

## Storytelling in Medical Education: Identified Challenges and Potential Solutions

### Introduction

In medical education, storytelling has the potential to bridge the gap between theoretical knowledge and application in clinical practice.<sup>[1]</sup> In fact, storytelling in the form of clinical anecdotes, patient narratives, and case studies has been regularly used to convey complex medical information in simplified terms that medical students can relate to in their clinical practice.<sup>[1]</sup> On exposure of students to these information-filled real-life stories, a significant improvement in student understanding, engagement, and retention of information has been reported.<sup>[2]</sup> Furthermore, students develop the skills of problem-solving and also develop empathy and compassion which is crucial in the delivery of patient-centered care.<sup>[2,3]</sup>

### Merits of Storytelling

The employment of storytelling in the delivery of medical education has been linked with better retention and recall of medical information.<sup>[4]</sup> This has been attributed to the active engagement of students which then makes students more attentive and receptive resulting in improved retention.<sup>[1]</sup> Furthermore, it can play a defining role in improving the cultural competence of medical students owing to exposure to a wide range of cultural perspectives while listening to the narrations and experiences of people from different sociodemographic and financial backgrounds. Moreover, it has immense potential to augment ethics and professionalism among medical students as it encourages medical students to critically analyze situations, consider various options, and then decide on one of them that is ethically correct.

### Identified Challenges and Potential Solutions

Even though storytelling has been linked with multiple benefits for students, its implementation within the curriculum is expected to have some challenges. These challenges can be broadly grouped into curriculum related (namely, shortage of time within the already packed curriculum to separately allot teaching hours for storytelling, lack of alignment between storytelling and learning objectives, absence of assessment, use of inappropriate assessment methods, and measuring the impact of introducing storytelling).<sup>[4,5]</sup> In addition, the challenges also can be categorized as faculty related (such as untrained faculty members to implement storytelling and reluctance to change), patients related (namely, maintaining patient privacy and confidentiality), students related (like emotional outbursts), and resources related (such as lack

of diverse storytelling resources, ethical concerns, and bias while selecting suitable narratives for sessions).<sup>[2-5]</sup> Addressing these challenges essentially requires systematic planning, faculty support, ongoing evaluation, and sustained commitment from administrators and teachers to create a supportive and inclusive learning environment. To measure the impact of the storytelling, we can use pre- and postassessment tools to measure changes in empathy and understanding (Kirkpatrick Level 2 evaluation), conduct follow-up assessments to evaluate the long-term impact of storytelling (Kirkpatrick Level 3 and 4 evaluations), and include a combination of qualitative and quantitative methods for comprehensive evaluation.<sup>[1-5]</sup>

### Conclusion

Storytelling in medical education has accounted for a wide range of benefits for medical students. The need of the hour is that each institution must explore the possibility of its integration into the medical curriculum. However, the effectiveness of this will depend on the prompt identification of the existing challenges and the adoption of a multipronged approach to overcome them.

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### Conflicts of interest

There are no conflicts of interest.

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