Are students 'empty vessels' or can previous experience enhance future practice?

Abstract

In the pedagogical model of teaching and learning, used in the education of children since the 19th century (Hill, 2015), the educationalist has control, decides the content and mode of delivery, with the students as 'empty vessels' or passive recipients of information. In contrast, adult learners are self-directing, having a repertoire of experience and are internally motivated to learn subject matter that can be applied immediately (Knowles, 1998). Each student's unique previous experience not only makes their learning very individual, it also has the potential to enrich the learning experiences of their peers and ultimately positively impact on the quality of care received by women and their babies.

This article will consider adult learning theory to identify how adults learn best, identifying the link between previous experience and the acquisition and application of new knowledge and will go on to focus on the experiences of Laney Holland (3rd year student midwife) prior to starting her training as an example of the potential for previous experiences to enhance future practice.

Keywords: student midwives; adult learners; andragogy; previous experience

Introduction

In order to address the learning needs of adults, the educationalist should have a sound understanding of the general characteristics of adult learners, namely differences in age, motivation, learning styles and expectations. There is, however, an important commonality in that they are all motivated, voluntary participants (Quinn and Hughes, 2013; Rogers, 1996). Adult learners are self-directing, having a repertoire of experience, and are internally motivated to learn subject matter that can be applied immediately (Knowles, 1998). Learning theories such as humanism (Maslow, 1981; Rogers 1996); andragogy (Knowles, 1998) and experiential learning (Kolb, 1984) are important facets of, and perspectives on, adult learning theory.

In the context of adult learning, it has been suggested that the most effective learning takes place if adult learners can have ownership of their learning, facilitated by the educationalist (Rogers, 1996). The term 'facilitator' comes from the Latin 'facilitas' meaning 'easiness' and the verb to facilitate meaning 'to make easy, promote or help forward'. It stems from the work of Carl Rogers (1969) who championed self-directed, reflective student-centred learning. In short, facilitators provide the support, opportunities and resources for learning to take place, rather than controlling and managing learning (Bently, 1994).

The humanistic approach to adult learning has no single definitive theory but rather an ethos of regarding people as individuals with thoughts feelings and experiences. This philosophy has close links with phenomenology which claims that the reality of an event lies in the individual's perception of that event rather than the event itself. This theory highlights the importance of 'Self' with personal growth, fulfilment and autonomy (Quinn and Hughes, 2013). The student must feel that the subject matter has relevance to them as an individual (Cross et al, 2006) Maslow's (1971) concept of 'self-actualization' affirms that the humanistic approach to learning empowers the learner to achieve their own unique potential.

This student-centred approach to learning is in stark contrast to the pedagogical model, used in the education of children since the 19th century (Hill, 2015), where the educationalist has control, decides the content and mode of delivery, with the students as 'empty vessels' or passive recipients of information. The andragogical model of learning championed by Knowles (1998) sees adult learners as distinctly different from children. Adults need ownership of their learning with an understanding of why they are learning a particular subject. Adults' unique previous experience makes their learning very individual. They tend to learn best by experiential learning and are particularly motivated if the subject is of immediate use.

Experiential learning or 'learning by doing' is a progression from pedagogical and humanistic learning in that rather than just being taught, even using a student-centred approach, the learner actually performs the given task. This process is encapsulated in Kolb's Experiential Learning Cycle (1984) starting with the concrete experience, moving to observation and reflection, which leads to the individual forming abstract concepts. They can then use their new understanding to test their thinking, and from this begins a new cycle of learning.

Jarvis suggests this cycle assumes that some kind of learning has taken place in all circumstances (1995). As a consequence his typology of learning has modified Kolb's Experiential Learning Cycle by including three forms of learning response to experience, namely: non-learning (patterned responses), non-reflective learning (memorization or practiced (physical) skills), and reflective learning.

Thus adult learning theory puts the student at the centre of their learning and acknowledges the importance of prior experiences on the learning cycle. An example of how prior experiences can go beyond influencing the individual's learning to potentially positively impacting on practice is detailed in the following case study.

