

# DIGITAL STORYTELLING: ENABLING LEARNING AND IMPROVEMENT FROM AUTHENTIC ACCOUNTS OF FIRST-HAND EXPERIENCE

## INTRODUCTION



Hello, my name is Sue Baron, I am a registered nurse working as a nurse academic and lecturer supporting the education and development of nursing students in the Department of Nursing Science, Faculty of Health and Social Sciences, Bournemouth University.

I joined the Q community in 2017 because I am passionate about facilitating quality and safety improvement in healthcare practice and education through the involvement of service users and providers. This was also the focus of my PhD study which I completed in 2014, which also taught me the power of stories from lived experience.

## BACKGROUND

Stories re-told from people's real-life experiences have long been recognised as an effective means by which to enhance empathy and promote learning in healthcare education and practice. These stories can awaken the listener's empathic imagination, instil new knowledge and inspire change and improvement to attitudes, culture, education, healthcare services and practice. This is particularly important when aiming to improve care or reduce risk; for example, to the 15% of people admitted to hospital each year who face a three-fold increased risk of experiencing a patient safety incident because they have a communication disability. However, many of these people will need support to tell their stories due to the challenges they face with communicating, but this will be necessary if we are to learn from their lived experience what needs to be done to mitigate these risks and improve their care and outcomes.



# DIGITAL STORYTELLING: ENABLING LEARNING AND IMPROVEMENT FROM AUTHENTIC ACCOUNTS OF FIRST-HAND EXPERIENCE

## CO-CREATION PROJECT AIM

To provide insights into the hospital inpatient experiences of a person with cerebral palsy and complex communication needs. To inspire learning and improvement by raising awareness among nursing students of potential risks to patient safety, well-being and outcomes when effective communication is not established between caregivers and patients.

## OBJECTIVES

- DRAW ATTENTION to the risks faced by people with a communication disability when they become patients
- RAISE AWARENESS of nurses' and healthcare workers' legal and professional duty to identify, record and act on every patient's communication needs
- PROMOTE EMPATHY as a vital component of professionalism, and a skill and competency that can be learned by healthcare staff through education and practice.
- DEVELOP an educational resource that could be readily accessed and used in healthcare education and practice.



[Home](#) / [Newsroom](#) / [Fact sheets](#) / [Detail](#) / [Disability and health](#)

# EMPATHY

 NHS  
England



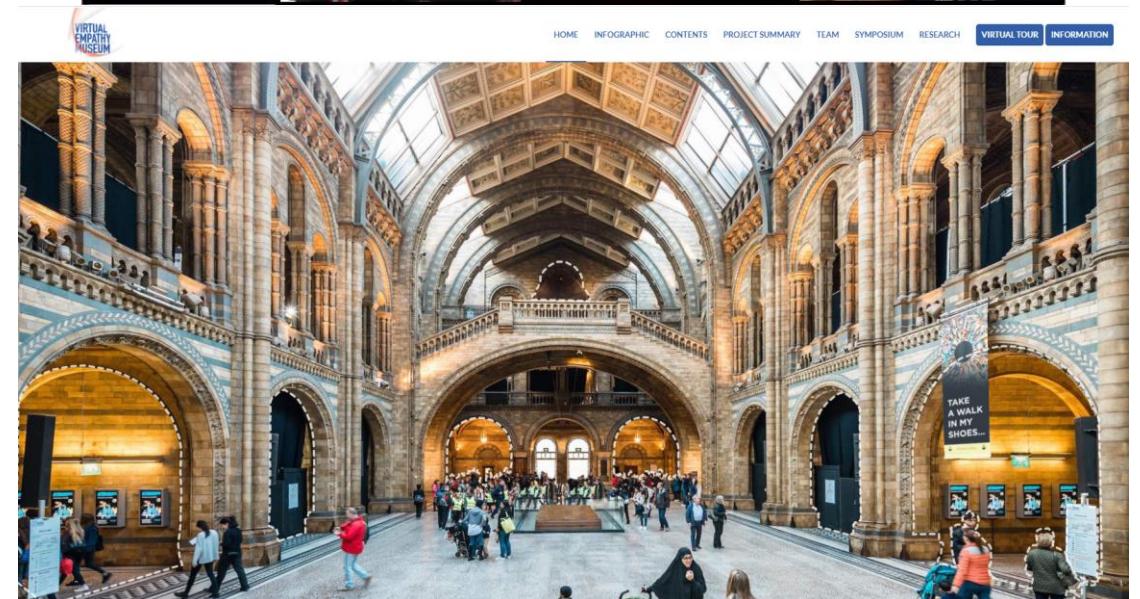
Accessible Information:  
Specification v.1.1



