ONCE UPON A TIME...
The Use and Abuse of Storytelling and Anecdote in the Health Sector

Report on the 2003 CHRSF Annual Invitational Workshop
Montreal, Québec
March 6, 2003
Our Purpose

Vision
Our vision is a strong Canadian healthcare system that is guided by solid, research-based management and policy decisions.

Mission
Our mission is to support evidence-based decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge.

Approach
Our focus is on the people who run the health system, as well as health services researchers. We help them get involved in research that makes a difference, help them produce, find and apply new knowledge to improve management and policy decisions, and bring the two groups together so they can each influence each other's work and share ideas and experiences.
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Key Implications

In 2003, the Canadian Health Services Research Foundation brought together 150 managers, policy makers, and health services researchers to understand the use and abuse of stories, but also to enhance their ability to effectively use stories and anecdotes to bring research to life and encourage evidence-based decisions.

For those who are interested in using storytelling as a technique to advance evidence-based decision-making, a number of key considerations emerge:

• Stories and anecdotes can complement research. In particular, anecdotes can personalize, illustrate, and ‘market’ the research findings by presenting them in ways that are more meaningful to others.

• Sometimes stories can be a useful format in which to deliver the results of formal research to clinicians, patients, policy makers, and politicians in attractive, personalized, and intellectually appealing formats.

• In some cases, a story is valuable even when it clarifies what we don’t know on an issue, rather than communicating what we do know.

• A story is effective when audiences feel they’re “getting the goods,” or the inside story. Sometimes this is simply providing a personal perspective which introduces the audience members to a world they have not seen before.

• Values are extremely important in determining what stories you choose to tell about a piece of research, and which will have an impact. This is particularly important when your goal is to influence the behaviour of your audience, because there can be unanticipated consequences.

• While stories can be a tool for bringing about desired behaviour or change, even if you have the best evidence-based story, it is still just a story. If you want to change behaviour or culture, it has to be a part of a more comprehensive change management strategy.
Few parts of the human world are better suited to storytelling than healthcare.

*The plural of anecdote is policy*  
— Dan Fox

After all, in healthcare are all the requirements for drama. There are choices to be made, obstacles to overcome, breakthroughs, setbacks, and conclusions that occasionally warm the heart and often break it. There are also strong characters — people working hard to return to health, and others doing their part to get them there.

Popular culture is also well-acquainted with healthcare stories, which seem present every day in our newspapers, on our televisions and radios, or in conversations around the water cooler.

A few common narratives emerge. Often it is a patient fighting for her life, with the courage to rise against what appear to be overwhelming odds. Doctors, nurses, and other health professionals are shown as agents trying to help the patients on their way — except where something is alleged to have gone wrong, when the health professionals are often transformed at best into helpless characters and at worst careless or incompetent. Unfortunately, managers and policy makers in the system rarely make an appearance, unless it is to be portrayed as hard-headed bean-counters and bureaucrats, standing in the way of the patient’s fight.

To those who work in health services — delivering them or making difficult decisions about their organization, management, and delivery — these standard narratives are unsatisfying or even painful to read. And to researchers studying health services, stories are often seen to be the epitome of why they do the work they do — so the research evidence produced by their work might one day triumph over the overwhelming number of everyday stories or anecdotes that are NOT based on evidence.

But can these stories and anecdotes be made to speak for evidence and not against it? Aren’t stories just a way of communicating information? And if so, doesn’t it make sense that they could be made to support health services and evidence-based decision-making and the research to support it?
In March 2003, the Canadian Health Services Research Foundation brought together 150 managers, policy makers, and health services researchers to understand the use and abuse of stories, and also to enhance their ability to effectively use stories and anecdotes to bring research to life and encourage evidence-based decisions.

In keeping with the foundation’s philosophy of linkage and exchange between researchers and managers and policy makers, an equal number of each was invited to the workshop. Titled *Once upon a time... the use and abuse of storytelling and anecdote in the health sector*, the objectives of the workshop were:

1. to illustrate the current use, abuse, and effect of anecdotes and stories in the health sector;
2. to demonstrate the potential value of anecdotes and stories in making research work for managers and policy makers; and
3. to help decision makers and researchers create evidence-based stories and anecdotes.

