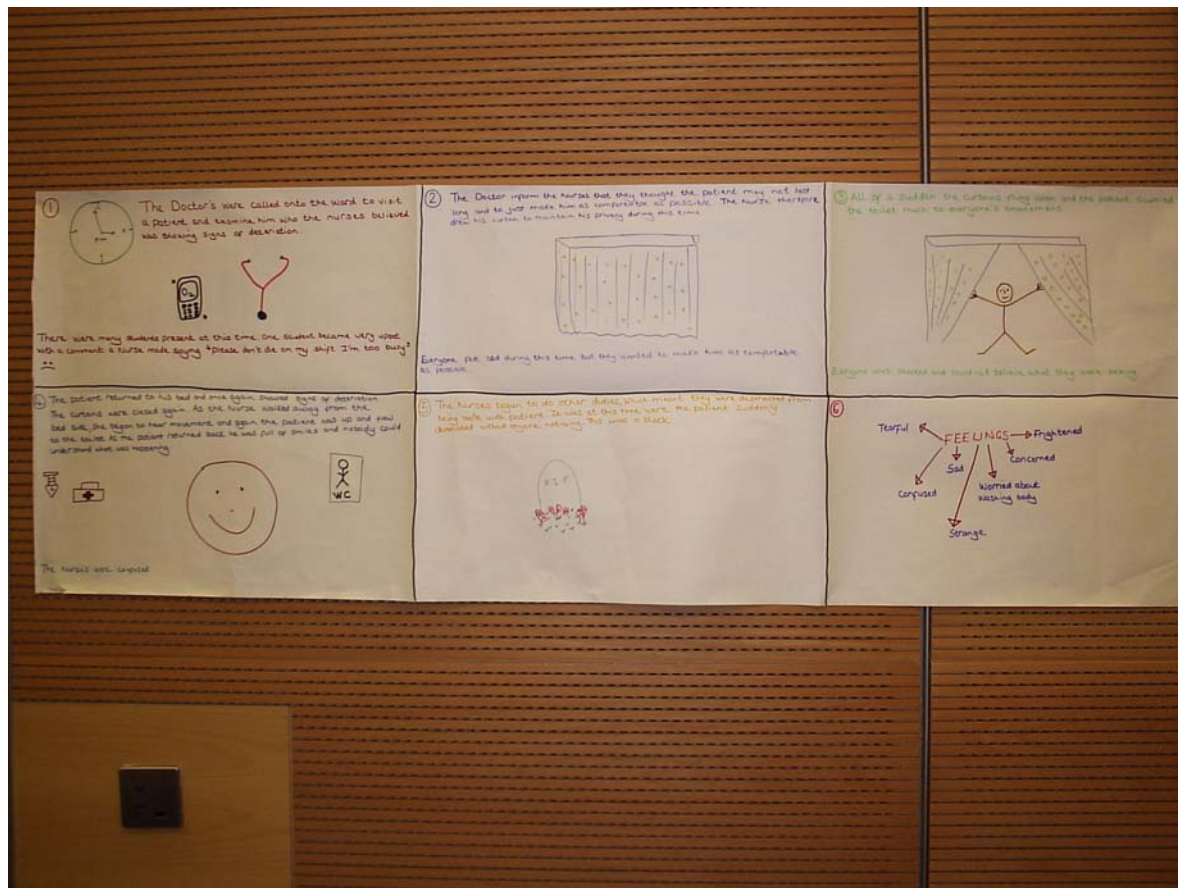


Using a story boarding approach to develop critical thinking based on students lived experiences

Sue Lillyman and Clare Bennett
University of Worcester
(s.lillyman@worc.ac.uk)

This approach to facilitating learning is said to have originated with Leonardo da Vinci (Lottier 1986) and more recently adapted and revised by film makers (Barnes 1996). The process involves the students engaging in narrative storytelling, a technique used by some medical colleagues (Greenhalgh and Hurwitz 1999, Elwyn and Gwyn 1999, Newman 2003) and developing that further into the story board – an example story board is shown below. The authors have used this approach when teaching large groups in relation to sensitive issues such as end of life with student nurses and unqualified practitioners as well as with experienced staff for management and leadership sessions. The process encourages learners to use the creative right brain and the critical left brain to get ideas in front of a group and then to look at those ideas critically (Lottier 1986) with the emphasis on the story, as opposed to the story teller. Although storytelling and use of narratives is well documented within health care education (Greenhalgh and Hurwitz 1999, Elwyn and Gwyn 1999, Newman 2003 and Spouce 2003) storyboarding involves the student living through their experience as opposed to having knowledge about a subject and committing it to paper.



