

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 was initially written by Peter Bates for the East Midlands Academic Health Science Network, with subsequent minor amendments.

As readers provide feedback, further details and insights will be used to update the paper. Please contact peter.bates96@gmail.com with your contributions or to feedback how you have made use of this document.

Introduction

When planning a session for students, the tutor can invite a Public Lecturer¹ into the classroom or alternatively, may show a 'patient story' via DVD or online. 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 documents², and in particular *How to engage the public as lecturers* and *How to honour storytellers* that address the broader issues that arise when Public Lecturers are invited into the classroom. It has been compiled by Peter Bates from issues suggested by a variety of people³ and will be updated in response to feedback and research findings⁴.

The most recent version of this guide is available [here](#) and was last amended on 27 December 2022.

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 favour online resources. These trends may regulate the acquisition of facts, but be less successful in developing curious, joyful learners. The advent of Covid-19 has pushed a considerable amount of teaching online⁵ (which does not mean it is pre-recorded, of course), so it is helpful to consider what is being gained and lost in this transition.

Power and control. The way in which Public Lecturers are engaged reveals where power is located in the teaching environment. Some Public Lecturers are treated rather like medical exhibits while others take up the role of facilitating, leading and lecturing⁶ and so influence the culture and power relationships across the whole School. The live presence of the tutor is generally favoured over a DVD of that tutor, so the same principle should apply to Public Lecturers. When pre-recorded materials are created, do Public Lecturers and community groups have a significant contribution to decisions about how they are made and used?⁷

The quality of teaching and learning. The required learning outcomes should shape how Public Lecturers 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 available⁸, 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 Public Lecturer 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 Public Lecturers, 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 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 relevant⁹. 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 Public Lecturer 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.

Public Lecturers 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 Public Lecturer's availability with the timetable requirements is overcome by using pre-recorded media. The emergence of online libraries of pre-recorded materials¹⁰ 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 Public Contributors 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 calcify it, creating 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 Experts by Experience 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 sessions¹¹.

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 simulation¹² of the real-life process by which a person using health or social care services 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 person.

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 development¹³. 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 Public Lecturer 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 and skills, as they are required to react and respond to the person's narrative as it unfolds and deal with the responses that arise from the person and from themselves. Public Lecturers users can provide direct and valuable feedback to students in response to their questions and conduct during the session itself. For example, Public Lecturers give students direct feedback during a module on basic communication skills.

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

- The evidence base surrounding the effective use of stories¹⁴
- presentation skills
- understanding the curriculum requirements.

However, such training should not eradicate the challenging 'edge' that Public Lecturers can bring into the classroom. Where they live with 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 Public Lecturer contributes to two or more cohorts of students via successive sessions, it is more difficult to guarantee that specific information will be shared, as they may feel uncomfortable about repeating themselves and so have a tendency to go into less detail or recount a different event in the second session.

Rewarding. Public Lecturers 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.

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. Public Lecturers can introduce the recorded material and facilitate how it is used. The Public Lecturer may attend in person, but begin by showing their own film of their personal experiences, and then facilitate the ensuing discussion with students.

E-meetings technology can bring real time contributions into the classroom without requiring the Public Lecturer to leave their home. If they maintain a blog, students can be directed in advance to specific texts written by the person they are about to see onscreen. The Public Lecturer may introduce students to approaches such as expert patient programmes, self-management or co-production before making the online connection. The Public Lecturer might then give a short presentation, followed by questions and discussion, and the whole online exchange can be recorded for future use¹⁵.

Co-production. Some learning exercises that are conducted in groups are enriched by including Public Contributors in the group discussions. So in this option, Public Contributors 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.

¹ Some readers prefer alternative terms such as citizen, public contributor, expert by experience, patient, carer or service user. For a short discussion on this issue, see http://www.peterbates.org.uk/uploads/5/5/9/5/55959237/11n_clients_or_what.pdf. The UK Health and Care Professions Council that regulates teaching of health and social care staff prefers the term service user.

² The *How To* guides can be seen at <https://peterbates.org.uk/home/linking-academics-and-communities/how-to-guides/>

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 For example, a neighbouring topic is addressed by the Qualitative Remote Data Collection study which launched in 2022 to explore the difference in qualitative data generated via remote interviews versus face-to-face interviews. More information from QRDCstudy@warwick.ac.uk.

⁵ For an example, see <https://blogs.bmj.com/bmj/2020/07/21/covid-19-and-medical-education-patients-teaching-role-moves-online/>

⁶ See Brenda Rush's PhD thesis "[*Mental health service user involvement in the education of student nurses: a catalyst for transformative learning*](#)".

⁷ See Bates P (2021) [*How to honour storytellers*](#). Sandercock & Attili refer to amoral plundering of the stories of others – see Sandercock, L., & Attili, G. (2010). Digital ethnography as planning praxis: An experiment with film as social research, community engagement and policy dialogue. *Planning Theory & Practice*, 11(1), 23–45. <https://doi.org/10.1080/14649350903538012>.

⁸ 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>

⁹ 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>.

¹⁰ Libraries are available at www.healthtalkonline.org.uk, <https://www.patientstories.org.uk/films/> and <http://www.patientvoices.org.uk/stories.htm>.

¹¹ Several contributors to this paper made this assertion, but no published evidence has so far been offered.

¹² See [*How to choose between an actor and an expert by experience*](#).

¹³ O'Neill F, Essen C, Rhodes C, Symmons J. Developing ethical and effective approaches to service user and carer involvement in health professional learning across professional and organisational boundaries.

¹⁴ See <https://www.keele.ac.uk/nursingandmidwifery/uci/gatheringstories/>

¹⁵ 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/>