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Published in:
Education for Primary Care

DOI:
[10.1080/14739879.2016.1168619](https://doi.org/10.1080/14739879.2016.1168619)

Publication date:
2016

Document Version
Accepted author manuscript

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):
Law, S., & Muir, F. (2016). Deconstructing 'Mabel'. *Education for Primary Care*, 27(4), 322-324. DOI: 10.1080/14739879.2016.1168619

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Education for Primary Care

Teaching Exchange

Susan Law and Fiona Muir

Deconstructing Mabel

Abstract

Professionalism is a challenging subject to teach. Personal experiences can be sensitive and difficult to explore. Deconstructing “Mabel” describes how a short biographical narrative is used to stimulate and explore aspects of professionalism with a small group setting.

Introduction

“Mabel”¹ is a retrospective narrative of encounters between a young, newly qualified GP (Peter Tait) and an elderly heart sink patient, Mabel. Many GPs could tell similar tales; of a house where one is advised not to sit down or of a patient who doesn't seem to want to change or improve their state, but how can we use such stories for teaching purposes ?

Story telling has always been part of medical teaching and practice. The use of the narrative, particularly that of the patient, is in resurgence and increasingly recognised as important in teaching and learning. Shapiro and Gianakos² describe the use of narrative when teaching medical students as an attempt to humanise the patient and to take what may in the first instance be seen as alien, revolting or absurd and reframe that as ordinary and understandable.

Teachers describe the use of reflection upon narrative as a way of helping younger professionals explore challenging issues, McDrury³ describes an episode where a teacher felt they trod close to professional boundaries and discussion of the story helped resolve the situation.

For those learning about reflection and professionalism, using personal stories, while inherently more powerful, can be very threatening and the emotional impact of the reflection can inhibit learning. Using "safe" stories that the group can relate to allows the exploration of sensitive topics.

Teaching Activity

In our teaching the story of Mabel has been told, re-told and narrated in several different ways⁴ within small groups at local and national conferences and in undergraduate medical school teaching for example the Arts in Health Student Selected Component and inter-professional staff development sessions. Participants are provided with the story in advance of the small group session and are asked to read and reflect.

In small groups, participants deconstruct and align the story of Mabel, through narrative analysis. They analyse the content to extract meaning for the self, the doctor, the patient and others^{5,6}.

Practically, in groups of 2-3 participants discuss the material and identify the issues relating to the domain of professionalism that occur to them. Descriptive words and phrases, written on post it notes, are then aligned under the headings of Outcome 3 within General Medical Council policy document⁷.

A discussion, which centres around the interpretation of events to explore its wider significance and relationship to current practice and teaching then takes place with the whole group. Some participants raise the issue of gifts, others inter professional working, yet others discuss confidentiality and the resources involved in the care of "Mabel". One common issue is the effect of the label "heart sink" on the way we look after our patients.

This process of deconstructing the storyline supports the sharing of personal stories, unexplained challenges, biases or vulnerabilities a physician or other health professional may carry throughout their personal or professional life.

Used as a trigger tool to stimulate reflection and interpret the meaning of professionalism the story works well^{7,8}. Areas identified include complying with ethical and legal principles; reflecting on practice, learning and teaching others; learning and working effectively within multi-professional teams; understanding and protecting patients and improving care (Table 1).

When teaching teachers, the focus is often on one or more components which may include the formal, informal and hidden curriculum. Informal and hidden curricula play a substantial role in fostering professionalism⁹ and a primary source of this learning is role modelling. Clinical teachers are the role models of the majority of students; their attributes and behaviours influence the formation of professional identity among students¹⁰

Discussion

As medical teachers we explore creative ways to enhance our students' understanding of professionalism and reflection. This paper describes one method that has been used successfully in undergraduate, postgraduate and inter-professional settings.

Medical practitioners are expected to develop and maintain knowledge, skills, attributes and performance, and 'a set of values, behaviours and relationships that underpins the trust the public has in doctors'¹¹. Embedded within Good Medical Practice⁸ and Tomorrow's Doctors⁸, personal and professional development is fundamental for safe quality clinical practice.

Reflection encourages participants to integrate experiences and academic knowledge in order to create the practical know-how for day-to-day practice. Through reflection participants are actively encouraged to think about "Mabel" looking beyond the superficial and critically appraising the assumptions that underpin practice to facilitate learning. These skills include the ability to rethink, reconsider and reconstruct action and experiences in a thoughtful and systematic way.

