Developing Digital Stories to Accommodate Multiple Learning Styles

in a Healthcare Environment

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Abstract

This project looks at why digital storytelling may be an appropriate learning tool for hospital nurses and if so, how to best develop digital stories to support caregivers’ multiple intelligences. For this project, I developed two digital stories – one from a patient perspective and one from a caregiver perspective. It is through these stories and feedback from nursing staff at a nonprofit hospital in Upstate New York that I was able to learn if the stories I created positively impacted nursing staff by educating them on important topics in patient care and safety. I also use cognitive learning theory to determine where the strengths and weaknesses of digital storytelling lie. This study tested the assertion, supported by related literature, that digital stories are excellent learning tools because they accommodate people’s different learning styles, and this may affect teaching techniques. In healthcare, a world where evidence-based practices are critical, digital stories are being promoted and used to teach nurses valuable lessons that can’t be taught by statistics or research findings (Haigh & Hardy, 2011). Through this study, I was able to recommend to the hospital that they should in fact use digital storytelling as an educational tool. I recommended that they do this using the following methods: hold a digital storytelling contest with nursing staff, use digital stories produced by hospital staff during new employee orientation, use digital stories as educational tools during hospital in-services and education days, gather before and after stories from nursing staff to see if behaviors changed based on the digital story they watched, investigate the benefits and opportunities for reflection and transformational learning provided by the digital storytelling process, and use digital stories as educational tools on certain nursing units while providing other nursing units with written stories to see if digital stories changed behaviors more than written stories.
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Introduction

Throughout history, it has been proven that storytelling is effective in introducing change, establishing and shifting power, conveying complex ideas and is a historical and modern method of communication. Storytelling can be used to sell products, services, ideas, build on corporate culture and give people a sense of community (Barker & Gower, 2010). As one of the world’s oldest teaching tools, Finlay and Hogan argue that stories “are seen as both a window and a mirror, allowing people to look out at the world and offering a reflection back” (Barker & Gower, 2010, p. 306).

If there is one thing that is constant in the healthcare industry it is change, and hospitals in New York State are no exception to that rule. On a daily basis hospitals experience changes in equipment, techniques, methods of care, prevention of disease and reimbursement. As these changes continue, it is important for healthcare organizations to work with community members, patients and their families so nurses can be educated on important topics as they strive to provide patients with excellent care.

The current healthcare environment requires nurses who are critical thinkers and can handle clinical problems using a range of perspectives through gathering their knowledge from a variety of sources. In order for nurses to have the clinical judgment and decision making skills necessary in today’s complex healthcare environment, new and innovative teaching strategies are necessary. “The temptation for educators might be to continue to focus on critical thinking skills alone. However, including narrative pedagogy methods of teaching and learning will serve to develop reflective and interpretive thinking” (Gazarian, 2010, p. 287).
My thesis project addressed the research question: *How can digital stories be developed to accommodate multiple learning styles in a healthcare environment?* For this project, I developed two digital stories – one from a patient perspective and one from a caregiver perspective. It is through these stories and feedback from nursing staff at a nonprofit hospital in Upstate New York that I was able to find out if digital storytelling is an appropriate learning tool for hospital nurses and how these types of stories support caregivers’ multiple intelligences. I also used cognitive learning theory to determine where the strengths and weaknesses of digital storytelling lie. Schwartz and Abbott (2007) emphasize how using digital versions of patient stories resulted in a change in patient care by nurses and an improvement in the way they communicated with their co-workers because these stories made the nurses reflect on the story being told, and they were able to relate to how they would feel if they were the patient.

Interviews with nurses indicated that they are very busy when they are at work, so it is difficult for them to take time to reflect on the tasks they perform on a daily basis. Digital stories are potential learning tools because they accommodate people’s different learning styles, and this is beginning to greatly affect teaching techniques. In healthcare, a world where evidence-based practices are critical, digital stories are being promoted and used to teach nurses valuable lessons that can’t be taught by statistics or research findings (Haigh & Hardy, 2011).

**Literature Review**

In a culture where 60 hours of video are uploaded to YouTube every minute, and more than four billion videos are viewed on a daily basis (www.youtube.com/t/press_statistics), digital stories are playing an important role in people’s lives more than ever before. As our access to technology increases, they way people communicate, interact, learn and process information is
vastly different than it was even 30 years ago. Digital stories are being used more frequently in the workplace and in schools as educational tools, and healthcare facilities are using these stories to educate nurses.

**Digital Storytelling**

According to Matthews-DeNatale, (2006), “digital stories are simply stories or narratives created by an individual using a combination of computer-based tools. They are multidimensional stories conveyed through images, music, narration, text, and video clips” (p. 4). Storytelling is a learning tool that has been used since the ancient times and as technology evolves, digital stories are being made more frequently and less expensively. Digital stories offer ways to activate multiple intelligences and with the amount of information that is out there, they capture people’s attention and give them a reason to reflect on what the story is about. Digital stories allow us to reach people on the frequencies they are already using in their daily lives and are a powerful pedagogy that allows people to connect mentally and emotionally with the story being presented (Dreon, Kerper & Landis, 2011).

**Multiple Intelligences Theory and Digital Storytelling**

In the early 1980s, Howard Gardner of Harvard University identified seven human intelligences: logical-mathematical, linguistic, bodily-kinesthetic, interpersonal, musical, intrapersonal and spatial. The reason he identified these intelligences was to highlight the fact that there is more than one way for people to be intelligent, and people learn better from different methods based on what intelligence they are strongest in (Christodoulou, 2009). According to Christodoulou, the multiple intelligences theory brings with it two educational recommendations, “individualize teaching methods and curricula as much as possible and teach important concepts in multiple ways, thereby reaching more students effectively” (Christodoulou, 2009, para. 27).
Because people are different in their learning styles, and some learn better when a lesson is acted out or physical examples are used to represent an idea, a variety of teaching techniques and tools need to be used to get information to learners effectively. Gardner updated his theory in 1999 and updated his list with two more intelligences, naturalist intelligence (working with natural surroundings) and existential intelligence (spiritual). Gardner’s theory has been criticized and it has been argued that “the theory is based primarily on Gardner’s intuition and observations rather than evidence and that there are no or limited empirical data to support the evidence” ("Multiple Intelligences," 2008, para. 4). Although the theory has been criticized, it has impacted the way educators have taught for decades.

In addition to the two new intelligences Gardner had added to his theory, he also pondered the idea that a new intelligence based on change and accumulated knowledge was a possibility as well. Based on this idea, Adams (2004) asked the question, “Could these observed but unclassified characteristics be the indication of an emerging intelligence that is being fostered by human interaction with digital technologies?” (Adams, 2004, p. 93). Current literature relates the multiple intelligences theory to technology, and these articles often explain how the flexibility of digital tools can be used to facilitate learning based on each of the multiple intelligences. Adams explains, “A change in world culture is occurring. Changes in communication style, lifestyle, economic practice and the way we think have been caused by digital technology” (Adams, 2004, p. 96). Gardner describes intelligences as “the ability to solve problems or fashion products that are of consequence in a particular setting or community,” (Gardner, 1993, p. 15). I believe digital storytelling and all of the different techniques that are used in these types of stories may cater to people’s different or multiple intelligences and this is greatly affecting teaching styles and techniques.
Cognitive Theory and Multimedia Learning

Cognitive theory is a learning theory of psychology that attempts to explain human behavior by understanding thought processes. In the book *Multimedia For Learning: Methods and Development*, Alessi and Trollip (2001) discuss how computers are not always the best instructional tool, but there are certain situations where they are the best media tool for instruction. Cognitive psychology studies outcomes that are not necessarily observable.

After watching a digital story, a nurse’s perception, attention, encoding, memory and comprehension can be affected by the presentation of the narrative. The visual presentation of the story, including color, font choice, the person telling the story, etc. are all related to how nurses perceive and pay attention as they watch the story. The use of multimedia can also influence how the nurse encodes, or remembers the details of the story, and the organization and repetition in a digital narrative can affect memory, which is the nurse’s ability to recall the information. Multimedia stories allow nurses to apply the information, or take action, which means they comprehended the story, and if the digital story is done well, active learning will take place. If a multimedia presentation is produced correctly, it will enhance nurses’ ability to understand the information and with all that they took from the story, they will act based on what they learned (Alessi & Trollip, 2001, p 52).

In the case of nursing, a digital story may cause the nurse to reflect on the situation and allow them to take better care of patients. “Digital stories, therefore, merge the richness inherent within traditional patient narratives with the ability to focus, edit and reflect, to produce a story that is engaging, powerful and directly accessible to others” (Christiansen, 2011, p. 290).
Digital Storytelling in Healthcare

So why should digital storytelling be used to educate nurses in healthcare? As Haigh and Hardy noted, “It is interesting that at a time when healthcare in general is becoming increasingly obsessive about evidence-based practice, the power of storytelling in healthcare education is being explored and promoted” (Haigh & Hardy, 2011, p 408).

A patient story told from the heart and with emotion gives caregivers the chance to step away from their fast-paced environment and walk in someone else’s shoes for a few moments. It is acknowledged that “nurse educators are beginning to be aware that stories can promote interaction with healthcare professionals, reducing feelings of isolation and promote feelings of empathy and compassion” (Haigh & Hardy, 2011, p. 409).

