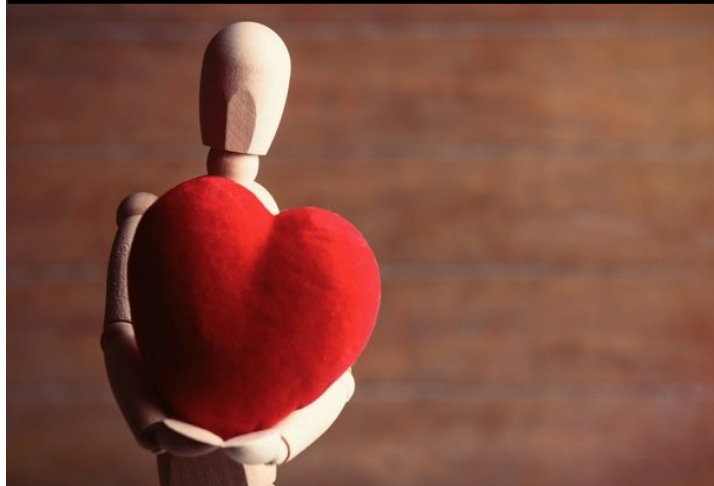


EMOTIONAL TOUCHPOINT STORY METHOD

*Understanding others through
empathy helps to build
relationships & learn what
we care about*



WHAT'S IN THE RESOURCE BOOK?

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Emotional Touchpoint Story Method

Introduction

Emotional touchpoint stories help us to learn about people's experiences who use the service (both those giving & receiving care). We can learn about those things that worked well for the person & those that caused concern.

Emotional touchpoints are different from an interview where there are a set of questions. With this method the touchpoints helps the story teller to share their experience in a structured way, choosing a key experience that matter to them & emotions that relate to the experience. The experience may be positive or negative. The information gathered from the story can be used to identify small improvements that can have a huge impact on how care is provided & people's sense of well-being.

What's the purpose of the story approach?

To facilitate relationship/partnership with the storyteller as well as to identify improvements to enhance practice and service.

What are touchpoints?

A **touchpoint** is a neutral point in a person's experience such as 'getting information', 'involvement in my care decisions', 'talking with staff'. It may be positive or negative experience.

An array touchpoint card examples can be found on p.12

What is an emotional touchpoint?

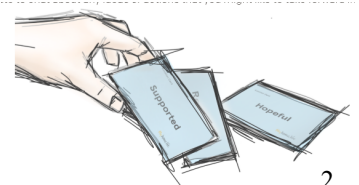
An **emotional touchpoint** is a moment when a person attaches an emotion to the touchpoint. They can be big moments in a persons contact with a service or 'small acts' that have a huge impact on an individual whilst not seeming significant to others.

Where & when

Patient, family, staff student stories; complaints; professional development reviews; mentoring; debriefing a challenging situation, group discussions, reviewing an initiative or program etc.

A. Getting started

Create a set of touchpoints relevant to your service ([refer to p.13](#)). Make sure when carrying out the discussion that you have some blank cards so the storyteller can include an additional touchpoint. You will also need to prepare a set of both positive & negative words. ([refer to touchpoint template electronic resource](#))



