

**DIGITAL STORYTELLING AS A LEARNING RESOURCE FOR
OCCUPATIONAL THERAPY FIELDWORK EDUCATION**

A thesis submitted to the faculty at Stanbridge University in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy


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Certification of Approval

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Abstract

Digital storytelling (DST) is often used as a learning tool in education and nursing to elicit emotions and connect with experiences through reflection and reasoning. We developed a thesis project that focused on filling the gap in current literature about the utilization of DST in the area of occupational therapy (OT) fieldwork preparation. We recruited three OT practitioners to create digital stories showcasing their experiences in a professional setting. Eight OT students were recruited to view these stories and describe their impact on learning and preparedness for fieldwork. The project findings indicate that DST did evoke the emotions of the OT students in an impactful way, and also served as a beneficial, preparatory tool for fieldwork. Additionally, DST provided a relevant method of displaying clinical skills and interventions in various OT settings, particularly in a socially distanced setting during the COVID-19 pandemic. Further research should explore the efficacy of DST in different OT settings.

Keywords: digital stories, digital storytelling, occupational therapy, fieldwork

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Digital Storytelling as a Learning Resource for Occupational Therapy Fieldwork Education

In preparation for fieldwork, students virtually meet professionals who are excited to provide them with insights into the different avenues available in occupational therapy (OT). These professionals provide students with examples of their day-to-day experiences that have significantly impacted their life. Student interpretations of the stories helps them to both empathize and begin to nurture their therapeutic reasoning; however, these experiences are short-lived. Access to a digital story allows an experience to be relived and reflected upon at the convenience of the student through video sharing platforms. It is imperative to maximize available resources, and digital stories are a means to increase the number of client-centered narratives that students are exposed to before they go into practice.

Within the field of OT, clinical reasoning and employability are addressed early in preparation for fieldwork settings. The Occupational Therapy Practice Framework states, “occupational therapy practitioners are continually engaged in clinical reasoning about a client’s occupational performance” (American Occupational Therapy Association [AOTA], 2014). This is addressed through the use of OT practitioners showcasing their clinical expertise within their specialty. This project explored how digital storytelling (DST) can be a valuable resource in the learning process for OT students. According to Lal et al. (2015), “Digital stories are powerful vehicles through which to create and share knowledge.”

DST is an innovative, technological tool that connects audiences (Lal et al., 2015). It utilizes three-to-five-minute personal narratives that use visual and auditory

components to convey information to evoke emotion and reflection from their audience (Gubrium et al., 2014). According to Staley and Freeman (2017), “digital storytelling provides a way for people to harness modern technologies to share experiences of their daily lives” (p. 1). With the application of clinical reasoning, practitioners can combine the analysis of domains and processes along with the client values to provide optimal intervention outcomes (AOTA, 2014).

Statement of the Problem

Our research question was: does DST have the ability to help OT practitioners showcase their clinical experiences in various OT settings? In the literature, clinical competence and communication skills are two anticipated professional behaviors OT students should be capable of demonstrating (Campbell et al., 2015). The perceived problem is there is not much research on the preparation for OT students in their fieldwork settings. Additionally, there is a lack of DST use in the field of OT entirely. DST is used within the healthcare field; however, there is dearth of research on its application within OT (Lal et al., 2015).

The target population for our project is OT students, both those in the assistant and master's programs. Individuals in this population would benefit from exposure and education in various settings in the OT field. OT is a continuously growing field that provides access to educational resources. Stanbridge University was the educational setting we utilized to provide a pool of potential participants.

The anticipated outcomes of our project include widening knowledge of fieldwork settings, providing more reflection and communication of OT experiences, and improving critical reasoning skills, ones tailored to specific OT settings. Clinical reasoning ensures

the accurate selection of interventions, evaluations, and assessments (AOTA, 2014). Practitioners apply this knowledge to enhance clients' participation in occupations and promote health and well-being. DST could be applied in OT practice as a therapeutic tool to promote self-expression, personal reflection, patient education, and connecting clients to other individuals who have experienced similar health conditions (Lal et al., 2015).

Our project is needed in the field of OT because there is a gap in the existing literature regarding the understanding of the concept and application of DST. There are discrepancies in OT fieldwork experiences and there may be a lack of understanding of the concept and application of DST in the field. DST requires a higher set of technical skills that some OT practitioners may be willing to learn or that they do not possess. Most of the existing literature pertains to nursing and their use of DST in their field. There is a need for making connections between client experiences and OT students. DST offers an additional medium for OT students to utilize prior to their fieldwork experience. The benefits of DST include sparking communication, promoting social interaction, and broadening knowledge (Laing et al., 2019). Further benefits include access to the stories for continued educational use. Our project investigated how DST can potentially be used as an additional learning tool in OT education.

Literature Review

Lal et al. (2015) assert that DST is a powerful vehicle for reflection, recovery, and therapeutic action. To fully understand the potential of DST as an OT resource, we investigated its use in preparation for fieldwork. From the review of the literature, we found the educational use of DST to be a growing area for study. As we searched databases such as Ovid Medline, SAGE Publications, Taylor & Francis Online, and

Cochrane Library of Systematic Reviews evidence of its value was found in areas of higher education and within healthcare professions. It is important to note that much of the research we found has been within the nursing field. When searching OT and its body of literature, it was apparent that DST is still emerging at the same level as other healthcare fields. Students are constantly searching for more resources in preparation for their fieldwork experiences. Institutions, such as Stanbridge University, thrive on the success of their students and strive to provide their students with the tools necessary for experiential learning.

As digital stories are so easily accessible and reproducible, this makes them an incredibly valuable educational resource. After the creation of video hosting platforms like YouTube, there was an increase in the creation, utilization, and marketing of personal stories in the form of video logs (Raby et al., 2018). Vlogging has grown to become a profitable business on many platforms, particularly YouTube and Twitch. People of all ages turned this into a lucrative business by recording themselves in different settings to document their experiences, explain tips, and share their knowledge about the place or the setting that they are visiting. Students can pull information from various resources and have access to it remotely. DST can be used as a learning resource, one that upholds the principles of OT, and also appeals to societal trends.

Self-Efficacy Through Reflection

Studies have shown that students currently lack the confidence and opportunities for experiential learning, feedback, and reflection in their education (Giles et al., 2014). A review of the literature has demonstrated a concern among students with self-efficacy in preparation for fieldwork and future endeavors. This can have a negative impact on

people in society due to a lack of preparedness for real-life scenarios. If students are not fully prepared or informed, the proficiency in which new OT practitioners administer interventions can be impacted. DST provides an opportunity for the viewer to see how OT practitioners apply therapeutic use of self and the theories from their didactic learning into real situations. Therapeutic use of self combines the planned use of personality, insights, perceptions, judgments, and clinical reasoning in developing a strong, collaborative relationship between clients and practitioners (AOTA, 2014).

Several studies have addressed the outcomes of reflection and metacognition as a component of clinical reasoning associated with DST. While Christiansen (2011) reported that reflection for students was challenging and not regularly performed in the field, Giles et al. (2014) argued students were encouraged to reflect upon their experiences and identify a self-improvement plan to address areas for improvement, as necessary. Digital stories can be used for students to reflect upon their understanding and interpretation of the information given to them through our project. Laing et al. (2019) reported that all ten participants in their study described one of the most valuable components of the DST process was the opportunity for reflection. Even participants who were not prone to reflection or expression noted its value in their experiences with cancer. Research has shown that educators in other healthcare fields have found digital stories to be more engaging and appealing to students (Beck & Neil, 2020). This engagement with the story allowed students to better reflect upon their feelings toward the story and reflect upon problem-solving skills the narrator utilized.

Student Feedback

The literature shows a need for clinical preparation in a simulated setting as students progress through their coursework (Giles et al., 2014). DST can serve to inform and prepare students by providing a look into the practitioner's approach to client-centered care. Research shows that healthcare professionals and healthcare students have an interest in utilizing digital stories to prepare students for new clinical placements (Petty et al., 2020; Skarpaas et al., 2016). Cueva et al. (2015) found that participants viewed digital stories as an effective way to increase their awareness and understanding of cancer. All fifteen community members reported that watching digital stories served as an effective way to increase their knowledge and understanding of cancer. Gubrium et al. (2014) reports that digital stories have been used, "to educate and raise awareness among viewing audiences about issues presented in the stories" (p. 1). In our project, we utilized DST as a learning tool to inform OT students about different fieldwork settings.

