LANGUAGE AND LEARNING ACROSS THE DISCIPLINES
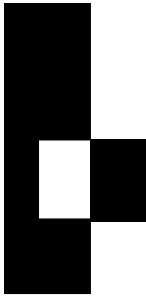
Letter from the Editor

Sharon Quiroz

This issue of *Language and Learning Across the Disciplines* is focused on education for health care professions. Most of the journal is taken up with a special section on WAC/WID and nursing, guest edited by Gail Poirier and Ann Dobie (Louisiana State University, Laffayette).

The first article is not part of the special section, but it is about educating for health care professions, in this case pharmacy. But Neal Lerner's fine article addresses the larger question of how the broad history of Writing Across the Curriculum takes shape in local practice. Lerner extends David Russell's work in a very interesting context.

The first article in the nursing section also engages a larger debate in the WAC/WID community: to what extent can we train students in school for the writing they will need to do on the job? Helen Sitler brings a new dimension to the question with her research on returning students. Her analysis of the differences between writing on the job and writing for the classroom leaves no doubt that both are valuable, but it turns the question in a slightly new direction.

Jeanne Sorrell on the use of narrative, and Merle Oberleitner on critical thinking, have given us wonderful models, using basic principles of WAC/WID to craft discipline-specific assignments that always appear to have a very special relevance in the nursing profession, but which remind us of the constant need to test out those general principles in local settings, because the local settings almost invariably enlarge our understandings of the principles.

Letter from the Guest Editor

Dr. Gail Poirrier
University of Louisiana at Lafayette

Only a few years ago a professional alliance between a Dean of Nursing and a professor of English might have seemed highly unlikely. What would they find to talk about? What interests could they possibly have in common? What kind of research could they jointly pursue? Why would they want to?

Because of our involvement with the writing across the curriculum program at our university, the guest editors of this special section on nursing in *Language and Learning Across the Disciplines*, Gail Poirrier (Nursing) and Ann Dobie (English), have discovered more commonality in our professional concerns than we ever dreamed. As a result, we have enjoyed almost ten years of working together on research projects investigating a wide variety of topics related to nursing (and its teaching) and writing.

The relationship began with a request from Gail, then Head of the Baccalaureate Program in the College of Nursing, to the Department of English for a writing workshop to help students prepare research papers using appropriate documentation forms. Ann, Director of Writing, responded with presentations for undergraduate and graduate students. They were followed by an invitation to offer a few writing-to-learn strategies for students who were interested in improving their study habits. The project could have ended at that point, except that Poirrier saw the possibilities for improving pedagogy throughout the college by revising course descriptions, and eventually the entire curriculum, to include student writing.

Building on the success of the student oriented presentations, we decided that the next step in implementing writing in nursing was to address the faculty. We did so with writing workshops for the nursing instructors. The step was a big one, for with it came questions about how to implement writing-to-learn strategies in their classrooms. Where were the studies showing that writing enhanced learning? How could they make room in their already crowded syllabi to include writing activities? When would they find time to read and

grade what students wrote? Would students take writing seriously in a nursing class?

Each question offered its own topic for research, research that looked at theoretical issues but also had very practical applications. The teachers were raising important professional and pedagogical issues that impacted their own classrooms and students. They deserved good answers, but we soon found that the published literature about writing-across the curriculum did not always provide them. As a result, we began our own research into the relationship between writing, nursing, and the teaching of nursing. It led us to investigate the impact of writing on student attitudes and performance, to compare writing programs that incorporate writing and those that do not, to question the effects of writing on the development of careers in nursing, to study how successful cross-disciplinary programs survive, and to explore numerous other topics.

We published our findings in journals (including this one), as chapters, and as books. Presenting our work at conferences and meetings, we became increasingly aware that nursing faculty seemed particularly eager to include writing in their courses. It was apparent that at any meeting where WAC programs were discussed, nursing instructors were there. They, more than professors in other fields, seemed to recognize the value of asking students to explore their own attitudes and ideas in writing, the importance of developing writing skills to communicate with clarity and effectiveness, and the significance of connecting classroom learning with life experiences.

Their interest in WAC comes from several different sources. Chief among them is the fact that nursing involves the use of many types of written communication: reports, articles, policies, procedures, patient care notes, computerized charting, and more. The healthcare system itself requires diverse communications skills ranging from the proficient use of computer information systems to synthesize patient histories with the analysis of research findings to support healthcare providers? treatment decisions based on outcomes, to an ability to sort out and use information to facilitate patient education. In addition, nurse practitioners today must be able to manage and use large volumes of scientific, technological, and patient information to provide more cost efficient, effective and integrated or coordinated healthcare to consumers. In short, nurses are routinely called upon to use their communication skills, written and verbal, for the following purposes:

1. To promote consistent quality care;
2. To maintain continuity of care;

3. To provide evidence of critical thinking that accompanies the utilization of the nursing process;

4. To establish accountability for care;

5. To develop nurse-patient and nurse-other health care provider relationships.

In all such instances, they are expected to employ the critical thinking skills associated with writing-to-learn and writing to communicate, including the self-conscious arrangement, manipulation, and presentation of discourse for a particular audience to achieve a specific purpose.

Another reason for increased interest in WAC among nursing educators is the new focus on critical thinking in nursing education. Since much of what students learn today will be obsolete tomorrow, we now recognize that nurses must be prepared to be independent thinkers and to attend to learning that goes beyond assimilation of data. Writing is one means of developing those skills because it gives students a way to think on their own. It asks students to make discoveries and reach their own understanding of course material.

As students develop greater comprehension of subject matter and begin to think critically about what they have to say, they have more to communicate to an audience. Their increased mastery of theory and practice gives them ideas and opinions that they want to share with others in the field. Learning to write for a professional audience, then, takes on more importance. Being able to use the conventional forms and styles for addressing others in the discipline, another concern of writing across the curriculum, becomes a necessity.

Finally, research is essential to any discipline. In the field of nursing it requires practitioners to stay abreast of changes and identify gaps in the knowledge base, as well initiate their own projects. To introduce nursing students to the process, instructors turn to the use of writing activities that provide students with opportunities to critically examine subject matter, look clearly at issues, explore alternative solutions to problems, and share ideas with peers and other audiences. For example, students can engage in writing research critiques as a means of ?getting involved? in ?using research? by exploring the literature and latest research findings and thinking about those findings in terms of clinical application. All are important steps to using research in practice that nursing accrediting and governing organizations emphasize as a standard of performance.

As a result of the widespread interest we found nurses and nursing faculty to have in both writing to learn and writing in the discipline, we proposed to the editor of *LLAD* a special issue that

would address their concerns. A glance at the list of research topics we still hope to carry out told us that there is ample material, as well as interest, to fill an entire journal with articles dealing with writing and nursing.

Those which we offer readers in this issue validate our sense of the depth of interest there is in writing in nursing. They explore a variety of topics from several different perspectives. Some of them are directly addressed to practicing nurses and nursing faculties; others provide teaching strategies that are easily adaptable to other fields. We think that you will enjoy the balance of ideas and approaches that they provide.

Most of all, we offer these articles in the hope that they will increase awareness of the importance of providing opportunities for nursing students to write about what they know, how they feel, and what they are learning.
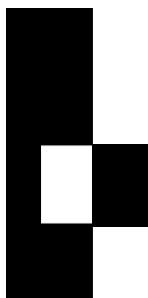
A History of WAC at a College of Pharmacy

Neal Lerner
Massachusetts College of Pharmacy

The argument for writing across the curriculum is usually centered on what Fulwiler and Young describe as "the premise that integrative writing tasks will improve undergraduate learning and communication abilities" (291). For most institutions, particularly universities with diverse curricular offerings, less clearly articulated is the relationship between where students might be headed after graduation and the skills and knowledge they need to learn, including writing. However, for professional colleges, such as pharmacy, the day-to-day lives of working professionals tend to exert a powerful influence on what happens in the classroom. The path from practitioner activities to professional association recommendations to actual curriculum and pedagogy is a fairly clear one, both historically and currently. The demands of the profession also occur in larger contexts, whether dictated by legislation, economic forces, or cultural and historical circumstances, all factors that have influenced if and when writing gets taught in the classroom.

For the Massachusetts College of Pharmacy and Health Sciences (MCP), writing has been part of students' academic lives in varying degrees for over 130 years, whether it was the thesis that each graduate of the first class of 1869 was required to write, the laboratory reports that were assigned in each course of instruction at the turn of the 20th century, the business letters that were part of the course in "commercial pharmacy" in 1915, or the writing in required freshman English first instituted in 1932 and continuing to this day. The presence of writing is one aspect of a curriculum that has evolved and expanded greatly over the last 130 years, just as the role of the pharmacist has altered over that time. Placing these writing activities in the context of my college's responses to historical trends gives a great deal of insight into the pitfalls and potential for current writing-across-the-curriculum efforts, those I am charged with in my role as Writing Programs Coordinator. Thus, in the narrative that follows I

attempt to accomplish two purposes: 1) to describe the intertwined relationship between specific student writing activities, the college's perceived demands of pharmacy professionals, and specific cultural/social forces; and 2) to demonstrate that local historical research via documents that most of our institutions archive—course catalogs, bulletins, brochures, student newspapers, yearbooks, and committee reports—can tell us a great deal about the contexts for previous WAC efforts and the potential for the success of future ones.

While my account is about one institution and its specific professional orientation, the social history that follows has been repeated countless times: curricular decisions have been driven by professional standards, enrollment and workload pressures, and changing student demographics, all forces that shifted over the years as the use of writing ebbed and flowed. As David Russell soberly reminds us in his history of WAC, "each generation has produced its own versions of cross-curricular writing programs, yet none, except perhaps the last, has made a permanent impact on the modern university curriculum or on literacy in America" (8). My hope is that the narrative that follows acts as a guide both for understanding the past and for future action whose impact is more permanent than the efforts Russell describes.

1869-1915: Inculcation into the Profession

MCP was first conceived of in 1823, when an "association of apothecaries" met "to regulate the education of apprentices" and "to encourage the use of superior-quality drugs," according to the 175th anniversary edition of the college's *Bulletin*. However, it wasn't until 1852 that the state granted the college a charter, and in 1867, the college began offering a series of lectures in three subject areas: pharmacy, materia medica and botany, and chemistry. The first ten graduates received their PhG (Graduate in Pharmacy) in 1869. These graduates were also subject to one of the more pervasive and visible writing requirements of these early years—a thesis. As described in the college catalog of 1872-73, this document would be "an original dissertation, or thesis, upon some subject of pharmacy, materia medica, chemistry, or one of the branches of science closely connected therewith, which shall be written with neatness and accuracy." During this time, a thesis prize was awarded by the college trustees, described in the 1885-86 catalog as "twenty-five dollars for the best thesis, fifteen dollars for the second and ten dollars for the third."

The thesis requirement was not merely a final hurdle before graduation, however. Instead, its intent seemed to be to inculcate students into the profession of pharmacy, particularly its scholar-

ship. As the catalog of 1882-83 described, "Such theses as are deemed worthy it is intended to have published in some one of the pharmaceutical journals." Additionally, the thesis was an activity that included an oral component starting in the 1885-86 school year as students were required "to read their thesis before members of the college in open session." Thus, for early graduates, the thesis played what David Russell describes as a "celebratory, community-confirming role" (87). Students were to join a "profession," and the abilities to write and speak were essential professional attributes.

