

Story Seeking, Story Sharing:

The Privilege of Being a Pediatric Provider

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MOST OF US BECAME PEDIATRIC providers because we love having little ones in our lives. We love to care for them, watch them grow and help them heal. We love to listen to their stories, and the stories of their families.

We listen to their words with our ears; to their bodies with our hands. We go beyond each set of symptoms, and reach for the ‘why?’ Why is this person here? What is her story? Writer Christina Baldwin has suggested that people would do well to live as ‘story catchers,’ and be open to receiving the

how our patients learn, and be willing to answer their questions. Musician Jimi Hendrix once said, “Knowledge speaks, but wisdom listens.” In story sharing, we must know when to speak, and when to be silent again.

As story sharers, pediatric providers are the ideal purveyors of literacy. We are modeling for children the very behavior that will one day make them successful in their lives. We are demonstrating that listening to others can be immensely gratifying. Dr. Dean Ornish reflects that “a deep trust of life often emerges when you listen to other people’s stories.”³ When we give our patients a Raising Readers book, we are encouraging them to listen; to trust.

Giving a book to a child by itself is a laudable action, but it is especially effective when associated with anticipatory guidance related to reading. Studies show that children are more likely to engage in ‘book sharing’ activities in the home when counseled about reading by their pediatric providers, than when simply handed a book.⁴ The message and the messenger are intricately interwoven.

Messages about literacy are not difficult to weave into well child visits. Here are a few:

- Reading helps build connections in a child’s brain.
- Children who are exposed to books are more likely to want to learn to read.
- Children who learn to read are more successful in school. Success in school usually leads to success in life.

Couple these messages with tips such as:

- Read to your child every day.
- Engage your child by using pictures to make up stories, asking questions about the action, and acting out (or using different voices as part of) the story line.
- Share books at bedtime.
- Keep books where your child can reach them.
- Bring your child to the library for story hour.⁵

Once you have added some of the above into your well-child routine, literacy counseling will take no time at all. Emphasize the weight of your words by handing each family a beautiful new Raising Readers book while you are counseling. Children are quite familiar with this approach: it is called ‘show and tell.’

Reading-related ‘show and tell’ belongs in every well child visit. It is a privilege to share the gift of literacy; of stories. It is a privilege to be story seekers and story sharers; solution synthesizers and connection creators. It is a privilege to have little ones in our lives. ■

Research assistance provided by Kate Bartley.

REFERENCES

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- (2) Remen, Rachel Naomi, *Kitchen Table Wisdom: Stories that Heal* (Riverhead Trade, 2006)
- (3) Ibid.
- (4) Rieber et al, “Effective Elements of Literacy Intervention: Book, Talk, or Both?” *Archives of Pediatric and Adolescent Medicine*, Vol 156, May 2002.
- (5) www.raisingreaders.org

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stories sent forth by others.¹ As healers, we must go one step further: we must be ‘story seekers.’

Story seeking is rarely straightforward. As Dr. Rachel Naomi Remen points out, “All stories are full of bias and uniqueness; they mix fact with meaning. This is the root of their power.”² Being a story seeker often requires untangling a web of sticky physical and emotional complaints, which may be enmeshed in a complicated social situation. The benefit of untangling the elements of each patient’s story is that it enables us to synthesize individualized solutions. Then we can connect patients with medications, therapies and other people who will assist them in their healing process.

This ability to seek stories, synthesize solutions and create connections is truly the art of medicine. Evidence-based algorithms will only get us so far. Seldom do we treat patients who represent the norm: patients whose complaints are neatly matched to a diagnosis and then a treatment plan. More often we must find ways to tailor medicine to the patient who represents the exception.

Once we have found a way to tailor medicine to our patient, we have to become effective “story sharers.” If we can’t share the information we have with those who might use it, we cannot help them heal. We have to understand

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