Client-Centered Approach

OT is a client-centered field of study which involves the implementation of clients' needs, concerns, morals, and values into the plan of care. DST can be formatted in a way that offers a lens into the client-centered approach. When watching a digital story, students can identify a client-centered approach and its value in patient care (Waugh & Donaldson, 2016). This provoked introspection on their own thought processes and actions on providing client-centered care. DST has been found to evoke empathy and contribute to a patient-centered practice in its use of training medical professionals (Briant et al., 2016). By sharing the story tellers' experiences, OT students learned about the various fieldwork settings they may be placed into.

Appealing to Emotions

Additional resources have identified appealing to emotions as a common theme in DST. Briant et al. (2016) have described the DST process as a powerful tool for participants that creates a sense of community and provides a space for people to share their stories and connect with others through their experiences with cancer, diabetes, bullying, or smoking. Participants were able to build connections with each other by sharing their relatable experiences of meaningful life events through the creation of digital stories. As Briant et al. have mentioned, “creating a narrative around a personal illness can give a person an opportunity to think differently about an emotional experience” (p. 3). Although OT student participants did not create the stories, they were provided an opportunity to relate to the storyteller’s personal and emotional state to build a connection.

OT students widen their knowledge through empathic learning when being introduced to fieldwork settings. By appealing to the intended audiences’ emotions and experiences, these narratives can be impactful and instrumental to the learning process. DST can evoke empathy to improve students’ understanding of their clients’ point of view and overall experience (Beck & Neil, 2020). All twelve participants in the study shared how DST can be used by fellow healthcare educators to evoke empathy to convey information to students. Christiansen (2011) asserts that storytelling stimulated empathy and understanding from listeners, and that the participants in that study often discussed how the DST experience contributed to feeling a sense of belonging.

The Gaps in the Literature

We have identified four common obstacles for DST being used in the field of OT. First, the majority of these sources originated from studies that were conducted outside of the United States. Second, the articles contained data collected from studies that focused on DST and its application to healthcare in general, as opposed to connecting DST to OT. The third gap is there was a lack of research available on the value of DST as a medium used to enhance clinical reasoning through fieldwork case studies. The fourth gap is there was no literature on the usage of DST to prepare OT students prior to fieldwork. Through a review of the literature, resources were compiled that specifically utilized The Accreditation Council for Occupational Therapy Education ([ACOTE], (2012), emphasizing the potential to use DST in the OT fieldwork setting. Our project was unique in its focus on OT fieldwork and student preparedness to practice in different OT settings.

Value of Digital Storytelling

Our project can be further used by OT schools to educate their students about different settings. Our project used DST as a narrative pedagogy to elicit transformational learning and as a preparatory tool for students to understand the interprofessional and interpersonal dynamics within fieldwork settings. We used a phenomenological approach to analyzing the knowledge gained and confidence grown in preparation for fieldwork. Zafran (2020) proposed a pedagogy in which transformational learning could be achieved through a narrative lens to enhance clinical reasoning in OT students. DST could be a method in achieving this concept. Warren (2017) has discussed the value of storytelling as a tool for reflection on lessons learned from memorable patient cases and showcasing

what OT practitioners do. We believe this concept can be applied to OT students through DST. DST requires the creator to use their literacy skills to reach into the essence of their experience in order to provide the audience with a heartfelt narrative (Staley & Freeman, 2017). Our project highlighted realistic and inspirational case studies that OT practitioners worked with in the past. Students may be able to better relate to the presented OT setting and have a concrete example of how working in such settings will look like.

Aspects of the OT curriculum are designed to target clinical reasoning and employability. Using case studies and scenarios, students are provided insight on settings in preparation for fieldwork and the value of OT. A recent study by Campbell et al. (2015) provided fieldwork educators' perspective on students' professional behaviors entering their placements. It found clinical competence, which includes clinical reasoning and critical thinking, to be a top attribute that was expected of a competent fieldwork student. The literature indicates digital stories can be used to target this attribute and improve preparation for fieldwork study (Campbell et al., 2015).

Significance in a Post-Pandemic Society

The literature suggests the educational use of DST to be a growing area for study. The strength of the evidence of DST is found in areas of higher education and within healthcare professions. From our research, it is apparent that DST has not been investigated at the same level as in other healthcare fields. Further research can be done to explore the efficacy of DST in its application to the OT setting as a tool to promote reflection, storytelling as a learning tool, and appealing to emotions prior to students' fieldwork placements.

DST has clinical significance in today's society. Due to the occurrence of the COVID-19 pandemic, telehealth and other technological advancements have positively impacted the entire health community. With some fieldwork settings restricting students from being on-site, digital stories allow students to gain insight and learn remotely. In a technologically driven society, digital stories use electronic video and audio mediums to share stories that convey thoughts and experiences about topics in any given field in a way that is easily accessible to the public (Briant et al., 2016).

Ethical Considerations

To ensure the anonymity and the privacy of our participants, they were given the opportunity to change their name on Zoom. All student participants opted in to do so. All participants were also allowed to keep their cameras off during the Zoom sessions if they preferred not to reveal their face. When completing the pre-and post-survey questionnaires, the student participants were not required to include any identifiable information.

In addition, our project adhered to the AOTA Code of Ethics (AOTA, 2020) by practicing beneficence, nonmaleficence, autonomy, justice, and fidelity. Beneficence refers to doing good and demonstrating concern for the safety and well-being of those involved. In terms of our project, we adhered to beneficence by disclosing the possibility of the digital stories and how the content may lead to emotional evocation. We adhered to the ethical principle of nonmaleficence by refraining from actions that may cause harm, including refraining from imposing any opinions or judgements, as well as avoiding recruitment of any vulnerable populations. Autonomy was implemented by ensuring the privacy and confidentiality of all participants through informed consent. We promoted

justice by offering and providing accommodations to all participants. Fidelity was implemented throughout the project by respecting the privacy and integrity of all participants.

We applied to IRB for approval of the project. The project received full approval after making minor revisions. In the IRB application, in addition to the rationale of the proposed project, we submitted all materials, questionnaires, and emails that they used to recruit participants to IRB. Informed consent for participants, confidentiality, and anonymity are ethical issues that needed to be considered when designing our project. Receiving facility approval from Stanbridge University is imperative in allowing the creation of the digital stories. We obtained the necessary consent for audio and video recording from participants and Stanbridge University. Participants were chosen on a voluntary basis, with university approval and availability. Participants were allowed to withdraw or excuse themselves from the project at any time without any repercussions. Informed consent forms were provided to the participants through email.

We stored all data and information in a hard drive that was secured in a locked cabinet. The project will be transferred to Stanbridge University servers and saved permanently for future use. Any documents that contained personal information will be shredded and discarded at the conclusion of the thesis project. Participants were allowed to change their names when we started recording the digital story viewing party using any preferred pseudonym so they could disguise their identity.

Vulnerable populations were not recruited in our project. There are minimal risks when participating in our project. Risks the OT practitioners may have experienced include feeling uncomfortable with being on Zoom, discomfort in retelling an emotional

story, or feeling a lack of confidence in the work they may produce. The OT student participants might also have experienced discomfort when viewing the completed digital stories. An incentive for participating in our project included expanding knowledge of fieldwork settings through digital story experiences. Participants did not receive any financial gains.

Theoretical Frameworks

Digital stories are three-to-five-minute personal narratives that utilize visual and auditory components to convey information that evoke emotion and reflection from their audience (Gubrium et al., 2014). From a review of the literature, the educational use of DST was found to be a burgeoning area for study. Support for DST is found in areas of higher education and within healthcare professions. In order to further explain our project based on a theoretical model two main theories were utilized, the social learning theory (SLT) and the transformative learning theory.

Social Learning Theory

SLT can be used to explore the effects of social contexts on the learning process in education (Delaney et al., 2019). This theory conceptualizes the importance of social interaction, participation, and engagement in understanding OT fieldwork. SLT was developed by Albert Bandura and is composed of six key concepts: expectations, observational learning, behavioral capability, self-efficacy, reciprocal determinism, and reinforcement. The concepts relevant to our project are expectations, observational learning, reciprocal determinism, and reinforcement: Behavioral capabilities and self-efficacy were not directly related to this project. SLT demonstrates that certain components can be applied to enhance the process of learning. In our project, DST was

utilized to educate OT students in fieldwork experiences. Not only can SLT be applied to OT students, but it can also be appropriate to apply to therapy clients and other fields of study. SLT aims to enhance communication skills, group participation, and team facilitation (Delaney et al., 2019). However, new OT students do not know what to expect in fieldwork settings, because they do not have prior hands-on experience.

