East Midlands Academic Health Science Network
Igniting Innovation

How to guide

How to choose between digital stories and live presentations

Purpose of this paper

This document is designed to assist in choosing whether to use digital stories or live presentations in sessions and presentations.

This paper has been written by Peter Bates for the East Midlands Academic Health Science Network.

As readers provide feedback, further details and insights will be used to update the paper. Please contact katie,swinburn@nottingham.ac.uk with your contributions or to feed back how you have made use of this document.

Introduction

When planning a session for students, the tutor can invite a service user or carer[1] into the classroom or alternatively, may show a patient story via DVD or online.

[1] Some readers prefer alternative terms such as citizen, public contributor or patient. For a short discussion on this issue, see http://www.peterbates.org.uk/uploads/5/5/9/5/55959237/11n_-_clients_or_what.pdf. Here, we follow the UK Health and Care Professions Council that regulates teaching of health and social care staff.

The economist would favour the DVD, as it can be used again. But what would the educator favour? Is there an educational case for having a real person in the classroom? We hope that this guide will help educators think about when to use electronic stories and when to invite guest presenters into the classroom.

This note sits alongside a suite of guidance documents[2], and in particular *How to engage the public as lecturers* that addresses the broader issues that arise when service users and carers are invited into the classroom as guest lecturers. It has been compiled by Peter Bates from issues suggested by a variety of people[3] and will be updated in response to feedback.

The most recent version of this guide is available here. This version is dated 6 March 2018.

Changes in the teaching landscape. The trend towards mass-production of learning has the effect of centralising control, standardising learning experiences and reducing the choices open to individual teachers. Large groups and distance learning also favours online resources. These trends may regulate the acquisition of facts, but be less successful in developing curious, joyful learners.

Power and control. The way in which service users and carers are engaged reveals where power is located in the teaching environment. Some service users are treated rather like medical exhibits while others take up the role of facilitating, leading and lecturing[4] and so influence the culture and power relationships across the whole School. The live presence of the tutor is favoured over a DVD of that tutor, so the same principle should apply to service users. When pre-recorded materials are created, do service users and community groups have a significant contribution to decisions about how they are made and used?

[2] The *How To* guides can be seen at http://www.peterbates.org.uk/linking-academics-and-communities.html.

[3] Responses were received from Toni Bewley, Toby Brandon, Joan Cook, Chris Essen, Denyse Hodgson, Audrey Kempson, Trevor Kettle, Sarah Lee, Jacqui Mckenna, Julie Macleod, Marie O'Boyle Duggan, Jill Ramsay, Julia Terry, and Will Young. Chris Essen is writing a book chapter on this topic.

[4] Joan Cook refers to Brenda Rush's PhD thesis "*Mental health service user involvement in the education of student nurses: a catalyst for transformative learning*".

The quality of teaching and learning. The required learning outcomes should shape how service users and carers are engaged in teaching and learning. How can a mixture of forms and hybrids be blended to provide a diverse range of experiences to students? What are students asked to do with the material and how can students be helped to compare and contrast these different experiences?

Some of the variations in impact may be a consequence of differences in presentation skills and production quality. If the pre-recorded material is professionally produced, polished and articulate, this may contrast with the stumbling delivery of a live speaker who is unfamiliar with addressing large audiences. A film can seamlessly blend lectures and infographics with a variety of scenes and interviewees (if the tutor has the technical skills to produce the work). If the necessary time, expertise and funding is available[5], it can be revised and updated over time to perfectly match the learning objectives, context, and in response to feedback from students. But it may be perceived as glossy and superficial in contrast to the gritty reality of a live presentation.

Service users fully engaged. It is important that a service user or carer is able to freely draw upon the full range of their relevant knowledge about a particular topic, as an authority in their own right, rather than their input being reduced to elements that reinforce an established agenda or traditional viewpoint. There is a risk of the latter happening when their live input is replaced by edited digital stories, or other forms of passive case study. However, this vigorous approach needs to be set within a mutual relationship, so that tutors and students also feel able to make a robust evaluation of the contribution made by service users and carers, rather than feel obliged to be kind and vague.

