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Nursing Children and Young People

Storyboarding as an aid to learning about death situations in children's nurse education --Manuscript Draft--

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Storyboarding as an aid to learning about death situations in children's nurse education

NB Acknowledge students' work and permission if included

Introduction

The death of a child, whether sudden or anticipated, is one of the most challenging and unique experiences that children's nursing students will encounter in practice. Evidence suggests that this can have an impact on the practitioner and can affect quality of care. Death education for nurses has been studied but there has been limited research into the education of those working with dying children and how effective it is in preparing them for this role. This deficit provides those involved in children's nurse education with a significant challenge and opportunity to be innovative in meeting this need. This paper will examine the use of storyboarding as a creative teaching tool to enable children's nursing students to reflect on their experiences of working with children and families in death situations and consider the wider implications for the use of this technique in practice and education.

The unique impact of child death on the nurse

Child death rates in the UK have fallen significantly and continue to decline. Major causes of child deaths include immaturity-related conditions including respiratory and cardiovascular disorders and congenital anomalies, cancers and injuries (Wolfe et al, 2014; ONS, 2015). Although death in childhood is relatively rare, its effects are out of proportion to its incidence. Children's nurses are amongst the child health professionals who are most directly faced with and affected by childhood death; they have a unique caring role because of the vulnerability of their patients and the attachments and special relationships that can develop with them and their families (Adwan 2014). There has been research into nurses' experiences of death situations in different clinical settings. Malloy et al (2006) highlighted the complexity of caring for children with life threatening and life limiting conditions and chronic and complex needs in the expanding field of palliative care where anticipated deaths can occur in hospital, a child's home or in a hospice. The unique stressors facing paediatric oncology nurses were examined by Zander et al (2010) eg managing professional boundaries in relationships with children and their families. O'Malley (2014) explored the issues encountered before and after the sudden death of a child in the emergency department e.g. family presence during resuscitation, requesting organ donation, post mortem, forensic responsibilities. While advances in neonatal care have led to improved survival of neonates they have also led to distinctive dilemmas e.g. decisions about withdrawal of treatment (McGrath, 2011).

The intensity and complexity of caring in death situations has a unique impact on practitioners. Papadatou (2000) identified the nature of losses experienced by health care professionals; these included loss of a close relationship with a particular patient, identification with the family's pain, implications for professional self-image and role, effects on personal beliefs and assumptions

about life, past unresolved losses or anticipated future losses and awareness of the death of self. Papadatou (2009) suggests that health care professionals' grief is largely disenfranchised partly because they keep it private or suppress it and this may explain the lack of research on the topic. Studies have shown that caring in death situations can lead to job satisfaction, benefit finding and rewarding experiences but also more negative outcomes including headaches, fatigue, depression, stress, compassion fatigue, burnout and effects on relationships and performance at work and at home (Papadatou et al 2002; Papadatou 2009; Wilson and Kirshbaum 2011; Adwan 2014). Health care professionals need grief education and opportunities to make meaning about their experiences. Keene et al (2010) suggest that learning to manage grief is an essential but underemphasized skill for health care professionals. If a health care professional is unable to manage their own grief in healthy ways this may impact on their personal and professional life resulting in being able to give less than optimal nursing care.

The need for children's nursing students to learn about grief and loss

Over seven years ago the DH (2008) identified the responsibilities of commissioners and service providers to ensure that education and training are in place to provide a workforce capable of providing high quality services for children with life-limiting and life-threatening conditions. Recently, feedback from the Ombudsman (2015) reaffirmed that education and training are crucial to improving the quality of end of life care. However, the RCN (2015) has identified that terminally ill children are being let down by poor end-of-life care and there is a lack of relevant training in this field, therefore, specific educational input is needed. The preparation of children's nursing students for caring in death situations should be a priority for researchers and educators with twofold goals i.e. how to care for and support children and families experiencing loss and grief and how to develop the personal and professional coping mechanisms of professionals working in death situations. Loss, bereavement and grief needs to be a theme through the undergraduate children's nursing curriculum both in theory and practice and through research the most effective ways of teaching the topic can be identified and put into practice.

