STORYBOARDING AS AN AID TO LEARNING ABOUT DEATH IN CHILDREN’S NURSING

Yvonne Dexter discusses the use of the storyboard in enabling children’s nursing students to explore their feelings about the death of a child, and its implications for education and practice

Abstract
The sudden or anticipated death of a child is one of the most challenging and unique experiences that children’s nursing students will encounter in practice. There is evidence to suggest that the effect this can have on a practitioner can affect quality of care. Although education for nurses about dealing with death has been studied, there is limited research into the education of those working with dying children and how effective it is in preparing them to deal with the situation. This deficit presents those involved in children’s nurse education with a significant challenge and an opportunity to be innovative. This article examines 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. The wider implications for the use of this technique in practice and education are considered.

Keywords
child health, death, nurse education, paediatrics, reflection, storyboarding, teaching

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, Office for National Statistics 2015). Although death in childhood is relatively rare, its effects are out of proportion to its incidence. Children’s nurses are among 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 between nurses, the child and families (Adwan 2014).

Research has examined nurses’ experiences of death situations in different clinical settings. For example, 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): the research looked at how oncology nurses coped with these, including how they managed professional boundaries in their 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, such as family presence during resuscitation, requesting organ donation, post-mortem and forensic responsibilities. While advances in neonatal care have improved...
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survival of neonates, they have also led to distinctive dilemmas, for example 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 healthcare professionals. This included the 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) suggested that healthcare professionals’ grief remains largely disenfranchised, partly because they keep it private or suppress it, which may help explain the lack of research on the topic.

Studies show that caring in death situations can lead, on the one hand, to job satisfaction and rewarding experiences, but, on the other, it can have a negative effect on practitioners, leaving them with headaches, fatigue, depression, stress, compassion fatigue and burnout; it can also affect their relationships and performance at work and at home (Papadatou et al 2002, Papadatou 2009, Wilson and Kirshbaum 2011, Adwan 2014).

Healthcare professionals need grief education and opportunities to find meaning in their experiences. Keene et al (2010) suggest that learning to manage grief is an essential but underemphasised skill for healthcare professionals. If a healthcare professional is unable to manage their grief in healthy ways, this can affect their personal and professional life, hindering their ability to provide optimal nursing care.

Grief and loss
More than seven years ago, the Department of Health (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. Feedback from the Parliamentary and Health Service Ombudsman (2015) reaffirmed the importance of education and training in improving the quality of end of life care. However, a Royal College of Nursing (2015) survey found that terminally ill children are being let down by poor end of life care and identified a lack of relevant training in this field. This highlights the need for specific educational input.

The preparation of children’s nursing students for caring in death situations should be a priority for researchers and educators, and place emphasis on: ■ Caring for and supporting children and families experiencing loss and grief.
■ Developing the personal and professional coping mechanisms of professionals working in death situations.

The theme of loss, bereavement and grief needs to be covered in theory and in practice as part of the undergraduate children’s nursing curriculum, and there needs to be research to identify the most effective ways of teaching the topic and applying the resultant learning in practice.

A number of studies have addressed death education for nurses and healthcare practitioners (Terry and Carroll 2008, Cavaye and Watts 2014, Gillan et al 2014, Poultney et al 2014). However, there is limited published research about the specific needs and education of health professionals working with dying children (Papadatou 1997; Rashotte et al 1997; Kaunonen et al 2000), and little with a focus on palliative care (Malloy et al 2006, Reid 2013).

There has been limited study of death education for children’s nursing students (Whittle 2002, Schreiner et al 2009, Carson 2010). Malloy et al (2006) found that nurse education did not prepare students for end of life care with children and families. This deficit provides children’s nurse education with a significant challenge and opportunity to take innovative approaches.

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

Figure 1 Example of storyboard

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for dying patients and their families. Consequently, the teaching of loss issues to nursing students should be an interactive process that addresses the affective domain of learning. Carson (2010) concurs that experiential learning techniques, rather than didactic approaches, should be used in education about death.

Narrative pedagogy is an interpretive teaching approach that encourages interaction between students, teachers and clinicians (Diekelmann 2001). It is therefore an appropriate way to provide education about death, and is a common and helpful strategy for nurses caring for children and families in death situations; the approach 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 available narrative pedagogical tools (Lillyman et al 2011, Lillyman and Bennett 2012). Other teaching strategies that incorporate narrative are reflection (Johns 2013), storytelling (East et al 2010), the use of children’s books (Crawley et al 2012) and simulation (Walsh 2011). In addition, McGrath (2011) found that debriefing sessions offer carers the opportunity to make meaning around the loss of patients and provide them with emotional support by giving them ‘a place and permission to share their feelings with colleagues and make meaning of loss’.

Narrative is also used in therapy as a means of constructing meaning from life and death (Neimeyer 2001). The role of facilitator is central to this approach: it requires expertise in group process (Keene et al 2010) and capacity to deal with students’ emotions (Matzo et al 2003). Keene et al (2010) suggest that, if the facilitator can ‘offer a quality of presence that creates a safe and trustworthy environment, staff will have a level of comfort that allows them to participate fully and honestly in vulnerable conversations’.

