Preparing Teachers and Students for Narrative Learning

Sharon L. Sims, PhD, RNCS
Associate Professor

Melinda M. Swenson, PhD, RNCS
Associate Professor

Indiana University School of Nursing
1111 Middle Drive
Indianapolis, Indiana

Dr. Sims' Office Phone: 317-274-4300
Home Phone: 317-568-1859
Fax: 317-278-2154

ABSTRACT

Despite recent emphasis on active, participatory learning in nursing programs, few articles help teachers and students to learn *how* to teach or *how* to learn in non-traditional pedagogical situations. This essay shares our experience in developing a narrative-centered Family Nurse Practitioner program, and offers suggestions to help teachers and learners adapt to narrative learning.

Keywords: narrative, practice-based learning, nursing education

INTRODUCTION

Despite recent emphasis on active, participatory learning in Nurse Practitioner programs, few articles help teachers and students to learn *how* to teach or *how* to learn in non-traditional pedagogical situations. Many programs are turning to case-based, problem-based, or *Practice*-Based Learning (PBL) to enhance student classroom experiences. However, most teachers and students have little experience with non-traditional classroom activities; as a result they are skeptical or even hostile when confronted with these innovative approaches to teaching and learning. Curricula are not easily modified, and graduates must still pass traditional certification examinations, so many schools are reluctant to undertake the major changes required to move to new pedagogies. These barriers have been used as a rationale for continuing outmoded and "toxic" methods of teaching, despite a growing body of literature promoting a more caring curriculum and more active learning techniques. [1,2]

We developed a successful new Narrative-Centered Curriculum for Family Nurse Practitioners at our large university school of nursing. This essay shares our achievements and failures as we integrated Practice-Based Learning, clinical narratives, and focused self-evaluation into our innovative curriculum. We base our ideas on data from ongoing student evaluations, and on our own reflective self-evaluations. We suggest specific ways to help teachers learn how to interact with students in non-traditional ways as coaches and as guiding partners in classroom activities. We suggest strategies for overcoming hostility and frustration as students struggle to undertake more proactive and personally accountable roles in their own learning. We describe creative ways to integrate non-traditional, narratively-based activities into standard curricula, and ways to expand and change current teaching and learning approaches to improve quality in nurse practitioner education.

MODIFYING PRACTICE-BASED LEARNING

PBL: these familiar initials usually refer to "Problem-Based Learning." PBL is any learning environment in which the problem or the issue or the story drives the learning. That is, **before** students gain some knowledge, they receive an identified problem to solve, they address learning issues, and then attempt to find the answers and apply them to the problem-at-hand. The problem provides the framework for students to determine what they do not know, and what they need to know. Using PBL, students discover that they need to learn something new before they can take on the learning issue and subsequently solve the problem.

The traditional and well-known "case study approach", popular with business and other professional schools, may or may not be PBL. Often the case is used to integrate previously-learned knowledge and hence would not be, according to the prior definition, problem-based learning. Furthermore, the case study approach presents the learners with the story already constructed, with the major elements already given. Another form of these strategies has been called "project-based learning" and is used in elementary and secondary schools to integrate learning experiences across academic subjects such as math, science, history, language, and social studies.

Practice Based Learning is the expanded term we prefer to use.[3] This technique is aimed at professionals who already have an experience platform from which to launch their learning. Within the context of an

innovative Narrative Centered Curriculum, we enable students to access a complex clinical story without telling them what they are "supposed" to learn from it. The story, told by a simulated or real client, speaks to the students' own experience, giving them "hooks" to connect this situation to their individual previous knowledge as professional nurses. Each story contains critically important content they need to know, and students are motivated by their awareness of its relevance to practice. Collaborative learning, in the context of the need-to-solve-a-problem, stores knowledge in memory patterns that facilitate later recall for working with and thinking about related problems and concerns. Basing the story in experience, even as a virtual experience, facilitates learning by doing — and experience is one of the best ways humans learn well.

Ours is far from a purist approach to Practice Based Learning. The class is larger (about 20) than the traditional 6-8 students in a PBL tutorial group. Multiple faculty members participate in every class session as consultants, rather than as tutors. The student learning team is a "committee of the whole." The students are professional nurses engaged in graduate education; they come to our program already focused on practice. They have well-developed clinical skills; this situation is precisely why Practice-Based Learning works so well with them.

Practice Based Learning in the narrative classroom

PBL really is a paradigm shift in education. It is not a fad. It is no longer a fringe innovation. It is a well-tested strategy used successfully in health professions education for many years. If small group, self-directed, self-assessed, life-situation learning is so great for learning, why isn't everyone doing it?

