

THE FREEDOM TO LEARN

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I believe that:

—I cannot teach another person directly, I can only facilitate his/her learning.

—A person learns most readily if he/she is interested in that which he/she is trying to learn.

—People differ in their ability to learn through any given teaching method.

—A person is capable of knowing best how he/she learns.

—A person is capable of carrying the responsibility of seeking out learning situations best suited to his/her needs.

—A person's evaluation of his/her own performance has a greater impact on his/her future behavior than the instructor's evaluation of that person's performance.

On this basis I planned and conducted a program in psychiatric nursing in which I attempted to allow the students as much freedom as possible to meet their own learning needs.

COLLEGE SETTING:

I carried out my program at Grant MacEwan Community College in Edmonton, Alberta. This college has a two year basic nursing program. Graduates of this program are eligible to write the qualifying examinations for Registered Nurse and to function in various health agencies as beginning practitioners in nursing. Courses in this program combine four major areas of study including physical and biological sciences, behavioral sciences, the humanities and nursing. Each nursing course consists of forty-five to sixty hours of classroom teaching with a total of one hundred and twenty to one hundred and fifty hours of clinical experience. Nursing experience is obtained in various hospitals and health agencies in the community.

The ages of the students range from eighteen to fifty-five years, with the average age of twenty-nine. Some of the students have had previous nursing experiences as orderlies and nursing aides. The students receive their psychiatric experience during the third trimester of their first year. Four instructors besides myself were responsible for instructing and supervising the students in psychiatric nursing. I had the approval and support of these instructors to plan and conduct this program for sixteen students.

CRITERIA FOR CREDIT:

To receive credit for the course the student was expected to spend approximately twenty hours a week or a total of 120 hours in a clinical situation or its equivalent and approximately seven hours a week or a total of 42 hours in class or its equivalent. The student was to perform satisfactorily in the clinical setting and to receive a grade of 60 per cent or higher in theory. The theory mark was derived from marks received in two written assignments, a midterm examination and a final examination. These were the same assignments and examinations given to the rest of the students.

SELECTION OF STUDENTS:

In selection of students for this group, I consulted with the instructors who had the students in the second trimester. I asked them to submit the names of students who they thought would be able to work independently, without needing a great deal of guidance. Five instructors submitted names, from which I selected sixteen students. There were several students whose names had been submitted but were not selected because of the limit set on the number of students I was to have in this group. The age of the students ranged from nineteen to forty-eight. Four students had hospital experience before enrolling at Grant MacEwan Community College.

ROLE OF INSTRUCTOR IN PREPARING THE COURSE:

My first task was to become aware of the clinical experience that I would be able to offer the students. Since there was a total of sixty-five students taking psychiatric nursing during this trimester, I was somewhat limited in this respect. I needed to work closely with the instructors who were teaching the other groups of students to prevent overloading any one clinical area.

Another task was to investigate the community agencies which could offer learning experiences. There were certain community agencies that could accommodate a very limited number of students for a short period of time. So that they could plan the experience, the agencies asked for the names of the students and the dates they could be expected before the beginning of the trimester. To assure that my students would have the opportunity to use these agencies, I arranged for each student to spend three or four days with one agency. This was done at random as I had no idea whether or not the student was interested in that particular agency. When the students were given their schedules, it was explained to them that they were expected to use these days as assigned. If they did not want this experience, it was the student's responsibility to find another student in the group

who was interested in going to that agency in her place. As it turned out, each student went to the agency as assigned.

Finally, there was the difficult task of explaining my program to people who would be more or less involved with it. Some people understood clearly what I was trying to achieve, while with others, I needed to settle for, "I don't really understand it, but you sound like you know what you are doing, so go ahead." However, as the program developed I received the co-operation of everyone involved.

CLINICAL EXPERIENCE:

I made myself available in the clinical areas at certain times. The student was free to come if he/she wished. Since the staff on the clinical area wanted to know how many students to expect, it was necessary for the student to let me know at least a day in advance if he/she planned to be there. Unless notified, I would assume that the student would not be on the clinical area.

The experience was a six week experience. The first week, I spent at a nursing home where the patients were not classified as psychiatric patients but many were suffering from such feelings as loneliness, worthlessness, anxiety and depression. The next three weeks, I spent in a general hospital on the medical and surgical units. The students worked with patients who displayed such symptoms as anxiety and depression, patients who were in the hospital for some physical condition but also had a psychiatric diagnosis such as schizophrenia, and patients who suffered from psychosomatic illnesses such as ulcerative colitis. The last two weeks, I spent in a large psychiatric hospital where patients received both short term and long term treatment for psychiatric disorders.