During this era, writing as an exit component was matched by a concern for entering students' writing abilities. After several years of warnings, the college catalog of 1878-79 announced that passing a "preliminary examination" in "Reading, Writing, Spelling, and Arithmetic" would be required of entering students. The following year's catalog listed the means for testing students' reading and writing skills in 1878, methods that do not sound particularly rigorous: "The examination in reading was conducted by allowing the candidate to read from any convenient book; and a scrutiny of his manner of performing his work in spelling and arithmetic constituted his examination in writing." The spelling list for 1878 was also described: "Proceed, College, Deliquescent, Concede, Knowledge, Capacious, Supersede, Distil [sic], Crystallize, Viscid." Ten years later, this preliminary examination could be satisfied by presenting "evidence of having graduated at some grammar school, or attended some high-school of a grade equal to those of this State." This requirement later became a high school degree, and the number of required years of English study was specifically described (as it is presently).

Concern with writing skills were also attended to throughout students' studies. Early college catalogs describe a distinct written component in the examinations used in every class. These timed exams were "conducted in writing by the professor in each department." An example question from the course in Materia Medica and Botany appeared in the catalog of 1875-76: "Write all you have time to about Cinchona." One other source of writing can be found in students' laboratory work. By 1889, the college catalog noted that a laboratory component became "part of the regular course of instruction," and laboratory work was specifically highlighted in the catalogs for the next one hundred years. As described in the catalog of 1900-1901, "The laboratory is intended to teach the students . . . to express in writing the results of observation." Overall, MCP students during this era could expect to encounter extensive use of writing, whether it was in examinations, laboratories, or as a thesis to culminate their college experience.

In the context of the pharmacy education elsewhere, the focus on MCP graduates as professionals contributing to the scholarship of the field seems relatively unusual. However, in the context of American higher education more generally, the thesis had becoming increasingly common at this time as the "research ideal" spread from the German university system to the American (Russell 79). Nevertheless, the focus on the science of pharmacy (as opposed to its practice) seems a choice that the founders of the college made based upon several factors, primarily the proximity to and influence from Harvard Medical School (if not an outright envy for the level to which the medical profession was held) and the larger medical climate of Boston itself, which in 1869 even had a physician, Nathaniel Shurtleff, as mayor (MCP/AHS *Bulletin*).

It is also important to note that the role of the pharmacist at this time was quite varied. According to pharmacy historian Gregory Higby, "as much as prescription filling, pharmacists were called upon to practice a fair bit of low-level 'doctoring': selling cough medicines, laxatives, pain relievers, and the like to customers" (16). Stohs and Muhi-Eldeen describe this role in even more powerful terms: "The pharmacist was the principal health care provider for many patients because he was considered the authority on the drug products which he made and dispensed. He had the legal right to sell any of the drugs in his possession, whether on prescription or on his own authority" (436). And the filling of prescriptions was far more complicated than what one of my colleagues calls "count, pull, lick and stick." Instead, most prescriptions (80% into the 1920s) required some degree of "compounding," or mixing and creation of the drugs themselves (Higby 16). Thus, pharmacists were scientist/practitioners of a sort, involved with many hands-on aspects of patient care as well as the formulation of drugs to provide that care. In this context, the thesis requirement and writing activities in the classroom were a way to inculcate students into the "learned values" of the profession, at least as interpreted by the college's instructors during its first 40 years or so of granting degrees.

1915-1932: A Search for Identity

As is often the case with required writing, the thesis was not always well received. In the *Quarterly Bulletin* of December, 1911, a writer needed to make a case for the "relevance" of this then forty-year-old requirement:

> Many students have felt that their time was so limited that it was almost impossible to do the work

necessary for a satisfactory thesis and in some cases it has proven a temporary hardship. But the results of this work have been far-reaching in that the results shown have been published again and again in the pharmaceutical press always being credited to the student and to the college and if the work shows deep thought and persistence, and facts hitherto unknown are brought to light, then the reputation of the college as a teacher is advanced in the eyes of the readers and transferred sooner or later to their friends.

Despite this argument, by 1913 the thesis requirement does not appear for the pharmacy degree, only for the post-graduate degree of Pharmaceutical Chemist. The 35 graduates that year, and every pharmacy undergraduate in the 87 years since, were spared such "temporary hardship." Shortly after the disappearance of the thesis requirement, the catalogs also stopped describing the written-examination requirement, and by the 1920s, the written component of laboratory work no longer appears. Several factors played a role in writing's fall from prominence during this era: 1) The "objective" examination took over with its scientific "efficiency," increasingly popular in education and industry during this time (Russell 145). 2) The shift from pharmacy as science to pharmacy as practice came about with a new generation of college leaders whose entrepreneurial success greatly influenced the curriculum. 3) Student enrollment increased greatly, with 268 students enrolled for the 1916-17 academic year and 433 students enrolled ten years later (and the college went to a three-year curriculum in 1923 to spread out these students) (MCP/AHS *Bulletin*). Faculty must have felt it quite burdensome to devote the time that instruction with writing often requires; in fact, the college did not employ any faculty member full-time until 1923 (MCP/AHS *Bulletin*).

During this time, the larger profession of pharmacy was undergoing an identity shift of sorts, or, more precisely, trying to ensure more uniform identity by standardizing its educational requirements. New York became the first state in 1910 to require all pharmacists to possess a pharmacy school diploma (Higby 16), and most other states followed, thus providing more incentive for increased enrollments. Throughout the country, the name of and years of study required for a pharmacy degree were quite varied. MCP was not immune to this flux, changing the name of its degree from "Graduate in Pharmacy" (PhG) to "Doctor of Pharmacy" from 1903 to 1914 when the PhG then returned. According to historian Glen Sonnedecker, "the doctor's degree was offered as a 'drawing card' by some pharmacy colleges .

. . when several professions swarmed with self-styled 'doctors' who lacked respectable academic credentials" (242). This search for identity on the college's part—fueled by state requirements, increased enrollments, and a shift in curricular emphasis—meant less visible writing in students' primary courses of study.

Nevertheless, in a trend that foreshadowed subsequent writing instruction relegated to specific courses and specific tasks, new courses in commercial pharmacy and pharmacy law were created, ones more fitting the entrepreneurial focus of this era. The catalog of 1928 describes for the course in commercial pharmacy instruction in "business letters . . . including the mechanical parts of the letters with discussion of each; stock phrases to be avoided; principles of rhetoric." The teaching of sales-letter writing is described in this same course in the catalog of 1932: "Under sales letters, the treatment includes the required steps in the presentation of the subject matter, the function of each step, the working, and the common faults to be avoided" (36). As early as 1915, the *Bulletin* of the college reprinted student essays from this commercial pharmacy course (then an elective). Once again, the shift in what the college's leaders saw as professional life of a pharmacist—from health-care expert akin to physician to small-business entrepreneur who sells prescription and over-the-counter medications—shifted the curricular emphasis from academic thesis to business writing. And the relationship between professional identity and instructional focus was about to shift emphasis even further away from the use of writing across the curriculum. As MCP entered the "modern" era, it would succumb to what Russell calls "the compartmentalization of knowledge" (21) as writing instruction settled into familiar territory—first-year English.

1932 to 1970: Writing in its Place

In 1932 the MCP curriculum expanded to four years, leading to a Bachelor of Science in Pharmacy degree, as dictated by the American Council on Pharmaceutical Education, the accrediting body of the American Association of Colleges of Pharmacy. This professional organization emerged after decades of loosely knit oversight, usually on the state level, and responded to the profession's desire to ensure educational standards and professional status (Sonnedecker 250). Curricular expansion meant the introduction of courses in the humanities and social sciences, as well as courses in biology, pharmacology, and biochemistry (MCP/AHS *Bulletin*). One particular course first instituted in 1932 that persists to this day is required first-year English. According to the catalog of 1933, the focus of this course was as follows:

The first-year course in English chiefly encourages the student to look for merit in the writings of the standard authors and appreciate it when he finds it. Weekly one-hour lectures present an outline of the development of English literature, from Chaucer down to the present, giving most attention to writers and literary trends but not ignoring the political and social background. Reading assignments in anthologies and a few long works keep pace with the lectures.

During another weekly hour brief lectures discussion diction and sentence and paragraph construction and brief exercises in writing require the student to put into practice the principles he has assimilated.

Considering that one instructor, Willis Bradley, was hired to conduct this course for 142 first-year students, it is not surprising that "brief exercises in writing" seemed to be the extent of students' written endeavors. By the following year, another instructor is listed as an assistant to Mr. Bradley, and required instruction is added in second-year English. The description of this course echoes many freshman rhetorics used to this day: "[The course] carefully reviews grammar – the science of writing – and investigates many principles of rhetoric – the art of effective writing. Likewise, on the theory that clear writing cannot exist without clear thinking, it devotes a generous amount of time to exposition, including the processes of analysis, classification, and definition."

After 1946, required English in the second year was dropped. Nevertheless, descriptions of this course showed a distinct effort to create an English class befitting students in a predominantly scientific curriculum (perhaps in an attempt to make it "relevant"). For example, the catalog of 1944 describes the course as "a study of the part played by language in the shaping of our thoughts; of verbal as compared to mathematical logic; of the fallacies resulting from erroneous use of language; and of the laws and methods of science that lead from observation to valid inference, classification, and definition and to persuasive speech and writing."

By 1946, first-year English was put in the hands of an instructor with a Ph.D. in Armenian Language from Harvard, Joseph Skinner, and for the next twenty years it would be Skinner's domain and would change little from a fairly traditional composition course with a focus on grammar/usage and "correct" writing.

It is interesting to note that English composition was one of the few non-pharmacy courses required when the college expanded to a

four-year degree. One way to read this curricular move is against the backdrop of a perceived "crises" in students' writing skills. The creation of required English in 1932 might have come from the perception that the college was attracting a "new" kind of student, one less prepared than students of the past. The sons and daughters of the vast numbers of Eastern and Southern Europeans who immigrated to America at the turn of the century were seeking higher education in ever greater numbers (Levine). MCP was included in this demand as the first-year class lists from the early 1930s shows the dominance of "ethnic" surnames. Though the entrance requirement was the same as in previous years, the language backgrounds of students were different, and English became a required course, just as it did in most institutions at the time (Lerner).

The expansion of the curriculum and the rise of disciplinary specialty (including writing) also existed in an arena of shifting demands upon working pharmacists. Stohs and Muhi-Eldeen label this period the "scientific era" due to "the industrialization of pharmacy [which] resulted in the formation of standardized and prepackaged medications, leading to an almost complete elimination of the compounding functions of pharmacists" (436). Rather than scientist caregivers, pharmacists were more likely to be the image that dominates to this day: white-coated technicians taking pills from one large bottle and counting them into small bottles for customers (as opposed to "patients"). Even the 1952 American Pharmaceutical Association Code of Ethics dictated that "an ethical pharmacist does not discuss with patients the therapeutic effects or composition of prescriptions" (Holland and Nimmo 1759). Ironically, then, the profession's long quest for professional status, fueled by the refusal of the United States government to commission pharmacists as officers (as were medical doctors) during both World War I and II due to the "low professional status of pharmacists" (Higby 19), was confounded by technology and its own sense of "duty." As Stohs and Muhi-Eldeen note, by the 1950s, pharmacists were "considered by the health care community to be more businessmen than professionals" (437).

