

NaRCAD2020: Sharing a Vision of Sustainability

Tell Me More: Using storytelling techniques to assess needs, communicate key messages, and showcase results

I. Introduction and overview (15 minutes)

- Goals:** Understand the value storytelling techniques bring to AD communication.
Apply empathetic questioning to promote effective sharing.
Identify program areas to incorporate the use of storytelling.

II. Small Group Activity #1: Encouraging providers to share their stories. (15 minutes small group discussion, 5 minutes large group sharing)

Scenario #1:

You are a detailer who is planning to visit the practice of Miranda Bailey, M.D. During your pre-visit preparation, you learned she is female, is a primary care physician, is approximately 50 years of age, and recently transitioned from a specialty in general surgery. She does not have an X-waiver, so she is currently unable to prescribe buprenorphine. Her practice is located in a suburb (population 90,000) with access to multiple specialty providers. The practice website is under construction, but currently indicates a staff of Dr. Miranda Bailey, Ben Bailey (physician assistant), and Isobel Stevens (licensed clinical psychologist).

You will be detailing Dr. Bailey on the topic of opioid safety. Your key messages are:

- Prescribe naloxone when indicated.
- Reduce co-prescribing of opioids + benzodiazepines.
- Maximize non-opioid treatment options.
- Evaluate pain, functionality and risk for each patient receiving opioids.

With this scenario in mind, complete Small Group Discussion #1 within your small group. You will have 15 minutes of small group discussion, followed by 5 minutes of combined sharing in the large group. Please identify one member within your small group to share your thoughts with the large group.

Small Group Discussion #1: Encouraging providers to share their stories	
Describe the possible reasons Dr. Bailey may be reluctant to share her story with you as a detailer.	

<p>Identify key characteristics of a detailer that encourage provider sharing.</p>	
<p>How do platforms such as “The Nocturnists” and programs in narrative medicine confirm or challenge your opinions related to provider sharing?</p>	
<p>Using Scenario #1 as described above, create questions you believe will encourage Dr. Bailey to share her story during your first detailing visit.</p> <p>Here are some examples to get you started:</p> <ul style="list-style-type: none"> • Tell me about a time you had difficulty treating ____. • How did you decide to ____? • What did you do when they ____? • How do you feel about the results? 	

III. Large Group Session #1: Encouraging providers to share their stories.

**IV. Small Group Activity #2: Telling the story of the evidence.
(15 minutes small group discussion, 5 minutes large group sharing)**

Scenario #2:

You have successfully encouraged Dr. Bailey to tell her story! As a result, you learned that she left the field of surgery in June following a dramatic decrease in elective procedures due to COVID-19 and financial instability within the hospital. She is married to Ben Bailey, who left the same hospital in March to become a firefighter, but his training was interrupted by COVID. He is working in the practice only until his training can be resumed. Dr. Bailey puts great faith in the value of the mind-body connection, especially since she began experiencing panic attacks and was diagnosed with obsessive compulsive disorder.

During your visit, you also learned the following opioid-specific pieces of information:

- She prescribes naloxone only when she suspects opioid use disorder, and it is confirmed by Izzie.
- She co-prescribes opioids + benzodiazepines if their usage predates her relationship with a patient. She estimates 10 patients fall into this category, and has no intention to make changes in this area.
- She believes her patients' psychosocial aspects of chronic pain treatment are effectively addressed by referring patients to Izzie. She is willing to incorporate other treatment modalities, but is unsure where to begin.
- Since her previous role was directly treating operable causes of pain, she sees herself on a steep learning curve when managing patients whose pain persists following surgery.

With this scenario in mind, complete Small Group Discussion #2 within your small group. You will have 15 minutes of small group discussion, followed by 5 minutes of combined sharing in the large group. Please identify one member within your small group to share your thoughts with the large group.

Small Group Activity #2: Telling the story of the evidence	
Discuss your comfort level with sharing stories from other AD experiences with providers. To what degree are your stories real and true?	
In the context of Scenario #2 as described above, and the existing opioid evidence, how could you include some or all of the following: <ul style="list-style-type: none"> • Inciting events • Attempts to restore balance • Struggle between expectation & reality • Opposing forces • Scarce resources 	

<ul style="list-style-type: none"> • Difficult decisions • Resolution 	
<p>Discuss ways to effectively pivot to a storytelling mode as a detailer.</p> <p>Here are some examples to get you started:</p> <ul style="list-style-type: none"> • When some providers implemented _____ as a change for their practice, they experienced _____. • Some providers have dealt with the barriers you are describing by _____. • If you and your practice were to _____, I imagine it would lead to _____. 	
<p>In what ways, and to what degree, do you believe sharing your story might increase the likelihood of behavioral change?</p>	

V. Large Group Activity #2: Telling the story of the evidence.

VI. Small Group Activity #3: Showcasing your results.
(15 minutes small group discussion, 5 minutes large group sharing)

Scenario #3:

Your opioid safety detailing efforts are completed, and you are now transitioning to reporting the results of your efforts. The funder of your program is the Department of Health, and funding is continued on a year-to-year basis. Parameters included in the reporting tool include:

- Number of detailing visits
- Provider satisfaction survey results
- Number of naloxone prescriptions filled
- Number of patients with filled prescriptions of opioids + benzodiazepines

Your team has access to all of the above information for all detailed providers. Feel free to imagine any specific outcomes your group chooses. Let your creative juices flow! The sky's the limit!

With this scenario in mind, complete Small Group Discussion #3 within your small group. You will have 15 minutes of small group discussion, followed by 5 minutes of combined sharing in the large group. Please identify one member within your small group to share your thoughts with the large group.

Small Group Activity #3: Showcasing your results	
What additional information would make the data more relatable?	
What makes your data/outcomes unique?	
Where has your team struggled? How did you work through these struggles?	

How could you introduce sensory elements into your reporting (e.g. sights, sounds, smells)	
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VII. Large Group Activity #3: Showcasing your results

VIII. Wrap up (5 minutes)

IX. References:

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