Teaching Philosophy

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As I reflect back on my career, I want to acknowledge that who I am as person/nurse/teacher has evolved over time within the context of my own learning and experience. Mentors, students, teachers, nurses, community members and authors with whom I connected played a part in the development of my values and beliefs regarding what I wanted to become as a teacher.

My two career mentors, both strong leaders within the profession, role-modeled relationships with students that fostered inquiry and debate. They prized the acquisition of knowledge, relationship building, were risk takers who influenced the development of programs and policies that enabled others to care more, challenge more, and to build more equitable systems. They were exemplary role models as they demonstrated strong critical thinking ability and worked to foster the same in those with whom they worked. They held the bar high as they expected excellence but they provided the resources and the encouragement to facilitate growth in others.

My own educational experience shaped my ideas about what could inspire significant learning and when engaging in a reflective process about learning and teaching it is natural to review one's own experiences as a learner. As a young student I observed there seemed to be two categories of teachers. There were those who were authoritarian; they were distant, intimidating, focused on 'teaching' content and often seemed judgmental, even punitive. The 'others' were warm, engaging, excited about knowledge transmission, welcomed debate and usually had a sense of humour. In the classrooms of the latter group the learners and the learners' unique context were acknowledged and respected. The teachers engaged the students through questioning and debates, encouraging all members to participate in the learning activities. There was an atmosphere of inquiry which allowed for controversial points of view to be expressed. It was in these classrooms that I and others both excelled and matured. What I knew intuitively in secondary school, I began to understand from a theoretical perspective during my journeys through university education.

During my undergraduate degree education I was profoundly influenced by the writings of nurse theorists and educators who drew on the works of John Dewey and Carl Rogers. Dewey was a remarkable educator and philosopher of the 1930's who was described as the father of experiential learning. He believed that significant learning was more likely to occur when the learner was treated as a partner in a process that was engaging and active. He declared it is incumbent upon the teacher to provide for the unique differences of the students in order to foster participation. (Dewey,1933).

Carl Rogers, humanist psychologist and educator, a widely read author in the 1960's and 70's talked about the importance of developing a trusting relationship with clients or students. He linked the trusting relationship with the successful development of experiential or participatory learning. Trust is developed if one is dependable, consistent and genuine. Genuine for Rogers meant in the context of learning the ability to be respectful and non-authoritarian. (Rogers. 1969).

Hildegard Peplau, nurse theorist, like Rogers emphasized the importance of the relationship to create the shared experience which facilitates leaning with patients and students (1952). Peplau's notion that the nurse-patient or student-teacher relationship ought to be one of give and take was revolutionary at the time. Both Peplau and Rogers referred to empathic understanding, explaining that significant learning occurs when the teacher appreciates the student from the 'inside out'. They would suggest, as Dewey did, that it is necessary to take into account the uniqueness of the student population.

As a Registered Nurse and later as a nursing teacher, I was happiest working with groups of students on medical units were patients stayed for days, weeks even, depending on the nature of the health problem. In nursing 'the relationship' is the key to all other aspects of care. In these clinical settings there was an opportunity to role model the kind of relationship that Peplau and Rogers espoused. It was essential that the health team members work together cohesively to provide excellent care. In my relationship with the students and theirs with the patients, partnerships were forged, differences respected and the outcomes mutually derived. The students and I worked as a team, within the health care team on the unit. The team within a team was a complex hive of interpersonal relationships which worked well if there was a sense of trust, open communication and respect for diversity. This team approach I believe, fostered significant learning related to interpersonal and inter-professional relationships, team building and team leading.

There was however historical tension between the dominant medical or scientific model and the patient or student centred model. In the late 60's through to the mid 70's along with my colleagues I became committed to the educational practices related to the behaviourist model. We developed objectives for each course, week, class that were so specific teachers and students need only to follow the dots to higher education. The basic idea was that it

was educational malpractice to keep from the students exactly what they needed to know. For some courses such as physiology we adopted the idea of mastery learning, gave pre and post tests and expected the students to get a perfect score. The advantages were clear, and I continue to believe that a hidden curriculum is unfair and evaluation and testing processes ought to be transparent and congruent with the knowledge base. However for me the constraints of the objective driven program, designed by the expert-teacher were at odds with the more precious value related to student-centredness and the co-creation of knowledge.

There was a core group of faculty, including myself, who believed that the behaviourist model presented some advantages, but left the students and teachers in a top-down, expert to novice relationship which guaranteed proscription and a 'doing to' way of being. We felt this was counterproductive to our beliefs about significant learning. We began to explore alternatives which could move us away from the constraints we felt imposed by relying solely on the scientific model and its cousin, behaviourism.