Pre-recorded media

Durable. Some pre-recorded materials have a very long lifespan, such as a film which demonstrates the gait of a stroke survivor that will be as relevant today as

[5] One lecturer suggested that even a simple video can take an experienced person five times longer to make than the equivalent slide sequence. See https://www.timeshighereducation.com/blog/why-traditional-lectures-are-better-watching-video

when it was made. Other types of pre-recorded material may become outdated or its meaning may be reframed by the audience who react at first with a welcome and later on dismiss the challenges it contains as contrived, unrepresentative or no longer relevant[6]. Indeed, if the student has control, then they can pause, reflect and watch again, and the teacher can select clips to justify wildly differing purposes; while the live presentation gives one chance only to absorb the message.

Standardised. Pre-recorded media can help to standardise student selection, the delivery of teaching or examinations.

Portable. Pre-recorded media can be used in a variety of settings, some far from the place where the service user is based, so it is particularly helpful in distance learning. Students can work with pre-recorded media in their own time and at their own location, so where the expectation is that students listen to a presentation, rather than engage in dialogue, this can be shifted out of the classroom and online, releasing contact time for dialogue and debate. DVD material can be a useful back-up if a service user is not available.

Service users who live a long way away, or who have mobility or other difficulties can contribute via pre-recorded media. Similarly, specific environments can be filmed, where it would be impractical to show a whole group of students the person's domestic situation or the challenges of getting on a bus, for example. People with rare conditions, those who belong to minority communities or extremely popular speakers can contribute via pre-recorded media, rather than finding themselves in constant demand to give live presentations. Similarly, people who are employed or have caring responsibilities that would prevent them from speaking regularly can contribute once and have that resource re-used. The problem of matching the service user's availability with the timetable requirements is overcome by using pre-recorded media. The emergence of

[6] See Adams M, Robert G, & Maben J (2015) Exploring the Legacies of Filmed Patient Narratives: The Interpretation and Appropriation of Patient Films by Health Care Staff *Qualitative Health Research* 2015, Vol. 25(9) 1241–1250. Available at http://journals.sagepub.com/doi/pdf/10.1177/1049732314566329.

online libraries of pre-recorded materials[7] offers a richer and more diverse array of examples than would easily be located in one community.

Value for money. Making pre-recorded media is a one-off cost, and so can draw on a non-recurrent budget, while live presentations from service users requires payment for each contribution which can be more expensive over time. A film can be powerful and very brief, while it is more difficult to bring a guest in for just a few minutes.

Targeted. The teacher can watch a pre-recorded piece in advance and work out exactly how to link it to learning objectives and tie it in other learning experiences. Sometimes a noisy, distracted group who constantly have side conversations and attend to their mobile phones will settle down and watch a film in silence.

Safe. Constantly repeating an account of a profound personal experience can create an unhelpful emotional distance between the person and their own experience, depersonalising and commodifying it for the speaker. Some student selection and teaching formats send small groups of students round a circuit of mini interviews with service users and staff, but this is more emotionally costly for the person who is repeatedly disclosing personal matters that may leave them vulnerable. Transferring such material to a pre-recorded format avoids this danger.

'Present and live' contributions

Popular. Students appreciate seeing real patients and they are said to outrank videos every time. While we note that a session which is evaluated as popular cannot be guaranteed to have offered an effective learning opportunity, students often report a profound impact when they meet a real person who is living with the experience. Evaluation scores are reported to be consistently high for these teaching sessions[8].

[7] Libraries are available at www.healthtalkonline.org.uk, https://www.patientstories.org.uk/films/ and http://www.patientvoices.org.uk/stories.htm.

[8] Several contributors to this paper made this assertion, but no published evidence has so far been offered.