Through presentations by experts and various activities at the one-day workshop, we were able to chronicle some of the current use and abuse of stories and anecdotes in the health sector. A pre-workshop survey and a post-workshop evaluation report further helped to clarify some key characteristics of effective storytelling and developed the concept of “evidence-based stories and anecdotes” and how they might be used.

What we learned at our workshop is organized under the following sections:

I. The Abuse of Stories and Anecdotes in the Health System
II. Stories and Anecdotes in Health Services Research, Management, and Policy
III. Characteristics of Effective Stories in the Health Sector
IV. Towards Evidence-Based Stories
I. The Abuse of Stories and Anecdotes in the Health System

More than 10 years ago, researcher Nick Black told the story of how one child’s wait for elective surgery came to dominate media coverage for an entire week in the run-up to the 1992 British elections. Politicians and pundits jockeyed for media time, each looking for the opportunity to weigh in on the inappropriateness of young Jennifer’s 12-month wait for ear surgery.

The troubling thing for researchers like Black was that not one person weighing in on the controversy noted some important facts about the issue. First, there was no evidence-based standard for using the surgery and plenty of uncertainty about its usefulness. Second, the surgery could probably have been performed safely on an outpatient basis, which would have cut the waiting time. And finally, it may have been that a wait was necessary for doctors to properly determine whether surgery was necessary.¹

Those commenting on this dramatic story missed an opportunity to highlight the important issues beneath the surface, related to evidence-based healthcare and the need for research. Perhaps it was that the complexity and uncertainty of these issues would only have taken away from the appeal of the story of one little girl, facing down the injustice of the healthcare system.²

Panacea is a very old goddess and we all worship her, particularly when we are sick or when we are suffering. We want to hear stories about the miracle cure. I think that the vulnerability we all have is real and it's human, but I think that a lot of people are manipulating it and exploiting it. Will the misleading marketers continue to manipulate human vulnerability about illness and ancient dreams of panacea? Or will the “evidence-based story” — which is often about more modest benefits — actually break panacea’s spell and undermine the magic of medicine?

— Ray Moynihan, medical journalist
Perhaps the narrative is so appealing to people because it is familiar and thus comfortable, like an old pair of slippers. In fictional stories, we are accustomed to meeting a protagonist who sets out on some form of quest, confronts a number of obstacles along the way, but ultimately achieves some sort of resolution, good or bad.3

According to Ray Moynihan, this framework is commonplace when we talk about healthcare — particularly when we discuss the pharmaceutical industry. The medical journalist offers his own tongue-in-cheek rendition of the structure: “Once upon a time, there was an under-diagnosed and under-treated disease and lots of people suffered terribly. Then one day a doctor discovered a miracle cure and a lovely company made it into a wonder drug.”4

There’s an old saying that journalists never let the facts get in the way of a good story. Moynihan offers up media coverage of prescription drugs as an example.

Using as an example the introduction in the late 1990s of a high-cost drug to treat osteoporosis, Moynihan noted that among the media stories that quoted statistics, more than 80 percent over-reported the benefits of the drug and most under-reported the risks. In fact, half of all the stories made no mention of risk at all, and 70 percent did not mention the cost of the drugs.5

Moynihan offers up storytelling about the creation and use of research-based evidence as a possible antidote to these stories: “Panacea is a very old goddess and we all worship her, particularly when we are sick or when we are suffering. We want to hear stories about the miracle cure. I think that the vulnerability we all have is real and it’s human, but I think that a lot of people are manipulating it and exploiting it. Will the misleading marketers continue to manipulate human vulnerability about illness and ancient dreams of panacea? Or will the “evidence-based story” — which is often about more modest benefits — actually break panacea’s spell and undermine the magic of medicine?”
II. Stories and Anecdotes in Health Services Research, Management, and Policy

Stories in Research

Fortunately, the use of stories and anecdotes is not a new concept in the realm of healthcare. In particular, clinicians have a long and complicated relationship with the use of stories and anecdotes. For clinicians, an anecdote (often delivered as a face-to-face story) can often reflect the best basis on which to make a clinical decision where no research evidence can be found, as Alex Jadad and Murray Enkin noted in a 1998 article.6

We found ourselves torn. On the one hand, we were regarded by many as leaders within the evidence-based decision-making movement, we were told anecdote and storytelling were at the bottom of the hierarchy. At the same time, we felt frustrated at how weak the evidence was, in most cases, to influence decisions when it really mattered — and could also believe very deeply in the power of storytelling and anecdote to deliver messages in very powerful ways.

