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Using a storyboarding technique in the classroom to address end of life experiences in practice and engage student nurses in deeper reflection

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ABSTRACT

This paper evaluates the use of storyboarding within a classroom setting as a means of addressing end of life issues and engaging second year student nurses in creative, critical thinking and deeper reflection on practice.

Storyboarding is a process that was developed to encourage learners to use the creative right brain and the critical left brain to formulate ideas in front of a group and then to look at those ideas critically (Lottier, 1986). The session was evaluated using a questionnaire and group discussion to elicit perceived learning from students. The activity was to create the storyboards in small groups, then review the content generated by discussion with the whole group. Main themes identified by the students included breaking bad news, dealing with cardiac arrest situation, coping with families following bereavement and the dying patient. Evaluation of the teaching session suggested that students found storyboarding helped to identify cultural aspects and feelings related to the dying patient. Students valued sharing with each other and the opportunity to have their experiences heard. It was noted that although this method provided as valuable learning experience for the student it is staff and time intensive and attention is required to establish a climate of trust and safety. The risk of exposing unexpected emotions within individual students appears no greater than with other approaches to teaching about loss, death and dying.

Introduction

In 2008 the United Kingdom Department of Health produced their ‘End of Life Care Strategy’ (2008) which states that of half a million people dying in England each year fifty eight percent die in hospital and seventeen percent in care homes. Compared to this total of seventy five percent, only eighteen percent of people die at home (although this percentage may shift with current policy drivers to deliver care closer to home).

Wherever they encounter dying patients health care students are expected to manage patients receiving end of life care, their relatives, last of lives and other procedures according to the DH.

‘end of life care needs to be embedded in training curriculum’s at all levels and for all staff groups’ (DH, 2008:pg 14).

Cooper and Barnett (2005) suggest that nurse education has a duty to explore effective means of supporting the student in this area of practice. A review of the pre-registration nursing programme by the teaching team concluded that end of life care and last offices were addressed within the curriculum but required further development to meet the local needs of NHS Care Trusts within the geographical region. This change aimed to provide student nurses with practical skills necessary to offer safe, effective care and the interpersonal skills to facilitate a high quality experience for these patients and their families. The team were keen to include an interactive process that would facilitate reflection upon and learning from clinical experiences and assist students in making the transition towards autonomous learning.

The Department of Health strategy (2008) notes that UK, society tends not to talk openly about death and dying. Moreover, with improvements in life expectancy many people do not encounter a close family death, or see a dead body until their middle age. The
storyboarding approach encourages the students to discuss holistic care of the dying patient within the classroom setting and specifically encourages them to reflect upon and identify their feelings, concerns, anxiety and development as a result of encountering death and dying in practice.

Although people die at all stages of life the Department of Health note that two thirds of people who die are over 75 years of age. Nevertheless, Gott and Barnett (2005) found that despite the new End of Life strategy (2008), older people continue to die with unmet physical, spiritual, psychological and social needs in situations that do not respect their individuality and dignity. This lack of basic care requires attention in nurse training curricula. Costello (2004) suggests the way a society approaches death and dying is evidence of the underpinning value placed on life: 'death is much more than an outcome of dying and is the single most important social factor of human existence (Costello, 2004: pg 178).

For this reason the curriculum team decided to position end of life care within a newly revised module about ‘care of older people’. The topic was designed to facilitate consideration about the end of life and its final outcome, death, as the last phases of a perhaps lengthy life journey, with continuing opportunities for involvement and choice by the patient and their carers (Erikson et al., 1994). The team wanted to introduce the notion that death is a natural process, not necessarily a failure, and to ensure that and a well managed death can be a life enhancing experience, not merely for the patient and their families but also for the supporting staff. Even from this more positive perspective, the team felt it important to create a safe environment for the students. The storyboarding technique was selected as it provides rich opportunities to interact with groups of learners and real opportunities for the teachers to behave as facilitators/enablers and to share, if appropriate some of their own experience, anxieties and strategies for managing these. Storyboarding is also a means to enable students to discuss not only positive and negative experiences of being with dying patients but also to identify the components of safe, effective, high quality care that they would wish to provide for patients in their future careers.