At MCP, the emphasis of the four-year curriculum and the shift toward business education must have seemed quite attractive to its students. The college's 175th anniversary *Bulletin* notes that in 1949, "the College graduated its largest class: 131. Their average age was 26, and they varied from 21 to 34. Fifty-nine percent were married and collectively they had 59 children. One hundred and twelve were war veterans" (41). The practice of pharmacy would ensure middle-class stability, and in the curriculum offered to get students to that point, first-year English was the primary place where students received in-

struction in writing—long removed from required dissertations written for prizes and publication and presented in public forums and from required written examinations in every course. This instruction largely fit David Russell's characterization of WAC efforts in the early 20th century:

> Students would learn to write for everyone in general and no one in particular (except the individual teacher). Writing would remain a way of demonstrating learning, not acquiring it. And writing would be a low-level, mechanical skill, unworthy of attention at higher levels of education—except through remedial measures. (143)

At MCP writing instruction might have occurred in other parts of students' curriculum, but this was not trumpeted in public forums. We have to fast forward to a more modern era to find evidence of WAC and writing support and to understand the roots of current attempts to instill writing as a means of learning in the curriculum of MCP.

1970 to Now: The Rise of Pharmaceutical Care

In recent times, one factor that has possibly mitigated the use of writing in all parts of the curriculum has been, ironically, the proliferation of liberal arts courses, particularly as the college went to a five-year B.S. in Pharmacy curriculum in 1960 and then a six-year PharmD degree in 1997. Housed in a separate division for many years (and now part of the more comprehensive School of Arts and Sciences), liberal arts courses were where students did the bulk of their writing (and a recurring issue in the College's *Bulletin* has been the need to make an argument for the importance of this education at a professional college). It is easy to imagine that while many might have seen the liberal arts curriculum as essential, the "separateness" of these courses could, at the same time, mark them as *the* place where students wrote, not in their courses more obviously related to pharmacy. These factors also play into what one current faculty member calls "the professional-school mindset" where non-science components of the curriculum are not privileged and where "writing is not something we do."

Some WAC efforts have been by top-down mandates of sorts. For instance, in 1979 the Curriculum Committee issued the following recommendation:

> The Committee voted to investigate the question of a competency exam in written communication. Faculty are requested to incorporate into their courses as many written and oral requirements as possible. Faculty teaching in the freshman year may wish to investigate combined paper assignments with freshman English.

This statement appears again in the notes from a meeting the following year though action on a writing competency exam was tabled indefinitely and the "request" for all faculty to include writing in their courses was never specifically detailed, an omission that perhaps ensured the failure of this effort.

More recently, the 1979 Curriculum Committee's discussion of a competency exam has been realized as a Writing Proficiency Exam (WPE) for students who have completed the two-semester composition sequence and for transfer students with credit for expository writing. Just as in the institution of required freshman English, perceptions of a "crisis" in student writing skills gave rise to curricular action. In the mid 1980s the college's population of non-native English speakers increased dramatically (currently, approximately 30% of the student body), as the profession of pharmacy became (and still is) one of the few remaining fields whereby a college degree will ensure economic stability and immediate ascendancy into the middle class—entry-level pharmacists earn about $65,000 per year. Instituted in 1991, the WPE is an attempt to ensure a minimum level of competency in writing a specific task: an argument essay based on four articles students receive in advance. On average, 20% of the students do not pass this exam and they then must take an additional composition course, and the vast majority of these students are ESL.

In a larger context, the focus on writing/communication abilities as essential to pharmacy professionals has been fueled by the concept of "pharmaceutical care." Hepler and Strand defined this concept in 1990 as "the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the patient's quality of life" (qtd. in Holland and Nimmo 1760). Thus, pharmacists are returning to their "traditional" role in offering specific medical advice to patient/customers, and their work lives—particularly in clinical settings—can be quite writing intensive. Kennicutt, Briceland, Hobson, and Waite have identified 25 discrete writing tasks performed by "clinical clerkship preceptors who practice in diverse settings representative of contemporary clinical pharmacy practitioners" (1200). The emphasis on pharmaceutical care and the proliferation of pharmacists in hospital and other clinical settings have meant consider-

able reform in pharmacy education. Stohs and Muhi-Eldreen describe this change as a shift from "a science- and laboratory-based educational experience to an educational process which is a balance between a sound scientific background and a patient, case-oriented approach to education and the associated skills which are required" (437). WAC-related activities fit well with the language of accrediting bodies, which has described curricular outcomes of critical thinking and collaborative decision making (Commission to Implement Change).

It is encouraging to those of us working in this field that many colleges of pharmacy are adopting WAC practices. For example, the St. Louis College of Pharmacy features a "writing center-based , writing across the curriculum program" with a Writing Emphasis (WE) course requirement, and the more than 20 WE courses include "Topics in Therapeutics," "Biomedical Ethics," and "Geriatric Pharmacy" (Hobson and Lerner). The University of Toledo has published a sourcebook on WAC in pharmacy education (Holiday-Goodman and Lively; Holiday-Goodman, et al.), and writing centers have been established at the Philadelphia College of Pharmacy and at the Albany College of Pharmacy, in addition to those at MCP and St. Louis. Additionally, the literature on writing in pharmacy education has continued to grow (e.g., Hobson; Hobson and Shafermeyer; Prosser, Burke, and Hobson).

Thus, for my role at the college, the move toward pharmaceutical care offers justifications for WAC efforts that can be quite powerful, along with the usual arguments for writing as a component of sound pedagogy. Still, after nearly five years on the job, I have found that writing exists in only limited pockets of instruction outside of required first-year English. The struggle between pharmacist as scientist/practitioner and pharmacist as skilled communicator/healthcare provider is not necessarily resolved, despite accrediting recommendations and the perceived needs of working professionals. As is true with most WAC efforts, change is slow to take hold, and a varied faculty's time and energy seem precious quantities. I am heedful of Fulwiler and Young's observation of the "enemies" of successful WAC programs:

> Many faculty are apathetic, others insecure, even hostile, to any program that offers to assist them with their teaching. They see such efforts as a subtle indictment of their current teaching and feel threatened by any attempt at collaboration centered on teaching. . . . Similarly, many students feel threatened when writing is introduced into a course. It is an unfair obstacle to getting the desired

grade and an odious interruption in their career training. (293)

Nevertheless, while it seems a great distance from those nine graduates in 1869 writing their theses in longhand to the current graduates who have no such requirement, the history of my college shows that writing as a means of learning and as an essential part of a health-care professional's identity is not a new concept. The force of professional change, if the concept of pharmaceutical care really does take hold as predicted, is quite powerful, particularly as future college leaders draw upon their experiences as students and professionals to ensure that MCP graduates are prepared to meet their career challenges.

Go Local, Go Global

Studying one's institutional history seems relatively unexplored in our field. However, it can be a rich source of knowledge for local purposes, as well as for informing the larger field how its history might be written. The history of writing at my college provides both a cautionary tale and a measure of hope for future WAC efforts. I draw several lessons from this history, lessons applicable to other institutions, particularly professional degree programs. It is important for those with the responsibility for promoting WAC activities to be knowledgeable about a series of interrelated items: the profession's values as expressed in position papers and accreditation documents; the history of those values and a sense of their stability; the relationship between those professional values and the college/school missions statements and goals; and the opportunities for WAC to help achieve these goals. As an example of this last link, my college's mission statement describes goals of "innovative teaching which fosters student-centered learning" and "an environment which facilitates critical thinking and problem-solving skills." It is then quite easy to link writing efforts to achieve these goals and also to trace the path from these goals back to professional values and history.

We work hard in our writing programs to understand and respond to (if not change) our institution's various academic cultures. With knowledge of our institutions' histories, we are even better equipped to contribute to the teaching and learning that we would like to see occur.

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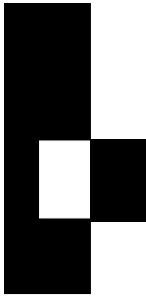
The Workplace Meets the Academy: The Hybrid Literacy of Returning RNs in Journal Writing for Introduction to Theology

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Like window glass, most workplace writing is transparent. Although integral to work done well, writing is not the goal in and of itself and occurs at a subconscious level of the writer's awareness. In contrast, writing for school is often opaque, occurring with the writer's attention consciously focused on the task. The writing itself, as evidence of learning accomplished, may be its sole purpose. The writer, graded on her/his writing, cannot afford to let the words on the page become transparent, nor can the instructor, who uses the writing to assess learning which has occurred (Dias, Freedman, Medway, & Paré, 1999). The transparency or opaqueness of writing, one of the key differences between writing in the workplace and writing in school, raises questions about how students who find themselves simultaneously in both worlds manage contradictory writing demands. What happens when writers with well-developed workplace writing practices return to school? How do they respond when writing is suddenly no longer transparent?

Context of the Study

During the Fall semester of 1995, I conducted an ethnographic study with a group of 21 Returning Registered Nurses (RRNs). The one male and 20 female RRNs were enrolled in a Bachelor of Science in Nursing (BSN) program at a small, private liberal arts college. The Accelerated RN to BSN program in which the students were registered offered short-term courses. A 3-credit class met one night per week for 8 weeks. With work experience ranging from 3 to 27 years, these nurses had been awarded course credit for their nursing diplomas. To complete the BSN, the bulk of their remaining courses came from the humanities and social sciences. The study described here occurred in a required general education course, TH100 Introduction

to Theology. Because earning a BSN requires more than nursing courses, issues raised here are germane to faculty who find themselves teaching nursing students in other disciplines.

For TH100 students did extensive writing, most of which occurred in lengthy dialogue journals, based on assigned and self-selected readings.[1] As a participant observer, I attended each meeting of TH100. After obtaining written consent, I taped class meetings, photocopied dialogue journals, interviewed each student individually, held focus group interviews with 12 of the 21 students, and talked informally with each of them.

Through the dialogue journals and students' conversation, a tension became apparent: writing in this new discipline of theology was markedly different from the writing done at work. How this tension played out in students' journal writing brings into focus three issues to be discussed in this essay: 1) the hybrid literacy the students developed, heavily dependent upon their writing experience as nurses; 2) the questionable school-to-work progression implicitly embedded in the literature about workplace writing; 3) considerations for instructors whose students might have well-developed professional literacies.

The Shaping Discourse of the Medical Workplace

Words come to us "saturated with experience" (Vygotsky, 1986, p. 193) and marked by "contextual overtones" of "a profession, a genre, ... a particular person,... an age group, the day and hour" (Bakhtin, 1981, p. 293). An individual's daily encounters with words, then, encompass any number of communities in which the individual might claim membership. These communities, connected to the multiple life roles any individual plays, represent multiple literacies (Neilsen, 1989). The literacy of work is especially significant, as institutions, such as the workplace, exert shaping power over discourse, and over writing in particular (LeFevre, 1987). This study explores the writing practices of RRNs. What, then, are the writing practices of nursing and in what ways might they influence a student returning to college?

Writing in the Medical Workplace

Writing holds considerable power in the medical workplace. While the production of writing in a nurse's daily routine may be a transparent activity, no nurse can take writing lightly. The primary writing nurses do is to "record and justify their practices" (Dautermann, 1993, p. 101). Nurses' notes, those notations made on patients' charts specifying care given, are legal documents, calling nurse's care into

question should liability become an issue (Chapman, 1991; Hannakan, 1996).

