

I-Learning, Digital Storytelling and health care

di Lavinia Bianchi, Mario Cusmai, Maria Grazia Proietti, Antonella Punziano, Alberto Quagliata

Abstract: un contesto organizzativo che ponga la relazione al centro dei percorsi formativi e valorizzi la narrazione come prassi educativa si prende cura delle proprie risorse e si riconosce come una “fabbrica di storie” in cui si incontrano e si integrano ricorsivamente le biografie delle persone coinvolte, delineate da componenti cognitive e affettivo-relazionali. Prendersi cura di un malato significa conoscere nel profondo il suo vissuto di malattia, la storia più vera del suo essere paziente: per fare questo è necessario valorizzare il racconto del paziente, per co-costruire un consapevole progetto terapeutico. Il collegio IPASVI e il Laboratorio di I-learning e Digital Storytelling del Dipartimento di Scienze della Formazione dell’Università RomaTre collaborano da tempo alla progettazione e realizzazione di percorsi di apprendimento. L’I-learning si ispira alla cornice metodologica del costruttivismo sociale e sollecita processi formativi ecologicamente ed eticamente responsabili, costruiti intorno alla centralità della relazione e alla valorizzazione della narrazione come prassi educativa.

Parole chiave: Digital storytelling; Medicina narrativa; I-learning

* Paper presentato in occasione dell’undicesimo convegno internazionale *Storytelling, Illness and Medicine 11th Global Meeting of the Health project* (Budapest, Marzo 2016). La nostra relazione ha dato conto, in modalità narrativa, delle esperienze di formazione blended realizzate dal Laboratorio di *I-learning e Digital Storytelling*, Dipartimento di Scienze della Formazione dell’Università RomaTre, in collaborazione con il collegio IPASVI di Roma. L’ambito disciplinare della medicina narrativa e i percorsi di formazione blended in cui la componente online è realizzata in coerenza con il modello didattico dell’I-learning si intrecciano con le riflessioni sull’etica sviluppate nella ricerca infermieristica e nelle professioni di cura.

** This paper is a shared work by five authors. Specifically, Lavinia Bianchi wrote the final edit of paragraph on *The importance of stories in the medical care process. Some considerations about narrative medicine*, Mario Cusmai of paragraph on *Digital Storytelling*; Maria Grazia Proietti of paragraph on *IPASVI and RomaTre: a vision for the future*, Antonella Punziano of paragraph on *Background*; Alberto Quagliata of paragraph on *The I-learning model*.

Background

An organizational environment that places the relationship at the centre of professional development and enhances narrative competence as an educational practice takes care of its resources and it is recognized as a complex system, as a "factory of stories"; in such a factory, a learning path – respectful of the individuals' learning space and able to support experiences of sharing constructive knowledge – recursively combines the biographies of the people involved, characterized by cognitive, emotional and relational aspects.

Knowing in depth the illness experience of a patient, the truest story of his/her being ill, means to take really care of him/her. This is necessary to build a conscious treatment plan, to enhance the relationship of care through the story of the patient: nurses have a key role in this process.

We live in an era where nurses' role is expanding and supporting their knowledge becomes increasingly important: the ability to apply knowledge to practice is fundamental in creating competent and highly skilled professionals.

The Centre of Excellence of the Nursing Board in Rome and the I-learning and Digital Storytelling Laboratory of Roma Tre University have worked together for a long time to create blended learning pathways, providing a powerful integration of classroom and online activities.

More in detail, blended training for nursing is a learning path for hospital workers that has the aim to create a staff of skilled professionals by means of both the I-learning model and the narrative practice.

Each edition provides for a five week blended learning course, promoting a virtuous continuity between online and in presence instructional proposal: online activities, designed on the basis of the I-learning model, perform an effective bridge between metacognitive, cognitive and relational features of every person.

Blended training is necessary for those work organizations that are scattered in different areas, are not able to guarantee long presence courses to their employees and do not want to restrict their learning proposal to traditional e-learning.

Learners appreciate blended formula because in this way they can create their own knowledge consistently with their own competences and their biographies.

Moreover, narrative practice enhances collaboration and sharing opportunities with teachers, I-tutors and colleagues, and these opportunities support both deep educational relationships and significant learning.