The teaching team have now used a storyboarding technique in this module for more than twelve months. Students were asked to evaluate the process and outcomes and these are discussed later in this paper. However, evaluation, by both students and the teaching team, was positive and the purpose of this paper is to suggest this approach may be applicable to other health professional curricula to facilitate learning about sensitive aspects of care.

Literature review

Teaching end of life care to student nurses is a challenging topic that can provoke anxiety (Cooper and Barnett, 2005). Matzo et al. (2003) suggest an interactive process that stimulates critical thinking should be used. Although there is evidence of story telling (Spouse, 2003) and narratives (Loftus, 1998; Greenhalgh and Hurtwitz, 1999 and Elwyn and Gwyn, 1999; Newman, 2003) there is little evidence within the current literature about the use of storyboarding within nurse education.

What is storyboarding?

Storyboarding is said to have originated with Leonardo da Vinci (Lotter, 1986) and then adapted and revised by film makers (Barnes, 1996). It encourages the students to share a story and engage in narrative story telling. It is a technique used by some medical colleagues (Greenhalgh and Hurtwitz, 1999; Elwyn and Gwyn, 1999; Newman, 2003) and in nurse education by Loftus (1998) and Spouse (2003) who used it with six student nurses in relation to their experiences of sudden death. Reviewing story telling and narrative based medicine Greenhalgh and Hurtwitz (1999) state that these approaches involves the student living through their experience as opposed to having knowledge about a subject and then telling their story about that experience to a wider audience. Lottier (1998) also notes that a story telling approach allows the students to identify issues that are important to them. Matzo et al. (2003) suggests that strategies exploring student’s experiences are effective types of teaching methodology in relation to teaching loss. Through their story telling students are able to rearrange ideas quickly and easily into a pattern or sequence, step back, look, and then rearrange again (Lotter, 1986). This process can help develop critical thinking through questioning and sequential thinking as described by Formis and Peden-McAlpine (2007) thus providing contextual learning. Newman (2003) suggests the human brain processes stories more fully than other stimuli and they also note that impact is greater when the storyteller is recounting their own experience. Spouse (2003) proposed that this approach helps students to reframe self image and develop further professional understanding.

Hunter (1991) noted that despite the science that underpins clinical practice, practitioners and patients make sense of the world by way of stories. Sternberg (1985, 1996) argues that this type of story telling can enhance effective function. Sternberg’s Triarchic Theory of Successful Intelligence argues that intelligent behaviour arises from a balance between analytical, creative and practical abilities, and that these abilities function collectively to allow individuals to achieve success within particular sociocultural contexts. As Ghaie et al. (2008) pointed out that we do not need ‘collected wisdom’ but instead ‘collective wisdom’, a coherent integration of our diversity that is greater than any or all of us could generate separately. Newman (2003) argues that stories are very powerful memory stimuli because they were important means of transmitting cultural identity, norms and traditions, before the printed word. Storyboarding approach takes narrative story telling a step further. It is useful with larger cohorts of students and by committing that story through the written word and pictures onto paper, it is a technique which encourages all students to engage in the story being told and become practically involved.

The process of storyboarding

Benner and Wrubel (1989) argue that if students are to develop caring attitudes and relevant skills they must open themselves to the needs of other people. The team felt that this is potentially a very sensitive area of practice and vulnerability in a professional context needs containing within safe supportive boundaries. As this study was deemed to be an evaluation of learning and teaching which is expected professional practice in the Faculty where the study was conducted, formal ethical approval was not required. However, the team felt there were potential ethical issues to be addressed, so advice was sought from the Faculty Ethics Committee during the planning process. Prior to the timetabled session, students were offered the opportunity to opt out of the session and undertake directed study instead. Information about the content of the session, advice about the decision to opt out and signposting to sources of support and guidance were published on the module website. Attention was paid to creating a safe, trustworthy environment and rapport within the group and with the teaching staff. Ground rules such as confidentiality and respect were paramount; the sessions were timetabled generously to allow plenty of opportunity to pause for guided reflection and discussion. Safe self disclosure is important because the session is a learning process, not a therapy group, although students were informed that
members of the teaching team were available for debriefing and support outside the sessions. Information about Student Counseling services was also provided. If they wished, students could also use the module web based discussion forum for post-session reflection and discussion.