On reason may be fear of the unknown, both for students and for teachers. Using this approach requires that teachers change the way they teach so that learners can change the way they learn. Of course, change is difficult and risky. This pedagogical change, in particular, expects teachers to alter their traditional role as the center of attention and the source of all knowledge to become learning coach and enabler for the acquisition of that knowledge. The learning becomes student-centered, not teacher-centered. The teacher no longer controls what is learned; rather, the learners direct the learning. Clearly, the teachers must change first, and must assess and recognize elements within their teaching that are "toxic." Toxic in this sense means actions that make teaching and learning harder and less satisfying, and that fail to let learning happen.

How We Began

We started from a position of being dissatisfied, discontented, and uneasy with traditional teaching applied to graduate education of experienced students with professional backgrounds as nurses. Our graduate students were diverse and came from varying levels of expertise. Attempts to "teach to the middle" meant losing everybody at the edges. Students and teachers were both frustrated and bored.

In 1992, the authors started teaching a course in pharmacology. We wanted to scale down our lecturing and emphasize case studies in an effort to make the course more attractive to practice-based students and more fun and challenging for us. We had planned to offer a number of written clinical cases every week, with study questions to help focus students attention on "What is the problem here? What is going on and what can you do about it?" We focused mainly on cases written by the teachers and chosen to illustrate specific critical concepts and content. We used cases based on real patients, so cases were sometimes messy and fuzzy and not just what the textbook described. We planned to present "mini-lectures" before the case discussions, as an advance organizer. However, we soon found that our lectures always ran too long. Perhaps we just found lecturing too easy! As a result, class time with the cases suffered.

We decided to give up lectures entirely. Instead of our usual "stand and deliver" approach, we started each class with the clinical cases, without advance organizers. Students worked through the cases using teachers more as consultants and validators than as givers of content. Cases took on unexpected new dimensions as students uncovered the content for themselves. Because we had less control over the content, we had to be prepared for a broader range of content possibilities. Even though we were not lecturing, we worked harder than we had in past courses where we just prepared an up-to-date

presentation every week. Teachers had more fun, the students had more fun, and achieved the expected outcomes of the course with more depth, more retention, and more ability to apply their knowledge to the clinical situation.

In 1993, we had an opportunity to develop a completely new major within the framework of our master's program. We knew we wanted to change the way we taught and we began to think of ways we could modify both classroom experiences and written work to promote more active learning. Teaching in a field that changes nearly daily where facts change and research continually contradicts what teachers, students, and preceptors thought we knew for sure forced us to be flexible. We found there was no way to "cover" the material, so we would have to work to uncover it instead. We had to give up notions of letting the content drive the learning because it was impossible to get a permanent handle on the rapidly changing content. We again vowed to stop lecturing as much as possible. We resolved to make the learning situations as relevant as possible, and as compelling as possible.

Using stories

One of the best ways to make learning relevant is to connect teachers, learners, clinicians, and patients through telling and listening to stories. Ursula LeGuin (1981) points out the importance of stories as connection when she says " ...by remembering it he had made the story his; and insofar as I have remembered it, it is mine; and now, if you like it, it's yours. In the tale, in the telling, we are all one blood" (p.195).[4] Recalling the narratives of practice in our lives became the central focus of this new curriculum. The five new courses designed for the FNP Major, used principles of Practice-Based Learning. This method was modified by emphasizing storytelling and narrative as the main source of clinical practice problems. Storytelling is a natural human experience and it is one of the foremost ways we learn in any situation. Stories tell it all. Stories come the closest to the way real life really is. This is public storytelling, in which teachers and students share clinical stories as a community of learners. Such stories must always be interpreted because it is interpretation that calls us to thinking and to action in learning. Teachers model ways to interpret stories so that students and others can learn reflective practices as they attempt to make meaning from experience.

At the same time we both were conducting research projects using interpretive and phenomenological approaches. We wanted to eliminate the philosophical and methodological separation between our research paradigm and our teaching paradigm. Focusing on interpreted stories and experiences helped us bridge what was formerly an uncomfortable gap between research and teaching. PBL is consistent with current philosophical views of human learning, particularly constructivism and interpretive hermeneutical phenomenology. These philosophies assume knowledge is not absolute, but is constructed and interpreted by teachers and learners based on previous knowledge and overall world views. Narratives, as constructions, fit well into this paradigm.

