Why Digital Storytelling?

- More than a Decade of Success as a Method
- Individuals Gain from Making Stories
- Communities Gain from Watching Stories

A Continuum of Practice

- A Safe Environment to Share Stories
- First Person Stories Engage Learners and Foster Awareness
- Social Action Begins with Individual Action Captured in Stories
- Stories Can Shape Policy Development and Implementation
- Assessing Needs, Evaluating Success Through Story
a researcher’s story

Participant–Observation
Workshop Overview

- Discussion about what makes a good story?
- Watch finished stories from others
- Storycircle (group facilitation of story sharing)
- Finding the story beneath the story
- Image Preparation; Voiceover Recording
- Video editing tutorial
- Individual editing work
- Group screening, celebration, and popcorn.
Caring is the foundation for ethical decision-making.

- Noddings from Caring and Social Policy

Statistics tell us the system’s experience of the individual, whereas stories tell us the individual’s experience of the system. The ability to tell, hear and share stories of experience and aspiration is a prerequisite for the development of a learning organisation of reflective individuals.

Sumner (2009)
Uses of Digital Stories in Healthcare:

Digital Stories are short (typically less than three minutes) digital stories combining video, audio, still images and music that reveal the stories of participants in a unique way.

Uses:
• can highlight gaps in the system
• can reveal near-misses and form 'free learning opportunities’
• promote healing and reconciliation
• can allow patients' and carers' (and professionals if appropriate) voices to be heard
• can carry forward stories that might otherwise be lost
• are created in a spirit of collaboration and partnership
• touch hearts, reinforcing the notion of patients at the heart of care.
The Patient Voices digital stories

The Patient Voices digital stories use video, audio, still images and music to convey patients', carers', practitioners' and managers' own stories in a unique way. They improve the quality of health and social care, and our workshops being are increasingly used to engage with, and evidence outputs from, the Patient and Public Involve qualitative evidence of the patient experience.

Distribution of these stories is funded solely by Pilgrim Projects as a social enterprise. Please let us know how and when you use the stories, so that we can use your experience to improve the patient experience.

The stories

Most stories are gathered during small-group workshop sessions with storytellers, who may be patients, carers, managers and/or healthcare professionals. These workshops expose the patient perspective, and we use a methodology developed and enhanced by Pip Hirdy and Tony Sumner. The aim of a workshop is to facilitate storytellers in a journey through a process which will result in them producing a Patient Voices digital story which is "Effective, Affecit

Using the stories

The stories are accessible from the links at the left of this page. Contact us if you would like to use stories in presentations or other projects. If you would like to be a story contributor, please join the Patient Voices discussion group using the link on the 'Contact us' page.

We would ask all users of the stories to be mindful of the license conditions for their use, particularly that they may not be modified. It is important that they remain a story that tells the story of the patient, and to keep in place any acknowledgements that may be necessary to comply with the conditions we agree to when we licence music or images for use in Projects so that viewers of stories understand their provenance and where they may find out more. So, for example, you cannot put the stories on YouTube, because these stories are designed to be used in the context of the Patient Voices programme and they cannot be used out of context.

Please let us know how and when you use the stories, so that we can use your experiences to persuade sponsors to support the development of more stories for every story. We have full stories and workshops available for a small fee.

The patients, carers and professionals who contributed their stories to the Patient Voices programme have consented to their use as an educational and learning resource for patients and carers. Any other use or modification or editing of the stories without prior written agreement is not acceptable.

In order to make this possible, the Patient Voices digital stories on this website are licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 2.5 License.

Linking to the stories

If you would like to link to the stories from your website, that would be fine.

To link to one story in a group of stories, please provide a link to the page on which the stories sit on our website, with an instruction along the lines of:

"View the digital stories from Patient Voices at: www.patientvoices.org (link)."
Deep Water: Making Sense of a Cancer Diagnosis
These safety stories are a real gift to our industry and to many across many disciplines who really want to get serious about safety. Krista Haugen, co-founder of the Survivors Network describes the opportunity to hear stories about crisis averted or survived as a “get out of jail free card.” We can learn a great deal from those who have taken the time to carefully tell a story that is heartfelt and a milestone in their own career.

You’ll find some great discussion questions for each of the eight stories included on this CD and study booklet. The questions specific for each story were initially developed by Tom Allenstein, Chuck Ansley, Rod Crane, Dale Henry, and Howard Warren for use in their own safety education program at MedFlight of Ohio. But in addition to using the questions you’ll find for each story, be sure to augmented them with discussions that facilitate what is known as “affective learning.” Practitioners, both operational and clinical, in this industry are often the “brightest and best,” very capable of accurately applying the intellect to complex situations. But as important is being able to learn from the “other” side of our brain - raise questions that help us notice what feelings emerge as we watch certain tragedy unfold, questions that help us reflect about who we have been or would be in similar situations. Be sure, as you use these stories, to take a part of the discussion time to talk through the human factors: how did the story make you feel? What was the underlying tension in the story? What personal or emotional issues do you think the storyteller brought to or took from the event that are critical to be aware of? Plan plenty of time when you use a story for learning so that reactions and conversations can unfold organically depending on the learning needs of those watching the story together.

