# Work Based Learning pedagogy in the Cross Disciplinary Fields of Health and Education

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This article explores the emerging pedagogical strategy of narrative pedagogy as a valuable facet of work based learning. The article highlights cross-disciplinary areas of midwifery practice and teaching and parallel modes of enacting learning. A narrative transcript is used to engage narrative pedagogical theory and to challenge the reader to consider alternative learning and teaching strategies for effective work based learning

Keywords: Narrative Pedagogy, Work Based Learning, Midwifery, Teaching and Practice

This article is specific to Work Based Learning issues in the field of midwifery care and training, how to teach how to care. Definitive theories of work based learning and indeed even practice-based learning are inconclusive (Corradi et al., 2010), (Billett, 2014). However there is ample debate that "work based learning takes place in the circumstances of practice" (Billett, 2014, p.237).

It could be argued that much emphasis has been put on procuring sufficient practitioners in health care but little attention is given to recruit sufficient teachers or instructors in order to train enough practitioners. Consider for example teachers' professional development in their work place; much research focuses mainly within individual disciplines. Work based learning research offers the opportunity to undertake cross-disciplinary inquiries because "theoretical or empirical studies into how teachers learn and develop in their work settings are virtually non-existent "(Eun, 2008, p.151).

Even for 2008 this is a touch over exaggerated, but it highlights a very important void in health and education work place professional development. There have been studies carried out but not nearly enough (Abukari, 2014). Studies undertaken in teaching tend to focus on pedagogical enquiry, whereas studies done in health care tend to focus primarily on health provision issues. For example, in the context of global midwifery care, we know that up to sixty percent of mothers in developing countries deliver their babies without a

skilled birth attendant. Not nearly enough is being asked about why there are insufficient skilled birth attendants, nor is there an enquiry into existing skilled birth attendants that examines their competency level, with little reference to how they were trained (Harvey, 2007).

Very few studies actually focus on the cross-disciplinary aspects of health and education. As I mentioned, teacher training is predominantly focused on class room induction strategies; this is persistently knowledge-led with insufficient application to the real world (Jordan, 1989). The reality of this lack of cross-disciplinary focus only escalates the theory gap divide, continuing to keep theory separate from practice.

Work based learning research projects offer a means to bring theory and practice together as a discipline in itself that acknowledges multiple ontologies in ways that bring difference together. Finding commonality, while making room for differences of opinion, perspective and practice give potential for new knowledge and ways of being to be co-created. Cross disciplinary work based inquiries can lead to mirroring philosophies, for example, midwifery care philosophy of 'being with woman' as in the definition of a midwife can mirror the facilitatory nurturing stance that student midwives need to acquire tacit knowledge and competence. (O'Malley, 2012)

In essence this article focuses on work based learning aspects in the field of midwifery teaching and practice through the use a direct narrative to an international midwifery teacher in the form of a vivid letter. Visual narrative pedagogy is explored as a mode of engaging the international midwifery teacher in contemporary teaching and learning strategies.

While working and teaching with international midwifery faculty in Uganda and Pakistan over the last three years it became apparent to me that faculty wanted to have narrative style accounts of teaching and learning as opposed to textbook knowledge. I asked them "if I were to write you a long letter of how to teach, with the students learning needs in mind, what would you like to read". I noted their comments and observed which parts of my modelling of teaching practice enthused them the most. These dialogues, together with a deep reflection on my own teaching practices, led to a manuscript written in a vivid

narrative style that outlays important teaching and practice theory in a conversational way (Alam, 2015), essentially a pedagogical narrative.

Narrative pedagogy is a new approach to teaching and learning that focuses more on the lived experiences of teachers and students in the real world of work, as opposed to behavioural pedagogy that breaks learning into prescribed competencies and outcomes insufficient to acquire the art of practice (Ironside, 2014). "Narrative pedagogy may be one way that enhances learning about the art of practice" (Gilkison, 2013, p.15). Furthermore, Mayer states that

"sharing one's own practice through narrative, particularly in ever-changing social, cultural and political circumstances, is recognised as a key ingredient of professional development.. and writing of stories to assist practitioners to understand themselves and their practice "(Mayer, 2003, p.11).

Mayer, Gilkison and Ironside encourage us to think of how narrative pedagogy challenges the dominant theory/competency led models of education. They widen our understanding of learning environments that enable a space for discussions about real practice contexts. Particularly (Gilkison, 2013, p.14) says of narrative pedagogy that it evokes recognition of the learners "own values and beliefs in relation to those of the narrator".

