

2 DOC: .Hhh >>An I can see I hope
16
7 DOC: Sorry, it's all difficult - my friend's mum
UNPICKING -
6
17 =Mh::n.
DOC: [Oh really,
18 DOC: about=it a.
1 DOC: (Pat is crying)
16. Tck Got a lot .hhh because it's
2 PAT: Yea::h
19 (13.1) ((Pat is crying)) (0.5) .hhh
12 like, (0.5) I get re-
13 RE, IT SOUNDS LIKE YOU'VE HAD A REALLY
HARD -TI::ME-,
27 PAT: An tha::t, (0.4)
21 16 (0.5) any snatched? A:n=uh:m=
29 an then he lef::t,
18 (0.6)
28 DOC: =Oh (gos::h I didn't know ALL (OF THAT)
PAT:
10 DOC: >Let me< get you a tissue
24 DOC: So wha:t's uh:m who do you live with at the moment_
19 PAT: |Uh::m >we::ll obviously< whe::n like we waz
20 younge::r <my da::d was viole:nt to my mu::m.>
26 DOC: It's a diff: you tell me a little bit about the difficult
10 PAT: =I do:n't (.) I don't like i:t
about I'm sorr::y.

Poetics in Practice

The story so far ...

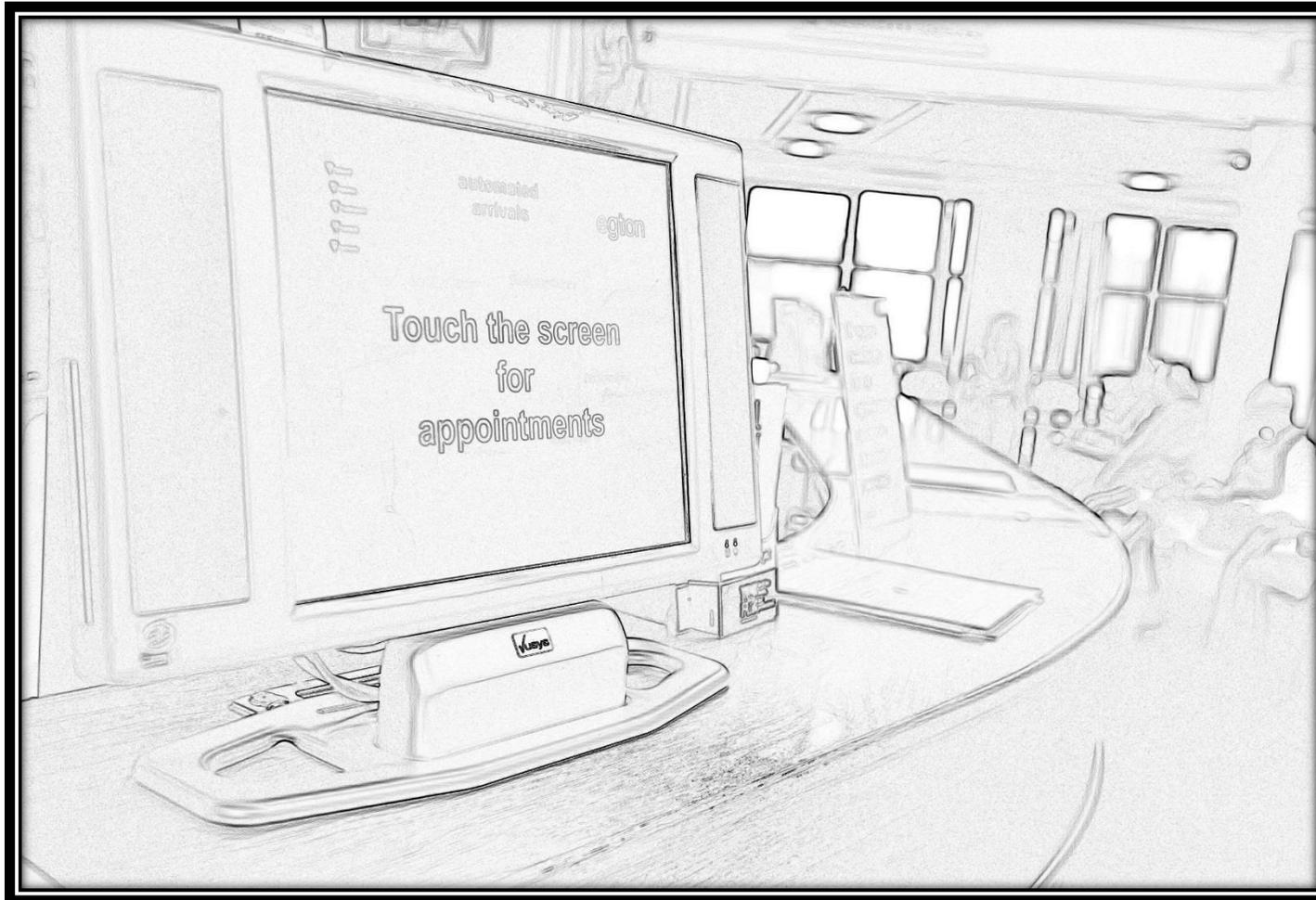
The Collaborators

Genevieve Liveley is a Reader in Classics. Her research and teaching interests centre upon narratives and narrative theories both ancient and modern. She has published widely on these subjects (including a recent monograph on *Narratology* for OUP) and is currently a Turing Fellow, developing her narratologically inflected research into AI.

Barbara Caddick is a Research Associate working with Rebecca Barnes on the One-in-a-Million Archive – including as PI for a Brigstow Ideas Exchange project to scope development opportunities for the archive. She has a background in historical research, and her PhD thesis is grounded in social and cultural history.

Rebecca Barnes is a Senior Research Fellow in Applied Conversation Analysis (CA). Rebecca led the NIHR SPQR-funded One-in-a-Million study and is Data Steward for the primary care consultations archive it created. Her research examines naturalistic recordings of health care encounters, identifying the underlying rules and norms that guide key tasks such as soliciting patients' problems, diagnosing and prescribing, and how these norms can affect outcomes.