RESPONSIBILITY OF THE STUDENTS:

The students were expected to decide for themselves what types of experiences they wanted. As mentioned earlier, they were responsible for letting me know if they would be in the clinical area with me. The students were also responsible for keeping me informed as to how they were spending the day. If the student was going to be in a hospital area which was unsupervised by a clinical instructor, I cleared this with the staff member responsible for that area. It was important that this was understood and agreeable to the person in charge of that area. Both the staff member and the student knew where I would be and how to get in touch with me. If the student wished to spend time with a community agency other than the agencies we had contacted earlier, she made the arrangements herself. I gave the student a letter of introduction signed by me, which he/she could present to the

person in charge of the community agencies. Since it was possible that another student might be planning to contact the same agency, it was necessary that the student clear his/her plans with me before making the initial contacts. Not more than two students went to the same agency and none of them were turned down. The student was expected to give me an oral or written report regarding that experience. Many of these reports were given to the group as a whole.

The students were expected to formulate their own objectives and evaluate their own work. Whenever possible, they selected their own patients. Since the staff on the clinical areas wished to know a day in advance which patients the students would be working with, it was necessary for me to select the patients for the first day that the student would be in the area. The following days, they could make their own selection.

ROLE OF INSTRUCTOR DURING THE COURSE:

I found myself functioning very much as a resource person. I kept the students informed of my whereabouts at all times. They were free to call me at any time whether I was on a clinical area, in my office, or at home. The students came to me for help in evaluating their work and to plan their nursing care. They used me as a sounding board to express some of their feelings and frustrations. Frequently they came to share meaningful experiences with me and at other times, they merely needed to talk. I carried a notebook with me in which I jotted information about each student. The information included their objectives, where they were each day and my comments on their progress. I also had the students' home telephone numbers, so that I could contact them at home if necessary.

I needed to spend considerable time explaining my expectations of the students to the staff in the clinical areas. Since the students' behavior was often different from what the staff had learned to expect from students, I received such questions as: "Did I know that the student did such and such?" or "Was it okay that the student was doing thus and so?" For example, that the students rather than the instructor decided whether or not they would come to the clinical area was incomprehensible to some people. Occasionally, I needed to decide whether I would ask a student to change his/her behavior and conform more to "normal student behavior" or whether I would help the staff members deal with the anxiety that the student's behavior aroused. The behaviors most often questioned were the students' use of time, their approach to the patients, and their dress. I encouraged the staff to contact the students directly if they had any questions about their objectives or behavior. This was a new experience for

many of them since they were accustomed to going to the instructor and some were rather uncomfortable about going to the student. However, usually with a little support the staff were able to cope with their anxiety and the students were free to meet their objectives in their own way.

There was one situation in which I decided to remove the student from a particular clinical area. The student was meeting her objectives in her relationship with the patient and in my opinion, the patient was benefiting from the care. However, the anxiety of the staff rose to such a high level that it affected their relationship with the patient. After assessing the situation, I saw the possible danger of a situation being created in which the patient would suffer. How wise it was, I don't know, but I decided to remove the student. It was a difficult decision to make. When I told the student of my decision, I assured her that I did not view this as a negative reflection on her nursing care. She was very frustrated and angered by the incident and I empathized with her.

Working with this group of students was by no means an anxiety-free experience for me. At times, I found it difficult to allow the students to flounder around to find their way. Many times, I had to bite my tongue to keep from pointing out to the student that he/she was on the wrong track. To my amazement, the student usually managed to meet the objectives and both the student and patient benefited, reinforcing once again the idea that there is no one right way to care for patients. The students were able to carry even more responsibility for their own experience and learning than I had anticipated. I experienced mixed feelings about this. I felt good that they were able to carry responsibility as I had predicted but experienced some anxiety over their lack of dependence upon me.

It was difficult for me at times to allow the students to be responsible for their own behavior, especially when I anticipated that certain people would be upset by what the student planned to do. I experienced a desire to protect the students and at the same time I experienced some concern about the reflection their behavior would have on me. I was tempted, at times, to warn the students that their behavior would probably be upsetting to someone. When complaints about the students were brought to me, I found myself wanting to defend them rather than suggest that the person approach the student regarding their concerns. On the whole, the students appreciated being approached directly. If I thought that the behavior of the student would be harmful to either the patient or the student, I expressed my concerns and interfered if necessary. This was a responsibility which I believed I had toward both the students and the patients.