Narrative pedagogy is more than relaying stories or experiences it refers to all shared activities that draw attention to important key elements in a practice situation. These may be interpreted differently individually but with shared duologue a common understanding for practice evolves. "Research has shown that when teachers shift their attention to the experiences they co-create with students substantial transformation occurs" (Ironside, 2015, p.84)

The concept of narrative pedagogy presents a conceptual framework for communications with midwifery teachers on aspects of teaching midwifery students how to do midwifery.

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"Undoubtedly midwives have always learned about practice through sharing of stories, but in terms of formal education, these stories have been seen as examples rather than a recognised way of learning midwifery. A narrative pedagogical approach values the learning which comes from the narrative" (Gilkison, 2013, p.13)

The following is a transcript from direct communications with international midwifery teachers that was initially formulated as mentioned earlier, in letter form then compiled into a book (Alam, 2015). A discussion will follow which analyses briefly the possible learning from the narrative.

### The narrative:

## **Excerpt 1 on Classroom teaching**

Dear Mam (midwifery teacher/faculty)

You asked me the last time we were teaching together to write to you and share with you some ideas on 'how to teach midwifery students how to do midwifery'. In this letter I thought I would share with you my ideas on how and why to 'mobilise the learner' in parallel with the importance of 'mobilising mothers' when the mothers are birthing their babies.

Mobilising the learner takes them out of their passive role to an active role where they take responsibility for their own learning. Any movement in the classroom/learning setting awakens the student and this can be seen when energisers are used. So really getting the student more active is really an extension of the energiser to active learning and learning by doing. Why is mobilising the learner so important to me as an international midwifery teacher and practicing midwife? It is about giving power back to the learner to be more involved in their own learning and to realise as teachers trying to control learning situations rigidly, often leads to false and inadequate outcomes. My philosophy of midwifery also inspires me to be 'with the woman' as does my philosophy of teaching as being 'with the student'. Well to a great extent I mirror my care of women with my facilitation of students learning. In midwifery care it is important to mobilise the parturient woman to allow for natural physiology to take place, similarly with the student, mobilising them allows for learning to flow much more easily and efficiently as the student is using of all their faculties, including hearing, seeing, feeling, and sometimes even smelling and tasting, this is referred to as tactile learning and is associated with a better grasping of concepts being learnt with the added benefit of information entering the permanent memory compartment of the brain.

What I want to share with you is, to see what is happening in the learning situation. For example see the student as they find a cage for themselves, a safe place where for some time they can become passive recipients of learning. You on the other hand find your place at the top of the class and for a bit everyone finds comfort in their places. The students sits

back and becomes passive as they wait for your instructions, at first hanging on your every word, and I can hear them silently asking you 'give me the knowledge'; you are prepared or perhaps not but the session begins with you talking at them and before you know it you are both perhaps wondering what's the point of being here. The students shift around in their chosen cages, confined and comfortable as long as you don't ask them to think for themselves. You realise this is how traditional teaching has gone on for years.

You may have prepared (or not) a lesson plan and you know things should be different, but the classroom is set up in rows, the chairs even have little tables that actually slot the student in, it feels rigid fixed, cemented. You want it to be different; you search in the back of your mind for a strategy that might work with this particular group; you scan each student for clues as to an appropriate method, somehow you realise that the students are actually asking you permission, by their expression, to engage more. Their eyes become more enquiring and you feel their thirst for knowledge but are perhaps frustrated that they are not interactive enough and your teaching session somehow feels like very hard work.

## **Excerpt 2 Workplace learning**

Imagine you were teaching in the clinical area - how would you mobilise the student in the workplace? Just like the classroom and clinical skills classrooms, see the workplace as a learning environment that needs to be orientated to a culture of learning for all. Inform all management and ward staff in the work arena that when students are in the workplace they are there to learn. More specifically when you are with the students encourage all staff on shift to be interested and welcome in any learning event - including support workers and administrators in a non-threatening and non-judgmental way.

Also invite those on duty to comment and even share their wisdom and this creates an atmosphere of respect while also giving opportunities for permanent qualified staff to reflect on their own knowledge and skills. Mobilising the learner in their workplace includes encouraging them to ask questions and not just to loiter in the background. Students need to be proactive in their learning and not depend on a member of staff to offer to teach them something, in reality this is not likely to happen as in some hospitals permanent staff do not

see it as their role to teach students, they see teaching as the role of the faculty member from the university that accompanies the student. Contextualise the workplace by having wall charts in places that are frequented by students so they can recap key important points, like in the treatment and dirty utility rooms, even the linen cupboard. Most rest/staff rooms have notice boards that could focus on what particular groups are studying at that moment in time and remember to change them frequently, better still get the students to take charge of some of these displays so they can put up what they are working on.