# DIGITAL STORYTELLING: ENABLING LEARNING AND IMPROVEMENT FROM AUTHENTIC ACCOUNTS OF FIRST-HAND EXPERIENCE

## METHOD (Co-creation)

1. Created opportunity for final year nursing student to become involved.
2. With the support of BU PIER, recruited a service user with cerebral palsy and complex communication needs who felt comfortable about retelling her experiences as a hospital patient.
3. Set up core project team of 4 people, service user, final year student, BU PIER coordinator and nurse academic
4. Identified experience-based scenarios in line with the aims and objectives for this project
5. Filmed 7 communication scenarios between a patient and nurse based on real-life experience
6. Developed learning resources and activities to use with one or more of the films
7. Trialed first film 'Hospital Admission Assessment: Hi Morning Helen!' and activities with a group of 40, 2<sup>nd</sup> year pre-registration nursing students to gain feedback
8. Presented findings at an international nurse education conference
9. Developed additional resources; embedded pre-brief and debrief activities into film 1 (of 7)
10. Shared '*Empathic Care of a Person with Cerebral Palsy*' e-simulation film and e-simulation toolkit with the Virtual Empathy Museum <https://www.virtualempathymuseum.com.au/>





# DIGITAL STORYTELLING: ENABLING LEARNING AND IMPROVEMENT FROM AUTHENTIC ACCOUNTS OF FIRST-HAND EXPERIENCE

## CONCLUSION

In 2020, when our programmes suddenly transferred online due to Covid-19 lockdown Film 1: *Hospital Admission – Hi, Good morning Helen!* was introduced to 232 pre-registration nursing students and became the focus of their unit assignment. The students’ critical analysis and reflections on reactions they recorded while viewing the film indicate that this resource positively impacts on student learning. It raises awareness as intended, enhances empathy and better prepares students for communicating with and caring for a person who has complex communication needs.

## NEXT STEPS

- To investigate and evaluate the impact on learning and preparation for professional practice of the digital story “Hospital Admission; Hi Good Morning Helen!” and supporting resources.
- To collaborate with new contacts in Australia to evaluate and report on the results of a pilot pre- and post-test Comprehensive State Empathy Survey completed by 32 students
- To collaborate with colleagues from the Occupational Therapy and Physiotherapy programmes at BU, who asked to use this resource with their students, and evaluate the outcomes and effect on student learning.

### Empathy: what do we mean and why does this matter?

Empathy enhances health professionals’ understanding of the experiences, perspectives and needs of patients and colleagues (Zeighami et al, 2012; Petrucci et al, 2016). Consequently, it has become widely acknowledged as a vital component of professionalism (Fields et al, 2011), therapeutic relationships (Williams & Stickley, 2010) and person-centred care (Brunero et al, 2010). Empathy improves patient wellbeing, satisfaction and clinical outcomes (Petrucci et al, 2016), and also reduces the risk of healthcare staff experiencing stress and burn-out (Ward et al, 2012; Kelm et al, 2012). Importantly, empathy is an antecedent to cultural competence (Everson et al, 2015), and enables caregivers to respond appropriately and without prejudice to the needs and expectations of patients and colleagues, a number of whom will come from diverse backgrounds and/or vulnerable and groups.

The materials and activities provided with this seminar have been designed to encourage nursing and other health professional students’ and clinicians’ to consider their understanding of and level of empathy towards people with cerebral palsy (CP) and complex communication needs. The films included in this package form part of a series of filmed scenarios made here at BU which provide insights into different aspects of Helen’s real life experiences as a hospital patient. The nurse in the film is played by one of our former nursing students. These and the series of films also form part of an e-simulation learning package which can be found in the simulation room in the [Virtual Empathy Museum](#), an open access resource launched by the University of Technology, Sydney, Australia in December 2018.