Such writing is an art. "Keep it short" and "Be clear" are common directives for nurses' notes (Chapman, 1991). Conciseness, objectivity, attention to fact rather than opinion or judgment are desirable qualities (Sorrell, 1991). Learning what is and what is not significant enough to document on the chart and then selecting and organizing the information also prove to be problematic. Student nurses learn this critical skill through mimicking the style and language already on the charts (Sorrel, citing Shine); thus to some degree, the proper writing of nurses' notes is modeled by expert nurses for those less expert.

Further, while information about a patient's condition must be treated as confidential, nurses' notes also serve a uniquely public function. They are the official record of care given, a record passed from one nurse to someone on the next shift, to the doctor making rounds, and, if necessary, to legal counsel. For these multiple audiences, the notes, even though brief, must be thorough, clear, and accurate. RRNs, having become experts through practice, have internalized these directives about writing.

Writing in the Nursing Curriculum

The routine writing a nurse does is limited by readers' expectations for clearcut precision based on observable data. Because of these limitations, nurses' notes do not adequately represent the complexity inherent in an expert nurse's practice. Expert nurses rely on tacit knowledge gained on the job in addition to theoretical and scientific knowledge in implementing effective nursing care. Even nurses trained in traditional, behaviorist classrooms tend to adjust their working practice with time and experience (Tanner, 1993). Recognizing the importance of this shift to more professional practice, nurse educators have turned toward teaching student nurses to think critically and to act more independently (Diekelmann, 1993).

Writing as means of learning began entering the nursing curriculum in the mid-1980s (Chapman, 1991), primarily as a means of moving nurses toward more autonomous, professional practice (Diekelmann, 1993). Proponents of writing to learn in nursing viewed writing as a process "through which information is shaped and understood" (Allen, Bowers, & Diekelmann, 1989, p. 6). Its appearance in the nursing curriculum has served numerous purposes. Writing is perceived as a means of capturing thoughts and learning content material (Allen, Bowers, & Diekelmann; Chapman); of dealing with emotions and, through narrative, of reflective practice (Hahnemann,

1986; Kennedy, cited in Williams, 1996; Messner, 1995; Tanner, 1993); of responding to issues and reconceptualizing thoughts (Allen, Bowers, & Diekelmann; Chapman); and of entering the profession through publication (Berg & Serenko, 1993).

Two key recommendations in the 1990s further promoted writing to learn in nursing classrooms. In 1992 the National League for Nursing began requiring critical thinking as an outcome criterion for the accreditation of BSN programs. In 1995 the PEW Health Professions Commission recommended that nursing programs prepare nurses to be more innovative, proactive, and part of an integrated health care system (Poirrier, 1997). In other words, critical thinking and problem-solving were re-emphasized as essential elements of nursing education.

Subsequent investigations of writing to learn in nursing courses and nursing programs show both cognitive and affective gains by nursing students who routinely write in their courses. Writing to learn enhances critical thinking abilities and improves comprehension and retention of course material (Dobies & Poirrier, 2000). In addition, writing, particularly reflective journal writing, emphasizes the caring dimension of the technical field of nursing. Such writing provides a forum through which students can examine their own personal and emotional experiences in clinical settings (Dobies & Poirrier, 1999). Art Young notes the critical fusion between technical and humanizing writing, indicating that writing to learn in current nursing programs represents "a new synthesis [in] professional/liberal/technical education" (Poirrier, 1997, p. xi).

The use of peer dialogue journals in TH100, then, was well-suited to goals for writing as they exist within nursing curriculums. In TH100, the peer dialogue journals served to help students learn content material, but more importantly to prompt reflection on how nursing, daily life, and spirituality are mutually complementary. Through their dialogue journals, these nurses could explore previously unexplored territory and build their own understandings.

While encouraging critical thinking, construction of knowledge, and reflection, the dialogue journals were, at the same time, ill-suited to the already ingrained practices of the veteran nurses in the course. Trained in behaviorist classrooms, these RRNs perceived of themselves as black and white thinkers in a setting where work was done correctly or incorrectly, as recorded in their nurses' notes. This perception belied even their self-reports of complex decision-making. The challenge for these students was to develop conscious awareness of their own intuitive and experiential knowledge (Bevis, 1993)

and of their own expert practice. In TH100 writing was the tool for raising awareness and calling black and white thinking into question.

Nursing and Theology: Two Different Worlds of Writing

When asked about writing for class and for work, Carrie wrote, "The writings for work and class seemed direct opposites to me." Indeed, the writing expected of students in THlOO clearly differed from writing performed every day on the job. The table below illustrates the differences.

Routine Writing Practices in the Medical Workplace and in TH100	
At **Work**	**In TH1OO**
▪ telegraphic *(brief)*	▪ elaborated through anecdote and analogy
▪ objective, accurate , impersonal	▪ subjective, speculative, personal
▪ confidential	▪ public
* work-specific in real time	▪ inclusive--work home, school— through past, present, and future

The literacy of nursing was, for these veteran nurses, well-developed and did indeed exert shaping power over their writing. In TH100, workplace literacy interacted with the new discourse of theology. In the classroom context these RRNs were theology students, apprenticing themselves to the language of that discipline. However, because the instructor's philosophy was that spirituality was a part of everyday life, working life became part of the course. The students' "nurseness" was continuously on the table. Students balanced the tension between these two literacies by being in two discourses at the same time (Gee, 1990).

The hybrid literacy which evolved bore markers of theology and of nursing. Nursing's influence made itself felt in some telegraphic writing, in the tension between objective vs. subjective writing, and in issues of confidentiality. Theology's discourse practices appeared in students' development of anecdote, analogy and metaphor, and elaborated ideas.

Brevity: Good Nurse's Notes Get to the Point

Conciseness was a much-admired feature of dialogue journal writing. Fran wrote, "There is not time for eloquence or excessive descriptions at work." As students read one another's dialogue jour-

nals, those few students who had been able to respond succinctly to assigned readings earned praise from their peers. After reading Laura's journal one evening, Jane reported the writing was enjoyable reading because "It was concise. It was complete. They [sic] had a good way of presenting their thoughts." Adam, who wrote one of the shortest dialogue journals was praised, too, for his brevity. "You are able to reply so directly to these questions," Fran wrote in his dialogue journal.

Students in TH100 stressed that in the medical workplace, lengthy communication is taboo. "In this type of work you abbreviate so much," Audrey said, at the same time talking about her uncle who had just been diagnosed with "colon CA with mets to the liver." Even her conversation was sprinkled with medical abbreviation. In dialogue journals abbreviations appeared frequently. Rather than patient, journals often read pt. With and Without were nearly always represented by abbreviated symbols. Because the dialogue journals were shared with peers, common abbreviations used by nurses created no reading problems. That an expert in theology was also a reading audience for this writing seemed not to matter.

Abbreviations appeared in dialogue journals throughout the 8-week course. Adam continued to write concise entries, for which readers consistently applauded him. In most cases, however, writers released themselves from the workplace dictum for writing "to the bone," as Ginger had described it. They took cues from the discipline of theology to elaborate on their writing, primarily through anecdote, analogy, and metaphor.

From the first class meeting, both the instructor and the textbooks for TH100 encouraged connections between course material and everyday life. Feelings and personal experience would be welcome and would, in fact, be expected as sense-making strategies. Dialogue journals became filled with writing which would have been completely inappropriate in a nurse's writing for work. These entries allowed students to grasp theological concepts by linking the unfamiliar with something familiar. Anecdotes about home and about work appeared. The death of Vivian's puppy, which she had rescued from the pound only a few weeks before the event she describes, became an entry through which she examined the role of prayer in her life:

> Sammy never went outside of the boundaries of the property. Because of this I didn't "chain him up" this time. I proceeded to change from my scrubs when I heard a "whimpering." I took it for granted that Sammy was ready to come back inside. When I went to the door I

couldn't believe what had happened. My beloved Sammy was lying on the street next to the pickup truck that had hit him.... All that I could do at that time is go over to my puppy and say a prayer even before I moved him from the roadway. I apologized to the lifeless animal for allowing him to go outside. The guilt was overwhelming. I prayed to St. Francis to ask for his intercession on mine and Sammy's behalf.

Cindy explored the question of intervention from a higher power in this anecdote about her work:

I can remember a night I was working [in the emergency room] and we had two young females that were in a car accident. I can remember saying, "If there is a god, please help me" and he did. I cannot tell you how I took care of both of these near-death patients at one time. I was the only nurse and the initial treatment they received in the first few minutes saved their lives. I had only two hands and to this day cannot tell you how I performed the tasks on these individuals, but I thanked God they lived.

Analogy and metaphor, used extensively in the course text and modeled for the students by their instructor, provided another means for understanding course material. As with anecdote, analogy and metaphor served as sense-making strategies. Perhaps the most stunning analogy came late in the course, after Paige had clearly spent time thinking about her work and its relationship to her reading. Her journal compared the nursing process with the prayer process as described by theologian Evelyn Underhill. Both Paige's reader that evening and the course instructor complimented the originality of this entry:

1. Preparation   Assessment
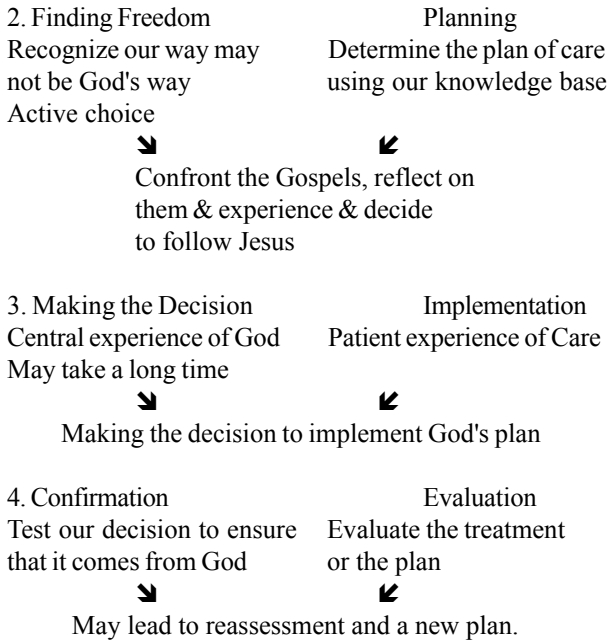Pray for light, freedom   Investigate the needs of
& discernment   the patient
            ↘   ↙
            Assess our spiritual needs

2. Finding Freedom

Planning

Recognize our way may
not be God's way
Active choice

Determine the plan of care
using our knowledge base

⬂   ⬃

Confront the Gospels, reflect on
them & experience & decide
to follow Jesus

3. Making the Decision

Implementation

Central experience of God
May take a long time

Patient experience of Care

⬂   ⬃

Making the decision to implement God's plan

4. Confirmation

Evaluation

Test our decision to ensure
that it comes from God

Evaluate the treatment
or the plan

⬂   ⬃

May lead to reassessment and a new plan.

By moving away from their workplace writing strictures, students' exploratory and personal writing solidified theological concepts. At the same time, some features of nursing discourse retained strong footholds in the dialogue journals.

