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Feminist Learning Strategies in Health Professions Education

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Traditional education serves as a “reproduction of existing societal power relationships and structures, through both its methods and content” [1]. Power struggles in the classroom between students and faculty control play a role in reducing student motivation and overall learning [2]. Paolo Freire’s classic text, *Pedagogy of the Oppressed*, encourages the liberation of oppressed groups through empowering, mutual models of education [3]. This approach is one of the major influences in feminist pedagogy, which seeks to empower women and thus, historically, nurses [4].

Empowerment is critical to the nurse’s ability to create change in health care and society at large [2]. Feminist pedagogy can help bring this about. Although limited, a study by nurse researchers found that use of feminist pedagogical techniques was likely to increase student empowerment in the classroom as well as in personal and workplace environments [4]. Welch supports the inclusion of feminist pedagogy in nursing education because it makes classrooms more democratic and helps students deal with patriarchal physicians, and I think this is applicable in all health professions education [5]. Furthermore, implementing these feminist learning strategies will get health professions students ready for the collaborative, interprofessional “real world.”

Feminist pedagogy that is grounded in ideals of gender equity, societal value based upon individual capacity, and caring promotes “development of an atmosphere of mutual respect, trust, and community in the classroom; shared leadership; cooperative structures; integration of cognitive and affective learning; and action” [6]. Feminist pedagogies can “change the classroom into a more egalitarian structure allowing students and teachers to share information and points of view in an open setting” [7]. Nursing faculty I surveyed identified many feminist learning strategies being used in the nursing classroom, including: case studies/scenarios, small-group sessions, journaling, cooperative learning, collaborative group process, consensus building, shared governance, and social activism [8].

Case studies and scenarios have long been a means of examining issues in nursing. Such strategies give students opportunities for active involvement in the learning process, thus promoting increased cognitive and affective thinking skills [9]. Case studies are especially effective in teaching broad concepts, such as pain or nursing care of a specific disease. Herman [10] found that the case study can be divided into

segments, and, throughout a sequence of events, students can recall cases to reinforce their decision-making processes or application of the content.

Journaling about class content or clinical events has been integral to cultivating a student's voice and establishing a personalized and constructed knowing. Students employ writing opportunities to "detail dimensions of *doing* nursing and of *being* a nurse" [11]. Kok and Chabell found that journal writing in clinical nursing education promoted critical thinking and problem solving skills through reflection. Well-developed journal guidelines resulted in positive student perceptions of this strategy [12].

Cooperative learning eliminates hierarchy in the classroom or clinical setting; Beck found this creates a sense of community for students and educators [7]. Student pairs can gain insight from one another and learn to work together as a team. This strategy, called "think pair share" by Herman, can be useful in creating personal connections to classmates and the material in large classes [13].

Small-group sessions can be used in larger classes to increase discussion and engagement. Ruffing-Rahal observed that these sessions "strengthened consensus regarding core professional values and identities" [11]. Students found the strategy facilitated their ability to communicate within groups and develop a sense of accountability and responsibility to the group's members [14].

Collaborative group process and shared governance let the students learn independence from their instructors and mutuality with their classmates. Students share responsibility for classroom discussions and sequencing of content [15]. Collaboration is a core element of interprofessional core competencies, such as "deliberatively working together" [16].

Social activism forges the connection between the classroom and the larger society to motivate students to create change. Any opportunity to promote nursing action grounded by everyday reality is the goal. Students working a farmers' market or health fair are examples of this strategy used outside the traditional clinical setting [8]. In one study [17], second- and third-year nursing students developed and implemented a health promotion program based upon a community needs assessment. Outcome data showed students perceived they had increased skills in health promotion, clinical assessment, civic engagement, and research.

Faculty I surveyed reported that most of these strategies met with student satisfaction expressed in qualitative anecdotal appraisals and course evaluations [8].

Nursing educators must continue to develop and implement curricula that help students learn approaches to developing good communication and critical thinking and to fostering appropriate professional behavior toward peers, colleagues, and patients [18]. Feminist learning strategies can fill that need for nursing and other health care professions curricula.

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