The film ‘Hospital Admission: Hi, morning Helen’ shows an interaction between a nurse and patient who has cerebral palsy and complex communication needs. You will be asked to consider this interaction from the perspective of both nurse and patient and discuss your thoughts, feelings and reactions to

### Reducing risk by learning from lived experience

Approximately 15% of patients admitted to hospital have a communication disability that affects their ability to speak with and/or understand the care for them (Hemsley et al, 2016). A review of 27 studies identified vulnerable patients with communication disabilities (i.e. impairments structure or function that impact upon speech, language, or communication function) face a three-fold increased risk of sustaining preventable and harmful patient safety incidents’ (Hemsley et al, 2016, p. 502). Some most commonly reported factors include i) ‘being in hospital with no way to gain the attention of or communicate with hospital staff’; ii) ‘... staff who always attentive even when patients raised the alarm’; iii) ‘advocacy’ and iv) ‘failing to listen, or to recognise complaints of pain or symptom distress’ (Hemsley et al, 2016, p. 509)



Imagine you are Helen – the patient. Write down any thoughts, feelings or issues that come to mind as you watch Helen’s first meeting with Emma, her nurse



Sticky notes content:

- Helen was made to feel like a burden
- Helen may have felt scared as Emma said she had a fall and now is in a new environment
- Patronised - by Emma using such language as 'well done' and 'good girl'.
- Helen may feel in pain due to having no analgesia.
- Frustrated and agitated as struggling to effectively communicate
- Helen may feel worried and nervous as not being informed as to what is going on.
- Interpret what Helen is saying
- annoyed but I am struggling to understand her.
- this difficult - I may need extra support
- It would be useful if Helen brought a document which outlines her complex care needs
- Does Helen not have a carer / support worker which could help?



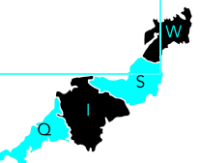
### Narratives

Authentic narrative (Garcia & Ros, 2006). However, complex communication needs in vulnerable groups. A shared ambition to enable one such a voice to be heard inspired the development of this e-simulation.

### References:

### A comment from Helen:

Cerebral palsy is just something I have; it is not a problem. My cerebral palsy is not my disability; society is my disability and sadly people’s attitudes toward me. People automatically think I have a learning disability, just because I talk funny and I sit in a wheelchair. People just treat me like a child. ~ Helen Ross



## DIGITAL STORYTELLING: ENABLING LEARNING AND IMPROVEMENT FROM AUTHENTIC ACCOUNTS OF FIRST-HAND EXPERIENCE

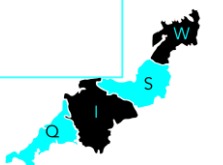
Finally, please stop for a moment to consider how this quote from Helen makes you feel

### A comment from Helen:

Cerebral palsy is just something I have; it is not a problem. My cerebral palsy is not my disability; society is my disability and sadly people's attitudes toward me. People automatically think I have a learning disability, just because I talk funny and I sit in a wheelchair. People just treat me like a child. ~ Helen Ross

Thank you for your listening

# ANY QUESTIONS?





# DIGITAL STORYTELLING: ENABLING LEARNING AND IMPROVEMENT FROM AUTHENTIC ACCOUNTS OF FIRST-HAND EXPERIENCE



Imagine you are Emma, the nurse. Write down any thoughts, feelings or issues that come to mind as you watch Emma's first meeting with Helen, her patient.

What do we mean and why does this matter?

As health professionals' understanding of the experiences, needs of patients and colleagues (Zeighami et al, 2012; 16). Consequently, it has become widely acknowledged as a... of professionalism (Fields et al, 2011), therapeutic... iams & Stickley, 2010) and person-centred care (Brunero et al, 2016), and also reduces the risk of healthcare staff... ss and burn-out (Ward et al, 2012; Kelm et al, 2012).... thly is an antecedent to cultural competence (Everson et al, 2016).... s caregivers to respond appropriately and without prejudice... expectations of patients and colleagues, a number of whom... rse backgrounds and/or vulnerable and groups.