— Alex Jadad, physician/researcher

However, Jadad, Enkin, and other proponents of evidence-based healthcare often have difficulty with what to do with anecdotes and stories. Hierarchies of evidence aid clinicians in providing the best and safest care, but these hierarchies generally rank stories and anecdotes as the weakest level of evidence on which to base a decision.

“We found ourselves torn. On the one hand, we were regarded by many as leaders within the evidence-based decision-making movement, we were told anecdote and storytelling were at the bottom of the hierarchy,” Jadad told the foundation’s workshop. “At the same time, we felt frustrated at how weak the evidence was, in most cases, to influence decisions when it really mattered — the over-reliance on numbers and productionism — and on the other hand acknowledging and feeling and believing very deeply in the power of storytelling and anecdote… but also realizing how sometimes anecdotes could deliver very weak messages in very powerful ways.”
For many researchers, including Jadad and Enkin, stories and the tools necessary to tell and understand them can be invaluable. In fact, stories and anecdotes can complement research. They can personalize, illustrate, and ‘market’ the research findings by presenting them in ways that are more meaningful to others. And their use is not limited to discussions between researchers and/or clinicians. According to Enkin and Jadad, “they can be vehicles to deliver the results of formal research to clinicians, patients, policy makers, and politicians in attractive, personalized, and intellectually appealing formats.”

Stories in Management and Policy

There is also a rich tradition of storytelling in the field of health services management and policy. However, rather than being used to support or justify an individual decision where research is scarce (as in the clinical environment), stories are shared in the offices and corridors of healthcare organizations as ways of simplifying a complex issue or capturing the attention of colleagues and leaders.

Researchers studying the use of stories in organizational culture have identified three main types of stories:

• corporate stories, which are intended to demonstrate the vision and values of an organization;
• personal stories, which often show how people see themselves (or how they wish to be seen); and
• collegial stories, which purport to offer the “inside word” on a situation.

We deal with truth, and often the shorter the story the more powerful the truth.
— Marlene Smadu

In health policy and management, corporate stories are told in speeches, annual reports, and other public materials. On the other hand, personal stories are rarely written down, but they are just as commonly used as a way of establishing one’s own position or reputation. Most interesting are the collegial stories, because it is often those who can tell these stories most effectively who are successful in influencing both individual management decisions and broader policy agendas.
Those that have ignored the anecdote have done so at their peril. In a 2001 article, John McDonough, a former legislator in the Massachusetts House of Representatives, noted with frustration his failed attempts to get his fellow legislators to give research evidence its due in debates in the early 1990s about issues like deregulation and the difficulties of cost control in a market-based healthcare system. Everywhere he went, he wrote, he carried a stack of peer-reviewed studies that bolstered his arguments against managed care as a method of either controlling costs or improving access by the population — to little effect. His stack of papers could not withstand the power of storytelling.

“My adversaries spoke from the real world, telling anecdotes describing their actual experiences in controlling costs by becoming active, aggressive purchasers of health care,” McDonough writes. “In the end, their perspective mattered more than the reams of evidence I brought to the debate.”

The hard lesson learned is that the anecdote or story can be used to support a stack of evidence, to focus policy makers on a legitimate need for a policy change. There is a place for the anecdote in a hierarchy of evidence-based policy not unlike the hierarchy of research quality, in which a case study is considered insufficient to prove something scientifically but may be enough to point to an area that is researchable. “Contextually appropriate stories,” as McDonough calls them, can identify important policy problems, provide evidence that programs are not working as intended, and help to compare the effects of different policy choices.

My adversaries spoke from the real world, telling anecdotes describing their actual experiences in controlling costs by becoming active, aggressive purchasers of health care. In the end, their perspective mattered more than the reams of evidence I brought to the debate.

