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SECTION: ARTICLES

Use of Storytelling in the teaching of the National Humanization Policy in Medical courses[1]

Uso do *Storytelling* no ensino de Política Nacional de Humanização no curso de Medicina

Utilización del *Storytelling* en la enseñanza de la Política Nacional de Humanización en la carrera de Medicina

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ABSTRACT

Using the Storytelling methodology contributes to professional training because it stimulates empathy and expands the students' perspective by means of various narratives. The objective of this article is to report the experience of using Storytelling as a teaching strategy for the National Humanization Policy in Medical courses. The method was applied during a class of the Community Interaction academic discipline with a class of students divided into small groups, aiming to approach the National Policy of Humanization in Health. Based on the stories shared, the students' active participation and greater interest in the proposed content are described; the mechanisms of this resource that allow a greater apprehension of the content; as well as the successful use of the active method by the professors, to build knowledge about Humanization in Health. It is concluded that Storytelling proved to be

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capable of sensitizing the students and expanding their abilities for involvement and appropriation of the teaching topics proposed.

Keywords: higher education; Medical students; humanization in health; Storytelling; active methodology.

RESUMO

O uso da metodologia do *Storytelling* contribui para a formação profissional ao estimular a empatia e ao ampliar o olhar dos estudantes por meio de narrativas diversas. O objetivo deste artigo é o de relatar a experiência do uso do *Storytelling* como estratégia de ensino sobre a Política Nacional de Humanização no curso de Medicina. O método foi aplicado durante uma aula da disciplina de Interação Comunitária, com a turma dividida em pequenos grupos, visando a abordagem da Política Nacional de Humanização em Saúde. A partir das histórias compartilhadas descreve-se a participação ativa e o maior interesse dos acadêmicos com o conteúdo proposto; os mecanismos desse recurso que permitem a maior apreensão do conteúdo; bem como o êxito no emprego do método ativo pelas docentes, para a construção de conhecimento sobre Humanização em Saúde. Conclui-se que o *Storytelling* se mostrou capaz de sensibilizar os estudantes e ampliar a sua capacidade de envolvimento e apropriação das temáticas de ensino propostas.

Palavras-chave: educação superior; estudantes de Medicina; humanização em saúde; *Storytelling*; metodologia ativa.

RESUMEN

Emplear la metodología de *Storytelling* contribuye a la formación profesional porque estimula la empatía y expande la perspectiva de los estudiantes por medio de diversas narrativas. El objetivo de este artículo es informar la experiencia relacionada con la utilización del *Storytelling* como estrategia de enseñanza con respecto a la Política Nacional de Humanización en la carrera de Medicina. El método se aplicó durante una clase de la asignatura de Interacción Comunitaria, con un curso dividido en grupos reducidos, con vistas al enfoque de la Política Nacional de Humanización en Salud. A partir de las historias compartidas se describe la participación activa de los estudiantes y su mayor interés por los contenidos propuestos; los mecanismos de este recurso que permiten una mayor aprehensión del contenido; así como el uso exitoso del método activo por parte de las profesoras, para la construcción del conocimiento sobre Humanización en Salud. Se concluye que el *Storytelling* demostró ser capaz de sensibilizar a los alumnos y de expandir su capacidad de compromiso y apropiación de las temáticas de enseñanza propuestas.

Palabras clave: educación superior; estudiantes de Medicina; humanización en salud; *Storytelling*; metodología activa.

INTRODUCTION

The medical course at the Regional University of Blumenau (*Fundação Universidade Regional de Blumenau*, FURB) has a curriculum structured in three cycles, each lasting two years: basic cycle, intermediate clinical cycle, and medical internship. The first of these takes place from the first to the fourth phase and includes the subject of Community Interaction (CI), which is based on the Unified Health System (*Sistema Único de Saúde*, SUS). This subject provides students with knowledge of the specificities of Primary Health Care, as well as introducing them to the community and the various realities that involve the interdisciplinary work of the teams in the Basic Health Units (BHU). In this way, the subject meets the aim of the course, which is to train doctors for the SUS, with an in-depth view of the country's social problems and their active participation in public health (FURB, 2022).

