

GREAT TEACHING

Teaching without Telling

The research conducted during this first decade of the 21st century is consistent in both its findings and what it suggests for college teachers. It calls for, among other things, instructional practices that move the instructor away from being the center of the activity and instead placing learners at the center. It focuses on learning outcomes rather than on teaching inputs. It calls for collaboration rather than competition among learners. It indicates a need for teachers to change from their overdependence on traditional lecture to more interactive lecture and other instructional strategies that engage students in their learning. And it encourages teachers to make use of the most current research on human learning. (Feden, 2012, pp. 6-7)

In an article describing both the research base supporting instructional strategies that align with Transformative Learning approaches *and* his own experiment in trying “to teach a course in an academic content area in a manner almost completely devoid of lecture,” (p. 8), Preston Feden of LaSalle University exemplifies the Scholarship of Teaching and Learning (SoTL) approach to research about his own instructional effectiveness (Feden, 2012).

Feden teaches a course at LaSalle on American medicine, *Medicine in America: From Witch Doctor to Which Doctor*. Because Ken Bain’s book, *What the Best College Teachers Do*, (2004) was among the material Feden reviewed as part of his research about good college teaching, he wanted to use Bain’s suggestion about organizing courses around essential questions. (See this issue’s “Readings of Interest” article for more discussion about how to do this.) Feden devised the question:

Does medicine shape American culture, or reflect it? It is with this question that the students and I begin and end the course, and the one to which we return frequently. (Feden, 2012, p. 10)

Next, Feden took Willingham’s advice (2010) that the power of stories to help ideas stick in the minds of students should be leveraged for successful instruction. Feden gives an example of one of the stories he used, the real-life story of George Washington’s doctors’ statements about his death:

In the case of George Washington, the attending physicians wrote that “the powers of life seemed now manifestly yielding to the force of the disorder. Blisters were applied to the extremities, together with a cataplasm of bran and vinegar to the throat” (Craik & Dick, 2001). A modern physician, in contrast, might write something like “the patient’s post-intubation CXR shows some CHF, but more obvious are the blossoming bibasilar opacities. Patient is improving but still only getting to 91% with PEEP 10.” (Feden, 2012, pp. 10-11)

Feden reports that this contrast in the way American physicians thought and acted as separated by more than two centuries had a profound effect on students, an effect he judged to be a successful example of how stories both impact student thinking *and* raise intriguing questions:

The contrasting stories and discussions are intended to intrigue the students and to motivate them to understand how, or even whether, we have made much progress in medicine in the United States, and what influence this progress or lack of progress has had on our way of life. *[NOTE: In both cases, whether 18th century or 21st century, the patient dies, which Feden finds to prompt interesting thoughts from students.]* Among other stories used to help students understand American culture and medicine are the story of a midwife, Martha Ballard, and the scarlet fever epidemic in rural Maine circa 1787; the yellow fever epidemic in the city of Philadelphia circa 1793; the New York City cholera epidemic during the 19th century; the story of Typhoid Mary (Mary Mallon) at the turn of the century; the Tuskegee Syphilis Experiments during the early 20th century; the story of polio in the mid-20th century; and the AIDS epidemic that began in the latter part of the 20th century.

It is through the use of these stories and the discussions focused on them that I have students return to the essential question raised by the course: Does medicine shape American culture, or reflect it? Each story includes issues of race, gender, ethnicity, and class, and each raises additional important and intriguing questions. (Feden, 2012, p. 11)

Does this course sound interesting? Does it sound more interesting than a course not built around the power of story and raising intriguing questions? Have you ever taken a college course that *could have* been structured like this but wasn't and therefore was not nearly as interesting?

Now read Feden's description of the active-learning, group-work strategy he takes as he extends real-life story into student role-playing:

One such problem we use is a role play during which each student takes on the role of a top-level advisor to the president of the United States. The situation involves a pandemic that is an impending threat to the U.S. population. The case is modeled after one written by Sullivan and Hansen (1999). Students are put into teams and assigned one of the following roles: secretary, Health and Human Services (HHS); head, Centers for Disease and Prevention (CDC); the president's chief policy adviser; an international influenza expert; and a leading spokesperson for the U.S. pharmaceutical industry. It is the students' job to read the case, meet as a team, and come up with a recommendation to make at a final meeting of the whole group for the secretary of Health and Human Services to take to the president (another student, who moderates the meeting and decides which recommendation has the most merit). This activity is realistic in view of the fact that it takes place during the recent actual threat of a swine flu pandemic in the U.S. In addition to highlighting the need for factual information to

support their assertions, this activity requires students to take multiple perspectives into account. (Feden, 2012, p 12)

Real-life story. Active learning. Peer-to-peer learning. Deep learning. Transformative learning. Intrigue.

Would you like to take this kind of class? Would you like to teach this kind of class? Would you like to know whether structuring a class in this manner results in greater student achievement of the course outcomes?

Happily, if you answer, “Yes!” to the above questions, UCO is a great place to be. Our focus on Transformative Learning means that Dr. Preston Feden would fit beautifully among our faculty.

Further, the research about his own teaching effectiveness that Feden describes — SoTL research — is research for which there is a great deal of support at UCO. See this issue’s introduction of CETTL’s new Assistant Director, Dr. Jody Horn, who has extensive SoTL research experience and the fact that UCO offers internal SoTL Scholar grants (up to \$5,000 each) as two examples. Also, both Bain’s and Willingham’s books are among the titles in the [CETTL Library](#).

Intrigue your students with essential questions and help course content stick using the power of story.

Bain, K. (2004). *What the best college teachers do*. Cambridge, MA: Harvard University Press.

Craik, J., & Dick, E. C. (2001). George Washington’s physicians narrate his final illness and death, 1799. In J. H. Warner & J. Tighe (Eds.), *Major problems in the history of American medicine: Documents and essays* (pp. 57-58). New York: Houghton-Mifflin. (Original work published 1800)

Feden, P. (2012). Teaching without telling: Contemporary pedagogical theory put into practice. *Journal on Excellence in College Teaching*, 23 (2), 5-23.

Sullivan, D., & Hansen, A. (1999). Case 3: The coming pandemic. In C. B. Bridges and the College Entrance Examination Board (Eds.), *The Spanish Flu and its legacy* (pp. 23-28). New York: College Entrance Examination Board.

Willingham, D. T. (2010). *Why students don’t like school: A cognitive scientist answers questions about how the mind works and what it means for the classroom*. San Francisco: Jossey-Bass.