Exploring Complex Concepts Through Storytelling: A Synchronous Online Health Policy Course Case Study and Recommendations for Implementing Across Disciplines

OPEN PRAXIS

INNOVATIVE PRACTICE ARTICLE

CORRIE WHITMORE

KATHRYN SCHILD

*Author affiliations can be found in the back matter of this article

INTERNATIONAL COUNCIL FOR OPEN AND DISTANCE EDUCATION

ABSTRACT

Educational experts advocate for storytelling's community building aspects; it is also a valuable tool for deepening students' cognitive engagement. Indigenous pedagogy has long emphasized the centrality of storytelling to knowledge production and transmission (Neeganagwedgin, 2020). This article offers a case study analyzing an upper-division undergraduate health policy course transformation to foreground storytelling in a synchronous online format. Consistent with the "watch one, do one, teach one" model, students heard narrative descriptions of guest storytellers' policy experiences, constructed narrative stories describing a population health problem in written assignments, and shared a policy proposal story about why policy matters and how it can be changed to improve population health. This approach improved student engagement, fostered knowledge creation, and – despite the distance inherent in online education – improved students' sense of self-efficacy and membership in a professional community. The article concludes with recommendations for integrating storytelling into other disciplines and modalities.

CORRESPONDING AUTHOR:

Corrie Whitmore

University of Alaska Anchorage, US

cwhitmor@alaska.edu

KEYWORDS:

storytelling; Indigenous pedagogy; online education; community engagement; instructional strategies; health policy

TO CITE THIS ARTICLE:

Whitmore, C., & Schild, K. (2022). Exploring Complex Concepts Through Storytelling: A Synchronous Online Health Policy Course Case Study and Recommendations for Implementing Across Disciplines. *Open Praxis*, *14*(3), pp. 242–248. DOI: https://doi.org/10.55982/openpraxis.14.3.498

Storytelling is an underappreciated tool for fostering students' engagement with complex course content and building learning communities. This article examines storytelling as a productive and impactful educational practice and analyzes its use in an undergraduate health policy course. The nexus of storytelling, health policy, and online education provides a rich case study that can inform multiple disciplines. It addresses a scholarship gap by focusing on practical implementation, including strategies for implementing complex storytelling to support learning in face-to-face and online courses.

STORYTELLING AS EDUCATIONAL AND CULTURAL PRACTICE

Academia continually re-discovers and re-invents storytelling under new titles, such as narrative pedagogy, sensemaking, narrative inquiry, and simplexity (e.g. Colville et al., 2012; Coulter et al., 2007; Ironside, 2015; see Landrum et al., 2019 for a fuller literature review). Whether practitioners use the language of Bakhtinian chronotope or *spacetimemattering* (Barad, 2003 in Boje, 2016), a focus on dissecting stories and rebuilding them around analytical terminology risks co-opting and estranging cultural practices from their practitioners. Across cultures and for millenia, storytelling has remained central to how humans transmit knowledge. In acknowledging the historical importance of story, it is critical to acknowledge the culture-bearers and traditions that have preserved Indigenous ways of knowing and teaching for current and future generations, not just as an artifact or object of study, but as a thriving cultural practice (Bruchac, 2014; John-Shields, 2017, Neeganagwedgin, 2020).

High-impact educational practices —and we argue that storytelling is a high-impact practice with tens of thousands of years of demonstrated efficacy— benefit all students. Often promoted as an educational tool for increasing social engagement, storytelling is also a rich cognitive process for interacting with and generating polysemous knowledge. As Hannah Arendt (1968) famously wrote, "Storytelling reveals meaning without committing the error of defining it" (p. 105). Stories allow us to produce, communicate, and understand complex, ambiguous, ineffable, and nonreductive concepts. While these concepts and the skills required to communicate them are frequently not directly measurable as learning outcomes, they are vitally important for a deep learning process and the eventual transfer of knowledge, skills, and attitudes to new challenges; this makes storytelling a valuable tool for exploring complex issues in any discipline.

Cross-institutional research suggests that historically-disadvantaged students, particularly students of color, are underrepresented in courses utilizing high-impact educational practices (Kuh et al., 2017). Centering an Indigenous-inspired pedagogical framework within a capstone course (one of Kuh's original ten high-impact practices) is one small step toward making this type of course welcoming to and effective for all students (Kuh, 2008).

