Preface

Dear Reader,

I asked for stories, and I received them. The authors who contributed chapters to this book opened their hearts, minds, and souls with the goal of sharing their stories to help other people. They include academic references and resources, but most importantly they illustrate their experiences and make a lasting contribution to the field of patient education. Sharing takes courage. The authors submitted their stories knowing others will read their words, learn from them, and hopefully feel inspired by them. I hope readers of this book will feel encouraged to write their own stories and share them with a trusted medical professional the next time physical or emotional pain occurs.

DISCLAIMER

The strategies and treatments discussed by the authors in this book do not take the place of a visit with a medical professional such as a physician, physical therapist, psychiatrist, nutritionist, or other trained specialist. As the editor of this publication, I do not advocate attempting any treatment plan on your own. I encourage you to feel inspired by the stories the authors share, but please consult a medical professional if you are experiencing physical or emotional pain.

THIS BOOK’S PURPOSE

This book has the overall objective of connecting the fields of education and medicine to present eclectic and innovative approaches to health education. It will use the practice of multigenre writing to encourage authors in the education and medical fields to share their personal and professional stories of wellness and healing.

Multigenre writing, as defined by Dr. Tom Romano (2013), is as follows:

A multigenre paper arises from research, experience, and imagination. It is not an uninterrupted, expository monolog nor a seamless narrative. A multigenre paper is composed of many genres and subgenres, each piece self-contained, making a point of its own, yet connected to other pieces by theme and content and sometimes by repeated language, images, and genres. A multigenre paper may also contain many voices, not just the author’s. The craft then—the challenge for the writer—is to make such a paper hang together as one unified whole. (p. 8)
Dr. Jennifer Bird, a former student of Dr. Romano’s and teacher of multigenre papers in her English classes, collaborated with physical therapist Dr. Eric Wanner to design a multigenre project to help her heal from neck pain. Jen designed a pain journal incorporating multiple writing styles to describe how she felt and Eric used her writing to adjust her treatment plan. This idea resulted in published chapters and research projects studying the use of writing as healing (Bird & Wanner, 2013).

So what’s your story? Whether a classroom teacher leads a professional development seminar about well teachers teaching well or a medical practitioner uses a patient’s journal to rework a treatment plan, such writing can illuminate new methods of helping others to heal. Maybe you are a teacher who has advice for teachers to stress less and take better care of themselves. Maybe you have a powerful narrative from the perspective of when you were a patient who took control of your health to help your medical practitioners help you. Maybe you are a doctor, physical therapist, or other medical practitioner who uses out of the box approaches to heal and educate your patients. All of your stories are worth sharing and will fit with this publication. You will have the opportunity to write about your own unique approaches to educating the community about health issues. This book will impact the field of health education by encouraging readers to think about their health in new ways as well as encouraging educators and practitioners to get out of their comfort zones to design new approaches to healing.

Multigenre papers intertwine the technical dimension of writing, where authors search for facts and provide specific details about their research, with the artistic dimension of writing, where authors use creativity and their own unique voices to share their research.

MULTIGENRE WRITING

I felt honored to receive an email from Tom Romano, stating I was breaking new ground by bringing multigenre writing to the medical community. Is multigenre research a documentation of academic theory or the practice of creative writing? Both. Picture a figure skating routine from the recent Olympics. The technical score focuses on the required elements, such as the number of jumps and spins. Without the technical dimension of figure skating, skaters circle the ice with no direction or purpose. The artistic score focuses on the creativity of the routine. Without the artistic dimension of figure skating, a routine is a series of jumps and spins with no coherence or unity to pull the routine together. Just like skating routines, multigenre research dovetails technical research, where writers share facts learned from research, with artistic interpretation, where writers can choose a creative method such as poetry or artwork to share their knowledge. I love to compare writing and teaching to the artistic and technical terms used in figure skating and dance (and my students enjoy the dance routines we do in class to illustrate this concept) (Bird, 2010).

This book’s title, *Innovative Collaborative Practice and Reflection in Patient Education*, reflects my philosophy of RICE (Reflection, Innovation, Collaboration, Evaluation). All of us will be patients at some point in our lives, and I want these innovative methods to inspire you to be an educated patient and collaborate with the medical experts who want to help heal you. Educators, whether they are a teacher in a classroom or a medical practitioner in a clinic, need to reflect on their practice. They also need to use innovation to develop a lesson plan or a treatment plan. Collaboration, whether teachers collaborate with their students or medical practitioners collaborate with their patients, becomes essential for learning to take place. And finally, educators need to evaluate the needs of their students or patients. For teachers, the process is RICE, because like all teachers I need to reflect on each class I taught before planning the
next one. However, physical therapists and other clinicians need to complete the evaluation step first with patients so their process is ERIC. When we first started working together, Eric found it interesting that his work was the same as his name. We discovered English professors and physical therapists can learn from each other’s fields of expertise.