Expectations

Student expectations of fieldwork consist of gaining in-depth knowledge of specialties such as hand therapy, pediatric care, mental health practices, and other additional specialties. By the start of Level II fieldwork, OT students are expected to practice treatment planning, patient education, documentation, building rapport, and enhancing other skills (ACOTE, 2012). Other fieldwork expectations include introducing students to the fieldwork experience, applying knowledge to practice, and developing understanding of the needs of clients. In our project, DST can share perspectives and knowledge about settings such as skilled nursing facilities from the client's perspective, therapeutic use of self in the outpatient setting, and working on sensory processing disorders in the pediatric setting. Due to COVID-19 restrictions, it is difficult to partake in observational learning on-site. There have already been instances of online fieldwork in which technology has been instrumental in the learning process. By utilizing DST, OT practitioners can showcase their personal experiences through multimedia creations that can be viewed in the present and revisited in the future. DST appeals to an individual's behavioral capability by inspiring specific skills such as reflection and meta-cognition (Skarpaas et al., 2016). By gaining insight into various fieldwork settings, OT students should have an increased self-efficacy and feel more confident in choosing their specialty

in their future endeavors. Providing stories that evoke emotion will trigger the learning process. Additionally, by combining the methods of modeling and observational learning, the students were able to analyze and interpret as a means of progressing their own clinical reasoning.

Observational Learning

Horsburgh and Ippolito (2018) used observational learning in their study to explore the process of learning through role models in clinical settings. Six final-year medical students and five teachers in clinical settings were purposefully sampled and interviewed. In our study, we identified themes from our interview transcripts using concepts from Bandura's model, such as attention and retention. Regarding attention, students reported a need for purposeful roles, credible models, and values that are in alignment with their own perspectives. Teachers noted a need to actively involve students, particularly those who are less confident, but due to time pressures this was not always possible in their experiences. In our project, participants had the opportunity to learn and gain purposeful experience from credible and effective OT practitioners to convey their message. Horsburgh and Ippolito (2018) note the presence of challenges for retention in clinical settings, as information is vast and complex. Students reported seeking cues and strategies to retain information such as gaining insight from role models, utilizing reflection, and writing down thought processes. In our project, these are strategies that participants may utilize to retain information and extract personal value from what is being observed in a digital story.

SLT has been used widely in evidence-based interventions that target behavioral dysfunction using behavioral therapy techniques. For example, Chavis (2011) used SLT

to intervene on a high school student who was placed in a special classroom due to their behavioral issues while in the classroom. Chavis (2011) mentioned the use of observational learning and reinforcements to successfully change the behavior of this student. In OT fieldwork, students are dependent on observing their assigned fieldwork site advisor to gain the skills needed to practice independently after they graduate. With the use of DST, students were able to observe and formulate attainable expectations of different OT settings before their fieldwork experience. This may lead to better fieldwork experiences for the students and potentially for the fieldwork site advisors.

Reciprocal Determinism

Another construct of SLT is reciprocal determinism, which is defined as changes in behavior that result from specific interactions. According to Delaney et al. (2019), students can learn from each other through reciprocating influences between cognitive, behavioral, and environmental interactions. This concept was applied to the design of our project. DST is a creative resource where ideas and experiences in fieldwork can be shared and expanded due to the recipients' social learning experiences in the form of discussions and group collaboration.

Reinforcement

DST has the ability to positively impact OT students' educational experiences by witnessing interactions between practicing therapists and actual clients. Reinforcement can be simply a more gratifying, fulfilling, and reassuring learning experience. SLT emphasizes the "creative cognitive processes where ideas are shared, criticized, expanded on or developed" (Delaney et al., 2019, p. 904). DST can be utilized as a resource to

strengthen students' knowledge of different OT concepts and enhance their learning experience.

Transformative Learning Theory

Another theory that aligns with our project is Jack Mezirow's transformative learning theory. In this adult learning theory, Mezirow believes a person develops personal and intellectual growth via cognitive dissonance and reflects upon their own beliefs to interpret the undergone experience and information (Zafran, 2020). This exchange results in a transformation in their way of thinking. Cognitive dissonance leads to discussion and the presence of various perspectives to allow for better learning. SLT and transformative learning theory bridge the gap between cognitive dissonance and reflection to create an avenue in which OT students can then nurture their critical reasoning skills.

Within OT, the use of narrative provides an opportunity for students to understand how others interpret an experience, which is crucial to the therapeutic process. This component of the process allows us to appreciate the lived experience of the storyteller and explore the motivation behind the experience (Cohn & Crepeau, 2019). In order to enhance critical reasoning, a student must experience questioning their own views and, through reflection, learn how to integrate new knowledge to form a new perspective (Zafran, 2020).

Transformative learning has ten steps, six of which involve cognitive processes for learning (Zafran, 2020). By providing a digital story to initiate the first step, a disorienting dilemma, one can then undergo the process of learning. The dilemma encompasses an event that triggers the learner to think. This is followed by examination

of self, the recognition of cognitive dissonance with the perspective of the storyteller, exploring new beliefs, roles, actions and then assessing one's process to produce meaning to create a new or modified structure of thinking. This process ends with a transformation in how one learns and acts.

The steps involve the use of reflection and reviewing of the story to promote clinical reasoning. To verify these steps are occurring when viewing the digital story, the methodology incorporated a questionnaire to analyze the reflection process of the students. By combining the ideals of both SLT and transformational learning theory, our project can be utilized to enhance the learning experience of OT students.

This theory provides a basis for which the design of the project stems from. One can achieve transformation by using narrative learning concepts to evoke critical reflection and review of the new concept. For our project, the narrative component is digitized. The digital story was structured to provide enough information so that the viewer may reflect on the problem, the clinical reasoning, and the context the OT practitioner provides in the narrative. By providing digital stories as a tool for reflection, students can continue to develop their reasoning skills in preparation for their fieldwork settings.

Methodology

DST is a powerful narrative tool used for reflection, gaining insight, and widening knowledge (Lal et al., 2015). In its simplest definition, DST combines narrative with digital media to compose an audiovisual presentation of a personal story. The digital media utilized to enhance a story's meaning includes videos, images, music, and voiceovers. Once completed, these meaningful stories last between three and five minutes

and have the potential to be accessed and viewed by a broad audience through various platforms. Experiencing these stories allows opportunities for the student viewers to engage in crucial aspects of the therapeutic process, which include critical reasoning and reflection. The accessibility and succinct nature of these digital stories provide an inherent value as a learning resource tool for OT students. The utility of DST is being realized in other avenues of education and health and should be investigated in OT education.

Participants

Stanbridge University was the educational setting we utilized. It provided a pool to recruit potential participants for both the creation of digital stories and for student review of our project. The participants included three OT practitioners to create digital stories and eight OT students to watch and reflect on the stories. All participation was voluntary and based on their individual availability. Digital flyers and emails were utilized to recruit participants and informed consent was provided through email. Participants were allowed to excuse themselves at any point within the project with no questions asked. After confirmation of interest, student participants were provided a consent form and received a digital movie ticket (see Figure 3C).

Three OT practitioners recorded a story, and the eight OT students reviewed the videos and provided feedback. Participants did not receive any financial compensation; however, a certificate of completion (see Figures 1C and 2C) was provided to each participant for their contribution to the project.

Timeframe

Our project utilized a DST workshop conducted over a 3-day period for the OT practitioners. Each day consisted of different objectives to be completed in a 2-hour session. Day one of the workshop was dedicated to the introductory purposes of the project, such as setting clear goals and providing examples of sample digital stories. Day two of the workshop focused on drafting the narratives of the potential digital stories. Participants were allowed to share their perspectives in a Story Circle to provide input and suggestions from other participants. Day three comprised of creating digital stories by using iMovie software, a free video editing software developed by Apple. Overall, the workshop lasted up to five hours in face-to-face interaction via Zoom. Participants spent more time crafting their story outside of the workshop hours. One participant had previous knowledge of DST and digital story making process. Thus, the participant developed their story independently and had come to the second workshop day with a fully completed digital story. Our other two participants, who did not have prior experience digital story making, were fully engaged throughout the workshop meetings.