— John McDonough

Elinor Chelimsky, formerly of the American government’s General Accounting Office, goes so far as to suggest that storytelling and anecdotes are the language of policy makers. “We use the style of reporting that is most natural to legislative policymakers and their staffs: the anecdote,” Chelimsky says. “This may seem somewhat ironic, given that by conducting an evaluation in the first place one has moved deliberately away from the anecdote... When the time comes to disseminate the findings to policymakers,
it seems that one of the most effective ways to present them is to rediscover the anecdote — but this time an anecdote that represents the broader evaluative evidence."

In some cases, a story is valuable even when it clarifies what we don’t know on an issue, rather than communicating what we do know. “Most policy decisions cannot wait for the gold standard randomized clinical trial, while many others do not even lend themselves to scientific investigation. Valid stories and anecdotes are better than nothing to guide decision makers,” says McDonough. 12 As a participant at the foundation’s workshop put it, “I think an important point is that we should not lose our humility here and recognize that we don’t have all the research answers, we don’t have all the evidence, and so in the absence of the evidence we need to get on with things, and often anecdote, stories, and personal processes like these help advance the agenda.”

While stories can draw attention to the presence or absence of research on important healthcare problems or issues, they can also be used to take the heat off of potentially incendiary situations. According to Marlene Smadu, a Canadian nursing researcher and instructor who has also spent time as a senior policy maker in the province of Saskatchewan, storytelling has been an effective way to educate and even to calm nerves.

During a period of primary healthcare reform in that province, Smadu was summoned to speak to elected government members who were upset about small hospitals being closed in their communities. She was encouraged to go and remind them of what the strategy was all about, but instead of bringing policy papers and statistics, she decided to speak about her experience working as a nurse in Papua New Guinea in the late 1970s.

“In sharing my story, I didn’t claim that it was anything other than my story, but I was able to talk about social determinants of health, a good water supply, education required for nutrition, a lot of things that were extremely important to the people of Papua New Guinea for their health, in a way that people in the room could identify with, and there would be some similarities in Saskatchewan,” says Smadu. 14
III. Characteristics of Effective Stories in the Health Sector

Trying to break down the characteristics of an effective story can be a bit like trying to explain why something is funny. By over-analysis, something appealing is rendered dry and lifeless. Just as we know a joke is funny when it causes people to laugh, a story is effective when it provokes a reaction — laughter, tears, or anger.

Terms such as “evidence-based” and “data-driven” are the coin of the policy world today, and “the anecdote” as evidence is as much demeaned in policy circles as it is in clinical medicine. Yet, important as the arguments are for the use of quantitative science to inform clinical and policy decisions, the anecdote — the report of life events from an unabashedly subjective vantage point — remains a powerful tool for focusing the human mind.

— Fitzhugh Mullan, Me and The System: The Personal Essay and Health Policy, Health Affairs, Vol. 18 No. 4

Nonetheless, it is useful to try to bring forward some key principles of effective storytelling in the health sector, to help guide those who want to use it as a technique to further the impact of research in management and policy.

At the foundation’s workshop on storytelling, we used a three-pronged approach to try to distil some of the key characteristics of effective stories and anecdotes:

- Homework: In advance of the workshop, we e-mailed the researchers, policy makers, and managers with the question, “Think of a compelling or provocative healthcare story you have heard or read. What were three characteristics of the story that made it grab your attention?” 75 participants responded, or 50 percent of those who attended the workshop.
• Breakout groups: At the workshop, the 150 participants were divided into eight small groups to
discuss the principles of effective stories and to create some “evidence-based” stories that they felt
would be effective. In these small groups, they also discussed a brief research report with one of the
principal investigators and put together a brief story, which was brought back to all participants at a
plenary session.
• Main messages: At the close of the one-day workshop, participants were asked to provide their top
three “take-home messages” from the workshop.

We were able to summarize the input from these sources, supplemented with our reading on the subject,
and extract some characteristics of effective stories in the health sector — and some guidance about how
to use them.

**Find “the world in a grain of sand”**

Good stories (and anecdotes even more so) manage to demonstrate very concisely a much bigger truth.
“A good story has a ‘world in a grain of sand’ feeling to it” was how one participant at the foundation’s
workshop put it, when asked to recall a particularly effective recently encountered story.

