Objectives
Creating an environment where patients are allowed and encouraged to tell their illness story is a crucial yet often overlooked component of cultural competence in healthcare settings.

Introduction
A factor that often gets overlooked when it comes to cultural competence is the patient’s “voice” or “narrative and reflection” about their illness. Healthcare providers tend to be disease focused, while patients seek medical care because of their illness. This can cause disconnect to happen from a provider’s treatment of disease and a patient’s need for treatment of illness. Studies show that allowing and encouraging patients to tell their illness story can be transformative to the patient and provide important knowledge about the individual to the healthcare provider. Yet, narrative and reflection is a topic many are unfamiliar or uncomfortable with.

Content & Resources
- Link to PowerPoint presentation drawn from “Think Cultural Health” (www.thinkculturalhealth.hhs.gov) website continuing education resources content.
- Reference list of journal articles re: patient narrative and reflection.
- Kleinman model for creating shared understanding.
- BATHE method for eliciting patient experience of illness (Stuart & Leiberman 1993).
- Rita Charon “Narrative Medicine; A Model of Empathy, Reflection, Profession and Trust” (JAMA 2001)

Cultural Competency in ACTION: Steps to start your journey!
List 3 self-reflection questions or items to consider related to the topic.
- What concerns do I have about allowing and encouraging patients to tell their illness story?
- Are my concerns based on experiences I’ve had with patient narrative and reflection—or—am I concerned about potential problems I anticipate will occur?
- How willing am I to make changes that encourage and allow patients to tell their illness story?

List 3 strategies or action steps that will help the reader enhance their skills in the topic area.
- Consider the patient’s experience of illness as a crucial part of patient centered culturally competent care.
- Identify the distinction between disease and illness in order to bring the patient’s view into focus.
- Apply communication methods to enhance cultural competence by allowing and encouraging patient narrative and reflection.
Presentation with voice-over: *Eliciting the Patient’s Experience of Illness through Narrative and Reflection* by Paula Schultz BSN, RN, CNRN; UH Seidman Cancer Center, Office of Patient and Public Education

This 10 minute PowerPoint presentation considers the rationale behind and methods for eliciting the patient’s experience of illness as a crucial part of patient centered, culturally competent care.

The slides from the presentation can be accessed at: [https://research.case.edu/Education/CREC_Video.cfm](https://research.case.edu/Education/CREC_Video.cfm) Viewing the slide presentation and taking an online quiz will allow you to receive 1 Continuing Research Education Credits (CRECs).

**References & Resources**

**YouTube Videos**
1.) Charon, Rita, MD. Honoring the stories of illness. 18 min (TED Video)
2.) Jurecic, Ann. (2012). Illness as Narrative. 5 min (Book by same name)

**Articles**


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**Kleinman Model**

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you? How does it work?
- How severe is your sickness? Will it have a short or long course?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your sickness has caused you?
- What do you fear most about your sickness?
Background: “What is going on in your life?”

Affect: “How do you feel about what is going on?”

Trouble: “What about the situation troubles you most?”

Handling: “How are you handling that?”

Empathy: “That must be very difficult for you.”

(Stuart & Leiberman, 1953)