Daniel Morden is a professional storyteller who has performed all over the world, worked on television and radio, published several books, and was recently awarded the Hay Festival Medal for his contribution to storytelling. In 2015 he underwent treatment for cancer, and since then has been storytelling in hospices and medical conferences.



The Project

The exciting vision of this interdisciplinary project is to help inform and transform the 'narrative competence' of GPs and patients – and to support them towards developing better conversations during consultations. We hope our work will lead to a new understanding of the narrative dynamics of giving and taking patient (hi)stories and will enable the creation of creative strategies, through arts facilitation, to help co-create a step change in the practice of primary care consultations. The Brigstow Seedcorn funding is allowing us to test narrative methodologies on a sample of naturalistic consultation data in the first project of its kind, and to then explore how this could be translated into meaningful and useful storytelling tools to improve primary care consultations.

Our key research questions:

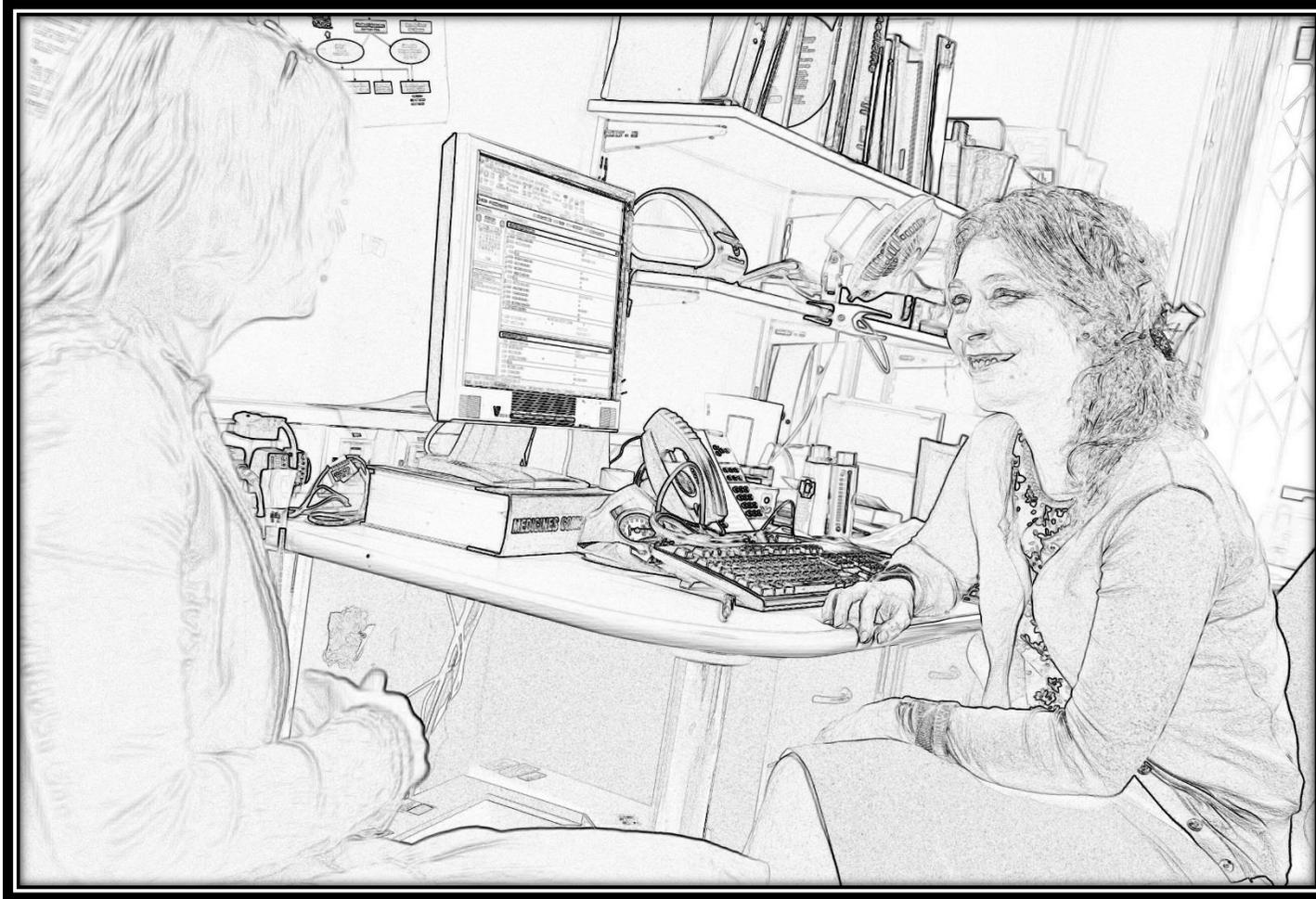
1. Can the 'naturalistic data' of the primary care consultations collected in the One-in-a-million archive be analysed as a *narrative* data set?
2. Can narratological analysis of this data produce new knowledge about the narrative scripts and frames that are deployed when patients, carers, and GPs interact in consultations?
3. Can this knowledge help pave the way towards the co-production of innovative/creative new resources for GPs, patients and carers on giving/taking better patient (hi)stories?