Good stories manage to crystallize one particular issue or theme and show us the point, rather than tell
us. To illustrate a story that was effective in showing the problems with non-integrated healthcare
systems, one participant recalled for us a story told by the late Canadian politician Tommy Douglas,
known to many as the father of medicare in Canada.

“I have a very good doctor and we’re good friends. And we both laugh when we look at the system,”
Douglas said in a 1982 speech. “He sends me off to see somebody to get some tests at the other end of
town. I go over there and then come back, and they send the reports to him and he looks at them and sends
me off some place else for some tests and they come back. Then he says that I had better see a specialist.
And before I’m finished I’ve spent, within a month, six days going to six different people and another six
days going to have six different types of tests, all of which I could have had in a single clinic, a clinic
that’s attached to a hospital.”

Look out for controversy

It goes without saying that stories that chronicle dramatic events are more interesting than stories that recall the mundane and obvious. But controversy can present itself in many appealing forms in healthcare stories.

First, there is the controversy of “the inside story” — withheld information which is brought to light. While most people in healthcare can recall “whistleblower” controversies, where one individual stands up to reveal a cover-up or other injustice, there are other “inside stories” as well. A story is effective when there are details in the story which make you think you’re “getting the goods” or the inside story from someone there, one participant told us. This does not always have to be the release of withheld information — it can sometimes be as simple as a personal perspective which introduces the audience members to a world they have not seen before.

Other stories are controversial because they offer a different perspective on a familiar world. These stories are effective because they can jolt audiences into action. As one participant put it, “effective stories offer a surprising (to me) point of view or re-frame of a familiar story, which either makes you want to argue or sit back and re-think an issue… An example is the different community viewpoints reported on during development of our city’s new hospital.”

Finally, some stories are effective because their content is totally counter-intuitive. Our workshop participants recalled for us many stories that they simply could not ignore, because the substance of the story challenged long-held assumptions and beliefs. One participant, a researcher at a medical association, recalled a story he had read in the media that week with the headline “more spending doesn’t lead to better health.” Another participant laid this out as a three-step process:

a) there is a set of familiar circumstances or conditions as a backdrop to the story;
b) an event arises which, intuitively, we all collectively believe will produce a specific and predictable outcome; and

c) because of rigorous measurement, which has not been available to us in the past, we find the result is exactly opposite to what we intuitively expected. In other words, the result is counter-intuitive.
Use the heart to reach the brain

Good stories have emotional content and provoke an emotional response from the reader or listener. When they contain an injustice, they provoke outrage. When they present examples of the healthcare system working well, they bring out warmth, comfort, and pride. “Effective stories have a personal or community sense of connectivity or emotional resonance,” one participant said. “What sells is a tug to the heart strings,” according to another.

Remember, the story isn’t everything

Ultimately, the story is just a technique. At our workshop, many participants told us that the story itself is insufficient. It is just another way to grab attention, and we should learn from this.

Stories are most effective when they contain a message, or even a moral. “An effective story contains a lesson about what to do or what not to do in similar circumstances,” one participant said. Another recalled a story about people who had suffered serious kidney problems after eating unpasteurized cheese tainted with E. coli: “There is an easily remembered moral of the story. In fact, I overheard two elderly ladies at the Calgary airport several days later talking about this story, and reinforcing the fact that unpasteurized cheese may taste better, but it is risky. They did have the disease wrong — they thought it was botulism — but they did have the source of disease correctly identified.”

As Fitzhugh Mullan notes, stories can be a tool for focusing the human mind.16 They can even bring about desired behaviour or change, but even if you have the best story, and it is based on research, it is still just a story, and it has to be a part of a more comprehensive change management strategy if you actually want to change behaviour or change culture.

Choose the right story for the right audience

We are affected by the stories that have an effect on our personal and professional lives — conversely, stories that do not affect us are not of interest. “A good story feels like it could just as well have happened to me and my family,” was how one participant put it. “I could easily put myself in their shoes,” said another.
However, when working together to create stories at our workshop, participants found that not all people react the same way to the same stories and anecdotes. “Some of the things we laughed at really weren’t that funny, but because of our particular audience, and because they meant something to us personally, we did think they were,” one participant said.

