being human, whatever our age or professional discipline. If mental health nursing is about

communication and relationships and the celebration of the individual, then the stories told by mental health nurses as they teach students need to be collected, analysed and valued, both as a historical record of the development of psychiatric nursing, and as a way of identifying key mental health nursing skills and values, and for the education of future nurses.

## BACKGROUND

### Use of stories

Use of stories will vary depending on the focus of the curriculum. In nursing curricula oriented to the medical model, students are required to learn lists of symptoms and diagnostic criteria, look for a diagnosis and then plan nursing care according to the diagnosis and most prominent symptoms. In contrast, more process-oriented curricula, for example, problem-based, solutions-oriented or practice-based models, rely on learning scenarios as stimulus material. The scenarios are used as stimulus material for learning events which are designed to prompt students’ enquiry about the necessary knowledge and skills for appropriate treatment and management of a patient with a particular constellation of symptoms and are designed to expand students’ knowledge of treatment and management of a patient with a particular diagnosis. Carroll (2010) writes about:

*a shift in academic culture from the traditional, teacher-focused “dissemination of knowledge” model of education to learner-focused models that look at what the learner does and why in the social context of learning (p.235).*

Students and nurses more generally can practise thinking through a situation embedded in a particular story with the support of other students and the teacher.

However they need a framework for such interrogation of clinical situations; they may find there are various interpretations and various ideas on ways to react and manage the situation. Initial understandings and reactions may change with deeper understanding and following the input of the group.

Students need to be given an opportunity to think out a problem if they are going to learn to think. When there are questions to be answered, they must respond and work actively to find a solution instead of being passive recipients of “knowledge”. They can also try several solutions and interpretations based on what they know; on the material in the narrative; and on what else they need to discover in order to arrive at a solution which fits.

An effective teacher identifies an area for learning and then chooses what strategies will encourage learning. Some see this is a therapeutic alliance similar to what occurs in psychotherapy between therapist and patient. The teacher can provide feedback to the learner, and acts as mentor. The teacher is engaged with the student and can understand the student’s perspective in the learning process. The activity is relevant to the student’s needs, but the teacher allows the student to identify what need to be learned (Ursano, Kartheiser & Ursano, 2007).

The value of the stories is that educators can use them to provide authentic stimulus material and facilitate discussions using the framework given below. These open questions encourage individual responses which may then allow for a multi-faceted interpretation by a group of students. This in turn may be a useful preparation for a first clinical placement in mental health nursing, or a way to debrief after a first placement is completed.

Stories told by mental health nurses come from their perceptions of situations within a real clinical setting

and from the nurses’ own experience. Although they have become crystallised as stories they usually have one unusual or memorable feature, and they are still about real people in a real life situation. In a way they are “simulations” outside the laboratory, but the construct and face validity of the narrative is dependent on the lens of the storyteller.

### ***1. Stories compared with an online learning platform***

If we consider the various ways of teaching offered by a typical online learning platform, we can decide how useful they are to educating mental health nurses. Lectures can be presented in a variety of formats, using slides alone, using slides with voiceover, or using an audio file alone. Students are introduced to basic concepts and provided with basic information. Online tutorials allow for group discussion of set topics or of particular scenarios and also allow students to ask questions. Students can also use email to ask their tutor questions about topics and assignments. Scenarios do not have to be presented in print only; a video clip can be uploaded to add to the presentation. References and supporting information can be posted and links to electronic resources provided. An electronic reading list allows quick access to a basic library relevant to the course. New material or resources can be added as required and are immediately available to all students. Students can participate in social discussion boards which are not related to the course material and start their own blogs to respond to tutorial questions. They can do their work at any time of the day or night to suit themselves and use online material to catch up on work they may have missed in class or to clarify points they did not understand. Some courses are taught entirely online and students and staff never meet face-to-face.

So an online learning platform allows for the provision of a large amount of information and resources, and enables a group of students who may not be able to come together at a particular time and place to share their ideas and discuss topics together. The tutor monitors the discussion and encourages participation and depth in discussion and consideration of all possible aspects of the topic.