A schedule was provided to determine availability of the OT practitioners and OT students through Google Forms. A second workshop series was provided on alternate dates to accommodate one of the practitioner's availabilities. The final format of the workshop was conducted once a week for three weeks with each day devoted to specific aspects of the digital story making process (see Figure 2A). Day one of both workshop series was shorter than anticipated. The OT practitioners were comfortable asking questions and brainstorming a theme and relevant story with us, the investigators. However, they preferred writing out the client case for the story and elaborating on

themes privately. We shortened workshop day one to accommodate for this needed time. A second workshop series, scheduled to allow for participation by a third OT practitioner, followed the same structure as the first workshop series. One difference in the second series was scheduling all three workshop days within a one-week span. In both series of workshops, the investigators' roles were to facilitate and help OT practitioners brainstorm and recall a meaningful experience to be presented in their digital stories. In addition, the investigators provided the OT practitioners with any technical resources that may be useful for them to create their digital story project.

All workshops were conducted remotely over Zoom. Recordings were used strictly for voiceovers to incorporate into the digital story. We also recorded the pre- and post-reflection thoughts from the OT practitioners on creating these digital stories. We acted as producers in terms of collecting the data, while the practitioners were directors of the digital story-making process. Additionally, we kept notes of any significant comments, questions, and concerns raised by the digital story creators.

Three weeks after the completion of the digital stories, OT students participating in our project were scheduled to view all three digital stories via a Zoom viewing party. After viewing, the OT students completed a 20-minute open-ended questionnaire via Google Forms. Overall, recruiting and scheduling of the viewing party required three weeks. The time commitment by the OT students to view the digital stories and complete the questionnaire was approximately 40 minutes.

Informed Consent and IRB Approval

Consent forms were distributed to all participants (OT practitioners and OT students), signed, and returned before initiating the project. Consent forms included

potential risk factors for creators and viewers including, but not limited to, emotional distress stemming from compelling stories and feeling pressured from time constraints. OT practitioners were provided with a timeframe of the DST process and creation. Student participants were provided with a timeframe for viewing the stories and completing the questionnaire.

Digital stories did not contain personally identifiable information of patients. This DST project was stored including all data and information in encrypted cloud-based storage. The completed project will be transferred to Stanbridge University servers and saved permanently for future use. Any documents containing personal information will be deleted after one year of the project completion per Stanbridge University IRB standards.

The questionnaire completed by the OT students participating in the project did not contain personally identifiable information. All responses were stored in Google's encrypted cloud storage. This data will be deleted one year after project completion.

Location

The OT practitioners were assisted in the recordings of their digital stories from the comfort of their homes. They used the Zoom audio component to record their voices to narrate their story. We used the iMovie software program to create the digital stories with the direction of the OT practitioners. Additionally, the DST viewing parties that showcased the completed stories for the OT students were also held over Zoom.

Content

Digital story content in our project aimed to articulate clear goals, focus on the means rather than the ends, and create a safe and enjoyable experience. Content included stock photos, voice recordings, and background music.

Each digital story represented different settings from three unique perspectives. The first story was set in a community-based OT setting with narration from the perspective of the patient. The patient's voice was altered to add a synthetic sound for storyteller anonymity. The second story was set in an acute rehabilitation facility with the perspective and narration of an adult rehabilitation OT assistant. The story theme emphasized the importance of therapeutic use of self and how it was embedded in the success of this case. The third and final video was set in a pediatric outpatient clinic, which told the story through the lens and voice of an OT practitioner. The theme was sensory processing disorder with client- and family-centered care.

Digital Storytelling Workshop Outline—Day One Training

A template was distributed to the OT practitioners to complete. This included the author's name, title of the story, type of software used, fieldwork setting, intervention, basis for a chosen story, and a section for critical lessons learned and personal reflections. The template provided a space for the OT practitioner to describe a story that elicits a meaningful and thought-provoking message. This message stemmed from the underlying theme the practitioner has chosen (e.g., explanatory, or transformative). The story chosen had to be relatable to the target audience. The OT practitioners were informed of the 10-minute maximum timeframe to narrow down the thought process.

The workshop script detailed day-to-day activities to complete the digital stories (see Figure 2A). Day one consisted of introductions of the investigators and OT practitioner. We provided background information and stated the purpose of the project. An introduction to DST was provided, followed by four icebreaker questions. We asked the OT practitioners about their first OT experience, why they entered the profession, a time when they were conflicted in their career, and about their therapeutic use of self.

Following introductions, the practitioners were trained in the creation of a digital story. We described themes that were conveyed through the story and provided examples of completed digital stories. Next, we provided a story template (see Figure 1A). OT practitioners identified a theme and consolidated ideas for the stories they shared. All questions and concerns were addressed throughout the first day of the workshop.

Day Two Training

The second training consisted of drafting written stories. Revisions were made to condense stories while maintaining structure and integrity. A storyboard example was presented to visually plan and layout the foundation for an easy transition to a digital format. The website *StoryboardThat* was used to create storyboards and allowed the OT practitioners to conceptualize their ideas (Clever Prototypes, LLC, 2021). We then introduced the story circle where the OT practitioners shared their perspectives to the group and provided feedback in collaboration with other OT practitioners and investigators. We refrained from influencing the stories but helped in facilitating the thought process. At the conclusion of day two, the OT practitioners completed typed draft story scripts.

Day Three Training

The last and final training started with the creation of the digital story through iMovie. All chosen images, music, and voiceovers were formatted based on the previously created storyboard. Final cuts included editing to ensure smooth transitions and video quality. The workshop concluded with a final story circle for group reflection on the writing process and showcase final versions. The OT practitioners were asked to complete an open-ended questionnaire to describe and reflect upon their workshop experience.

OT Student Viewing Parties

Once the digital stories were completed, the final versions were presented to OT students in preparation for fieldwork. Eight students participated in this component of the project. The digital story viewing parties lasted about twenty minutes in total. Email reminders were sent to all student participants about viewing the digital stories and submitting their pre- and post-viewing questionnaires. Students were asked about their attitude and readiness towards their fieldwork experience and their newfound knowledge about those clinical settings. Students were also asked to reflect on their perceptions of the OT settings and the value of the digital stories by completing a post-viewing questionnaire. Seven responses were received the same day as the viewing party. An email reminder was sent to request submission of responses for the last participant, and we obtained the final responses two days after the viewing party.

Project Design and Process

When outlining the thesis project, we originally planned to utilize preexisting digital stories describing case studies from various OT settings. After an internet search,

we discovered the AOTA launched a campaign to create a digital story video bank containing case stories from OT practitioners. Unfortunately, the video bank campaign was cancelled, and we had to identify another source for digital stories. After searching YouTube and various online websites for digital stories relevant to the thesis topic, we decided to design a digital story workshop and recruit OT practitioners to share impactful stories from the profession. We prepared a workshop geared for experienced OT practitioners. A workshop training schedule was developed to accommodate busy professionals that incorporated options to work outside of training if they had familiarity with the DST making process.

Once IRB approval was received, we sent an email with an IRB-approved flyer and interest survey to 12 faculty members from Stanbridge University. The faculty consisted of six males and six females. However, after two weeks, the interest survey was discontinued, and we communicated with three male faculty members who initially demonstrated interest in joining the project. To ensure balanced gender perspectives, we actively tried to recruit at least one female practitioner. Attempts were made to recruit a female OT practitioner outside of the institution, but it was unsuccessful due to conflicts with time and availability. We were flexible in scheduling the workshops at times most convenient for all three OT practitioners. This approach proved to be a challenge, as we were looking to accommodate the schedule of OT practitioners and our investigation group to complete three 2-hour workshops. This process proved time-consuming for our project. However, this allowed for an additional story to create more depth in perspective and settings for our project for student participants to reflect upon.

Eight OT students were recruited through social media postings on Instagram and Facebook, as well as a recruitment post on AOTA's website. The bulk of these messages included a digital flyer that advertised the dates and requirements for participation in a viewing party. Upon receiving responses of interest, details regarding the dates and times were discussed and finalized through email.

Project Findings

Project findings will be presented separately for the two groups of participants: OT practitioners and OT students. Findings for the OT practitioners focused on the process of creating a digital story and their feelings towards DST in the field of occupational therapy. Moreover, findings for the OT students focused on the feedback of those digital stories and how they would be beneficial for future fieldwork experiences.