In trying to reconcile our research and teaching paradigms, we sought to teach in ways that supported human connectedness and in ways that reconstructed the relationships between teachers and students, among teachers, and between students and clinicians. We wanted a teaching method that supported open and collegial discourse, mutual investment in learning, trust, and human caring. This is not the way either of us were taught during our undergraduate or graduate educations. This is not the way we taught when we were new teachers. We had to work hard to break up the scar tissue caused by the old ways of teaching.

Assessing ourselves and our teaching

Before any of us can "detoxify" ourselves, we must know something about the lenses through which we view teaching and learning. There are numerous methods by which to do such a self-assessment, including data-based survey tools developed specifically for this purpose.[5] No matter whether one chooses a formal method, or a more personal form of introspection, there are common elements to such a self assessment. This set of questions that might guide such an assessment:

1. What models of teaching and learning drive your work?
2. What do you think teaching is? What do you think teachers do?

3. What do you think learning is? What do you think learners do?
4. How do you see students as learners?
5. How important is control of content to you as a teacher?
6. What goals do you have for students in your classroom and clinical settings?
7. How do you evaluate new ways of doing things? How do you decide if a teaching innovation will work (or not) for you?

These questions are difficult to unpack and answer because they demand examination of basic assumptions and values that we are not usually aware of. Assumptions are, by their very nature, unquestioned or taken-for-granted truths. Heidegger's notions of things being "ready to hand" helps explain this. In Being and Time , Heidegger makes the argument that we use our everyday tools without having to think about their purposes.[6] To examine the purpose of a tool, we must make it "unready to hand"--that is, we have to see it in a different light, or make it unfamiliar in order to question it. So it is with values and assumptions about teaching and learning.

In unpacking teaching and learning, we might ask "Where and how did I learn to learn? Where and how did I learn to teach? Have both changed over time and experience?" As Glasgow points out,

. . . we know what we know because we either have been told or have personally experienced the acquiring of the knowledge. Educators know school because they have experienced it and, in their professional training, been told about it and had it interpreted for them. The educational institution, supported by the consistency of institutional beliefs and practices shared by educators, creates a working model for what schools are and how teachers will play out their roles. (p. xviii) [7]

Glasgow also notes that these unexamined models create inertia or "drag" that can impede a teacher's ability to see and respond to changes in the world of the classroom.

Perhaps nurse educators teach nursing the way we do because inertia is too hard to overcome. Maybe we think what there is to know about being a nurse has already been codified in our texts and teaching practices, and therefore needs no re-vision. How is it possible that we can always already know, from our long experience as teachers, what is important for students to learn?

The answers that each of us constructs about these (and other) questions give us direction and insight into what it is practically possible for teachers to do. If a teacher believes in the power of delivering knowledge-as-presentation, that students learn better with more structure, that the content is primary to teaching**,** and that the teacher's role is to impart knowledge and to control the classroom environment--then traditional pedagogy is an excellent fit, at least for the teacher. Such a person would likely be lost and unhappy in a narrative centered classroom. If, however, the teacher is restless with the "stand and deliver" model of education and dissatisfied with having to be the final arbiter of knowledge and the omnipotent manager of classroom time--then self assessment leads to less teacher-centered models.

It is at this point we all confront our upbringing as teachers. Desire to change is only the beginning. We are toxic at this point, if only in the sense that it is hard to give up the tools that are most comfortable for us, even as they imprison us in old ideas. In truth, once having identified our basic assumptions and values about teaching and learning, we need to find ways to bring them into reflexive action. De-toxifying is an ongoing process, because beliefs about teaching and learning always show up in how and what we teach. McComb and Whisler state that "what teachers believe and assume about learners, learning, and teaching affects what they do, their behaviors and practices at the school and classroom levels" (p. 27). [5]

Keeping the ideal in view

We had to keep our ideal of teaching in view at all times, reminding ourselves constantly that this is really the way we wanted to teach, no matter how difficult. It was hard to free ourselves from old habits of teaching. We had to make familiar teaching "unready to hand" so that we could examine it more closely. We tried to create an opening for changes to occur. We always asked ourselves: what can we do to take

ourselves closer to our preferred way of teaching and connecting with students?