There have been a number of recent studies about death education for nurses and health care practitioners (Terry and Carroll, 2008; Cavaye and Watts, 2014; Gillan et al, 2014; Poultney et al, 2014). However, there has been limited published research into the needs and education of health professionals who work with dying children (Papadatou, 1997; Rashotte et al, 1997; Kaunonen, 2000) with a particular focus on palliative care (Malloy et al, 2006; Reid, 2013). There has been very limited study of death education for children's nursing students (Whittle, 2002; Schreiner, 2009; Carson 2010) and Malloy et al (2006) found that nurse education did not prepare nurses for end of life care with children and families. This deficit provides children's nurse education with a significant challenge and opportunity to be innovative.

Creative teaching methods

The selection of appropriate creative teaching methods is essential in nurse education. [Matzo et al \(2003\)](#) suggest that students' personal and professional experiences of loss are central to their learning to care for dying patients and their families; consequently, teaching loss issues to nursing students should be an interactive process which addresses the affective domain of learning. [Carson \(2010\)](#) concurs that experiential learning techniques should be used rather than didactic approaches in death education. Narrative pedagogy is an interpretive pedagogy which encourages interaction between students, teachers and clinicians ([Diekelmann 2001](#)); it is therefore appropriate for death education in which a common and helpful strategy for nurses caring for children and families in death situations involves sharing experiences with colleagues to construct meaning, gain emotional support and learn to manage grief ([Keene et al 2010](#)).

Storyboarding is one of a range of narrative pedagogical tools that have been developed ([Lillyman et al, 2011](#); [Lillyman and Bennett, 2012](#)). Other teaching strategies that incorporate narrative include e.g. reflection ([Johns, 2013](#)); story telling ([East et al, 2010](#)); use of children's books ([Crawley et al, 2012](#)); simulation ([Walsh, 2011](#)); and [McGrath \(2011\)](#) found that debriefing sessions provided an opportunity for carers to make meaning around the loss of patients and provided emotional support by giving them 'a place and permission to share their feelings with colleagues and make meaning of loss' (p. 8). Narrative is also used in therapy as a means of constructing meaning from life and death ([Neimeyer, 2001](#)). The role of the facilitator is important in this approach e.g. their expertise in group process ([Keene et al, 2010](#)) and dealing with students' emotions ([Matzo et al, 2003](#)). [Keene et al \(2010\)](#) suggest that if the facilitator is able to 'offer a quality of presence that creates a safe and trustworthy environment, the staff will have a level of comfort that allows them to participate fully and honestly in vulnerable conversations' (p.188).

Storyboarding

Storyboarding has been used in nurse education although there is limited literature about its use. [Johns \(2013\)](#) suggests that storyboarding can enhance reflection by constructing a story in a series of visual scenes with or without commentary and states that it 'offers an engaging visual approach to narrative that is both simple and effective' (p. 260). Considering an individual's storyboard in a group can lead to a dialogue and exploration of issues that have arisen and examination of relevant literature and evidence to inform future practice. [Johns \(2013\)](#) suggests it is akin to art therapy which facilitates the expression of feelings and meaning making about difficult experiences. [Lillyman et al \(2011\)](#) found that student nurses and teachers positively evaluated its use in the classroom as a way of exploring end of life issues and promoting creative, critical thinking and reflection on practice in the classroom. [Lillyman and Bennett \(2012\)](#) used it in reflecting on a range of topics with diverse groups of health care professionals. It is a technique which requires minimal equipment but 'it is staff and time intensive and attention is required to establish a climate of trust and safety. The risk of exposing unexpected emotions within individual students appears no greater than with