CLASSES:

The theory was taught concurrently with the clinical experience. I was responsible for the theory for my group of students, but I followed the same class schedule that was being used for the other group of students. Most of the classes I conducted myself but some were joint classes with the other groups. The classes were held on Monday of each week.

The students had four choices as far as classes were concerned. They could attend the classes which I conducted. They could attend the classes on the same topic that were being given to the other students. Since the classes were taped, they could listen to the tape and not come to class. Or they could study on their own without coming to class. Most students attended my classes, except when the class conflicted with another experience that they wanted to have.

For my classes, the students were expected to come prepared to discuss the topic. Usually I divided the topic and class in half. Half the students discussed one section while the other half discussed the other section. After the discussions, they reported back to the group as a whole which was followed by a brief total group discussion. To avoid feeling unneeded and because I thought that I had something to offer on basis of my years of experience, I took the last twenty minutes to share some of my thoughts and ideas on the subject with the students.

RESULT OF THE PROJECT:

The students' marks in theory ranged from 65 to 85 per cent with eight students attaining 75 per cent. The hours spent in the clinical area per student ranged from 120 to 180 hours with seven students spending between 120 and 130 hours in the clinical area. In the clinical area, I had from six to ten students with me every day. Four students stayed with me and did nothing different. Therefore, their experience was much the same as the students in the other groups except that they decided that this was what they were going to do rather than being told that this is what they were going to do. Furthermore, they set up their own objectives and evaluated them. Three students continued to work with patients in the nursing homes during the six weeks and at the same time worked with patients on the other areas. One student spent the first week with me and the remaining five weeks she worked on her own in other areas. Three students began projects which they will continue throughout the coming year.

At first the students' clinical objectives tended to be rather vague and broad, for example, observe symptoms of mental illness that the

patient demonstrates. Later, they were much more specific, such as: encourage Mrs. Jones to express her feelings of anxiety. Many objectives were aimed at working out feelings, either those of the student or the patient. Other objectives were aimed at skills which the individual student found difficult to master, for example, a talkative student set as her objective to talk less and listen more, while a quiet student tried to become more skillful at initiating conversation.

Many students were able to develop meaningful relationships with their patients and see positive effects of their nursing care. This was especially true with the patients who were on the medical and surgical units and in nursing homes.

The students experienced anxiety initially about the program and the responsibility they were expected to carry. They doubted their ability to handle it. Some students were angry about the arrangement. However, without exception, all students at the end of the experience indicated that they appreciated being in this group and found it a great learning experience.

Since each student planned her own schedule, they varied considerably. I will describe the schedules of two students to clarify how their time was spent. One student spent one week at a nursing home, one week in community nursing, and one week at a nursing convention. She researched the following areas:

1. The effect of deafness on the emotional health of children.
2. Sensitivity restimulation for older people.
3. Group therapy mainly involved with teaching and developing life skills.

To gain an understanding of these areas, she visited agencies, interviewed people and reviewed library material which dealt with these topics. During the time she spent at the agencies she either functioned as a member of the group or assisted the therapist. She submitted a written report on the topics and gave an oral report to the other students. She also committed herself to a thirty hours course in communications skills and four hours of volunteer work a week for the next six months at AID. AID is an agency which gives advice, instruction and direction to people in need via the telephone.

Another student spent one week on a medical ward and worked with a patient suffering from ulcerative colitis. She spent two weeks at a psychiatric hospital working with a disturbed adolescent. She spent two weeks at a convention and one week at an agency which deals with alcohol and drug addiction. She made a detailed study on the topic of "A Native Perspective on Alcoholism." She submitted a written report and reported orally to the other students.

STUDENTS' COMMENTS:

I would like to quote some of the comments made by students in their evaluation of the course.

—"This is the type of learning responsibility that I have always wanted but now that I have it I don't know what to do with it."

—"I like the way theory was presented. It wasn't! We found out on our own."

—"I liked the independence very much."

—"Instructor was available when I needed her but she was not breathing down my neck."

—"Felt a bit frustrated at first until I got organized as to what I was doing."

—"A good lesson in self discipline."

—"My most unique educational experience to date."

—"I had fun."

—"Fantastically 'together' idea."

—"At first, I was completely confused."

—"Free of the usual anxieties that come with 'scheduled' learning."

CONCLUSION:

I enjoyed teaching this group of students very much. I am more than satisfied with the outcome of this project. The students' response and performance exceeded my expectations. Some questions come to mind. Would the students have done as well if they had been picked at random? What effect did "having been picked" have on the students' motivation? How much did the enthusiasm of the instructor influence the students' performance? How would a group of students who at the present time are performing at a low level, function in this type of project?