Planning a successful multigenre paper is a lot like a teacher planning a lesson or a city planner planning a city. Harper (1996) writes, “Monitoring implementation is the only way to know if a plan is becoming effective” (p. 196). She’s writing about city planning, but multigenre writers also need to monitor if the implementation of ideas is effective. Throughout my life, I have heard my dad use the terms survey, analysis, plan, implementation, and feedback to describe the city planning process. Whether working with a city or a multigenre paper, careful planning is required. So I became a planner, just like my dad; I just plan lessons and writing pieces instead of cities.

WELCOME TO A DIFFERENT KIND OF BOOK

For readers who live in the scholarly world IGI targets with its publications, this book encourages you to step outside the box with your thinking. I appreciate the team at IGI taking a risk by publishing a book that merges the world of academic theory with creative writing practice, so I encourage you to keep an open mind as you explore multigenre medicine.

Since it values narratives, narrative medicine provides the foundation for presenting a patient’s story using a multigenre format. Rasinsky (2012) tells the story of Dr. Rita Charon, “the founding director of the Program in Narrative Medicine at Columbia University, where future MDs participate in writing workshops and examine texts by authors” (p. 88). Charon uses information about writing and literature typically found in an English teacher’s classroom to inform her practice because she “realized that the clues she needed weren’t confined to lab results and diagnostic scans. They were hidden in her patients’ habits, fears, beliefs, family circumstances, even their insurance battles” (p. 88). Writing can provide subjective qualitative information often missing in quantitative objective measures.

Narrative medicine presents an integrative approach to medicine that focuses on the patient’s story. Patients can benefit from focusing on what Duke Integrative Medicine (2010) at Duke University calls the Wheel of Health. By asking patients to reflect on movement, exercise and rest; nutrition; personal and professional development, physical environment; relationships and communication; spirituality; mind-body connection; and mindful awareness, “The Wheel of Health represents a comprehensive perspective of well-being and it addresses all the resources available to you to optimize your health” (pp. 5-6). Integrative medicine provides patients with the opportunity to take ownership of their health, frequently by partnering with a health coach, and set wellness goals to achieve.

NARRATIVE INQUIRY AND EMOTIONAL TRUTH

Most of the authors of chapters in this book use first person to tell their stories. Heard (2002) believes, “The more you include yourself in the piece and are able to tell your unique story, including your particular details, the more we, as readers, can experience it too” (p. 54). The authors use the pronoun “I” to own their stories. As you will see from reading the chapters, they include research and the citation of sources as part of their stories; therefore, you are reading narratives with a scaffold of research as the objective
research frames the subjective narratives. This type of research is called narrative inquiry. Clandinin and Connelly (2000) explain, “Voice, and dilemmas created by the consideration of it, are always sorted out by the exercise of judgment” (p. 147). Each writer makes the judgment call of how to present his or her story. We skate a thin line on the ice between artistic and technical and have research to support us as we let our voices sing. The theory of narrative inquiry supports the practice of multigenre writing.

Most of the authors of chapters in this book use the concept of emotional truth. We quote factual truth, but the emotional truth will always be told from our perspectives. Examples of emotional truth include a clinician fictionalizing part of a patient’s story to change identifying details or a teacher not remembering the exact clothes worn during a class but remembering perfectly the emotional resonance of the lesson taught that day.

Here is a good description of emotional truth from an author with the same last name but no relation to my research teammate Eric. Wanner (1994) says, “Stories may claim to be factual truth at one end of the spectrum or metaphoric truth at the other, with all shadings in between. A story’s ‘truth’ depends more upon its coherence than upon its faithfulness to actual events” (p. 18). So I maintain my responsibility to my readers by informing them that not every detail may be true, but the message of the piece becomes its emotional resonance. As Handler (2013) states, “What’s emotionally true for you may not have the ring of truth for others who were present in the same situation” (p. 63). This is because “Emotional truth isn’t always provable truth” (p. 155). If the emotional truth of the story resonates with you, do the details really matter? For example, a medical practitioner can share the essence of a patient’s story to provide life lessons for readers while simultaneously changing personal details to protect the patient’s confidentiality. That enables the reader to comprehend the emotional truth of the experience regardless of the modification of specific details of the story.

