Evoking the Power of Learners

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ABSTRACT

Our mandate, as Lamaze International childbirth educators, is to assist women in making healthy pregnancy, birth, and parenting choices. Being mindful of health promotion theory and using learning tasks and dialogue education to provide information creates a collaborative Lamaze class where the teacher is the facilitator and the learners are accountable for their learning. This column offers Lamaze educators a deeper understanding of adult learners and our roles in their birth education.

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Lamaze International childbirth educators are always on the lookout for teaching techniques that will help them empower women and their families to make healthy and safe birth choices. Childbirth educators attend Lamaze annual conferences, workshops, and webinars, hoping to learn teaching techniques that will engage their class participants and empower them to make good choices.

Lamaze educators must think in a different way. Instead of merely teaching to empower parents, educators can consider that their learners are capable of acquiring the information they need and internalizing it so that it is available to them in the future. To evoke power rather than giving it, educators must understand health promotion theory and learning tasks.

HEALTH PROMOTION THEORY

Health promotion is the subject of much research aimed at finding out why people engage in risky health behaviors or why they adopt healthy lifestyles. Although health promotion research focuses

on other behaviors such as condom use, smoking, and driving, the models that have been developed are useful for perinatal education.

One useful model is the precaution adoption process model (Weinstein & Sandman, 2002). The precaution adoption process model consists of seven stages that range from being unaware of the issue to changing behavior and maintaining those changes throughout the lifetime:

- Stage 1: Unaware of issue
- Stage 2: Unengaged by the issue
- Stage 3: Deciding about action
- Stage 4: Decided not to act
- Stage 5: Decided to act
- Stage 6: Acting
- Stage 7: Maintenance

Expectant parents may come to Lamaze classes in Stage 1, where their primary sources of birth knowledge come from friends and television birth stories. Lamaze educators used to think that fathers were largely in Stage 2, but engaging them in classes has

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shown educators another side. Fathers are often worried about the health of the mother and their unborn child. After fathers are truly engaged in childbirth education classes, they express their fears and can then internalize the information they need to assist the mother and participate in the birth of their child. Stages 3 through 7 are highly dependent on each childbirth educator's style of teaching. Educators can either support parents with the parents' power to learn or educators can continue to believe that parents have no knowledge to build upon and that educators must be the ones to fill the parents' vessels full of information.

According to Weinstein and Sandman (2002), when a desired behavior is easy and resistance is low, the actual stage may not matter. Messages that help people progress from stage to stage can be brief, and several ideas can be combined into a single comprehensive message. However, as Weinstein and Sandman also noted, when change is difficult and resistance is high, there is a greater need to provide separate educational messages for each stage.

Identifying the stage parents are in helps childbirth educators to tailor their information to move the parents from being unaware of an issue to adopting a change in behavior. Educators can then focus education to assist parents in internalizing healthy and safe birth practices. Lamaze education is never stable or stagnant. Few educators will be able to use the same list of topics in exactly the same order from one class to the next. Childbirth educators may be used to including medication information in a later class, but their learners are anxious to hear about medication in the second class. Classes may vary because the consumers vary: The individuals attending classes may be adolescents, different ages, parents who have conceived using fertility medicine, dealing with previous pregnancy loss, same-sex parents, and parents for whom pregnancy and birth are normal events. Parents may be planning to give birth at home or in a birth center or a hospital.

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EDUCATORS' PHILOSOPHY OF ADULT LEARNING

How many other educators have you observed who seem to believe (and may prefer) that the learners are passive and are empty vessels to be filled with information in canned presentations? Maybe you have seen these educators in schools, religious education classes, colleges, and universities. In some instances, you may observe a more collaborative education style described as dialogue, cooperative, or active learning (Lara, 2007). If childbirth educators could see themselves as facilitators instead of instructors, they could change their view of giving power to parents to inviting parents to take the power of learning. There are ways childbirth educators can structure information as learning tasks to allow parents to evoke their power.