I am looking forward to teaching another group of students in a similar manner. Perhaps I will be able to answer some of these questions in the future.



REPONSE A "FREEDOM TO LEARN"

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J'ai lu "Freedom to Learn" (liberté pour apprendre) avec beaucoup d'attention, toutefois cet exposé a suscité de ma part nombre de questions brûlantes.

Mes premières interrogations se rapportent à la genèse et par conséquent au but de cette tentative pédagogique. En effet, je n'ai pas découvert les motifs qui ont animé madame Wilting à désirer une modification dans son enseignement. Quel problème spécifique avait-elle donc identifié et espéré résoudre à l'aide de "liberté pour apprendre"?

La sélection des seize étudiants m'intrigue également si je m'efforce de la relier au titre de l'article. Il me semble que ces étudiants a priori capables de fonctionner avec indépendance étaient "libres" pour apprendre. S'ils exerçaient déjà leur autonomie grâce soit à leur évolution ou peut-être à leur âge, par exemple, ceux de quarante-huit ans, pourquoi alors les exposer à plus de liberté? Par contre, des étudiants moins autonomes groupés de façon plus homogène quant à l'âge auraient-ils bénéficié d'une telle approche en les situant dans un contexte perçu comme facilitant l'auto-détermination.

D'autres nécessités de clarification tout aussi fondamentales se réfèrent aux croyances sur lesquelles repose cette "nouvelle" vision de l'enseignement. Par quel cheminement madame Wilting en est-elle venue à énoncer ces six croyances et à les préférer à d'autres orientations théoriques sur l'apprentissage? Ces croyances m'apparaissent d'inspiration rogérienne (1) même si je n'ai pas vu sa bibliographie. Si tel est le cas, lui a-t-il semblé difficile de prolonger au plan pédagogique une approche qui se voulait psychothérapeutique à l'origine? Les six croyances étaient-elles toutes nécessaires à sa tentative et reliées par un ordre logique? Pour n'illustrer qu'une alternative, aurait-il été pertinent de placer la dernière au lieu de la première appuyant ainsi le rôle du professeur sur les façons d'apprendre suggérées. L'auteur de l'article a-t-il défini à sa satisfaction les termes contenus dans chaque croyance afin d'en contrôler l'interprétation pour prévoir la méthodologie avec une certaine quantification si possible. Si l'on s'arrête à la première croyance formulée, que signifie l'expression "faciliter l'apprentissage"? Si l'on passe à la cinquième pour fins d'illustration également, l'expression "situations d'appren-

tissage les mieux adaptées à ses propres besoins" me paraît une source de difficulté. En nursing, les besoins d'apprentissage des étudiants se confondent quelquefois avec leurs désirs et ne sont pas indépendants des besoins de santé des clients, des contingences du milieu et de la profession en général. A-t-il été possible à l'auteur de vérifier si les situations choisies représentaient les mieux adaptées à cette notion complexe de besoins d'apprentissage? Que signifie "mieux adaptées"? Mieux que quoi? Et comment le savoir?

Une autre de mes difficultés et non la moindre, réside encore au niveau des croyances mais cette fois quant à leur concordance avec la méthodologie employée. Je n'ai pas toujours su concilier ces croyances avec le rôle du professeur dans l'intervention pédagogique ainsi que dans le choix, la planification et l'évaluation de l'expérience clinique tels que décrits dans l'article. En effet, j'ai constaté que, malgré une certaine latitude laissée aux étudiants, madame Wilting a apparemment, à maintes reprises, pris des décisions ("Students were responsible for"...) et spécifié des attentes ("Students were expected to..."). Elles se rapportaient dans l'ensemble à une structure: moyens d'enseigner, nature, durée et qualité des expériences cliniques ainsi que comportements souhaités chez les étudiants. Ces derniers ont-ils eu l'occasion de participer dans la plupart des cas à ces décisions? Était-ce souhaitable relativement aux croyances? De plus, dans le même ordre d'idées des croyances, laquelle exigeait du professeur une disponibilité imposant autant de limites à sa propre liberté du moins dans le temps?