To effectively articulate with the SUS, the CI course is theoretical-practical, alternating weekly between theoretical classes taught at FURB and practical classes at the BHU, with Family Health Strategy (FHS) teams. The actions developed during the practical classes involve the participation of Community Health Workers (CHWs) and enable the development of a critical analysis of social realities, which according to Lopes, Nogueira, and Rocha (2018) helps in the acquisition of fundamental skills for health promotion.

Regarding the theoretical content studied throughout the four phases, the National Humanization Policy (NHP), worked on during the third phase of the course, stands out. The NHP, created in 2003 by the Ministry of Health, aims to reaffirm the principles of universality, equity, and comprehensiveness of the SUS (BRASIL, 1990). It also aims to ensure comprehensive care for society, expanding the population's rights and citizenship. (REIS-BORGES; NASCIMENTO; BORGES, 2018). It is understood that humanizing means valuing each individual involved in the health production process, from users to employees, a fact that involves shared responsibility, bonds of solidarity, and the collective participation of management (BRASIL, 2004). As such, the NHP is based on three principles: inseparability between care and the management of processes; transversality; autonomy and protagonism of individuals (BRASIL, 2004).

Bringing the subject to the reality of academics, it is evident that humanization contributes to the training of a professional who will meet the biopsychosocial needs of the patient, so that theoretical and practical knowledge of this value is essential in academic training (LAZZARI; JACOBS; JUNG, 2012).

It is therefore important to choose appropriate methods so that theoretical knowledge is built up effectively during classroom lessons. As a result, some topics were covered using active methodologies (AMs), which go beyond the traditional teaching model. According to Novaes et al. (2021, p. 2), active methodologies “can be understood as a set of methods that seek to develop student autonomy in the process of knowledge acquisition”. Bearing in mind

that teaching alone, when not combined with a good method, fails to make knowledge effective, it is considered that AMs are effective to the extent that they place students as the protagonists of their reasoning, identifying problems and developing solutions (PAIVA *et al*., 2016).

This active teaching-learning process is provided for in the National Curriculum Guidelines (NCG) for Undergraduate Medical Courses (BRASIL, 2014) and can be taught in different ways, such as *Design Thinking*, Problematization Methodology, *Problem-Based Learning*, *Team-Based Learning*, or Gamification. Among the topics discussed and worked on using AMs, NHP was addressed through *Storytelling*.

Storytelling is conceptualized as the art of telling and narrating good stories, which are structured around essential elements to generate engagement and connection: character, conflict, teaching, meaning, and empathy (OLIVEIRA; CASTAMAN, 2020). This method, based on storytelling, is a powerful pedagogical tool and consists of

> The use of narratives with social or cultural meaning to promote reflection on concepts and values, to consolidate these abstract ideas through the perception of the relevance and significance of such concepts and values to a group of individuals (VALENÇA; TOSTES, 2019, p. 2).

The narratives behind the events capture the listener's attention, giving new meaning to information and experiences, generating connection, which is the basic premise for any solid and effective communication, in which the storyteller, to be able to enhance their narratives, must strengthen the relationship with their audience, to touch their hearts as well (OLIVEIRA; CASTAMAN, 2020).

It differs from a case report, widely used in medical teaching, which focuses primarily on clinical information, such as diagnosis, history, treatment, and evolution, thus being a complete and reproducible exposition of medical knowledge about the disease discussed and its treatment, contributing to the development of the student's clinical reasoning and the progress of medical knowledge (KIENLE; KIENE, 2011).

Storytelling contributes to professional training by broadening students' perspectives through a variety of narratives. The method promotes motivation and identification with the stories, and involvement, holds attention, encourages imagination, stimulates interdisciplinarity, and favors relationships with other people and colleagues (OLIVEIRA; CASTAMAN, 2020).