The I-Learning model

Blended learning paths designed by I-learning and Digital Storytelling Laboratory of Roma Tre University are based on an original operational model inspired by a social constructivism methodological framework.

The I-learning model has been tested in many different contexts, having good responses: post-lauream, academic and PhD courses, middle and high schools, private and public work organizations.

The expression 'I-learning' inspires to think e-learning like a learning system, focused on a "good" integration between relational dimension and individual responsibility in a learning process; beyond the Internet, 'I' refers to learner responsibility: coming out from anonymity and isolation of traditional learning (and, most of all, of traditional e-learning), the learner subject (I) takes a leading role, becoming an aware, resolute and creative protagonist of Web collective intelligence.

The I-learning model sustains ethically responsible training processes, designed around relationship centrality and narrative practice appreciation.

In the I-learning model we found some basic pedagogical concepts: different individual competence blending, learning experience sharing, scaffolding sure application, interpretation of individual differences like a value for learning and practice communities, metacognitive and auto-assessment activities enhancing, motivated development of digital technologies, as efficient amplifiers to magnify relationships and partnerships.

The I-learning model depicts a team sharing the same learning goal; in this context, the I-tutor is a basic competent figure tuning with the best learning processes and online activities development: more in detail, the I-tutor facilitates both online learners relationships and shared processing of learning outcomes concerning narrative centrality.

Designing online activities on the basis of the I-learning model, blended training promotes an optimal integration of traditional classroom activities together with online activities: both are necessary in a constructivism project and their integration is an important additional value.

Frequently, traditional learning environments, in presence and online, disregard those experiential and participatory methods that prove to be necessary to construct significant learning: more often students, in each formative situation, live a teaching experience, not a learning one.

Diametrically opposite, in experiential environments designed consistently with the constructivism paradigm, like those active in the Moodle platform, a learning path takes a circular, networking shape of virtual interactions between teachers and students, similar to a 'platonic' dialogue.

Specifically, in an I-learning experience each nurses group creates digital stories about different subjects: for example, ethic aptitude and care relationship in nursing job. Effectively, Digital Storytelling practice uses Prezi software: it enables to realize engaging and exciting digital stories that put together different digital resources and enhance the partnership of people in a cooperative learning path.

In Storytelling, Illness and Medicine 11th Global Meeting of the Health Project¹ (Budapest, 14-16 march 2016), we showed some narrative frames explaining the I-learning model: these frames have been produced in our blended courses.

The Prezi at the following link illustrates distinctive characteristics of the I-learning model:

¹ <http://www.inter-disciplinary.net/probing-the-boundaries/health/research-streams/storytelling-illness-and-medicine/>.

https://prezi.com/xbn7ezfe_58/the-i-learning-model/?utm_campaign=share&utm_medium=copy

A Prezi on ethic nursing, that is coherent with ethic aptitude proposed by Gardner in his book *Five minds for the future*, is available at the link:

https://prezi.com/ysj97cz2qzxj/histories-and-ethical-aptitude/?utm_campaign=share&utm_medium=copy

Digital Storytelling

We are enveloped in a narrative network, because in today's society stories are widespread in all sorts of media as a communicative favourite way, especially in entertainment and in advertising, where storytelling is used to present new products and to create integrated communication strategies introducing engaging business histories (in regards to, it's really amazing the story at this link: <https://www.youtube.com/watch?v=2zfqw8nhUwA2>); moreover, in a hidden way, storytelling lives in the political world too (unexpected is the story we find at this link: https://www.youtube.com/watch?v=OCT_MONY2H03). Stories help us to explain the world we live in and our own thinking procedures, the way we use to understand the deep, hidden origin of our actions, to build and share passions and meanings: a sense creation within a narrative framework.

Regarding the relationship between education and stories, many studies about neuroscience, such as the one by Roger Schank, *Tell Me a Story*. Narrative and Intelligence, underline the importance of storytelling in learning processes.

Howard Gardner, in *The disciplined mind*, argues that narrative approaches in teaching promote the integrated use of the various dimensions of intelligence. Jerome Bruner writes:

“The stories and their intentional states preserve ‘the matter’, understood as relevance, while the objective descriptions do not; [...] it is important to plan activities that are important to those who practice them, that ‘take to heart’ to recipients: in this sense, the stories that recall emotions and moods enhance the relevance of the reflections and the cognitive artefacts, while the descriptions ‘objective’, own of a traditional learning path, fail to do so [...] the narrative is essential because, otherwise the logic, is not paralyzed by contradiction” (Bruner, 1990, p. 350).

