Chapter 19

**Learning together with digital stories**

**Elspeth McLean**

**With storytellers Judy Bowker, Kath Corrie, Stephen Cronin and Pat Lavery and lecturers Bev Ball, Joy Burrill, Cath Gordon, Maria Tiffin and Louise Waywell**

Elspeth McLean was until recently a Staff Development Officer at the University of Liverpool. She was previously a trainer, supporter, educator and researcher in a variety of contexts, mostly involving people with learning difficulties. All of the team involved in writing this chapter work with students of nursing, occupational therapy, physiotherapy, orthoptics and radiography in the School of Health Sciences at the University of Liverpool. Most of us started working together in 2006, when we developed six service user involvement pilot projects. The pilot projects were very successful and most of them have become well established elements of our courses. We bring to our partnerships our varied experience as patients, service users, carers, educationalists, health and social work professionals and supporters and promoters of advocacy and service user involvement.

The stories created as part of this project can be viewed on the Patient Voices website at <http://www.patientvoices.org.uk/ul.htm>

**Introduction**

My job as Staff Development Officer in the School of Health Sciences at the University of Liverpool had two strands. One strand was around supporting teaching staff to find and develop the best ways to help students to learn to be effective and compassionate nurses, radiotherapists, physiotherapists, occupational therapists, orthoptists and diagnostic radiographers. We know that learning is more likely to be successful where the student is an active partner ([Biggs, 2003](#_ENREF_1)), where there are opportunities to try out new ideas and to get some feedback ([Race, 2010](#_ENREF_12)) and where there are resources and approaches which catch students’ attention and suit their various learning styles ([Rogers, 2001](#_ENREF_13)). My job was to draw on what we know about making learning happen to encourage and help staff to develop effective and engaging learning within the University context.

The second strand was around creating opportunities for students to learn from and with people with experience of using health and social services. Students have always met patients, service users and their families and carers while on practice placements. Inviting people to join the team at the University, however, is a relatively recent, very successful and now standard development ([HCPC, 2013](#_ENREF_8)), which has located peoples’ knowledge alongside the rest of the evidence base for good practice.

The two strands met at the Patient Voices workshop at University of Central Lancashire’s 2007 Authenticity to Action conference. I could see how digital storytelling allowed people to tell their stories in a way that kept them in control. I could see how making a digital story could also be an excellent means of communication about difficult issues which might be hard to explain in person to a group of students. And I could see a resource which could be used flexibly to promote active learning. So I was ready with a bid when, in 2009, a funding opportunity came by from NHS North West.

In preparation for the workshops, I asked Health Sciences colleagues to suggest areas where they had had difficulties finding appropriate ways for people to share their experiences or where there were no suitable audio or video resources. We identified experiences of mental health, living with cancer and/or a long-term condition and the experience of being a young carer, as areas where digital stories would be a helpful resource for staff and students. People with relevant experiences were invited to an introductory day and five people signed up for the workshop. They were joined by a University colleague who wanted to find out more.

**Making the digital stories: the workshop**

Some additional funding from the University of Liverpool Centre for Excellence in Teaching and Learning enabled us to hold the workshop in a comfortable and accessible venue outside the University. This really helped because although the workshop was very enjoyable, it was a steep learning curve for all of us, especially on the technical side, and we all struggled at times. When asked for written comments afterwards, people said:

*‘It was a huge challenge – in a positive way.’* (Workshop participant)

*‘Facing things I hadn’t thought of for a while was cathartic – but I felt better* *afterwards.’* (Workshop participant)

Most of us who attended the workshop are still in touch and still working together. Sadly, Pat Lavery died during the writing of this book. She was a key member of our team, and is much missed.

**Learning together with digital stories**

**Enriching face-to-face sessions with people who have experiences to share**

At the heart of the development of people’s involvement in student learning is the creation of opportunities for students and people with experiences to share to meet each other in a context where learning can take place. People tend to think of the lecture as the standard context for student learning, but there are other options which are more appropriate when interaction is a priority. To maximise opportunities for engagement and active learning, Radiotherapy lecturers Bev Ball, Louise Waywell and Cath Gordon developed Q&A sessions where small groups of students met people who have experienced radiotherapy. One of our aims in making our own digital stories was to create a resource which people could use when meeting and engaging with students in these sessions.

The storytellers of [*My friend autopilot*](http://www.patientvoices.org.uk/flv/0371pv384.htm) *(*[*Corrie, 2009*](#_ENREF_5)*)* and [*One woman’s life*](http://www.patientvoices.org.uk/flv/0373pv384.htm)([Lavery, 2009](#_ENREF_11)) met undergraduate and postgraduate Radiotherapy students, usually before they went on their first practice placement. The year group was divided into smaller groups and each group had an informal Q&A session with a person about their life and experiences. The aim of the session was for students to gain an insight into the experience of living with cancer and having radiotherapy, and an understanding that their patients are real people with lives and experiences outside of hospital and cancer treatment.