Patients’ roles in healthcare are changing drastically. “The ‘sick-man’ who was center-stage in the late 18th century may well have become the silenced and passive patient of the 19th century, but by the 21st century is increasingly regarded as a client and consumer of healthcare” (Gregory, 2010, p. 630). As patients begin to play a more vocal role in their care, these stories may allow nurses to experience what it is like to be a patient and in turn, understand how they would like to be treated in that situation. In turn, they treat their patients with even more empathy and compassion. “To listen to a patient’s story not only respects that we can learn from their personal experience, but also raises issues around power differentials in the wider community and the potential for the patient experience to inform better healthcare” (Gregory, 2010, p. 631).

Reflection in Learning

The literature indicates that digital stories allow nurses to reflect on the story, which means they are going through a “metacognitive process that creates greater understanding of self and situations to inform future action” (Sandars, 2009, p. 685). Reflection is becoming more and
more popular in medical education because reflection allows caregivers to take time to think about what they are doing, and causes them to improve the way they are providing care.

“Although there is no evidence to suggest that reflection does improve patient care it seems logical since the process of care can be influenced” (Sandars, 2009, p. 694). In Figure 1, the three stage model of reflection is illustrated. Nurses review a certain topic, they think about it and plan their next actions, and they do what they learned about how best to handle the situation.

![Figure 1. The basic three step model of reflection (Sandars, 2009, p. 686)](image)

Sandars (2009) discusses although there is no evidence out there that reflection makes nurses smarter, there is evidence that reflection is associated to a deeper approach to learning that allows them to combine new learning with existing knowledge and skills. In a 2011 study performed by Christiansen (2011), 20 nursing students from a university in the United Kingdom were shown a digital patient story taken from www.patientvoices.org.uk and then they were asked a number of open-ended questions about the videos. Four main experiences the students identified after viewing the videos were: digital stories are a learning resource, an emotional experience, a reflective experience and a transformative experience. The digital story the nurses viewed caused them to think deeply about the patient’s experience, where otherwise they may not have really truly considered the patient’s perspective (Christiansen, 2011). “Through an emotional and reflective engagement with multiple perspectives, storytelling can bring about learning that involves a transformation in how nursing students view themselves and others, with implications for practice” (Christiansen, 2011, p. 293).
“Reality Shock” in Healthcare

According to Stacey and Hardy (2011), sharing digital stories with nurses is invaluable because they are reminded that it is easy for them to become detached emotionally from their patients and colleagues because they deal with difficult medical situations on a daily basis. By viewing patient and caregiver digital stories, new nurses are able to get over the “reality shock” many experience when they get out of school and begin caring for patients. Figure 2 demonstrates how digital stories can affect nurses by reflecting on the stories they are exposed to, changing their methods of practice, and in turn, create different stories.

Figure 2. Spiral of growth through stories (Stacey & Hardy, 2011, p. 164)

“The result should be different stories, stories that tell of greater resilience and more confidence in dealing with reality shock, stories that reveal a greater capacity for empathy and more humane care for colleagues as well as patients” (Stacey & Hardy, 2011, p. 164).

What Makes an Effective Digital Story

In order for a digital story to accommodate someone’s multiple intelligences and influence them to act correctly based on what they learned, digital stories need to be properly put together and developed. As Ohler (2006) discusses in “The World of Digital Storytelling,” as new technologies become available to us, story creators need to be sure to focus on the story first
and the digital medium later so the viewers get the full effect of the story and they are not
distracted by the tool used. By integrating visual images with written text and sound,
comprehension, memory and deeper learning is easier for nursing staff because instead of just
hearing or reading the story, their multiple intelligences are being engaged.

“In today’s culture, the noise of information can be deafening, and competing for
students’ attention can be a matter of broadcasting on the frequencies to which they are
listening” (Dreon et al., 2011, p. 9). According to Lambert and as shown below in Figure 3,
when a digital story is being developed, there are seven elements that must be included in order
for the story to be effective (Lambert, 2006). To engage nursing staff, the digital stories they are
shown need to contain these critical components in order for the information to be understood
and to encourage nurses to reflect on the story and to take proper action based on what they
learned.

Figure 3. The seven elements of digital storytelling (as cited in Dreon, 2011, p. 2)
Best Practice in Digital Storytelling in the Healthcare Environment - A Case Study

Headquartered in Berkeley, California, the Center for Digital Storytelling (CDS) is an international non-profit training, project development and research organization dedicated to assisting people in using digital media to tell meaningful stories from their lives. The CDS has partnered with community members, students, teachers and companies throughout the entire world to develop digital stories to carry out whatever initiatives or issues the people they are working with may have.

The Center for Digital Storytelling has been an inspiration for developing digital stories for this thesis project. When you first go to their website, www.storycenter.org, a simple, white screen shows up and the words and image in Figure 4 seen below is displayed.

![listen deeply tell stories](www.storycenter.org)

**Figure 4.** The Center for Digital Storytelling logo (www.storycenter.org)

The phrase “listen deeply tell stories” with a picture of a tree and its roots crystallizes their concept of digital storytelling. Digital stories are used as a method for people to express themselves and share stories about their lives. These stories allow others to listen and learn from what they see and hear.

The CDS’s website features case studies in numerous subjects. The one I focused on for my project was Health and Human Services.

On the website, it says digital storytelling is being used in the healthcare sector to:

- Assess community health needs, identify resources, and build capacity
- Explore individual and community experiences of illness and health
• Support healing and leadership related to various health issues
• Assist community members, the health sector, and policy-makers to play a role in prevention
• Encourage enrollment in community health promotion/prevention programs
• Support reflective practice, quality assurance, and patient satisfaction
• Create tools for influencing policy-makers
• Serve as a method for qualitative program evaluation/documentation
• Support outreach and peer education models, such as promotora programs

(Center for Digital Storytelling – Healthcare Case Studies, para 2)

On the healthcare case study page, numerous nursing schools, healthcare institutions and non-profits are listed as examples of stories that were developed for specific reasons and digital stories are also included. The stories developed by the CDS represent “best practice” for developing digital stories because they are so well done. It is obvious these stories were developed with care, and all of the research that has been done regarding digital storytelling and its effectiveness was taken into consideration. The goal of the projects and intended audiences were identified, the stories are engaging and emotion was used to combine the entertainment element with education to keep viewers intrigued.

Some of the most comprehensive digital stories I found were developed by HopeLab, a nonprofit in California whose mission is “to combine rigorous research with innovative solutions to improve the health and quality of life of young people with chronic illness” (HopeLab, 2011, para 2). The CDS held a digital story workshop in San Francisco in April 2007 that was sponsored by HopeLab. At the workshop, seven young cancer survivors from throughout the United States participated. The digital storytelling process allowed young survivors to develop,
record, and share their personal stories using multimedia tools. Participants combined
audiovisual materials from their personal archives (photographs, video clips, music and sound) to
produce three to four minute videos narrated in their own voices. “The results are powerful and
illuminating documents of the cancer experience and its impact on the lives of young people”
(HopeLab, 2011, para 4). Links to the stories can be found at
http://www.hopelab.org/innovative-solutions/digital-storytelling/, which brings you to the stories
on YouTube. These digital stories demonstrate how emotion and multimedia are very powerful
when it comes to telling a story that people can relate to (HopeLab, 2011).

In 2008 and 2009, the Center for Digital Storytelling conducted a digital storytelling
workshop with the Doctoral Program in Nursing at the University of Colorado. This Doctoral
Program, well-known for its focus on caring and reflective practice, chose to find nurses to
develop digital stories. The CDS and University of Colorado worked in collaboration with
Patient Voices, a program that was developed by social entrepreneurs Pip Hardy and Tony
Sumner who believe digital stories provided the perfect format with which to put patients'
experiences firmly at the heart of healthcare.

Patient Voices is based out of the United Kingdom and the program aims to facilitate “the
telling and the hearing of some of the unwritten and unspoken stories of ordinary people so that
those directly involved in care may carry out their duties in a more informed and compassionate
manner” (Patient Voices, 2011, para 1). Patient Voices believes that digital stories are the perfect
tool to educate caregivers and can be used as a reflective tool to improve care. The program’s
message has grown and their website now features more than 250 stories that are viewed by
hundreds of people everyday. As of today, Patient Voices is the largest resource of freely
accessible digital stories about health and social care anywhere in the world.
According to Pip Hardy, founder of Patient Voices, research they have conducted indicates that digital stories have a powerful impact on viewers and are beginning to change practice. “Education programs are also changing as educators realize what is really important to individuals and adjust learning outcomes and delivery methods in the light of this realization.” (Hardy, 2011, p. 17). The stories developed by Patient Voices can be viewed at http://www.patientvoices.org.uk/stories.htm.

The stories developed by the nurses in the Doctoral Program at the University of Colorado with the CDS and Patient Voices can be viewed at http://milehighstories.com/?page_id=21 and are currently being used as educational tools to engage nursing students and caregivers in dialogue on topics from ethics in healthcare, to the value of reflective practice, to what really constitutes care. The nursing staff in the digital stories discusses the importance of what they do for a job in helping people and the impact their care and compassion has on the people they take care of. The stories use images, music, words and narration coupled with emotional stories to have a positive impact on those who view the stories.

Pilgrim Projects

Pilgrim Projects is an education company that uses digital technology as a tool for work-based learning. The core of their business is to improve workplace quality by helping employees develop better skills and additional knowledge about the jobs that they perform. One project they were involved with was working with Patient Voices to develop digital stories as a method of presenting patient stories in an attempt to improve quality in healthcare. By developing digital stories and playing them for nursing staff and other caregivers, they hoped to improve care by allowing the voices of patients and healthcare professionals to be heard and to tell the story of what it’s like to be a patient.
The process Pilgrim Projects went through with Patient Voices was very similar to the process I went through when developing my digital stories. They identified speakers for the stories, had them sign consent forms, developed storyboards and had the speakers bring in photos of they were appropriate for their stories. They filmed the stories and then added music and photos to enhance the story being told. After the stories went through their first round of editing and cuts, a number of small but significant changes were agreed upon. “The most important of these was to include several screens containing quotations of certain words spoken by the storytellers, to emphasize the points they were making” (Hardy, 2005, p. 18). Just as I did with my project, they carefully picked out which quotes to use to provide the most impact and emotion as possible for those watching the stories.

