

## Learning as doing –common goals and interests across management and education.

### AUTHOR(S)

Pauline Joyce

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## **Learning as doing –common goals and interests across management and education.**

### **Abstract**

**Aim:** The aim of this study was to evaluate approaches to learning of healthcare professionals in a postgraduate management programme.

**Background:** The study was carried out in a higher education institution.

**Methods:** An evaluation research study of an interprofessional healthcare group was carried out with students (insider stakeholders), and their lecturers and external examiner (external stakeholders). All three perspectives are presented here. Data was collected by interview, document analysis and reflection.

**Results:** This paper focused on the domain of learning as doing, as a major theme of the study, drawing variances between nurses and other healthcare professionals. The study highlights the importance of exploring approaches to learning from a pluralistic stance.

**Conclusions:** There is a risk of adopting a narrow approach to education if management programmes are overly influenced by the immediate needs of application of knowledge to practice. Education is influenced by the needs of the students themselves in coming to the programme to acquire knowledge and skills for application to practice.

**Implications for Nursing Management:** Nurses undertaking management programmes need to be facilitated to cope with the conflicting demands of completing tasks on the job, engaging deeply with learning from these demands and becoming empowered to develop professionally and personally.

**Keywords:** management; learning; approaches; postgraduate; evaluation

## **Introduction**

This study evaluated learning of an interprofessional healthcare group, the majority being nurses. Their approaches to learning, as students (insider stakeholders), on a management programme are explored together with the views of their lecturers and external examiner (external stakeholders). All three perspectives are presented here. The study site was set up, as a school, in 2005, in a well-established third-level institution dedicated to healthcare education. The school now has in excess of five hundred students and fourteen full-time staff members, seven of whom have teaching roles. For the purposes of the study, the first year (postgraduate diploma level) of a relatively new programme in management was evaluated. The students interviewed had just completed the first year of their studies. The programme was structured into six modules with defined learning outcomes, set at masters' level and follows an outcomes-based approach to education. Teaching and learning strategies included lecturers, tutorials, on-line and self-directed learning. Assessment methods, such as essays, a written examination and student oral presentations linked explicitly to the intended learning outcomes of the programme and all had a particular focus on application to practice.

According to Ramsden (1992) outcomes of students' learning are associated with the learning approaches the students use. Research on students' approaches to learning in the context of higher education is frequently taken to refer to that originated by Ference Marton and colleagues which developed around the idea of deep and surface approaches to learning. It started with a series of studies by Marton *et al* (1985) in Sweden in the 1970s. The phenomenographic method was used in these studies as an

alternative method of researching student learning and, almost without challenge, came to dominate the theory and practice of education developers in the UK and Australia. Greasley and Ashworth (2007) argue that the research carried out by Marton and colleagues focus primarily on the mental orientation with which learning material itself is approached. This focus, they believe, is to the detriment of not addressing the meaning, for the student, of the learning material itself. Meaning could include such things as the difficulty of the experience or the interest in the learning. In other words, the context issues around the learning situation, possibly the meaning of studying and generally their lifeworld as a student are discounted, failing to bring out the richness of student approaches to learning (Ashworth and Greasley, 2009). They further argue that research on approaches to learning must be understood within the situation where the learning takes place. This view is particularly relevant here, with all students in the school studying as adult learners, having years of experience as clinical staff who were working in a role of manager in the healthcare system.

For many years following these studies research into students' conceptions of learning indicated that learning was judged in different ways. Even prior to these studies, the descriptors of surface learning and deep learning (Saljo, 1979) have been very popular with education developers. Surface learning reflects an understanding that involves the acquisition, storing, reproduction and using of knowledge. Deep learning, on the other hand, reflects a construction of meaning and personal change. Within these categories a number of subcategories were identified by. The surface approach was subcategorised into the increase of knowledge, memorising and the acquisition of facts or procedures which can be retained or used in practice. The deep approach to learning was subdivided into the abstraction of meaning and an interpretative process

aimed at understanding reality. Some researchers (Entwistle *et al*, 1979; Entwistle and Ramsden 1983; Biggs, 1993) identified a third approach to learning, called the achieving or strategic approach to reflect a student visibly achieving through high grades. It could be argued that these categories of deep, surface and strategic learning approaches could be linked with approaches to management and leadership, moving from a task-based management style to a visionary and strategic leadership style.