OT Practitioner Findings

Although most of the research process emphasized the reflection of the OT practitioner, our project also focused on the reflection of the reviewer and the impact that the case studies could have on student perception of preparedness for fieldwork. While the emphasis and workshop design were different from most of the literature, we found the digital story workshop provided reflective opportunities for the OT practitioners, nonetheless. It also offered an unanticipated learning experience for us as researchers.

The participating OT practitioners provided positive feedback from the story-making process. One OT practitioner, who uses narratives to instruct students, was enthused by the focus of our project. This participant stated, "It was really great to see that students acknowledged the importance of storytelling." Another OT practitioner explained, "digital storytelling is fun and can be used for health promotion to promote

critical thinking and clinical reasoning.” All participating practitioners approved the final videos for students to view.

The first workshop series spanned across two weeks for two of the three participants. We learned one of the participants had previous experience with creating digital stories and required less assistance in the digital story creation process. The second participant had no prior experience in creating digital stories but had an abundance of knowledge in storytelling and its impact on learning. One practitioner completed a thorough digital story template that we were able to use while assisting in the creation of the digital story. The videomaking for this proved to be a very collaborative venture that allowed us to build an unforeseen positive and educational relationship with the OT practitioner. Both participants provided insight into the profession and personal anecdotes that resonated with the entire group and created an atmosphere of camaraderie.

The second workshop series involved our third OT practitioner. This series spanned across five days and required more editorial support from us to prevent lengthening the time commitment of the workshop. This may have been due to the inability to use the storyboard step in this process due to an unforeseen event that resulted in the participant leaving the day 2 session an hour early. The length of the third story was just over five minutes, which could have contributed to the need for an extended time. The duration of the two other digital stories was three minutes or less. As the OT practitioner left the day 2 session early, we recorded the narration, completed the digital story, and submitted it to the practitioner for approval of the final product.

OT Student Findings

After the three videos were complete, flyers requesting participants to view them were sent via social media, email, and the AOTA website discussion forum. Three weeks later, the interest form was closed after a total of 11 students showed interest in the viewing party. Scheduling the viewing parties to accommodate availability proved a challenge in the second part of the project as well. We finalized two viewing party sessions that all participants could choose from. Two participants dropped out of the project due to time constraints. The remaining participants attended one of the scheduled Zoom viewing parties and provided feedback on their relevance to the fieldwork preparation through the Google Form questionnaire of open-ended questions.

The eight OT students who participated in our project viewed the three digital stories set in various fieldwork settings from different perspectives. After viewing the stories, the student participants shared their insight by responding to a set of four questions. These questions were:

1. Describe any feelings that emerged after watching the digital stories?
2. What did you learn after watching the digital stories?
3. Reflecting on the stories that you viewed, how has this experience affected your perspective and preparedness on future settings?
4. Do you see digital storytelling as a tool to prepare for fieldwork? Why or why not?

After all surveys were completed, we analyzed the data collected from the participant responses. To strengthen the quality of data and findings, a method of peer debriefing was utilized, and we reviewed all data to identify themes within the responses

and create codes to use for further analysis. We then discussed any contrary themes and opinions about the data until we came to an agreement with the finalized codes for analysis. The Dedoose version 9.0.17 application was used to organize the data and further analyze the findings using thematic analysis. One analyst had input the codes into the application to reduce the chance of overlapping data entry. Finally, the completed data entry was reviewed by us to check for errors and complete troubleshooting that occurred in the process.

Themes

We derived several themes from the analyzed data and utilized a code cloud to display the commonality amongst our participants' responses (see figure 1B). The main themes in participant feedback about the digital stories were relevance of OT, emotions evoked and overall impact. We will discuss each theme more in depth.

Relevance of DST

Many participants expressed that the viewing of digital stories could contribute to their success in fieldwork. For example, two participants stated they see digital storytelling as a tool to prepare for fieldwork. Reasons for these views support that DST provides useful, first-hand experience of clinical practice to students. As explained by one participant, “it allows students to see the theoretical components being applied in real life.” This statement aligns with our findings in the literature that the use of DST can provide understanding of issues and concepts for healthcare students.

All participants were able to identify deeper understanding of concepts from their education. Every participant described having a better understanding of therapeutic use of

self and its application in real-life scenarios. Six of the eight participants described learning more about client-centered care and how it is applied in practice.

Emotions Evoked

Transformational learning was a foundation for our project. In order for transformational learning to occur, an emotional trigger must occur. All OT student participants described emotions evoked by viewing the digital stories. These emotions were labelled as moving or touching and the responses showed the OT students were able to connect with the digital stories through empathy. One participant explained:

The first digital story was very touching. As students we learn about patient care, but we are often lacking patient perspective, so it was nice to hear about a patient's experiences with treatment and how occupational therapy has made an impact on everyday living.

This connection with the patient-perspective story provided the trigger to elicit learning of OT impact.

Pride for the profession was an unanticipated emotion that was described by half the participants. While this emotion can be classified as a trigger for learning, we also identified its potential for boosting confidence entering fieldwork and motivating the OT students. As a participant described, "I felt proud to hear how OT has helped patients . . . it helped reignite my motivation to work harder in OT school to be able to help patients and clients in the same way." Pride of the profession is a positive emotion that OT students had. Pride of the profession may influence students to become better OT practitioners and care deeply about their patients using techniques like the therapeutic use of self and providing high quality client-centered care.

Overall Impact

Many participants conveyed positive attitudes and impressions toward the viewing of digital stories. Examination of the literature shows that viewing digital stories has allowed students to better identify a client-centered approach and understand its value in patient care (Waugh & Donaldson, 2016). One participant stated, “I feel so much more confident going into fieldwork because I know that my therapeutic use of self and client-centeredness is one of my strengths.” Reasons for this perspective may reflect on the impact DST can have and its ability to promote introspection of the viewer. Another participant explained, “This experience has given me the confidence that I shouldn't feel discouraged if my treatment plan isn't working from the first session or if the client is discouraged to in the beginning.” This statement is similar to our findings in that DST has the capabilities to inspire others through heartfelt narratives and memorable experiences (Staley & Freeman, 2017).

When analyzing the responses from our project, we considered the homogeneity in the demographics within our population. All eight participants are students from the same cohort within the same institution and, therefore, have experience in the same fieldwork settings. The fieldwork settings were simulated online for pediatric and mental health community settings. Although the digital stories were regarded as a helpful tool by all participants, this may not be applicable to the general population of OT students, due to students being recruited from the same institution. This may not apply to OT students who have already undergone fieldwork level II settings as these students would have more exposure to the settings and concepts discussed. The participants had undergone simulated level one fieldwork settings. Moreover, the response in future fieldwork setting

interests varied. One participant stated that in viewing the digital stories, it allowed them to “see real-life examples of interventions that OTs [occupational therapists] use in various settings was a really good way to learn” (see Appendix B for all student responses).

Discussion

Based on the findings of our project, digital stories are versatile tools that are applicable to the curricular threads used to develop students into proficient practitioners during the formal education process. These curricular threads include clinical reasoning, technology, and transformative and lifelong learning to prepare us for our entry into the profession. After viewing the digital stories, feedback from OT students provided support for using digital stories for curricular thread applications.

For project transparency, it is important to note that the participating OT practitioners are faculty members at Stanbridge University. Each OT practitioner has lectured and led classes the investigators had previously enrolled in. Therefore, it is possible these OT practitioners may have been more inclined to participate in the project. The project did not include any OT practitioners outside of the educational institution. One potential OT practitioner from outside the institution dropped out due to time constraints.

Another aspect to consider was the perspective of the three digital stories. All three OT practitioners are also educators. These stories emphasized key principles embedded in the OT curriculum. Therefore, they may have been inspired to create a story that utilizes teaching principles to better engage their audience by appealing to the various processes of learning. They have previous experience in the teaching-learning

process and were able to provide stories that would best suit OT students preparing for fieldwork.

Finally, our project was conducted during the COVID-19 global pandemic. Our project was developed to adapt to the new norm of social distancing and online education. Utilizing Zoom as a mechanism to conduct meetings with both OT practitioners and OT students was instrumental in achieving the intent of our project. Although it would have been ideal to conduct an in-person focus group, the health and safety of all participants was the priority. The OT practitioners provided positive feedback about the workshops and provided no comments on the use of Zoom as a mechanism for joining together for the project. As mentioned in our student findings, the participants viewing the digital stories provided positive and strong feedback on their use as a learning tool for preparing for fieldwork. It would be valuable to investigate how exchanging perspectives through social discourse could further enhance the reflection process for learning. Future research can utilize the cohesiveness and collaboration of in-person meetings for the development and viewing of the stories.