CASE STUDY: STORYTELLING IN A HEALTH POLICY COURSE

Inspired by an Alaska-Native Ways of Teaching and Learning workshop, I (Whitmore) reinvented a Contemporary Health Policy capstone course around storytelling-as-pedagogy to foster student engagement and learning. While drawn to make this shift, I also experienced internal resistance: I saw health policy as highly technical and centered on complex theoretical frameworks. Adopting a story-based approach felt risky. Would moving away from a more academic framing of textbook+lecture+policy brief limit student learning? Would it reduce my credibility as an expert or make students feel like they were "back in Kindergarten?" How could storytelling be appropriately technical, relevant, and "evidence-based?" Despite those concerns, I moved forward with the course redesign.

The first iteration of the course invited storytellers to on-campus classes, which was very successful. Due to the pandemic, during Spring 2021 the course moved to synchronous Zoom meetings. This transition raised questions about whether students' engagement "in" the course would be diminished by the computer-mediated communication modality (Yao & Ling, 2020). Would they be able to connect with storytellers and learn from stories delivered via distance over Zoom?

Consistent with the "watch one, do one, teach one" learning model commonly used in clinical health contexts (e.g., Gillinov et al., 2016), students:

- Heard narratives describing guest storytellers' policy experiences during synchronous Zoom class meetings
- Constructed narrative stories describing a population health problem in written assignments, submitted via the Blackboard Learning Management System
- Shared a policy proposal story about why policy matters and how it can be changed to improve population health in final presentations delivered to the class via Zoom

Students developed subject-specific knowledge from the stories they heard, the curated course materials, and the narratives they constructed, which fostered high-quality engagement and meaningful interaction with classmates and the constellation of experts and community members who spoke with them.

Storytellers in Spring 2021 included an Alaska State Representative, a community birthworker, an advocate for brain injury awareness, the president of a union representing home healthcare workers, state public health staff, a health/sex educator working for local government, and a public information officer tasked with communicating municipal policies during the pandemic, among others. They all had valuable lived experience to share. Some had helped create or change policies; others were affected by decision-makers' choices about what to include or exclude from policy.

I recruited storytellers through social media, asking colleagues and friends for recommendations, and received many volunteers and referrals. After matching storytellers into the class meeting schedule, I invited materials from storytellers to distribute via Blackboard before they spoke with the class. Not everyone offered readings; however, some shared program brochures, draft state bills, peer-reviewed literature on Adverse Child Experiences, and other artifacts that students found useful and interesting.

The stories shared with students included discussions of changing the Farm Bill to allow seal soup to be served at the Alaska Native Medical Center, managing a birth center hosting COVID-19 vaccination clinics, policies that address —and contribute to— homelessness in the state's largest city, and how Medicaid policy reimburses travel to give birth, among other topics. Only one storyteller had a formal policy-making role (State Representative); one advocated to get a law passed during the legislative session that overlapped the semester; others had work or life-situations that intersected with existing policy. I offered simple prompts to the storytellers such as, "How have you been involved in policy work or affected by policy?" and "Why does this issue matter to you?" Each spoke for approximately 45 minutes, then took questions for 15 minutes. Most chose to speak without visual aids and offer only their story, which —in this context— was a powerful delivery modality.

The students were particularly drawn in by concrete examples of how policies affected people —the definition of homelessness in City A was more vivid when linked to whether an individual person was eligible for housing assistance, than when discussed in the context of program eligibility writ large. Similarly, Medicaid reimbursement policy felt much less abstract in the context of a mom who had to leave her small children and husband behind, fly hundreds of miles, and deliver her baby alone in an urban hospital. When students saw how complex policy documents led to the mother's separation from her family or someone losing eligibility for housing assistance because they spent a night on a friend's couch (instead of outdoors), those who would have previously dismissed the documents as dry now found them compelling.

Students were frequently surprised by the policy stories they heard, which illuminated causal forces shaping behaviors that they had previously attributed to individual personality, choices, and mistakes. They asked storytellers to share observations, feelings, and strategies, with questions like, "have other people you know had the same experience?" and "what do you think would make a difference for families?" Students clearly saw the storytellers as experts and sought their insights on potential solutions to the policy challenges their stories identified.

This course demonstrated that the transition to online learning did not reduce the power of story to facilitate student learning. Bringing guest storytellers into the online policy classroom fostered learning that propelled students to care about policy, recognize the ways their lives and work intersect with policy, and believe they —individually— could make a difference around issues that matter to them.

EVIDENCE OF EFFECTIVENESS

A review of assessment artifacts, including student presentations, policy resolutions, and reflections, demonstrated the class effectively met the course's learning objectives. The final capstone policy resolution assignment illustrated that students had a strong grasp of the course content.

