Realisation of the resource potential of narrative and narrative collections via multi-perspective markup

Joanna Kwiat PhD Research

Knowledge Media Institute

The Open University

STORY

But PM doesn't solve the problem either.

I had a very demented old boy in EMI unit a week or so back. ?CVA ?Fit (had before) ?Fall with head injuring unwitnessed in the night[.] Big black eye and abrasion – not sent to hospital.
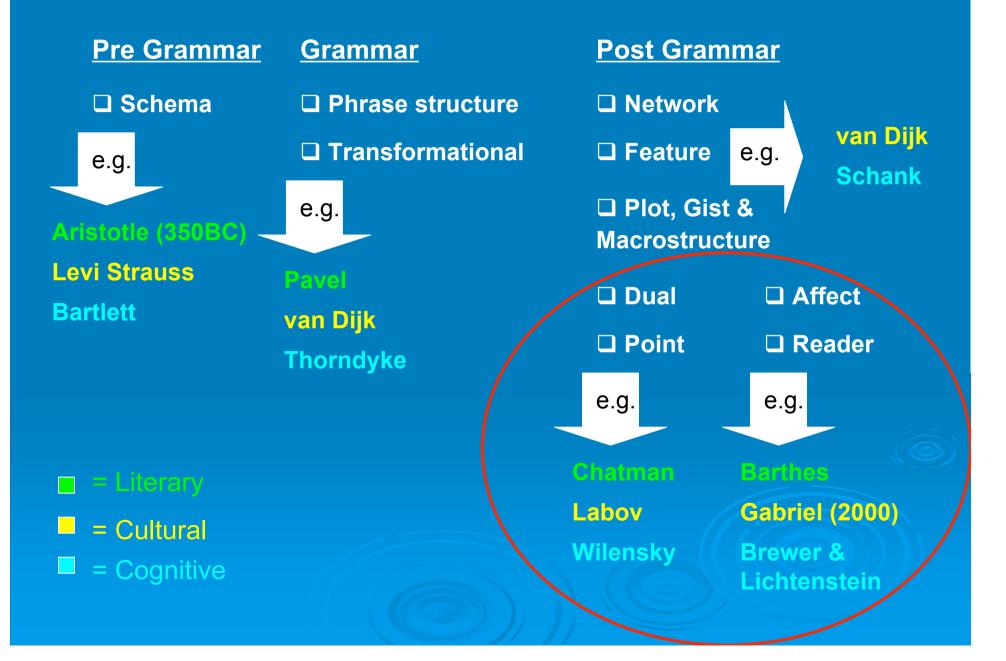
Died as expected 4 days later

Reported to coroner as injury

PM = Bronchopneumonia

No mention of dementia which was what really killed him.

Progression of Narrative Models

Pre Grammar

❑ **Schema**

e.g.

Aristotle (350BC)

Levi Strauss

Bartlett

Grammar

❑ **Phrase structure**

❑ **Transformational**

e.g.

Pavel

van Dijk

Thorndyke

Post Grammar

❑ **Network**

❑ **Feature** e.g. **van Dijk**

Schank

❑ **Plot, Gist & Macrostructure**

❑ **Dual**   ❑ **Affect**

❑ **Point**   ❑ **Reader**

e.g.   e.g.

Chatman   **Barthes**

Labov   **Gabriel (2000)**

Wilensky   **Brewer & Lichtenstein**

■ = Literary

■ = Cultural

■ = Cognitive

3 Level Narratological Model

Relational

Reader Relations

Can you as reader relate to this story? If so, how?

Story Relations

Do you regard this story as related to that story? If so how?

Discourse

Narrator:

Identity of the voice

Stylistic properties

Audience/s

Structure

Main Point

Other Point/s

Salient Features

Characters:

Protagonist/s

Antagonist/s

Other Character/s

Time of authoring: 6th April 2003   **Place of authoring:** Leiston

I had a very demented old boy in EMI unit a week or so back. ?CVA ?Fit (had before) ?Fall with head injuring unwitnessed in the night[.] Big black eye and abrasion - not sent to hospital.

