

VISUAL INQUIRY STORY METHOD

MNCLHD Staff Resource Book



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VISUAL INQUIRY TOOL AS A STORY METHOD



Visual Inquiry is a helpful tool to discover how people feel about a particular point in their recent health care experience.

The tool involves the use of images as a way in which to open up appreciative caring conversation. Research has shown that the sharing generated through the use of images can be more detailed than occurs when only verbal means are used. The use of Visual Inquiry can help to build connection between people, as they share in real and meaningful ways, while staying safe and only sharing what they feel comfortable.

The How

Lay the images out for participant/s to be able to view them all. Invite the participant to select one or more images from the selection that best sums up how they felt about a particular point in their recent healthcare experience (*a point in their care that stood out for them*). Reiterate that the experience might be positive or negative or maybe both. The participant is then invited to share why they choose their image.

After listening to the person share their story asking appreciative follow-on questions are helpful to explore & better understand the details of their experience.

If a negative point is raised try to ask the person what they think would help to improve their experience or ask them if they can recall a time when things did go well & what helped to make this happen. This way we're working with the patient & carer to shape how future care might be delivered.

Source Acknowledgement
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What would of helped to make you feel more involved in decisions about your care?

You mentioned the staff were good. Help me understand what were the staff doing that made them good?

You talked about the noise worrying you.....Help me understand what the noise was like?

FOLLOW-ON QUESTION EXAMPLES

YOU MAY HAVE OTHER QUESTIONS THAT YOU USE TO FACILITATE THE CONVERSATION. THE KEY IS TO KEEP THE QUESTIONS APPRECAITVE , OPEN, NEUTRAL & POSSIBILITY FOCUSED

POSITIVE EXPERIENCES

Explore the STORY detail

- Help me understand what made you feel this way?
- When you said you felt *`e.g. included'* what was happening?
- You mentioned the staff were great. What was it that they were doing?
- Can you explain a bit more about what was happening?
- Help me understand what helped that to happen?
- Help me understand what made it work so well for you?

Explore what's possible

- If we were able to make your experience even better what ideas have you to make it possible?
- What you're saying is interesting & I would not have thought of that. How do you think we could include that?

EXPERIENCES THAT CAUSE CONCERN

Explore the STORY detail

- Help me understand what made you feel this way?
- When you said it was *`e.g. difficult for you'* what was happening?
- Help me understand what was happening?
- Can you explain a bit more about what happened?
- What was it like for you?

Explore what's possible

- What would you like to happen?
- What might of helped you feel less *`e.g. frustrated'*?
- Could things of been done differently? What ideas have you to make it possible?
- What you're saying is interesting & I would not have thought of that. How do you think we could include that idea?
- Tell me something that would help you have a better care experience?

A. GETTING STARTED

You'll need a pack of cards to use in your interview.

Provide the storyteller with the Visual Inquiry Storyteller information booklet.

Explain the story process to the potential storyteller.

Arrange a suitable place for the discussion that is safe and comfortable for you both.

B. THE INTERVIEW: BEFORE THE STORY STARTS

- Introduce yourself to the storyteller.
- Clarify with the storyteller if they have understood the Patient Story Handout.
- Reiterate that the story is about the persons recent health care experience. Also that the story process will only take 10-15 minutes.
- Confirm if the storyteller chooses to be de-identified. Explain that we will protect the storytellers privacy never revealing their name or personal details when sharing the story.
- 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 the health care team/organisation to help make improvements and make the experiences for people using the service better in the future.
- 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.
- Explain that the story will be typed up & given back to them to ensure it's an accurate story account. Ask the storyteller what's the best way to receive the story for this.
- Explain to the story teller that at any time they wish to withdraw their story or part of it they can do so without giving any reason & their care will not be affected in anyway because of it.
- Explain to the storyteller that in set circumstances you may be required to disclose information they have provided such as: *Disclosure required by law e.g. if they were to advise that they were the victim of a criminal act while receiving health services; If mandatory NSW Health directives require us to do so e.g. if the storyteller tell us of serious misconduct or negligence by a staff member.*
- Once you have explained the above detail ask the storyteller if they are still agreeable to share their story & if so have them sign the Patient Story Participant Consent Form & if applicable the media consent form to audio record (*provide the storyteller with a copy of both consents*).
- Check in with the storyteller if they'd like to ask any questions before we get started.

D: HOW TO SET UP THE STORY WITH VISUAL IMAGERY

STEP 1:

Lay the cards out on a table for the story teller to view them all. Or you may have a poster with all the pictures that the storyteller can choose from.

STEP 2:

Invite the storyteller to select one or more images from the selection that best sums up how they felt about a particular point in their healthcare experience (*a point in their care that stood out for them*). Reiterate the experience might be positive or negative or maybe both.