Attending to evaluations

We paid careful attention to course evaluations and each time we taught a course we tried to determine where we were as teachers in the course. Course design evolved though we did not change the approved course objectives. Teaching strategies changed through many iterations. Gradually we learned to give up control in the short term to get a new and different kind of control in the long run. We had to uncover our assumptions, questioning whether they were true or worth keeping. When assumptions were no longer useful we abandoned them (not without some grieving, by the way, for the good old days when lecture was the Gold Standard). This process required constant self-critique and re-commitment to changing teaching. It also demanded preservation of what was good in our teaching, what promoted learning and supported efforts of learners to organize and understand new concepts and skills. Examples of traditional teaching strategies abandoned included lectures that attempt to cover everything students need to know; traditional seminar discussions; multiple choice tests or any "quick" assessment of learning; study questions and reading guidelines, required textbooks and required readings.

Inviting teachers to learn with us

Faculty peers attended class as teachers, consultants, and "patients." Once they saw how Practice Based Learning and the emphasis on narrative works in the classroom, and when they saw how this approach fosters successful learning, they began to trust the new methods. We believe seeing narrative centered teaching and learning in the classroom is a necessity. Showing this kind of teaching and learning in three dimensions, with all the to and fro of classroom interactions, takes it beyond the theoretical into the practical--which is after all, where most of us live as educators.

Teaching partnerships

We are teaching partners, and this long-term partnership has revitalized our teaching and helped us make constructive changes. The arrangement is not "tag-team teaching." We both attend all classes and participate equally. We talk with each other about how things are going, the good days and the not so good. We talk about our teaching to any interested colleague. In our experience, such conversations are rare, since most teaching is invisible both to students and to other teachers. We share our narratives, our curriculum materials, and our media resources. We want to make teaching and learning visible and available for comment and critique. We suggest that anyone trying to teach narratively have a partner. Partnerships may be within a course, a curriculum, or even across disciplines. This is someone to talk to, whine with, cry with, and debrief each class with. Continuous peer review is essential from someone who understands what the teacher is trying to do. Teachers cannot do this kind of teaching in a vacuum, and cannot do it alone.

We encourage all clinical teachers to attend each class. They see how the students are learn, and know what to expect when they see the students in the clinical setting. They participate in class as practice consultants, sharing their extensive clinical knowledge with students. We try to de-emphasize the hierarchical relationships between teachers and learners by letting students see clinicians and teachers as they learn and grow along with the class.

Aiming high

The teacher must surrender authority without creating chaos. The ideal teacher must be attentive to the learning experience of every student, must keep discussion centered on the interpretation of the meaning of the story/problem/issue, must give students time to think before answering, and must do what we say we are going to do, or have a good reason for changes. We try to be activators, more than simply facilitators. Striving to be trustworthy, we demonstrate follow-through and follow-up early in the curriculum. We promise students there will be no surprises on the test. We do the same assignments they do, and we show them our work as we critique theirs. When we are wrong or don't know, we admit it. We demonstrate our

practice as they watch. As good academics, we may disagree in public, but always show respect for differing opinions. We try to be imaginative and make creative use of our personal experiences. We don't pretend to know everything, but we do demonstrate how to make connections between things we do know and things we don't. We teach from the very edge of our knowledge all the time, rather than from the comfortable middle. We try to be sensitive to students' needs, try to read the room, try to hear what is said in the silences. We try to allow time for "wondering aloud."

What is important to us is fostering the clinical reasoning process in students. We must model the process of artful inquiry, emphasizing the method of thinking as much as the content. Teachers assist students in defining a problem, defining what they don't know, and figuring out how to solve the problem or find the answers. If we let them, students think independently and creatively. In our classroom, we rely on the open-ended question, usually a question to which there is no single correct answer. Sometimes the hardest thing we do is ask the right questions to stimulate thinking while keeping students focused and alert to all the possibilities. We try to model living with ambiguity and uncertainty, and we believe the hard work of detoxifying ourselves has made us better teachers.

Nel Noddings proposed some features of interpersonal reasoning that we like to apply to our relationships with our students. These are important aspects of the connection between teachers and learners:

- An attitude of solicitude or care
- Attention
- Flexibility
- Effort aimed at cultivating the relationship[8]

Guiding Students to New Ways of Learning

The connection between teaching and learning is that good teaching lets good learning occur. We think this is a better way of learning. But if students are not ready for this change in approach, they may experience confusion, frustration, anger, and hostility. Getting students ready to learn is as important as preparing teachers to teach. We attend to student preparation specifically and persistently. The following suggestions are exemplars of good teaching, and being diligent in applying these principles helps students reduce their resistence to and suspicion about new ways of learning.

