

# **Adopting a Pedagogy of the Heart: Strategies for engaging FY health sciences students by evoking understanding of the lived experience of future patients and practice**

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## **Abstract**

*First year health sciences students, most of whom who have not yet had any opportunities for professional practice, face major challenges in making links between theoretical content and future health care practice. This project outlines a pedagogical strategy designed to respond to the challenges of teaching first year topics related to social determinants of health to multidisciplinary undergraduate students studying nursing, paramedics and allied health professions. Film and arts-based assignments were used as a means of exposing students to the tensions between patients' lived experience of illness and the boundaries of professional practice. Earlier research among students as to the effectiveness of this strategy has now led us to conduct research among staff teaching in the topic as to the strengths, weaknesses, barriers and techniques required in adopting and assessing this pedagogical approach. We report on our initial findings.*

## **Transmission, transaction or transformation?**

When students are seriously engaged in their learning, all education has the potential to bring about change, but not necessarily transformation (Mezirow, 2000). As Mezirow notes, students participate in three possible learning processes: one where knowledge is transmitted to them, a second where they engage in knowledge transactions through experiential engagement, and a third that is transformative. Some proponents of transformative education argue that it results in a deep shift in perspective - a rational, emotional or social change in the student (Cranton & Taylor, 2012). But should academics assume that students need to change, or that the role of their teaching is to critically engage students in a revision of their values? For students choosing courses leading to a health profession, their choice itself may be evidence of an existing individual orientation towards caring and social justice for their patients or clients. Why would this need to be changed? What does it mean to invite students to begin a learning journey intended to shape their future identity as professionals in practice?

Perhaps, in this context, it is more appropriate to seek ways to transform by deepening students' meaning perspective (Mezirow, 1978), rather than to change it. We refer to this 'deepening' as education of the heart<sup>1</sup>. Preparing students for future professional careers in health requires a holistic approach that addresses more than intellectual and skill development. Focussing only on those aspects produces students or practitioners

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<sup>1</sup> Not to be confused with, and distinct from, Freire's (1998) approach as outlined in his book, *Pedagogy of the Heart*

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at each stage of transition who source their identity by assuming ethical and professional responses and attitudes gathered externally from observation or learned from others. By contrast, addressing education of the heart, and encouraging, scaffolding and supporting transition to the profession as a holistic process, allows commencing students to acknowledge their sense of vocation, test and explore it and take their first steps on a learning journey towards becoming wholly integrated practitioners.

Particular issues arise in teaching first year topics to large classes of multidisciplinary undergraduate students studying nursing, paramedics and allied health fields. First year students may have pre-formed ideas about what it will mean for them to become part of the health profession in future – practically and personally. Inevitably, these ideas have led them to choose to study the course they have enrolled in. However, most of them will not yet have had opportunities for professional practice, and so face major challenges in making links between the theoretical content of their first year studies and future health care practice. Not being able to make these links can lead to lack of engagement with important foundational material. Difficulties integrating theory with practical skills in first year can spill over into later years, resulting in interns and graduates who may become clinically dangerous practitioners, clumsy and immature in their interactions with patients and colleagues, or ignorant of the culture of their profession. Where topic content also includes potentially powerful critique of the health care system, key stakeholders or public policy issues that is authentic for the teacher of social and political science, it risks leaving inexperienced first year students confused about the authenticity of their career choice and its practical implications, and with few ‘tools’ to sustain their ‘vocation’ when confronted with the realities of the workplace.

### **Education of the heart: a pedagogical approach**

We have drawn on work by MacDonald (1981), Heron (2007), Heron and Reason (2008) and Willis (2002) to develop a pedagogical approach that seeks to respond to these challenges by integrating evidence-based knowledge of health policy, with critical theory, and with imaginal knowledge: education of the heart. This approach seeks a balance between nurturing the career choices of students, whilst simultaneously providing them with a sound critique of the social health system along with evidence based knowledge. Our pedagogy requires that students are given space to travel through a process – encountering evidence-based knowledge, critical theory and then, imaginal knowledge/education of the heart as an emotional response to various content and media as it is evoked (Willis & Leiman, 2013). Film and arts-based assignments are used as a means of engaging students and exposing them to the tensions between patients’ lived experience of illness and the boundaries of professional practice. Students are invited to consider how this knowledge shapes their own identity as a professional in practice. Some students will uncover a dissonance between their core values or myths, the lived experience of others, and the empirical knowledge of the practical area. This allows them to assess the effectiveness of policy responses, and how these fit with their future identity as professionals working in the field, or the demands this dissonance may place on them. For other students, it is an opportunity to align their own core values with the boundaries that policy or practice guidelines impose. Our curriculum thus uses the critical approach to illuminate core myths, rather than to critically tear them down. It

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asks: ‘What is the message or the meaning behind this myth?’ (Holland & Garman, 2008). In doing so, we seek a curriculum that engages students to enable them to achieve understanding of their perspective, rather than necessarily a perspective transformation (Mezirow, 2000).