The stories they produced were shown at various conferences and film festivals, and feedback was gathered from the people who watched the videos. Nurses, students, healthcare managers and educators responded to questionnaires and many themes emerged from their responses. Some of the things they liked about the videos were “they were simple and accessible, clear, authentic, powerful and moving, easy to use, the highlighting of key points with words on the dramatic black background was effective and the digital stories elicited a strong emotional response” (Hardy, 2005, p 21). Survey responders also talked about the pin-drop effect and silence filling the room after a story was done, and that these videos really made them reflect on the stories and situations the storytellers discussed and how because of it, they realized small changes in care can make a big difference for patients.

Hardy felt that the responses they received on their surveys made it very clear that the digital stories they produced have had a profound effect on people in many ways. “These stories can help to initiate the dialogue that is necessary in order to begin to comprehend another’s
world. Comprehension is the beginning of empathy and compassion, which must lie, along with the patient, at the very heart of healthcare” (Hardy, 2005, p 22).

Hardy believed that the best thing about their digital stories was not only their effectiveness, but that they could be so easily shared with people around the world. With just a click of a button these digital stories could be accessed online and could be used in training, educational sessions and both national and international conferences. It is through these stories that Pilgrim Projects and Patient Voices want to bring new knowledge to nurses and caregivers, directly from the patient and caregiver perspective. “This new kind of knowing will be reflected in a change of hearts and minds and from this change it is hoped that greater wisdom and compassion will lead to placing patients firmly at the heart of healthcare” (Hardy, 2005, p 29).

**Project Design**

For my digital narratives project, I developed two digital stories - one from a patient’s perspective and one from a nurse's perspective. The stories were shown to nursing staff and will continue to be used as an educational tool for nursing staff at the hospital.

In November, 2011, I met with our hospital's vice president of Quality & Outcomes Management to discuss what type of stories would be best for this project. I let her know that my goal for this project was to provide digital stories to nurses that they understood, could relate to, reflect on, and would return to their work with a new perspective and desire to improve how they provide care based on the story they watched. After some discussion, she understood what I was looking for and she contacted numerous staff members who were possible candidates for this digital storytelling project. Initially no one she contacted wanted to participate. They were all hesitant to be on camera and have their story recorded. I next contacted a nurse manager who I
thought would be able to give me few names of staff members who would be willing to record a digital story, and she did, but they were not willing to participate in this project either.

I regrouped and asked myself what I was trying to get out of this project. Handler Miller (2008) suggests that when blending storytelling with teaching and training, the digital story creator should ask themselves the following questions:

- What is the need for this particular project? What is the goal of the organization sponsoring it?
- What are the teaching objectives of the project?
- Who is the intended audience?
- What digital platform is this project best suited for?
- What will make your content engaging? What digital storytelling approach might work well to teach this particular subject?
- How will you integrate the educational content with the entertainment content? (Handler Miller, 2008, p. 208)

Once I asked myself all of these questions, I was able to think of two people I knew at the hospital, both of whom are involved with patient care. With some convincing, they both agreed to participate. Jerry is an employee but he had an experience in the Emergency Department that he was willing to share and Cathy, a registered nurse, was willing to talk about an experience she had with the Rapid Response team when a patient she was caring for wasn’t doing well.

Once Jerry and Cathy agreed to record their digital stories, I knew I had a lot to do before we started recording. According to Handler Miller (2008), before a digital story is ever built and before anything is produced or recorded, a lot of planning is necessary in order to build a successful project. It is during the development process that the ideas for the project are
produced, designs are developed, multimedia choices are made, a test run is taken and the product is tested. The development period is vital to any digital story project, and it is also during this time that a lot of things can go wrong.

“Five all-too-common errors that happen during development: Throwing too much into the project, not considering your audience, making the product confusing or complicated, making the product too simple, not making the product truly interactive” (Handler Miller, 2008, p. 166). It was very important that I used all of the research I gathered and the best practices of digital storytelling in nursing I found to make sure I did not make these mistakes.

My next step was to interview both Jerry and Cathy so I could learn more about their story topics. I wanted to make sure both stories had the potential to influence the nurses, caregivers and hospital staff members who watched them and interesting facts that would keep viewers’ attention. Once I collected all of the facts about each story, I explained the process to Jerry and Cathy and figured out a day that they were both available so I could record their stories. Because Jerry’s story was about his own personal experience at the hospital, I also asked him to bring in photos that would correlate with the story he was telling.

Next, I developed story boards for each of the stories to give my project structure. “Structure is the unseen but all-important method of organizing a work of digital storytelling. Structure is the framework of the story – it connects the basic pieces of the narrative and ensures that the work flows in a satisfying way” (Handler Miller, 2008, p. 114). I used Microsoft Word to write out all of the details I wanted to cover in each digital story and I also put breaks in the stories so we could record them in sections. The reason for this was because I used Microsoft MovieMaker to build the digital stories and I was only able to place an image at the beginning or an end of a video clip. Filming the stories in sections would allow me to add images and text to
the stories instead of just straight video. The story boards did not include every single detail of each story, instead they covered the main points and also the key takeaways that I wanted each story to have. I felt it was very important to include the takeaways because when Jerry and Cathy were recording the stories, I wanted to make sure they remembered to discuss these points or else I felt the stories would not cause viewers to relate and reflect on the themes of the stories.

My original plan to create these digital narratives was to work with a professional videographer Mario Restive, who our hospital works with frequently to produce television commercials and educational videos. He was going to film Jerry and Cathy, and then I was going to work with him to edit the stories. The problem that I ran into was that I since I had so much trouble getting people to record their digital stories, we would have been really tight on editing time if I were to use Mario because he was booked with other projects. Also, it was difficult to get Jerry and Cathy available at the same time so Mario would only have to come to the hospital once for the recordings.

I decided to use my Flip video camera to film Jerry and Cathy myself. Although I realize that the stories I have produced are not the same quality as they would have been if I had worked with Mario, I feel that I learned a lot more about how to build digital stories because I handled the entire process myself. I also think that one of the reasons digital stories are becoming more and more popular is because technology allows us to record and share them easily and inexpensively. By producing the digital stories myself, I saved the hospital $1,500, the cost it would have been to have Mario record and edit the stories, which the organization was willing to pay since these stories can be used as educational tools for employees.

The week of the story recordings, I reserved a space at the hospital that we could use for filming and I also made big 11” by 17” flash cards that had the main points of each story on them
that Jerry and Cathy could use to help them remember what they were going to say during their recordings, and remember the complete story path. According to Handler Miller (2008), a critical story path is needed to make sure you cover all of the most important points of the story that you want the viewers to experience. “The critical story path makes it possible to reveal key pieces of information in an incremental way and at optimal time. It also facilitates dramatic intensity” (Handler Miller, 2008, p. 120).

The day of filming, I went to the room I reserved and set up my Flip camera and tripod. I made sure the lighting was bright enough but not too bright, and I set up a chair for Jerry and Cathy to sit in and another chair directly across from that one for my co-worker Jacquie to sit in so they could look at her while talking, not at the camera. Jerry filmed his story first and he did a great job. The flash cards helped him remember what he wanted to say and Jacquie also asked him questions off camera to get him to discuss the main points we had decided on when we wrote the story boards. He brought in the pictures I had asked him to and I scanned and saved them later that day. Jerry’s recording went very smoothly and Cathy was next.

Cathy is president of Toastmaster’s at the hospital, which is a public speaking club I am part of, so I knew she would do a good job recording her stories. She had memorized most of the key points of her story so she had no problem remembering what she wanted to say. Her interview went off without a hitch and both stories were recorded within an hour and a half.

While interviewing Jerry and Cathy, I stressed to them the importance of telling their story with emotion so those who viewed their stories could relate to what they were saying. Handler Miller (2008) discussed how when she was interviewing experts for her book, some asserted that “when an interactive work is emotionally potent, it will make a greater impression on the user than an emotionally barren work, and that building emotion into an educational
project can help people remember the instructional content for an extended period of time.” (Handler Miller, 2008, p. 109). Although we had to do a few takes over, Jerry and Cathy were able to use expressions and especially with Jerry, you can see his true emotions come out when he talks about his experience in the Emergency Department.

Jerry and Cathy signed consent forms that have been approved by our hospital’s legal department and they also signed the ethics protocol forms provided by SUNYIT Utica-Rome (see Appendix F). By signing the consent forms, Jerry and Cathy agreed to participate and have their stories shared with our hospital staff and the public. I made PDFs of the forms and saved them digitally so they can be easily accessed and kept in our hospital files indefinitely.

**Project Implementation**

Before I could record Jerry and Cathy’s interviews, I had to present my project to the SUNYIT Institutional Review Board (IRB) on January 10, 2011 for approval. I received approval from SUNYIT’s IRB (see Appendix A), and the hospital’s IRB informed me that I did not need its approval because Jerry and Cathy were volunteering to participate and the surveys I collected from the nursing staff would not have their name on them.