Educators who teach according to a deficiency-teaching model operate on the belief that learners are passive, empty vaults into which the riches of approved knowledge are placed. Educators with collaborative classrooms operate on the belief that knowledge and authority are shared, and the teacher functions as a mediator and facilitator (Renner, 2005). As Vella (2000) noted, "A good teacher does not teach all that he knows. He teaches all that the learners need to know at the time, and all that the learners can accountably learn in the time they have to learn it" (p. 11).

LEARNING TASKS

As I was becoming a Lamaze trainer, I was introduced to the concept of learning tasks by wise mentors. I was loaned a book written by Jane Vella (2000), *Taking Learning to Task*. According to a brief biography posted on the Global Learning Partners (2010) Web site:

Jane Vella, the founder of Global Learning Partners, gained her insights on adult education from the thousands of participants she met over her 40 years of teaching in Africa, Asia and North America. Jane's academic research into the work of theorists like Paulo Freire, Malcolm Knowles, Kurt Lewin, and Benjamin Bloom confirmed what she saw in the communities where she had worked: that adults learn best through a "dialogue" that takes place in an atmosphere of mutual respect and safety, and with learning designs that are grounded in the reality of their lives. (para. 1)

After reading Vella's (2000) book, I learned to organize the information for Lamaze classes, as well

as other teaching and writing, into learning tasks. Lamaze classes were all of a sudden dynamic and joyful, and they covered the information individual learners needed. In some cases, parents reported to their physicians that they understood what was happening in birth because of a learning task they had experienced.

According to Vella (2000):

A learning task is defined as an open question put to learners who have all the resources they need to respond. . . . These resources are the new content (ideas, feelings, skills). They can be presented in a lecture, an illustrated talk, a video clip, a slide show, an article they all read, a summary article, a model, a story . . . virtually an infinite list. (pp. 9–10)

The facilitator uses open rather than closed questions. Closed questions are those where the teacher knows the answers. Open questions invite critical thinking, which demands reflection and stimulates creativity.

After the Lamaze educator has constructed informational material in the format of learning tasks, facilitating the dialogue is simpler than teaching from an outline. Currently, many educators do not teach from an actual outline; rather, they use slides, handouts, charts, and other sequential formats to move the discussion from A to B. With learning tasks, the discussion does not always follow a straight line because the learners are directing the flow of the dialogue. The dialogue does reach the intended endpoint, all the while twisting and turning to meet the learners' needs.

There are four assumptions to consider when using learning tasks. Learners arrive with the capacity to do the work involved in learning. Whether or not they are challenged by reading ability, age, language, hearing, or sight, all learners can do the work needed to understand what they came to learn. Learners learn best when they are actively engaged with the content rather than being infused with auditory information. Content can be presented through a learning task that gives the power to the learner for meeting his or her needs. In addition, learning tasks promote accountability on the part of the learner.

THE FOUR I's OF LEARNING TASKS

Vella (2000) described the Four I's of Learning Tasks, which are presented subsequently. As you read a description of the Four I's, think about a topic you have recently presented in childbirth education class.

Open questions invite critical thinking, which demands reflection and stimulates creativity.

Perhaps this is already a format you use to organize information.

- *Inductive*—Our work is to connect new knowing with old and prior knowledge with new content. What are the learners' past experiences with this topic?
- *Input*—In an input task, the new content (knowledge, skills, attitude) is presented, the challenge is set, and the gauntlet is thrown: Do something with this in order to learn it. What do they need to know about this topic to be able to use this information in the present?
- *Implementation*—An implementation task offers opportunity to review and integrate concepts, practice skills, and examine and practice new attitudes within the session. What will the learners change in light of this new information?
- *Integration*—How will you use this information in the future?

SAMPLE LEARNING TASKS

Using Vella's (2000) Four I's of Learning Tasks, I offer, as follows, a sampling of learning tasks that childbirth educators can apply in their class session that addresses breathing techniques.

Inductive

The inductive learning task invites learners to clarify where they are at present in terms of the topic or new content. Our inductive work aims to connect new knowing with old and prior knowledge with new content. What are the learners' past experiences with this topic?