Storytelling is an ancestral act in our society, since communication skills, whether verbal or not, are innate to human beings (HEINEMEYER, 2018). According to Felisbino (2021), the *Storytelling* technique is an efficient pedagogical tool that consists of more than just narrating a story, to actively involve the listener in the narrative. In this way, the report of

facts not only ensures that theoretical knowledge is more firmly established, but also teaches moral and cultural values and brings human experience; as well as stimulating learning in the listener in a natural and personalized way, since each person interprets what they hear in a unique way.

Scholars such as McKee (2017), Wright (1995), and Barco (2005) argue that this method is capable of improving the teaching-learning process by managing to work simultaneously on the emotional and cognitive aspects of the receiver. The technique, if applied correctly, fulfills the objective of bringing the student closer to the proposed content, since:

> We all need stories for our minds as much as we need food for our bodies [...]. Stories are particularly important in our children's lives: stories help children understand their world and share it with others. Children's craving for stories is constant. Whenever they enter the classroom, they enter with a need for stories (WRIGHT, 1995, p. 3).

This identification with the stories allows students to occupy a place of greater meaning in the concepts and theoretical propositions presented, facilitating the achievement of what Storytelling and AMs propose, in which the student becomes active in the construction of knowledge (POWNER; ALLENDOERFER, 2008). According to Valença and Tostes (2019), students must take on the role of both receiver and creator of knowledge.

Bringing the concept to the academic reality of the Medicine course, this active teaching modality can make the future doctor feel sensitized to the story, through a real or fictitious example, and thus develop empathy for the health professionals and users of the system, which further corroborates the consolidation of the NHP. In this way, this article aims to report on the experience of using *Storytelling* as a teaching strategy on the National Humanization Policy in the Medicine course.

METHOD

This is an experience report with a qualitative approach, describing the experience of using *Storytelling* to teach the NHP to third-phase medical students at FURB. The activity took place in the classroom, with the participation of 39 students and two professors, in FURB's facilities, in the first semester of 2022.

The report is based on the professor's planning, the professor's observations related to the conduct of the proposed activity, the participation, learning, and reactions of the students, as well as the reports of the students' perceptions related to the learning provided by the use of the *Storytelling* strategy.

EXPERIENCE REPORT

The lesson planning was carried out by the two professors of the subject (Professors A and B) and proposed to take place in a single morning class, with a total duration of two hours and fifty minutes.

The learning objective defined was that, at the end of the course, the students would know how to: conceptualize the NHP; understand its articulation and cross-cutting action with other health policies and its impact on the qualification of SUS care and management, considering the rights of SUS users and workers.

To meet these objectives, the activity was planned to take place in two sessions, lasting approximately one hour and fifteen minutes for each professor. In the first moment, Professor A was responsible for giving a brief introduction to the NHP theme, proposing group reflections related to the topic. In the second moment, based on the reflective dialog generated, Professor B would relate the discussions to the theoretical framework of the NHP, in more detail in order to contemplate the proposed learning objectives.

Description of the first moment – Professor A

To introduce the theme of the NHP, Professor A organized a base text on the concept, the objectives of the NHP as a public health policy, its impact on the qualification of SUS care/management, and its relationship with the principles of the SUS.

After reading the base text individually, the students were asked to share their perceptions, and at this moment the main topics identified by the students were listed on the board, which were: humanization, empathy, bonding, citizens' rights, quality of assistance and care, valuing and responsibility of the user, workers and managers in health production.

The topics were discussed in the light of the theoretical framework of the NHP, associating the students' perceptions with the reality of care found in some health services, which have weaknesses.

Next, using Storytelling, the students were asked to divide into four groups (an average of ten students per group) and each group was given a (different) story to analyze. They were instructed to read it in their small groups and discuss the reflections generated (still in the small group), proposing the resolution of the cases and then sharing their perceptions (in the large group), mediated by Professor A.