The classroom session was designed for second year nursing students who had had some experience of clinical practice: almost all had encountered a patient receiving end of life care.

Students were asked to work in self-selected groups of 6–8 to encourage groups to work alongside peers with whom they felt safe. Working in small groups helped to ensure there was time to hear each other and was designed to be less daunting for those unused to sharing such personal experiences in a larger group. All the group members were encouraged to share their stories within the group and unhurried time was allowed for this. Spouse (2003) reported the immense satisfaction and benefits experienced by students sharing stories about their practice. The teaching team were careful not to intrude on small groups facilitating some discussion only when student groups signalled their need for this. In general it was evident that students quickly began to support and evaluate practice with each other. Some students may feel guilt when patients die, due to perceived inability to fulfil their moral commitments (Kelly, 1998) and the teaching team were alert for disclosures of this type, responding with unconditional acceptance but also attempting to offer challenge where necessary, for example, if stereotypical views were expressed or learned beliefs were posited as moral truths.

Once students had shared their stories, each group was provided with a long piece of paper (from a roll of lining wallpaper) and a selection of coloured pens. They were asked to adopt one story from the group and be ready to present this to the larger group. This self-selection allows the group to select a story that is not too emotive for the storyteller to share within the larger cohort.

Once the group had negotiated a story to share, they were asked to divide their paper into six equal boxes. The whole group were encouraged to tell the story through words and drawings (see photos). Each box was divided into three sections. In the top section students were asked to describe an incident or stage in the process of care in one or two words. In the adjacent bottom section, students were asked to record their feelings about that particular part of the story. In the middle section of each box, they were invited to illustrate either feelings or story with pictures. This process is designed to suit a variety of learning styles but is an active process. However students who describe themselves as less creative or preferring a more didactic approach felt they could still relate to the session with their experiences and are able to apply theory to practice during the final stages of the session. Engaging the whole group in the activity also helps to contain emotion whilst also raising the energy level of the group. Student’s evaluations of the session suggested that many found storyboarding an enjoyable activity and included comments such as: ‘it is not my learning style but I have enjoyed the lesson’, ‘it improved my confidence in public speaking and group work skills whilst at the same time exploring atopic’ and ‘a different way of learning and forming discussion’.

Once the story was committed to paper, each length of paper was exhibited for the larger group to see. Time was given so students could read each other’s story; students were encouraged to walk round the classroom, read through the stories and talk with other groups. To draw the session together the facilitators then engaged with each storyboard in turn, inviting each small group to tell their story to the larger group. One facilitator guided the discussion, helping students to engage in critical thinking. Initially the other facilitator acted as an observer, alert for signs of distress or withdrawal. Both facilitators worked jointly to support the group in relating their experiences to theory and to develop deeper levels of reflection (see below).
Participants

Storyboarding had not previously been used within the Faculty and to date, six student cohorts have now experienced the storyboarding session. All cohorts were second year, pre-registration student nurses completing the Diploma in Higher Education Nursing and Degree programmes.

Evaluating the process

Following positive verbal evaluations by the first pilot group of students, a more detailed evaluation was used with successive groups. Evaluations were designed to appraise student perceptions about their learning and, if learning was occurring, how students felt the storyboarding approach had enhanced their learning. Forty-one students completed the questionnaire out of a cohort of fifty-four, a 76% response rate. Student evaluation of teaching is controversial according to Spooren et al. (2007) while Shelvin et al. (2000) report that other traits such as the presenter’s personality and skills influence the session. Nevertheless, student evaluation is a commonly accepted and required means of evaluation within higher education (Ballentyne et al., 2000).

The course team designed a qualitative questionnaire that sought to identify perceived learning as well as views about storyboarding as a teaching method. This was distributed to the whole group at the end of each session. Open questions were used in order to elicit perceptions about the content and delivery of the session. Questions were developed from verbal feedback received by the pilot student cohorts and related to key pedagogical aspects of teaching and learning. The first two questions asked the respondent to make a judgement about the session in relation to usefulness and perceived impact on their learning. This helped the module team to evaluate the content and stage of learning for future curriculum development. Students were also invited to offer any other constructive comments relating to their learning and the storyboarding approach. The teaching team also shared their
perceptions about the value of storyboarding in an open discussion following completion of the questionnaires.

