

**VA Boston My Life, My Story Implementation Guide:
Trainee version**

Topic	Page(s)
Introduction	2
Steps to complete a My Life My Story interview	3-9
Selecting Veteran and introducing program	
Interview and question guide	3-4
Writing the story	4-6
Reviewing the story	6-7
CPRS	7
Privacy and sharing	7-8

For more information please contact us: vhabhsmystory@va.gov

Susan Nathan, MD, Site Director

David Topor, Ph.D., MS-HPed.

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** (“I grew up...I enlisted...my advice for others is...”) 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 their 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 January 2021 over 1,000 stories have been written at VA Boston with involvement from over 900 learners from various health and social professions training programs including: physician assistant, physician, social work, pharmacy, psychology, speech and language pathology, occupational therapy, physical therapy, nursing. Over 5,000 stories have been collected nationwide.

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

- 1) Identify a Veteran to interview. Any interested veteran may participate. About 50% of people who are offered will decline. It is impossible to predict without offering. The program goal is to honor the diverse experiences of Veterans of all ages, races, ethnicities, genders, sexual orientations, and backgrounds.
- 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 (feel free to reword this and make it your own). The important elements to stress are that the **Veteran doesn't have to talk about anything they don't want to talk about** and it's **not specifically military focused**.

“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 project, where we sit down with Veterans and spend time to 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 questions if OK with you.** Once the interview is over, I'll write up about a 1,000 word story. We always offer to review it with you after I write up the interview. **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 and will give you as many copies of story as you like. **At any point during the process, if you decide you are no longer interested in participating that is fine too.**

You can also add:

-This program started in 2013 at the Madison VA and because of its popularity, has spread to VA Medical Centers (60 as of 3/2021) all around the country and non-VA Medical Centers throughout Boston (Massachusetts General Hospital, Brigham and Women's Hospital, Boston Medical Center, Beth Israel Deaconess Medical Center, Brown).

-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.

-We keep it to 1,000 words so providers are able to read it and put the information to use.

-If you'd like to participate and not have the story in the chart, that is totally fine.

You may hear some common responses when explaining the project.

If the Veteran says:	You might say:
“I’ve lived a quiet life. You want one of those WWII Veterans, or someone heroic.”	“Everyone has a story to tell and if you’re willing to share, I’d like to listen.”
“I’ve done a lot of not-so-great things.”	“You don’t have to talk about anything you don’t want, and you get to hear the story back and decide if it goes in the chart.”
“My story is so long, it would take a life time to get it down.”	“You’re right! It would be impossible to get the whole story. But I hope we can get the essence with this.”
“I don’t want to go back and talk about my service time, that’s in the past.”	“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.”
“No thanks, not for me.”	“Thank you for considering it.”

4) Bring paper and two pens. Listen intently. Take lots of notes. Start with “Where did you grow up? What was it like?” For some Veterans, those will be the only questions you ask and they will tell their story with little prompting. Other Veterans benefit from more questions to prompt the story. **The reason to start with a more closed ended question is to give the Veteran an idea of the type of story we are interested.** If the veteran knows they are talking to a healthcare person, they often default into their health story. 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. Starting with a very open-ended question (i.e., *So, tell me your life story...*) is too broad.

Let the Veteran talk. The experience is less of a conversation and more a time for the Veteran to share. Some questions can be helpful in directing the interview, but let the Veteran tell their story.

Some Questions to Ask

- 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 family or caregivers.
 - 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?
- Proceed to later periods in life and significant relationships and events.
 - 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 when you got out of the military?
- Explore major turning points in life and career and important lessons learned. Some suggested questions:
 - How/when did you meet your significant other (if applicable)? What is the secret to your relationship (if applicable)?
 - Any children? (Great) Grandchildren? Are you involved in raising anyone? Do you have any individuals from younger generations such as students/nieces/nephews/people you mentor/neighbors/community members you help care for?
 - What hobbies do you enjoy?
- Spend time on major life lessons learned, anything noteworthy that the Veteran has not yet revealed, but feels is important to their life story.
 - What advice or wisdom would you like to pass on to others?
 - What is most important to you? What do you value most in life?
 - What has affected you and your family most?
 - What has been the most significant change you see in yourself?
 - What do you want your healthcare team to know that they don't already know?
- 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?
- If relevant you may want to include pandemic related questions
 - What has this experience been like? What would you want others to know?

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.



Phone/VVC tip: If you are doing a telephone or video interview there may be audio or video delay. Keep your questioning at a slower pace to allow the Veteran time to respond as well as any AV delay.

6) Take lots of notes as the Veteran talks. You will write the story from these notes. The more notes you take, the better the writing process and the better the story.





Phone/VVC tip: If you are doing a telephone or video interview, you may find it easier to type your notes as the Veteran speaks. That is fine, if the sound of typing doesn't interfere with the interview.