In an outcomes-based education programme, such as that undertaken by the sample studied here, the focus is on the outcomes the students should demonstrate. This presupposes that someone can predetermine what the students need to know and be able to do. Sometimes employers can influence the content of management programmes as there is currently an agenda for universities to sell education and to provide for the market needs of a knowledge economy (Havnes, 2008). In fact, nearly two decades ago Barnett (1992) claimed that learning was no longer the sole province of the academic community. He had earlier argued that higher education was 'big business' and its students are adults and attend voluntarily (Barnett 1990:3). In his view this student maturity has the potential to affect the direction, pacing, evaluation and assessment of learning. Large numbers of students (e.g. nurses) work long hours, learn in flexible ways and live at home supporting their families, so that their expectations of higher education are as varied as their experiences and backgrounds.

This study evaluated students' experiences of learning. It draws on the significance of 'learning as doing' as one of the key themes in the study findings to suggest some common goals and interests across management and education. Implications of these

findings for nursing management are proposed as are recommendations for further research into nurse managers' approaches to learning.

## **Method**

The demand for an appropriately skilled workforce, such as nurse managers, in an evolving global economy makes evaluation of higher education a high priority. Effective evaluation can be a significant contributor to quality but does not necessarily guarantee that those in authority will heed the outcomes of evaluation and take needed corrective action. Fourth-generation evaluation (FGE), the method used for this study, follows three earlier generations of constructivist approaches to evaluation by Guba and Lincoln (1989). The first three generations, according to Guba and Lincoln (1989), were focused on measurement, description and judgement. FGE provides a framework through which the interests of stakeholder groups and individuals can be put onto the agenda and renegotiated. It is thus presented as a responsive evaluation methodology. The argument of this paper is that healthcare professionals' ways of experiencing their approaches to learning can be understood in the context of their professional backgrounds. These approaches can be further contextualised within the perspectives on learning of their lecturers and external examiner of the programme. Many previous evaluations on education programmes do not acknowledge the contextual issues of the teaching/learning experience or the demographics of the student diversity.

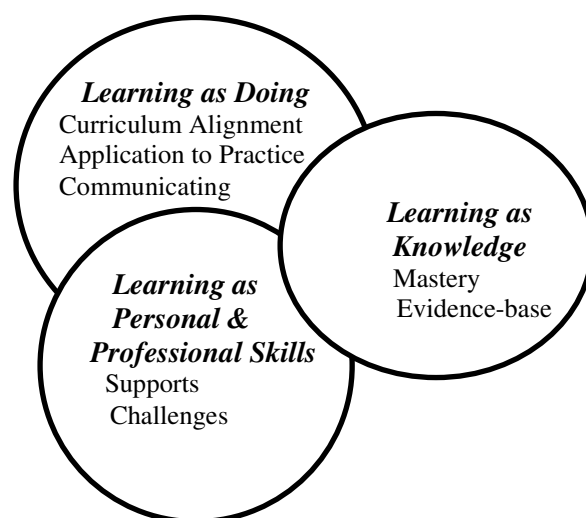
Data was collected by interview, documentary evidence from the curriculum and the reflective diary of the researcher. The paper focuses primarily on the interview data from eleven students. The majority of the group came from the nursing profession.

One student was a doctor, while others were from pharmacy, radiography and medical administration. The years of experience of the nurses varied from five to thirty three years, with all holding some form of management position. Lecturers (n=4) teaching the programme were full-time and part-time staff. The external examiner for the programme participated as a key external stakeholder, potentially playing an influential role in the teaching/learning strategies delivered. The programme (MSc in Quality and Safety in Healthcare) set out to provide healthcare professionals with knowledge and skills to manage and lead a quality healthcare service into the future. For the purposes of the study, the first year (postgraduate diploma level) was analysed as the students interviewed had just completed this part of the programme. The curriculum was structured into six modules; each allocated ten credits. The teaching/learning strategies included a mix of lecturers, tutorials and self-directed learning, supported by an online learning portal. The assessment methods, such as assignments, examination and presentations in the classroom, were aligned to the outcomes of each module.

Semi-structured interviews, conducted in a venue chosen by the participant, took place at the end of the first year of a two year programme. A non-directive style of questioning, using open-ended questions, was used where participants were encouraged to discuss their experiences. Students were asked what learning meant for them, so as to gain an understanding of the concept before asking them their approaches to learning. Likewise, for the lecturers and external examiner, the interview opened with a question around their understanding of student learning. Ethical approval was secured and a gatekeeper was employed to communicate with the participants.