B. THE STORY DISCUSSION: BEFORE THE STORY STARTS

- Introduce yourself to the storyteller.
- Confirm with the storyteller the agreed duration for the discussion. *Usually 10–15 minutes.*
- Check in with the storyteller that they have understood the Emotional Touchpoint Story Handout. *(refer to story teller information booklet electronic resource)*
- Explain that confidentiality will be protected, never revealing their name or personal details when sharing the story (unless they wish to be identified).
- Ask the storyteller if they would like to be kept informed of any improvements as a result of their story & if so ask what's the best way to contact them for this (phone, email, letter).
- Inform the storyteller that their story will be shared with the health care team/organisation to help make improvements & might also be shared wider at conferences.
- If its helpful for you to audio record the story purely for typing the story up you need to inform storyteller & if they agree they need to sign a media consent form *(resource located in https://int.mnclhd.health.nsw.gov.au/wp-content/uploads/2323-MCH_PWC_Toolkit_FINAL.pdf)*
- Explain that the story will be typed up, though not word for word .The typed up story will be returned to the storyteller so they can check that it's an accurate account. Ask the storyteller what's the best way to receive the story (it might be in person if the patient/carer is still using the health service or if the person is no longer using the service by email, post).
- Explain that at any time they wish to withdraw their story or part of it they can do so without giving any reason & with no consequence. Give the withdrawal form to the storyteller. It's attached to participant consent form.
- Explain that in set circumstances you may be required to disclose information they have provided. This might occur where either: *Disclosure is required by law e.g. if the storyteller were to advise that they were the victim of a criminal act while receiving health services; If mandatory NSW Health policy directives require us to do so e.g. if the storyteller tells us of serious misconduct or negligence by a staff member.*
- Reiterate to the storyteller that we want to hear what they have to say rather than them sharing what they think we want to hear.
- Once you have explained the above information ask the storyteller if they have any questions. Then check in if they are still agreeable to share their story & if so have them sign the Participant Consent Form & if applicable the media consent form to audio record (provide the storyteller with a copy of both consents). *Participant Consent form located in https://int.mnclhd.health.nsw.gov.au/wp-content/uploads/2323-MCH_PWC_Toolkit_FINAL.pdf*

C. HEARING THE STORY USING TOUCHPOINTS

STEP 1: The story teller identifies emotional touchpoints they want to talk about

Show the range of touchpoints to the storyteller. Ask the storyteller to select the ones that stand out for them that they would like to talk about.

If the story teller chooses to talk about a touchpoint that is not presented, write this on a blank card.

(You may need to guide the storyteller on the number of touchpoints selected. On average for a 10 minute discussion you may be able to discuss 1 or 2 touchpoints).

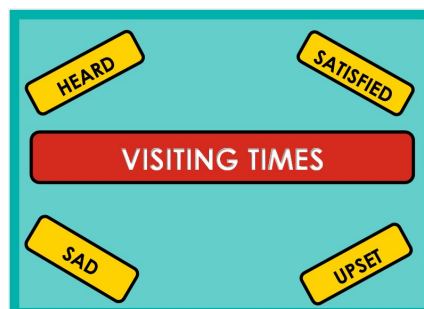
If the storyteller chooses more than one touchpoint ask them which touchpoint they would like to talk about first.

STEP 2: The story teller identifies the emotions they want to talk about

NOTE: Showing a list of both positive & negative emotions helps to articulate the emotion. It also helps give people permission to share both positive and negative emotions that is triggered by the experience.

With the first chosen touchpoint, invite the person to select the emotion word/s that sum up their experience (could be negative or positive emotion) & lay the words they have chosen on to the touchpoint. These words help the storyteller to share their story through the lens of the emotion they experienced.

For example with the touchpoint 'visiting times' the storyteller selected the words – 'heard, satisfied, sad & upset to describe how they felt.



If the storyteller has an emotion that is not listed then write this on a blank card.

After the storyteller selects their chosen emotions ask the storyteller which one they'd like to talk about first (e.g the storyteller chooses the emotion **HEARD** to talk about first. Then the story begins.....

STEP 3: The Story Begins

Begin the story by inviting the storyteller to share what made them feel that way about the touchpoint experience e.g. *what made you feel* **HEARD** *in regards to* **VISITING TIME**

Try not to feel you have to defend the service, offer explanations as to why something has happened or try to provide a list of solutions. Just being able to be heard can be useful in itself.

Try not to take negative emotion personally. It is a reflection on what has happened & how the storyteller feels, potentially opening up possibilities to enhance future experiences & develop the service.

Listen to the person share and when able and without interrupting ask curious questions to explore the detail (such as..... You mentioned the staff were great. What were they doing that made them great?)

When the storyteller shares on the positive emotion try to ask what helped them to feel that way.