Ethical considerations

Ethical reflection as a joint activity requires sensitivity towards student stories ‘Humans have a moral requirement to understand the purpose of their own actions, for personal integrity and ethical duty towards other people’ (Regan, 2008: 220) Consent was implied by the student’s willingness to participate in the session. Oral consent was obtained regarding use of their storyboarding pictures. Anonymity was preserved by the absence of identifying markers on the pictures and evaluation forms. All students were informed that they could opt out of the session and the evaluation process if they wished. However, even if managing a personal bereavement, individuals were encouraged to participate if they wished, being assured that the staff were available and competent to contain distress. One of the teaching team is a trained counsellor and all have substantial pastoral experience. Only one student left the session as they had encountered a recent family bereavement and found the subject too emotive at that point in time. This student was followed up by the teaching team and personal support offered. Post session support was also offered to the entire group should they want to discuss individual issues in a confidential setting. A smaller number of students availed themselves of this opportunity. A number of these students wanted to share their feelings about the positive impact of their learning experience.

Data analysis

The storyboards were photographed after the session and copies of the pictures offered to the students for their own portfolios. Storyboards were then reviewed by the team to identify recurring themes. These themes included

- Negative experiences and concerns about developing competence to break bad news
- Dealing with a cardiac arrest situation
- Coping with families following bereavement
- Practicalities and emotions when caring for a dying patient.

Student evaluation questionnaires and staff responses to the teaching session were read and re-read until saturation of data was achieved and analysed through content analysis approach described by Holloway (2008). Recurring statements, situations, feelings and codes were categorised until identified themes emerged in relation to the learning process. Students noted the approach to learning, cultural aspects, shared feelings related to the dying patient and the value of sharing stories with each other in common with Spouse (2003) students found their stories and the facilitated discussion provided reassurance that their practice was an acceptable level and that competence and skills could be achieved. Students comments included: ‘it was useful to compare other student’s experiences and feelings of death to my own’, and ‘I found it useful as it allows us to share our own experiences of dealing with death with others and also making me feel I was not the only one going through this’.

Validity and reliability

The storyboard pictures belonged to the student and it was evident from their story telling that these were genuine stories. The questions used in the evaluation process were unambiguous and focused on the student’s perceptions. It was made clear that this evaluation was about the session and not for the whole module. There was no follow up evaluation to establish the extent to which lesson about end of life care had actually transferred into the clinical setting. However this transfer of learning has been investigated by a member of the module team in relation to communication with patients about sensitive and taboo topics and will be the subject of a further paper.

Findings from the evaluation

From the questionnaires thirty-nine students (n = 41) found the session useful describing the time for sharing with others very useful and encouraging that they were not alone with their feelings about end of life care. One student did not find the session useful but noted this was because the small group did not select their personal story. However this student had been observed to participate in the larger group activity.

Also, as identified by Spouse (2003), thirty-one students found the session was reassuring in relation to the care they offer or are expected to provide to the patient receiving end of life care. One described the session as ‘fun’ and others felt they had learnt about cultural aspects, last offices, how to manage their own and relatives emotions following the death of a patient. Students also reported learning that death can be positive and how nurses are positioned to ensure dignity at this stage of life.

Students were unanimous about the positive aspects of having time to discuss their own feelings and components of high quality care with their peers and the supportive nature of the storyboarding approach when relating learning within the larger group. Their comments for the evaluations included: ‘helped by listening to other people’s stories...’ and ‘it bought people out of their shells to work together by telling personal experiences helped people connect with each other’. Spouse (2003) also noted that some students, especially the quieter student, can also gain a vicarious learning experience that can assist them in formulating their own suitable actions if they were ever faced with the same or similar situation in the future.