Learning Task. Invite class participants to describe ways in which they have been aware of their breathing in the past and ways in which they have changed their breathing to become more relaxed. Ask them to describe what they have already learned about breathing (e.g., in stress reduction, swimming, or yoga classes where they might have learned to observe their own breathing).

Input

The input learning task invites learners to grapple directly with the new content. The new content (knowledge, skills, attitudes) is presented, the challenge is set, and the gauntlet is thrown: Do something

with this in order to learn it. What do the learners need to know about this topic to be able to use this information in the present?

Learning Task. Childbirth educators can apply the following learning tasks to advance the topic of breathing:

- Invite participants to get into comfortable positions and breathe normally for 1–2 minutes.
- Invite participants to breathe slowly in through the mouth or nose and out through the mouth or nose for 1–2 minutes. They may also breathe in through the nose and out through the mouth.
- Invite participants to breathe in and out normally for 1–2 minutes, but to ignore the in breath and recognize the out breath.
- After trying each breathing style, invite a discussion among the participants.
- Before trying each breathing style, invite participants to make themselves more comfortable.

Implementation

The implementation learning task invites learners to immediately use knowledge, skills, and attitudes in the learning environment. An implementation task offers an opportunity to review and integrate concepts, practice skills, and examine and practice new attitudes within the session. What will the learners change in light of this new information?

Learning Task. Invite class participants to practice contractions, combining their chosen breathing technique with position changes, massage tools, aromatherapy, music, low lighting, food, and beverages.

Integration

The integration learning task invites learners to apply what they have learned to their life and work.

Learning Task. Ask class participants if they plan to use any of the breathing styles in future life situations. If they do plan to use any of the styles, ask them when they will use them and in what situations.

Overview of the Breathing Learning Task

With this particular sample of a learning task, as described previously, the objective is to help the learners find a comfortable breathing pattern that relaxes them. Demonstrating and return demonstrating breathing techniques would have accomplished that one task, but consider all the other

learning that happened as well. Parents learned that what works for one woman in labor may not satisfy another woman's needs. Instead of breathing being the only focus, other relaxation options were embedded in the practice, demonstrating that the breathing style is one of many tools to assist women in relaxation during labor and birth. The educator gives them the tools and the tasks and, as they participate, they learn that they have many choices from which to choose. The learners are accountable for developing this new information into useful tools for themselves.

PRECAUTION ADOPTION PROCESS MODEL AND LEARNING TASK THEORY

The Lamaze educator's goal is to give parents the information they need to make healthy and safe choices in the perinatal period. Our messages and our teaching style can give the parent learners the opportunity to learn how to ask questions and search for answers they will need for lifelong learning. Learning task theory combines nicely with the precaution adoption process model of health promotion. Stage 1 of the model describes a time where the learner is unaware of the issue. This stage corresponds to inductive work where we find out where our learners are in terms of the topic. Stages 2 through 5 describe learners who are either unengaged, deciding about action, decided not to act, or have decided to act. In the input learning tasks, learners grapple with the new content, changing their knowledge, skills, and attitudes. Implementation, the immediate use of new information, occurs when they act (Stage 6) and physically and emotionally try the new skill or philosophy. We may hear discussion of Stage 7 (maintenance), but the real maintenance comes during labor and birth and fatiguing postpartum days. The real maintenance comes with the learners' future life challenges.

This may seem simpler than it is. Some Lamaze educators have to gently warm up to learning tasks and have reflected that letting go of the lecture and listening to reflect on what learners say is the toughest aspect of developing this skill.

Vella (2000) speaks of a learning-centered approach to education that puts learning at the center—not teaching, not the teacher, and not even the learner. It demands accountability of both the teacher and the adult learner. This is not a comfortable shift in perspective and practice. It takes courage to change how we teach. But it is worth the effort.

Many Lamaze International annual conference attendees have donated their learning tasks to share. Their suggestions are available for all Lamaze members who log in as a member on the Lamaze Web site (www.lamaze.org) and navigate to the "Lamaze Handout and Classroom Tool" page. We invite you to contribute your own learning tasks.

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