Q. Why use ... Emotional Touchpoints?

A. Emotional Touchpoints is a powerful means of helping people to share the aspects of experiences that are important to them – rather than the things service providers think are important.

How to do it...

A number of story elicitation techniques exist, but Emotional Touchpoints has emerged as a rich and useful tool, particularly in older people’s care settings. Touchpoints represent the key moments or events that stand out for those involved as crucial to their experience of receiving or delivering the service. These are the moments where the person recalls being touched emotionally (feelings) or cognitively (deep and lasting memories). These can be the ‘big moments’ that people return to when retelling their stories, or the ‘hidden small acts’ that have a huge impact despite seeming to pass unnoticed.

A set of possible touchpoints is developed comprising the key points of contact with the service and created as laminated cards. For example, in an inpatient setting these may include:

- Arrival on the ward
- Meal times
- Visiting times
- Going for tests / treatment
- Getting medication
- Talking with doctors / nurses
- Night time on the ward

A set of positive and less positive emotion words is also created (using words and / or images) and made available on smaller laminated cards. For ease of use and to facilitate re-use, the cards can be affixed with magnetic tape before laminating and then used with a wipe-safe magnetic board.

Each ‘storyteller’ is given sufficient information and time to decide whether or not to take part in sharing a story through emotional touchpoints. The storyteller is presented with the possible touchpoints that he or she may wish to talk about, with blank cards also provided, allowing additional touchpoints to be added.

Having identified the aspects of care that an individual wishes to talk about, a number of positive and negative emotion words, together with blank cards, are then offered to facilitate the discussion, giving permission to talk about emotions and feelings. The storyteller is:

- asked to select emotion cards that best sum up how the experience felt
- invited to say why he or she felt this way
- encouraged to tell the story using active listening skills
invited to say what could have been different, if appropriate

ideally given the typed up story to review and change as required, and

asked for permission to share the story with the care team (or more widely if appropriate).

**Pros**
The advantages of the approach to story elicitation include:

- helping the storyteller to go beyond bland statements such as “that was good”
- helping people to get in touch with their own experience and emotions
- supporting patient, family and staff involvement in service improvements, and
- developing relationships between patients, carers and staff.

The advantages of the story outputs, and subsequent reflections and discussions, include:

- challenging assumptions about what matters to patients and families
- affirming that little things are not only noticed but do shape people’s experiences overall
- helping to see positive and negative aspects of experiences in a more balanced way
- making improvements that can immediately benefit the storyteller, and
- highlighting simple, practical changes that can be made as a result for the benefit of future patients.

**Cons**

- It is a deceptively simple approach, but to produce meaningful results it must be properly facilitated and adequate time allowed (a minimum of 20 minutes per person).

- Touchpoints and emotion words are useful prompts and can be a short-cut to accessing emotions, but not everyone will respond to such a direct approach.

- Success in eliciting a story, as always, depends upon the relationship between the narrator and listener, the appropriate use of skilled questioning and a willingness to share on the part of the teller, which may be influenced by the care setting.

- The elicited story should be typed up and offered to the teller to review and change, which again can be time consuming. Of course, the story also has to be shared, reflected upon and responded to in a sensitive way.

- Sharing and discussing negative experiences with staff requires skilled facilitation skills to avoid resorting to defensiveness, blame or rushing to reach over-simplistic solutions.

- Sharing positive stories also requires skilled support if the listeners are to really extract meaning and begin to ask questions as to why this experience was a positive one; the skills and supports that made it so; what it would take for this to happen more of the time, or even all of the time.
Resources
- Staff time for planning and facilitating the interview
- Stationery

Top Tips
- It may be tempting to restrict the number of touchpoints to those aspects of care which the interviewer is interested in improving. However, a key aspect of emotional touchpoints is that the participant is able to choose which aspect(s) of experience to talk about, ensuring that the participant focuses on the things that he or she consider most important.
- Asking someone to engage in an emotion-based conversation about an aspect of care that he or she is indifferent about is a flawed exercise and essentially pointless.

Sources and further information
- Emotional Touchpoints is described further by the Leadership in Compassionate Care programme at Napier University which developed its use within busy care settings. [http://bit.ly/emotional-touchpoints](http://bit.ly/emotional-touchpoints)