The Archive

The One in a Million Archive consists of 300+ video recordings of GP/Patient consultations. This data was collected from 12 Primary Care practices in Bristol between July 2014 and April 2015 and is a unique resource for studying the interactions between patients and their GPs during consultations.

- Between 2014-2015 the project recruited 12 GP practices, 6 in areas of high deprivation and 6 in areas of low deprivation across Bristol, North Somerset and South Gloucestershire.
- 23 GPs were recruited to participate and data collection in each practice took place over 2-3 days.
- 327 patient consultations were video-recorded and around 90% of patients gave consent for their data to be reused for future research and training purposes subject to further ethical approval.



The Transcripts - Conversation Analysis (fragments)

DOC = GP

PAT = Patient

DOC: So how can I help.
(0.3)

PAT: Uhm: (0.3) basically ...

DOC: .Hhhh Oka::y? .Hhhh An >how long have you been feeling like this_<

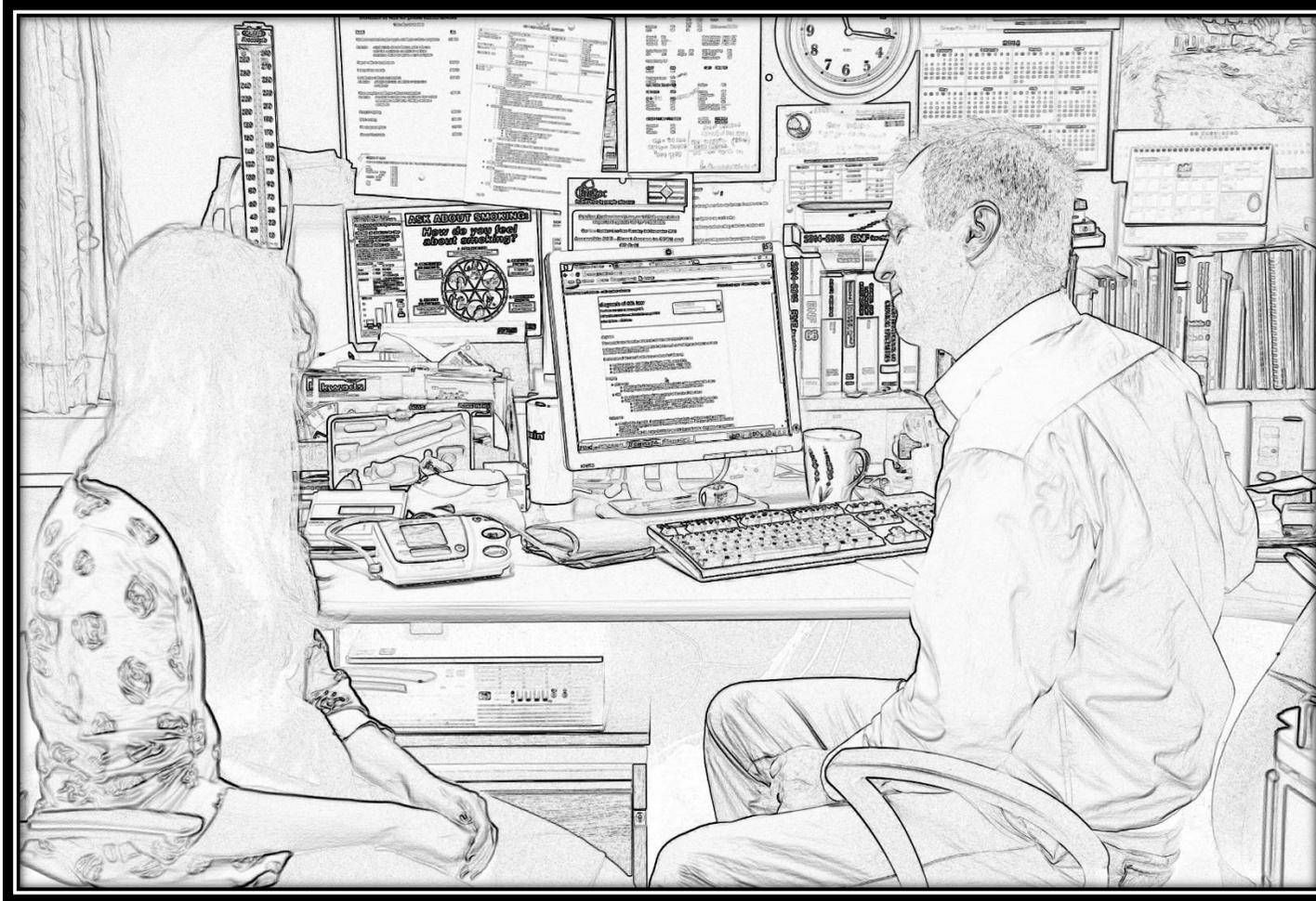
PAT: [^oI don't< (.) rea::lly kno::w where that stemmed

DOC: [.SNCHH

PAT: But ^owi:th (.) [...] I don't kno:w if there's a connection (with
that)< (.) >I don't really kno:w<.^o
(13.1) ((Pat is crying))

PAT: ~Sorr:y~, =

DOC: =Just take your time_ >No don't be so(hh)rry, i(h)t's fi(hhh)ne£.
(0.7)



The Transcripts - Narrative Analysis (fragments)

GP: So how can I help?

Pat: She said she went to the doctors about it and **they said** [...]. **She said** for me to go to **the doctor**[...]