Black, White, and Gray: Accuracy Counts Most on the Hospital Floor

Students taking TH100 encountered a learning environment very different from what they were accustomed to. When asked what they learned in the class, Ginger replied, "I learned to think. And there is no right answer." Dealing with abstractions and a multitude of possible interpretations created some anxiety for students who described themselves as working most comfortably with blacks and whites.

Nursing literature supports students' self-reports about their previous learning experiences. Although this is gradually changing, a nursing student's prior school experiences inculcate a correct answer, black and white way of thinking (Buchanan, 1993). Later, for a nurse in the workplace, there is little margin for error. Dosages must be correct; medications must be distributed at particular times. Audrey, a specialist in diabetes care, expressed the contrast between her work and the ever-present, unresolved ambiguities in TH100 when she

said, "I'm used to being specific. You know, I say to a patient, >Test your blood sugar four times a day before meals, about 20 minutes before you eat.' I'm used to dealing with lay people so it's all very specific." Nothing in TH100 was very specific. Everything was subject to personal interpretation, including the methods for writing one's dialogue journal.

Numerous stories like Cindy's, of working on her own in the emergency room to save two lives, emerged from among these students. Such stories strongly suggest that in actual practice a veteran nurse calls on much more than stimulus-response behavior and memorized reactions. Nevertheless, the nurses perceived themselves as black and white thinkers.

In a dialogue journal entry, Katy realized the value of exploring gray areas, but also stated where her preference lay. "This [TH100] is about the gray areas, again! Critical thinking, logic.... Black and white is comfortable. It is or it isn't. Gray makes my mind spin. But it does seem to open doors for me. It makes me feel and think in a totally new light or with a part of my mind I usually don't use." In her interview, Jane said, "As usual we [nurses] like black and white stuff. I'm a very concrete person." Paige seemed willing to consider a different reality. She said, "Nurses always say we're black and white. That is, I think, a part of our personality and a part of our educational process. It's this way in nursing. Not a lot of abstracts, but because you do deal with the human person and a lot of spiritual things with illness, I think we deal with more of that type of thing [gray areas] than maybe what we're aware of ourselves."

Paige was the exception. For many of these RRNs, allowing for ambiguities in TH100 meant setting aside their school and hospital experiences. This was not an easy task. Black and white thinking exhibited itself in striving for accuracy, and, in doing so, the students reproduced their nursing discourse in unexpected ways.

One prominent example of striving for accuracy appeared in several dialogue journals. In nurses' notes, mechanical errors or slips in thought must be corrected without obscuring the original text. Such corrections appeared in several dialogue journals. Cindy had written this line: "I think we ~~had~~ error as a society have the faith and basic history ..." Fran made a similar entry. "This process helps ~~but putting a s~~ error by giving a structure to the decision making process and helps organize our thought process."

When the instructor supplied the correction for a misprinted Bible reference that 20 of the 21 students had written responses to (surely another example of striving for accuracy), Ginger wrote new responses in her dialogue journal, this time to the appropriate pas-

sages. She introduced the new entries with these two headings, "Correction to typo error" and "Psalm 18 correction." Not only had she felt the need to backtrack and do over again something that was not caused by her own error (and which the instructor had not asked the class to correct), she identified the reason for the additional text. In nurses' notes, she would have made exactly the same kinds of notations.

The students' need for accuracy created some sameness in dialogue journals. Even though students wrote dialogue journals based on personal experience and viewpoints, they worried when their own writing seemed to differ too much from what they read in someone else's journal. Difference meant the dialogue journal had not been done the "right" way. Audrey, speaking to the writer of the dialogue journal she read on the first night of journal share, said, "Then when you [added a magazine article], I felt like I did that wrong." Getting the journal "right" meant having a dialogue journal that was similar to those of other students. Paige said that "because the approach was maybe a little different, I felt mine had to be wrong. That someone else's must have been right." She was relieved later in small group to know that everyone felt that way; still the initial response to this new form of writing was that difference meant inaccuracy.

Although many of the students' fears about correctness or accuracy in writing a dialogue journal diminished through the weeks of the course, they did not disappear completely. Another prominent example occurred late in the course when students wrote their own prompts for journal writing rather than obtaining them from the instructor. Anxieties rose anew over doing the writing "correctly."

During small group discussion in the 6th week of the course, Carrie discovered that her self-developed prompts differed in focus from those written by others in her small group. Carrie's immediate reaction was to assume that her prompts were incorrect. She said to the instructor, "They [Laura and Katy] analyzed the material. I guess I came from a much more basic point of view and I just wanted to know certain things about Evelyn Underhill." While all three writers had asked questions which tapped into their readers' opinions and experiences, Carrie alone had written prompts asking for information beyond what had appeared in their reading.

For the following week Carrie adjusted her writing; she stayed within the reading text, as Laura and Katy had done the week before. Having shared dialogue journals only within her own group that night, Carrie had no way of knowing that other students had written prompts similar to her own. Her reading and small group experience that week

had demonstrated "the correct" method for her. She adapted her own writing to match the method she had seen demonstrated.

The need for correctness also engendered competitiveness. When Cleo began writing entries to reflections the instructor handed out weekly, others did, too. In this focus group conversation, Adele and Jane clearly felt that their journals were substandard or wrong in some way if they did not follow Cleo's example:

> Tessa: The reflection paper we were to read that came with the journal - I didn't know we were supposed to respond to those.
> Cindy: I didn't either.
> Tessa: I read it ... but I never reflected on it in my journal
> Adele: I only started to after I read someone else's reflection. Oh, I better answer these.
> Jane: I did that the last couple times.

Whether they *wanted* to respond to the reflections was not the issue. Whether they *should* was.

That adaptations occurred with Carrie, Adele, and Jane and, in some form, with every student, is not surprising when one considers the influence of their nursing careers. As noted earlier, student nurses learn from the written models of more veteran peers. As they had probably done years earlier in nurses' training, the students turned to the models at hand to revise their own writing. In this way accuracy, i.e., doing the dialogue journal correctly, was maintained. Life on a hospital floor, where little margin for error exists, was preserved.

Confidentiality: Nurses Don't Disclose Private Information

During the first class meeting, the instructor had explained the dialogue journal saying, "This is not a diary." She had issued this caution so that students did not simply write about daily life without integrating day-to-day events with course material. The anonymous circulation of dialogue journals mitigated students' sense of exposure to some degree. Still, because of their nursing experience, maintaining confidentiality was second nature to these students and concerns surfaced quickly. They occurred on two levels: 1) How much personal disclosure was expected? 2) What did writers have the right to bring up about other people they knew?

The first sharing of dialogue journals aroused explicit objections. Paige reported, "I hate spilling my guts to strangers" and then included that line on her group's poster for general discussion. She explained, "I guess I'm just a very private person, and I just don't

easily share my inner feelings with people I don't know. In some way that inhibited some of my responses >cause I really kind of thought about, >What's somebody gonna think when they read this?'"

Gradually, students found ways to manage this shared, public text. Most simply monitored what they wrote, especially concerning themselves. Shelly wrote one lengthy journal entry about a situation at work, took it out, and replaced it before class with a more general statement. She said, "When I re-read it, I thought, >This is corny. Somebody's gonna read this and they're not even gonna understand anything I'm saying.'" Margaret and Carrie chose not to write about particular incidents they said were too personal to share. Nearly every student admitted to omitting something because peers would read it.

Because dialogue journals were exchanged at random, students sometimes read and responded to the journal of someone else in their own small group. This created other concerns about personal intrusions, as small groups were expected to discuss the journals they had read. After the first journal exchange, Audrey, in Jane's small group for discussion, discovered she had read Jane's journal that evening. Audrey said, "It makes me uncomfortable though, 'cause Paige and I both felt uncomfortable reading somebody's private stuff. And now ... you're here for me to talk about you.... I don't know how much ... to say because I don't want to embarrass you by things I might say about you. You know what I mean?"

Susan brought up the privacy issue in reference to writing about others. One journal prompt asked that the writer think of a close friend and describe that person. She said, "I guess as a nurse we're so impounded [sic] that confidentiality is everything and somehow, even to tell what that friend's job was or to tell in detail about that friend almost seemed to breach that person's confidentiality. And so I chose not to answer that. I wrote it down on another piece of paper and I answered the questions and then I did not put it in my journal."

Each of these examples occurred early in the course. Fears about writing that was too personal or reading and talking about a journal that used personal example diminished over the 8-week session. As students got to know one another, the trend in writing and small group talk was toward greater personal disclosure. The anonymity of the journals and readers' responses provided one form of accommodating students' need for confidentiality. Once a classroom community formed, trust in one another's good judgment provided another. Still, students made choices and wrote only what they felt was not a violation, to themselves or to someone they knew.

The Hybrid Literacy

Being in two discourses at one time had both positive and negative effects. An RN who served as a nonparticipating, informed reader for this study remarked, "[A nurse's] individuality and certainly one's interior life are not a part of the job" (Hannakan, 1996). Students responded to the opportunity TH100 offered to write about their interior lives. Their dialogue journals included information about families, important events in their lives, and routine happenings. Over the 8 weeks, dialogue journals provided a forum for revisiting and elaborating on themes which were important to the writers.

Simultaneously the discourse of nursing controlled the forms some of the students' self-expression took: brevity (in some cases), striving for accuracy, and concern for confidentiality. The unspoken expectation that journals would resemble each other pushed classroom standards higher, but at the cost of anxieties over adequate performance.

The classroom environment of TH100 made this hybrid literacy both possible and acceptable. While students were entering the unfamiliar terrain of theology, they could rely on the supporting structure of a familiar discourse which could make new concepts accessible.

So What? I Don't Teach Theology; I Don't Teach Nursing Student

The literacy events described here pertain not only to RRNs. These nurses simply represent a clearcut example of what happens each time students with strong workplace writing practices cross a classroom threshold. Yet, the literacy practices of returning students whose working lives demands professional levels of writing is largely ignored in academic literature. Instead, a school-to-work progression is assumed. College is perceived as the arena in which students begin to learn those discourse conventions which will serve them in good stead for their futures (Beaufort, 1999; Boiarsky, 1997; Dias, Freedman, Medway, & Paré, 1999; Odell & Goswami, 1985). Even Dautermann's (1997) study of nurses in Writing at Good Hope closes with recommendations for writing and nursing education courses that more closely match future workplace expectations for writing.

In contrast, Courage (1993) shows how the professional literacy of one re-entry student, a Pentecostal minister, served as a resource for her in her first encounter with academic writing. Viewing academic and nonacademic literacies as dialectic rather than mutually exclusive, he urges instructors to discover how nontraditional students draw on nonschool literacy to accomplish school assignments.

I make the same recommendation, especially when considering that writing a dialogue journal appears to have been a relatively simple assignment. In fact, it was not. In the alien linguistic territory of theology, these RRNs needed to rely on familiar linguistic forms. They also needed models from the instructor and from their peers, and time to discover how theology and nursing might merge together. As this instructor did, instructors in any course can explicitly demonstrate how language works in a discipline and seek comments from students about how language functions in their own workplaces. Re-entry students are a reality in many institutions. It is not only naive, but irresponsible, to assume they will check their workplace literacy at the door. Workplace writing practices will affect students' classroom performance. Instructors who want their students to meet with success will attend to these other literacies and should anticipate the appearance of hybrid forms.