While editing and putting together the digital stories, I used tips I learned from the article “Twelve tips for using digital storytelling to promote reflective learning by medical students” written by John Sandars, Christopher Murray and Andy Pellow to make sure the digital stories had everything necessary to accommodate multiple intelligences. I wanted the stories to be interesting and intriguing enough for the nurses to reflect on what they learned and want to improve the way they care for patients because of it.
The article mentioned key points that were helpful to me in building my digital stories. In the article, Sandars, Murray and Pellow (2008) discuss how digital storytelling has potential to motivate students – both medical and nursing – because they allow the students to engage in reflective learning through the use of technology and the multimedia included in the stories. “The intention of digital storytelling is to stimulate reflection and deeper learning, not technical excellence in the production of the digital story” (Sandars, Murray & Pellow, 2008, p. 774).

What is important to remember when building digital stories is that the focus should not be about the technology being used – it is about the story being told. A presentation that is simple and easy to use can be just as effective as a professionally done story. Emotions also play an important role in an effective story. “Emotions can and do play a role in digital storytelling, and the contribution of emotions can be extremely significant. Emotions make the experience more immersive and compelling, intensifying the connection between the viewer and the material” (Handler Miller, 2008, p. 108).

By choosing Cathy and Jerry to film the digital stories, the nurses I showed the stories to were able to relate to what they were saying because they, too, had a connection to the hospital. Sandars, Murray and Pellow (2008) discuss how the topic of the digital stories should be personal to the learner rather than just a general story, because they will be able to relate to it easier. “Being personal encourages the learner to clearly recall and identify their thoughts, opinions and emotions. Reflection is also increased when the subject is personal and emotive” (Sandars, Murray & Pellow, 2008, p 774).

I used the program Window MovieMaker to put the stories together. I found the program relatively easy to use, although there were some limitations that I had to work around. One problem I had as I mentioned earlier was that I was only allowed to put a picture in when there
was a break in the video clips. To do this, I filmed the interviews in segments and I was also able to duplicate the clip to create a break where I could insert a photo. Overall, though, I did like using the program and for low-budget, “handmade” digital stories I think it worked out well (notes from both interviews are in Appendix B and C).

An important part of digital stories is the multimedia that is used to create the story. The multimedia chosen should represent what is being told in the story and it can also provoke emotions. When editing Jerry’s story, I thought it was important to include pictures of his wife, children and a photo of him with his mom because this gives the nursing staff watching the videos a visual of the people he was talking about in his story, allowing them to emotionally connect to his message.

I also listened to hundreds of instrumental songs, trying to find two that worked best with Jerry and Cathy’s stories. When watching television shows, music is often played in the background to emphasize different parts of the story – to make something more dramatic, more emotional, or exciting and happy. I wanted the same effect in my digital story so I tried to find music that was a little bit dramatic but still uplifting when it came to the take away messages that both of the stories had. “The aim should be for the images, and any accompanying music, to clearly convey the emotions and thoughts that are experienced by the learner rather than providing a large amount of text” (Sandars, Murray & Pellow, 2008, p 774).

Sandars, Murray and Pellow (2008) suggest that three to five minutes is the ideal time length for a digital story. With the amount of multimedia that is out there and the ease of incorporating it into a digital story, it is easy to get carried away and build a long story. Learners are more likely to watch an entire story that is short and to the point, however, so it is best to stay in this time frame. It was difficult to keep my digital stories under five minutes, especially
Jerry’s. The original amount of footage I gathered for him was close to nine minutes, so I really had to cut his story down. It was about 20 seconds over the suggested time length but I feel that it didn’t make the story too long that people watching it would stop paying attention.

After I got all of the video clips, music and photographs in place, I watched the digital stories and found specific spots where I could put in text to really reinforce the key takeaways and the message I wanted viewers to get out of these stories. Jerry’s story talked about how it’s the little things hospital employees can do to make a difference in patient’s lives and Cathy discussed how communication is key to quality patient care. I reinforced these messages by putting simple, white text on a black screen. Although I wanted these stories to be entertaining, I also wanted them to be educational and I think the text reinforcing the main messages was a good way to stress what was important. Handler Miller (2008) discusses how multimedia combined in digital narratives can be used as a vehicle to teach and train hospital staff in a way that is both entertaining and interactive. This new educational approach using digital technology is effective for both learners of all ages and it also allows them to work their way through the material, moving at their own pace.

Once the digital stories were completely edited and finalized, my next step was to show them to nursing staff at the hospital so I could gather their feedback and evaluate if the stories do in fact accommodate multiple intelligences and cause nurses to reflect on what they learned.

Methodology

The research method I used to analyze my research question was qualitative. Through talking to the staff who watched the stories and a survey, I was able to gather their thoughts and opinions about the stories I developed. My survey was qualitative in that I asked open ended questions to gather feedback and the data I collected was not something that could be analyzed statistically. A qualitative research method was perfect for analyzing my project because I was trying to gain insight into nursing staff’s attitudes, behaviors, concerns and motivations, and the surveys allowed me to do just that.

Each nursing unit at our hospital has weekly staff meetings where they get together and discuss their patients, upcoming events, staffing issues anything else the nurse manager feels is important. I attend two of these meetings and I showed the staff the digital stories using my laptop and a projector. The first meeting contained nine staff members and the second meeting had seven attendees. After I played the stories, I asked each nurse to fill out a survey, which can be viewed in Appendix D. I also observed the staff while they watched and talked to a few staff members after the meetings I attended individually to get their feedback regarding the digital stories.

Because nurses are on their feet all day and often do not have access to a computer while at work, I had them fill out a paper survey immediately after they watch the digital stories. I believe if I sent them the survey through e-mail or used Survey Monkey to gather survey results, I wouldn’t get as good as results as if I gave each nurse their own survey to fill out by hand. Although I do think digital storytelling is an effective way to reach nurses, I don’t believe using technology to get survey results would have worked best in this situation because we often find
nursing staff would rather fill out a paper form than doing it online – they find it easier and more convenient.

Project Evaluation and Analysis

Once I attended the staff meetings, received the results from the nurses’ surveys and gathered feedback from the nursing staff, I organized the data using the program Microsoft Excel. I listed each question in the Excel document and then I typed in the feedback I received for each question. Once all of the results were entered, I analyzed the data and my thesis project findings are based on this information.

Findings

Digital Story Development – A Personal Narrative

Building the digital stories from start to finish was definitely a learning process. I had never done anything like this before and I learned a lot every step of the way that will help me in the future when developing digital stories.

I really enjoyed the digital story process and I was surprised to find how easy it was to record the interviews. I thought this would be the most difficult part but I think Jerry and Cathy were perfect people for the job and they both did their interviews quickly with very few mistakes. Another part of the process I enjoyed was finding music to play in the background. I love watching television shows and movies and paying attention to the music that is used to emphasize certain parts of the story. I listened to hundreds of songs and feel the two I picked out worked well with the stories being told.
The next time I build digital stories, there are a few things I would do differently in the future. First, I would buy an inexpensive microphone to clip onto the storytellers during the recordings. Even though we were in a private room with the door closed, you can still hear noises in the background and I think that gives the digital stories an unprofessional feel. I would also try to coach the storytellers about how much detail they went into – this would avoid a large amount of editing that I had to do. I need to keep in mind that the ideal digital story length is three to five minutes and try to stay in this time frame next time.

I also think it is very important to bring the stories full circle – make sure I have a beginning, middle and end. In the survey results I received, two of the comments said “what happened to Cathy’s patient?” Until I read those remarks, I didn’t even realize that I didn’t include what happened to her patient after he was transferred to the Critical Care Unit. Although I believe the key point “of communication is key to quality patient care” was still clear without this information, I think it is important to cover all aspects of the stories, especially information that intrigues the people watching the digital stories.

Something else I would do differently is to try to use real photographs of the storytellers whenever possible. One of the comments I received on the survey for question number three, “What do you think could have made these digital stories more effective?”, was “actual pictures of our staff not ‘models’ between the breaks in the video”. I also received another comment that the person’s favorite part of the digital stories was the pictures of Jerry’s family, which were the only photos that were actual photos from the storytellers – the other photos were purchased from a stock photography website. I think real photos would help the viewers relate to the story even more, even if they were posed for the purpose of the digital stories. I will definitely try to use actual photographs whenever building digital stories in the future.
And last not but least, I would try to use a different program to do the digital story editing. I used Microsoft MovieMaker because that is the program I had on my computer that I was familiar with, but it did impose some limitations to what I was able to do. For example, it would have been nice to be able to insert a photo in different parts of the story, not only when there was a break in between clips. To do this, I would have to insert the same video clip twice and then edit it to start and stop. It was very difficult and time consuming to do this, so a program that allowed users to put pictures in wherever they want would be very beneficial. As communication technologies progress, digital storytelling is something myself and co-workers are likely to be doing more of in the near future, so investing in a user-friendly editing software would be a wise decision.

**Survey Results**

After reviewing the survey results, several themes seemed to emerge and I believe my digital stories did accomplish my goal of accommodating multiple intelligences. I also think the use of multimedia enhanced the nurses’ ability to understand the information and with all that they took from the story, they will act based on what they learned improve their care processes because of it. (Alessi & Trollip, 2001).

The answers to the survey question number seven, “Do you think these digital stories were more effective than if someone just read the stories to you or if you read them yourself? If yes, how is a digital story more effective?” helped me discover that at least with the caregivers I surveyed, digital storytelling is more powerful than a traditional written story. A few of the comments I received were “many people are auditory learners and the message will be better received”, “yes, much more effective – it’s much better to see and listen to someone tell than story”, “I found myself much more emotional than when we have read stories at staff meetings”
and “the video conveyed more emotions and expressions than a verbal story would have”. Based on some of the comments I received, it is apparent that digital stories can affect people emotionally, which in turn, based on the cognitive learning theory, enables them to relate to the person telling the story and will help them remember what they learned in the story.