From some of the above ideas you can see that teaching and learning are much more than passing on knowledge from a book. Teachers, students, patients, endless other human participants and things like curriculum, lesson plans, policy, books, desks, simulation equipment, spaces and time all come together for real learning to happen. Consider all these, allow them freedom to come together, notice what works and advocate for more of that.

Regards,

### Discussion

The letter to an international midwifery teacher is written by an international midwifery practitioner and teacher at the request of the teacher reader. The parallel images of the caged student with possibly a caged birthing mother seeks to touch emotional feelings of the reader that evoke a glimpse of what it might feel like to be a caged subject. While concurrently also appealing to the readers knowledge of the normal physiological process of birth, that they would inevitable be actually imparting as part of the role of midwifery teacher. This evokes "an emotional involvement with the narrative" that enables a 'seeing' (Ironside, 2013) Analysis of the narrative takes the form of the two excerpts above, glimpsing the disciplines of education and health care with mirroring learning concepts, extrapolated in table below.

The narrator shares her frustrations of teaching in practice that also shows empathy for the reader. It allows for the teacher reader to engage in introspection and imagine how enacting suggested teaching strategies might be affected. Teaching as an art form is illustrated through the tuning into the needs of the student in the same way a midwife tunes into the needs of a birthing mother. This tuning in, is a craft, difficult to learn and difficult to teach.

Significantly Gilkison points to the benefits of sharing practice experience as lived experiences since "practice cannot be explicitly taught, interpretation of narratives can help the understanding of practice to happen" (Gilkison 2013.14). The narrative and analysis clearly evokes vivid images of handing back power to the student in the same way that midwives should hand back power to birthing mothers, encapsulates the notion of mobilisation of the student/mother which seeks to suggest that the teacher reader should examine the power balance between herself and the student while also advocating that mobilising the student enables the student to take responsibility for their learning.

From the excerpts to the analysis in the table below potential learning on concepts such as adult learning, workplace learning, empowerment, personal epistemologies and agency, institutionalisation and impact of teachers own ontological beliefs about how to teach are envisioned.

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From narrative excerpt 1 Education	From narrative excerpt 2 (workplace) Health	Cross disciplinary learning
Mobilising the learner takes them out of	- how would you mobilise the student in the	learning theories
their passive role to an active role where	workplace? Just like the classroom and clinical skills	Active and Passive learning
they take responsibility for their own	classrooms, see the workplace as a learning	
learning.	environment.	
I mirror my care of women with my	Mobilising the learner in their workplace includes	Thinking like a midwife/midwife teacher
facilitation of students learning. In midwifery	encouraging them to ask questions and not just to	Empowerment
care it is important to mobilise the	loiter in the background. Students need to be	Personal epistemologies
parturient woman to allow for natural	proactive in their learning	Learning in the circumstances of practice
physiology to take place, similarly with the		Billett 2014
student, mobilising them allows for		Kolb Rogers Adult learning theory
tactile learning is associated with a	Contextualise the workplace by having wall charts in	Creating enabling environments
better grasping of concepts being learnt with	places that are frequented by students so then can	Learning by doing
the added benefit of information entering	recap key important points, like in the treatment and	Limits of rote learning Pamela Ironside
the permanent memory compartment of the	dirty utility rooms, even the linen cupboard.	
brain		
see what is happening in the learning	From some of the above ideas you can see that	Learning needs analysis
situation see the students as they find a	teaching and learning are much more than passing	Readiness to learn
cage for themselves become passive	on knowledge from a book	Agency
recipients of learning		

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the classroom is set up in rows, the chairs	Teachers, students, patients, curriculum, lesson	Abukari 2013 beliefs about how to teach
even have little tables that actually slot the	plans, policy, books, desks , simulation equipment,	How institutional structures can confine
student in, it feels rigid fixed, cemented.	spaces and time all come together	Institutionalisation
You want it to be different		
you scan each student for clues as to an appro	get the students to take charge of some of these	
method, somehow you realise that the student	displays so they can put up what they are working on	Tuning into student's needs and responding,
actually asking you permission, by their expres		Frustrations and resilience
to engage moreyour teaching session somel		
feels like very hard work		

## Conclusion

Narrative pedagogy and work based learning as new and continuing strategies for learning and teaching offer the teacher trainer and learner creative active ways for sharing knowledge and skills. Cross disciplinary philosophies coming together can bring new insights into what is happening in practice. The mirroring view of care and teaching opens up new avenues for professional autonomy in ways that confining oneself to one's discipline cannot. Workplace learning uniquely allows for cross disciplinary collaboration and learning and narrative pedagogy is one way for this collaborative learning to be articulated.

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