Our students are professional nurses and graduate students, and these methods are specific to this group. These approaches may not work for everyone and might not be acceptable or adaptable to all teaching situations. In traditional pedagogies, teachers want students to learn, to remember, to apply, to think, and to continue to learn after graduation. In contrast, students want to memorize, tend to forget, may fail to apply, and may resist continued learning.

Traditional assumptions of students include: 1) the teacher is the main source and disseminator of knowledge. After teachers, the book is always right; 2) learning equals memorizing the content; 3) wondering, and following your curious nature just wastes time; 4) all good work is fiercely individual. We try to change all these assumptions, for both teachers and students. The methods we suggest use some traditional aspects of preparing students to learn, but we have developed some new takes on some old approaches.

Making and keeping connections:

Two first principles are prime: trust and listening. We build trust by including students in decisions that affect them, by doing what we said we would do, by not changing the rules in the middle of the course, by being responsive to the needs of individuals and the group, and by revealing our own thinking, our worries, our joys, our concerns. We privilege listening by modeling active and attentive hearing, by preserving class time for telling and listening, by responding to every student statement with some comment or idea that supports or enlarges it. We try never to make an assignment we would not do ourselves, and we usually do the assignments and share our versions with students as examples open for critique. We trust students

with our work as we ask them to trust us with theirs.

Recruiting and preparing students

When prospective students ask about the major, we tell them not only about the goals of the program, but also about the somewhat unusual techniques of teaching and learning they will encounter in this endeavor. During interview conversations with applicants, we describe in greater detail what the educational experience might be like for them. Concrete, structure-driven learners may find they prefer a more traditional curriculum. We often say that the prime requirements for success in this major are flexibility and a sense of humor.

Before the first class, students receive a letter outlining our narrative approaches. We remind them that we use unusual practices of teaching and that we have unfamiliar expectations for classroom comportment. In each course syllabus, we go beyond the usual course objectives, topical outlines, reading lists, and assignments. We include expanded descriptions of what the classroom atmosphere will be like, what the experience of learning in new ways will be. We describe a typical class session and typical work at home. The syllabus includes our philosophy of teaching, briefly, and the story of why we changed our approach to learning and how we want to teach now. There are no secret agendas; students are "in on" the reasons for why we do what we do.

In the first class, it is critically important to make time for introductions. Teachers introduce themselves in detail, including descriptions of what interests them in and out of academia. We talk about our own educational preparation, our research, our faculty responsibilities. Sometimes we tell what we are worried about and what we are eager to do in a class session. Each student also introduces themselves in detail, with information about their professional lives, their families, their hobbies and interests, and their expectations about the course. These introductions may seem to take up precious time, but we have found that it is just here that the cohort begins to coalesce, and the culture of the curriculum is established. We are making an opening in the circle of teaching and learning to welcome students and to gather them inside.

Releasing students for active learning

At first, we use simple case studies with study questions to guide thinking. Gradually, we remove the questions, then remove the "received case," encouraging learners to become more inductive and creative. No longer guided by a pre-arranged order of content, students confront learning issues that may seem to lack focus or direction. The faculty, however, do have a plan and a goal in sight. In general, the plan progresses from more structure to less, and from less complexity to more, course by course.

Faculty members demonstrate how to participate actively, especially during the first class of each semester. Teachers show how to be an active learner by always offering a response to statements, by asking specific students for comments, by encouraging debate and questioning.

Frequent communication, by email, telephone, and in person facilitates student comfort and trust. Students connect with teachers before a small crisis gets out of hand or whenever something seems not to make sense.

In Narrative Centered courses, everyone tells stories. These are written and improvised and read-out-loud. By showing how to interpret across stories, we teach how to look for similarities and absences, how to listen for silences, and how to look for thematic understanding of one story in view of another.

Non-academic social occasions, such as lunch or informal hallway discussions promote connections between learners and teachers. Teachers show how to embody listening by sitting down with students and other faculty members and focusing full and undivided attention on whatever issue is being discussed.

Gaps in the learning issues can worry both students and teachers. We prepare mini-presentations to fill in these gaps to alleviate fears of "missing" something critical. But these "consultations" always come after

the clinical story has been explored, not before, and learners must identify that they need more information on a particular topic before a consultation can occur.

Teachers can show learners how to study. A student explained that she had to learn a whole new way to study, which involved taking every word or concept that was unfamiliar in the clinical case, and looking it up until she was sure she understood it. As she was reading, she followed logical links, just as one does on the Internet, "clicking" on links bridging one concept to another. She learned that everything is connected, but not in a straight line. We focus on helping students connect content across the five clinical courses in the curriculum, to see that issues raised in one context appear again and again in other contexts.