The stories were adapted from real contexts experienced in Professor A's professional practice, which were further explored and contextualized during the sharing of the students' reflections and dealt with some of the areas covered by the NHP, such as ambience; waiting

times; welcoming; risk classification; valuing workers; empathy; access and users' rights. The stories worked on were:

Case 1: Mrs. Maria, a SUS user and member of the Rio Bonito FHS, returns home extremely dissatisfied with the situation at the unit today. She reported to her daughter that she didn't feel respected. It was too hot inside the FHS, the floor was dirty, the walls were moldy, there was a bad smell and the light bulbs were burnt out. Regarding the appointments, everything seemed confusing: patients complained that they had been waiting in line for hours, and the assessment for urgent care was taking place alongside the patients who had scheduled appointments. She was very upset by everything she saw and couldn't get her medication because there was no one to help her at the pharmacy.

Case 2: Alexandre is a student in the morning and in the afternoon he works as an administrative assistant in an FHS. As he arrives at work around lunchtime, he takes his food and eats lunch at work. He feels uncomfortable opening his lunchbox in the waiting room and eating his meal with the patients waiting to be seen. At the meeting with the coordinator, the team urgently requested a new pantry for the staff, but the area is still closed due to structural problems and the renovation continues with no expected completion date.

Case 3: Mr. João had just left visiting hours at the Intensive Care Unit (ICU). The visit lasted 30 minutes, but as he was late because he lived in a neighboring town, he was only able to stay for 10 minutes and quickly received information about his son's health conditions. He was still in shock at the news of the accident and explained that he went to the hospital as quickly as he could… And still stunned, by the image of his son leaving home healthy on his motorcycle and going to work, as he did every morning... He heard from the doctor the diagnosis of traumatic brain injury, the need for an external shunt to relieve intracranial pressure, and that his son was on 100% mechanical ventilation, saturating 90%. How could he tell his wife? What did it all mean?

Case 4: Adriana came to the FHS for information on how to see a psychologist or psychiatrist. Her boyfriend has been behaving strangely and she would like to talk to a doctor or nurse for advice. At the reception desk, the administrative assistant asks what this is about and insists that Adriana tell the reception desk (which was full) what has changed in her boyfriend's behavior. As Adriana refused to tell, she left the FHS without any information on how to solve her problem.

As the base text aimed to provide a brief introduction to the NHP, based on this initial theoretical foundation and the discussions mediated by Professor A, the students were able to share proposals for solutions, based on their personal perceptions and on the theoretical framework previously discussed and explored. Thus, the activity stimulated a debate mediated by Professor A among the four groups, discussing how the NHP could contribute to

solving the problems found in the four stories shared, as well as the role of the medical professional in this context, as an integral member of health teams, working from the perspective of interdisciplinarity.

At the same time as the discussions related to the four stories, in an unintentional and/or previously planned way, but rather due to the delicacy and sensitivity of the discussions, Professor A ended the first part of the lesson proposal by sharing a personal story of a family loss, which occurred from natural causes, in the home environment.

There was a detailed report of dehumanizing actions by professionals in the forensic police (formerly the Brazilian Institute of Forensic Medicine – IFM) and the funeral home. In both services, the report emphasized the lack of empathy, the mechanization of the work process, and the presence of violent communication, which ignored the needs, reactions, and behaviors of another human being in a situation of emotional vulnerability when dealing with the loss of a family member in a sudden and atypical way.

Respectfully and affectionately, the students welcomed Professor A's sensitive report, which stimulated collective reflection, concluding on the importance of all professionals (including academics, and future doctors) being trained and sensitized to meet and welcome the demands of patients and their families in situations of fragility and emotional vulnerability.

Description of the second moment – Professor B

After the break, continuing with the NHP lesson, Professor B recalled the main topics covered in the previous lesson and the discussions of the stories to introduce, using a dialogued presentation, a deeper understanding of the theoretical framework of the NHP, always relating the theory to the previous discussions, thus facilitating the understanding of the content and its practical applicability.