Based on the survey results, I also believe the digital stories I produced accommodate multiple intelligences. Survey question number eight “How did these digital stories accommodate those who learn in different ways (visual, spatial, interpersonal, etc.)?” helped me discover that the stories did in fact accommodate multiple intelligences because they used sound, images and personal stories to get the message across. Some of the comments I received were “the videos played to one’s emotional level”, “different types of learners could relate by how they interpret the storytellers’ faces, emotions, empathy, etc.”, “they engaged more of the senses” and “visually – body language, interpersonal – connectedness”. People learn in different ways so the more multimedia tools used in these stories, the easier it is for people to relate to them.

According to Hardy (2005), it is all the elements that go into a digital story that contribute to the fulfillment of the original purpose of the digital story. As pictured in Figure 5 on the next page, every part of a digital story affects every other part, and they also overlap. Digital stories cause people to have empathy for the storyteller, have dialogue with others about the topic as well as reflect on what they just learned. Transformations surround and permeate the circle as people’s beliefs about the topic are changed and behaviors are modified because of it. “The new perspectives themselves are the result of conscious attempts to learn, to understand and to change behavior, emerging from a deeper sense of connection and community that emerges from listening to carefully crafted stories” (Hardy, 2005, p 47).
After doing this project, I think one of the most valuable ways to connect with people to get an important message across is through emotion. In survey question number one, I asked “What did you like best about these stories?” and most of the responses I received had to do with feeling emotionally connected. Some of the comments were “I think they tell real life events and emotion that you would never get in an article or a study that you read”, “the openness of the speakers to tell their stories, adding the music was a good choice to complement the stories and the personal photos helped me feel more connected with the speaker” and “both stories were expressing ideas and emotions that we could all relate to”.

Digital storytelling takes out the third person, allowing the storyteller to communicate directly to viewers. This type of authenticity is what allows learners to connect emotionally with the storyteller and to have an everlasting impression on each person who views the digital stories. “Through an appreciation of the emotional element of the story and the story tellers’ emotional response to their experiences, an empathetic relationship is established” (Christiansen, 2010, p 291).
Based on the cognitive learning theory, I think my project and research proves that a digital story is more effective than just a written story because the use of multimedia can affect a nurse’s perception, attention, encoding, memory and comprehension. In survey question number five, I asked “Do you think the digital stories would cause you to want to reflect on the situations and possibly alter the way you provide care based on what you learned?” Some of the responses I received were, “yes - stepping back and realizing again the importance of bedside skills - communication, teamwork, caring and explaining”, “it re-affirms my practice values and importance of early recognition of patient deterioration and the importance of continuity of care” and “yes - everyday sometimes can drag you and after a while you can get ‘negative’…seeing the impact of how we can positively affect someone’s life is priceless”.

Although no one participating in the survey came right out and said they will definitely change their ways based on the stories I showed them, I do think they were positively influenced and their work will show because of it. Multimedia stories allow nurses to apply the information, or take action, which means they comprehended the story, and if the digital story is done well, active learning will take place. I believe my digital stories were able to enhance the nurses’ ability to understand the information and allow them to want to act based on what they learned (Alessi & Trollip, 2001). One person responded to this survey question with “not really, I try to take care of patients to the best of my ability and always consider their feelings”. This brought up the point that there might be certain types of nursing staff such as new or veterans that digital stories are more likely to have influence over rather than every type of nurse that is in the profession.

In survey question number nine, “Do you believe that the multimedia used in these digital stories influences active learning and cause you to want to stop, listen, comprehend, remember
and act based on what you learned?”, the majority of survey respondents said that this was the case. Some of the answers I received were “yes, the stories made me want to do all of the above - I would like to use these in my inservices for veteran nurses”, “they kept me engaged so that I followed the whole story from start to end - I would call this engagement active learning” and “yes, I learn better when I can see what is being talked about rather than just reading words”. All results are shown in Appendix E.

When asked in survey question number ten “What type of media used in the digital stories was most effective in getting the point of the stories across to you?”, the majority of votes were for the video of the person telling the story, photographs and music. One comment I received said that they thought it all worked very well together. By using multimedia to tell a story, I was able to demonstrate that a digital story is able to accommodate multiple intelligences and provide nurses with a deeper approach to learning.

**Conclusion and Future Research**

Although there is no way to guarantee that my research does in fact prove digital stories accommodate multiple intelligences and cause nurses to change their behavior based on what they learned, I think my project combined with the research that is out there shows the power of a digital story over traditional methods of education. As Zull (2002) explains you need people’s attention before you can get their intention. “Intention is their commitment to go out and actually do something; there is little doubt that digital stories grab the attention and thus help to instigate the first step on the journey to transformation; they do this in part by engaging all parts of the brain” (Zull, 2002, p 87).
As technology progresses and the costs of producing digital stories continues to decrease, I believe more and more hospitals and medical education programs will use digital storytelling as a valuable method of teaching. “The creation of digital stories has the potential to connect patients, providers and decision-makers in an unusual and powerful way through deepening relationships and reinforcing the sense of community while reinforcing and affirming individual and collective knowledge” (Hardy, 2005, p 54).

With the results I gathered from the surveys, I believe I was provided with useful information and tips that can improve the digital stories our hospital and I produce in the future. The survey results combined with my experience building digital stories have allowed me to form recommendations to the hospital for using digital storytelling as a tool for educating nurses. From the survey question number twelve, “If given the opportunity, would you be interested in making your own digital video to tell a story about something that has happened to you or a patient you cared for during your nursing career?” I discovered that the nursing staff I surveyed is really split when it comes to producing their own digital stories. Although they enjoyed watching them and were able to emotionally connect to the stories, about half of the survey respondents said they would not be interested in making their own digital stories – many said because they were shy.

We do a lot of poster contests between the different nursing units at the hospital, so one of my recommendations would be that in the future we could do a digital story contest that would benefit all of our employees because the stories could be shared with everyone and the lessons to be learned are endless. Although some staff wouldn’t feel comfortable being interviewed, they could help in a multitude of different areas – the storyboard process, picking out music, gathering photos, etc. and everyone could be involved.
Another recommendation would be to use digital stories produced by hospital staff during orientation. Right now during the orientation process, new employees are given reading material and listen to presenters talk about important topics. I think digital stories mixed in with the presenters would make orientation interesting while also letting new employees know the type of situations they might face and how best to handle it while working at the hospital. These digital stories could also be played at hospital in-services and education days, as well as be posted on our hospital’s intranet so everyone could have access to them.

There is still a lot to be learned about the power of digital stories – especially in healthcare environments and little research to date has been done regarding the impact of digital stories. Research that I believe would be interesting is what types of nurses learn best through digital stories – new nurses, veteran nurses, nurses on certain units, etc.? Further research should also be conducted to see what changes, if any, can be attributed to digital stories. This would ideally be done by getting before and after stories from nursing staff. For example, nurses and nurse managers could fill out a survey about their care practices, and then after they are shown a digital story, nurse managers can observe the nursing staff to see if their behaviors have changed.

Additional research that could be done is investigating the benefits and opportunities for reflection and transformational learning provided by the digital storytelling process. This could be done by using digital stories as educational tools on certain nursing units while providing other nursing units with the written stories. Researchers could monitor the behaviors of the nursing staff and see if the nurses who watched the digital stories changed their behaviors more than the staff who just read the stories did.
**Recommendation Summary**

- Hold a digital story contest instead of a poster contest for nursing staff.
- Use digital stories produced by hospital staff during new employee orientation.
- Use digital stories as educational tools during hospital in-services and education days.
- Gather before and after stories from nursing staff to see if behaviors changed based on the digital story they watched.
- Investigate the benefits and opportunities for reflection and transformational learning provided by the digital storytelling process.
- Use digital stories as educational tools on certain nursing units while providing other nursing units with written stories to see if digital stories changed behaviors more than written stories.
References


Center for Digital Storytelling, Retrieved December 1, 2011 from www.storycenter.org


Appendix A – IRB Approval Letter

State University of New York, Institute of Technology
Institutional Review Board
SUNY IT I R B

Erin Bushinger (Gigliotti)
Student – Information Design and Technology, SUNY IT
100 Seymour Dr.
Utica, NY 13502
ebushinger@yahoo.com / egigliot@mvnhealth.com
315-269-4150

RE: Thesis Project: How are digital stories properly developed so they accommodate multiple learning styles and provide nurses with a deeper approach to learning?

Dear Ms. Gigliotti,

The Institutional Review Board of SUNY IT is pleased to inform you that it reviewed and approved your study, entitled above, including the consent document, via the expedited review process on 01/23/12. The decision to approve your study was based upon receipt of the minor revisions to the study requested by the IRB following a full board initial review on 01/10/12.

Approval for this study expires on 22 January 2013.

You are required to notify the Office of the IRB prior to implementing significant modifications to the study or consent document. You are also required to promptly notify the IRB of any unanticipated problems involving risks to subjects or others as a result of this study.

If you have any questions about this certification letter, or if I can be of further assistance in this matter, please feel free to contact me at 792-7343.

This Institutional Review Board of SUNY IT subscribes to and functions within the requirements of Title 45 Code of Federal Regulations Part 46, “Protection of Human Subjects”.