Student feedback was drawn from end-of-semester course evaluations completed by 11 of the 15 enrolled students. (Note: the University of Alaska Anchorage IRB determined the review of these materials did not constitute human subjects research, #1795993-2). While the relatively small class size limits the statistical power of this evidence, results nonetheless reinforce the impacts of storytelling observed by the instructor. On a 5-point Likert scale, 100% of course evaluation respondents indicated the class Frequently (4) or Almost Always (5):

- "Demonstrated the importance and significance of the subject matter" (mean 4.9)
- "Encouraged students to reflect on and evaluate what they have learned" (mean 4.9)
- "Related course material to real life situations" (mean 4.7)
- Supported "gaining a basic understanding of the subject (e.g. factual knowledge, methods, principles, generalizations, theories)" (mean 4.6)
- Supported "learning to apply course material (to improve thinking, problem solving, and decisions)" (mean 4.6)

Open-ended course evaluation questions gleaned enthusiastic feedback. Nine students replied to the instructor-added question: "This course used a 'story of policy' framing. How did including story in this class affect your learning?" All responses were positive, with observations like "the story of policy helped to reinforce my learning." The main themes were:

> Storytelling made the content more accessible to learners: it "create[d] an easier pathway to learning the material" and "made it easier to learn [and] see how [policy] was applicable in different fields and in real life where we might not have seen before … the stories helped me to understand health policy to a greater extent."
>
> Stories connected course content to "real life" contexts: It "really exemplified how this course is realistic and will be used outside of school." "In most courses I'm left wondering 'how is this relevant to the work I will be doing?' and [the instructor] … brought in outside speakers, which really helped. Truly a wonderful class that has prepared me for when I graduate."
>
> The evaluation also asked, "What component of this class best supported your learning? What should the instructor be sure to include next time?" Seven of the 11 respondents specifically described story(telling) as something that should be retained, making it clear that students saw story as a pedagogically-appropriate tool that enhanced learning. As one student noted, "the stories really supported [their] learning and understanding of how health policy is applied in everyday life." Another noted "having speakers talk with us was a major learning component that put lectures into use. I wish more classes did this."

The course empowered students, who left with high levels of self-efficacy about their ability to affect policy, as in this comment: "I feel much more confident …and hope to get involved in the [policy-making] process in the future." Similarly, end-of-semester conversations highlighted that seeing storytellers who "looked like them" helped students believe they, individually, could affect important policy issues in their communities. This "looking like" was not about physical resemblance; instead, it reflected students' conviction that seeing people with backgrounds similar to theirs as *experts* meant they too could become effective advocates, policy makers, and healthcare providers. This is an argument for including a heterogeneous group of storytellers from a range of backgrounds and demographic groups, including men and women from different ethnic and racial groups across the working-adult age range, since students are not homogenous.

CONSIDERATIONS FOR IMPLEMENTING IN OTHER COURSES

While storytelling shares many of the benefits of other case-based teaching approaches, the cultural traditions and social practices surrounding it evoke an especially strong level of engagement in students. First-person narratives about lived experience resonated strongly with the students, creating a sense of both immediacy and agency. Although we frame the following considerations as recommendations, they discuss practices we have found useful and are intended to open discussion rather than resolve it.

SET STUDENT EXPECTATIONS

Students may be skeptical of classes that differ from their expectations. This course addresses that head-on by discussing the framework during the first class meeting and including a "Course Approach" statement on the syllabus noting:

> A key pedagogical approach for this course is the use of story, consistent with high impact educational practices incorporating place-based and Indigenous pedagogy. We intentionally invite expert storytellers into our class to share narrative descriptions of health policy experiences.

Highlighting storytelling as a carefully considered pedagogical choice frames the deviation from a more common lecture format as a plus for students.

REDEFINE EXPERTISE

Including storytellers in the health policy course was instrumental in shaping students' attitude towards policy as something that affects everyone and that everyone can impact. To foster this perspective, we included a wide range of speakers, most of whom are not traditional policy experts. We strongly recommend identifying potential storytellers in other disciplines with a similarly broad lens. In particular, we encourage instructors in STEM fields to consider both their disciplines' impacts and community knowledge that might otherwise be left out of the course. This might include inviting a car mechanic to speak on highway engineering, a redistricted community council member to speak in a GIS course, your local center for the blind and visually impaired to speak with budding programmers, or Elders to speak about ecological changes with biology students. Although this course was redesigned entirely around storytelling, even one or two storytelling sessions can have a meaningful impact on students' understanding.

