

# CREATING AND SHARING DIGITAL STORIES

BRINGING TOGETHER THE ART AND SCIENCE OF MIDWIFERY THROUGH ASSESSMENT

Innovation and creativity are key skills that are seen to underpin and drive change in the NHS. It is therefore important to facilitate ways for students in their undergraduate programme to hone these skills in preparation for employment and their future career. In this piece, the authors describe an innovative approach that requires students to develop an individual, four-minute digital story of their choice, and create the narrative of the storyline and set it to relevant images, sound and text.



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## INTRODUCTION

Women's experiences of midwifery care and the context within which it is provided are dynamic and evolving. Midwives must respond to these challenges, not only with the knowledge they have acquired – the science – but also with compassion and creativity – the art.

Story sharing has been an integral part of the curriculum at Bournemouth University for over 20 years. Students share stories via oral or pictorial means within small groups, where it is used to encourage creative processes to reflect and develop new ways of thinking about the cultural, social and political context of midwifery care. Increasing evidence from the literature supports the contribution that storing sharing can assist students to integrate and enhance their experiential learning (Moreau et al 2018).

## WHY A DIGITAL STORY?

A digital story is a short video that uses multimedia to share a stand-alone and first-person narrative (Moreau et al 2018). Stories can convey clear and powerful messages that can be used to expand the skills, knowledge and understanding for the storyteller and those listening to the story (Yoder-Wise and Kowalski 2003). The aim of creating a digital story is to provide a means for the student to develop their problem solving, creativity and analytical thinking in a new way, supporting current health leadership policy in the UK, which is driving forward creativity and innovation as key skills to underpin change (The King's Fund 2011; NHS Leadership Academy [LA] 2013; NHS England 2017). Communicating information via a digital platform can improve information exchange, and is on the increase in the health and social care sector (NHS England 2016). The assessment provides a platform for students to hone these skills in readiness for employment.

## CREATING A DIGITAL STORY

In their final year of undergraduate study, midwifery students complete a 20-credit module, titled Health, leadership and innovation, where the assessment extends the student's skill of reflective practice and story sharing by being required to create a four-minute digital story. It needs to demonstrate a person-centred storyline; comply with professional practice ethical principles; articulate academic quality and rigour for a year three (academic level 6) assessment; and illustrate meaningful learning with creative opportunity. The student selects a topic they wish to understand in more detail and chooses an audience that the story would be shared with. This could be fellow students, qualified midwives or women and their families. Once the audience is identified, the digital story needs to reflect suitable language and content in order for the message to be understood. The student then creates the narrative of the storyline and sets it to relevant images, sound and text.

Students have shown extraordinary resilience in producing an assessment that, for many, was completely out of their comfort zone. They have demonstrated creativity and imagination that has brought the story sharing to life. Some stories have been shared recently at a local conference, and feedback from the Head of Midwifery included, 'Your student video clips made a big impact and all those who hear about them are keen to see for themselves'.

## AN ORIGINAL POEM CREATED FOR THE DIGITAL STORY

The following is an original poem created by student midwife Harley Reed which, for the assessment, was incorporated into a digital story using the digital platform, VideoScribe. The focus of Harley's story was postnatal depression, as she knew it affected 10-15 in every 100 women having a baby, so a midwife was more than likely to care for women exhibiting the signs and symptoms of postnatal depression (Royal College of Psychiatrists [RCP] 2015). There is also evidence to suggest midwives have a gap in their knowledge and understanding in this area (Royal College of Midwives [RCM] 2017). Her target audience was postnatal women; Harley wanted the digital story

to be a source of information and education for women.

Let me tell you a story about how it came to be  
That I suffered with depression postnatally

My name is Jane and I am here amongst the crowd  
And I stand here to tell you my story stood proud

At first things were great, my baby's birth had gone well  
Then as days went by, my mood gradually fell

I felt a black cloud come over and darken my mood  
I felt tearful and tired, so I could only conclude

That baby blues had set in as my midwife had warned me  
When hormones play havoc around day number three

My milk had come in but my mood got in the way  
Which made feeding my baby harder and harder each day

They asked me at my appointments if I was feeling okay  
But as each one went by I found it harder to say

That I wasn't bonding with my baby, as I felt all too low  
That I felt a bad mother, a secret no-one should know

I thought no-one could help me that I could pick myself up  
That life could be a half full not a half empty cup

I was restless, not sleeping, anxious thoughts filled my mind  
I couldn't eat, I couldn't drink, and I had started to find

I wasn't enjoying being a mother, I thought they're better  
off alone

I felt unworthy, a failure: in, the towel had been thrown



A few weeks had gone by, my confidence had gone  
Negativity consumed me, I would never get better.  
But I was wrong

Someone picked up on my feelings, my postnatal  
depression  
Maybe it was my mood, my disconnect, perhaps my  
expression

She asked me some questions to which I confessed  
I'd felt terribly down, hopeless and depressed

I felt scared and exposed to say it out loud  
To expose my illness, my unwelcome black cloud

Which hadn't been my plan as a new parent and mother  
But since I've had the support I have gone on to discover

That postnatal depression affects more than one in 10  
mothers  
In their first year after birth and there may even be others

Others struggling day to day, finding it hard to cope  
Reluctant to speak out but living in hope

But I tell you my story to reach out to 'the others'  
To say that you're amazing and incredible mothers

But please reach out and talk about how you are feeling  
Get some help and support, start the process of healing

Tell your partner, your midwife, or see your GP  
Tell a health visitor, or someone in your own family

There are organisations that are available too  
They listened to me and they'll listen to you

Talking change, iTalk, PND and Me  
Mind and The National Childbirth Trust (NCT)

Hampshire Lanterns, PANDAS and NHS Choices  
Local groups to share and hear women's voices

Things can get better, the key is to share  
To unload those feelings of never-ending despair

I'm Jane, and thank you for listening to me  
About how I became depression free

Please talk about your black cloud if it darkens your day  
Share your feelings, your worries and cast it away **TPM**

*Communicating information via a digital platform can  
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in the health and social care sector*



## REFERENCES

- The King's Fund (2011). The future of leadership and management in the NHS: no more heroes, London: The King's Fund. <https://www.kingsfund.org.uk/sites/default/files/future-of-leadership-and-management-nhs-may-2011-kings-fund.pdf>
- Moreau K, Eady K, Sikora L et al (2018). 'Digital storytelling in health professions education: a systematic review'. BMC Medical Education, 18(208): 1-9. <https://doi.org/10.1186/s12909-018-1320-1>
- NHS England (2016). National maternity review. Better births. Improving the outcomes of maternity services in England. A five year forward view for maternity care, London: NHS England. [www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf)
- NHS England (2017). Developing people – improving care: a national framework for action on improvement and leadership development in NHS-funded services, London: NHS England. <https://improvement.nhs.uk/resources/developing-people-improving-care/>
- NHS LA (2013). Healthcare leadership model: the nine dimensions of leadership behaviour, Leeds: NHS LA. <https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/nine-leadership-dimensions/>
- RCM (2017). More action needed for mental health in pregnancy, London: RCM. <https://www.rcm.org.uk/news-views-and-analysis/news/more-action-needed-for-mental-health-in-pregnancy%E2%80%99>
- RCP (2015). What is postnatal depression? London: RCP. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/post-natal-depression>
- Yoder-Wise P and Kowalski K (2003). 'The power of storytelling'. Nursing Outlook 51: 37-42. <https://doi.org/10.1067/mno.2003.2>