But can this online learning platform illustrate the complexities of a therapeutic relationship or the puzzling aspects of an incomplete or poorly done assessment or the decision-making processes involved in aspects of care or the individuality of patients and of the nurses who care for them or the development of a personal style in mental health nursing? Can it be that we rely on stories to show the reality of mental health nursing, to illustrate mental health nursing not in simulation or in the so-called real time, but as it really is? Student nurses yearn for a predictable ward and patients who follow what they have been told to expect or what the textbook outlines, but “nursing in an imperfect world” rarely allows this, and particularly in the field of mental health nursing, where situations evolve depending on context, symptoms, communication, relationships, personal beliefs of both nurses and patients and the all-pervading influence of stigma. This is where stories, told in the spoken word to an audience, as stories have been for thousands of years, can extend what is provided by classroom lectures, classroom tutorials and online learning.

## **2. Value of stories**

All nurses learn to think on their feet and make rapid assessments and decisions based on these rapid assessments but for mental health nurses it is one of their

most important skills and one which for students and new graduates is the most difficult to acquire and understand. Student portfolios describing their first placement in a mental health setting frequently report a partial understanding or interpretation of a situation which later reflection and reading allows to develop into a fuller or more complete understanding. But initially the feeling is of perplexity, helplessness, being “out of my depth”. This is the discrepancy and discomfort which signals an incident worthy of reflecting on and likely to be productive of new learning (Levett-Jones, 2007). It is Mezirow’s (1981) “disorienting dilemma”, something which inauthentic problem-based learning scenarios cannot offer. Scenarios may be used to develop questions designed to aid students to cover relevant themes such as law, patient rights, correct documentation, the mental state examination, nursing management but they do not always produce this feeling of perplexity. Once the source of information which will enable the question to be answered is found, the “problem” in the problem-based learning scenario is “solved”. Instead what is most often sought in nursing is a solution to a particular situation, frequently involving a journey of shared resolution. Stories, are invaluable in that the narrative can be ongoing, can lead to evolving understanding and awareness of all the issues involved and the possible different ways of dealing with the situation. In addition, the spontaneous input of other students in the class can provide different perspectives, deepen understanding and encourage consideration of a variety of responses to a single situation. Students will come to the class with a basic knowledge of the topic but the discussion of a story without resorting to a textbook for the “correct” response is more appropriate to tertiary education and likely to be more useful long-term in the making of a mental health nurse, or at least in allowing students who do not choose to enter the field to have a better

understanding of what is involved. A shift in perspective or a broader or deeper understanding of a complex situation may be gained from a discussion of a story whereas scenarios designed for problem-based learning usually direct students towards the acquisition of useful facts which provide “answers”. McAllister (2011) advocates the use of transformative learning in nursing as having particular value in considering the health of vulnerable groups, the marginalised and people whom health services do not serve well. Therefore it is particularly useful in mental health nursing education.

### ***3. Narrative Pedagogy and Narrative Medicine***

Narrative Pedagogy encourages the use of stories in this way. The emphasis of Narrative Pedagogy is on making the students and the teacher mindful of the “common, everyday experiences...that are often taken for granted, overlooked, assumed, unthought-of, or thought of as unique to one group or another” (Young, 2004, p.125). The focus is on reflection and of seeking the meaning of nursing experiences.

Because Narrative Pedagogy encourages students to reflect on the meanings of stories of clinical experiences, it allows them to synthesise theoretical knowledge acquired in the classroom with what they discover in the clinical setting (Kawashima, 2005). For one teacher who embraced Narrative Pedagogy “All the signposts of teaching are gone” (Diekelmann, 2005, p.252). Most new graduates think in a dualistic, black-and-white fashion; they recognise rules but are only beginning to perceive patterns and are not yet able to establish priorities (Evans & Bendel, 2004). Encouraging interpretive thinking requires cultivating thinking that is analytic, reflective, embodied, pluralistic, contextual and communal (Scheckel & Ironside, 2006).

The Narrative Medicine movement also encourages the use of stories. Coulehan and Williams (2001) argue that in medical education the emotional or affective and symbolic or imaginative aspects of human experience are distanced. If interactive skills are encouraged at all, they become secondary to the acquisition of technical skills. Tacit learning takes place as the student comes to understand professional values and a sense of professional identity where the hidden or informal curriculum is not made explicit. This informal curriculum is based on doing rather than on saying. Through tacit learning medical students can come to value detachment, entitlement and non-reflective professionalism.

