

# VA Boston My Life My Story Implementation Guide: Faculty version

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## **Introduction**

My Life, My Story (MLMS) is a VA wide program where Veterans are interviewed about their life story, and concise (~1000 words), first person narratives are written based on the interviews. The stories are reviewed with the Veteran and, with the Veteran's permission, entered into the healthcare record as a resource for the Veteran's care team to know more about the Veteran as a person, in his or her own words.

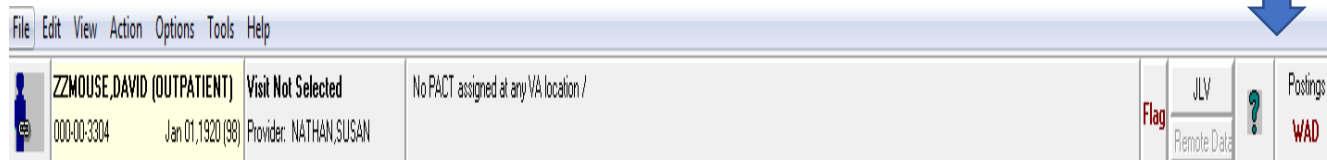
MLMS was developed at the William S. Middleton VA in 2013 through a grant from the Office of Patient Centered Care and has since spread to VAs across the country.

At VA Boston, we have framed MLMS as a structured educational intervention to enhance Veteran-centered care, with a focus on knowing the whole person and building the therapeutic relationship. MLMS allows healthcare providers to learn who Veterans are beyond their diagnoses, which will ultimately foster increased Veteran-centered healthcare.

From April 2016 to July 2019 over 670 stories have been written at VA Boston with involvement from almost 500 learners from various health professions training programs including: physician assistant, medicine, social work, psychology, speech and language pathology, occupational therapy, nursing, pharmacy. Over 3000 stories have been collected nationwide.

### Steps to complete a My Life, My Story (MLMS) Interview

- 1) Identify a Veteran to participate; anyone who say “YES” is perfect. About 50% of people who are offered will decline. It is impossible to predict without offering.
- 2) Does the Veteran already have a MLMS? Look in **POSTINGS** AKA CWAD tab in CPRS (top right of home screen); it will appear there (either **My Story** or **Living History Biography My Life My Story**)



- 3) Introduce MLMS to the Veteran (should include some variation of the following - please feel free to reword this and make it your own)

“I was wondering if I could tell you about the My Life, My Story program and see if it’s something you might be interested in? *(if Veteran doesn’t know what it is)* It’s a VA-wide project that is currently done at 34 VAs across the country including VA Boston, where we sit down with you and spend time with you to ask questions and find out more about who you are as a person outside of the medical things. **You can talk about anything you would like and you don’t have to talk about anything you don’t want to talk about. It’s not specifically focused on your military service, although we do ask some basic biographical questions.** Once the interview is over I will write up about a 1,000 word story and read it back to you to review. **We could never presume to capture someone’s whole life story in 1000 words, that would be an impossible task!! But we hope to get the essence.** Once you are satisfied with it, I put it in your healthcare record so that your healthcare team can get to know more about who you are as a person. **At any point during the process, if you decide you are no longer interested in participating that is fine too.** You can have as many copies of the story as you like for yourself or your family if you want to share.

You can also add:


- This program started in 2013 at the Madison VA and because of its popularity, has spread to VA Medical Centers and non-VA Medical Centers around the country.

- The program began in response to providers who felt as though they didn’t have enough time to get to know their patients better, and patients feeling the same.

- The reason we keep it to 1,000 words is so providers are able to read it and put the information to use.

- 4) Bring paper and two pens. Use the questions in the “Interviewer Guide” included in this Implementation Guide.

- 5) Take lots of notes as the Veteran talks. You will write the story from these notes. Taking good notes makes the writing process smoother and the story better.
- 6) The interview is now over. Use a computer to type up the interview. It should be about 1000 words.
- 7) Read the story back to the Veteran. Make edits as you go. Some Veterans don't want to hear the story back, but we **always** offer. Please offer to **read it back**, rather than leaving the copy with the Veteran. Hearing the story can be impactful for the Veteran and for the writer.
- 8) Veteran approves story; CPRS Note template title **My Story**

 Template: MY STORY

A biography on this patient was created as part of the MY LIFE MY STORY PROGRAM. This patient was interviewed and this story is being told by the Veteran in their own words. No facts were confirmed or discounted.

Interview Date: \*

Interviewer: \*

Patient reviewed and approved story.  
Date Reviewed and approved by Patient: \*

Patient declined to review story, but agreed to have it entered in chart.

Progress Note Properties

Progress Note Title: MY STORY|

MY STORY  
MYCOBACTERIAL <C&P PULMONARY TUBERCULOSIS AND MY  
Med/Gastroenterology/ Patient Education <MED/GASTROENTERO  
Medication Abuse <MEDICATION ABUSE/C&N (B)>  
Medication Review <MEDICATION REVIEW/PHARMACY (D)>  
Mental Health/Lowell/Psychiatry <MENTAL HEALTH/LOWELL/PS  
Mental Health/Lowell/SOAP/Psychiatry <MENTAL HEALTH/LOWE

Date/Time of Note: Feb 16,2018@09:35 ...