GIVE STORIES TIME

Instructors considering the adoption of this framework will want to think carefully about the number and timing of storytellers. Allocate as much time as possible to each story; depth is better than breadth. Although storytellers initially thought 45 minutes was a long time to be in the figurative spotlight, it passed quickly. Some were surprised to discover —an hour later— we were out of time. We also suggest leaving a storyteller-slot open at the end of the semester, to create space for a "follow up story." For example, in Whitmore's course, a social worker who spoke about disparities in education access spurred questions that were addressed by inviting an education policy researcher to share more. This harnessed the students' interest, increasing their engagement with the material.

RECRUIT DIVERSE STORYTELLERS

It is useful to arrange storytellers early, but students can tolerate some ambiguity. While the initial syllabus provides a framework for the class, students are comfortable with less immediate information about speakers and readings. Students quickly come to value the storytellers and are willing to accommodate just-in-time distribution of reading materials to maintain this feature, which allows the instructor more flexibility scheduling storytellers.

If you are recruiting from your immediate contacts, it is easy to end up predominantly with storytellers that look and sound like you. Ask your contacts to help identify potential speakers that would represent different perspectives. Speakers from historically-excluded communities often already face additional burdens of representation, so please respect their time and right to decline. In addition to thanking presenters personally, ask if it would be helpful to send letters to their employer or organization.

TEACH STORYTELLING AS A REFLECTIVE AND ETHICAL PRACTICE

After each week's story, at the end of the class session, students free-wrote for five minutes about "the most important and the most interesting" components of the story they heard, in the Zoom chat box. When the time was up, everyone submitted their text simultaneously and read two others' contributions. Reflection activities like this one ask students to transfer their understanding to a new context or consider their own lives without first requiring them to distill that understanding into a concise message, supporting their learning. The chat transcript is also useful for completing attendance and provides vivid pull-quotes for speaker thank you notes.

The importance of storytelling in the health policy course extends to other class activities, assignments, and readings. During the first session, students were asked to write a Six Word Story explaining what brought them here (e.g. Dunnewold & Hamline University Law Students, 2010; Fishelov, 2019). The "reader" curated for this course incorporated meta-story materials, such as Susan Bale's 2016 "Case for Explanatory Stories" and RWJF's 2010 publication, "A New Way to Talk About The Social Determinants of Health." Similarly, students were asked to bring a popular-press "policy news story" to class for discussion and to include story components in their assignments.

Listening to a story should be a respectful and reflective experience for students. We suggest discussing class guidelines for behavior and appropriate lines of questioning with students first, to avoid situations where they directly challenge storytellers' versions of events. While guidelines are best developed with the class, in general, questions asking for clarification, application, consequences, or implication are welcome; questions implying the speaker misunderstood or misrepresented their own experience are not.

When asking students to share stories, we encourage them to share published stories rather than the stories of someone they know, because it is inappropriate to share cultural or personal stories without consent (a principle explored throughout the semester). Similarly, we limit students' sharing of hypothetical, created stories because they tend to reinforce stereotypes rather than acknowledging the complexity of actual people affected by policy. Students are also welcome (but not obligated) to share personal stories, provided they respect the confidentiality of others involved.

These activities and guidance deliberately teach ways to understand and develop ideas through storytelling, preparing students to engage not just with the stories invited speakers tell, but also with the educational and cultural practices behind them.

CONCLUSION

Narrative's underlying force as a cognitive tool makes it a key practice for building engagement with course materials and facilitating student learning. This article described a well-received health policy class that embraced storytelling in a synchronous online course. The format invited students to listen to community members' lived experiences, construct their own understanding of the course material, and share relevant stories; students report the course was highly effective at supporting learning.

This course was not conceptualized through a Scholarship of Teaching and Learning lens, so relied exclusively on data collected as part of routine course evaluations. Future research in this area may benefit from more systematic measurement of student learning and assessment of story components incorporating more participants. Instructors interested in adopting a similar framework for their classes are encouraged to build on this work.

EPILOGUE

Once upon a time, an instructor changed the way she taught a complex, technical topic to undergraduates. Wise people told stories about how they had created and changed health policy and the ways ripples from health policy affected people in their communities. The students listened, asked insightful questions, developed their skills to share stories about things that matter, and began to see stories as the heart animating policy. At the end of the semester, students reported storytelling in the university classroom eased and increased their learning. And, while neither of us yet know the rest of the story, we end this tale in the tradition we grew up in: they all lived happily (and busily) ever after.

COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR AFFILIATIONS

Corrie Whitmore orcid.org/0000-0001-8804-4574
University of Alaska Anchorage, US

Kathryn Schild orcid.org/0000-0002-9493-3172
University of Alaska Anchorage, US

REFERENCES

Arendt, H. (1968). *Men in dark times*. Harcourt, Brace, and World.