We cannot overlook the role of values in telling and listening to stories. Participants noted that values are extremely important in determining what stories you choose to tell about the same piece of research, and which have an impact. This is particularly important when your goal is to influence the behaviour of your audience, because there can be unanticipated consequences.
IV. Towards Evidence-Based Stories

Participants at our workshop struggled with the notion of evidence-based stories and anecdotes. Many interpretations of the concept were put forward. To some, evidence-based stories were constructed using pieces of research, with the main messages of major pieces of research literally coming out of the mouths of characters, as Alex Jadad and Murray Enkin did in a 2000 article in the *Canadian Medical Association Journal* on the issue of antibiotic over-prescribing.17

To some participants, this created the danger that audiences would simply ignore the research and read the short, snappy story instead. This was particularly a concern for researchers who are preoccupied with trying to get research read by decision makers.

To other participants, evidence-based stories and anecdotes were simply a “hook” to get audiences interested in what research has to offer; stories should complement research rather than replace it. “In their own way, they inspire a reader to go out and look at that evidence when perhaps they weren’t interested in doing so previously,” said one participant.

Determining whether a story is “evidence-based” can be a challenge. The American journal *Health Affairs*, with its bi-monthly Narrative Matters feature, actually subjects the personal essays it receives to peer review in the same way it treats scientific manuscripts. While he prefers to use the term “responsible story” instead, Narrative Matters’ editor Fitzhugh Mullan points out that this system provides an important validity and a cross-check to the editorial process.18

However, determining whether a story is evidence-based may actually be a lot easier than deciding whether the story is a good one. Storytelling is not as easy as it often appears. There is also always the whiff of the unteachable — the fear that some of us are natural-born storytellers while others will never hold a captive audience, no matter how well the teaching.

At the foundation’s workshop, some participants went so far as to suggest that researchers may inherently not be the best people to tell evidence-based stories, especially to managers and policy makers who seem to inhabit a different world. These participants (many of them researchers) expressed frustration that
sometimes researchers don’t know what will appeal to the manager/policy-maker audience. “They often can’t see what is really important, especially when they are “inside” the research,” according to one participant.

Some suggest that the best way to create evidence-based stories and anecdotes is to bring in people other than researchers to provide input into the process, but with researchers present, providing the necessary checks and balances between creativity and “the facts.”

Others suggest that there should be more forums for researchers and decision makers to get together with professional storytellers (including journalists), to take experiences and help translate them into compelling stories or even involve them in the research.

Underlying the whole discussion is the risk that the strong desire to find a way to tell the story could in fact indicate that the story should not actually be told. As the great social scientist Neil Postman put it, “One becomes fastidious about method only when one has no story to tell. The best people in our field have, with few exceptions, been almost indifferent to the question of method… They used whatever social or historical theories and facts as seemed relevant; they put forward their arguments by using the instruments of reason, logic, intuition, conjecture, metaphors, images, and ideas.”

19
Endnotes

2. Ibid.
8. Ibid.
15. Taken from “We Must Go Forward,” a speech delivered at Medicare: The Decisive Year, a conference sponsored by the Canadian Centre for Policy Alternatives, Montreal, November 12-13, 1982.
Appendix

AGENDA

REGISTRATION & BREAKFAST ~ 7:30 – 8:30

WELCOME ~ 8:30 – 8:35
Jonathan Lomas, Executive Director, CHSRF

INTRODUCTION AND ORIENTATION ~ 8:35 – 8:45
Pierre Sauvé, Director of Knowledge Transfer, CHSRF

PLENARY I
PARABLES AND PITFALLS: STORYTELLING AND ANECDOTE IN ACTION
Chair: David Clements, Senior Program Officer, CHSRF

8:45 – 9:05  “Me and The System: The place of the personal narrative in health policy”
Dr. Fitzhugh Mullan, Contributing Editor, *Health Affairs*