7) The interview often will come to a natural end. The veteran might say: 'What else do you want to know?' or 'That's my story.' Sometimes in the moments after the interview feels 'over' the veteran may be in a more reflective mode and may share some rich elements to include in the story. Make sure to keep you pen at the ready to keep taking notes.

8) Type up the interview in Word; target length ~1,000 words. Many stories are shorter-that's fine. If the story is longer (ie 1,000-~1,500 words) that's fine. The story is kept concise to increase the likelihood that a clinician will be able to read this story as part of the routine preparation for and delivery of care. The longer the story, the less likely this is to happen.

Some stories are very long and full of rich detail and editing down seems antithetical to the spirit of the program. For these longer stories, you may have a longer draft that you may give to the Veteran, and a shorter draft for the chart.

 **Writing tip 1:** Once you are done with your first draft, but before you read it back to the Veteran, read it out loud to yourself. This will give you an idea if you've succeeded in capturing the sound of the Veteran. It will also help you pick you any typos you may have missed.

 **Writing tip 2:** Type up all your notes from your interview and then work on the organization and story flow once it's all in a Word document.

 **Writing tip 3:** You may re-organize the story; if the Veteran remembers an amazing anecdote from childhood at end of the interview, you may put it in the 'early life' section of the story.

9) **Always offer to read the story back to the Veteran.** They might not be interested in reviewing -that is fine. They might say *I'm sure you did a good job* or *I already know my story, I don't need to hear it back.*

For the Veteran who **does** want to review the story we always **read it back out loud**, rather than leaving the copy with the Veteran. This is to be mindful of various literacy levels, visual ability and not to give the Veteran a task they might find burdensome. You can say:

'I'm going to read this back and please jump in and make any corrections as I go.'

Make edits as you go. Commonly the Veteran will remark: *Wow-you did a really good job* or *How did you get all that* or *That really sounds like me*. If they do have edits, most commonly they are small changes-like dates or names or adding or removing an anecdote. This is a meaningful part of the experience and the veteran may laugh or cry and express gratitude for the time you've spent with them.



Phone/VVC tip: After the interview is complete, explain the review process. You might say: 'I'm going to write up the interview and we always offer to review with the Veteran before it's done. Is that something you'd like to do?' If yes, **plan a specific time when you will call them back to review**. A story is not considered complete until the Veteran has the opportunity to review.



10) Veteran approves story. CPRS Note title **MY STORY**. Copy the story from Word and paste into CPRS. Any '-' will be turned into a '?' in CPRS and paragraph spacing from Word is lost. If inpatient, no need to change location in CPRS.



For phone interviews: Use clinic location: **BR TEL WHOLE HEALTH MY STORY**
At the end of your note write how many minutes you spent on the phone with the Veteran.



For VVC interviews: the clinic location is **BR VVC WH MY STORY**

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/CwN (E)>
Medication Review <MEDICATION REVIEW/PHARMACY (D)>
Mental Health/Lowell/Psychiatry <MENTAL HEALTH/LOWELL/PS
Mental Health/Lowell/SDAP/Psychiatry <MENTAL HEALTH/LOWE

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

Author: Nathan, Susan - ATTENDING PHYSICIAN

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.

11) **Veterans may have as many copies of the story as they like-no special consent needed.** You can print the story from WORD, **Times New Roman Font, 1.5 space, size 14 font**. You can print the stories out on the letterhead below, or if they are discharged and copies need to be mailed please email vhabhsmystory@va.gov

12) Optional: After read back/approval, offer the Veteran the opportunity to have the story shared beyond the healthcare record.

PRIVACY AND SHARING

If the story stays in the healthcare record/is given to the Veteran, **no consent is needed**. This is part of routine care. Consent is only needed if the veteran is willing to have their story **shared beyond the healthcare record** (e.g., for training, education, promotional purposes etc.). If the Veteran is agreeable to sharing, the story will be de-identified prior to sharing.

Many Veterans want to share their story, especially if it might help other Veterans, or if others can learn from their experiences. If you think this might be of interest, you can say:

“Sometimes we have the opportunity to share these stories-for training or education, to teach others about caring for Veterans or Veteran’s experience-either within VA or outside in the community. We

also might share for promotional activities-for the My Life My Story program or other VA programs. Any story is shared only with the consent of the Veteran and the story is de-identified before sharing, meaning there would be no birthdate, no names or other identifying information. Is this something you would be interested in?"

If the Veteran has more questions that you're not sure how to answer, please email vhabhsmystory@va.gov and we will follow up with the Veteran.

If yes-fill out VA Form 10-3203

To fill out Consent This consent is in IMED Consent. The easiest way to find it is with the SEARCH box and type in VA FORM 10-3203; if you do not have access to IMED consent, you may fill out the paper form which is available online [About VA Form 10-3203 | Veterans Affairs](#) This form can then be given to Health Information Management to be scanned into the Veteran's record.

CPRS IMED Consent->VA FORMS 10-3203 Consent for Production and Use of Verbal or Written Statements, Photographs, Digital Images and/or Video or audio recording

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***

13) Thank the Veteran.