Sincerely,

Holly Jones, MS, RHIA, CTR
IRB Coordinator

CC: Carolyn Christie-McAuliffe, Ph.D., FNP
Chair, SUNY IT Institutional Review Board

100 Seymour Road
Utica, NY 13502
315-792-7343
Appendix B

Notes from Jerry’s interview and key points to cover during filming
January 23, 2012

Jerry’s Story

Section 1
- My name is Jerry Plows and I am the Relationship-Based Care coordinator at the hospital, and I have worked here for ___ years. In this position, I am in charge of…. (explain)

- One day two months ago I was in my office and I got a sharp pain that radiated through my arm (explain)

- I walked to another co-workers office in the hopes of the pain going away, once there she felt I should get checked out so I ended up going to cardiac testing right around the corner and they instructed me that I should go to the ED.

Section 2
-I was very hesitant to go to the ED because my mom passed away there
-It was a department I tried to avoid because of this and it was hard to deal with the emotions the memories brought back.
- I knew I had to go though so she brought me down to the ED.

- I was very nervous because I didn’t know what was going on. I was scared and thoughts of my family kept flashing through my mind – what would happen to them if something happened to me?

Section 3
-What happened when he went to the ED:
   -nurses worked together as a team
   -kept him updated about care
   -told him what was going on
   -told him what tests they were doing, how they were going to be done, what departments were involved, etc.
   -most importantly, made me feel comfortable

-When you are in the role of the patient, it is scary because you are not familiar with what is happening. People were rushing around and it made me very nervous.

-As the caregivers, we need to make sure we comfort the patients: 
   -telling the patients what is going on helps them have less anxiety or confusion
   -putting your hand on their shoulder, getting them a blanket or a drink – it’s the little things like that that make the biggest difference
-Put yourself in the patients’ shoes (even though you are busy) and treat them as you would want to be treated if you were in their situation.
Section 4
- Even though you do this every day, the patient doesn’t, so make sure you explain everything you are doing even though you think they might know.

- After all of my test results came back, it turns out I was ok (explain what was wrong).

- I have a new perspective on my job now thanks to how the nurses took care of me that day.

- Now when I see a patient or visitor lost in the hospital, I stop what I am doing because I know I would want someone to do that for me.

Section 5
- It’s the small things that make the biggest difference in our patient care at the hospital.
- No matter what your job is at the hospital, we all make a difference in the lives of our patients and their families.
Appendix C

Notes from Cathy’s interview and key points to cover during filming
January 25, 2012

Cathy’s Story

Section 1
- My name is Cathy Leonard and I have been a registered nurse at the hospital for more than ___ years.
- Being an RN is a very rewarding, yet challenging job. No patient is ever the same and the work we do gets people healthy again and comforts them during their most vulnerable times.
- At FSLH, we have the primary nurse program so when a patient is on our unit, one nurse takes care of them each shift. This really allows nurses to get to know their patients because they are with the same patients during their entire shift.

Section 2
- One particular day at work, I was taking care of an elderly man who had surgery two days before. He got transferred to our unit from the Critical Care Unit and he required a lot of care.
- As the day went on, the patient started to not look very good. His color was off, his abdomen was becoming swollen and I could just tell he did not look right. I asked his wife what she thought, since patients’ families are the ones who know the patient the best, and she agreed with me that something was not right.
- At that point in time, I thought about my options. I could wait and see if with time the patient got better, or I could call his doctor to come in but sometimes you just don’t know when the doctor will be available to come in.

Section 3
- At the hospital, we have something called Rapid Response. Anyone can call it, and when you do, a team of physicians, respiratory therapists, etc. comes to the patient’s room to give them immediate care. Whether you are the patient’s wife, child, nurse, care attendant, house keeper or a doctor – anyone who is concerned can call.
- I spoke with my nurse manager, and the patient’s condition continued to get worse. I knew the right thing to do was call Rapid Response. I dialed 333, told them the patient’s room number, and the next thing you knew the Team was in the patients room providing him with the urgent care necessary to get him back to where he was supposed to be. Within minutes, the patient was taken care of and transferred back to the Critical Care Unit, where he could be monitored more closely.

Section 4
- Sometimes, nursing staff or patients’ families can be hesitant to call Rapid Response because they would feel embarrassed if nothing was really wrong. At FSLH, we can’t stress enough how important it is to call Rapid Response if you have any concerns or your intuition is telling you something is not right.
- When other hospitals in the area were thinking about adapting the Rapid Response program, they asked us for our hospital statistics about how many people’s lives were “saved” by the
Rapid Response team. The whole point of Rapid Response is that you never get to the point of saving someone’s life – you are caring for them at a vital time that prevents anything bad from happening to them.

Section 5
- If I could have any word of advice for another nurse or nursing unit, I would tell them to communicate. Between each shift, the nurses taking over another nurses’ patients talk to tell them about the patient’s condition, what has been going on, and how the patient are doing. I can’t stress enough how important this time is to tell the incoming nurse everything you know and anything you are concerned with – even the smallest of things could save someone’s life.
- I know you are tired at the end of your shift, but this shift change communication can often be the most important part of our jobs and vital to our patients’ care. I would also tell my fellow nurses to not be scared to follow what their heart is telling them – we are the ones with our patients all day so we need to collaborate with the patient’s families and physician and communicate with everyone.
- Communication is the key to quality care.
Appendix D - Survey

Digital Storytelling in Healthcare
Thesis Project Survey
Erin Bushinger-Gigliotti

Information for participants:
Thank you for filling out this survey after watching the two digital stories I produced. This survey is optional and you do not have to participate. If you do not feel comfortable filling out this survey, you do not have to do so and can stop at any time. Any answers provided will be combined with all participants’ survey results and will be analyzed as part of my thesis project at SUNY IT Utica-Rome. The results will be published in my thesis project paper. Your name or department is not required as part of the survey and all information will be kept confidential. Thank you! If you have any questions, you may contact me at 315.269.4150.

1) What did you like best about these digital stories?

2) Was there anything about these digital stories you didn’t like?

3) What do you think could have made these digital stories more effective?

4) How did these digital stories make you feel?

5) Do you think the digital stories would cause you to want to reflect on the situations and possibly alter the way you provide care based on what you learned? If yes, how so?
6) Did these digital stories cause you to think about other similar situations you may have experienced while caring for patients?

7) Do you think these digital stories were more effective than if someone just read the stories to you or if you read them yourself? If yes, how is a digital story more effective?

8) How did these digital stories accommodate those who learn in different ways (visual, spatial, interpersonal, etc.)?

9) Do you believe that the multimedia used in these digital stories influences active learning and cause you to want to stop, listen, comprehend, remember and act based on what you learned? If yes, what about the stories made you want to do that?

10) What type of media used in the digital story was the most effective in getting the point of the story across to you? (Please circle none or as many as you would like)

    Video of person telling story    Music    Pauses in video clips
    Photographs    Text on screen

11) What digital story topics would be most beneficial to new nurses?

12) If given the opportunity, would you be interested in making your own digital video to tell a story about something that has happened to you or a patient you cared for during your nursing career?
Appendix E – Survey Results in Microsoft Excel

<table>
<thead>
<tr>
<th>Question 1 - What did you like best about these digital stories?</th>
</tr>
</thead>
<tbody>
<tr>
<td>They had deep meaning</td>
</tr>
<tr>
<td>They were personal stories</td>
</tr>
<tr>
<td>Set at location</td>
</tr>
<tr>
<td>Calm, caring atmosphere</td>
</tr>
<tr>
<td>Honest, personal</td>
</tr>
<tr>
<td>Real people telling real stories</td>
</tr>
<tr>
<td>You were able to feel the emotions behind the words, not just the words themselves</td>
</tr>
<tr>
<td>They were short and really hit home and put more feelings behind the story</td>
</tr>
<tr>
<td>The stories were not scripted, loved the music</td>
</tr>
<tr>
<td>Not only did we &quot;hear&quot; what they had to say, but we got to see their faces, body language - they all play an important portion of telling a story</td>
</tr>
<tr>
<td>I like how the stories pulled me in - made me feel proud for what we do - kept me awake and I didn't want the story to end. Also allowed me to connect to the people telling the story.</td>
</tr>
<tr>
<td>I enjoyed hearing about real life situations that happen at our hospital - not somewhere else</td>
</tr>
<tr>
<td>Music background and additional photos - particularly of Jerry's wife and children. I also liked the key points highlighted in writing.</td>
</tr>
<tr>
<td>I loved the setting/lighting, the way the stories were told. I also liked the breaks in the story to place other &quot;still&quot; photos and working in the presentation. The font of the letters was very nice also. Very calm and welcoming presentation.</td>
</tr>
<tr>
<td>Both stories were expressing ideas and emotions that we could all relate to.</td>
</tr>
<tr>
<td>I think they tell real life events and emotion that you would never get in an article or a study that you read.</td>
</tr>
<tr>
<td>The openness of the speakers to tell their stories, adding the music - was a good choice to complement the stories and the personal photos helped to feel more connected with the speaker.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2 - Was there anything about these digital stories you didn't like?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No - 13</td>
</tr>
<tr>
<td>No - great job, they were perfect! 1</td>
</tr>
<tr>
<td>No - seemed to tell the emotion. 1</td>
</tr>
<tr>
<td>Not knowing what happened to Cathy's patient. 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 3 - What do you think could have made these digital stories more effective?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing - 7</td>
</tr>
<tr>
<td>In story #1, I didn't see a conclusion to the story. What happened to the gentleman?</td>
</tr>
<tr>
<td>They were good!</td>
</tr>
<tr>
<td>Can't think of anything</td>
</tr>
<tr>
<td>Actual pictures of our staff not &quot;models&quot; between the breaks in the video.</td>
</tr>
<tr>
<td>Nothing at this time - I think they both got the point across</td>
</tr>
<tr>
<td>Although I really liked the music, at times it felt a little too loud</td>
</tr>
<tr>
<td>They were great!</td>
</tr>
<tr>
<td>I liked the occasional interruption of a slide with text explaining the point of the story.</td>
</tr>
</tbody>
</table>