Author: Nathan,Susan - ATTENDING PHYSICIAN

- 9) Ask how many copies the Veteran would like for themselves or family; they may have as many copies as they would like. You can print the story from WORD, Times New Roman Font, 1.5 space, size 12 font or greater.
- 10) Optional: After read back/approval, offer the Veteran the opportunity to have the story shared beyond the healthcare record. If the Veteran agrees, use the script and instructions for consent below. If Veteran doesn't want the story shared, that's fine too. If the Veteran has

more questions that you're not sure how to answer, please email [vhabhsmystory@va.gov](mailto:vhabhsmystory@va.gov) and we will follow up with the Veteran.

If this is a Veteran you work with, and the story stays in the healthcare record/is given to the Veteran, **no consent is needed** as this is part of routine care. Consent is only needed if you are **not** part of the clinical care team, **OR** if that patient is willing to have his or her story **shared beyond the healthcare record** (e.g., for training, education, promotional purposes etc.). If the Veteran is agreeable to sharing the story, the MLMS team will de-identify the story prior to sharing. Below, is a script to discuss consent.

### Script to Explain Consent

After the Veteran has heard back the story you can say: "Because we have a lot of students and learners who come through VA, we ask the Veteran if it would be OK to share their stories for training or educational opportunities, to help educate people about the Veteran experience. We always de-identify stories before sharing to protect your privacy. We also sometimes have the opportunity to share stories with other Veterans, staff members here or out in the community to educate people about this program, or other topics relating to working with Veterans. Is this something you would be interested in?"

### VA Boston protocol (This may differ for implementation at other sites)

If yes-fill out VA Form 10-3203

**To fill out Consent** This consent is in IMED Consent: VA FORM 10-3203; if you do not have access to IMED consent, you may fill out the paper form which is available online (<https://www.va.gov/vaforms/medical/pdf/vha-10-3203-fill.pdf>) and from the VA Privacy Officer. This form can then be given to Health Information Management to be scanned into the Veteran's record.

CPRS IMED Consent->IMED LOCAL->ALL DOCUMENTS->SHARED->ADMINISTRATIVE->(VA FORM 10-3203) Consent for Production and Use of Verbal or Written Statements, Photographs, Digital Images and/or Video or audio recording

Educational purposes: presentation, conferences, training

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) (***To Be Completed by the Department of Veteran Affairs, if applicable***): **Being interviewed about my life story**

This product will be used: INTERNALLY OR EXTERNALLY depending on response

Promotional Efforts: Internal Publication or External Publication *This might be sharing the story on internally facing VA Intranet or externally facing VA website.*

### 11) Thank the Veteran.

## **My Life, My Story Interviewer Guide**

Many Veterans will tell you their story isn't important despite assurances that it is.

Introduce the interview with *"We want to get the stories of your life. This is important to us. We want to understand who you are, what you have been through, and what is important to you."*

Remember to let the Veteran talk. This should be a recording of their stories as they want them told. The story should be written in the first person, capturing the Veteran's voice and style.

Some questions can be helpful in directing the interview, but let the Veteran tell his/her story. The key is to ask open-ended questions about topics that are important to the Veteran.

### **What Questions to Ask**

1. Discuss Veteran's childhood. Focus on topics that feel safe to the Veteran about childhood, upbringing, etc. Some potential questions include:
  - Where did you grow up? What was it like?
  - Describe your relationship with your parents and grandparents.
  - What do you remember them teaching you?
  - Was anyone else in your family in the military? If yes, how much did that person talk about that experience?
  - What were you like as a kid?
  - How many siblings did you have? Where did you fall in that order?
  - What was your favorite area of study in school?
  
2. Proceed to later periods in life and significant relationships and events. Some suggested questions include:
  - What branch of the service were you in? How did you pick that branch?
  - How long did you serve? Where were you stationed? What was your job when you were in the service (MOS)?
  - What did you do after discharge?
  
3. Allow the Veteran's story to evolve from here. Explore major turning points in life and career and important lessons learned. Bring out the significance of these events and people on who the Veteran is today. Some suggested questions:
  - How/when did you meet your significant other (if applicable)? What is the secret to your relationship (if applicable)?
  - How many children do you have? Grandchildren? Great-grandchildren?
  - What hobbies do you enjoy?
  
4. Spend time on major life lessons learned, anything noteworthy that the Veteran has not yet revealed, but feels is important to his/her life story. Some suggested questions:

- What has affected you and your family most?
- What has been the most significant change you see in yourself?
- What is most important to you?
- What do you value most in life?
- What advice or wisdom would you like to pass on to others?
- What do you want your healthcare team to know that they don't already know?

5. Finish with some deeper questions if these answers were not previously captured:

- What are you most grateful for?
- What are your major achievements or what have been your major achievements to date?
- What are you proud of?
- What do you hope for your future?
- How would you describe your family legacy?
- If you were to live your life over again, what would you do differently or change? What would you keep the same?