Authentic. We are all very familiar with fiction portrayed through film so we may be less moved by the story on film than we are when a real person is present. The live contribution can be more powerful and authentic and create more engagement, connection and empathy. However, this effect may diminish as the size of the student group increases. The session can offer a simulation[9] of the real-life process by which a service user provides information that can be linked to evidence and theory in real time, resulting in a formulation which is then tested and refined in dialogue with the patient.

Interactive. Whilst tutors can lead a discussion arising from pre-recorded media, it will usually be *about* the person rather than *with* them. The opportunity for discussion with the person concerned can help to clarify issues and challenge myths and assumptions. The opportunity for students to discuss their feelings and ask questions is a valuable and potentially emotionally transformative aspect of early professional development[10]. For example, this is done in a module on cancer, where students work in small groups and have the opportunity to ask sensitive questions of the cancer survivor. In larger groups, this discussion may be confined to a handful of the most vocal students, with others adopting a passive role.

Live presentations can evolve in real time as a direct response to students on the day. This means that there is often a degree of unpredictability in face-to-face sessions which, if welcomed, can help students prepare for their working life. The interaction with a service user can hone students' communication skills - both in speaking and listening, but also in conveying respect, compassion and empathy. The use of questions and answers rather than monologue will make demands upon the students' communication and emotional intelligence skills, as they are required to react and respond to the service user's narrative as it unfolds and deal with the responses that arise from the service user and from themselves. Service users can provide direct and valuable feedback to students in response to their questions and conduct during the session itself. For example, service

[9] Marie O'Boyle Duggan is publishing on this.

[10] Chris Essen is aware of some research on this.

users give students direct feedback during a module on basic communication skills.

Difficulties. Some service users experience high levels of anxiety which prevent them from telling their story effectively (just like patients in clinical settings). Service users may benefit from training in:

- The evidence base surrounding the effective use of stories[11]
- presentation skills
- understanding the curriculum requirements.

However, such training should not eradicate the challenging 'edge' that service users and carers can bring into the classroom. Where service users have a health condition or care for someone who does, they may have to stand down at the last minute and this uncertainty makes some staff reluctant to engage with them. When a service user contributes to two or more successive sessions, it is more difficult to guarantee that specific information will be shared, as some feel they are repeating themselves and so have a tendency to go into less detail in the second session.

Rewarding. Service users report enjoying participation and some view teaching and sharing as a meaningful and purposeful occupation which they perceive as supporting their sense of value and social inclusion. Coming to University premises supports this perception of value[12].

Hybrid approaches

Live and pre-recorded approaches together. Both pre-recorded and live approaches have value and can be used alongside each other or in hybrid combinations. Service users can introduce the recorded material and facilitate how it is used. The person may attend in person, but begin by showing their own film of their personal experiences, and then facilitate the ensuing discussion with students.

[11] See https://www.keele.ac.uk/nursingandmidwifery/uci/gatheringstories/

[12] See Mckenna, Roberts and Tickle 2016 in press.

Skype interviews can bring real time contributions into the classroom without requiring the service user to leave their home. If the service user maintains a blog, students can be directed in advance to specific texts written by the person they are about to see onscreen. The lecturer may introduce students to approaches such as the expert patient, self-management and co-production before making the Skype connection. The patient might then give a short presentation, followed by questions and discussion, and the whole Skype exchange can be recorded for future use[13].

Co-production. Some learning exercises that are conducted in groups are enriched by including service users and carers in the group discussions. So in this option, service users are not giving a presentation, but instead they get involved in co-producing the work with the students, providing another viewpoint and contributing to the informal discussion from their perspective. One School has run such groups to consider what 'compassionate care' means in practice.

[13] See material from Trevor Kettle on this approach at http://blog.soton.ac.uk/ebeb/2014/02/03/a-new-way-of-producing-face-to-face-patient-teaching-sessions/