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

Abstract

In the pedagogical model used in the education of children since the 19th century (Hill, 2015), the educationalist has control and 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 previous experience not only makes their learning individual, but also has the potential to enrich the learning experiences of their peers and positively impact on the quality of care received by women and their babies.
This article will consider the theory on 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, a third-year student midwife, as an example of the potential for previous experiences to enhance midwives' future practice.

Keywords

Student midwives | Adult learners | Andragogy | Previous experience

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, learning styles and expectations. There is, however, an important commonality in that they are all motivated, voluntary participants (Rogers, 1996; Quinn and Hughes, 2013). Adult learners are self-directing, have 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 is the root of the verb 'facilitate'. The idea of a facilitator 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 themselves (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. 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-actualisation' 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). In this model, the educationalist has control and 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 distinct from children. Adults need ownership of their learning, and an understanding of why they are learning a particular subject or skill. 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.

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Box 1. FORWARD

FORWARD (Foundation for Women's Health Research and Development) is the leading African women-led organisation working on female genital mutilation (FGM), 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

Source: FORWARD (2018)

Experiential learning

Experiential learning, or 'learning by doing', is a progression from pedagogical and humanistic learning in that, rather than 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), which starts with the concrete experience and moves to observation and reflection, leading the individual to form abstract concepts. The learner can then use their new understanding to test their thinking, and from this begins a new cycle of learning.

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

Adult learning theory therefore puts the student at the centre of their learning and acknowledges the importance of previous experiences on the learning cycle. An example of how prior experiences can move beyond influencing the individual's learning to 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 a Coordinator for the Somali Afterschool and Women's Group with the Northamptonshire Somali Women and 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 while travelling home, one of these young ladies told me all about female genital mutilation (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 women, for the young girls at risk and for the women who perpetuate this practice for the sake of man, chastity and/or 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 group for some 3 years and developed an understanding of the politics and governmental responsibilities around FGM. Alongside this, my colleague and I developed a Community Response Group to ensure that 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 —not just the loudest—were heard. We also challenged organisations who showed no form of wider engagement to ensure that women's voices were not ignored.

I developed many contacts with survivors of FGM by 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. More than 100 women attended with Naana Otoo-Oyortey MBE from FORWARD (*Box 1*) as the keynote speaker. It was a full day's programme with national television coverage, where women from communities that practised FGM were given the opportunity to discuss what they felt services should look like in order 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.

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 run by Comfort Momoh at Guys and St Thomas Hospital in London. My organisation, Creating Equalz, is also a member of the Northamptonshire FGM Community Association (Northants FGMCA), a local consortium of groups working towards the total eradication of FGM.

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

Box 2. Classification of female genital mutilation (FGM)

Female genital mutilation is classified into four 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.

Source: FORWARD (2018)

my decision to focus my main project (a clinical audit) on 'Maternity services offered to women with type 2 and 3 FGM' (*Box 2*). My vision is to be instrumental in the creation of a midwife-run de-infibulation clinic at my local Trust, with a special community-run point-of-contact centre, thereby developing a training and research centre of excellence.

I cannot imagine an end to my passion for eradicating FGM—it has only grown in confidence and perspective during the amazing experiences of the past 14 years. One thing I now know about FGM, after all this time, is that we are still learning more about the issue. Change will come, but members of communities that practise FGM are integral in finding solutions. I certainly hope to be part of this change and strive for better outcomes both for women and their babies.

Conclusion

The term 'resilience' is ubiquitous when discussing the essential traits of a midwifery workforce that is 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 in order to make a difference. In Laney's case, this motivation and experience have the potential to develop a bespoke service that can positively impact on the lives of vulnerable women in her local area. **BJM**

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

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