Pour ce qui est des résultats que l'auteur signale au sujet de la formulation et l'évaluation d'objectifs, s'agissait-il d'objectifs d'ordre théorique ou clinique en rapport avec les besoins d'apprentissage? Étant donné que madame Wilting avait spécifié l'attente d'une performance satisfaisante, que signifiait cette "norme" au sujet des deux points en question? Si l'on se rapporte à la sixième croyance, aurait-il été utile de "faciliter" aux étudiants le développement d'un mode d'auto-évaluation sur ces mêmes points. Par exemple, procédaient-ils plus scientifiquement qu'avant la tentative et plus en rapport avec les effets de leurs interventions de soin. Quant à la troisième croyance, pouvait-il comparer les étudiants les uns aux autres, sur les mêmes aspects relatifs aux objectifs?

Pour évaluer leurs connaissances théoriques, madame Wilting a utilisé un examen standard appliqué à d'autres groupes. Les étudiants étaient-ils d'accord avec ce moyen extérieur? Pour ce qui est de la performance clinique, comment en est-elle venue à conclure que ses étudiants prenaient eux-mêmes leurs décisions et ceci mieux qu'un autre groupe? Lui était-il donc physiquement possible de suivre en

champ clinique un autre groupe en même temps que ses seize étudiants et de comparer les deux groupes?

Quant à son rôle de "facilitation", madame Wilting a-t-elle jugé utile de prévoir pour elle-même et peut-être à l'aide d'une autre personne, une façon de le vérifier à différentes périodes au cours du déroulement de sa tentative?

Dans l'ensemble, je me demande si l'application de cette approche s'est avérée aussi "facilitatrice" que les croyances exprimées le suggèrent. Quelle est l'influence de cette approche sur l'apprentissage des processus et du contenu aussi bien que sur leur agencement en nursing? Comment favorise-t-elle le passage de la subjectivité à l'objectivité chez l'étudiant? Comment parvient-il à contrôler ses fins et ses moyens relativement au client?

Madame Wilting a eu le mérite de désirer modifier l'enseignement du nursing et d'exprimer ses sentiments à cette occasion. Elle a choisi une approche qui comporte des difficultés de description et d'expérimentation en nursing; elle en a peut-être identifiées en cours de route. J'espère que mes points d'interrogation lui seront de quelque utilité pour examiner sa tentative. Même si je n'ai pas répondu directement à ses questions, je serais heureuse d'apprendre comment elle se propose de re-orienter et de poursuivre ses efforts.

REFERENCES

1. Carl R. Rogers, *Freedom to Learn* (Ohio: Charles E. Merrill Co., 1969).



RESPONSE TO "THE FREEDOM TO LEARN"

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The professional nurse must be a life-long learner who is capable of self-directed learning. Educational programmes in nursing have exerted, all too frequently, maximum control over the learning experiences and focused on "what" to learn rather than on "how" to learn. Predetermined content, objectives, method of learning and evaluation is believed necessary to minimize risks to patients, students and faculty and to prepare the student for her future role. Unfortunately highly structured and controlled learning experiences do not facilitate the development of self-directed, independent, self-evaluative learning skills. Creativity, motivation, problem-solving and responsibility may be reduced.

Considerable anxiety is aroused in the learner, the teacher and others when students are perceived as motivated, responsible, independent adults and given the opportunity to assume major responsibility for their learning. What happens when students are given the opportunity to identify their learning needs, to define goals, to make decisions regarding the use of learning resources and to evaluate their performance? Students respond favourably and learn, as Ms. Wilting demonstrates in her description of a self-directed learning experience for students. Fear of the unknown, decreased ability to predict responses, and changing role expectations are common sources of anxiety in both the learner and others. Recognition of the anxieties and their sources is a crucial task for the teacher in order to maintain anxiety at an optimal level for learning. The teacher requires trust in self and others as exemplified by Ms. Wilting.

Self-evaluation is an integral component of self-directed learning. Feedback from others is essential for a critical appraisal. In this situation did the students establish the criteria for evaluation and methods of evaluation. Did they elicit information from others? In the classroom experiences content and method of evaluation were predetermined, which was at variance with the clinical component. Evaluation by others and evaluation in relation to standards established by others is one means of obtaining feedback and it should be placed in that perspective. In order to achieve greater relatedness between learning experiences, could consideration be given to having student input regarding content and method of evaluation in all learning experiences?

Self-directed learning is not always applicable to all students and teachers at all stages of the learning process. Those who choose to participate in this method of learning are greatly rewarded, as evidenced in the comments by the students in this experiment. Freedom necessitates responsibility or it becomes license. Responsibility is a necessary attribute for all nurses. It behooves nurse educators to become more cognizant of this fact and to plan learning experiences accordingly. Ms. Wilting has demonstrated that self-directed learning can occur despite numerous constraints if the teacher is committed to this approach and is prepared to try.