Limitations

While social distancing could be viewed as a possible limitation, another limitation includes the lack of diversity of perspectives from the OT practitioners' point of view. All three digital stories were created by male practitioners, which does not accurately represent the professionals who make up the OT field. Five OT practitioners (three male, two female) expressed interest in participating in our project. However, the female practitioners withdrew from the project due to scheduling conflicts. Additionally, each OT practitioner provided a perspective within their own professional settings. The

three digital stories provided a glimpse into the vast number of available settings that OT students may explore during fieldwork rotations.

A second limitation to consider was the demographics of the student participants. All participants are enrolled in the same Master of Science in Occupational Therapy program from the same institution. Additionally, seven out of the eight participants were female. This should be considered when analyzing the responses to acknowledge the possibility that our findings may not be generalizable to the population. Moreover, the relationships between us the student researchers and the student participants were not accounted for; however, the participants did maintain anonymity with the use of pseudonyms and remaining off-camera during the digital story viewing party. Post-viewing responses were also anonymous.

Finally, time was a significant limitation in executing our project. Due to a compressed term schedule, there were limitations to recruiting OT student participants. The recruitment period occurred after completing the digital stories with a short window of opportunity to accept and identify potential dates for the student viewing sessions. Ten OT students initially expressed interest in participation; however, two were excluded due to availability and time zone differences.

Summary

After the recruitment of three OT practitioners, three digital stories with varying themes and settings were created during a 3-day workshop. These stories considered the audience, lessons to be learned, and challenges that may arise while in practice. After collaborating with these practitioners, OT students were recruited to evaluate the purpose

of our project—to investigate DST as a resource for fieldwork preparation in the field of OT.

As a result of our project, digital stories were found to be positively influential on the fieldwork preparation experience for OT students. Student participants found that digital stories would be a valuable resource to implement into the curriculum to better prepare for future clinical endeavors. DST can elicit an emotional response, reflection, and promote critical thinking. These digital stories allowed students to reflect upon their own experiences and emotions. Students learned about familiar and unfamiliar concepts in OT that pertain to future fieldwork settings.

Recommendations

Based on the findings of our project, action must be taken to further evaluate the implications of DST and its influence on the field of OT.

Implications for OT: Health Education Domain

After thoroughly researching the presence of DST in the field of OT, the investigators concluded that further research needs to be done. Further research should explore the efficacy of DST in different OT settings. Our project has provided qualitative perspectives supporting the use of DST within the OT health education domain.

The digital format of storytelling provides the viewers with an easily accessible opportunity to reflect on stories and relate them to their own experiences in preparation for future settings. This opportunity for reflection and reasoning allows OT students the ability to cultivate their critical thinking skills, which is a crucial component of clinical reasoning. Furthermore, participants identified the impact of listening to these experiences and how it altered their perspective of each setting. The impact on

confidence was apparent, as several participants expressed a gain in this area after viewing and were able to identify strengths they already had. As evidenced by the project findings, participants explained that the viewing of digital stories could enhance successful fieldwork experiences.

Although AOTA's idea to create a video bank did not come to fruition, we believe that this concept could provide a valuable resource within the OT educational domain by providing students with an easily accessible archive. These digital stories can then be used to enhance the clinical reasoning process and provide a lens into potential fieldwork sites and expectations. Therefore, OT students can better identify internal and external factors that can be addressed to increase performance in fieldwork.

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Appendix A

Figure 1A

Day One Story Template

Digital Story Template

Author: _____

Creative Title of

Story: _____

Fieldwork

Setting/Location: _____

Type of Intervention

Used: _____

Software

Used: _____

Description of

Case: _____

Key Lessons/Reflection:

Figure 2A*Storyteller Workshop Script*

- I. Day One
 - a. Researchers Introduction
 - i. Background
 - b. What is digital storytelling?
 - c. Purpose and Goals of the project
 - d. Ice Breaker Activity:
 - i. Why OT?
 - ii. What setting?
 - e. Digital Storytelling Steps/Elements
 - i. Themes
 - ii. Examples
 - f. Administer Story Template
 - g. Questions and Concerns
- II. Day Two
 - a. Drafting Digital Stories
 - i. Written story
 - ii. Storyboard: <https://www.storyboardthat.com/storyboard-creator>
 - b. Story Circle – participants share perspectives and give feedback
 - c. Voice recording or typed script
- III. Day Three
 - a. Creation of digital stories using software
 - i. Image layout
 - ii. Sound over
 - b. Story Circle
 - i. Group reflection
 - ii. Self-reflection
 - iii. Post-Creation Interview
 - iv. Appreciation Ceremony

Note. This script outline that was used in the digital story workshop for the OT practitioners. It outlined what each workshop day consisted of.

Table 1A*Digital Story Perspectives and Settings*

Videos	Practitioner Setting	Perspectives	Digital Story Setting
Video 1	Hand Therapy	Patient	Community-based
Video 2	Acute Rehabilitation	COTA	Acute rehabilitation
Video 3	Pediatric outpatient	OT	Pediatric outpatient

Appendix B

Table 1B

OT Student participants' Responses to Question 1: Describe any feelings that emerged after watching the digital stories.

OT Student	Student Responses
Student 1	"I felt inspired after watching the digital stories, and I felt engaged while watching. I've always liked having visuals to go along with any information I read, so I felt like the stories really captured my attention and made me want to listen. I really resonated with the patient perspective story, because it reminded me how all of our future patients have different backstories and how we should put ourselves in their shoes."
Student 2	"The first digital story was very touching. As students we learn about patient care, but we are often lacking patient perspective, so it was nice to hear about a patient's experiences with treatment and how occupational therapy has made an impact on everyday living. I was moved by the second story and appreciated the authenticity of the practitioner's lived experience with his self-discovery of the impact of therapeutic use of self. I also really enjoyed the third story. It felt like, as a viewer, I was going along with the practitioner in his journey to help his young client and family overcome the apprehension that came with cutting the young client's hair."
Student 3	"I felt a sense of satisfaction and pride after watching the videos. Although I wasn't the person that helped the clients, I strive to be able to help people and change their lives for the better. Helping people overcome their struggles and seeing them become functional and independent is one of the reasons I want to become an OT."
Student 4	"Happiness, enjoyment, joy, pride (for the OT profession), compassion, empathy"
Student 5	"There were periods of sadness for the clients for their situations. There were periods of happiness for the achievement of successes. There were periods of pride that I know this profession will provide and pride for future colleagues."
Student 6	"All the digital stories were moving. I really appreciated the client perspective on the first one, and it gave me concrete examples of successful things to incorporate or keep in mind for my future practice: novelty of activities, patience, smiling (positive attitude), and goal setting. However, I was a little thrown off by the voice over/digital anonymity, so didn't feel as connected with the story as the other two with actual voices. My favorite digital story was the second one on therapeutic use of self. How much care and

	connection was evident in the narrator's voice as he recalled his experience with B. I also think it's incredible that we can have such a lasting impression on our clients; that they will always think of us in their time of need or feel comfortable coming to us when they are their most vulnerable. The last story was moving because I had a similar experience with a family. I really liked that the story opened with describing the child as a CHILD; his interests, his kindness, his relationship with his family. It was a beautiful introduction!”
Student 7	“Especially after watching the first video, I was very touched by the patient's story and how he was able to get back onto his feet after seeing an OT. I felt proud to hear how OT has helped patients in different ways and it helped reignite my motivation to work harder in OT school to be able to help patients and client's in the same way.”
Student 8	“The stories were very touching! I felt happy that OT was able to help each client in their respective stories. I also felt more encouraged about pursuing OT after watching the digital stories.”

Table 2B

OT Student Participants' Responses to Question 2: What did you learn after watching the digital stories?

OT Student	Student Responses
Student 1	“I learned a lot more about the impact that your therapeutic use of self can have on someone else, and how the time and effort you put in can really make a lasting difference in someone else's life. I also do not have much experience in pediatrics, so I thought the SPD story was informative and also offered useful strategies.”
Student 2	“I learned that therapeutic use of self is very personal and will not always naturally come to a practitioner. It is dependent on one's personality and style of communication. It goes to show how transformative therapeutic use of self can be not just for patients, but also for healthcare practitioners. I think this is something that you simply cannot teach, but rather have to experience first-hand.”
Student 3	“I learned that patience and communication is key when interacting with clients. It is important to able to talk to the clients to help them identify understand their goals and motivate them to work hard. Also, it's important to communicate that the process may take some time and patience to be able to see improvements and results of the intervention.”

