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Foundations of my teaching philosophy are based upon  
*Perpetual mode of becoming, recognition, critical thinking,  
and understanding*

The path to *becoming* who we are is different for everyone. The road we take can be actively sought or followed passively. We influence each other's journeys whether we recognize it or not. The journey of becoming is perpetual.

During the course of the early part of my career as a life-long learner, my biggest regret as a student is that a portion of what I learned, I did not fully understand. I attempted to absorb what I now call an *oppressive load* of knowledge. I did not ask 'why' enough. I was quiet. I did not take full advantage of the learning possibilities. I sat in the back of classrooms. I did not know who I was or what I wanted to become. I was not a great student. I was not a bad student. I was not a passionate student. It took a lot to inspire me. I was a passive learner. I was not a critical thinker. These things, were part of my journey to *becoming*. A lot has happened and changed since then. I became a nurse. I became inspired by patients, nurses, stories, hope, courage, death, life, *students*. I started asking 'why.' I became less quiet. I became inspired, passionate, active. I became who I was supposed to be, but still question who I am. I became a critical thinker. I started to understand. I started calling myself a poet. I grew to recognize that I was hugely affected by others and that I, in turn, affected others. I came across a quote by Edgerton Ryerson, which drew me into examining how knowledge can be transformed into understanding – this became the foundation of my teaching philosophy

***“If the mind of the child when learning, remains merely passive, merely receiving knowledge as a vessel receives water which is poured into it, little good can be expected to accrue ... [the knowledge will sit] like a useless and oppressive load”*** (Ryerson, 1847 as cited in Gini-Newman, n.d).

Ryerson, among other scholars (e.g., Case, 2005; Noddings, 2008; Paul, 1990; Tapscott, 2009) emphasized the need to not merely assist in the development of individuals who are knowledgeable, but also active learners who can think critically and creatively, and apply the subject matter at hand. Fostering learning so that students become critical, thoughtful and creative is not new, but this goal has taken on greater urgency in the information age of the 21<sup>st</sup> century where the potentially oppressive load of knowledge looms larger. This is particularly so in the nursing field with the increased complexity of health care systems and the dynamic nature of knowledge.

A second key component of my teaching philosophy is that in order for students to grow intellectually, morally, and/or sometimes become re-moralized citizens of the world where they can make a positive impact, they first require recognition. Drawing from sociological and medical literature, individuals thrive and flourish when their unique attributes and voices are heard, recognized and engaged (Frank, 2004; Peschel & Peschel, 1986; Taylor, 1994). How a person defines themselves is shaped in dialogical encounters and whether they are recognized, not recognized, or misrecognized (Frank, 2004; Taylor, 1994). In our dialogical and constitutive social worlds, interactions with others

*mark* people – affecting who they are and who they might become. The social relations of teacher-student are significant considering the seriousness of such assumptions about the dialogical construction of identity; it is this philosophical assumption that shapes my interactions with students. I work hard to *acknowledge* and *recognize* each student. This reminds me of one student in my class a few years ago who said that previously no one ever recognized her commitment to learning no matter how hard she tried and no matter how successful she was. Her statement stuck with me and continually influences my way of being.

In the first year of my teaching, I was caught up in the tangled web of distributing as much content as possible so that students in my class were knowledgeable. I realized through glazed over and sometimes, closed eyes – this was not working! About the same time, I attended a teaching workshop at the University of Toronto on embedded critical thinking by Gini-Newman. He inspired me and ensured that the audience *actively* understood *embedded* critical thinking. Critical thinking is now intentionally integrated throughout my classes; this intentional integration is a key dimension of “embedded” which involves critical thinking that is not separate from the content or completed at the end of class (Case, 2005; Gini-Newman, n.d.). A simple example is asking students questions such as, why do you think this happens? why is this the most accurate technique? what are we forgetting? For my classes, the integration of this method automatically involves other pedagogical approaches such as active and experiential learning in which students dialogue and practice what they have learned whether it is physical assessment skills or through discussions and demonstrations of social advocacy.