**DESCRIPTION OF BOOK CHAPTERS**

I now present a brief overview of each of the chapters before you turn the pages and experience them. I smiled as I arranged a file folder with each chapter on my dining room table and moved them around like a deck of cards to determine the best order. In the end, I grouped chapters with similar themes together, so if you read the book in order it will have a flow to it. If, however, you prefer to jump in anywhere and begin reading, you will still learn an amazing amount of information from each author. I feel grateful to all of the authors for sharing their stories, and writing from every person in this book enhanced the quality of the publication. I believe that I was supposed to work with everyone who contributed to *Innovative Collaborative Practice and Reflection in Patient Education* so we could educate and help people together.

I began the overview of each chapter with a summary listing the topics you as the reader will encounter by diving into the pages. Multigenre writing, however, means objective writing and subjective writing coexist. So I take the opportunity to share a short story about each author and the lessons I learned from reading the chapters.

After this preface, you will read an introduction written by my friend and colleague, Dr. Eric Wanner. During the past two years, Eric and I experienced an incredible interdisciplinary research journey that resulted in two research projects and ten publications. There is no better person to introduce the book and share from a medical perspective why it makes sense for an English professor to edit a book about patient education! I love working with Eric because he respects my ideas and his insights make me a better writer and researcher.
Chapter 1, “Multigenre Medicine,” began as an introduction to the book about the concept of multigenre writing and evolved into a chapter. Jennifer Bird, Eric Wanner, Ryan Urenda, and Robin Perry combine their stories to introduce you to multigenre medicine. It became interesting to see the lessons I learned while simultaneously being a patient and beginning my health coach training. It was fun to write with my cousin and the two physical therapists who were always willing to listen to my pain story and knew exactly what methods to use to help me heal.

In Chapter 2, “Write to Transform Your Health,” John Frank Evans and Karen Roussel Jooste describe the writing concepts they teach to healthcare providers. They connect their passions for writing and wellness to illustrate how writing can lead to healing. Each genre of writing they present serves a purpose and serves as a tool for mind-body healing. I met John and Karen while being a participant in the seminar they describe in their chapter. Through their words they demonstrate why educators respect them as two of the leading experts in the field of writing as healing.

In Chapter 3, “Teacher Stress and Anxiety: The Infinite Quest for Inner Peace,” Casey M. Brown uses a multigenre format, including poetry and journal entries, to share her story of anxiety. She demonstrates strength, wisdom, and courage while reminding teachers they cannot be fully present for their students if they do not take care of themselves. I admire her willingness to share so much of herself on the page and she inspires me to share more of myself in my writing for my own chapter. As former students of Tom Romano’s, we each submitted an excerpt of our writing for one of his books. I played it safe; Casey took a risk. She took another risk with the chapter for this book, and I don’t remember breathing while reading it because I became entranced by the power of her words.

In Chapter 4, “Preventing Burnout: Stress Management Strategies for Administrators in Higher Education,” Irene H. Johnson discusses the value of higher education administrators maintaining a work life balance. Her valuable strategies for stress management can be used for anyone who feels stressed and overwhelmed by the demands of daily life. Stress is becoming an epidemic on college campuses, and I love that numerous fortunate students learned relaxation techniques from Irene, a compassionate teacher and counselor. I hope she continues to give stress management seminars to college students and faculty. I know when she shares her wisdom about dealing with stress that I will be in the audience taking detailed notes.

In Chapter 5, “Self-Directed Learning and Adult Education: Overcoming the Medical Fog,” Valerie Bryan, Kristin Brittain, and Elizabeth Swann report the results of their research of self-directed learning in health education. The information presented serves as a valuable navigation resource for patients searching for health management references in the current complex health care system. The passion that all three of them possess for transforming the health care system combined with their compassion for patients means that patient education will become more integrative and focused on the person, not the disease, because of their presentations and publications.

In Chapter 6, “Well Teachers Teach Well,” Tammy Metcalf and Elizabeth Wrocklage-Gonda present information from their successful wellness presentation for teachers. They include survey questions and writing space for reflection while stressing the need for teachers to find time for their own physical and mental well-being during the hectic pace of a school year. During the presentation they write about in their chapter, I kept time for them and served as panel moderator. Watching Tammy and Elizabeth present meant witnessing magic in action. They possess a gift for transforming stressed out teachers into calmer, more peaceful people. They remind us life is not an endless to do list to conquer; it is a journey to be savored and enjoyed.
In Chapter 7, “Healing through Self-Discovery and Artistic Design Journals,” Susannah Brown shares her passion for visual art and techniques for self-understanding through artistic design. She illustrates how tension and stress can be released through the creative process and lead to healing. Susannah’s beautiful artwork appears in her chapter and I love her willingness to share her designs as part of her writing. She provides the powerful reminder we can pick up a paintbrush just as easily as a pen to express our emotions.