The NHP guidelines were worked on (welcoming; co-management; expanded clinic; valuing work and workers; defending users' rights; building the memory of the SUS that works; and fostering groups, collectives, and networks) and the NHP principles (transversality; inseparability between care and management; protagonism; co-responsibility and autonomy of individuals and collectives). In addition, theoretical aspects were worked on about people-centered practices and ways of doing, coordinating, and deciding; spaces for listening and valuing all the actors involved; welcoming as a guideline and as a technical-assistance action; and HumanizaSUS (NHP) (BRASIL, 2004).

The lesson ended with the analogy of the doctor and his technological valises, as proposed by Merhy (2000), on the importance of using healthcare technologies. In which hard technology comprises technological equipment, soft-hard technology comprises clinical reasoning, and finally, soft technology, present in the relational space, implies the

production of relationships between two individuals, and it is in this encounter that the uniqueness of the doctor's work process ultimately takes place (MERHY, 2000).

After taking this class and given the learning potential perceived by the professors, the idea arose to share the findings in this experience report, as the students pointed out that the practical examples, which take place in “real life”, allowed the content to make more sense, arousing interest, emotion, and empathy when listening to the stories and imagining themselves in that uncomfortable context, signaling that the method contributed to learning, with a greater apprehension of the proposed content.

As for the test taken at the end of the semester, the evaluation question related to the theme of the NHP had a 97.4% success rate, in which, among the 39 students, only one missed the question.

DISCUSSION

The use of *Storytelling* as a didactic strategy has proven to be effective in holding the attention, involving and leaving marks on students who have the opportunity to listen to stories and, through them, actively participate in the construction of their learning (VALENÇA; TOSTES, 2019).

It is worth highlighting the concept of the “Learning Paradigm” described by Barr and Tagg (1995), who defend the distinction between teaching and learning, concluding that learning is not the same as reproducing what you are told. This fact corroborates the method described in this experience report as a powerful teaching tool since the purpose of *Storytelling* is for the audience to react to the narrative so that the students participate actively and together with the professor in the construction of learning.

Regarding the various benefits of using *Storytelling*, it stands out that entertaining, that is, captivating the student's attention, has become an increasingly difficult task, but it is essential for retaining knowledge. Rocha and Farias (2020, p. 13) cited the theory of the Economics of Attention, showing that “the wealth of information creates a poverty of attention, and with it, the need to allocate attention efficiently amid the abundance of information sources available”. Therefore, signs of distraction and hyperactivity can reduce the student's opportunities to develop appropriate learning skills, and it is up to the Professor to carry out the appropriate interventions and choose methodologies that meet these demands (NAVILLE et al., 2017). With the objectivity and diversity of the stories shared, which had the active participation of the students, thus captivating their attention, no signs of distraction and hyperactivity were noticed during the experience.

In addition, *Storytelling* also facilitates the acceptance of messages, since, according to Palacios and Terenzzo (2016, p. 102), “information transmitted in a direct and imperative

manner interrupts whatever the receiver is doing and thus increases their resistance to the message". Thus, the method not only can instigate the receiver with the storytelling but also sensitize them, as the student puts themselves in the place of the characters. This happens because the person paying attention gets inside the story – a psychological process called projection (MUHLEN; VIVIAN, 2012). During the interaction in class between the students and Professor A, it was noticeable that while the students were looking intently at her, some of them were visibly moved and showed empathy and compassion as they listened to the true stories being shared.

Whether the story is true or not, another important issue regarding the use of *Storytelling* is the transmission of verisimilitude: it must seem plausible and give the sensation of being real. This is because, "if told well, even a great fantasy can give a feeling of pure truth", involving the receiver even more in the moment and contributing to greater retention of the content (PALACIOS; TERENZZO, 2016, p. 107).