Data analysis was guided by Giorgi's (1985) framework which focuses on the psychological meaning of the phenomenon in the participants' life-worlds. In other words the descriptions of their experiences are understood within the context of that experience. As themes emerged from the interviews they seemed to resonate with Barnett and Coate's (2005) framework (Figure 1) incorporating the domains of knowing (learning as knowledge), acting (learning as doing) and self (learning as personal and professional skills). Barnett and Coate (2005) suggest that one or more of the domains may form the dominant component in a programme, for example, the dominant focus can be on learning as doing. This could be expected on a management programme, such as that evaluated here, where students are required to carry out assignments related to their workplace. Nevertheless Barnett & Coate (2005) advocate the need equal attention to be given to the domains of knowing and self to create a full learning experience. This paper focuses on the domain of learning as doing (acting) from the nurses in the sample, making links with other healthcare professionals where relevant.

**Figure 1 Domains of Learning & Themes**





The other domains of learning (knowing; personal and professional skills) are discussed in detail elsewhere (Joyce, 2010). The domain of learning as *knowing* encapsulates the lecturers' and the external examiner's experiences of students mastering subject areas and needing an evidence-base to confidently work as experienced practitioners. Learning as *personal and professional skills*, from the insider perspective, relates to personal challenges of the student as an individual, in particular dealing with learning tasks as challenges. The lecturers, on the other hand, focused on challenging students to achieve learning outcomes. Lecturers and external examiner viewed supports as resources while students focused on supports of colleagues, family and lecturers and particularly being able to communicate easily in a small group. Supports and challenges are presented as part of the domain of self which can be further supported by the domains of acting and knowing. Thus, having overcome the challenge of being more knowledgeable and competent the self will become more confident and feel more supported.

### **Learning as Doing – Outsider and Insider Perspectives**

The domain of acting, as described by Barnett and Coate (2005) suggests that acting is about doing. This domain represents the parts of the education programme which require practical skills and know-how. Barnett and Coate (2005) suggest that this domain of learning relates to practical skills which students require for employment and communication skills around their ability to communicate effectively with each other and within the context of their subject area. The findings presented under this domain reflect the focus of learning within the context of sub-themes of 'curriculum alignment', 'application to practice' and 'communicating'. For lecturers the acting

domain was dominant in how they organised their teaching and for the external examiner in how he judged students' engagement with the programme.

### *Curriculum Alignment*

Learning as doing portrayed under this sub-theme captures how the participants judged teaching of the programme in the context of the assessment. According to Biggs and Tang (2007) alignment can ensure compatibility within the curriculum, between intended learning outcomes, teaching learning activities and assessment. The external examiner of the programme was particularly vigilant in this regard and commented:

I think what we could see is more mapping of the programme outcomes with the module outcomes and how they achieve the overall aims of the programme...  
(External Examiner 2:79-81)

From the lecturers' perspectives the learning outcomes of the modules seemed to act as guides but the strict adherence to them was more relevant for assessment than was for their teaching. As might be expected, the students did not use the same language around curriculum as the lecturers and the external examiner. While some students used learning outcomes as guides, as tools for understanding the topic, as core components of the programme or as starting points, others were not aware of learning outcomes until half way through the programme. They did not understand their significance to assessment i.e. aligning the achievement of outcomes with the assessment set.

### *Application to Practice*

Applying their learning to practice was made explicit in students' descriptions of how they approached assessments and their evaluation of different learning/teaching styles

of the lecturers. All nurses, in the sample, stated that they joined the programme primarily to apply theory to practice. Learning was thus focused on being able to use something and apply it back to practice. According to Allan (1996) learning outcomes in higher education encompass core subject-based outcomes, personal transferable outcomes and generic academic outcomes. Clearly, transferable outcomes are a priority for the nurses to apply knowledge to practice. Asking them to think of a time when they felt they learned really well they chose a module which addressed hospital accreditation and audit, tasks which were high on the national healthcare agenda at that time. As nurse managers in their organisations they were expected to be able to partake in these tasks on a daily basis. Applying learning to the workplace was important for one nurse who noted that “the content was so practical” (1.1:28) and “it is easier when you can apply it back” (1.1:33).