STEP 3: *The Story Begins*

From here invite the storyteller to share why they chose that particular image.

Listen intently to try to understand their experience & perhaps ask some follow-on questions. 'For example you might say *'I'm glad to hear you feel cared for talking with staff, wondering what helped you to feel this way?'*

or

'talking about how you felt confused talking with the staff, what could have been done differently to make you feel less confused?'

When a negative point is raised try to ask the person what they would think may help to improve the experience or ask them if they can recount a time when things did work well.

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.

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

STEP 5: Towards the end of the story check if there is anything else the person would like to add about their chosen experience. It may be appropriate to chat about any ideas or actions that you might like to take forward in light of the conversation.

STEP 6: If the person has chosen more than one image work through the next one from Step 3 (if time permits).

STEP 7: Once the discussion ends thank the person for taking part.

STEP 8: Type up the story following the template on page 7 of this resource. Return the story to the storyteller to make sure it's an accurate account. They can amend or add to the story as needed. Also provide them with a copy of their consents, withdrawal form and once the story is finalised a copy of this as well.

Step 9: Once the story is finalised it is ready to share with your team. *Refer to page 8 & 9 on tips to share.*

Story Note Template

Visual Image selected _____

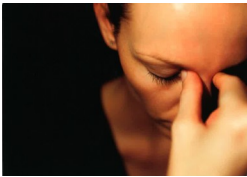
Health Experience that mattered _____

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.

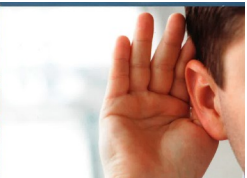
The experiences that mattered to the person that they wanted to talk about `admission to hospital` & `coming back from theatres`.



Admission to hospital

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.

TIPS for typing up the story:

With a story it is about the person's recent 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.

The visual image selected

It's helpful to start the narrative with how the person felt..... This provides the emotional connection which is a key point to the story.

Often when we talk about our self we say you, but in fact we mean me or I so make sure this comes through in the story as it is in first narrative

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

- ◆ 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

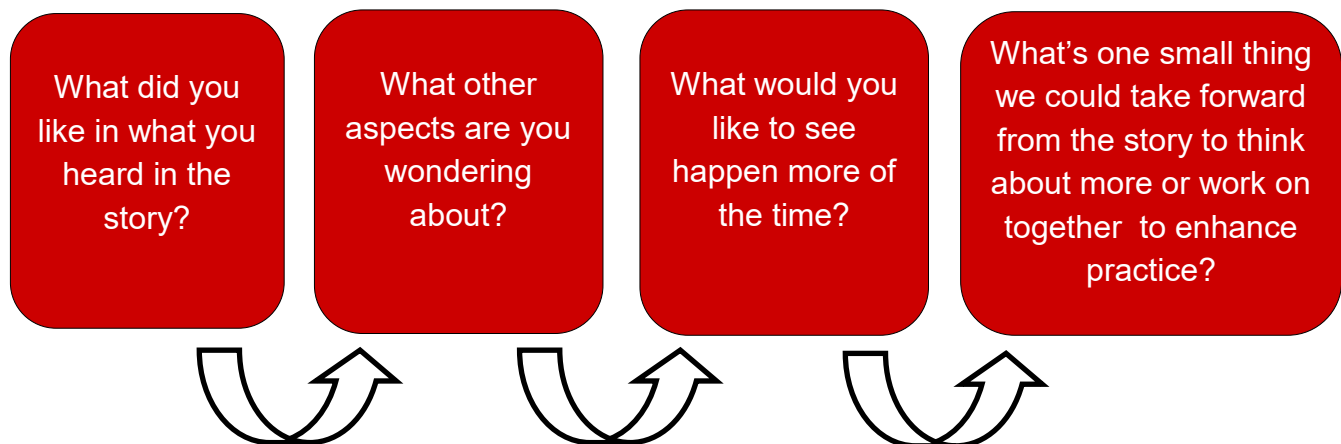
- questions lead them in new directions-

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.

VISUAL INQUIRY STORY RESOURCES

VISUAL IMAGES

Contact the Essentials of Care team (email provided below)

VISUAL INQUIRY EVIDENCE SOURCES

<http://myhomelife.uws.ac.uk/scotland/resources/visual-inquiry-tool>

Roddy, E., MacBride, T., McBride, A., Douglas-Smith, N., McCaig, M., Orr, J., & Dewar, B. (2019). Visual inquiry: a method for exploring the emotional, cognitive and experiential worlds in practice development, research and education. *International Practice Development Journal*, 9(1), [6]. <https://doi.org/10.19043/ipdj.91.006>

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