The Narrative Medicine movement belongs to a situated learning theory which requires a balance between formal teaching and participation in authentic activities in the real world. Students learn by interacting among themselves, their environment and others who may be role models. They come to a greater understanding by talking about and listening to talk about their roles as doctors (Quaintance, Arnold & Thompson, 2010).

## **METHOD**

A case study methodology was used to analyse the stories and explore their fitness for educational purpose. This methodology is flexible and often used in educational research. It is particularly suitable where the question is “How?” or “Why?” (Yin, 2009). The components of a case study are people, things, events, contexts and relationships (Tripp, 1994), components which are suitable for analysis of stories about mental health nursing. Following this analysis, a framework to assist students in interpreting and discovering the significance of events described in these stories was devised. This allowed the educational value

of the stories (the essence and rationale of the narratives) for use as stimulus material, i.e. as catalysts for learning for both the novice and more experienced mental health nurse, to be revealed.

## RESULTS

The three stories below may be considered using the framework provided. However it will quickly become apparent that only the last two, which were told by nurses working in mental health about real clinical situations, lend themselves naturally to discussion using the framework. The first story was constructed to form part of an introductory tutorial in a course about health, substance abuse and social disadvantage. If discussed at the most basic level, it allows students to calculate the daily intake of the different substances used by the four people in the story. If discussed at a more abstract level, it allows consideration of stigma (based on the attitudes of the four friends towards what they believe the students are doing) and of community acceptance of misuse of legal drugs (based on what the four friends are doing). Beyond these topics, there is little else to be discovered.

## THE FRAMEWORK

It is only when the two stories taken from clinical practice are examined, that the framework can be used effectively to reveal much that may otherwise be taken for granted about mental health nursing.

- What are the consequences of the actions described?
- What are the intended consequences?
- What results are beneficial?
- What results are not beneficial?
- How could things have been done better?

- What results were unexpected?
- What incidents or outcomes contribute to your understanding of mental health nursing?

### 1. Scenario

The neighbours are enjoying a backyard barbecue. Boris and Barb have lived next door to Sandy and Savanna for 30 years. They are discussing the students who have moved in over the road.

“Probably all on drugs”, says Barb, looking for her cigarettes. It’s her second pack for the day, but she can afford them, so why worry.

Boris goes inside to get another bottle of scotch. He gets a discount at work, so doesn’t need to restrict his intake. Anyway, Sandy will probably have one or two with him. There’s not that much in a bottle really, and he can make one last two days usually.

“I heard those students just live on V and Mother”, says Savanna, kicking her empty one litre bottle of Coke under the chair. She checks in her bag for her packet of No-Doz. She will need those to get through night duty tonight.

Sandy excuses himself for a moment. He goes to the bathroom and takes another couple of codeine tablets. It’s not his fault if his back aches after a day at work. His doctor is pretty good about prescriptions. And when he runs out he can get stuff from a mate or from the chemist. He looks in the bathroom cabinet and notices a box of Mersyndol. He takes a card of tablets and puts it in his pocket.

*“It’s disgusting what young people today get up to”, he says as he comes back to the others.*

## **2. Clinical anecdote**

It was in a provincial community health centre in New Zealand where I was working as Mental Health Nurse.

For some weeks a young man with a diagnosis of personality disorder had been presenting for weekly centre-based sessions of about an hour.

They had started subsequent to him having self-harmed enough to warrant a short admission to the local psychiatric unit.

On this particular Monday morning the after-hours staff had been called out to his home over the weekend where he had set up a situation of trying to hang himself

Part of the deal of him not being readmitted was that he present for this appointment.

Unlike previous sessions he was hostile, silent and not making eye contact.

Because I did not know what to say I said nothing. Nor did he for the entire hour.

What I did notice is that we fell into a rhythm of breathing at the same time. Our inspirations and expirations were concurrent.

**What are the consequences of the actions described?** There was no hostile outburst and the nurse provided support in silence.