In Chapter 8, “The Gift of Grief,” Marnie S. Reed educates about pancreatic cancer by sharing the story of her father’s final days and his refusal to be defined by the disease. She describes how her father’s experiences and her own grief inspired her to be an activist while finding a way to use her loss to help others. When I sent out the chapter acceptance letters for this book, a voice in my head told me I needed to send them on a certain day even though that day had no significance for me. As Marnie writes, that day she received her acceptance letter held great significance for her, and I know the timing of everything was much more than a coincidence.

In Chapter 9, “Piti, Piti, Wazo fe Nich Li (Little by Little, the Bird Builds its nest): Promoting Change and Health Education in Post-Earthquake Haiti,” Shewanee Howard-Baptiste and Mo Baptiste provide their perspectives about their experiences in Haiti. They give hope to a community impacted by an earthquake by addressing health education. Their inspirational story will create a positive ripple effect and motivate others to follow their lead to transform lives. People can change lives by building bridges between communities; Mo and Shwanee demonstrate that it becomes possible for two compassionate and dedicated people to change the world.

In Chapter 10, “Cutting Edge Technology Adoption for Building Holistic Patient Experience,” Roma Chauhan presents information of the methods technology can be used to enhance health care. Medical practitioners have the opportunity to use the newest technology and resources for patient education. I have never met Roma in person since we live halfway around the world from each other, but I feel I know her well even though all of our correspondence has taken place through technology such as the resources she discusses in her chapter. Her technology expertise will make life easier for patients and clinicians while enhancing the quality of communication in the medical field.

In Chapter 11, “Curing Autoimmune Naturally: My PMR Story,” Donna J. Karaba shares the story of her quest to unravel a medical mystery and her journey to regain optimal health. She describes how her constant pain led her to take full ownership of her health issue, including placing health as her number one priority, and collaborating with a knowledgeable compassionate health care team. Autoimmune conditions often present as medical mysteries. Donna, however, played the role of dedicated detective and never gave up until she found an answer. Her story will inspire other patients to take ownership of their own health.

In Chapter 12, “The Advantages of PsychoSpiritual Psychotherapy,” Elizabeth Caparros presents the contribution of psychological theories to demonstrate how significantly spirituality contributes to mental and emotional healing. An individual’s search for meaning leads to self-understanding and wellness. Elizabeth’s detailed connections illustrate that science and spirituality don’t have to exist in isolation from each other.

In Chapter 13, “Truly Nourished,” Christine Bandy Holderman shows the power of faith and her conversations with God as she treats her patients. As a nutritionist, she explains that while it is important to be nourished by food, it becomes even more important to be nourished by spirituality. As a minister, Christine shares how her spirituality plays a role in her life and how sharing her spirituality became a gift to help the patients she counseled as a nutritionist find greater meaning in their lives.
In Chapter 14, “Strength from Spirituality,” Eric Wanner and Jennifer Bird discuss their own stories of spirituality and the path their individual experiences took to lead them on their research and writing journey research. They discuss their research and writing of outlook and healing using a spiritual perspective. This chapter meant the most to me personally because usually in academic publications authors are encouraged to separate their personal beliefs and their writing. My spirituality is an essential part of who I am and I enjoyed writing about it. I also enjoyed reading Eric’s story of his own spiritual experience. It was an honor to have that story in the book, and it motivated me to make my own writing even stronger to match the emotional impact of his story.

For the cover of this book, my cousin, Melissa Bird, used her talents as a medical artist to create a picture that represents both the artistic and technical dimensions of medicine. I am excited for her to share her talents with readers.

THE NEXT CHAPTER

Growing up with the last name of Bird, I heard endless bird jokes and flying metaphors from my family. One of my favorites from my parents was that baby birds needed to leave the nest and fly. My parents taught me to have roots and wings; roots for a strong set of values and wings to fly far and follow my dreams. These words help no one if they remain on a computer disk; it is time for the words to fly free and for you to read the chapters written by the authors. It has truly been a joy to edit this book, and all of us who contributed to it hope our words inspire reflection and healing.

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REFERENCES