Students connect to one another through learning teams, electronic mailing lists, study groups, and by exchanging consultations. Classmate cohorts become the nexus of a support system and consultation network in later professional life, and this skill is learned by helping fellow students through sharing notes, resources, expertise, information, and materials.

We track group and individual progress by being consistent in reminding students of content they have had before, though in a different context. The topic outline/table of contents appears at the end of each course, rather than at the beginning. The content emerges from the interaction of a particular class with particular Practice-Based stories in the form of learning issues unique to each class cohort.

Promoting self-understanding, interpretive practices, and reflexive comportment

Learners track their own progress by frequent self evaluation and reflection. Their progress becomes visible to them in ways they believe and trust. Formal written self-evaluation and reflection occurs at midterm and final in each course. Students grade themselves, providing justification for the grade within the expectations of the course and taking into account not how hard they worked, but how far they have progressed. Teachers have a "conversation" with the student, on paper, responding to the student's self-critique. We return the midterm evaluations, and students resubmit them with their final evaluations, so that movement toward their individual goals becomes visible. Guidelines for these critical self-evaluations help learners know what to look for and what to consider in their justification of their own grade. Self evaluation allows learners to think more carefully about what they <u>do</u> know, and what else they need to know in their journey toward clinical excellence.

Teachers and students track the progress of every class session, with about 5 minutes at the end to talk about how the class is going, whether students are learning what they need to learn, whether they have enough time for questions, what they worry about. Teachers also reveal what they worry about. This is a space for students to reflect on what they learned that day (or what they wanted to learn, but didn't). Changes in the next class are based on issues raised.

Teachers help learners practice working their way through "I don't get it" to "what <u>did</u> I get?" Starting with what they <u>do</u> know reminds them of what they have already learned, and helps make the links back and forward in the curriculum, across courses.

THE IDEAL CLASSROOM

We try to maintain conditions necessary for effective learning. Faculty must ensure a learning environment characterized by mutual trust and respect, mutual helpfulness, freedom of expression, and accepting and welcoming differences. We envision a classroom where the goals of the learning experience coincide with the goals of the learners; where learners share responsibility for planning and conducting learning, and therefore have a commitment to it; where learners participate actively. This classroom, with narratives at the center, is our goal.

Not all students like this non-traditional, relatively unstructured, open way of teaching. Some (a distinct minority) would prefer lectures, assigned readings, and multiple-choice tests. This tradition is what they are used to, and have come to expect. However, students do respect our efforts to make learning real, relevant, and useful. The Narrative Centered Curriculum, using Practice Based Learning, works. Most

students, even the resistant ones, develop positive attitudes toward learning as a result of their experiences in a narrative classroom. After graduation, they pass the requisite certification examinations, they are successfully employed as nurse practitioners, and they make outstanding preceptors for students who follow.

Summary

In this essay, we have told the story of our own evolution as teachers, and have presented ideas and techniques that other teachers may find useful in their own classrooms. We understand that teaching undergraduates differs from teaching graduate students. There are different challenges for teaching and learning in each and every class, and no single set of techniques will work for all. However, what we suggest is not so much that our techniques will work for every teacher and learner, but that teachers owe it to themselves to engage in this kind of self assessment and reflexive action. In this way, we can enliven teaching and learning, for ourselves and for our students.

REFERENCES

1. Barrows HS. Practice-based learning: Problem-based learning applied to medical education. Springfield, IL: Southern Illinois University; 1994.

2. Chinn P. A philosophy of nursing education. Presented at the 2nd Annual Chicago Institute for Nursing Education, 1999.

3. Diekelmann N. Personal communication, 1999.

4. LeGuin, U. It was a dark and stormy night; or, why are we huddling about the campfire? In Mitchell, W.J.T. (Ed.). On narrative. Chicago: University of Chicago Press, 1981.

5. Glasgow NA. New curriculum for new times. A guide to student-centered problem-based learning. Thousand Oaks, CA: Corwin Press, Inc.; 1997.

6. Heidegger, M, Being and time. Macquarrie, J, Robinson, E. (Trans.) San Francisco: HarperCollins, 1926/1962..

7. McComb BL, Whisler JS. The learner-centered classroom and school. San Francisco: Jossey-Bass Publishers;1997.

8. Noddings N. Stories in dialogue: Caring and interpersonal reasoning. In Witherell, C and Noddings N. (Eds.). Stories lives tell: Narrative and dialogue in education. New York: Teachers College Press; 1991.