The authors have worked with several different student groups from unqualified staff to post graduate level. Each evaluation has been positive and sessions achieved their learning outcomes by drawing on the students' experiences and applying the theory.

Although all of the group might not share the story to the whole classroom, they work in groups of up to eight people where they are all encouraged to share experiences with each other. Discussions facilitated by the teaching team during this stage found students were already critically analysing and evaluating aspects of practice with each other.

Once all the stories are shared in the small groups then one story is chosen, by the group, to develop into the story board. The group then engages in the chosen story by becoming practically involved through committing that story through the written word and pictures onto paper. As Hunter (1991) noted, for all the science that underpins clinical practice, practitioners and patients make sense of the world by way of stories. Through this process critical thinking, questioning and sequential thinking can be developed as described by Fornis and Peden-McAlpine (2007) whilst providing contextual learning. We do not need 'collected wisdom' but we need 'collective wisdom', as identified by Ghaye et al (2008) resulting in a coherent integration of our diversity that is greater than any or all of us could generate separately. As Newman (2003) also suggests, what is so powerful is that the brains of human beings seem to be built to process stories better than other forms or input and he notes the importance of the storytellers themselves. Newman also points out that these things not only happened but that they happened to the person telling the story.

Once the group have decided on the story they are asked own that story and to divide their paper into six equal boxes and the entire group to engage in telling the story through words and drawings. At the top of each box they are asked to describe in one or two words what is going on and at the bottom words that described their feelings related to that particular part of the story. In the middle of each box the whole group were invited to demonstrate that part of the story through pictures. This activity helped raise the energy level of the group. Once completed the pictures were placed on the wall and all the students were invited to read each other's story. At this stage the facilitators invited the group to present their story to the larger group. The facilitators were able to guide the discussion and through deconstruction and reconstruction of the story assist students to confront issues and reframe thinking and behaviour (Johns 1995) or make sense of the story (Elwyn and Gwyn 1999). The strength of this approach is that it *'starts out from what is actually happening – not from what appears to be happening, or what our initially limited understanding leads us to believe is happening'* (Svensson et al 2008, p. 8).

Potential limitations to this approach centre on time and staff resources. However, an audit of assessments contrasting student achievement before and after the implementation of storyboarding as a teaching technique suggest that this is an effective use of resources. Prior to implementation of the technique less than 10% of students applied a key concept that had been taught through traditional methods, compared to 96% after storyboarding had been used. Furthermore, the consistently positive evaluations from a diverse sample of students suggest that this is both an effective and enjoyable method of helping students to develop critical thinking.

References

- Barnes, M.D. (1996) Using Story boarding to determine components of wellness for university students. *Journal of American College Health* 44(4),180
- Elwyn, G. Gwyn, R. (1999). Narrative based medicine: stories we hear and stories we tell: analysing talk in clinical practice. *British Medical Journal* 318, 186-188
- Fornis, S., Peden-McAlpine, C. (2007) Evaluation of a reflective learning intervention to improve critical thinking in novice nurses. *Journal of Advanced Nursing* 57(4), 410-421.
- Ghaye T., Melander-Wikman,A., Kisare, M., Chambers,P., Ulrika, B., Kostenius, C., Lillyman, S. (2008) Participatory and appreciative action and reflection (PAAR) democratizing reflective practices. *Reflective Practice* 9(4), 361- 398
- Greenhalgh, T., Hurtwitz, B. (1999) Narrative based medicine: Why study narrative? *British Medical Journal*. 318, 48-50
- Hunter, K.M. (1991) *Doctors' stories: the narrative structure of medical knowledge*. Princeton, NJ: Princeton University Press, 12.
- Johns, C. (1995) Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing* 22, 226-234.
- Lottier, L.F. (1986) Storyboarding you way to successful training. *Public Personal Management*. 15(4), 421- 427
- Newman, T.B. (2003) The Power of stories over statistics. *British Medical Journal* 327, 1429-1424
- Spouce, J (2003) *Professional Learning in Nursing*. Blackwell Publishers. Oxford.
- Svensson, L., Ellstrom, P., Brulin, G. (2008) Introduction. of interactive research *International Journal of Action Research* 3(3), 1-17