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[1]A dialogue journal is a Awritten conversation" (Staton, 1988). In TH100 students read and responded to peers' journals anonymously. Dialogue journals were submitted in identical blue folders and under ID numbers rather than under writers' names; reader/responders signed their comments with ID numbers. Readers selected at random from the pile of journals on a front table each week.
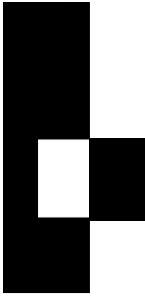
Stories in the Nursing Classroom: Writing and Learning through Stories

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I remember vividly the anxiety that I felt when I first decided to use stories as a major part of my teaching. I worried that my students would dismiss this teaching strategy as frivolous. I had taught for many years and was comfortable with my "proven" strategies. Students did well in my classes and seemed to enjoy them. With the increasing complexity of health care, however, I felt the need to "cover" more and more content. Yet it seemed that I had less and less time to help students understand and apply this content. With the focus on *covering* content, I seemed to be covering over, or obscuring the important meanings that I wanted the students to grasp. How could I *uncover* these meanings for students?

Using stories in my teaching has provided this answer. In this manuscript I explore some of these understandings through discussing: (a) background information from the literature to make a case for teaching with stories; (b) therapeutic uses of storytelling; (c) strategies for using storytelling in teaching; and (d) telling stories beyond the classroom.

Making a Case for Stories in Teaching

Many educators are looking to new approaches to teaching that will prepare students for changes they may face in living and working in the 21st century. Teaching strategies are needed that enhance students' critical thinking skills, as well as emphasize human caring through student-centered learning approaches. Use of stories in teaching offers exciting possibilities for meeting these desired learning outcomes. Stories can help students reconstruct and reflect on the essence of important experiences. Learning to listen and to hear the core essence of a story, as well as to communicate stories, orally and in writing, are critical skills for all students to acquire.

The art of storytelling has its roots in long-ago traditions of many different cultures. Throughout history, stories were used to

communicate important understandings from the past to new genera-tions. Included in these understandings were those related to mainte-nance of mental, physical, and spiritual health. With the amazing in-crease in scientific knowledge in the past century, we have come to rely on scientific information for knowledge. The non-scientific knowl-edge gained from stories has often seemed not as important.

When stories are shared together, it creates a unique pedagogi-cal interaction between teacher and student. Van Manen (1991) views the concept of curriculum as being oriented toward the structures and phases of study at an educational institution. In contrast, he characterizes the concept of pedagogy as one that involves human, interpersonal, and caring processes of education. Pedagogy is more than a word: It is a process that "draws us caringly" toward those whom we teach (van Manen, 1991, p. 31). An important characteristic of this process is the "pedagogical moment," which van Manen (1991, p. 40) defines as the moment of active encounter between teacher and student(s). In this pedagogical moment, the teacher can initiate a transformational learning opportunity experienced by the student as caring (van Manen, 1991, p. 130). As we listen to someone's story, we are drawn into the unique reality of that individual. This reality is often so personal and intimate that the stories may pour forth with unexpected tears from both storyteller and listener.

An important aspect of using stories in teaching is that stories require a special way of listening. Coles (1989), a noted psychiatrist, described how patients bring their stories to health care profession-als. These patients hope they tell their stories in a way that will help physicians and nurses understand their lived experiences. Nursing students learn that it is important to note the manner in which the story is presented; the development of a plot in the story; the charac-ters who are described and the emphasis given to one or another; and the degree of enthusiasm and coherence of the accounting of the story (Coles, 1989). They learn to consider questions such as the following: Does the patient have difficulty thinking of a story? Does she seem to forget parts and repeat them? Is there anger expressed in her story? Does the story pour out of her along with tears? Does the telling of the story seem to have a cathartic effect for her? All of these aspects are important in listening to understand the lived experience of a patient. I believe that they are important understandings for students in any discipline.

In our fast-paced and technologically sophisticated society, we may not want to take time to listen, a condition which Fiumara (1990, p. 84) refers to as "benumbment." In the midst of the constant noise of our modern world, we need to create sufficient silence to hear

ourselves and others. Many of us, as we rush from one thing to another, may speak to others without really listening. Students in all disciplines need to gain new understandings of the importance of listening.

Therapeutic Uses of Storytelling

Students in any discipline can benefit from new understandings of therapeutic uses of storytelling. In nursing education, as in many other disciplines, the "classroom" expands to include agencies in the community, such as hospitals, nursing homes, community support groups, and patients' homes. It is in these contexts that nursing students gain practice in testing out skills that they have learned in their on-campus classrooms, exploring with patients what it is like to live with a particular disease. Listening to stories from patients can help students to understand the illness experience through patients' own eyes, as well as provide an important form of self-understanding. Stories help to create a shared world between students, their patients, and the patients' families.

Stories have been demonstrated to be useful in a variety of therapeutic modalities for both the listener and the storyteller. Examples used here are related to nursing but the underlying premises are useful also for other disciplines. Five specific types of therapeutic uses of stories are discussed here: Assessment of clients' problems; enhancement of understanding of culture; reminiscence therapy; narrative reframing; and storytelling in groups. When students learn to elicit stories from clients in these ways, they are rewarded with new understandings of their clients, as well as a sense of helping to empower others.

Using Stories for Assessment of Clients' Problems

Traditionally, assessment of a patient's condition often results in "scientific" information in numerical form. Patients are accustomed to filling out many "yes/no" questions on forms in their physicians' offices, the type of information from their "presenting history" they think health care professionals want. They are unaccustomed to telling stories to illustrate their health history and needs. Students learn that stories can be an important strategy for gathering important assessment information (Banks-Wallace, 1999). The essence of the story is a detailed description of an experience, not measurement of variables related to cause and effect. Stories have the capacity to bring ideas and facts together in a sharpened focus, helping a student to picture a patient's situation through his eyes (Emden, 1998).

As a result, students gain important information for structuring a plan of care.

This is illustrated by one student's experience with a 98 year old patient, Mrs. Jones, who was hospitalized with pneumonia. The nurses in the hospital unit told the student that Mrs. Jones was constantly putting on her call light to ask for something but did not really need anything and demanded too much attention. Indeed, when the student assessed the patient's physical condition, she found that Mrs. Jones' lung sounds were clear and she no longer had a fever. The pneumonia was definitely improving, yet she seemed depressed. The student then asked Mrs. Jones: "Can you tell me about something that has occurred during your hospitalization that you worry about?" Mrs. Jones then told how she had asked the nurses repeatedly about the injections she was getting but they would not explain them to her. When she put on her call light, no one came for a long time. She said that she felt completely out of control and could not sleep. The student listened to Mrs. Jones for about 15 minutes, realizing that she had assessed Mrs. Jones' fear and worry in a way that she could not have without eliciting her story. Mrs. Jones told her that no other nurses had taken the time to do that. The student said:

> It was at that time I realized I don't ever want to become like one of the "other nurses." I don't want to stop caring about people in general whether they are young or old. No matter how many patients I may have that day, I won't ever stop listening to them. Listening to our patients is one of our most important responsibilities as nurses (Sorrell, 2000).

Using Stories to Enhance Understanding of Culture

Stories may be able to cross individual, cultural, and educational differences more powerfully than other types of information. Patients' stories are never just their stories — they connect the student with larger cultural narratives of shared meanings (Emden, 1998). Canales (1997) notes that health care professionals often construct the identity of ethnic minority women from stereotypes and myths evoked by their appearance. As a result, ethnic minority women may experience a feeling of double jeopardy, enduring the consequences of living in a society that devalues both women and members of specific racial or ethnic groups. Although Canales focused primarily on Hispanic women, these concerns related to stereotyping on the part of health care professionals can apply to many minority groups.

Draucker (1998) explored storytelling as an intervention with American women who had multiple experiences of sexual violence and abuse. Narrative therapists elicited discussion of moments of strength, autonomy, and emotional vitality that were embedded in lifestories otherwise saturated with suffering and oppression. Results of the research study suggest that storytelling may be a useful intervention for opening up possibilities for women to construct new life narratives.

Reminiscence Therapy

Another therapeutic use of storytelling is through reminiscence therapy. This approach to storytelling has been used effectively with a variety of populations, including elderly patients with confusion and dementia. Sometimes it is combined with other interventions, such as Tai Chi (Gibb, Morris, & Gleisberg, 1997). It appears that reminiscing about one's life through stories can be a beneficial coping strategy, helping to process information, feelings, and thoughts into a broader life perspective.

One advantage of reminiscence as an intervention for persons with Alzheimer's Disease is that it focuses on remote memory, making short-term memory less important. When students engage persons with Alzheimer's Disease in reminiscing about their lives, they draw on the person's remaining skills in remote memory and help to preserve integrity, generate self-esteem, and enhance well being. Even though these patients may confuse past and present, truth and fantasy, the stories facilitate social interaction and help in reconstructing an identity (Crisp, 1995).

Narrative Reframing

Narrative reframing is a type of storytelling that students can learn to help themselves and/or their patients to restructure life experiences. Students are encouraged to think about their early childhood and later years and how their families' and friends' beliefs and attitudes may have affected how they view different experiences in their lives. Did these experiences encourage them to feel that they had control over events in their lives? Or did they grow up feeling that they were at the mercy of "fate" and could do little to change their lives? The way we learn to view experiences in our lives affects how we relate to these experiences. Through listening to how individuals tell stories of experiences in their lives, students learn to help them to reframe these stories into a more optimistic outlook and empowering approach.

An illustration shows how narrative reframing helped to empower Mrs. Mason, the wife of a 54 year old man diagnosed with early Alzheimer's Disease. The student asked Mrs. Mason to talk about specific worries she had in doing the "right" thing for her husband. Mrs. Mason described how she felt she may need to make "advanced directives" to ensure that extraordinary measures of life support would not be implemented in an emergency for her husband but she did not know what her Catholic religion allowed. She talked about childhood memories of the "shoulds and should nots" from her religion. Even though she had drifted away from the church, she still wanted to do the right thing. Mrs. Mason told the student that she had never talked with anyone about this before, and as a result of thinking about it "out loud," she intended to call a priest and discuss with him acceptable options for making advanced directives for her husband. Thus, the student's efforts to elicit a story helped Mrs. Mason to reframe her worries and move toward a positive outcome.

Group Storytelling

Storytelling in groups can be therapeutic for the listener, as well as the storyteller. An interesting study was carried out by Chelf, Deshler, Hillman, and Durazo-Arvizu (2000) with participants in a cancer-related storytelling workshop. Participants included persons with a diagnosis of cancer, their loved ones, and members of the public. Eighty-five percent of the respondents stated that hearing others' stories of living with cancer gave them hope. The authors suggested further research to demonstrate the benefits of storytelling as a strategy for coping with cancer.

Steffen (1997) focused on social and process aspects of personal narratives told at Alcoholics Anonymous (AA) groups in Denmark from 1990 to 1993. Analysis of the stories suggests that the ongoing telling of personal narratives in AA groups takes place in a continuum between autobiography and myth. It appears that individual and collective experiences are merged into a shared therapeutic process.