Working closely with nurse managers in medical administration of patient services another student suggested that:

You can learn a lot of facts and figures but a lot of that is surface learning. You learn it for a specific reason and it goes out of your mind but I think real learning for me is that you keep it with you and you develop it at a later stage maybe through a whole different experience or job.

(3.1:38-42)

If learning is open-ended and not overly directive, Cowan *et al* (2004) suggest it is up to the student to take a self-directed approach to learning. Consequently, the student can draw on topics which are most relevant for them at that time. A nurse manager, on the programme, was explicit about her need to be more competent and thus more qualified in the role she was working in. She believed that this would allow her to be able to go about her job with more confidence and ease. Most of the nurses re-iterated this aspiration to be more confident once they had completed their learning via the

management programme. Kemp (1999) argues that a focus on application to practice makes assumptions about individuals and organisations where these skills will be employed. The assumption might be that once they can apply their knowledge to practice that their learning is relevant and useful. If the knowledge cannot be directly applied its relevance and usefulness may then come into question. However, in the real world of nursing management some knowledge and skills may not be directly applicable to their situation. They may be required to use this knowledge and skills to problem solve more complex issues which may not be immediately obvious to them.

One nurse used the metaphor of a filing cabinet to outline her approach to learning. She described how she would collect and organise her resources for the programme in an efficient manner. Likewise Morgan (2006) used the metaphor of a machine to understand the efficient working of an organisation. This metaphorical description could fit with Bruner's (1974) spiral curriculum where learning comes from action and interaction with concepts, teachers, peers and students. The filing cabinet may represent the need to go back and forth through the information a number of times before moving on with her assignments. It can equally relate back to the role as nurse manager in working efficiently and effectively in her organisation. I noted in my reflections that the student was qualified as a nurse within the previous five years which meant that she did not experience apprentice-style, task based nurse training, which others related back to in their interviews. One might question then if there is a hidden curriculum of task-based nursing in the healthcare setting. It might be useful to consider Peter Druker's (2006) suggestion of efficiency indicating doing things right

and effectiveness doing the right things. Such a suggestion has sometimes been linked with the difference between management and leadership.

### *Communicating*

This theme represents issues that emerged from the students regarding their communications with each other, communications with the lecturers in class and via feedback, and the modes of communication which best suited their learning needs.

Many of the nurses echoed the sentiments of the student below:

I think that having other people in the class to debate things with and to talk out ideas with is helpful. One of the reasons I chose to do the course was that you had to go somewhere and study with people and around a lecturer. That was the particular thing that was attractive.

(6 1:42-46)

Not having the day-to-day contact with the students the external examiner judged student learning via the communication witnessed on the virtual learning environment (Moodle):

They are happy with the different modes of teaching and learning that are offered...academics respond by listening, responding to emails, giving them the support in order to meet the outcomes. There is a shared responsibility...

(External Examiner 2:69-74)

Such shared responsibility could be interpreted as common goals and interests between academic staff and students. The goals of the programme could be interpreted as giving nurses the skills, knowledge and attitudes to work in a nurse manager role while meeting the interests of the employer. Giving an example of how the application of her learning back to her current role might manifest, one nurse offered:

I would look at the service, every time I was up for the course and thinking back to where I was working. I was looking at the service we were providing and seeing if the service could be improved. I came at it from that angle.  
(4.2:66-69)

Here, it could be argued that she relates to previous learning, allowing her competence to develop, demonstrating some leadership initiative in seeing how the service could be improved. Although setting out with a pragmatic plan of doing “a little (study) every day” she allowed it to “pile up like the ironing” (4.2:91-92). Perhaps she had a different style of managing in her day job and this translates back into her approach to learning.

Another nurse was keen on the practical application of her learning so that she could “...utilise it to better my performance” (5.2:51). The emphasis here on application to practice may be linked back to her apprentice style nurse training and to signature pedagogies of nursing, where there is a focus on communicating knowledge. Shulman (2005) coins the term signature pedagogies to refer to the characteristic forms of teaching and learning in which professional novices are instructed to think, perform and act with integrity. One of the common features of signature pedagogies is that they are routine. Shulman (2005) explains that learning to do complex things routinely allows the professional to focus on increasingly complex issues. A second feature is that they nearly always entail public student performance. Without students actively performing their roles as student nurses, for example, on wards, the instruction cannot proceed. Thus they are expected to actively contribute in discussions, rendering clinical and classroom settings unpredictable. This uncertainty can, in Shulman’s (2005) view, raise the emotional stakes of the learning setting.