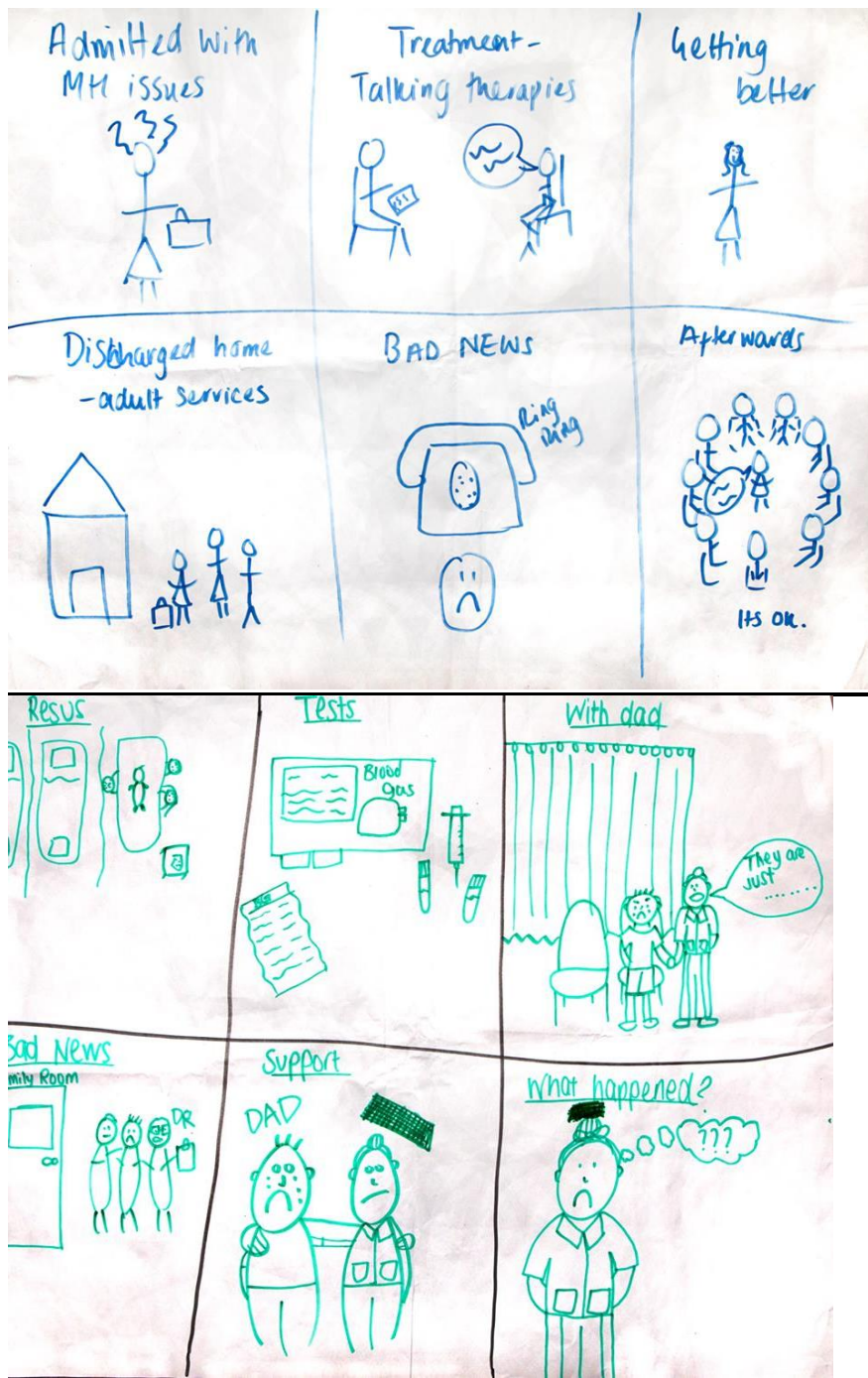
other approaches to teaching about loss, death and dying' (Lillyman et al 2011, p. 179).

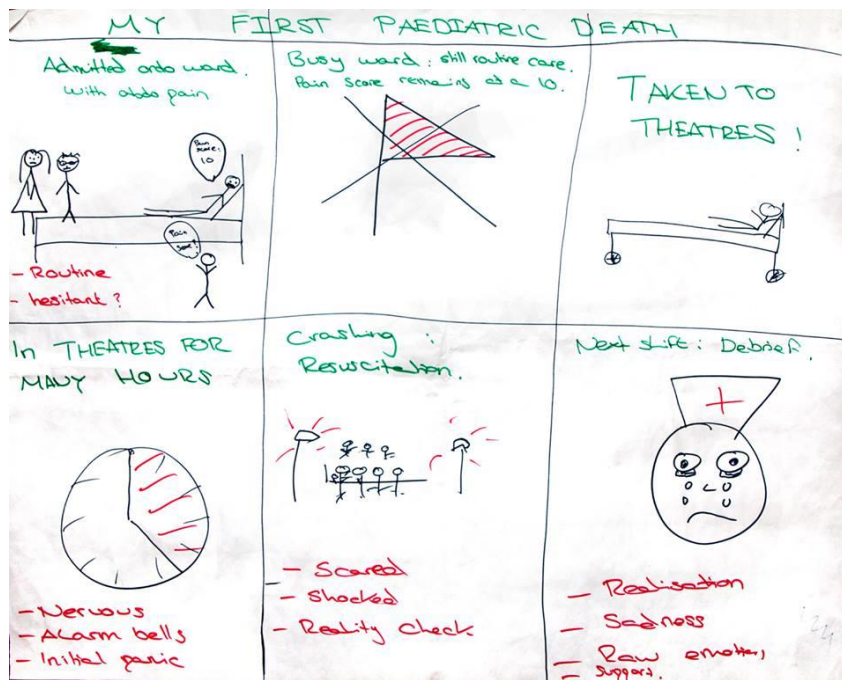
Lillyman et al (2011) offer guidance on how to use storyboarding. Considering ethical issues and creating a safe environment are essential to enable reflection, discussion and self disclosure e.g. informing students about the content of the session and offering support and the opportunity to opt out, putting ground rules in place including confidentiality and respect, debriefing and being clear that it is 'a learning process, not a therapy group' (p.180). Storyboarding can be used with large groups of students, but work initially takes place in small self selected groups to promote safety and give students time to hear each others experiences. Students are each asked to share an experience from practice and engage in narrative storytelling allowing them to identify and make sense of issues that are important to them. Large sheets of paper and pens are distributed and students are asked to divide their paper into a sequence of boxes and select one story from their group to tell through words and drawings encouraging all students to participate and become actively involved. The session is then drawn together as each small group shares their work with the larger group. Teachers behave as facilitators or enablers and can share their own experience, anxieties and strategies for managing these, if appropriate.

