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Using "Storytelling" to Enrich Learning From Community-Based Education Placements

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1 | Introduction

There is increasing global emphasis on community-based education (CBE) and reflection in dental curricula. The aim of this article is to describe how storytelling can be used to enrich students' learning by reflecting on experiences whilst on placements. To do this, it describes the method of storytelling and reviews the evidence of its educational benefits. It then outlines an approach to using storytelling, and participating students' perspectives on this. It concludes by considering the potential benefits of its wider use, some of its limitations and challenges, and other factors to consider in its evaluation and research.

2 | Background

CBE involves dental professional students receiving training and experience in community settings and is a key part of undergraduate curricula in several countries. It is consistent with experiential learning theory [1], where learning is enhanced when it is situated where most will ultimately practice.

Although models of CBE vary, its benefits to students are well established. Evaluations of CBE in dentistry vary in method and quality but report consistently positive student outcomes. These include improved clinical confidence and competence, experience of teamworking, a more holistic and realistic view of oral healthcare, learning opportunities unavailable in traditional hospital settings [2, 3], and enhanced public health awareness, having provided care for a more diverse patient base [4]. Importantly, CBE also provides experience of different workplace cultures, attitudes, perceptions, professional beliefs, and values, and how these translate into ethical practice [2, 3]. Given the breadth of learning possible from CBE, educational approaches that capture and enrich this would clearly be beneficial.

3 | Storytelling

Storytelling is a pedagogical and andragogical approach to learning that has gained increasing attention in healthcare education over the last three decades. It involves sharing knowledge and experiences narratively through stories. Although definitions differ, the terms storytelling and narrative have been used interchangeably to describe a means of transmitting knowledge that can promote understanding and create environments that promote reflection, empathy, and critical thinking, but also influence individual and group identities and social unity [5, 6].

Although several cultures and religions have a long tradition of using storytelling for knowledge transmission, a so-called *narrative turn* has been recognized as a feature of late or postmodern society, where narratives are ubiquitous in Western media (e.g., talk shows and news reporting), politics, and healthcare. Rather than merely reporting "facts," stories are told to increase relatability and impact and are used to understand social phenomena [5].

In healthcare education, the benefits of using storytelling and narrative appear to be manifold [7]. Although their design, rigor, and generalizability vary, studies have reported consistent findings. For example, students' understanding of complex clinical concepts and interpersonal dynamics can be enhanced, and patient-centered care encouraged. In addition, engagement, motivation to learn, and knowledge retention appear to improve, especially when learners reflect on experiences and apply them to their practice. Furthermore, storytelling and narrative can bridge

gaps between theory and practical application and allow students to explore emotional and ethical dimensions of their future roles in healthcare.

Despite these benefits, until recently, the integration and evaluation of storytelling and narrative within dental education have been limited. Its use was first proposed 10 years ago as a vehicle for encouraging and facilitating patient-centered care, and its use and evaluation in undergraduate and postgraduate education have been sparsely reported since [8–10].

4 | How Storytelling Is Used Following Community-Based Placements

The School of Clinical Dentistry at the University of Sheffield (UK) has had a CBE program for over two decades. Undergraduate students from two courses (dental surgery, and dental hygiene and dental therapy) attend placements in their final clinical years. The placements provide National Health Service dentistry and are mainly corporately or privately owned general dental practices, though some are community services providing general and emergency dental services. Most are situated in areas of high need and away from the main training hospital.

Recently, storytelling has been introduced as part of a post-placement debrief and evaluation, the format of which has developed iteratively in response to student engagement, informal feedback, and more formal evaluation (described later). What follows is a description of the current approach.

At the midpoint of their CBE placement, students receive an email informing them that they are required to attend a debrief to evaluate their learning experience and placement. They are asked to think about any experience that was challenging or memorable in some way, which might be funny, unpleasant, sad, or something else. It could be about patients and their care, relationships with their tutors and the dental team, or any other aspect of being on placement. They should be prepared to tell the story of their experience, but they are reassured that this can be shared only with trusted colleagues if they wish. The word "storytelling" is no longer used in the email, as student feedback suggested that they didn't understand the term or perceived it as "childish."

Students attend the debrief the day immediately following their CBE placement in groups of 15–25. The session is timetabled for 2 h, 80 min of which is notionally allocated to storytelling. The session begins with the tutor providing a rationale for using storytelling, and then recounting impactful stories (usually two) of their own professional experiences. The students are encouraged to reflect on these and discuss them collectively. This aims to reduce any perceived barriers and power imbalances that might prevent students from sharing their own stories later.