When a negative point is raised try to ask the person what they think may help to improve the experience or ask them if they can recount a time when things did work well. You may also ask them how they would like to feel and pick an emotion that sums this up.

STEP 4: Continue the process with **STEP 3** for the rest of the emotion words chosen for the first touchpoint.

STEP 5: When all emotion words have been discussed check with the storyteller is anything else they would like to add about their chosen experience. It may be appropriate to chat about any ideas or actions the storyteller has raised that might be taken forward in light of the conversation.

STEP 6: If more than one touchpoint is chosen work through the next touchpoint from **Step 2**.

STEP 7: After you've worked through all of the touchpoints in turn thank the person for taking part.

STEP 8: Type up the notes from the story as soon after the interview as possible. Refer to **p.10** for tips to writing up the emotional touchpoint story.

STEP 9: Refer to **page 12** of this resource for a tool to facilitate the sharing the story with the team/ meetings etc.

EMOTIONAL TOUCHPOINT STORY CONVERSATION "FLOW"

D I S C O V E R	Know who I am as a person & what matters	Invite the storyteller to select a touchpoint that stands out for them.
	Know how I feel about my experience What made you feel upset?	<p>Storyteller selects their own emotion words that are triggered by the experience.</p> <p>There is no right of wrong.</p> <p>Feelings can't be disputed. They're the person's to own.</p>
	Listen to the person share their story.	<p>Ask curious questions to find the details e.g:</p> <ul style="list-style-type: none"> • the storyteller say's the staff were great. A curious question to explore this might be ``help me understand what the staff were doing to make it great for you?
E N V I S I O N	What ideas I have to make for an improved experience	<p>When a negative point is raised try to ask the person what they think may help to improve the experience or ask them if they can recount a time when things did work well.</p> <p>If the person chose to talk about a positive experience ask if there was anything that could be put in place to make their experience even better.</p>
C O C R E A T E	Work with me to shape the way things are done	The story is then shared with the team. Improvement steps are considered to take forward.

ETP Story Note Template

Key experience _____

Feelings _____

Story notes:

Key experience _____

Feelings _____

Story notes:

Key experience _____

Feelings _____

Story notes:

Sample Story typed up.

This story was from a person who had been a patient on a ward which admitted day case surgical patients.

The experiences that mattered to the person that they wanted to talk about 'admission to hospital' & 'coming back from theatres'.

Touchpoint selected: Admission to hospital

Emotional words selected: awkward, silly, embarrassed and heard

I felt awkward because when the nurse asked me questions on admission I was sitting in the chair by the bed and she was standing at a table at the end of the bed - quite far away. I was in a bay with 3 other women. The questions were all okay until she asked if I was wearing cotton pants. I felt embarrassed when she asked me this - I did not know why she was asking this and for a moment I could not remember what pants I put on - this made me feel a bit silly. I said I did not have cotton pants on and she said I would have to take them off - not sure why.

I wished I had known this - It could be mentioned at the pre admission clinic or in the booklet along with other information that you are given. I think it would also have been better if she had sat next to me as I would of felt a bit more comfortable.

I did feel heard though when I spoke to the anaesthetist. It was funny because I was sitting in a room waiting to get a bed and he asked me if I minded him talking to me in the corridor. I said that this was okay. He asked me how I was feeling about the op and I burst into tears. It was funny because in a way I did not mind crying in the corridor - I was not really aware of this. He asked me what I was worried about and I said getting the results back of the tests. I knew he couldn't say it would be alright but he listened.

Touchpoint selected: Coming back from theatre

Emotional word selected: powerless

I felt powerless because when I came back from theatre I was really drowsy and I noticed a glass of water on my bed table beside me - and thought oh good I am so thirsty I will have a drink in a minute. Then the domestic came and moved my table aside to dust my bed. When she was finished she didn't move my table back - I would have said but I was drifting in and out of sleep and she was gone before I could say anything. I was so thirsty. I then realised that I did not have a buzzer to call anybody and then started to think oh what would I do if I felt ill and how would I call anyone. I felt powerless.