To this end, to give meaning to learning, given that the more interested the student is, the greater their attention, in addition to the main elements that make up the story – character, conflict, teaching, meaning, and empathy – its construction must be able to connect the audience to the message (OLIVEIRA; CASTAMAN, 2020). As Xavier (2015, p. 20) defends, a story must be told "that grabs attention, engages with emotion, creates deep bonds with the audience, ties all the ends together in a comprehensible report, is appreciated and remembered" for the method to be more effective.

Among other aspects, the NHP proposes valorization and horizontality between managers, health professionals/workers, and SUS users (BRASIL, 2004). Based on these guidelines, the Professors chose to teach humanization in a humanized way. By presenting stories that sensitize and promote identification with the students, the professors helped to move them from a place of merely receiving information to an active place as agents who construct that story. In addition, the student also becomes responsible for keeping it or participating in its construction, facilitating experiences in the context of their practice and achieving the objectives proposed for the lesson.

Other experiences using *Storytelling* to work on humanization issues also reinforce the importance of using the method to help strengthen and value the social and subjective dimensions in health practices, which dissociate management from care (SIEGA *et al*., 2021; SILVA; SEI, 2019; SILVA *et al*., 2023).

In this context, it is important to highlight the role of neuroscience and the functioning of the human emotional brain during the learning process, to clarify the greater efficiency in the transmission and reception of content, when this is done through *Storytelling* instead of the traditional model.

According to *The Science of Storytelling: Why Stories Make Us Human and How to Tell Them Better* (2020), the narration of content is capable of impacting brain activity through three mechanisms: neural coupling, mirroring, and cortex activity. Coupling consists of the listener transforming what they have been told into their ideas and experiences. Mirroring, on the other hand, can be translated into a greater bond, both between the different listeners and between the narrator and the receiver, bonds that are provided by a great sense of empathy. Finally, the activity of the cortex during *Storytelling* is capable of activating, in addition to Broca's and Wernicke's brain areas, areas of the Motor Cortex, Sensory Cortex and Frontal Cortex.

In addition to this anatomical-physiological reach produced through storytelling as an active methodology, a significant emotional impact is also achieved, capable of fostering feelings such as identification, reflection, and affection towards the content administered. Thus, emotional involvement can, in itself, better engage the listener by acting on memories that involve feelings, and by involving emotions, rapid memorization of the subject matter can be achieved (OLIVEIRA; CASTAMAN, 2020).

Given all the mechanisms of human neuronal physiology that make *Storytelling* an easy and efficient methodology, its use should not be restricted to the school environment. The acceptance and "use" of this tool is also growing in scientific circles, where

> Skillful narrative helps listeners understand the essence of complex concepts and ideas in a meaningful and often personal way. For this reason, narrative is being embraced by scientists who not only want to connect more authentically with their audience but also want to understand how the brain processes this powerful form of communication (SUZUKI *et al*., 2018, p. 9468).

The training of health professionals, with an emphasis on medicine, implies stimulating the communication process that depends on active and sensitive listening so that care is centered on the user being served. Thus, providing learning experiences in which students are active and sensitized by listening to different narratives can help them repeat the same exercise when they graduate. Non-violent communication, a tool used in the experience report discussed here, which shows great corroborative value, was stimulated and developed during the experience with the use of *Storytelling*.

According to Aguiar et al. (2021, p. 3), "Nonviolent Communication (NVC) is a tool that stimulates emotional expressiveness and strengthens sincere connections among people so that everyone's needs are met". In this way, by providing a better interpersonal relationship between all those involved in the methodology, through sincere, empathetic, and respectful exchanges, NVC has the power to act in various spheres, such as school, higher education, and day-to-day life in the BHU. These spheres share a common goal: promoting health for the well-being of the community.