Students are then invited to share stories in small groups. They are encouraged to discuss and reflect on them, including whether any would be valuable to share with the wider group and tutor. They are asked to respect each other, avoid sharing anything without permission, and to be mindful of professional obligations, including confidentiality. The tutor then leaves the room for 15–20 min. On return, the tutor asks for volunteers to share stories with the whole group. They are reassured there will be no ramifications for what they say, unless patient safety concerns are identified. After each, the tutor facilitates a discussion and reflection. This continues until the stories or the time available are exhausted. To conclude the session, the tutor explores with the students what the stories had in common, the key learning points, especially any professional or ethical dilemmas, and seeks informal feedback on the session.

5 | Students' Perspectives on Using Storytelling: Implications and Ramifications

The approach to using storytelling has developed iteratively. As has been described, informal feedback is sought after every session, but formal evaluations have also been undertaken. This section outlines the method and findings of these and how these have informed the approach taken.

An earlier evaluation of the pilot of using storytelling suggested that it was largely enjoyed and valued by students and perceived to have a range of educational benefits [9]. However, as this was tutor-led, there were risks of social desirability and obsequiousness biases, and it lacked depth of understanding. Recently, a student-led evaluation was undertaken and designed to reduce such risks and limitations.

Although a detailed description of the methodology, method, and data analysis is beyond the scope of this article, a summary is provided here. A quantitative element used a short electronic questionnaire to seek perspectives and the proportions holding these. To capture a range of perspectives and a richer understanding, a qualitative element was utilized in-session observation, using aspects of ethnography, and semi-structured interviews of a purposive sample of students. Then, narrative thematic analysis was used, which preserves larger sections of data to keep stories intact rather than coding brief sequences of data. Ethical considerations were central to the evaluation. All participants provided consent, and anonymity was protected throughout.

The quantitative findings of the evaluation (Table 1) were similar to those of the pilot [9]. Although small in number, most students enjoyed listening to and telling stories, and felt the session helped them reflect on experiences, despite nearly half not preparing for the session.

Four key themes were identified in the qualitative data, and one central core theme (Figure 1). A summary of the analysis is provided. The first two themes relate to influences on their involvement in the session. First, students saw "*Rules*" *For participation*, often perceiving a need to have a memorable or funny story, and being willing to share this with a larger group of students, which made some concerned about attending and contributing. In response to this, information sent to students to foreground the session highlighted the value of sharing any impactful experience, even in small groups of trusted colleagues. Second, they emphasized the need to feel they were in a *Safe Space*, underscoring the importance of a supportive environment, where peers and the tutor are non-judgmental, and that the tutor's approach sets the tone.

TABLE 1 | Students' perspectives on storytelling.

Response	Questionnaire item				
	Did you enjoy listening to the stories? ($n = 40$)	If you told a story, did you enjoy telling it? ($n = 25$)	Did the stories help you reflect on experiences? ($n = 40$)	Did you prepare for the session? ($n = 40$)	Did the stories help you reflect on experiences? ($n = 40$)
Not at all	0.0%	0.0%	0.0%	7.5%	0.0%
No, I/they didn't	0.0%	12.0%	2.5%	40.0%	2.5%
Yes, I/they did	57.5%	72.0%	70.0%	52.5%	70.0%
Yes, I/they did very much	42.5%	16.0%	27.5%	0.0%	27.5%