Overall, analysis of student and staff evaluations suggested that a high proportion of the students achieved critical thinking and deeper reflection. Also that students enjoyed integrating their personal experiences, finding this collective group critical reflection a helpful and supportive way of discussing death of a patient in a teaching and learning session within the university. Again student’s comments included: ‘learnt more about different experiences’ and ‘covered areas of my training I was unaware of’. Themes from the storyboarding

When evaluating their narrative approach with lived experiences of six students Loftus (1998) identified six themes including dying with dignity, suddenness and deterioration and death, the vulnerability in caring, guilt and lack of support from staff members. Using the storyboarding approach to end of life care elicited similar themes from students. In addition our students also identified several other themes that are more important in their developing practice:

- Decision making for not resuscitating a patient
- Beliefs and practices around death and dying in different religions
- Lack of confidence when dealing with cardiac arrest situations,
- Communication and interpersonal skills for approaching a family
- Understanding the boundaries of care
• Support expected by families from professional staff when a patient is dying.

Comments from the student evaluations included: ‘gained full understanding of different religion and last offices,’ ‘how patients prefer to pass away’, ‘different experiences people may encounter’, ‘how to deal with different emotions’ and that ‘dignity of patient is paramount’.

When reviewing the storyboards the majority of the students chose stories where they felt care had been less than adequate, or they felt unprepared, ill equipped or insufficiently supported. A number of stories recounted sudden death from cardiac arrest situations or sudden deterioration of the patient and many described lack support from other staff when a patient is dying or following death. During the facilitated discussion it was important for the teaching staff to acknowledge and accept these accounts but also to indenitify positive aspects of caring for patients who are dying and their families.

Although one student had not engaged with their group in the individual story telling, all the student evaluations suggested storyboarding was a valuable and different way of learning.

Facilitating critical thinking and deeper reflection

Freshwater et al. (2005) noted that reflective practice is widely adopted as a successful method for developing nursing practice and therefore integrated within nurse education. The storyboarding approach aims to develop critical and sequential thinking, linking theory to application in the lived practice experiences of students themselves, rather than a more didactic input from the teaching team. Student evaluations suggested this was a positive approach in the student’s evaluation with comments such as ‘good to create the storyboard and discussion rather than just being talked to...’ Spouse (2003) described the listeners’ ability to use story to reflect on their own experiences. Regan (2008) concluded that this type of group critical reflection on practice is a significant process, because it provides space for the thinking necessary to enable deeper reflection.

Once the storyboard was completed and the story shared with the whole group the facilitators acted as a resource to help create meaning for the story. The intention of the teaching team was to assist the students in synthesising the theory and practice of end of life care. Through story telling facilitated discussion by the teaching team, aspects of care and theoretical content were discussed and explored. The application of gained knowledge has yet to be evaluated within the workplace. However, extracts from the student evaluations below emplify the value of the experience and the potential likely impact on future practice

‘The session was valuable as it helped me to see the importance of what to do when someone is dying’

“It was a good way to discuss some sensitive areas of practice”.

We acknowledge the limitations of a storyboarding process arising from unknown or undisclosed student group dynamics, individuals who may be hesitant or uncomfortable about sharing personal experience and those who do not feel confident their tutors are trustworthy or supportive. Time needs to be allowed for the group to become confident in sharing their stories and to honour the process of co-creating meaning. There may be insufficient time or timetabling constraints that limit the possibilities of using storyboarding within a course programme.

It is important not to raise student expectations that all their individual anxieties can be addressed, or their individual stories shared in the large group. It is essential for skilled pastoral and/counselling staff to be available directly following the session and the ensuing days to assist with any questions or counselling needs of individual students. The session is also staff intensive and when dealing with such an emotive subject should include two lecturers so that any student becoming upset during the session can be supported outside the class without constraining the whole group. It maybe necessary to address undercurrents of anxiety that may remain unspoken in the group, so in common with all semi
structured and student centred teaching methods, storyboarding requires detailed planning and skilled teachers who are able to integrate their pastoral counselling, reflective and empathy skills into formal teaching.

Conclusion

This paper has described how a module team used and evaluated storyboarding to engage student nurses in deeper learning and reflection about managing patients who are receiving end of life care. This paper is based on student and staff evaluations of a small number of sessions utilizing storyboarding for a specific topic of care within one university in the UK. Nevertheless, the team feel that this approach could be applicable to other subjects and across other courses within health and social care and this has since been used with post registration students on leadership and management programme and is currently being evaluated.

Further study is required to evaluate transfer of learning to the workplace.

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