I know that the domestic did not do any of this deliberately but it would have been good to have someone ask me at the end of my stay how things were and I would have fed this back.

TIPS for typing up the story:

With a story it is about the person's healthcare experience. It's unethical to discover information about their condition, medical history, clinical treatment & clinical outcome. Nor can this detail be disclosed as part of the story sharing process. Refer to local ethical guidelines for details.

It's helpful to write the story as if the storyteller has written the example.

Often when we talk about our self we say you, but in fact we mean me or I so make sure this the 'I' comes through in the story.

Asking questions like 'what would you put in place to feel less confused helps the storyteller create ideas and be involved in shaping things that can be put in place to make for a better experience.'

POINTS TO CONSIDER

- The story is written up in first narrative. It is not word for word, rather drawing on the essence of the conversation.
- Once the story is typed up, send back to the storyteller to check the story account is an accurate reflection of their story. They can amend/delete as needed. Be thoughtful of the storyteller's reading level; when reviewing the story the storyteller might like someone to read the story aloud to them.
- Once the story has been approved by the storyteller, ask again if they are happy to share.
- The format/context cannot be altered in any other form unless the storyteller give further consent to do so.



Learning & Developing Practice from the Story

Tips on SHARING THE STORY

- ⇒ The purpose of sharing the story is to have a short discussion to review, celebrate, & develop/implement a small practice improvement plan.
- ⇒ Throughout the story process it's important to honour the storyteller & what their experience has to offer. The focus is on the storyteller's perspective & how it was for them. This asks you to try & get into the storyteller's shoes' without making judgement or jump into wanting to fix things.
- ⇒ The session need only take 10-15 minutes. You may like to share just an extract from the story in one meeting session. Use available time that you have already e.g. team meetings or education time.
- ⇒ You may consider displaying the story in a staff only area for staff to read prior to the team story review e.g. staff room. As per consent the storyteller has agreed to share the story with staff for learning & practice improvement purposes. However the consent does not extend to public display of the story.
- ⇒ Sharing the story involves reading the story aloud to the group in the 'patient's voice' (first narrative) & then opening discussion using the appreciative inquiry question process (p.12). It might also be handy to give a copy of the story to each group member so they can refer to during the discussion.
- ⇒ Write brief notes from the discussion & circulate to the team so those not present can be kept in the loop.
- ⇒ With topic/s that come from the story you might want to further explore these with a few more patients/carers/staff/students to gain a broader perspective about the experience & what is happening.
- ⇒ Next meeting/s: Follow up on improvement plan & at a later date evaluate the success of new practice.
- ⇒ Remember to check to see if the story teller has requested to be informed of the story outcomes & contact them by their preferred method of correspondence (this is on the storyteller consent form).
- ⇒ Your team might like to share the key learning within the organisation: e.g. A brief report, NHSQC, meetings, PULSE