Stories facilitate the construction of a deep sense of belonging to a group and the possibility to attend significant and emotionally involving learning paths, centred on the practice of Digital Storytelling: DST is a teaching strategy that underlines the con-

² The spot ‘1984’, where Apple disclosed Macintosh in 1984. Short digital story, designed by Ridley Scott, refers to the film *Blade Runner*: showed throughout XVIII Super Bowl, this spot is now a cult, indefinitely one of the best advertising story.

³ President Barack Obama lifts the nation's spirit by telling the story of a small U.S. company that built the drill used to rescue the trapped Chilean miners. One of the employees said “Center Rock is a little company, but we do big things”. Obama uses this story as an analogy for the decision that faces all Americans: to live small lives, or to do big things.

nections between the different disciplines and the whole learning process, encouraging the building of shared elements of knowledge through the creation of stories.

Within each training path, the creation of a digital story fosters reflection processes around different issues involving both individuals and the community, promoting a contextualized understanding of the knowledge elements proposed in the narrative framework.

The construction and the use of digital stories, as happens with each form of storytelling, encourage learners' involvement and attention, constituting an effective way to highlight, in a narrative framework that express them, the elements of knowledge, even those that are complex: thanks to the stories, people gain a significant and contextualized understanding.

Storytelling has always been part of a learning path, although sometimes this strategy is acted unconsciously, because it is so inherent to our social and communicative patterns that it becomes almost invisible.

Most experienced and effective teachers have always been great storytellers; students able to tell the disciplinary concepts in a narrative way handle their learning as best they can.

Thus, every human experience takes a narrative form: for a child as well as for an adult (apparently in different forms), the invention of stories contributes in a decisive way to the construction of personal identity, since, at a psychological level, it acts on the possibility to imagine a place for himself in the world.

This is the reason why institutions dedicated to education and training, that means schools and universities, should incentive programs enhancing the narrative arts such as opera, jazz, drama, novel, theatre and storytelling, because "a system of education must help those growing up in a culture find an identity within that culture. Without it, they stumble in their effort after meaning" (Bruner, 1996, p. 42).

At this link, <https://prezi.com/m-qjtjgsfovb/la-storia-siamo-noi-2/>, we find a narrative Prezi designed by a nurses group: through the metaphor of a nursing home where five elderly people live, this Prezi presents some key concepts such as creative intelligence, Maslow's pyramid, the community of practice, sense of belonging, care in the relationship: all expressions occurring and taking shape in nurses professional activity.

The importance of stories in the medical care process. Some considerations about narrative medicine

“Daughter: What did you mean by a conversation having an outline? Has this conversation had an outline?

Father: Oh, surely, yes. But we cannot see it yet because the conversation isn't finished. You cannot ever see it while you're in the middle of it. Because if you could see it, you would be predictable - like the machine. And I would be predictable and the two of us together would be predictable” (Bateson, 1972, p. 32).

Medicine has always been linked to narrative concerns because, as in every enterprise in which one human being helps another one, it has always been grounded in life's intersubjective domain.

“The narratives of the world are numberless. Narrative is first and foremost a prodigious variety of genres, themselves distributed amongst different substances – as though any material were fit to receive man’s stories. Able to be carried by articulated language, spoken or written, fixed or moving images, gestures, and the ordered mixture of all these substances; narrative is present in myth, legend, fable, tale, novella, epic, history, tragedy, drama, comedy, mime, painting (think of Carpaccio’s Saint Ursula), stained glass windows, cinema, comics, news item, conversation. Moreover, under this almost infinite diversity of forms, narrative is present in every age, in every place, in every society; it begins with the very history of mankind and there nowhere is nor has been a people without narrative. All classes, all human groups have their narratives, enjoyment of which is very often shared by men with different, even opposing, cultural backgrounds. Caring nothing for the division between good and bad literature, narrative is international, transhistorical, transcultural: it is simply there, like life itself” (Barthes, 1977, p. 79).