The materials and activities provided with this seminar have been designed to encourage nursing and other health professional students' and clinicians' to consider their understanding of and level of empathy towards people with cerebral palsy (CP) and complex communication needs. The films included in this package form part of a series of filmed scenarios made here at BU which provide insights into different aspects of Helen's real life experiences as a hospital patient. The nurse in the film is played by one of our former nursing students. These and the series of films also form part of an e-simulation learning package which can be found in the simulation room in the [Virtual Empathy Museum](#), an open access resource launched by the University of Technology, Sydney, Australia in December 2018.

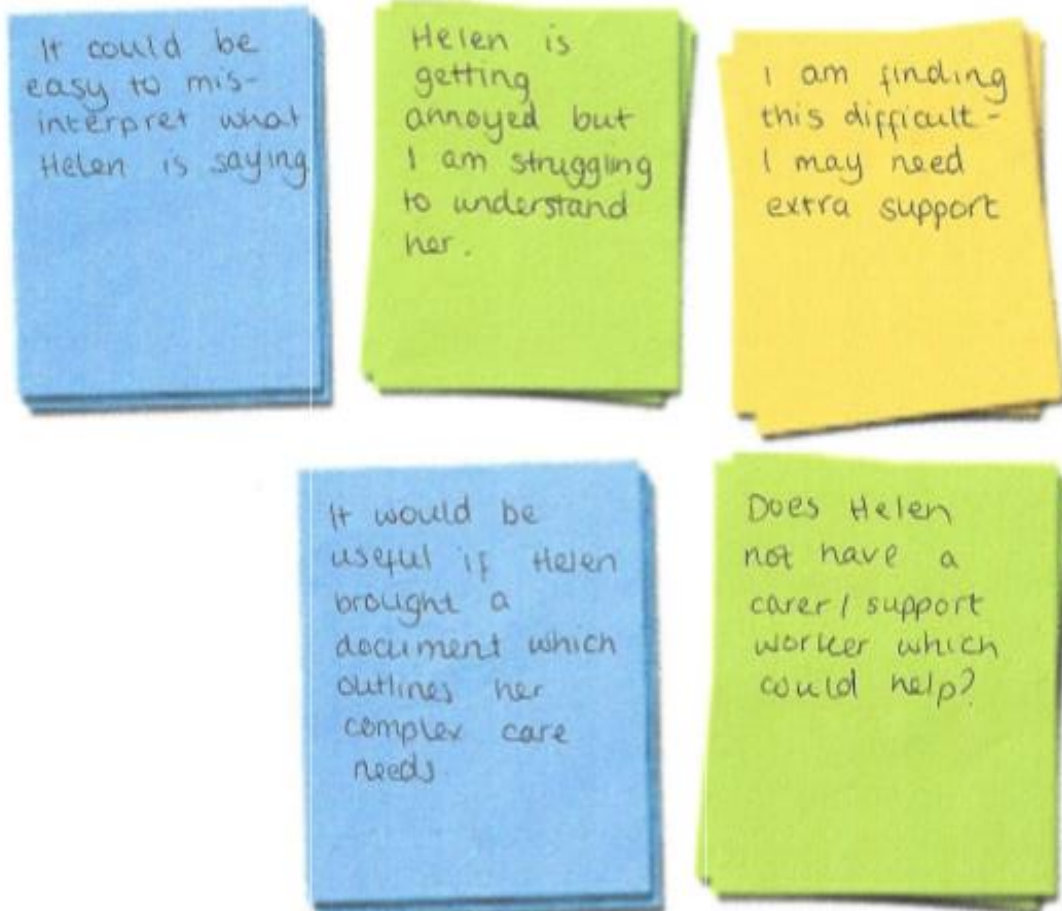
The film 'Hospital Admission: Hi, morning Helen' shows an interaction between a nurse and patient who has cerebral palsy and complex communication needs. You will be asked to consider this interaction from the perspective of both nurse and patient and discuss your thoughts, feelings and reactions to...

**Learning from lived experience**

% of patients admitted to hospital have a communication...



Imagine you are Helen – the patient. Write down any thoughts, feelings or issues that come to mind as you watch Helen's first meeting with Emma, her nurse



...treat me like a child. ~ Helen Ross

Comprehensive State Empathy Survey completed by students

- To collaborate with colleagues from the Occupation Therapy and Physiotherapy programmes at BU, who to use this resource with their students, and evaluate outcomes and effect on student learning.