Where the emphasis is on experiential learning, as in nursing, Benner and Sutphen (2007) label this a pedagogy of apprenticeship. As nurses step into management roles they very often do so without any formal management education or training. In fact they continue in the apprentice-style pedagogy of learning as doing. However, the signature pedagogy for pharmacists may differ from the nurses' experiences as illustrated by a pharmacist on the programme:

...learning is ...more than what you can put into practice because you can never put into practice everything you learn. (6.1:34-36)

This belief supports Baxter Magolda's (2009) argument that the complexities now facing young adults during and beyond their college years require more than skills application. Equally, Barnett (2000) considers it necessary for learners, in this age of supercomplexity, to be able to handle multiple frames of understanding, action and self-identity.

### **Implications for Nurse Managers**

The findings from the interviews support a need to be more focused on all three domains of learning (acting, knowing and self), an important consideration for management and education of nurses. Although Drennan & Hyde (2008) found that critical thinking was central to the learning process they suggest a tension between nurse managers' and nurse academics' perspectives on the utility and applicability of masters' degrees. The challenge is to develop an ability to think critically which will then develop nurses' ability to use a questioning approach to professional practice (Drennan, 2010). However this challenge is compounded by the fact that nurses undertaking these postgraduate programmes do so as part-time students, as was the

case with this sample. This leaves less time for students to reflect, engage and debate on the subjects presented (Drennan & Hyde, 2008). Surely, common goals and interests for future nurse managers entail the proficiency of being able to confidently argue their points from an evidence base, not only on issues which are practical but on issues which can support their own personal and professional development.

The emphasis on learning as doing by postgraduate nurses and academics alike could be an indication of the influence of the healthcare environment on education. Nurses were traditionally trained to work as apprentices where learning on the job very much emphasised a doing approach. Recognising that education is broader than this pragmatic approach is important if nurse managers are to benefit fully from their education experience. For example, in addition to completing certain tasks on a programme, these tasks, as outcomes, are most probably evidence of levels of deep engagement with the subject area and the programme itself. In other words, the actions are not the only learning which has taken place. Lecturers as academics who have come from a background in healthcare and who may be students themselves (pursuing higher degrees) need to consider the importance of integrating all three domains of learning to ensure that current nurse managers are prepared for the complexities of life as our future leaders.

## **Conclusion**

The overall findings of this study suggest that education is influenced by the needs of postgraduate nurses to acquire knowledge and skills for application back to practice. For the lecturers, with healthcare backgrounds, the emphasis on learning as doing is also a priority. Building on prior knowledge and experience was important for all



stakeholders, as was acquiring an evidence-base to achieve mastery learning in a subject area.

Some learning approaches may be product focused (application to practice), while others may be process focused (engagement of the subject area via reflection). In their approaches to learning the nurses used such metaphors as doing the ironing, letting it all pile up and then reading everything together before writing an assignment. These findings may suggest that approaches to learning are primarily influenced by prior experiences and backgrounds rather than the type of teaching/learning methods used.

The main focus of this study has been the influences on approaches to learning within the context of an outcomes-based curriculum. Papers reviewed on outcomes-based curricula mainly featured primary or secondary school level learning or were discussion documents. Overall there was a lack of research exploring the influence of outcomes-based curricula on approaches to learning from the experiences of postgraduate students. No published research was found incorporating perspectives from students and their lecturers on this topic within the same study. In this respect its pluralistic methodology contributes to the knowledge base on learning.

This research has commenced a journey of exploring learning experiences of postgraduate students' in the context of the curriculum design. It has provided some answers and raised more questions but most importantly it has highlighted the importance of researching experiences of students' learning within the context of all stakeholders. It has highlighted the need to move the focus from 'learning as doing' only, to include a focus on knowing and self. Previous research focused on deep and

surface learning from the student perspective alone. The methodology of fourth generation evaluation, in keeping with a social constructivist paradigm, confirms that realities are constructed by people, often under the influence of a variety of social and cultural factors that lead to shared constructions. This evaluation stimulates further debate on common goals and interests of management and education. Further research is required to explore links between management programmes for nurses and their dominant focus on applicability to practice. The findings suggest a need to constantly review and develop management programmes to ensure a dynamic and engaged living curriculum for nurse managers. New information and developments of the curriculum may be ongoing so that evaluations never stop; they merely pause.

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