Like the narrative, medical practice requires the engagement of one person with another one and realizes that authentic engagement is transformative for all participants. The narratives are conversational ecologies that may be considered healthy and generative as well as sources of decisions and effective practices.

They are viable and adhere to the needs of patients and their families when their operation, in some way, is isomorphic to that of life’s evolutionary process rather than isomorphic to a machine’s operation (Boria, 2014).

Unfortunately, this tends to happen in the case of exasperated automatization of sanitary practices, where flexibility is lost and therefore adherence is prioritized rather than the bio-psycho-social complexity of the plot which one is confronted with.

The practice of medicine with narrative competence is as an effective model. Methods such as close reading of literature and reflective writings enable to point out four of medicine’s central narrative situations: physicians and patients, physicians and themselves, physicians and colleagues, physicians and society.

Through narrative competence, physicians can reach empathy with the patients recognizing their own personal experience through medicine.

By matching the differences among physicians and patients, colleagues and society, narrative medicine provides new opportunities for respectful, healthful and emphatic medical care.

The narrative knowledge has been proved to be significant not only for medicine but also for nursing, law, anthropology and sociology. Narrative knowledge is not a replicable notice; it attempts to illuminate the universal meaning by revealing the particular: “there is no incarnation of the universal except in the irreducible opacity of the singular” (Sartre, 1991, p. 55).

A story told by the patient results in a complex narration of illness described in words, gestures, physical findings and silences and it is worsened not only by the illness itself, but also by the fears, hopes and the mental conditions they cause.

As in psychoanalysis, in all of the medical practices the narration of the patient is crucial for the therapy because the way the patient tries to choose the words to contain

his internal chaos and worries allows the physician to imagine the biological, familiar, cultural, existential situation of the teller; this act of diagnostic listening enlists the listener's interior resources - memories, associations, curiosities, creativity, interpretative powers, allusions to other stories told by this teller and others - to identify meanings.

At this point, the physician can attend to face - if not to answer fully - the patient's narrative questions: "what is wrong with me? why did this happen to me? and what will become of me?" (Charon, 2001, p. 3).

The physician has the duty to establish a therapeutic alliance both to interpret physical findings and laboratory reports correctly, and to live and convey empathy for the patient's experience.

If the physician does not perform these narrative tasks, the patient might not tell the whole story, might not ask the most frightening questions, and might not feel heard.

In this case, the outcome would be a shallow and ineffective therapeutic relationship.

Despite the economic shrink of time available for listening, medicine has begun to understand the importance of telling and listening to the stories of illness.

Among both those working in this sphere and those who design training courses for health care assistants there is a growing awareness that narrative competences are to be considered basic and ethic to achieve high quality learning and professional outcomes.

IPASVI and Roma Tre: a vision for the future

In our country, a deep transformation of the communicative modes in medicine is necessary: so often, hospital and first aid centre communications are not clear enough, sometimes even not understandable at all. In health centres, patients rarely have the possibility to tell their stories, to convey their emotions: an effective cure procedure, a procedure taking care of patients, deeply evaluates patients' stories and emotions. Moving in this direction needs a deep change in traditional habits, a radical modification in the way we think about relationship and caring. For these reasons, the Centre of Excellence of IPASVI and I-learning and Digital Storytelling Laboratory of Roma Tre University will continue their partnership, certain that changes need an innovative learning path, designed around relationship and narrative centrality.

Our purpose is to help nurses live their job in a more satisfying and effective way, thanks to an improved awareness that helps them to reinvent themselves by means of "good" learning experiences; the Centre of Excellence and I-learning and Digital Storytelling Laboratory are founding a community of practice with these goals:

- improving information clarity in accident and emergency departments, enhancing Prezi too, to facilitate and make more pleasant behaviour rules;
- making usual, in such a way institutional, to dedicate time and emotional availability in paying attention to patients' histories, relationship and narrative centrality: this is our mantra.

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Per citare questo articolo: Lavinia Bianchi, Mario Cusmai, Maria Grazia Proietti, Antonella Punziano, Alberto Quagliata, *I-Learning, Digital Storytelling and health care*, “Osservatorio Isfol”, VI (2016), n. 3, pp. 183-190.

⁴ In the bibliography, you can find also web references. Consultation date: 14/09/2016.