

Learning through stories: Using the Socratic Method

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Background

Community-based Participatory Research

CBPR grew from a long tradition of Participatory Action Research (PAR). According to Larry Green and colleagues, PAR is a "systematic investigation with the collaboration of those affected by the issue being studied, for the purposes of education and taking action or effecting social change."



CBPR developed because of research efforts that did not reflect the voices of those who were affected by the problem.

Family Nurse Care Coordination Partnership (FNCCP)

One of first Community-Based Participatory Research (CBPR), NIH funded grants

The FNCCP is a diverse group of parents, nurses, and researchers who formed in response to the grant announcement, but had previously been involved in other community groups that addressed children and youth with special health care needs (CYSHCN).

Study designed by the committee; partners articulated the research question, designed the intervention, and participated in the research.

Goals are to improve care coordination among parents of children and youth with special health care needs and nurse care coordinators and teach parents how to navigate systems of care

"Families can navigate any system they have the opportunity to learn."

C. Temple, 2005

The Socratic Method

An innovative structured method for deriving local theory or implicit "practice wisdom" to:

1. Establish a reciprocal learning process
2. Articulate ambiguous theoretical concepts
3. Build empathy and collegiality between diverse partners



The Family Nurse Care Coordination Partnership Study used the Socratic Method, which is based on the Socratic Work Group, an extension of Socratic Dialogue and is referred to as a "kinder, gentler Socratic Method".

The reflexive question and answer process is moved from a one-on-one dialogue to a dialogue between multiple participants.

The method is inductive, rooted in the experiences of the participants.

Methods

The Socratic Method was introduced at monthly Family Nurse Care Coordination Partnership Study, Intervention Team meetings. The rules (*The Socratic Method of Deriving Theory*) were described to participants and the co-investigators alternately acted as facilitators.

The questions addressed included, "What is...: 'partnering', 'gatekeeping', 'compliance', 'family-centered care', and 'care-coordination'?"

Storytellers could recount either negative or positive examples. Nurses and parents gave examples in "story" form that illustrated concepts central to the intervention.

These narratives were deconstructed through group process to strengthen the partnership and inform the research design. With the exception of family-centered care, where only parents offered stories, parents and nurses each shared examples

The Socratic Method of Deriving Theory

Roles

1. Facilitator
 - a. Non-authority, guide
 - b. Assures that the rules of the method are followed
 - c. Facilitates conversation
 - d. Works towards consensus
2. Provider of the example
 - a. Describes a concrete example from own experience
3. Other participants
 - a. Reflect on example provided

Rules

1. Participants should speak from their own experience
 - a. Do not cite experts
 - b. Participants place themselves in the situation described
2. No hypothetical examples
3. Comments should be short, concrete
4. Focus on mutual understanding, ask clarifying questions

Pose a Question: e.g. What is care coordination?

Participants Agree On One Example Related To The Question

1. Concrete examples based on direct experience are elicited from the group
2. Examples must relate to the question
3. Examples should be typical, not best or worst
4. Should be able to describe the example or story in 10 minutes
5. Situation is over, completed in the past
6. Group chooses example for discussion

Storyteller Presents the Example

1. Tell the story with the details
2. Storyteller should have played an active role in the example
3. Group can ask clarifying questions until all details are known
4. Storyteller takes a position, makes a judgment, gives justification, e.g. that was good family-centered care because... This is the opinion of story teller.

Group Consensus on Judgment

1. Group reflects / discusses
2. Summarize
3. Reach consensus
4. Group Formulates Guiding Principles
5. Based on consensus, facilitator leads group in development of principles
6. What expectations/meanings surround the question the group answered?
7. Clarify the concept – make it concrete

Socratic Method of Deriving Theory, CPH Conference June 2006, MN, Michael Wright, Social Science Research Center, Berlin Birnbacher, 1999

Results: An example

"We were living in Orlando at the time I was pregnant with my child, and then we transferred to Virginia. I have another child who is in school. My baby was born in Virginia. They wouldn't tell me anything. I do remember the doctor standing in the corner of the room. He looked uneasy, and then told me that my baby had respiratory and heart issues. The pediatrician (at first hospital) was afraid to confront me, and offered me no support. I think he felt pity for me and parents don't like that. Empathy is okay, but not pity. At the other hospital I had tried to coordinate the baby's christening, but was unable to. Finally, I was transferred from one hospital to another. It was very different. There, they literally drew a picture to help me understand it, when the doctor was explaining the heart problem. The OB-GYN came from a family-centered practice, and he was the best around. They arranged for me to stay at the Ronald McDonald House when I was discharged so that I could be near my baby. They also provided other resources. The hospital was tied into a healing center. I was able to get a massage, which helped my stress. At the second hospital, I felt like I was a part of the loop – involved in the care. Resources were made available to me right away. The cardiologist and OB-GYN were great. One thing I did, based on some advice I got, was to get a case manager from my insurance company. A nurse said to me: 'Be your child's advocate.' That was helpful."

Reflections/Group Process on Family-centered Care:

Talk like people; explains things in ways lay people can understand
 Have open, honest communication with families
 Acknowledge mom as a competent person and mother
 Include the family in decision-making
 Demonstrate empathy, not pity
 Take responsibility
 Find the strengths instead of only weaknesses

Listen
 Make the family feel cared for
 Anticipate family needs
 Help the family connect to resources
 Act dependable
 Help mom bond with baby/children

Lessons Learned

1. Participants enjoyed sharing their experiences in story form.
2. Participants should have a clear understanding of the "rules".
3. Our three objectives were mutually reinforcing: Learning from each other and understanding each others' perspectives helped build empathy and collegiality which in turn created an environment conducive to uncovering practice wisdom and building theory.
4. Several elements of our research and intervention design were substantively informed by the application of the Socratic Method.