It’s important to acknowledge those who have made these stories possible. The MedEvac Foundation International, the Air Medical Operator’s Association, and MedFlight of Ohio have all contributed to funding and support in many ways. Nancy Sweet and Pat Jones did a wonderful job of organizing the workshop. Pipp Hardy of Patient Voices in the UK and Joe Lambert and Daniel Weinseneker from the Center for Digital Storytelling have provided the leadership and great storytelling skills to help us craft this group of stories. But the biggest debt is to the storytellers who were willing to put it out there so that we all can learn. Thank you, everyone.

Cathy L. Jaynes, PhD, RN
Director of Research, The Center for Medical Transport Research

Menu Options
Home
About TCMTR
Current Projects & Initiatives
2011 AMTC Preconference Workshop
CCT CORE
Safety Stories
Safety Story Workshop Information

SAFETY STORIES

Click on story title to view

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memories of a Crash</td>
<td>Danny Kelly</td>
</tr>
<tr>
<td>Breathing</td>
<td>Dave Duncan</td>
</tr>
<tr>
<td>Very Dark</td>
<td>David Kears</td>
</tr>
<tr>
<td>Live &amp; Learn...Learn &amp; Live</td>
<td>Krista Haugen</td>
</tr>
<tr>
<td>Just a Chiplight</td>
<td>Megan Hamilton</td>
</tr>
<tr>
<td>Make a Difference</td>
<td>Rod Crane</td>
</tr>
<tr>
<td>Be Safe</td>
<td>Rusty Robison</td>
</tr>
</tbody>
</table>
Forensic Nurses Week is organized by the International Association of Forensic Nurses (IAFN), a nursing association representing over 5,000 registered nurses, death investigators, other forensic medical professionals, correctional officers, and law enforcement. To celebrate, these professionals will be raising awareness in their communities by putting up posters in their facilities, educating their colleagues about the practice, and wearing lilac—the designated color of Forensic Nursing.

This year Forensic Nurses week will be held on November 7th through 11th, 2011.  

>>See how we celebrated last year

[Video related to Forensic Nurses Week]
LEADS Students Special Project
Digital stories created by LEADS Students

During the 2010 LEADS Summer program as a one-time special project students created digital stories of how they have been impacted by their community project or an event that has impacted them as medical students. Here are two of their stories. We hope you enjoy them.
VOLUNTEER TO BE A HEALTH MENTOR
You Can Impact Future Health Professionals

University of Colorado is recruiting Health Mentors for September, 2011.

Health Mentors are adult community members of any age who have one or more chronic conditions or diseases such as diabetes, high blood pressure, asthma, arthritis, cerebral palsy, Parkinson’s, stroke, depression, cancer or others. Volunteers may also have disabilities such as spinal cord injury, hearing/vision impairment, musculoskeletal conditions, brain injury or others.

Health Mentors volunteer their time to help students appreciate the impact of living with a chronic health condition or disability. They share their health history and experiences related to medication management, health access, wellness and psycho-social aspects of care. Mentors provide students with opportunities to practice communication skills, and integrate classroom
Pueblo Health Care Stories
posted Tuesday, March 17, 2009 9:17am
See more on: Healthy Impact, Digital Storytelling, Health Care Stories, Watch Now

On March 14/15, six Pueblo-area residents participated in a special digital storytelling workshop on their journeys through the health care system.

The workshop was conducted by the Center for Digital Storytelling and was generously funded by the Colorado Health Foundation as part of outreach around "Critical Condition," a "P.O.V." documentary that we aired in April.
A story used for research

Go Around

Cathy Jaynes, RN, PhD
Empowering patients to tell their stories offers viewers an opportunity to reflect and engage in dialogue and discussion (both internal and external).

Discussion reinforces the reflection and leads to empathy and understanding, which leads to the inevitable realisation that patients are central to the delivery of healthcare.

As an integral part of the team, they should be involved in the education of health professionals as well as participating as individuals, rather than as aggregated numbers in research.

Inter-professional education that not only crosses professional boundaries but also situates patients firmly at the centre of care stands a good chance of promoting individual changes in practice.

These individual changes lead to collective changes that contribute to transformation in organisations, which are all seeking the Holy Grail of safe, high quality care with patients at the centre.
To remember requires language:
to heal requires story.

- Christina Baldwin
Questions and Discussion

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listen deeply  tell stories