GP: **How long** have you been feeling like this?

Pat: I don't really know **where that stemmed from** to be honest [...] I don't know. I think it might just be where **you just hear stories and ...**

GP: And get anxious.

Pat: [...] **That happened for years until one day ...**

GP: I guess I would think it was bound to affect you, but I guess **some people are strong** and everyone's different aren't they?

GP: Sorry, it's all difficult isn't it? **I'm unpicking the whole ...**



The Transcripts - Nvivo Code Narrative Analysis (fragment)

Workspace

Look for: Search In: **Nodes** Find Now Clear Advanced Find

Nodes		
Name	Sources	References
Structure	1	7
S1 Beginnings	1	4
S2 Abstract	1	1
S3 Peripeteia	1	2
S4 Endings	0	0
Time	1	4
Orientation	1	4
Relation	1	2
R1 - Reliable	0	0
R2 Self Charac	0	0
R3 Genre	1	1
R4 Plot	1	1
You	0	0

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GP: So how can I help?

Patient: Basically I've [...] my friend's mum and she said that she had a similar thing happen to her. She said she went to the doctors about it [...] She said for me to go to the doctor [...] I don't like it.

GP: You don't like it, yes, okay. How long have you been feeling like this?

Patient: [...] I don't really know where that stemmed from to be honest, but obviously [...] I don't know. I think it might just be where you just hear stories and...

GP: And get anxious.

GP: I mean did you feel more anxious after that happened, or was it going on for quite a while – sorry, if you don't feel comfortable telling me the details, you don't have to.