In a study on NVC, which analyzed how the use of AMs in the teaching of conflict management in a FHS can reverberate in the attitude of health professionals, the results indicated that

> The implementation of restorative practices through the use of NVC and the Circular Process produced positive results, such as the recovery of interpersonal relationships, greater integration and accountability of the health team, the production of meetings focused on listening that facilitated collective reflection, a qualification of work management and the return of walking groups for hypertensive and diabetic patients (ANTONIASSI; PESSOTO; BERGAMIN, 2019, p. 6).

The constituent elements of NVC, such as sincere, empathetic, and respectful exchanges, are present in the teaching process with AMs, which makes it possible to use them in different learning contexts. This is also true of the NHP theme, in which the concept of humanizing care proposed by the NHP itself and worked on in the class reported has its central concepts in welcoming and the expanded clinic, which, in order to be implemented, require active listening and user-centeredness, requiring health professionals to be able to listen, be touched and jointly build a possible therapeutic plan (BRASIL, 2004).

To strengthen the discussion on the importance of these relationships and talk about complexity in health, the use of health care technologies is highlighted, divided into: hard technology, soft-hard technology and soft technology. The latter, according to Coelho and Jorge (2009), refers to relationships, welcoming, and the bond established between workers and users, aiming for more welcoming, agile, and resolutive health actions. These values are essential for a work process that is based on the NHP and are therefore indispensable when the goal is a NVC. This is because

> The production of care takes place through a complex web whose protagonists are individual and collective individuals, loaded with certain intentions and driven by subjectivities that make them operate in the social field, defining their relationships and producing the scenarios for the production of care themselves (MERHY; FRANCO, 1997, p. 1).

However, it should be emphasized that hard technology, centered on technical knowledge and the medical-hegemonic model, has a certain predominance over soft technologies, which in turn suggest the centrality of the user and their needs, as well as more relational forms of therapy (MERHY; FRANCO, 1997).

As a result, there is a need for a reversal of work technologies, moving away from the model focused only on machines and instruments and also focusing on the health of human beings, in the broad sense of the term, that is, encompassing physical, mental and social well-being (SEGRE; FERRAZ, 1997). This imposes itself as a challenge to be faced by those who fight for health, as a public good, and for health work, as a technology at the service of defending individual and collective life (MERHY, 2000). It is essential that, when dealing with health

work and technologies, professionals also know how to take care of the human and subjective dimension of each person who needs some sort of help. That said, the objectives were achieved during the class offered with the use of *Storytelling*, in which through active listening the students were touched and sensitized to the needs of others. In addition, they were invited to think about the centrality of the user, the relationship of care, the creation of bonds and welcoming, which are necessary for the humanized practice of medicine.

Furthermore, welcoming actions, which have a bond, have the capacity to make practices more effective and efficient: since they manage to build affective values and respect for the life of others, allowing traditional practices to gain a new dimension, focused on the collective interest (SANTOS *et al*., 2008). Finally, the inspiration to carry out these actions can come from training, as shown in the lesson reported here.

FINAL CONSIDERATIONS

The objectives proposed for the reported activity were achieved and *Storytelling* proved to be capable of sensitizing the students and broadening their capacity for involvement and appropriation of the proposed teaching themes. *Storytelling* gave meaning to the content covered and helped people understand the importance of public health policies, which work to improve the lives of SUS users and the role of health professionals in this context. As a result, it is believed that the methodology developed has had an impact on the training process of medical students, strengthening their view of themselves and others in the process of building bonds, which can have an impact on their attitude towards those they will be caring for.

The medical curriculum, which is so strenuous, hard, and dense, invites professors to broaden their didactic repertoire and introduce students to other teaching strategies, to encourage them to move away from the positivist and prescriptive model of training so that they can exercise protagonism in the construction of their knowledge and also so that they can recognize new strategies for implementing their work process in the future. Knowing and valuing soft (relational) technologies enhances health outcomes, as well as making relationships more comfortable and stable.

Besides the fact that *Storytelling* contributed to greater concentration, involvement, participation, and interest in the class, it can enhance the conscious exercise of a more active attitude towards listening, welcoming, and supporting user-centeredness in the context of their professional practice.

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