**What are the intended consequences?** The nurse wished to assist the patient in his distress.

**What results are beneficial?** The nurse avoided compounding the patient's distress or escalating his anger. The patient kept his appointment as required and apparently gained some support from the nurse's silent presence with him.

**What results are not beneficial?** There are none described although the intention was for an hour of talking to take place.

**How could things have been done better?** The patient had the right to remain silent and possibly this was the only way he had available at the time to show he was in control.

**What results were unexpected?** The breathing of nurse and patient became synchronous.

**What incidents or outcomes contribute to your understanding of mental health nursing?** (Students may focus on the therapeutic relationship, management of aggression, partnerships in mental health care, mindfulness techniques or the skilled use of silence).

## **3. Clinical anecdote**

I was working in Primary Health at a large rural gaol. The prison officers knew that I was a Mental Health Nurse and one day a female officer asked me to come and talk to an indigenous woman prisoner who was "a bit upset". At the time, that gaol had no mental health nursing service.

We three women sat together on a bench in the very large grassy yard with gum trees in the background and high walls all around.

The young prisoner told me about her life. She had been imprisoned several times before and had a young child she hoped to see again soon. She was about to be released and told me proudly that she would be ok this time and said, "I've got my furniture". It was stored in her mother-in-law's garage. She was more settled after using her time with us to tell her story and make some plans for when she got out.

Many months later I heard that she had been imprisoned

again (while intoxicated) in a rural gaol in the south of the state, a long way from where I had met her. She had hanged herself in her cell overnight.

A brief television news item later showed her grave and her family mourning her death next to it.

I will always remember her name and her pride in her furniture and feel sad that it was not enough to undo all the negative experiences of her short life.

**What are the consequences of the actions described?**

The nurse provided some supportive counselling to the young prisoner and by doing so reassured the prison officer.

**What are the intended consequences?** The nurse intended to alleviate some of the prisoner's immediate distress.

**What results are beneficial?** The three women found something in common as they sat together on their bench under the gum trees in spite of the major differences in their work role and status within the gaol.

**What results are not beneficial?** At the time of the episode described there were no results which were not beneficial.

**How could things have been done better?** Although the nurse was not working as a mental health nurse at the time, she was trained in this area, and could have completed and recorded a risk assessment and a mental state examination.

**What results were unexpected?** In spite of the prisoner's confidence that on this release her life would improve, she was taken into custody again some months later, and hanged herself in a cell while intoxicated.

**What incidents or outcomes contribute to your understanding of mental health nursing?** (This story is open to many interpretations as well as discussion about the role of the mental health nurse, whether or not risk assessments can predict future outcomes, custodial care, feminism, the incarceration of indigenous Australians and management of an intoxicated person in the prison setting).

## CONCLUSION

Many people conceive of Problem-based Learning (PBL) as a single learning strategy and refer to the early models of PBL used by medical schools and cited in the medical education literature. Today PBL has moved a long way from that early model which was developed specifically for the discipline of medicine. PBL has been adapted in the contemporary environment for use in many disciplines and in widely diverse teaching and learning contexts using a range of media for program delivery. It is frequently referred to as practice-based, solutions oriented, transformative or enquiry-based learning. However, whatever the nomenclature, the approach to learning should have a set of common characteristics or principles that include:

- the use of authentic material (cases, narratives, scenarios) as the stimulus and context for learning
- a focus on higher order thinking skills
- integration of knowledge skills and behaviours
- learning in groups to encourage interactions with others
- student-directed learning.

The important questions for the student and the facilitator of learning to ask about the use of stories as stimuli are; 1) Is the use of storytelling supported by a

comprehensive, relevant framework for learning?, 2) Does the stimulus material provide a guide, context and boundary for my learning?, 3) Are there opportunities for me to apply/ practise my learning?, 4) How do I know this story is relevant to the stated graduate outcomes (Knowledge, demonstration of competencies, attributes/abilities)?, and 5) Authentic clinical anecdotes when discussed with a suitable framework can provide insights into the depths and complexities of mental health nursing which are not readily available in textbooks. These anecdotes may serve both as preparation for a first clinical placement or as a way to debrief afterwards. However they are used, they provide a window into the world of mental health nursing in practice.

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