What is the place of the anecdote in the powerful and important movement towards
evidence-based practice and management? The anecdote, so the argument runs, is subjective,
unrepresentative, and non-scientific – and yet, the personal experience is highly influential on
the decisions we make every day. In the past 35 years, Dr. Fitzhugh Mullan has worked in
the American healthcare system in a number of capacities – doctor, administrator, teacher,
and patient. He has also written extensively about his experiences in a number of books and
through Narrative Matters, a regular feature in *Health Affairs*. Dr. Mullan explores the
concept of the personal narrative in health policy as well as the hazards associated with it.
He argues that the personal narrative has a potentially powerful role in the realm of health
policy where decisions centre on the wise allocation of human and fiscal resources. In
legislative testimony, in education, and on the front lines of public health, stories can bring
controversial policy issues into sharp relief and help policy makers with decisions.
Alejandro (Alex) Jadad, Director, Centre for Global eHealth Innovation, Toronto  
Stories and anecdotes can convey a message, a truth beyond factual truth. In fact, vivid stories and anecdotes are among the most powerful tools that humans use to make decisions. Although there has been some recognition of their importance in healthcare and some limited use, they tend to be misused and undervalued, argues Dr. Jadad. He shares a short story about his experiences with projects using storytelling and the Internet to transfer knowledge, including research evidence, to groups including health professionals and members of the public. Those who are interested in learning more can also participate in an afternoon mini-workshop that Dr. Jadad will run with his partner Dr. Murray Enkin (please see the attached sheet, “Mini-workshop Sessions”).

9:15 – 9:25  “The plural of anecdote is policy”  
Marlene Smadu, Associate Dean, College of Nursing, University of Saskatchewan, Vice-Chairperson, Saskatchewan Health Quality Council  
Borrowing a phrase coined by historian and health policy commentator Dan Fox, Dr. Marlene Smadu offers a perspective on the use of stories and anecdotes in the world of government decision makers, challenged to use research-based evidence for policy decisions, yet inundated with powerful stories in the media, from members of the public, and from health providers. Dr. Smadu has extensive experience in healthcare as a nurse, nursing educator, and administrator, and she also spent several years working for the government of Saskatchewan as both principal nursing advisor and assistant deputy minister of health. She argues that while personal stories are often seen in a negative light, they can also create emotion, reveal truth, reinforce learning, and convey wisdom. She looks at how researchers and decision makers can work together to appropriately incorporate such stories into policy development, and how decision makers can use stories to articulate and implement policy.

9:25 – 9:35  “Misleading marketing or reassuring myths? Some cautionary tales from the media”  
Journalist Ray Moynihan offers a cautionary note on the use of healthcare stories and anecdotes. He explores the use of the technique in media coverage of medicine and healthcare. He questions their often-misleading nature and asks whether they are merely self-interested lies or the benign reassuring myths that help maintain a much-needed faith in our healers. The presentation shares the challenge of the reporter who searches for the elusive “appropriate” anecdote – the human-interest story that does justice to the evidence, rather than distorting it.
PANEL DISCUSSION AND QUESTIONS FROM PARTICIPANTS ~ 9:35 – 10:00

BREAK ~ 10:00 – 10:30

SMALL-GROUP EXERCISE: CREATING EVIDENCE-BASED STORIES ~ 10:30 – 12:00
In small groups, participants will learn how to apply the lessons from the morning session to research evidence, generating a set of effective evidence-based stories. Please see information in your participant kit that indicates the group and room to which you are assigned.

LUNCH ~ 12:00 – 13:30

MINI-WORKSHOPS ~ 13:30 – 15:00
On site, participants will choose from six mini-workshop sessions. For complete descriptions that will assist you in your choice, please see the attached sheet, “Mini-workshop Sessions.”

BREAK ~ 15:00 – 15:30

AFTERNOON PLENARY
ANECODOTES AS ANTIDOTES
Chair: Linda Murphy, Director of Research Programs, CHSRF

TELLING STORIES ~ 15:30 – 16:15
Participants will bring stories back from the small group sessions in the morning, providing concrete examples of the effective use of evidence-based stories and anecdotes.

LESSONS LEARNED FROM THE DAY ~ 16:15 – 16:45
Participants have the opportunity to provide their perspectives on the day’s events and share lessons learned.

CONCLUDING REMARKS ~ 16:45 – 17:00
Jonathan Lomas, Executive Director, CHSRF

RECEPTION ~ 17:00 – 18:15

CHSRF ANNUAL GENERAL MEETING ~ 18:15 – 19:00