### **In practice: Engaging the students with insight into the lived experience**

The topic, *Health Practitioner Practice 2*, is taught to approximately 400 students enrolled in a range of degree programs: nursing, medicine, physiotherapy, occupational therapy, paramedic, the teaching of health and physical education, health management, disability, health promotion, life sciences and nutrition. The topic takes a ‘sociology of health policy’ approach, focussing firstly on population groups at risk of institutionalisation or victims of failures in de-institutionalisation, and secondly on major contemporary public health issues that risk falling victim to the medicalisation or deviance of everyday life. The topic is primarily taught by casual staff, many of whom have taught it for two or more years. Weekly 2 hour workshops begin with discussions of set readings that include qualitative accounts of the lived experience, critical accounts of policy success or failure, and evidence-based knowledge. Students then select and show a visual medium (usually a popular Hollywood film) as a class presentation, and lead subsequent class discussion. Class reflection on the film dwells on the lived experience of the characters, rather than attempting any critical analysis or solutions. The aim here is to provide time for students to engage and dwell with the phenomenological account of the suffering of the patient, or the experience of caring for this population, which in many instances is difficult emotional work. Assessment consists of a systematic literature review requiring students to address evidence-based research, the class presentation, and an arts-based assignment. The latter two pieces assess evocative responses from students. The arts-based assignment asks students to produce a painting, poem, poster, visual medium, music lyrics or piece of sculpture that portrays the lived experience of one of the policy areas covered, along with a 500-800 word theoretical summary of what is being portrayed. The focus is not on the quality of the art-work, but on the act of portrayal. Although students may or may not be gifted at painting or writing music, high grades can still be obtained if the written reflection captures the spirit and intent of the assessment.

### **Exploring engagement**

While a majority of students have reacted positively to the topic, it has not been clear whether students experience the pedagogy of the heart in the way we either imagine, or hope. Gaining insight into how students receive and interact with the various forms of knowledge is an important step in our approach. We attempted to evaluate this in 2011 by conducting focus groups with students. Following the results of this research, it became clear there was a need for further investigation among staff teaching in the topic as to how they understood the pedagogy, and how this played out in their teaching practice.

#### *Insights from the students*

Four key themes emerged from focus groups carried out with students: successful insight into the lived experience; challenges to existing knowledge/beliefs leading to development of new knowledge/awareness/understanding/compassion; connection

with future professional practice; and fear of not meeting academic standards because of the unconventional forms of assessment. Our research provided some evidence that the use of films and evocative exercises (such as writing poems) meant that some students were engaged sufficiently in the learning process to experience what Mezirow (1978) coins as perspective transformation. Student responses indicated that they came to ‘see’ the social, cultural and political barriers that some population groups experience, allowing them to go beyond empathy, and see that social determinants of health such as inequalities in gender, class or ethnicity raise additional impediments to health access and implementation. Our research also suggested that although the pedagogy had been successful in deepening students’ empathy, and students exhibited some connections with their future profession, the way these lived experiences might impact on their practice was not evident. Students imagined themselves as paramedics, nurses, doctors or physiotherapists, but did not go on to reflect on how their compassion and care might have been actioned. Achieving this may be an impossible aim, given that the topic is offered in first year when students have few opportunities for even simulated practice. The evidence of fear surrounding assessment suggests tensions between ‘getting a good grade’ and the perceived value of deepening knowledge. Novel forms of assessment, such as producing a poem or highlighting perceived patient lived experience through film choice, produced anxiety and appeared risky, with arts-based forms of assessment assumed to favour those with creative talent. One student, having been asked to read some of the theoretical work informing our pedagogical approach prior to involvement in the focus group (Willis, 2010 ), commented that if he had known of our intent earlier, he might have collaborated more fully in it. This is challenging in the context of student engagement. It opens up the teacher’s intentions for closer scrutiny by students. It exposes the teacher’s views to the student and defines what we understand as deep learning and transformation. Not all students may accept that education includes engagement at a level involving exploration of the deep feelings of the heart or feel comfortable in doing so.

### *Insights from the teaching staff*

We undertook further research in 2012 among staff teaching in the topic as to the strengths, weaknesses, barriers and techniques required in adopting and assessing this pedagogical approach. Key outcomes were enthusiasm in using a pedagogy that embraced opportunities to engage with students around perceptions and evocations of the lived experience; the need for clear guidance in implementing the pedagogy; and significant anxieties in relation to assessment. All staff enjoyed using this pedagogy as a means of engaging students in an evocative portrayal of lived experiences of various health population groups that may be encountered in future practice, and viewed it as a means to incorporate theory and policy, with practical implications. Many found it a pleasant change from other traditional forms of teaching they were involved in. Getting students to feel comfortable and safe in engaging in discussion following the viewing of the film, and tutors relying on their own ideologies and experience to assess student engagement and appropriateness of films chosen were both identified as challenges. Tutors’ conduct of classes was at times impacted the need as facilitator to maintain focus on the pedagogical underpinning when some admitted to not truly understanding it themselves, and providing a safe, encouraging and non-judgmental environment for students. Conscious of student anxiety regarding grades, staff worried they were influenced by their own individual values and

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experiences during the assessment process. Several commented on the difficulty of not being seduced by the immediate artistic standard of the work submitted (in many cases extremely high), rather than focussing on whether theoretical concepts were addressed. Many viewed it as imperative that the artwork and the written theoretical statement be considered collectively rather than individually to determine if assignment objectives were being met. With such a large and diverse cohort, staff appreciated that homogeneity in teaching approach was integral to the effectiveness of topic outcomes, and felt pre-semester training sessions and ongoing regular tutor meetings were important in providing an understanding and re-enforcement of the pedagogical underpinning of the topic, structure and guidance in the marking process and moral support from other tutors in moderating grades.

## Conclusion

Our pedagogical approach queries a number of assumptions: about engaging students; what is required in teaching in this context; and how this is to be achieved. Can such transformative learning even be assessed at all? In arriving at this point, and reflecting on student responses to the assessment of their evocative art-work, we return again to the critical role played by the teacher. Teachers must take care to understand exactly what it is they are doing as they seek to teach using this pedagogy, to think carefully about the journey they are inviting students to begin, and how knowledge might shape students' future identity as professionals in practice. Providing space for students to deepen their *meaning perspective* places similar demands on teachers who believe that this is the role of education. Engaging students in learning in this way means engaging staff too.

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