Start at the beginning. Don't worry about names or dates as you can always piece those together later. It's more important to keep the interview rolling. Remember, this does not need to be done in chronological order. The questions are a **guide** and the Veteran may tell his or her story in a different order.

Don't rush. Silence is okay. You might ask a sensitive question that causes the Veteran to feel – and maybe even demonstrate – some strong emotions. Your role is to sit with them and give them time and space to think about what they want to say. Express empathy, such as “that must have been so difficult.” As they share difficult experiences, ask if they would like to continue, if they would like to stop, or take a break. You can ask if they want that element in the story-often the answer is Yes, it should go in the story because it is a part of the story.

You'll notice that there are no medical questions in the interview guide. This is an opportunity for the Veteran to talk about who they are as a person, outside of the medical elements. Often health experiences will be present in the story, but it is at the discretion of the Veteran and what story they want to share.

### **Examples of MLMS Implementation in inpatient and outpatient settings**

The order and steps of MLMS are structured, but they can be tailored to fit the needs of the Veteran, the learner, and the clinical setting. Here are some examples that have worked in various settings.

- Inpatient Setting 1: all in one session. This works best if there is an afternoon that can be blocked off specifically for this experience. This might take two hours total with some variation.
- Inpatient Setting 2: in segments over the course of a few days. Do the interview on day 1. Write the interview that day or the next day. Read the story back within next few days. This can fit more seamlessly into clinical care. Ideal if a Veteran will be inpatient for a predictable length of time.
- Outpatient Setting 1: all in one day. This might work if the Veteran has a predictable day with multiple appointments or is able to spend extra time at the VA that day. You might do the interview in the earlier portion of the day and coordinate a time later in the day to meet and review the story.
- Outpatient Setting 2: at various time points. This works well if there is a longitudinal experience for the learner and a longitudinal relationship with the Veteran. The interview can be done at visit one. The read back can be done at a following visit or another time when the Veteran and learner are both at VA.
- Outpatient Setting 3: one question at a time. This works well if there is a longitudinal experience for the learner and a longitudinal relationship with the Veteran and devoting a whole block of time is not feasible for any reason. The ultimate synthesis and writing of the story may take some more skill but this might fit more seamlessly into a clinical encounter.



## **FAQ**

- 1) How long does this take? The interview takes ~ 40 minutes; writing ~ 30 minutes; read-back ~ 15 minutes. These are averages and can be variable depending on the Veteran.
- 2) Who is the ideal participant? Every Veteran has a story and if they are willing to share, we are open to hearing it. We have done this with Veterans in their 20s, up through their 100s.
- 3) What if the Veteran doesn't want to have the story in the healthcare record? That is fine. The Veteran has control about whether the story goes in the healthcare record.
- 4) What if the Veteran doesn't want to review the completed story? That is fine. We always offer but many Veterans decline to hear it back before it is entered in the healthcare record.
- 5) What if the Veteran wants copies? The Veteran may have as many copies as he or she wants.
- 6) What are ways to respond if the Veteran is initially reluctant about MLMS? See examples below.
  - Veteran: "I've lived a quiet life. You want one of those WWII Veterans."
  - You: "Everyone has a story to tell and if you're willing to share, I'd like to listen."
  
  - Veteran: "I've done a lot of not-so-great things."
  - You: "You don't have to talk about anything you don't want, and you hear it back and decide if it goes in the healthcare record."
  
  - Veteran: "My story is so long, it would take a life time to get it down."
  - You: "You're right! It would be impossible to get the whole story. But I hope we can get the essence with this."
  
  - Veteran: "I don't want to go back and talk about my service time, that's in the past."
  - You: "You don't have to talk about anything you don't want to talk about. Some people only participate if they don't talk about their service time. It's up to you."
  
  - Veteran: "No thanks, not for me."
  - You: "Thank you for considering this."
- 7) What setting can interviews be conducted in? Interviews can be conducted across care settings, including inpatient acute care, intensive care, emergency department, urgent care, by phone, at home (with Home Based Primary Care).

- 8) When is the optimal time to do the interview? It is best not to do the interview on the day of discharge. In acute care settings, it may be best to do the interview in the afternoon, given the rounds that occur in the morning.

## **My Life, My Story Reflection Guide**

Sitting with a Veteran and hearing their story can be powerful. These stories might inspire awe and wonder. You may hear stories of great suffering and trauma. Bearing witness to these stories can elicit unforeseen responses in the listener. It is important to have an opportunity for the learner to debrief and reflect on the experience with a supervisor or mentor.

This might be done as an open discussion, in small groups, or as a reflective writing exercise. Here are some suggested questions to prompt reflection.

- 1) What surprised you about this experience?
- 2) What were you expecting going into the interview? How did this change by the end?
- 3) What parts of it were comfortable? Uncomfortable?
- 4) How was this different from other patient interactions?
- 5) What has impacted you about this experience?
- 6) Why was this meaningful/important?
- 7) How will/might this impact your future practice?
- 8) How does participating in this experience related to competencies in your profession?