

# Part III

## Transformational Learning

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*Education is the kindling of a flame, not the filling of a vessel.* Socrates

It was never the intention of the Patient Voices Programme to encourage the acquisition of facts, provide solutions or, indeed, offer training. Many years' experience of designing open learning materials had taught us that inspiration and motivation are the prompts to reflection that will, in turn, shape new understandings, adjust beliefs and alter behaviour—in short, to transform the learner in some way. It was precisely this kind of inspiration and learning that we hoped the Patient Voices stories themselves would evoke; it was to be some time before we realised the transformative potential of the digital storytelling process, particularly with respect to the development of the skills of critical reflection.

It is our view, and one that is shared by many other educators, that the ability to reflect on experience is the cornerstone of education. We have been inspired, in particular, by the work of John Dewey (Dewey 1938) and Donald Schön (Schön 1987) both transformational educators who regarded reflection as central to individual learning. Going one step beyond personal change, Parker Palmer viewed learning and knowing as communal acts, carried out with the heart as much as the head (Palmer 1983), and of course, digital storytelling might not exist if not for the inspirational work of Paulo Freire and his recognition of the need for critical consciousness in order to bring about transformation

(Freire 1973). The theory of transformational (or transformative) learning has been discussed at length by Jack Mezirow (Mezirow 1991) drawing on humanistic and psychological theories such as those expounded by Carl Rogers (Rogers and Freiberg 1969). These educators and others acknowledged the importance of emotion in the experience of learning (Salzberger-Wittenberg et al. 1999); it was precisely this alliance of heart and head that we observed in digital storytelling workshops, leading to new insights and, often, changes in behaviour. We, therefore, thought that digital storytelling could fruitfully be used as way of teaching reflection at undergraduate and post-graduate levels, and of deepening the reflective capacity of qualified health professionals.

The chapters in this part illustrate just how transformational a process the Patient Voices workshops can be, focusing initially on the experience of five, originally sceptical, medical students, from the perspective of their educators and the students themselves, and then looking at the preparation of mental health student nurses for the actuality of clinical practice. Their experiences provide a strong case for the use of digital stories in the ongoing professional development of health professionals.

Chap. 10 “Reflection: They Just Don’t Get It! Digital Stories with Junior Doctors” details how five final year medical students created digital stories as a component of their training. Analysing the process offers insight into the power and potential of digital storytelling to enable deep reflection on clinical experience, in particular its emotional impact, suggesting that this might be a means to develop a more compassionate reflective framework for personal, professional and inter-professional development.

In Chap. 11 “Reflection: Now We Get It!” the medical students themselves reflect on the transformative nature of their experiences of the ‘Student Voices’ project and the opportunity it gave them to develop their professional identities and as individuals. They acknowledge the importance of time to question themselves and find their significant stories; mindfulness and a person-centred approach; reflection as a tool for learning rather than assessment; tapping into emotions and the ability to challenge and learn from past actions.

In Chap. 12 “The Shock of Reality: Digital Storytelling with Newly Qualified Nurses”, Gemma Stacey finds digital storytelling a way to help stop the cycle of repeating past mistakes with generations of newly qualified mental health nurses. Conflict between expectations and the actuality of clinical experience produces negative effects on nurses themselves, attrition rates and quality of care. Gemma considers hurdles to hosting the workshops, such as funding, and more complex personal factors such as disclosure, vulnerability and feelings of disloyalty, but also the benefits to the students of validation and sensitivity to their needs, and of creating a valuable teaching tool for transformative reflection.

## References

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