Storyboarding

Storyboarding has been used in nurse education, although there is limited literature about its use. Johns (2013) says that this approach can enhance reflection by constructing a story in a series of visual scenes with or without commentary, stating that it ‘offers an engaging visual approach to narrative that is both simple and effective’. Considering an individual’s storyboard in a group can lead to a dialogue and exploration of issues that have arisen, and an examination of relevant literature and evidence to inform future practice. Johns (2013) suggests that it is akin to art therapy, which facilitates the expression of feelings and meaning making about difficult experiences.

According to Lillyman et al’s (2011) findings, nursing students 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 healthcare professionals. It is a technique that 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).

Guidance on how to use storyboarding is offered by Lillyman et al (2011). They stress the importance of taking ethical issues into consideration and creating a safe environment to enable reflection, discussion and self-disclosure. They say it is vital to inform students about session content, provide support and the opportunity to opt out, and set out ground rules on aspects such as confidentiality and respect, debriefing and to make clear that it is ‘a learning process, not a therapy group’.

Storyboarding can be used with large groups of students, but work takes place initially in small self-selected groups to promote safety and give students time to hear another person’s 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. Students are provided with large sheets of paper and pens, and asked to divide their paper into a sequence
Figure 3 Example of storyboard

<table>
<thead>
<tr>
<th>Admitted with MH issues</th>
<th>Treatment - Talking therapies</th>
<th>Getting better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged home - adult services</td>
<td>BAD NEWS</td>
<td>Afterwards</td>
</tr>
</tbody>
</table>

of boxes and select one story from their group to tell using words and drawings, thereby encouraging all students to participate and become actively involved (Figures 1, 2 and 3).

The session is then drawn together as each small group shares its work with the larger group. Teachers act as facilitators or enablers, and can share their own experiences, anxieties and strategies for managing these, if appropriate.

**Storyboarding activity**

A review of literature led to the decision to use storyboarding, as described by Lillyman et al (2011), to complement classroom teaching activities about end of life care with third-year undergraduate children’s nursing students who had experience of death situations in practice.

The author’s interest in the topic based on experience as a children’s nurse, nurse educator and volunteer in a child bereavement charity gave rise to the desire to improve teaching and learning to enhance patient care and students’ ability to cope. End of life care is a sensitive topic, so it was vital to consider the ethical issues in preparing for the activity: students were informed beforehand and offered the opportunity to discuss concerns or opt out; 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 they had experienced in practice, then choose one situation to develop into a storyboard for further analysis before sharing and discussing in the wider group. A storyboard was demonstrated and students given flipchart paper and pens to create their storyboards.

Issues raised by students included their first experiences 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 (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 three elements of the narrative process described by Angus et al (1999):

- The external narrative that involves description of the loss.
- The internal narrative that involves exploring the effects of the loss.

**References**


The reflexive narrative that involves reflecting on what the loss means.

Discussion
It can be seen that storyboarding is a narrative pedagogical tool that 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 such as dyslexia. Although the literature describes the use of storyboarding in classroom settings in higher education, there is also potential for its use in practice, for example in clinical supervision and debriefing.

In simulated learning, a storyboarding scenario could be developed into a role-play scenario to facilitate learning from a situation that could be recorded. For example, Johns (2013) suggests that the technique offers exciting opportunities for video and film narratives. It can also flexibly be used to learn about issues other than death situations. For example, Johns (2013) describes and analyses an example of a nurse using storyboarding to reflect on her experience of being bullied.

Storyboarding could further 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 2009, Barnsteiner 2007).

There is also potential for the use of storyboarding in communities of practice, for example with ‘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).

Conclusion
The introduction of storyboarding presents all those involved in children’s nurse education with challenges and opportunities. These include management of change, integration of the technique in the curriculum, evaluation of its effectiveness as a teaching, learning and assessment strategy, and preparation of teaching staff and students to implement this technique.

Storyboarding can enhance reflection and provides nursing students with a safe environment within which to explore their feelings about the death of a child. There is also the potential for its use in practice, as well as classroom settings.

The technique requires minimal equipment, but its success requires investment in time and staff development in classroom and practice settings. It also needs a commitment to using an innovative narrative tool that can contribute to improving the quality of care to children and families in death situations.

Implications for practice

- Storyboarding can be used in practice and classroom settings
- It provides a safe environment for students to share their experiences
- The approach encourages students to identify issues surrounding the death of a child and make sense of them
- It requires minimal resources, simply time and staff commitment


Reid F (2013) Grief and the experiences of nurses providing palliative care to children and young people at home. Nursing Children and Young People. 25, 9, 31-36.

Royal College of Nursing (2013) Terminally Ill Children Let Down by Poor End-of-life Care. tinyurl.com/h6cykr (Last accessed: May 10 2016.)