Student 4	“After watching the digital stories, I learned more about the client-centered approach of occupational therapy. It is clear now that sometimes clients will have very specific goals that cannot be targeted with any other approach besides a holistic/client-centered one. I see how OTs can impact and forever change someone’s life, even through a very short time period. Finally, I learned how I can use my therapeutic use of self (personality, empathy, and connection) to build rapport and improve a client’s motivation.”
Student 5	“Building rapport and showing your clients how much you care is one of the most important things an OT can accomplish for even the toughest clients. As students going into different settings for fieldwork, we are going to see clients in difficult situations and it is important to meet them where they are. Using therapeutic use of self- even if "untraditional" is your best tool. We learn techniques and strategies for clients and caregivers to make an impact and improve quality”
Student 6	“The biggest takeaway is that we have more influence over our client's lives than we realize. That what we do, how we treat them in every interaction can stay with them for the rest of their lives and benefit not just them but their families!”
Student 7	“The digital stories gave me a new perspective on how OT's tap into their client's motivations and target areas that will allow them to live the life they want and do the things they want to do. I felt that each video was a good way to introduce how OT can provide interventions in different settings, but still with the same overall goal to improve function and participation in everyday life.”
Student 8	“I learned different strategies and interventions! With the last clip about the kiddo with SPD, I wasn't sure what interventions I would conduct during sessions to address the hair cutting but now I have learned about different interventions to run. It is important to keep in mind what the kiddo loves to do and incorporate that into the session. I also learned more about therapeutic use of self and how it is important to incorporate that through”

Table 3B

OT Student Participants' Responses to Question 4: Reflecting on the Stories That You Viewed, How Has This Experience Affected Your Perspective and Preparedness on Future Settings?

OT Student	Student Responses
Student 1	“The stories have changed my perspective in the way that they introduced new ideas that I have not previously thought about before. We usually learn about general knowledge from our textbooks, but actually hearing personal stories and experiences prepares you in a different way than any textbook can. You can memorize textbook information and might forget it later, but digital stories have a lasting emotional impact on you.”
Student 2	“The stories have shown me that I still have much to learn. For instance, while watching the stories, I realized that I need to practice my mental flexibility because treating patients will almost never follow a narrow path. I have to be prepared to walk into a patient's room with the patient's goals in mind but follow their personal agenda. These stories have made me realize that the didactic portion of OT school makes up only half of the experience. The other half will be from professional experience, which will involve a lot of adjusting and adapting.”
Student 3	“This experience has given me the confidence that I shouldn't feel discouraged if my treatment plan isn't working from the first session or if the client is discouraged to in the beginning. Building the trust between therapist and client may take some time and understanding the client's feelings is key for the use of therapeutic use of self.”
Student 4	“After viewing these digital stories, it made me realize/remember that I have the opportunity to touch someone's life and be crucial part of improving someone's quality of life. Although I do not feel 100% prepared, I know that no matter the setting I end up in, I will always be able to utilize my therapeutic use of self.”
Student 5	“These stories almost reminded me of pregame speeches for big games that coaches provide. They are inspirational and remind us of the "why" in which we chose this profession. It will take time to build skills to be proficient with interventions, goal writing, documentation. Remembering that the client is the priority and how we make an impact through all of that OT teaches us gives me confidence. I know some of the skills will come with practice and time, but using my therapeutic use of self and being present for clients is the first and perhaps most important step.”

Student 6	“I feel so much more confident going into fieldwork because I know that my therapeutic use of self and client-centeredness is one of my strengths. I'm not saying that I will only rely on it to carry me through, but I know that if I lead with that, my clinical/textbook knowledge will support it to create a great therapy experience.”
Student 7	“I definitely still see that I am lacking in my sensory integration knowledge after watching the 3rd video. That is an area that I will need to improve on before working in future settings, especially pediatrics, since it is a more unfamiliar concept. Therapeutic use of self is also another concept that I would like to have more experience on. I have mostly worked with clients in similar settings or similar personalities, so being able to connect with an individual who is totally different from me will be a challenge and something I would like to prepare for in future settings.”
Student 8	“I am more mindful of the client's perspective when treating them. I think these videos better prepared me for future setting as I have insight on the client's perspective as well as the OTs. I have also learned about different interventions that can be utilized.”

Table 4B

OT Student Participants' Responses to Question 4: Do You See Digital Storytelling as a Tool to Prepare for Fieldwork? Why or Why Not?

OT Student	Student Responses
Student 1	“I see digital storytelling as a tool to prepare for fieldwork because they reflect real and personal stories that immerse you into a certain setting. Studying by the book may not help you as much for fieldwork as actual real-life experiences can, and I think digital stories are a useful supplement to fieldwork preparation. Hearing these stories before going into a fieldwork setting may change your views and may inspire you to change your mindset/preconceived notions about a setting you may be unfamiliar with. Overall, I think digital stories are inspirational and elicit an emotional response that can stick with people as they go through fieldwork!”
Student 2	“I can see digital storytelling as a preparatory fieldwork tool for students. A common denominator that I saw within the stories is how personal each one is. I think digital stories give students a chance to see raw, first-hand experiences of both patients and OT practitioners. This allows students to see the theoretical components be applied in real life. More importantly, I think digital storytelling allows for extra exposure of what may come upon entering Level II fieldwork assignments, and gives students a chance to do some extra preparation.”

Student 3	“It would be a beneficial tool because it provides students with possible scenarios, obstacles, and solutions for issues that they may be concerned about before going into fieldwork”
Student 4	“I can definitely see digital storytelling as a tool to prepare for fieldwork. While we students may get caught up in trying to learn assessments, interventions, and how to properly document, I think it is so important for us to see first-hand how OTs have changed the lives of many. I also like how specific the stories were, and how we can see how a person or family’s life can be forever changed.”
Student 5	“Yes, it is very engaging. You can listen to someone tell their story and the visuals evoke emotions that really come alive. The stories themselves are extremely impactful on their own, but the added dimension is so powerful.”
Student 6	“I think that it could be a great reminder (if the clips are short) before going into fieldwork about the impact that we can make. I think it might be more powerful to have the narrators tell their own stories on screen while they record, so that we can see their faces instead of hear them. It was more impactful for me as a student to hear voices I recognized tell the stories. However, if a student doesn't know the narrators, it might help them connect to the message to see an actual person.”
Student 7	“Being able to see real-life examples of interventions that OT's use in various settings was a really good way to learn, compared to our experiences doing virtual simulations and PowerPoints. I think the way the videos were structured and the type of information that was presented in the video was helpful in preparing me for fieldwork. I felt that the "show, not tell" method was very efficient in helping me as a student learn the information without being bored reading a handout or having someone tell me "this is what you should do." So having a scenario and context, and then having the student reflect and make connections using critical thinking and reasoning was effective, as long as the digital stories themselves are relevant and engaging.”
Student 8	“I feel like it would be beneficial to have these digital stories before our fieldwork rotations as it would better prepare us! I wish we had these before our fieldwork since I felt like we were just thrown into it. It would be great to hear clients' and other OT perspectives before working with clients and collaborating with other OTs.”

Table 5B*Parent and Child Codes Derived from Student Feedback on Digital Stories*

Parent Codes	Child Codes
Emotions evoked	<ul style="list-style-type: none"> – Moving/touching and compassion – Feeling inspired/encouraged/appreciation – Professional pride – Initial impact
OT roles and responsibilities	<ul style="list-style-type: none"> – Therapeutic use of self/building rapport – Client-centered approach
OT interventions	<ul style="list-style-type: none"> – Long-term impact – Appealing to motivations
Overall impression	<ul style="list-style-type: none"> – Growing confidence – Client perspective – Perseverance – Therapeutic use of self – Client-centered approach
Preparatory recognition	<ul style="list-style-type: none"> – Recognizing own improvement needs – Identifying own strengths
Tool for fieldwork	<ul style="list-style-type: none"> – Beneficial/useful – Beneficial but needs improvement
Relevance of digital storytelling	<ul style="list-style-type: none"> – Real-life experiences – Shows OT impact – Therapeutic use of self – Personal stories – First-hand experience – Pre-conceived notions about settings

Note. These were created by analyzing and interpreting the responses from the four post-viewing questions and input into Dedoose software.