Pat used to show her story ([*One woman’s life*](http://www.patientvoices.org.uk/flv/0373pv384.htm)) as an introduction to the session and then invited students to ask questions. Showing the story saved her having to explain all the details, and communicated a great deal in a short time. Pat found that the story itself was ‘a bit of a conversation stopper’, which she then complemented by talking about her very positive approach to life and her experiences as a patient and as a carer. To avoid awkward silences, students were asked to prepare questions beforehand, but could also pick up on themes from the digital story which interested them. Student comments on evaluations of the session have included:

*‘Health professionals tend to forget to see patients as people with lives outside hospital – to be able to understand this will help me provide better support and more empathy.’* (Year 1 Radiotherapy student)

*‘It taught me to see the patient, not the cancer, and I will put this to good use on my placement.’* (Year 1 radiotherapy student)

Kath ([*My friend autopilot*](http://www.patientvoices.org.uk/flv/0371pv384.htm)) also met Radiotherapy students but preferred to introduce herself and talk with the students first. Sometimes she showed the story at the end of the session and sometimes she suggested students watch it afterwards.

Either way, using digital stories in these sessions enriched the learning environment by offering students a variety of ways to learn, creating opportunities for active learning and widening the scope of the session by introducing themes that may not otherwise emerge from the discussion.

**Getting students thinking in lectures**

It is important that students are motivated to be really good at working in teams when they graduate as health professionals. This was an aim of a session on teamwork I delivered for a variety of modules across the School. After an introductory exercise where students thought about their own experience as team members and leaders, I showed [*Bicycle clips*](http://www.patientvoices.org.uk/flv/0045pv384.htm)([Sumner-Rooney, 2006](#_ENREF_14)) and asked them to make a note as they watched of who is involved in the support and treatment of the young storyteller. The list is long, and discussion of it brings out how many people are involved even in a simple encounter with the health service. The session can then lead on to how the team can ensure they communicate and work effectively.

Bligh (1998) and others have identified a dip in students’ attention after 15 to 20 minutes of a lecture. Showing a digital story creates a useful change of pace at around this point. A digital story is short and personal and helps students to think about and engage with what they have been listening to. I had wondered if *Bicycle clips* was too simple or too childish for this exercise, but students at all levels have found it a helpful way into the issues. The exercise also succeeds because there are quite a few answers to jot down, so the students are finding answers all the way through. This has worked better for me than simply asking them to watch a story and then discuss it afterwards.

Technical resources are improving these days, but showing a digital story successfully in a lecture theatre does depend on students being able to see and hear it. Checking in advance that there is internet access and sound which works has been essential!

**A starting point for problem solving**

In a long-standing and innovative programme devised by Occupational Therapy lecturer Joy Burrill ([Hughes & McLean, 2006](#_ENREF_9)), ([Burrill, 2012](#_ENREF_4)); small groups of Year 1 Occupational Therapy students meet three times with a person living with a physical or mental health issue, and work with them on possible ways to tackle some of their current or past barriers to daily living. Explaining the impact of mental health issues is not easy, and when Judy has taken part, she has shown her story, [*Darkness*](http://www.patientvoices.org.uk/flv/0370pv384.htm) (([Bowker, 2009](#_ENREF_3)) to her group of students as a starting point for their work together. This has broken the ice and given students a variety of ideas for their work. Judy has used the story in a range of contexts and comments that:

*‘One thing that sticks out for me in the digital storymaking is the need for sounds to go with the narrative as opposed to music. This was really important to me and for me it works beautifully. Mine is the shortest story but I have shown it to many students in my presence so they can ask me questions later.  It comes as quite a surprise to them and I think they really do feel a “deeper meaning”’.*

**Using digital stories in a virtual learning environment**

All new Health Sciences students take part in an introductory programme on Professional Communication Skills. Much of their work takes place in small interdisciplinary groups, but the programme used to be launched with a lecture for all students from a health professional and a person with experience of communicating with health professionals. The aim of the lecture was to demonstrate and explain the crucial importance of communication in health and social care.

The introductory lecture used to involve cramming hundreds of students into a huge lecture theatre. It was hard for lecturers to ensure they could be heard at the back, and it was hard for students to find the lecture room, find a seat, and then to settle down and think.

Pedagogical as well as practical problems led module leader Maria Tiffin to move the introductory session onto the University virtual learning environment (VLE), and to include some introductory exercises for students to complete and then discuss online and in their small groups. The exercises were created around some brief profession-specific podcasts and Stephen’s story, [*Blink once for yes*](http://www.patientvoices.org.uk/flv/0374pv384.htm) ([Cronin, 2009](#_ENREF_6)). Students were simply asked to note down examples of where communication was taking place, and this was the starting point for a discussion in the small group of why communication is important. Group facilitators reported that this was an effective starting point for achieving the aims of the module, and that a wide range of issues emerged in the discussion of the story.