### Question 4 - How did these stories make you feel?

- Compassion, empathy, drew me in. Touched the emotional side of my being.
- That there is good care and that the employees felt good about their workplace.
- Glad to be a nurse and be able to care for others.
- Confirms that the agency appreciates an honest testimony from employees
- Very moving and informative
- I could put myself in the storytellers shoes and understand what was going on
- Very emotional - it made me stop and think of the difference we make everyday.
- Inspired - 2
- Felt extremely proud to work at our hospital. Felt reassured during their stories, as these stories could have happened to my family, friends and myself.
- Sad :( But happy at the same time!
- Proud of the staff that works here and comfortable knowing that if I or a family member were a patient we would have received the same care.
- They were very personal and allowed the viewer to emphasize with the situation
- They made me feel connected to the hospital team in that they emphasized all of us make a difference.
- You could put yourself in their situation.
- Connected to the speakers and their situations.

### Question 5 - Do you think the digital stories would cause you to want to reflect on the situations and possibly alter the way you provide care based on what you learned? If yes, how so?

- Try to keep in forefront how much little things matter. Everyone has a story - never know how the smallest act of kindness can effect a person. Remember how important communication is in all situations.
- Blank
- Not really, I try to take a care of patients to the best of my ability and always consider their feelings.
- Self-assessment in a safe environment
- Yes because you could see the emotions the storytellers had and you could see the nonverbals which makes you realize how important their experience was.
- Yes. As a member of the Rapid Response Team, Kathy's story was moving and I would love for everyone to hear her story. Include the critical care staff.
- Continue to assist those that give care.
- You can relate to a digital story and you can remember parts or entire story much easier. I could provide much better care by doing the things they mentioned.
- Yes - everyday sometimes can drag you. You feel like patients only see what you do wrong. After a while you can get "negative". Seeing the impact of how we can positively affect someone's life is priceless.
- Yes - stepping back and realizing again the importance of bedside skills - communication, teamwork, caring and explaining.
- I don't think it would change the behavior of someone who didn't feel this way but definitely reinforces feelings of people who strive to do these types of things
- Absolutely, especially for a new hire.
- Yes because they put the principles in real life situations so you can relate to them yourself.
- It re-affirms my practice values and importance of early recognition of patient deterioration and the importance of continuity of care!
**Question 6 - Did these digital stories cause you to think about other similar situations you may have experienced while caring for patients?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes - 6</td>
<td></td>
</tr>
<tr>
<td>Blank - 2</td>
<td></td>
</tr>
<tr>
<td>Yes definitely it brought me back to a patient we cared for a few weeks ago.</td>
<td></td>
</tr>
<tr>
<td>Yes in over 38 years, I could relate these stories to many situations.</td>
<td></td>
</tr>
<tr>
<td>Yes easy to connect to.</td>
<td></td>
</tr>
<tr>
<td>Yes and also what we teach as nurse educators - I think stories are more effective than just lecturing the information</td>
<td></td>
</tr>
<tr>
<td>Jerry's story made me think about how I would react to being told I should go to the E.R.</td>
<td></td>
</tr>
<tr>
<td>Yes...very reflective..great way to teach!</td>
<td></td>
</tr>
<tr>
<td>Not applicable - I do not care for patients</td>
<td></td>
</tr>
<tr>
<td>Yes, because maybe you didn't think the small things that you everyday make a difference until you saw this video.</td>
<td></td>
</tr>
</tbody>
</table>

**Question 7 - Do you think these digital stories were more effective than if someone just read the stories to you or if you read them yourself? If yes, how is a digital story more effective?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Visual - kept me in the moment</td>
<td></td>
</tr>
<tr>
<td>You could see the emotion in their faces</td>
<td></td>
</tr>
<tr>
<td>Yes - more real seeing them tell the story</td>
<td></td>
</tr>
<tr>
<td>Many people are auditory learners and the message will be better received</td>
<td></td>
</tr>
<tr>
<td>Yes, much more effective. It's much better to see and listen to someone tell their story.</td>
<td></td>
</tr>
<tr>
<td>Yes - you not only heard the words, you could see the person's reactions as they spoke.</td>
<td></td>
</tr>
<tr>
<td>I found myself much more emotional than when we have read stories at staff meetings.</td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
</tr>
<tr>
<td>Yes, as I stated in 1 and 4</td>
<td></td>
</tr>
<tr>
<td>Yes - easy to connect to</td>
<td></td>
</tr>
<tr>
<td>Yes - you get to see the person involved in the actual situation, hear the emotion in their voice and see their expressions</td>
<td></td>
</tr>
<tr>
<td>Yes! More engaging = more sensory</td>
<td></td>
</tr>
<tr>
<td>Yes - it allowed the storyteller to express their feelings while telling the story...much more personal.</td>
<td></td>
</tr>
<tr>
<td>Having the video conveyed more emotions and expressions than a verbal story would have.</td>
<td></td>
</tr>
<tr>
<td>You can see the emotion and how it is related to someone's life.</td>
<td></td>
</tr>
<tr>
<td>Yes - because the tone and gestures of the speakers really add to the story reading as story is more personal no matter how great the writer or the author.</td>
<td></td>
</tr>
</tbody>
</table>
### Question 8 - How did these digital stories accommodate those who learn in different ways (visual, spatial, interpersonal, etc.)?

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covers all of these areas</td>
</tr>
<tr>
<td>Not sure</td>
</tr>
<tr>
<td>Very good</td>
</tr>
<tr>
<td>See #7</td>
</tr>
<tr>
<td>They encompassed all those ways</td>
</tr>
<tr>
<td>It allows the person to sit back and listen and see the facial expressions of the person involved which helps tell the story.</td>
</tr>
<tr>
<td>Not sure, played to one's emotional level</td>
</tr>
<tr>
<td>Different learners could relate by how they interpret the storytellers faces, emotions, empathy, etc. and they could practice themselves during their caregiving.</td>
</tr>
<tr>
<td>Appropriate for all types of learners</td>
</tr>
<tr>
<td>It engaged more of the senses</td>
</tr>
<tr>
<td>It enhanced the learning</td>
</tr>
<tr>
<td>I think so</td>
</tr>
<tr>
<td>They had all the elements and they could be related to what you are trying to teach.</td>
</tr>
<tr>
<td>Visually - body language, interpersonal - connectedness</td>
</tr>
<tr>
<td>Blank - 2</td>
</tr>
</tbody>
</table>

### Question 9 - Do you believe that the multimedia used in these digital stories influences active learning and cause you to want to stop, listen, comprehend, remember and act based on what you learned? If yes, what about the stories made you want to do that?

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling connected to the individual.</td>
</tr>
<tr>
<td>Yes - listening to them tell their stories automatically makes you think about how you care for patients as well.</td>
</tr>
<tr>
<td>Only if there were an opportunity for appraisal (i.e. comment box - electronically)</td>
</tr>
<tr>
<td>Yes - makes you think about using Relationship-Based Care always both at work and in every day life</td>
</tr>
<tr>
<td>Yes - I learn better when I can see what is being talked about rather than just reading words</td>
</tr>
<tr>
<td>Yes, when I heard the nurse use key words like Rapid Response Team I was waiting for more of the story. I could almost see myself standing in the ED and sorry when he told the story</td>
</tr>
<tr>
<td>I can relate to the experiences Jerry had. Anxiety about being in a healthcare environment as a patient.</td>
</tr>
<tr>
<td>Yes, the stories made me want to do all of the above. I would like to use these in my inservices for veteran nurses.</td>
</tr>
<tr>
<td>Yes - interested in how the situations were handled and the outcomes</td>
</tr>
<tr>
<td>The music</td>
</tr>
<tr>
<td>Yes - the environment created by the presentation (very conducive to learning)</td>
</tr>
<tr>
<td>They kept me engaged so that I followed the whole story from start to end. I would call this engagement active learning.</td>
</tr>
<tr>
<td>Yes - again being able to relate to the stories and also re-affirming my practice values and beliefs.</td>
</tr>
<tr>
<td>Blank - 3</td>
</tr>
</tbody>
</table>
**Question 10 - What type of media used in the digital stories was most effective in getting the point of the stories across to you? (Please circle none or as many as you would like)**

<table>
<thead>
<tr>
<th>Media Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video of person telling the story</td>
<td>14</td>
</tr>
<tr>
<td>Photographs</td>
<td>11</td>
</tr>
<tr>
<td>Music</td>
<td>12</td>
</tr>
<tr>
<td>Text on screen</td>
<td>8</td>
</tr>
<tr>
<td>Pause in video clips</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments:**
Verbal

It all worked very well
I think the text on the screen helped a lot to drive home and emphasize certain points

**Question 11 - What digital stories would be most beneficial to new nurses?**

Rapid Response, the little things matter, Relationship-Based Care, primary nursing, bedside report
Real life occurrences in the hospital, anything to reinforce new topics and enhance basic nursing skills
Debriefings for Rapid Responses, Code M's and Code Blues
Listening, empathy and compassion

I teach orientation and most of the new nurses prefer visuals and hands on, so in that case almost all aspects of orientation would benefit from digital stories
Rapid Response Team, handwashing, end of life/palliative care, customer service
Working with experienced nurses

Similar stories but these stories could be used with veteran nurses, who sometimes "forget" about how they care for patients.
Safety topics

I liked both presented - clinical skills like Rapid Response and the way we made a patient feel
Other examples from nurses and patients

I loved that the two that you created - importance of a Rapid Response and communication and Relationship-Based Care
Patients calling for assistance and rounding
Concepts that you can’t learn hands on
Situation-based as you demonstrated with both Jerry and Cathy’s stories
Blank - 1
Question 12 - If given the opportunity, would you be interested in making your own digital video to tell a story about something that happened to you or a patient you cared for during your nursing career?