Died as expected 4 days later

Reported to coroner as injury

PM = Bronchopneumonia

No mention of dementia which was what really killed him.

Author identity: Donald
GP
Discussion group member

Additional points suggested by readers -
select and tick to agree...   [Hide]

☑ Main   ☐ Other

PMs don't always hint the main point.
Patients with dementia are at risk and often need more c
There's no adequate way to go back to PM results after
Reliability (usefulness?) of PM.

(1) Main Point   A single sentence encapsulation of the primary issue, situation or plot.

Editor's suggested *Main Point* – If you are in complete agreement, tick the box alongside...

PMs don't record the principle cause of death.   ☐ Agree   ☐ **Demote to Other Point**

Otherwise, promote an *Other Point* by selecting from (2) below **or** enter your own (single sentence) *Main Point* **or** explain your difficulty in this...

PMs record the immediate cause of death, rather than the reason for the death.

(2) Other Points   Important but less salient.   **Agree**   **Promote to Main Point**

Editor's suggested *Other Point* –   If you are in complete agreement, tick the box alongside...

none   ☐   ☐

You may also or alternatively demote the editor's *Main Point* by selecting it from (1) above **or** enter your own (single sentence) *Other Point*

Use the 'Add' button if you want to create more *Other Points* ...

it may have been a non accidental injury or abuse   [Add]   Commen
Box

Paused   41:40/105:25

Died as expected 4 days later

Reported to coroner as injury

PM = Bronchopneumonia

No mention of dementia which was what really killed him.

(3) Features   Imagery, ideas and emotions etc. evoked or contained.

Editor's suggested *Features* –   Tick the boxes alongside any that you agree with...

	Agree		Agree		Agree
bronchopneumonia	☑	dementia	☑	?stroke	☐
?fit	☑	?fall	☑	big black eye	☑
EMI	☐				

You may also or alternatively enter your own (word or phrase) *Feature*   by selecting from the centre list **and/or** typing in the left hand box.

Use the 'Add' button if you want to type in another *Feature*

Your suggestion

injury vs killed him   **Add**

Feature selection

- ☐ fantasy
- ☐ farce
- ☐ hyperbole
- ☐ irony
- ☐ legend
- ☐ meiosis
- ☐ metaphor

Selections and suggestions

as expected
big black eye
dementia
?fall
?fit
bronchopneumonia

Remove

Con
Box

Bac

Nex

But PM doesn't solve the problem either.

I had a very demented old boy in EMI unit a week or so back. ?CVA ?Fit (had before) ?Fall with head injuring unwitnessed in the night[.] Big black eye and abrasion - not sent to hospital.

Died as expected 4 days later

Reported to coroner as injury

PM = Bronchopneumonia

No mention of dementia which was what really killed him.

Discussion group member

Readers' suggested Characters

(4 - 6) Story Characters and Traits Active and passive, central and peripheral, human and non-human.

Editor's suggested *Story Characters* – Tick the boxes alongside if you agree.

You may also or alternatively suggest your own *Protagonist, Antagonist* and *Other Character* by selecting from the centre lists   **and/or** using your own word

Use the 'Add' buttons if you want to create more *Characters* or *Character Traits* ...

Protagonist   (principle role)   Agree   Character selection   Your suggestion(s)

GP   ☑

Computer Operator	Add
Clinical Psychologist	
Counsellor	Relative/Friend
Dietician	GP Remove
Drugs Liaison	

Antagonist   (opposing role)

Coroner   ☑

Practice Pharmacist	Add
Physiotherapist	
Podiatrist	Medical conventions
Practice Manager	Registry of Births, Deaths etc Remove
Receptionist	Coroner

Other Character   (less central role)

Old boy   ☑

School Nurse	Church
Specialist Nurse	
Diabetes Specialist Nurse	Neighbours Add
Respiratory Specialist Nurse	Psychiatric Nurse (CPN) Remove
Stoma Nurse	Old boy

Com
Box

Rea

Paused   94:36/

injuring unwitnessed in the night[.] Big black eye and abrasion - not sent to hospital.