Drawing from an embedded critical thinking approach, I often initiate classes with questions or case studies that encourage students to discuss and reflect on cumulative background knowledge. Drawing from Gini-Newman (n.d.), I design questions that require students to make reasoned judgments based on context-specific criteria. For example, one of my classes is about teaching students about how to assess vital signs (e.g., blood pressure, pulse) and the variables that affect them. One case study is: “A 27 year old horse trainer, who was kicked by a horse, is brought to the emergency room with a severely blood soaked t-shirt wrapped around her arm. Should you conduct a health history interview or take her vital signs?” The previous week, students learned about the components of a health history interview and the questions to ask, so this case builds on their background knowledge, but also asks them to consider the reasonableness and impact of one’s decision, the merit of the two options (or other potential options), and the foreseeable problems of choosing one option versus the other. This question engages students in decision-making, problematizing one’s actions and considering the best evidence.

Starting from day one I not only engage students in critical thinking, but I teach them what it is, why it is important (Tapper, 2004) and how to make it a “habit of mind” (Case, 2005). Using an arts-informed method of teaching, I use a photographic image of a person where the students have to critically think about what’s going on in the picture by inspecting it. Initially, I only show part of the picture, which is the person’s eye. I provide them with more components of the picture to the point where they get to see the whole picture and only then, understand what the picture is all about and what the woman in the picture is actually feeling. Discussions range from a male or female patient who is ill to the actuality of a woman who just walked into her surprise birthday party. This arts-informed teaching activity has been positively taken up by several of my colleagues.

I use another teaching strategy that emerged from a national study on nursing education. The Carnegie Foundation for the Advancement of Teaching/Learning (Benner et al, 2008) indicates that effective teaching occurs when it involves integration of theoretical and practical knowledge. Students must be challenged to think like a nurse and draw sound clinical judgments while recognizing that every decision has an ethical component. This finding lends itself to strategies such as structured questions, reflection, discussion, and creative approaches. These strategies are particularly helpful to engage students in analytic and logical reasoning that is contextually based and requires self-reflection. Upon my own self-reflection, one experience that has demonstrated effectiveness of this strategy occurred when I was teaching the theoretical concept of moral distress. Students had just entered their first clinical placement and almost all of them were experiencing moral distress and some reported a sense of powerlessness. In small groups, each of them had the opportunity to discuss their experiences. Through dialogue, they examined the situation and constraining forces that led to the distress and developed approaches to manage it. When groups reported back to the larger class, students reported that the discussions and problem solving empowered them with concrete skills and the ability to morally reason.

Often, I employ arts-informed teaching strategies where I use poetry, images, music, and stories to engage students, facilitate reflection and help them make sense of abstract concepts. One particular experience that stands out for me was in my professional development course. In this class, critical social theory (CST) is used as a lens to explore social and political issues in nursing. We discuss CST and underpinnings of oppression. It is a difficult theory for students to grasp, but when they do, their ability to analyze issues flourishes. In combination with this difficult theory, it is a class of 90 students, which makes the importance of a safe learning environment essential. I begin by sharing a story of my own oppression; this facilitates in the deconstruction of power between student and teacher and provides students with courage to place themselves in a position of vulnerability. Students are asked to anonymously write a word or sentence about their own oppression and place it in an envelope. Using their words, I constructed a poem and read it to them the following week. This activity bonded students in a way that I have never seen before and stimulated a number of them to share their stories with the class. Students described feeling a connection with each other and a sense that they are not alone. It also challenged their assumptions about one another. In addition, student learning was fostered as they began to incorporate CST into their discussions and problem solving in class. It is evident that both intellectual and moral growth is developed and expanded for many of them. This type of arts-informed teaching strategy allows students to be recognized and grow through the dialogical encounter, which is key to my teaching philosophy. This activity resulted in a peer-reviewed publication with students as co-authors in *Nursing Philosophy*.

In summary, my teaching philosophy is in a perpetual mode of *becoming* as the students in my classes, my teaching successes and failures with traditional and innovative methods, story sharing with my colleagues about what works well in the classroom and what does not, encountering of new research and re-encountering of old research, always pushes me to reflect on what I am currently doing and what I might try in the future. Although it may sound idealistic, my passion in facilitating the intellectual and moral growth of students and nurses drives my teaching and my way of being in the classroom. I enter each class with a smile, make eye contact with students, speak with them in a collegial way, am always open to students' experiences and diverse perspectives, and dialogue about real life examples and dilemmas so that students begin to process the professional relevance. To me, these small things are important if we are to foster the growth of students