<table>
<thead>
<tr>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>No thank you</td>
</tr>
<tr>
<td>No - 2</td>
</tr>
<tr>
<td>Possibly</td>
</tr>
<tr>
<td>Unsure at this time - kind of shy</td>
</tr>
<tr>
<td>Sure</td>
</tr>
<tr>
<td>Yes - I think people can only benefit from hearing &quot;real&quot; stories - if that could help someone and the care they provide - most definitely</td>
</tr>
<tr>
<td>I would be interested in helping others tell their story and using it for education</td>
</tr>
<tr>
<td>Not really</td>
</tr>
<tr>
<td>Perhaps</td>
</tr>
<tr>
<td>Yes, but I am not a nurse</td>
</tr>
<tr>
<td>Not sure</td>
</tr>
<tr>
<td>I try to use examples as such in my clinical practice when educating, however, I would be open to it.</td>
</tr>
<tr>
<td>Blank - 4</td>
</tr>
</tbody>
</table>
Appendix F – Consent Forms from Cathy Leonard and Jerry Plows

CONSENT FORM
CONSENT TO BE PHOTOGRAPHED, FILMED, VIDEOTAPE,
RECORDED AND/OR INTERVIEWED AND RELEASE OF LIABILITY

I, the undersigned, request and authorize Faxton-St. Luke’s Healthcare or designated media organization Thesis Project to photograph, film, videotape, record and/or interview me while a patient, employee, physician or visitor of Faxton-St. Luke’s Healthcare for use (select one or more):

[ ] in a publication [ ] on radio [ ] on TV [x] on Internet Web Page [ ] on a billboard [ ] other (specify) ____________.

I understand and consent that this photograph, film, videotape, record and/or interview may be used either internally or externally

I hereby release and agree to indemnify and hold harmless Faxton-St. Luke’s Healthcare, its affiliates and their trustees, officers, employees, agents, patients and Medical Staff from any injury and/or damages sustained as a result of such photographing, filming, videotaping, recording and/or interviewing, including but not limited to, claims of personal injury, property damage, invasion of privacy and/or breach of confidentiality.

I agree to cause the photographing, filming, videotaping and/or interviewing to be stopped immediately upon the request of any physician or hospital employee, if in the sole judgment of that person, such is in the best interest of patient care. I have the right to request that photographing, filming, videotaping, recording and/or interviewing be stopped, and I have the right to rescind consent for use up until a reasonable time before a photograph, film, videotape, recording and/or interview is used. The use of photography, filming, videotaping, recording and/or interviewing done by news media is not under the control of Faxton-St. Luke’s Healthcare and I understand that once I provide consent to news media I will not have a right to rescind unless the news media agrees. I recognize that deadlines for production and use may vary from same day to a week to a month.

THIS IS A LEGAL CONSENT FORM AND RELEASE OF LIABILITY FORM. PLEASE READ IT CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED BEFORE SIGNING.

Date 2/11/13 Time 10 AM/PM

Witness to Signing Erin Giordano

Telephone # 315-249-4150

Cathy Leonard

Please PRINT Name Legibly

Signature

Status: Patient/Family, Employee, Physician, Visitor (circle one)

Home Address 130 Johnny Cake Rd

Employee Information: Department Nursing

Mach, NY 13107

REQUEST TO STOP:

The above signed person, having given consent to be photographed, filmed, videotaped, recorded and/or interviewed, hereby directs that the production for which the photography, filming, videotaping, recording and/or interviewing is being used be stopped.

Date __________ Time _______ AM/PM

Please PRINT Name Legibly

Signature
Ethics Protocol for Case Study Research
Erin Bushinger

This authorization is being requested in part to fulfill requirements of the State University of NY Institute of Technology's Human Subjects Research Review Board as well as state and federal regulations regarding the use of human subjects in research. The project involves a case study that may be used in my master's research at the SUNY IT Information Design and Technology Master's program. Excerpts or rewritten versions may also be submitted to professional journals for publication.

My thesis project is about developing and the effects of digital storytelling. The work involves the filming of the stories with you, and then having nursing staff watch the stories to gather their feedback so I can find out if digital stories teach those with a variety of learning styles and cause people to deeply reflect on how they care for patients.

The benefit of you agreeing to tell your story, which will be developed into a digital story, is that you are helping influence those who watch the story. Your story gives an example of a true situation you experienced, and how care provided by hospital caregivers can be improved based on the situation you went through. Your story offers tips and takeaways for nurses and also suggests ways in which they can change how they treat patients to offer a better patient experience.

If during the filming you say something on camera that you would like to keep confidential, I promise that I will not include it in the digital story. Employees at Faxton St. Luke's Healthcare will be viewing your digital story, as it will be used as an educational tool to improve nursing care. Your signature on this agreement confirms that you are aware that employees will be viewing this story, and your name and video of yourself are included in the story.

I can be reached at 315.269.4150. I am a student at State University of New York, Institute of Technology at Utica/Rome, where I am a student in the Information Design and Technology program. I would be happy to answer any questions about the project.

I would like to reassure you that as a participant in this project you have several, rights.
- Your participation in these studies is entirely voluntary.
- You are free to decline to answer any question at any time,
- You are free to withdraw from the study at any time.

My notes from meetings, interviews, and observations will be kept strictly confidential. The digital stories will be made public, however, only to employees of Faxton St. Luke's Healthcare. Excerpts from these notes may be made part of the final thesis. Copies of the final publications will be supplied whenever possible and as requested.

I would be grateful if you would sign this form to show that you have read its contents.

[Signature]
Cathy Leonard
[Printed Name]
[Date] 2/11/12
CONSENT FORM
CONSENT TO BE PHOTOGRAPHED, FILMED, VIDEOTAPE, RECORDED AND/OR INTERVIEWED AND RELEASE OF LIABILITY

I, the undersigned, request and authorize Faxton-St. Luke's Healthcare or designated media organization Thesis Project to photograph, film, videotape, record and/or interview me while a patient, employee, physician or visitor of Faxton-St. Luke's Healthcare for use (select one or more):

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I agree to cease the photographing, filming, videotaping and/or interviewing to be stopped immediately upon the request of any physician or hospital employee, if in the sole judgment of that person, such is in the best interest of patient care. I have the right to request that photographing, filming, videotaping, recording and/or interviewing be stopped, and I have the right to rescind consent for use up until a reasonable time before a photograph, film, videotape, recording and/or interview is used. The use of photography, filming, videotaping, recording and/or interviewing done by news media is not under the control of Faxton-St. Luke's Healthcare and I understand that once I provide consent to news media I will not have a right to rescind unless the news media agrees. I recognize that deadlines for production and use may vary from same day to a week to a month.

THIS IS A LEGAL CONSENT FORM AND RELEASE OF LIABILITY FORM. PLEASE READ IT CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED BEFORE SIGNING.

Date 2/1/12 Time 11 AM/PM
Witness to Signing Eun Giglio
[ ] Telephone # 624-6075

[ ] Name Printed: Jerry Plows
[ ] Signature:

[ ] Status: Patient/Family, Employee, Physician, Visitor (circle one)
[ ] Home Address 112 and Ave, Frankfort, NY
[ ] Employee Information: Department: Nursing Services

NATURE OF ASSIGNMENT:

REQUEST TO STOP:
The above signed person, having given consent to be photographed, filmed, videotaped, recorded and/or interviewed hereby directs that the production for which the photography, filming, videotaping, recording and/or interviewing is being used be stopped.

Date Time AM/PM

Please PRINT Name Legibly

Signature
Ethics Protocol for Case Study Research
Erin Bushinger

This authorization is being requested in part to fulfill requirements of the State University of NY Institute of Technology's Human Subjects Research Review Board as well as state and federal regulations regarding the use of human subjects in research. The project involves a case study that may be used in my master's research at the SUNYIT Information Design and Technology Master's program. Excerpts or rewritten versions may also be submitted to professional journals for publication.

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If during the filming you say something on camera that you would like to keep confidential, I promise that I will not include it in the digital story. Employees at Faxton St. Luke's Healthcare will be viewing your digital story, as it will be used as an educational tool to improve nursing care. Your signature on this agreement confirms that you are aware that employees will be viewing this story, and your name and video of yourself are included in the story.

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I would be grateful if you would sign this form to show that you have read its contents.

[Signature]
[Date: 2/11/12]

Signed
Printed
Dated
Appendix G – Websites


Patient Voices is the largest resource of freely accessible digital stories about health and social care anywhere in the world.

http://milehighstories.com/?page_id=21 - The stories developed by the nurses in the Doctoral Program at the University of Colorado with the CDS and Patient Voices (page 13).

http://faxtonstlukes.com/sites/default/files/stuff/erin-digital-stories.html - The digital stories I developed can be viewed at this link (page 24).