Your Stories have Legs

- questions lead them in new directions-

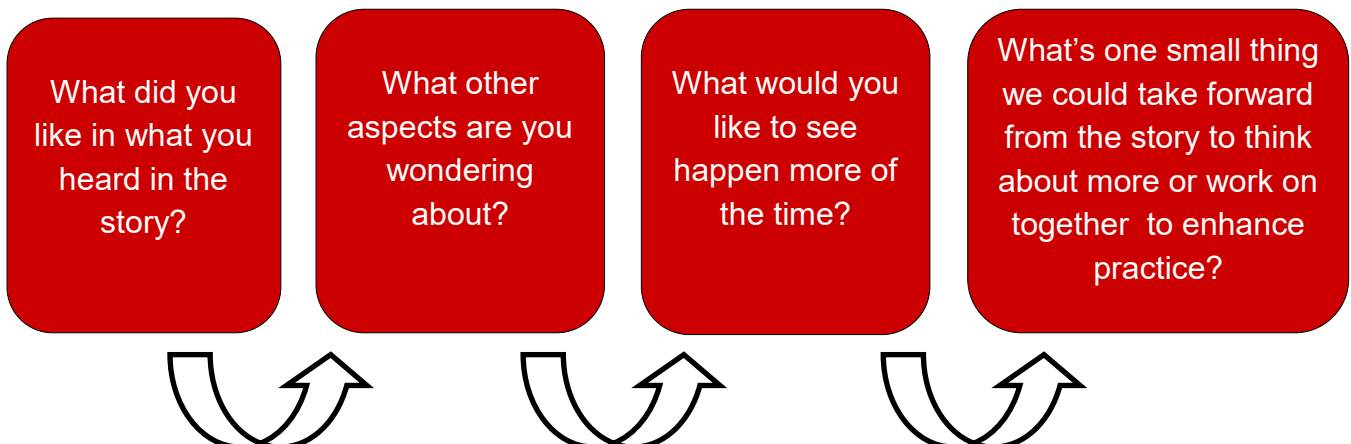
A tool to facilitate team reflection, learning to enhance practice and service

1. Read the story or extract of the story aloud (you may like to have printouts for the group).
2. Give the group a moment for thoughts/feelings and to read the story again .
3. Invite the group to share how they felt from hearing the story (just the feeling without further discussion). It might be helpful for the person facilitating to share first.

WORDS TO GET US MOVING IN OUR CONVERSATIONS

Anxious	Judged	Annoyed	Calm	Valued	Trusted
Concerned	Misunderstood	Frustrated	Delighted	Hopeful	Surprised
Weary	Overwhelmed	Awkward	Safe	Excited	Free
Wobbly	Unsupported	Disappointed	Connected	Inspired	Included
Confused	Powerless	Fed Up	Heard	Relieved	Curious
Embarrassed	Stuck	Vulnerable	Privileged	Motivated	Proud

4. Next are follow on questions to step through what matters and move towards developing practice or service.



⇒ Write brief notes from the discussion & circulate to the team so those not present can be kept in the loop. Follow– up with an improvement plan.

CREATING a Base set of TOUCHPOINTS

Create & refine touchpoints to suit your service.

Create your own set of touchpoints specific for your service. You might do this by first mapping the way people find out about & use your service, or people's journey in relation to their health care visit/stay/workplace.

You will find that as you start capturing stories the storyteller will help create more touchpoints which you can add to your kit.

TOUCHPOINT EXAMPLES	
<p>STAFF</p> <ul style="list-style-type: none"> Working as a member of the team Supporting students Managing change Talking with relatives Talking with staff Caring for patients/clients Giving information to patients/clients Achieving outcomes Going for breaks My learning My career Feedback Carrying out procedures Being involved in decisions 	<p>PATIENTS/CLIENTS</p> <ul style="list-style-type: none"> Being admitted to the ward Having something to do Mealtimes Medicine time Being here at night My room/space Talking with staff Using appliances Making decisions Being with other patients The environment Getting information Being kept in the loop Having visitors My expectations The routine of the place Speaking up
<p>STUDENTS</p> <ul style="list-style-type: none"> Starting on the ward My learning outcomes Getting feedback Working with my mentor Caring for patients Talking with relatives Talking to members of the multidisciplinary team Carrying out procedures Giving information to residents Break-time Working with the team Being involved in decisions 	<p>FAMILY</p> <ul style="list-style-type: none"> Getting information/knowing what is going on Being involved in care Visiting times Talking with staff The environment Involvement in decisions The care of your relative Expectations Mealtimes The routine of the place Speaking up

EMOTIONAL TOUCHPOINT STORY RESOURCES

Emotional Touchpoint Stories

<http://myhomelife.uws.ac.uk/scotland/resources/emotional-touchpoints>

<https://www.health.nsw.gov.au/nursing/culture/Pages/emotional-touchpoints.aspx>

Resource Staff

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<http://myhomelife.uws.ac.uk/scotland/wp-content/uploads/2021/01/Stories-with-Legs-Mar-2020.pdf>