Strategies for Using Storytelling in Teaching

In order for students to use stories as therapeutic interventions with clients, they need to practice writing and telling stories. Storytelling may seem an "unnatural" activity in a formal classroom when students are used to sitting for most of the class listening to a lecture, taking notes, or answering questions posed by the teacher. Many think of storytelling as an activity embraced by women, rather than men, so it is interesting to think how this teaching strategy

relates to male students. One study (Paterson, et al., 1995) explored how male nurses learn to care as they progress through a nursing curriculum. In a phenomenological study with 20 male students in a baccalaureate nursing program, the researchers found that both beginning and senior students stated that they had learned to care by listening to and reflecting on the stories of others, including nurses, teachers, friends, and classmates. They often sought out stories from individuals, such as residents in a nursing home, to learn what it was like to be a patient in a health care institution.

There are many ways of using stories to benefit learning for students. This section provides examples of two strategies that I believe are useful for students in any discipline: writing stories in journals and reading stories in the classroom.

Stories in Student Journals

Having students write their stories in journals is an important teaching strategy. It is the responsibility of faculty to read these journal entries carefully. One nursing student, Nancy, told me of how she wrote to her instructor in her clinical journal about an experience in which she and her fellow students assigned to a psychiatric facility were in a state of shock after watching a film on child abuse. Since the instructor was not at the facility when the students watched the film, Nancy wrote how the students gathered outside after watching the film and wandered around in shock. She wrote, "We felt like we'd been bombed. Probably over half the students had personally experienced problems of alcoholism or abuse, whether it be by spouse or father. Instead of seeing the children in the film, we were seeing our own selves and realizing, 'My god, my childhood was really a mess.' " Nancy told me how upsetting it was that she shared these personal feelings in her journal but received no help from her instructor in resolving her distress:

> It was just frustrating because I thought writing about this in my journal would help the instructor realize that if someone's really having some problems, they could call them into their office. But she just wrote back, "Keep verbalizing." There were a lot of the students who I know didn't even get to where I was and even cry about it. They just sort of took a deep breath and said, "OK, I'm not going to think about this anymore." But if you don't deal with it as it comes every time, then how are you going to help somebody else? (Sorrell, 2000)

In this example, the instructor reading the journal did not seem to understood the learning that could occur with creating a dialogue in the journal between faculty and student. Journals in all disciplines can be used to create learning through telling and responding to students' — and faculty members'— stories.

Reading Stories in the Classroom

I require students to write two stories during the semester and give them specific guidelines for writing an effective story (Box 1). We discuss how both the topic and the style of writing are important for conveying important information through stories. Students see that the most effective stories are often "never again" stories — ones that stand out in a person's mind because they illustrate an experience that is extremely important to that individual. These types of stories help to capture insights that are important for nurses to understand in planning therapeutic interventions.

Twice during a semester I set aside time for students to read their stories aloud in class. I believe that the reading of the story by the author to an audience of peers creates a powerful learning experience. I call the storytelling activity a "Read Around;" students sit in a circle and take turns reading their stories. The focus is on the storytelling itself and the message it conveys. During the Read Around I also read a story to the class that I have written. Students usually seem surprised that I read my story but they appreciate this participation. I believe that as faculty, if we want our students to experience the value of telling their stories, we must also tell our stories.

It is important to recognize that telling of these "never again" stories creates an intimacy in the classroom that may be unexpected, and sometimes upsetting for students. Students' sharing of stories necessitates a safe learning environment where they feel secure in disclosing personal feelings and information (Geanellos, 1996).

This intimacy involved in telling one's story is illustrated by an example from one of my classes, in which the emotion evoked through students' storytelling was too much for one student and she left the classroom. Afterward, she sought me out to apologize and told me that her sister had died barely three months earlier. Listening to a classmate's story of a patient's death had brought the intensity of her own grief to the surface. The incident gave us a chance to talk about the losses in our lives. Both the student and I shared a unique moment of learning. Later in the week, I received multiple E-mails from students in the class saying how much they had enjoyed the class storytelling experience, and even though they cried, they valued the experience deeply.

Telling Stories Beyond the Classroom

Students are often surprised by the excellent quality of stories produced in their class and may want to discuss different ways to "showcase" the stories so that the outcomes of their sensitive writing extend beyond the classroom. Some of my classes have designed desk calendars featuring a story for each of the months, with additional stories and pictures interspersed throughout the calendars. Students gave these calendars to friends and families as gifts and were proud of the image of nursing that they helped to convey to "outsiders." One class designed a website for their stories, which they called "Weaving a Tapestry of Nursing Care through Stories." In addition to gaining writing skills through participating in the project, students learned the technical aspects of designing a website. The website was featured at an "Innovations" conference attended by students and faculty across the University. The stories featured on the website helped students and faculty from other disciplines to gain a new understanding of the essence of nursing.

Perhaps the most ambitious outcome of storywriting in my classes was a book, *Beveled Edges: A Portrait of Caring. Nurses' Reflections* (College of Nursing and Health Science, 2000), published on-line. The class selected this title because they believed that the book represented a portrait of stories that were honored for their value, as a fine portrait would be protected in a beveled edged frame. Students accomplished the publishing of the book in one semester through dividing up into workgroups that focused on proposal writing, editing, graphics, and marketing. The proposal writing group obtained a grant of $160 from an on-line publisher, which covered the cost of publishing 30 books, more than enough for the class. The editing group worked many hours to ensure that stories submitted by class members were free of errors and suitable for publishing, assuring the confidentiality of any clients described in the stories. The graphics group solicited photographs from the class to illustrate the various stories. The marketing group obtained publicity for the project through the campus newspaper and other sources and explored various options for selling the book. The class decided to purchase their own books (priced at $7.00/book) so that the 30 free books could be used as samples to distribute to bookstores for sale. Students voted to donate all proceeds from the sale of the books to a scholarship fund for future nursing students.

Students were so enthusiastic about this project that it took on a life of its own, with workgroups staying after class to discuss their activities. They learned many important skills through the project, such as oral and written communication, editing, marketing, scanning

of graphics, and collaboration. After the class ended, they continued to remain in touch through the E-mail site we had established and shared enthusiastic comments they received from purchasers of the book. The University archives requested a copy of the book, the Dean of the College ordered 60 copies to be distributed to dignitaries associated with the University, and numerous copies were purchased by persons outside the University. The project was an important source of pride for all of us. One student shared a humorous experience about attending a meeting in her clinical agency when a nurse passed around the *Beveled Edges* book and asked her, "Have you seen this book?" "Seen it?" she responded with great satisfaction. "I helped to write it!"

Summary

I sometimes think about how cold and impersonal a classroom feels at the beginning of a semester, just four walls, full of empty chairs facing straight ahead. But as the semester progresses, that cold classroom becomes energized through our nursing stories. If my classroom could talk, I think it would have many stories to tell. In the process of meeting each week with my students to discuss a specific topic, many other things happen through our shared stories. Through the stories, we laugh and sometimes cry and together we uncover new ways of knowing about nursing. The stories help us to grow as a community of nurse scholars, caring nurse scholars.

Storytelling can be a creative and powerful teaching strategy in all disciplines. Although stories have been used for centuries as a valuable means for communicating a special kind of knowledge, they have often been ignored in education. We come to know essential content of knowledge in a discipline through the lived experience of being a learner. It is important for all students — and teachers — to write and tell their own "lived experience" stories.

Given the pressures and real time constraints that educators face today, it may seem unrealistic to incorporate stories into teaching. As faculty struggle to cover more and more material in their teaching, however, stories represent an important approach for uncovering important ideas and understandings embedded in students' experiences. Stories also represent a powerful strategy for encouraging students to listen and to create therapeutic interventions for clients. Finally, stories present a valuable opportunity for helping students communicate beyond the classroom to showcase important insights from their learning. Future research can help to evaluate present strategies and identify new ones for enhancing learning through stories for students in all disciplines.

Box 1

Writing an Effective Story

Writing a patient's story, or one of your own, is not simply a recounting of events. The process of writing a story of a critical incident in your nursing practice, referred to by Benner (1984) as a paradigm case, involves you in thinking about the events in a new way, encouraging you to connect isolated bits of information from the incident into a cohesive story. This written story, in turn, serves as a case for reflection about the meanings embedded in the concrete experiences of your patients and yourself. Many of our most profound experiences — witnessing a birth, suffering with a loved one, comforting someone who is dying — cannot be adequately expressed through technical, "scientific" writing. Skillful writing of your stories, however, can allow the power of these experiences to emerge.

Try using one of the following ideas to start your story*:*

Describe an incident related to health care that stands out in your mind because it went exceptionally well and made a real difference in your life.

Describe an incident that stands out in your mind because there was a frustrating breakdown in providing effective health care.

Describe an incident related to health care in which you made a mistake.

Describe an incident related to health care that was a special challenge.

Describe an incident that you think illustrates the essence of what nursing is about.

Try these guidelines for writing your story:

Write in the first person, using simple phrases, just as you would tell it to a friend. Include important details that help the reader understand the context, or background, in which the experience oc-
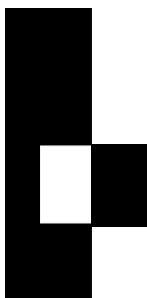
curred. Be careful, though, not to include unnecessary details that distract the reader from the main story line. Describe why the incident is "critical." State what concerns, thoughts, and feelings were occurring during the incident.

Stories are often only 1 to 2 pages. Think about how you want your story to begin and end. If you present too much background information, especially at the beginning, your readers may lose interest before they get to the main message of the story. Try to begin your story in an interesting way that makes the reader want to continue reading. Also, you want to end your story in a way that leaves the reader thinking about the message of this "never again" story.

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Responding in Writing to Clinical Cases: The Development of Clinical Reasoning in Nursing

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Introduction

The purpose of this article is to describe and illustrate, by presenting a sample case, the concept of clinical reasoning examinations used in the baccalaureate nursing program at the University of Louisiana at Lafayette (UL Lafayette). Clinical reasoning exams have been developed by faculty for use in all four major upper division nursing courses in the curriculum. In each of these ten credit hour courses, five credit hours is allocated to the didactic component of the course and five credits is assigned to the related clinical practicuum. The student receives one grade for the course - the letter grade earned in the didactic portion. In the clinical component, the students are evaluated as satisfactory or unsatisfactory. In order to successfully complete the course, the student must earn at least a 74 average in the didactic portion and must also be evaluated by faculty as satisfactory in the clinical component.

In the theory portion of the course, students are most often evaluated using multiple choice unit exams which are structured in content and presentation (format) as similarly as possible to the National Council Licensure Examination for Registered Nurses (the NCLEX-RN) format. Questions on these exams are developed by the faculty and are focused primarily at the cognitive levels of application and analysis. One exam per course, the clinical reasoning exam, is not a multiple choice examination. In its current iteration, the clinical reasoning exam is a "paper and pencil" exam, however, it may be structured in different ways including computerized formats allowing free text entry by students.

There are several reasons for the incorporation of the clinical reasoning exams in the curriculum. One intent of the exam is to allow students the opportunity to write and to present knowledge in a method other than the multiple choice format. In addition, the clinical

reasoning exam enables students to practice writing in discipline specific language. Students should have the opportunity to learn and practice the characteristic mode of writing that is specific to the discipline as part of their educational programs (Odell, 1980). With the proliferation of computerized clinical documentation systems in many health care institutions, students are afforded decreasing amounts of time and occasion to practice discipline specific writing.