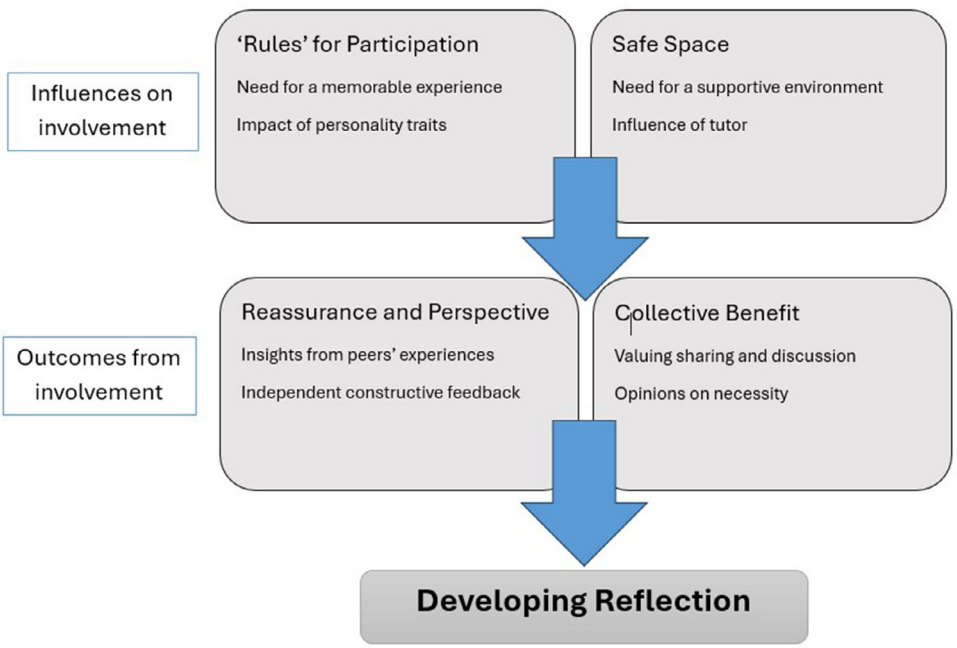

FIGURE 1 | Thematic map from students' perspectives on storytelling.

The second two themes relate to outcomes of involvement. Students reported gaining *Reassurance and Perspective*, whether they shared a story or not. Hearing others' experiences appeared to provide reassurance if fellow students' experiences were similar to their own or provided learning if not. The tutor's role in providing "independent" constructive feedback was seen as important, providing additional benefit than if only shared with peers. The second outcome-related theme was the perception of *Collective Benefit* from sharing and discussing experiences. Some commented they rarely spoke openly and honestly about challenging experiences, and this was a good forum to do so. Others saw less need for, or benefit from, the session, and that the aims could have been achieved in less interactive ways.

Finally, across all interviews, involvement in storytelling appeared to develop awareness of, and skills in, reflection, regardless of students' perception of the session. For example, students who questioned the need for the session conceded that listening to others and verbally reflecting generated empathy, prepared them for written reflection tasks, and helped them to formulate how they might approach similar situations in the future.

6 | Benefits, Limitations, and Challenges of Using Storytelling

Consistent with theory and evidence from other healthcare disciplines, using storytelling after CBE placements appears to have supported learning from challenging experiences, including those related to clinical complexity and uncertainty, patient preference, and shared decision-making, and helped to develop professional values and ethics. The authors' anecdotal observations that it supports students' reflection align with students' perceptions identified in the formal evaluations.

However, to ensure students benefit from storytelling, the approach taken should be considered carefully. While the perspectives summarized in this article may be context-specific and should be generalized cautiously, the importance of encouraging

student engagement and participation should be considered. This could include careful foregrounding of sessions, explaining the rationale for storytelling, and reassuring students about how the session is structured, and that the approach will be supportive and non-judgmental. Despite this, it is likely that some students will engage, contribute, and benefit more than others. However, contrary to theory, in this evaluation, those students who did not prepare for sessions still reported benefiting from hearing others' stories and resulting discussions.

There are several challenges to using storytelling. A "safe" environment that enables open and honest interaction can take time and requires appropriate tutor leadership. In addition, it is facilitated more easily in small groups using a supportive approach that scaffolds students' participation. Consequently, timetabling sessions can be difficult, given the constraints and complexities of senior student curricula. In addition, storytelling can expose more serious events, including potential patient and student harm, so policies on disclosure and support need to be established.

7 | Future Evaluation and Research

The perspectives in this article are derived from literature, the authors' experiences, and the findings of informal and formal evaluations undertaken in one UK institution. While useful to illustrate the potential benefits and challenges of storytelling, further research is required in different dental institutions and countries before more generalizable conclusions can be made. This could consider the impact of storytelling on metacognition and higher-order learning outcomes, in particular on reflection and critical thinking skills, empathy, and professional reasoning. To do this, appropriate methods such as established reflection scales, tests, frameworks, and rubrics should be used. Furthermore, it could also consider whether participation in storytelling is habit-forming once graduated and informs a lifelong approach to learning.

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Ethics Statement

University of Sheffield Research Ethics Committee (UREC): ref 057758.

Conflicts of Interest

The authors declare no conflicts of interest.

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