Stephen has used the story with a variety of student groups and comments that:

*‘I often use the “Blink” story with university students and it seems to go down great. I tell it in the context of motivation in those times when students may feel they are on a treadmill. It reinforces the importance of both communication and also thinking/acting independently and the positive impact it can have.’*

There were, however, some technical problems. The VLE could not cope with large numbers of students all trying to access the story at the same time (an hour or so before the small groups met). Had we anticipated this we could have taken steps to make sure the story remained accessible.

Later in the programme each small group met and worked with a person who had experiences, both good and bad, about communicating with health care professionals. The aim was that the students would develop their understanding of what is good and bad practice in specific situations. To complement this session, a second exercise was created around Lynne’s story, [*She’s fine don’t worry*](http://www.patientvoices.org.uk/flv/0276pv384.htm) ([Currie, 2008](#_ENREF_7)). By then we had ironed out the technical problems and found that this too was an effective way to stimulate thought, discussion and the application of theory to practice.

**Looking forward, looking back**

Creating ways to use our own digital stories to enhance student learning has led us to look for and use digital stories that others have made too, for example Cathy Jayne’s [*Go around*](http://www.patientvoices.org.uk/flv/0369pv384.htm) ([Jaynes, 2007](#_ENREF_10)), Lynne Currie’s [*She’s fine don’t worry*](http://www.patientvoices.org.uk/flv/0276pv384.htm) ([Currie, 2008](#_ENREF_7)) and Imogen Sumner-Rooney’s [*Bicycle clips*](http://www.patientvoices.org.uk/flv/0045pv384.htm)([Sumner-Rooney, 2006](#_ENREF_14)).

It has also given us the confidence to create our own audio recordings of people telling their stories of encounters with health professionals. These have been made into short podcasts and are part of the Communication Skills resource.

Some of our storytellers are keen to make another story –there is more to tell.

Four questions were raised by various people at the beginning of our digital storytelling journey:

1. Do digital stories enhance student learning and help students to become better health professionals?

Our experience of using digital stories in a variety of contexts has been that students find them interesting, so they pay attention and engage with them. It is not easy to separate out a digital story from its context in order to evaluate its impact, but it does seem to us that using digital stories has been helpful in enabling students to learn from and reflect on other peoples’ experiences, and that digital stories have enriched the learning environment. Using a digital story does ‘push the pedagogy’ by making us think about what exactly we are helping the students to learn, and how we are going to do it. Students have a range of responses to the digital stories we have used, some of them unexpected. These unexpected responses can lead discussion and reflection in new and student-led directions.

1. Can we cope with the technology?

Technical issues have at times been a problem. Lecture theatres and group rooms are not always equipped with the appropriate equipment and internet access that makes using a digital story easy. Virtual learning environments cannot always cope with large numbers of students accessing the same story at the same time. It is not always possible to get into a lecture room beforehand to check all is well, or to find somebody to help, and minor issues such as a lack of curtains on a sunny day can create a problem. A Plan B may occasionally be required!

1. Do digital stories offer something we can’t already find on the internet?

It is very easy to find video clips on the internet on every subject under the sun, and to use them in our teaching. It would seem that these days there is no need to add our own digital stories to the existing resource. However, making and using digital stories has made us aware of a couple of issues about using video clips we have found on the internet.

A properly made digital story is made by the storyteller, so you know they have chosen what to include (and leave out) and they have been in control of the process. In contrast, there is usually no way of knowing whether the people in video clips on the internet have given their consent or if they knew what they were consenting to. And digital stories are engaging because they are just that – stories. Many video clips do not have a story-based structure and do not engage the way that a story does. We have used our digital stories consistently in the five years since they were made and that is because of their quality, which in turn reflects the quality of their creation. It took a great deal of time, effort and funding, but it has paid off.

1. Will digital stories replace people?

Developing digital stories together has helped us to develop the ways we work with people with experience of health and social services. Working together in the workshop to co-produce digital stories broke down barriers and has built strong relationships. Exploring ways to use the stories has enabled us to find better ways to work with students. There were some concerns expressed at our introductory workshop that once we had made some stories, the University would no longer need to arrange for real people to meet and work with students. The reverse has turned out to be the case – using digital stories has been a way for some of the people who work with us to enhance their teaching, and using digital stories has created more and more interesting ways for us to work together.

**Key learning points**

* Using digital stories enhances the student learning environment and makes lectures and seminars more interesting and effective.
* Using a digital story can be the catalyst for improving and updating the ways we create learning opportunities for and with students.
* Showing and discussing a digital story can enrich encounters between students and service users.
* Digital stories are different to most video clips which can be found on the internet, and are often more appropriate for educational use.
* Digital stories will not replace people; rather they help us to create new ways for us to work together.

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