Then in 1989 Em Bevis and Jean Watson produced their widely read book, on the caring curriculum. I loved it. The rest of the faculty and I listened with rapt attention while at conferences or in seminars with either or both of these influential nurse theorists. I understood much of what was said by these nurse leaders, as their words resonated with my own personal belief systems about relationships that I had developed years before. In their work Bevis and Watson referred to Carl Rogers and Peplau and included others who worked and wrote from a phenomenological base. As Bevis/Watson disciples our faculty talked about the value of: becoming co-learners with students; small group work; the student as expert; nurturing professionals and reflection on action as the critical skill to be developed. We relinquished the positivist paradigm that favours science, technology and observable outcomes, as the dominant model in favour of a pluralistic approach. Intuition, people's historical context and a holistic approach to human caring were embraced. Policies and processes were re-shaped to reflect our rebirth as educators engaged in mutually transforming relationships with the learner. We were confident that the new nurse would be not only visible, but would be a valued partner within the multidisciplinary team.

To accomplish what we hoped for with the curriculum change and in keeping with an element of phenomenology that context is inseparable from the relationship, the classroom in which the student learns came into sharp focus. In order to achieve the ideal environment, classroom norms must be established, including expectations related to respect for each other, tolerance for diversity and civility. It is the teacher's responsibility to be very clear and specific about the course content, methods used to achieve the course outcomes, assignments, use of class time and to ensure students have access to the teacher to ask questions and clarify expectation. The teacher and students can work out together mutual roles and responsibilities and arrive at agreed upon statements related to a safe environment.

Years later, I again engaged in an educational journey of higher learning, I was studying philosophers from a variety of paradigms and became more familiar with critical social theory. Then I realized that the nurse author, Bevis referred to earlier, came at the learning environment from a different theoretical base than Watson had, who used phenomenology as her foundation. As I read works of Paolo Friere, Brazilian educator, I understood that education is political. Like others from the school of critical social theory, Friere believed that the dominant social order reproduces itself by ensuring through education the principles and values of the dominant class are maintained. (Friere, 1998). Dominant social discourses produce power relationships and imbalances of power. For my entire career I had existed within both the medical system and an educational system which relied heavily on the notions of hierarchy and power and I had accepted that status quo to some degree. With new knowledge about critical theory I reread Bevis' works and realized I had missed her intentions regarding emancipation. It then became important to address the issues of power and freedom within the program and within the health care system with my own students. Finally I learned that self-reflection, which is awareness of oneself in the world and the power structures within society, is central to changing both our own actions and the world around us.

Once again we changed our philosophical statements underpinning the work of the school by adding statements about critical social theory. Social justice issues became a theme running through all the courses in the program. Students and teachers dialogue about what it means to experience poverty, stigma, violence and what is it that we can do to change the existing structures through our work together. I believe that it is my responsibility to provide the students with the resources, including access to knowledge, to co-create the environment in which we can safely challenge each other. The freedom to know and to dialogue within trusting relationships offers to all parties the opportunity for transformation.

I began to champion the use of critical reflective analysis as a classroom and nursing practice course exercise. I felt passionate about this because in spite of all my good intentions when building relationships, the patients, students and nurses were still often marginalized or made invisible in their settings. The students wrote reflective papers using clinical situations and examined the power structures in the described situation, questioned the status quo and made visible that which had been rendered invisible. The papers were powerful and moving as the Registered Nurse students told their stories including ethical dilemmas, practices and protocols that were convenient for the staff but shut out the families, lack of tolerance for or lack of understanding of diverse worldviews. The analysis allowed them to begin to determine how they could bring about change. The strategies often included nurturing a safe environment for dialogue, honest exchange of ideas and the transmission of knowledge to others. If Friere was right then the

process of dialogue can lead to re-education and transformation.

Today I would say that the most important beliefs about learning are related to participation and empathy, critical inquiry and emancipation. I hope that my relationships with the students reflect these values. As learning occurs within a context it is important to examine ones beliefs not just about one's own teacher-student relationships but also to be aware of the context of the learning. I consistently work to facilitate a learning environment that supports these values. It is very important that I am actively involved in building and sustaining a community in which students can access knowledge readily and in a way that is in keeping with their learning preferences. Students and teachers must feel free to enquire, debate, challenge and transform what exists into something new and exciting. The program, its learning exercises, assessment tools and the delivery of the curriculum must be congruent with the beliefs about participation, empathy and trust, critical reflection and emancipation.

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