Died as expected 4 days later

Reported to coroner as injury

PM = Bronchopneumonia

No mention of dementia which was what really killed him.

Readers' suggestions

---

(7) Narrator or Narrating Aspect   Person or persons delivering the text e.g. character(s) or observer(s).

Editor's suggested *Narrators* – Tick the boxes alongside any that you agree with...

You may also or alternatively enter your own *Narrator* (selecting from the centre list if you wish).

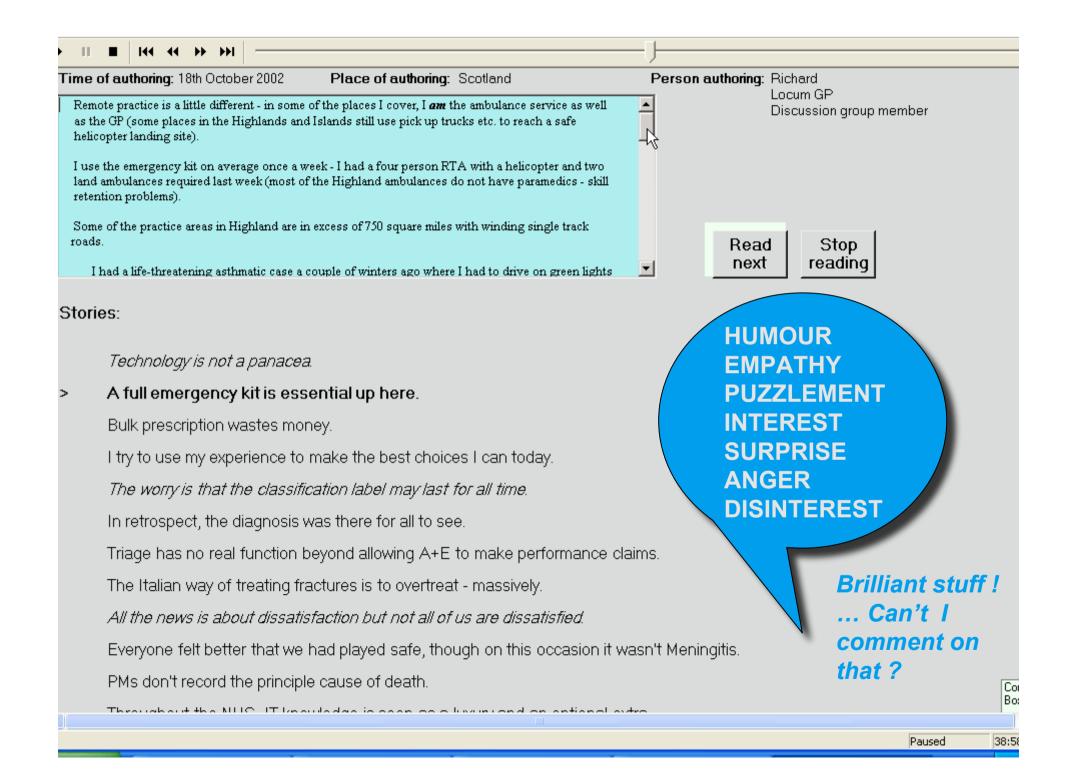Use 'Add' to suggest more *Narrators* or *Narrating Aspects* ...

	Agree	Narrator Selection	Your suggestion(s)	
GP	☑	☐ First-person		Add
First-person	☐	☐ Omniscient	Benefilent campaigner	
		☐ Unintrusive	GP	Remove
		☐ Intrusive		
		☐ Unreliable		

---

(8) Audience   Potential recipient groups.

Editor's suggested *Audience* –   Tick the box alongside if you agree...

You may also or alternatively enter your own *Audience* (selecting from the centre list if you wish).   Use 'Add' to suggest more *Audiences* ...