Figure 1B

Packed Code Cloud Depicting Common Themes

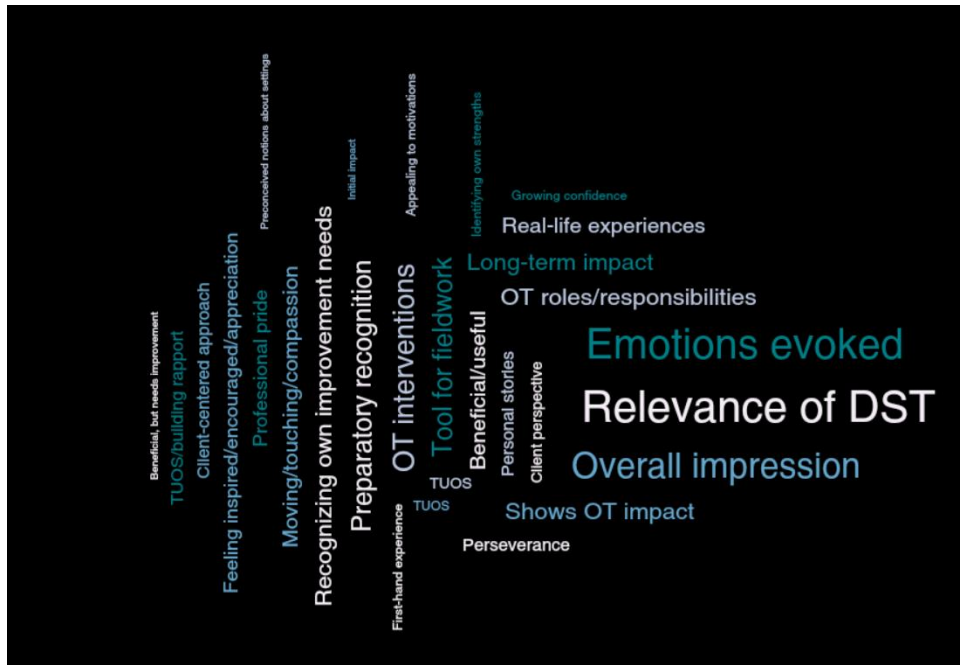


Figure 2B

Code Co-Occurrence Chart

Code Co-Occurrence		Codes																				Totals										
Codes	Codes	Emotions evoked	Feeling inspired/encouraged/	Initial impact	Moving/touching/compassion	Professional pride	OT interventions	Appealing to motivations	Long-term impact	OT roles/responsibilities	Client-centered approach	TUOS/building rapport	Overall impression	Client perspective	Client-centered approach	Growing confidence	Perseverance	TUOS	Preparatory recognition	Identifying own strengths	Recognizing own improvement	Relevance of DST	First-hand experience	Preconceived notions about	Real-life experiences	Shows OT impact	TUOS	Tool for fieldwork	Beneficial, but needs	Beneficial/useful	Totals	
Emotions evoked		6	2	7	6	3	1	3	3	2	2	7	2		1	4	1					9	4	1	3	6	2	3	2	1	81	
Feeling inspired/encouraged/		6			1					1	1	3	1		1	2						5	2	1	2	3			1	1	31	
Initial impact		2			1		1		1													1	1								9	
Moving/touching/compassion		7	1		3	2	1	2	1	1		3	1			1	1					2	1		1	2	2	1	1	1	34	
Professional pride		6	1		3					1	1	1	2			2						2			2						21	
OT interventions		3	1	2			3	3	4	2	2	3	1					2	3	1	3	5	1	2		2	2	1	3	1	57	
Appealing to motivations		1			1		3		1	3	1	2	1						1	1	1										16	
Long-term impact		3	1	2			3	1		2	2		3	1				2	2	1	2	5	1	2		2	2	1	3	1	49	
OT roles/responsibilities		3	1		1	1	4	3	2		5	5	2			2	1	3	3	1											43	
Client-centered approach		2			1	1	2	1	2	5		2	4	2		1	1	2	2	1						1					30	
TUOS/building rapport		2	1			1	2	2		5	2	2				2	2	2													23	
Overall impression		7	3		3	2	3	1	3	5	4	2	4		3	5	3	4	1	3	6	1	2	1	2	3	2	3	1	2	79	
Client perspective		2	1		1		1	1	2	2		4							1	1	3		2		1	2	1	1	1		27	
Client-centered approach																																
Growing confidence		1	1									3							1	1	1	1	2		1	1	1	1	1	1	16	
Perseverance		4	2		1	2			2	1	2	5						1	1	1	2	1									27	
TUOS		1			1		2	1	2	1	1	3			1				2	1	1								1	1	19	
Preparatory recognition							3	1	2	3	2	2	4	1		1	1	2		3	1	3	2		1	1	2	2			46	
Identifying own strengths							1	1					1		1			3		2	1				1	1					13	
Recognizing own improvement							3	1	2	3	2	2	3	1		1	1	3		2	3	2		1	1	2	2				42	
Relevance of DST		9	5	1	2	2	5		5	1	1	6	3		2	2	3	1	3	3	3	3	5	2	7	6	4	7	2	5	94	
First-hand experience							1	1				1						2	2	3				1	1	2	2	2	1	2	17	
Personal stories		4	2	1	1		2		2		2	2								5			1	3	1	1	3	2	1	1	33	
Preconceived notions about		1	1												1					2			2		2						13	
Real-life experiences		3	2		1	2	2			2	1	1					1	1	7	1	3	2		1	1	4	1	4		39		
Shows OT impact		6	3		2	2	2	2	1	1		3	2		1	1	1	8		1	1	1	1	1	3	1	1	1	1	44		
TUOS		2			2	1		1				2	1					2	1	2	4	1	1	1	3			1	1	1	27	
Tool for fieldwork		3	1	1	1		3	3			3	1	1		1	2		2	7	2	3	2	4	1	1	1	1	2		7	51	
Beneficial, but needs		2		1	1		1	1			1	1							2	2					1	1	2				16	
Beneficial/useful		1	1				2	2				2			1	1	2		2	5	2	1	2	4				7			35	
Totals		81	31	9	34	21	57	16	49	43	30	23	79	27	16	27	19	46	13	42	94	17	33	13	39	44	27	51	16	35		

Note. Figure shows how many times a code is used and how many times it shows up in the data set. Relevance of DST and emotions evoked are the most occurring codes in this set that have been utilized together.

Figure 3B

Dedoose Code Applications for Parent and Child Codes

Code Applications

Media	Codes																				Totals											
	Emotions evoked	Feeling inspired/encouraged	Initial impact	Meaningful teaching/compassion	Professional pride	DT interventions	Appealing to motivations	Long-term impact	DT roles/responsibilities	Client-centered approach	TUOS building rapport	Overall impression	Client perspective	Client-centered approach	Growing confidence	Persistence	TUOS	Preparatory recognition	Identifying own strengths	Recognizing own improvement		Relevance of DST	First-hand experience	Personal stories	Preconceived notions about	Real-life experiences	Shows OT impact	TUOS	Tool for fieldwork	Beneficial, but needs	Beneficial/useful	
8						1												1	1	1											5	
8																													1		1	2
8	1					1																1				1					4	
8							1	1																							4	
7										1	1	1																			5	
7												1																			7	
7	1				1	1						1										1		1	1			1		1	5	
7																															8	
6	1			1																											8	
6	1				1																										10	
6																															5	
6	1	1																													4	
5	1					1	1																								3	
5																															3	
5	1	1		1	1																										7	
5	1																														7	
4																															6	
4	1					1	1																								3	
4	1																														6	
4	1																														9	
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1	1	1																													7	
1	1	1																													7	
1																															5	
1																															8	
Totals	16	6	2	7	6	10	3	8	8	5	5	13	4	3	5	3	9	3	8	17	3	3	5	2	7	8	4	9	2	7		

Note. This chart allows the researchers to break down the use of each code based on the answers of every participant for every question.

Appendix C

Figure 1C

Certificate of Completion for Occupational Therapy Practitioner Participants.



Figure 2C

Certificate of Completion for Occupational Therapy Student Participants.



Figure 3C

Digital Movie Tickets

