



SHARING PERSONAL AND PROFESSIONAL STORIES

Many people have an intuitive understanding of patient- and family-centered care, but may not have applied these terms to their own practices and experiences.

Purpose: This exercise is designed to help participants develop an understanding of patient- and family-centered care by relating personally to the core philosophical concepts. This activity works best when the group is a mix of patients, families, and health care providers.

Introduce the exercise: Ask each person to share a personal or professional story or experience with patient- and family-centered care. Encourage people to share experiences that had a profound effect on them. The stories can either be **positive** or **negative**. Although participants can describe a professional work experience, this activity is more meaningful when participants talk about a personal experience.

The stories should relate to the core concepts of patient- and family-centered philosophy:

- Dignity and respect
- Information sharing
- Participation in care and decision-making
- Collaboration in policy and program development, implementation, and evaluation

Personal examples might include someone's experience with childbirth, being admitted through the emergency room unaccompanied by a family member, or the hospitalization or death of a loved one. Professional work examples might include how a staff member's initial negative perception of a patient changed over time, or the way a nurse interacted with the wife of an elderly man recently diagnosed with diabetes and the impact of those experiences on the way they work with patients and families.

Encourage everyone to share an experience, but be prepared that some people might not want to—this can be an emotional exercise. You can offer to come back to them later or just let them “pass.” They do not have to share a story if they are not comfortable doing so. Suggest that people be fairly brief—each person should take no more than 2-3 minutes to tell his or her story. You will have to be a timekeeper.

During the exercise: Thank people for sharing as you go along. Occasionally link the stories back to the core concepts and point out how these stories help us see patient- and family-centered care from yet another perspective.

If the stories seem so bland that the group is not getting much out of the exercise, tactfully encourage people to share experiences that created lasting impressions for them. Sometimes it is helpful for the facilitator/faculty member to share a story to serve as a model.

Conclusion: Again, thank people for sharing their experiences. Let them know that these stories touch people in lasting and significant ways. Encourage participants to use this exercise back in their unit or organization as a way to advance the practice of patient- and family-centered care.