	Agree	Audience Selection	Your suggestion(s)		
GP discussion group	☑	Occupational Therapists	Carers ofpeople with dementia	Add	Com Box
		Pharmacists			
		Community Pharmacists	Psychiatric Nurses (CPNs)	Remove	
		Practice Pharmacists	Community (District) Nurses		
		Physiotherapists	Alzheimers Society		
		Podiatrists			
		Practice Managers		Save now	Save later
		Receptionists			Bac

Paused   101:07

Time of authoring: 18th October 2002   Place of authoring: Scotland   Person authoring: Richard
Locum GP
Discussion group member

Remote practice is a little different - in some of the places I cover, I **am** the ambulance service as well as the GP (some places in the Highlands and Islands still use pick up trucks etc. to reach a safe helicopter landing site).

I use the emergency kit on average once a week - I had a four person RTA with a helicopter and two land ambulances required last week (most of the Highland ambulances do not have paramedics - skill retention problems).

Some of the practice areas in Highland are in excess of 750 square miles with winding single track roads.

I had a life-threatening asthmatic case a couple of winters ago where I had to drive on green lights

Read next   Stop reading

Stories:

Technology is not a panacea.

> **A full emergency kit is essential up here.**

Bulk prescription wastes money.

I try to use my experience to make the best choices I can today.

The worry is that the classification label may last for all time.

In retrospect, the diagnosis was there for all to see.

Triage has no real function beyond allowing A+E to make performance claims.

The Italian way of treating fractures is to overtreat - massively.

All the news is about dissatisfaction but not all of us are dissatisfied.

Everyone felt better that we had played safe, though on this occasion it wasn't Meningitis.

PMs don't record the principle cause of death.

**HUMOUR
EMPATHY
PUZZLEMENT
INTEREST
SURPRISE
ANGER
DISINTEREST**

*Brilliant stuff !
… Can't I
comment on
that ?*

Paused   38:58

Time of authoring: 6th April 2003   **Place of authoring:** Leiston   Author iden

But PM doesn't solve the problem either.

I had a very demented old boy in EMI unit a week or so back. ?CVA ?Fit (had before) ?Fall with head injuring unwitnessed in the night[.] Big black eye and abrasion - not sent to hospital.

Died as expected 4 days later

Reported to coroner as injury

PM = Bronchopneumonia

No mention of dementia which was what really killed him.

(10) Related Story? Does this story complement the story above?

Technology is not a panacea.

[correspondent] said: But I was actually suggesting something that would solve your next problem...

Oh yes please [correspondent]!
  And also takes into account that little rise in creatinine that we are keeping an eye on, and patient's s[
  condition etc!

  Moving on......Then they will do away with us. The patient will come in, opening the door with their
  smart card. [T]hey gain access to the consulting room where they put their card in the slot, and line up
  relevant bits of their anatomy with the computer which draws blood etc (don't dwell on the etc - it['s]
  too much). [A]nd a draw[er] pops open with the medication, a print out of relevant advice, and the
  patient leaves.

Story Selection

Technology is not a panacea.
A full emergency kit is essential up here.
Bulk prescription wastes money.
I try to use my experience to make the best choices I can today.

NAMING
KNOWLEDGE
NARRATIVE
REFLECTING
ACTION

VALUES & BELIEFS
EMBELLISHED
DESCRIPTIVE
MINIMAL
TOPICAL
MULTI-WAY
CONTRASTING
PERSONALISED
GENRE

Paused   76:00/1

Essential Usability Features:

> **Enticement to tell stories**
  "That's so funny/sad! It <u>reminds</u> me of when …"

> **Markup schema and tools having a natural and obvious feel**
  "For <u>me</u> this story is about … I would like to add that …"

> **Flexible querying provision**
  "Show me stories told by Health Visitors with GPs in the audience"

> **Single and multiple perspective views**
  "Show me the view of this / these reader(s) of the story"

> **Browsing provision**
  "Allow me to browse the collection by title and by character"

"I can kind of relate to this because I've thought about how do we - this is a nice way of doing it actually … these hyperlinks and so on usually come from the author don't they and […] it's the reader that matters; and even the choice of indexing terms, again it's the reader that matters; but people are different…" .

JKwiat@northamptonshire.gov.uk