Narrative activates the affective motivation important to learning¹². This approach, using narrative, encourages learners to make connections, see similarities and differences, whilst dealing with

complexity rather than the simplistic². Narrative has also been used to teach empathy⁶ ; enhance student learning and engagement⁴ ; enhance cultural competence² .

Unlike other work this narrative analysis seeks to put together the 'big picture' about the experience, or event, as the participants understand it. This helps build professionalism through reflective narrative discussion and facilitates doctors' (and others) insight into professionalism and patient centred care. Anecdotal evidence suggests the experience is valued, well perceived and recommended as a learning tool for students and staff. A full evaluation is currently ongoing.

Reflective analysis of this story supports learners to value the humane side of medicine, develop self-awareness: their own and others, and to recognise the presence or absence of professionalism. Within this safe environment students articulate and examine thoughts and feelings about the story, its environment, reality of illness in terms of physical and mental health

References

1. Tait P. "Mabel" Chapter 7 in *The other side of medicine*. Radcliffe Publishing Abingdon. 2006
2. Shapiro J and Gianakos D. Teaching cross cultural competence through narrative. *Family Medicine*. p244-246. 2009
3. McDrury J and Alterio M *Learning through story telling in Higher Education* Kogan Page London 2002
4. Szurmak J and Thuna M. Tell me a story: the use of narrative as tool for instruction. *ACRL*. April 10-13. 2013
5. Charon R. Narrative Medicine:A Model for Empathy, Reflection, Profession, and Trust. *JAMA* 286(15):1897-1902 2001
6. Das Gupta S and Charon R. Personal illness narratives: using reflective writing to teach empathy. *Academic Medicine*. 79. 4. p351-356. 2004
7. General Medical Council. *Tomorrow's Doctors*. Retrieved July 14, 2014. Available from: http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp 2009
8. General Medical Council. *Good Medical Practice*. Retrieved July 14, 2014. Available from: http://www.gmc-uk.org/guidance/good_medical_practice.asp 2013
9. Hafferty FW. Confronting medicine's hidden curriculum. *Academic Medicine*. 73: 403-407. 1998
10. Monrouxe LV, Rees CE and HuW. Differences in medical students' explicit discourses of professionalism: acting, representing, becoming. *Medical Education*. 45(6), 585-602. 2011
11. Royal College of Physicians. *Doctors in society. Medical professionalism in a changing world.* Report of a working party of the Royal College of Physicians of London. London: RCP. 2005
12. Gigerenzer G. *Gut feelings: the intelligence of the unconscious*. New York: Penguin Books. 2007

Table One-Exemplar of quotations which stimulate discussion around professionalism

Tomorrow's Doctors Outcome 3: Doctor as a Professional		
20 Understanding and complying with ethical and legal principles	21 Reflecting on practice, learning and teaching others	22 Learning and working effectively within multi-professional teams
<p>"...she began giving me presents...old cameras...I tried to refuse them but she was insistent; a level of guilt began to build up...in the end I used to pop into the Red Cross shop across the road..."</p>	<p>"I discovered an early truth...people in their own houses have much more power than in my surgery"</p>	<p>"...the district nurses heroically dressed and coped with her ulcers"</p>
<p>"She was slumped in her chair...her vast blue legs...Sharon Stone she wasn't"</p>	<p>"I couldn't think of what to say, I was not in control"</p>	<p>"...they got her up in the morning, meals on wheels..."</p>
<p>"This ruined old lady had been young, vivacious, even attractive, once"</p>	<p>"I gagged and fought desperately against vomiting over Mabel's urine-pus enriched carpet"</p>	<p>"...the nurse assistant bed-bathed her regularly and someone came to out her to bed"</p>

<p>“ all I saw then was a deformed maggot infested old crone who repulsed me...General Practice was not going to be much fun if there were many Mabels”</p>	<p>“Here was I, fresh from general practice training, green as grass, an idealist in a long tradition of young medics”</p>	<p>“ a ritual was developing; the care assistant had left a teapot ready and two cups”</p>
<p>“ a wave of sadness and of uselessness engulfed me...”</p>	<p>“I did not need any experience here, Mabel was dead’</p>	<p>“we professionals now aimed our whole therapeutic force into getting Mabel to go out...”</p>
<p>“My role as doctor was very peripheral but to Mabel crucial”</p>	<p>“ medical school hadn’t really equipped me for this long term pastoral sort of care”</p>	<p>“ a domiciliary physiotherapist had been working with Mabel some weeks...”</p>