Patient: Do you mean [...] or

GP: Oh gosh, I didn't kno

The diagram shows a hand holding a pen over a document. The document contains phonetic annotations and a legend. The legend is a table with five columns: Orientation, Complicating action, Resolution, Evaluation, and Coda. The document also contains a list of phonetic symbols and their meanings, and a transcription of a conversation with phonetic annotations.

Orientation	Complicating action	Resolution	Evaluation	Coda
Who, what, when, where - the details and context	Then what happened?	How does it end?	So what? What does it all mean?	Now back to you

Phonetic symbols and meanings:

- (.) **A.dri:to** **overstresses** indicates elapsed time by less than one-tenth of a second's duration.
- word **Understressing** indicates some form of stress, via indicates lighter stress than does a long under
- WORD **Under:cons** indicates especially loud sound
- "word" **Downer** signs enclose hearably quieter s
- = **Colong** indicates prolongation of the int longer the prolongation.
- :- **Combinations of undercons and/or** 'punches up' the sound it occurs b
- ↑ ↓ **Accent** indicate shifts into esper
- > < **Right/left carats** bracketing ar
- < > **Left/right carats** bracketing ar
- ..? **Punctuation markers** are
 - ? = rising turn-fr
 - . = falling turn-fr
 - ! = slightly rise
 - = flat turn-fr

Transcription of a conversation:

1 DOC: I don't know
 2 PAT: I get really li
 3 PAT: (.) like > I |do
 4 PAT: that's [zi:ne,
 5 PAT: he:re,
 6 DOC: (0.3)
 7 PAT: Yeah.
 8 DOC: =I don't (.) r don
 9 PAT: you don't like [i:z
 10 DOC: YEA:::E
 11 PAT: (0.3)
 12 DOC: .hhh Oka:y? .hhh An >
 13 PAT: feeling like this <
 14 DOC: Uh:m, (1.0) .TK [with the
 15 PAT: myself has been since I
 16 DOC: because got mugged and
 17 PAT: stigma:d from that:
 18 PAT: (0.4)
 19 DOC: Uh:m (1.3) >but like [wisth
 20 PAT: uh:m,
 21 PAT: (0.3)
 22 PAT: E:h
 23 PAT: (0.4)
 24 DOC: . [>*I |don't< (.) really kno:w wh
 25 PAT: [-SNCER
 26 PAT: fro:m (.) to be honest - >but obvious
 27 DOC: the like (0.3) ang:tohing thing I
 28 PAT: don't kno:w, I think it might ju
 29 DOC: just hear sto:rie:s [a:n
 30 PAT: An get ang:ious a:s:n,
 31 PAT: [Ye:sa

STORY codes for PiP analysis: version 1.2 (summary)

S = Structure: language or content that signals (S1) origins/beginnings; (S2) framing; (S3) a turning point/revelation/complication; (S4) end/telos

T = Time: language or content that describes (T1) medical history; (T2) family history; (T3) temporal markers

O = Orientation: language or content that relates to (O1) context; (O2) other characters

R = Relation (the story telling): any language or content that relates to (R1) narration; (R2) Self Characterization; (R3) Genre; (R4) Plot

Y = You (how you feel): any (Y1) emotional; (Y2) evaluative language or content

There are two main stories (narratives) in each transcript - the PAT's and the DOC's.



The Storyteller's Story (extracts)

People prefer patterns to chaos. Chaos is disturbing. When we look at the sky we discern shapes in the clouds. We see people, animals, objects -the constellations. One of my sons once stood up from his potty, looked down at the contents within and said,
'It's a helicopter!' [...]

One of the patterns we make is the narrative of our future life. None of us know what the future holds, so we invent a pattern based on the lives of those around us. I didn't realise how much we did this until the narrative I had invented was suddenly obsolete. It had not included being diagnosed with cancer at 50. I struggled to make a new narrative. The only people I had known who'd had cancer had died of it. [...]

Based on conversations with my doctors, I created another future. I would have treatment, then recover and resume my previous life. [...]

The treatment paid little heed to my narrative. There were delays, imponderables, setbacks. There was uncertainty, confusion. Every week, more tests, waiting. [...]



Outpatients (a poem by Carole Satyamurti)

women stripped to the waist,
wrapped in blue,
we are a uniform edition
waiting to be read.
these plain covers suit us:
we're inexplicit,
it's not our style to advertise
our fearful narratives.
My turn. He reads my breasts
like braille, finding the lump
I knew was there. This is
the episode I could see coming
[...]
he's taking over,
he'll be the writer now,
the plot-master
and I must wait
to read my next instalment.

TO BE CONTINUED . . .