Case Study: Laney Holland

In 2003, following maternity leave, I started a new Job at the Council for Ethnic Minority Communities (CEMC) as Somali Afterschool and Women's

Group Coordinator with the Northamptonshire Somali Women & Girls Association. My duties were varied, including driving a minibus of Somali children to an afterschool facility run by two young ladies of Somali heritage. One day whilst travelling home, one of these young ladies told me all about FGM. Until then, I had never heard about this practice. I went home, researched what she had told me and sobbed: sobbed for my fellow sisters, for the young girls at risk and for those women who perpetuate this practice for the sake of man/chastity and marriageability.

My interest grew and I forged an alliance with Sharon Stringer, a Local Authority civil servant who shared my interest in Northamptonshire's responsibility to victims of FGM. An agency steering group was developed with all key partners, including Northamptonshire Police; Northamptonshire Women's Aid; Northampton General Hospital; Health Visiting Services and Northamptonshire County Council Community Safety and Schools Services. I chaired this for some 3 years and developed an understanding of the politics and governmental responsibilities around this practice. Alongside this, my colleague and I developed a Community Response Group to ensure our approach was realistic, responsive and representative by holding consultations; engaging with community members and developing communication strategies with other organisations to ensure all voices were heard - not just the loudest - and those organisations who showed no form of wider engagement were challenged to ensure women's voices were not ignored.

I developed many contacts with women survivors listening to their stories and more importantly, understanding the lack of support that was available to them. This meant challenging health organisations, sitting on strategic partnership boards and continuing to collate local research. I was heavily involved in arranging the first FGM conference in Northamptonshire in 2007 which was funded by Northamptonshire Community Foundation. Over 100 women attended with Naana Otoo-Oyortey MBE from Forward (see Box 1) as the keynote speaker. It was a full day's programme with national television coverage where women from practising communities were given the opportunity to discuss what they felt services should look like to support victims and identify perpetrators. A group of young people performed a dance with the help of choreographer Chris Bradley symbolising power, pain and cultural association.

FORWARD (Foundation for Women's Health Research and Development) is the leading African women-led organisation working on female genital mutilation, child marriage and other forms of violence against women and girls in the UK and Africa. For over 30 years we have been committed to safeguarding the rights and dignity of African girls and women. We do this through community engagement, women's empowerment, training of professionals, research, and international advocacy

(FORWARD, 2018)

Box 1

Following my redundancy many years later, I started my own not-for-profit organisation in the hope of continuing to raise local awareness of FGM. This included applying for local and national grants to carry out projects; developing bespoke FGM training; working with communities to develop their skills around lobbying and activist work and referring and supporting women to attend the de-infibulation clinic Comfort Momoh MBE runs in Guys & St. Thomas. My organisation, Creating Equalz is also a member of a local consortium of organisations working towards total eradication of FGM called Northants FGMCA.

As a 3rd year student midwife, I feel very fortunate to have gained such an insight into the experiences of women who are victims of FGM. This has helped me in my decision to focus my main project (Clinical Audit) on 'Maternity services offered to women with type 2 & 3 FGM' (see box 2). My vision is to be instrumental in the creation of a midwife run de-infibulation clinic at my local trust with a community-run special point of contact centre, thereby developing a training and research centre of excellence. I can't ever imagine my passion for eradicating FGM to end it has only grown in confidence and perspective over the amazing experience I have gained over the last 14 years. One thing I now know about FGM after all of those years is that it is just the tip of the iceberg, change will come, but members of practising communities are integral in finding these solutions, I certainly hope to be part of this change and strive for better outcomes for woman and baby.

Female genital mutilation is classified into four major types:

- Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce.
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

(FORWARD, 2018)

Box 2

Conclusion

The term 'resilience' is ubiquitous when discussing the essential traits of a midwifery workforce able to cope with the complex emotional and physical

demands of contemporary maternity services. Laney is an example of a student with extensive previous life experience, who is highly motivated to make a positive impact both as a student and on qualification. Such students are not 'empty vessels' they are highly knowledgeable and passionate individuals who are keen to share their expertise 'to make a difference'. In Laney's case this motivation and experience have the potential to develop a bespoke service to positively impact on the lives of vulnerable women in her locality.

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Key Points

- Student midwives are not 'empty vessels' at the start of their training, they come with life experiences which have the potential to enhance the learning of others
- Adult learning theory puts the student at the centre of their learning and acknowledges the importance of prior experiences on the learning cycle
- Highly motivated student midwives with extensive previous experience have the potential to positively impact on maternity services