

Digital Stories in Pre-Clinical Medical Education*Digital Stories Link the Social, Environmental and Historical Issues Influencing Health**Kim A. Bullock, MD*

Story is learning, celebrating, healing, and remembering. Each part of the life process necessitates it. Failure to make story honor these passages threatens the consciousness of communal identity. Honoring a life event with the sacrament of story is a profound spiritual value for these cultures. It enriches the individual, emotional and cultural development, and perhaps ultimately, the more mysterious development of their soul.

- Joe Lambert, Director
Center for Digital Storytelling

Creative artistic expression has only recently been integrated into the teaching and practice of medicine. The use of various forms of art through painting, narrative, sculpture and music has been shown to be both therapeutic as well as instructive to both instructor and student, physician-healer and patient. The use of expressive voice as a methodology for encouraging students to understand and translate their knowledge into practice is consciousness raising. It also offers the opportunity to give students an understanding of the complexities of emotion, and its connections with health and illness. Although not always clear to students because of their rigorous and long years of study, health education centers around the study of people, and the subsequent call to action. This action is rooted in identifying the social condition through various mechanisms, the more creative and personal the more effective and impactful. The inclusion of art enriches the understanding of self and place, giving life to new interventions that heal.

The Georgetown Department of Family Medicine has chosen to use digital stories as a mechanism to move students from the written page to the visual image. This tool links the social, environmental, and historical issues that influence health and illness through graphics. The students are encouraged to include the collective community voice, learn about patient-centered themes and issues, in addition to determining effective solutions which contribute to the healing process. Students share their stories with their patients, each other and the faculty, thereby promoting a dialogue that gives a broader picture of the therapeutic partnership. What emerges are voices from the community that bear witness to issues that influence health including problems related to the environment, housing, public safety and violence, inequities, employment, etc.

Digital stories bring these social-determinants together and allow students to reflect and dig deep for solutions that are drawn from root causes derived from the communities around them. The structured approach outlined by the use of digital storytelling places the

story as essential to the solution, as a vehicle of advocacy and a mechanism for showcasing collective solutions. Over the years the students have latched on to digital stories as a means to understand and bring together biology and psychology, sociology and epidemiology, genetics and family origins as part of their formal studies. Their excitement is derived from seeing the inter-relatedness of what they are learning in the classroom, to what they see, hear and touch in the community laboratory around them. As one student described her experience, "all those molecules have definition and meaning because they hint at the larger picture." Indeed, "those molecules are the preverbal "tip of the iceberg!"

Digital storytelling allows one to "see the bigger picture," according to one student. This learning process is a form of crossing-over, or using one field of learning to inform another. Storytelling gives us the opportunity to bring "knowledge and life together," to understand the importance of caring for the social condition, in contrast to just focusing on the cure. This excitement for learning encourages intellectual curiosity, which translates into finding meaningful responses and productive action to the increasingly complex health problems that affect all humanity.

Kim A. Bullock, MD is the Director of the Community Health Division, and Assistant Director of Service-Learning in the Department of Family Medicine at Georgetown University Medical Center. Dr. Bullock is also a family medicine and emergency room physician. She has infused social-learning theory, reflective patient- and community-centered practice into her classroom and clinical teaching. She has encouraged students to appreciate the interaction of health, humanities and the creative arts in relation to wellness, healing and recovery. Dr. Bullock nurtured her interests in the use of narrative as a personalized and empowering therapeutic method at Yale University as a History of Science and Medicine major. She continued her exploratory work through special community projects at the University of Michigan Medical School and the Georgetown University/Providence Hospital Family Medicine Residency Program.