The use of storyboarding with children's nursing students

A review of literature led to the decision to use storyboarding, as described by Lillyman et al (2011), to complement current classroom teaching activities about end of life care with third year undergraduate children's nursing students who had had experience of death situations in practice. Having an interest in the topic based on experience as a children's nurse, nurse educator and as a volunteer in a child bereavement charity there was a desire to improve teaching and learning in order to enhance patient care and student coping. Ethical issues were considered; because end of life care is a sensitive topic, students were informed before the session and offered the opportunity to discuss concerns or opt out and ground rules were discussed at the beginning of the session to facilitate a safe and supportive environment and ongoing support was offered. The aim of the activity was for students in small, self selected groups to reflect on death situations that they had experienced in practice and then choose one situation to develop into a storyboard for further analysis before sharing and discussing in the whole group. A storyboard was demonstrated and students were given flipchart paper and pens to create their own storyboards. Issues raised by students included first experience of the death of a child, supporting a child's family after a death, sudden and unexpected death, resuscitation, personal feelings after a death in practice, debriefing and support (See Figures 1, 2 and 3). Student evaluation of learning demonstrated that they found the session valuable. From the teacher's point of view, students appeared engaged and interested and their unfolding narratives reflected the 3 elements of the narrative process described by Angus et al (1999) i.e. the external narrative which involves description of the loss, the internal narrative which involves exploring the

effects of the loss and the reflexive narrative which involves reflecting on what the loss means.





Implications of the use of storyboarding in practice and education

It can be seen that storyboarding is a narrative pedagogical tool which can be used to enhance reflection which is a key learning process in health and social care education. The technique may be particularly suitable for individuals who learn visually or those with learning difficulties e.g. dyslexia. Although the literature describes the use of storyboarding in classroom settings in higher education, there is potential for its use in practice, e.g. in clinical supervision and debriefing. In simulated learning a storyboarding scenario could be developed into a role played simulation to facilitate learning from a situation which could be recorded; as **Johns (2013)** suggests storyboarding offers exciting opportunities to video and film narratives. It can flexibly be used to learn about issues other than death situations; **Johns (2013)** describes and analyses an example of a nurse using storyboarding to reflect on her experience of being bullied. It could be advantageous in interprofessional education (IPE) promoting teamwork, collaboration and understanding of the roles of other professionals involved in health and social care; it is recognised that reflection, particularly reflection-on-action or secondary reflection, and experiential teaching methods enhance IPE for quality care (**Clark, 2006; Barnsteiner, 2007**). Additionally, there is potential for its use in communities of practice i.e. "groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in the area by interacting on an ongoing basis" (**Wenger et al, 2002, p. 4**).

The challenge and benefits of implementing storyboarding

Introducing storyboarding presents all those involved with children's nurse education with challenges and opportunities. These include management of change, integration of the technique into the curriculum, evaluation of its

effectiveness as a teaching, learning and assessment strategy and preparation of teaching staff and students for its implementation. Although minimal equipment is required, crucial to the success of storyboarding is an investment in time and staff development in classroom and practice settings and commitment to the use of an innovative narrative tool for improving quality of care of children and families in death situations.

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