Bales, S. N. (2016). *The case for explanatory stories*. Change Agent. https://www.frameworksinstitute.org/wp-content/uploads/2020/03/the_case_for_explanatory_stories.pdf

Barad, K. (2003). Posthumanist performativity: Toward an understanding of how matter comes to matter. *Signs: Journal of women in culture and society*, *28*(3), 801–831. DOI: https://doi.org/10.1086/345321

Boje, D. M. (2016). But that's not a story! Antenarrative dialectics between and beneath indigenous living story and western narratives. In G. A. Rosile (Ed.), *Tribal wisdom for business ethics* (pp. 73–86). Emerald Group Publishing Limited. DOI: https://doi.org/10.1108/978-1-78635-288-020161012

Bruchac, M. (2014). Indigenous knowledge and traditional knowledge. In C. Smith (Ed.), *Encyclopedia of global archaeology* (pp. 3814–3824). Springer.

Colville, I., Brown, A. D., & **Pye, A.** (2012). Simplexity: Sensemaking, organizing and storytelling for our time. *Human Relations*, *65*(1), 5–15. DOI: https://doi.org/10.1177/0018726711425617

Coulter, C., Michael, C., & **Poynor, L.** (2007). Storytelling as pedagogy: An unexpected outcome of narrative inquiry. *Curriculum Inquiry, 37*(2), 103–122. DOI: https://doi.org/10.1111/j.1467-873X.2007.00375.x

Dunnewold, M., & **Hamline University Law Students.** (2010). Why am I here? Six-word stories about the first month of law school. *Journal of Legal Education, 59*(4), 653–656. DOI: https://jle.aals.org/home/vol59/iss4/9/

Fishelov, D. (2019). The poetics of six-word stories. *Narrative, 27*(1), 30–46. DOI: https://doi.org/10.1353/nar.2019.0001

Gillinov, M., Mick, S., Mihaljevic, T., & **Suri, R. M.** (2016). Watch one, do one, teach one. *Journal of Thoracic and Cardiovascular Surgery*, *151*(6), 1506–1507. DOI: https://doi.org/10.1016/j.jtcvs.2016.02.033

Ironside, P. M. (2015). Narrative pedagogy: Transforming nursing education through 15 years of research in nursing education. *Nursing Education Perspectives, 36*(2), 83–88. DOI: https://doi.org/10.5480/13-1102

John-Shields, P. A. (2017). Yupiunrirngaitua/The skirt I refuse to wear. In C. Coulter, & M. Jimenez-Silva (Eds.), *Culturally sustaining and revitalizing pedagogies: Language, culture, and power* (pp. 111–126). Emerald Publishing Limited.

Kuh, G. D. (2008). *High-impact educational practices: What they are, who has access to them, and why they matter.* Association of American Colleges and Universities.

Kuh, G., O'Donnell, K., & **Schneider, C. G.** (2017). HIPs at ten. *Change: The Magazine of Higher Learning*, *49*(5), 8–16. DOI: https://doi.org/10.1080/00091383.2017.1366805

Landrum, R. E., Brakke, K., & **McCarthy, M. A.** (2019). The pedagogical power of storytelling. *Scholarship of Teaching and Learning in Psychology, 5*(3), 247–253. DOI: https://doi.org/10.1037/stl0000152

Neeganagwedgin, E. (2020). Indigenous systems of knowledge and transformative learning practices: Turning the gaze upside down. *Diaspora, Indigenous, and Minority Education, 14*(1), 1–13. DOI: https://doi.org/10.1080/15595692.2019.1652815

Robert Wood Johnson Foundation. (2010). *A new way to talk about the social determinants of health*. RWJF Vulnerable Populations Portfolio. https://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023

Yao, M. Z., & **Ling, R.** (2020). "What is computer-mediated communication?"—An introduction to the special issue. *Journal of Computer-Mediated Communication*, *25*(1), 4–8. DOI: https://doi.org/10.1093/jcmc/zmz027

TO CITE THIS ARTICLE:
Whitmore, C., & Schild, K. (2022). Exploring Complex Concepts Through Storytelling: A Synchronous Online Health Policy Course Case Study and Recommendations for Implementing Across Disciplines. *Open Praxis*, *14*(3), pp. 242–248. DOI: https://doi.org/10.55982/openpraxis.14.3.498

Submitted: 12 May 2022
Accepted: 12 September 2022
Published: 30 September 2022