Perhaps the principal reason clinical reasoning exams were incorporated into the major nursing courses at UL Lafayette is to facilitate students' focus on writing to enhance critical thinking and clinical reasoning skills. The clinical reasoning strategy allows students to utilize writing to develop higher level critical thinking skills and conceptual clarity. The faculty sought ways to measure these skills other than using student scores on multiple choice exams and evaluation of students' clinical performance. Faculty subscribe to the philosophy that writing skills are also thinking skills (Allen, Bowers, & Diekelman, 1989).

The clinical reasoning exam is a methodology that can be used to determine if the student has achieved critical understanding of course content. This paper will describe the development, structure, and evaluation of clinical reasoning examinations utilized in the Department of Nursing at the University of Louisiana at Lafayette. A sample exam will be used to illustrate the critical thinking skill or ability that is being evaluated.

Curriculum Framework

Despite the early efforts of nursing leaders such as Florence Nightingale, who employed methods of teaching that required elements of writing-to-learn (WTL) and critical thinking, as late as 1991 Kintgen-Andrews summarized that nursing education plays a nominal role or has little impact on generic critical thinking. However, it was thought that nursing education could play a role in improving skills in clinical judgement. In 1992, in response to a burgeoning discourse on critical thinking and its importance to the profession of nursing from the nursing education community, the National League for Nursing added critical thinking as one of the "required" outcomes of nursing education in its evaluation criteria for Baccalaureate and Higher Degree Programs. In that document, critical thinking was defined as "the students' skills in reasoning , analysis, research, or decision-making relevant to the discipline of nursing." The challenge for nurse educators was how to develop critical thinking skills of students and also how to measure whether (and how much) development occurred during the undergraduate nursing education process.

At approximately the same time, faculty and administrators in the Department of Nursing at UL Lafayette were becoming actively engaged in learning about the WTL paradigm and in implementing WTL concepts and activities across the four year nursing curriculum. Writing intense and writing emphasis courses and assignments evolved at all levels beginning with a freshman level Introduction to Nursing course. As the WTL effort matured and faculty expertise became more sophisticated, the process evolved to include writing to evaluate students' critical thinking and decision making abilities. Prior to the implementation of WTL, students' critical thinking and decision making abilities were evaluated primarily by reviewing the student's performance on multiple choice unit exams and subjectively, by the instructor's evaluation of the student's clinical performance and of the related student prepared clinical "care plan".

It is the belief of the faculty in the Department of Nursing that writing is an important method to be utilized in the development of critical thinkers. However, much like psychomotor skills which need to be performed repetitively to achieve proficiency, learning to think critically is a process that takes time and must be practiced. The addition of writing exercises and assignments at all levels of the curriculum affords the student the time for this practice (Broussard and Oberleitner, 1997).

Bandman and Bandman (1995), define critical thinking for nursing as, "reasoning in which we analyze the use of language, formulate problems, clarify and explicate assumptions, weigh evidence, evaluate conclusions, discriminate between good and bad arguments, and seek to justify those facts and values that result in credible beliefs and actions." (p.7). Green (2000) describes the cognitive components of critical thinking further which are often referred to as critical thinking *abilities* or *skills*. These abilities or skills may or may not be used by the individual when confronted with a particular situation or problem. The cognitive components of critical thinking include divergent thinking, reasoning, reflection, creativity, clarification, and basic support and will be defined and illustrated later in this article in the sample case.

Development, Structure, and Evaluation of the Clinical Reasoning Exam

In order to obtain a more comprehensive evaluation of students' critical thinking and clinical reasoning abilities, the faculty developed clinical reasoning examinations. On the clinical reasoning exam, students are presented with a clinical case developed by faculty. Cases are structured to correspond to the clinical focus of a

course and include maternal-child, adult health and illness, psychiatric/mental health and community nursing clinical situations. Students respond in writing to the scenarios posed in the clinical case. As the case evolves, students are to develop written responses to the case which include analysis of the data presented, interpretation and organization of data cues, formulation and defense of decisions, prioritization of actions and interventions, and provision of rationales for their decisions and actions. These activities require creativity, complex knowledge of the discipline and higher order critical thinking and writing skills. Typically, the students require from one to three hours to complete the clinical reasoning exam which is administered in the classroom setting.

Clinical reasoning exams are a component of the final course grade in each of the four upper division clinical courses. Percentages of grades devoted to the clinical reasoning exam range from 5% to 10% of the final course grade. The exam is constructed most often by the master teacher in the course with substantial input from the course's clinical faculty. Originally, two clinical reasoning exams were developed and administered by faculty in each clinical course. Due to the complexity of exam construction and evaluation and an increase in student numbers per course, only one clinical reasoning exam is developed and administered per course at this time.

Methods of evaluation of the exam vary from course to course. The exam may be structured in such a way as to facilitate one instructor being responsible for grading one of the questions on the exam for all students in the course. In other courses, the master teacher or course coordinator may choose to evaluate all components of all student exams to increase reliability of the grading.

The students are notified of the content of the exam in a general way prior to the actual exam date. For example, students may be informed that the topic of the exam is related to the nursing care of a patient who has undergone a myocardial infarction or may be related to the care of a child diagnosed with asthma. An example of a case scenario utilized in a second semester junior medical-surgical course follows. Comments related to exam components which assess and evaluate specific critical thinking skills and abilities are included.

Introductory Scenario:

You are a nurse working the night shift on a medical unit in a 200 bed community hospital. On a Saturday morning at 4:00 A.M., the Emergency Department (ED) nurse calls to notify you that you will be receiving a patient who was brought to the ED at 2:30 A.M. by the

local ambulance service. The patient was found at a rest area off of the interstate. At 4:10 A.M. the ED nurse and an orderly arrive on the unit with the patient, Mr. Ed Mason. He is intoxicated, is mumbling incoherently, and is combative. You assist the ED nurse and orderly in placing Mr. Mason in his bed. The ED nurse informs you, "We've seen Mr. Mason in the ED before - he's an alcoholic. We usually keep him a few hours and then release him but, this time he's worse. He's never been so out of it before." The nurse notifies you that his Blood Alcohol Content (BAC) is 200mg% and that she forgot to bring the patient's chart, which includes the physician's orders, with them. She'll send the chart up to the nursing unit when they return to the ED.

Section I: Pathophysiology
     Discuss the effects of chronic alcohol consumption on physiological systems, particularly the Central Nervous System.

     The focus of Section I is to evaluate the student's capabilities related to the lower order critical thinking ability or skill of **basic support**. Basic support involves the utilization of knowledge level information which can often be memorized by the student in preparation for an exam. Basic support is comprised of known facts, truths, and background knowledge (Green, 2000).

Section II: Assessment
     Mr. Mason has been placed in his bed. While awaiting the chart with the physician's medical orders you perform a rapid baseline assessment. Which of the following assessments should be performed by the nurse AT THIS TIME? Select as many assessment options as desired. Write a rationale for each assessment selected.

1. General physical assessment
2. Color of lips and nailbeds
3. Gag reflex
4. Skin color
5. Amount and color of sputum
6. Medical history
7. Blood pressure and pulse
8. Bruises and scars
9. Medication history
10. Inspection of the abdomen

Section II allows the instructor to evaluate the abilities of the student related to *divergent thinking* and *reasoning*. Divergent thinking is the ability to analyze a range and diversity of options, opinions, and judgements (Perry, 1978). The student learns to recognize and evaluate data in order to reach decisions related to the importance of that data. To arrive at the decision the student must weigh and have the ability to discern and discount extraneous, irrelevant, or superfluous data. In the clinical case described above, the student must make decisions regarding the importance and validity of the ten options listed by the instructor in the assessment category. Note that the instructor has qualified the request by adding a time delimiter, *at this time*, which should also influence the student's thought and selection processes.

Novice students or students without refined critical thinking or clinical reasoning skills often lack discrimination ability and may select most, if not all, of the options offered as correct since all of the possible selections are credible options for this case. None of the options can be discounted immediately by the student because it does not pertain to the case. For example, students recognizing the importance of a baseline medication history may indicate this assessment as important to obtain. The more astute student will recognize that since the patient is currently intoxicated he would not be considered a reliable or credible source of information *at this time*.

Allowing the student to state rationales for the selection of assessment priorities allows for the instructor to further evaluate the student's *reasoning* capabilities and to validate the student did not just hazard a correct guess. As the term implies, reasoning involves the principles of logic including inductive and deductive reasoning. Presenting rationales allows the student the ability to use persuasion and to present arguments substantiating or validating decisions.

Section III: Intervention

Based on the previously assessed data, what would be the most appropriate INITIAL nursing intervention? Choose only ONE intervention. Defend your choice of initial intervention.

1. Give magnesium sulfate injection as per standing order protocol.
2. Place side rails up and bed in low position.
3. Order a meal tray from dietary as per the patient's request.
4. Encourage the patient to drink a minimum of 100 ml of fluid per hour.

5. Initiate deep breathing exercises q 1 - 2 h.
6. Write a nursing order to maintain this patient on strict and accurate I and O.
7. Put mitts on Mr. Mason's hands so that he will not scratch his skin.
8. Perform an accurate baseline weight measurement.

Section III allows the instructor to evaluate the student's abilities related to *reflection*. The student must consider all of the data presented in the case thus far in order to reach a decision. Reflection entails contemplation and deliberation. According to Green (2000), reflection is critical thinking as a multidimensional construct; it is not just a linear or step-by-step process. Reflective thinking involves integrating past experiences and knowledge into the present situation and drawing potential alternatives and conclusions.

Prior to the final sections of the reasoning exam, the scenario advances further and the student is given additional data related to the progression of the case:

You obtain the patient's chart on the unit. The following brief medical history is on the chart: Mr. Mason is a 45 year old welder who has a history of heavy alcohol intake and sporadic employment. His alcoholic binges appear to coincide with the times he is unemployed. He has been drinking since the age of 13 and his alcohol intake has escalated over the past 30 years to the point that he now consumes a fifth of whiskey every 2 days.

Section IV: Nursing Diagnosis
Based on the analysis of the data provided in the previous section related to Mr. Mason, list THREE nursing diagnoses, high risk diagnoses, or collaborative problems in PRIORITY order. Give rationales for each of your choices.

Section V:
What other information about this case would you like to have that was not provided that would help in making decisions regarding this patient's care?

Sections IV and V allow for the student's use of *creativity* and *clarification*. These sections also allow the instructor to evaluate the student's ability to contextualize information i.e, to transfer facts

from one context to another (Allen, Bowers, & Diekelman, 1989). In the process of writing concisely, students are virtually forced to conceptualize clearly. Students must develop higher order conceptual skills upon which to base their decisions. Higher order decision making skills are recursive rather than linear (Allen, Bowers, & Diekelman, 1989). Finally, the last two sections in the exam enable the student to provide information in language specific to the discipline of professional nursing and allow for the instructor to evaluate the student's ability to communicate that ability precisely and accurately in written form.

Conclusion

The clinical reasoning exam is another methodology that can be used to determine if the student has achieved critical understanding of course content. Critical understanding moves the student to higher levels of objective analysis and allows the student in a professional discipline to synthesize and apply the knowledge unique to the discipline. The faculty in the Department of Nursing at UL Lafayette remain committed to the concept of using writing to develop critical thinking and clinical reasoning skills and abilities of nursing students. They continue to explore alternative means to evaluate those skills including using interactive computerized scenarios which are currently being produced.

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