

Is Institutional Learning Dead?

Slide 1:

When I was asked to present on the question “Is institutional learning dead? It immediately put me in mind the famous Monty Python sketch in which John Cleese returns a clearly lifeless bird to a pet shop owner stating the “Parrot is dead.” The shop owner takes a contradictory view and argues “the Parrot is not dead”, it is simply “resting”.

In thinking about institutional learning – could we ask the same question? Is institutional learning as dead as the parrot? Or is it a matter of perception? Or is it a case of breathing new life into institutional learning and the institutions that support it?

Slide 2:

To consider aspects of this question I’m going to use examples from my own research/work in the field of Deaf and Hard Hearing (DHH) education and with DHH learners.

I think the context provides a productive landscape against which positions the question of institutional learning – and can provide insights for a wider examination of these questions in border educational domains.

In the example I will present I will look at the way in which a medical technology – something typically seen as outside the sphere of education - has changed the nature of institutions and institutional learning and the population of learners and the teachers who work with them. Specifically I challenge us to think about these questions:

- Was institutional learning ever alive in the first place?
- What do we mean by institutional learning?
- How do institutions themselves engage in institutional learning?

Slide 3:

I also want to take a little nod to a notion of activity theory here because the examples I’ll be presenting are really fairly empirical studies or at least summed up versions

Umm...we really can’t look at any of those studies outside the larger activities in which they exist.

... because these are complex questions, and institutional learning is a complex activity. So hopefully some of those will come to light as we look at some of the examples that I’m presenting.

Slide 4

The traditional institution for educating deaf learners has been the school for the deaf. These institutions were charged with providing “training” to children who fell into the category of physical disability so, that and I quote MacMurchy from 1915 “that they may

become capable of self-support and of discharging the duties of citizenship” (MacMurchy, 1915, p. 51).

But in a probably unintended consequence, these institutions became much more than schools. They came to be seen as the focus and locus not only for education, but as the cultural hub of the deaf community.

These were the places where children learned to sign – where ASL was passed on to the next generation – the de facto consequence of a population where the parents were hearing for the most part and do not sign. And this was also the place where teachers of the deaf (TODs) were educated, because this is where they all worked.

Slide 5:

In terms of Institutional Learning – at least if we think of the academic aspect, while these institutions often served a vital cultural rule, academic outcomes were poor especially in the areas of reading and writing.

And these outcomes remained unchanged for the better part of the century.

And the consequences of this poor academic performance became ever more heightened as the current day of literacy became more valued in the 20th century evolved.

So if you take a look at the stats you can here:

- 80% of students with hearing loss function at a below basic level on the SAT with reading with 50% below a 4th grade level (Traxler, 2000)
- Only 3% read at the same level as the average 18 year old hearing reader
- And 30% leave school functionally illiterate (Marschark et al., 2002)
- Face even more profound challenges in writing (Mayer, 2010)

Statistics that still hold true for many of our students now.

Slide 6:

Just as an example - because I like the kids to speak for me – but actually these are not kids - this is a college student from a research study we did a university in New York. This is Robert, writing a summary of a science project... a science lecture...*(reading from the slide)*

Two smarts men have the equipment to the depth of ocean with bowl head and heavy outfit, impossible to go there but it is successful.

That’s a college writer - that’s what it looks like when you read at a 4th grade level.

What’s happened in our field? The main thing or the big thing is the shift in the medical technology.

Slide 7:

In the last decades of the 20th century, major strides were made in the management of hearing loss with regard to particularly two areas.

The first would be Universal New Born Hearing Screening (UNHS) – in other words being able to identify hearing loss at much younger ages. You can't actually put headphones on baby, but you can actually do an ABR and they do these they test babies hearing now at birth in the hospital, so that a hearing test can be done at day one.

You can identify hearing loss earlier so you can intervene earlier.

Slide 8:

But the other more important and bigger shift came via medical technology- that made a huge difference - was Cochlear implants. There were other advances as well - but the main focus is cochlear implants.

That's a picture of a Cochlear implant. I was not sure if everyone knew what one would look like, that's what one looks like.

They are done in increasing numbers. They are now done now in babies as young as 4 months old, the oldest was done with a person who was 92.

Umm... The implant at earlier and earlier ages and it is done in both ears. And what that means now, if you look at the research, is that pretty much all of the children that have cochlear implants develop age-appropriate spoken language.

Slide 9:

What has this meant for the development of literacy?

“Cochlear implants are having an impact in ways that no shifts in pedagogy or communication approach have previously achieved” (Mayer & Leigh, 2010)

And as to the research studies that we have done in this area, two of them were SSHRC funded studies:

- We have had 169 participants with cochlear implants across the range of ages and grade level and disabilities.
- In New Zealand, the Atlantic provinces, Toronto and Toronto Region
- We found in those four studies that 70% of students demonstrated age appropriate literacy outcomes. That is an incredible shift from the outcomes even a decade ago.

This (cochlear implants) has made a fundamental shift in how these students are performing. And ultimately can empower each student. And I think as always a student says it best:

Slide 10:

This is Steven; he was implanted at almost age 3 - now is considered a “geriatric” implant. They are now implanting babies typically at one year.

This is Steven reflecting on his Cochlear implant (*reading from the slide*):

When I turn off my implant I feel like I am in the dark because I don’t feel like I am part of the group. I can’t hear or understand what my family or friends are talking about and that makes me feel lonely.

Some good things about this are, my sleep never gets interrupted. I can turn off any real loud sounds. I can stick magnets to my head. If the fire alarm goes off at school, I can turn off the sound. If someone is telling a boring story I can turn them off.

I’m glad I can hear like everyone else. With the implant I can hear more sounds, so I speak better and understand what people are saying. I don’t feel like an outsider at school. I have lots of friends and I feel like I can do anything.

Slide 11:

So what’s been the impact of institutional learning of this medical technology - which was not their intent by the way? They did not set out to develop cochlear implants to change schools but they have.

The Majority of DHH students are now in mainstream settings

Schools for the deaf closing, and there are smaller and smaller enrolments

Far fewer deaf students use signed language, or ASL

The implementing of “tele-practice” as a pedagogical response is fascinating. I don’t have time to talk about it, but if you go to Australia, they even map cochlear implants through “tele-communication”- also lots of teaching to the “outback” through “tele-practice”.

Cochlear implantation has changed the role for teachers of the deaf and for teacher educators like me.

And this meant also changes in program design for teacher education, which has direct impact on what we do here at York University.

What that’s meant for us in our program, because remember I said it used to be that the locus of teacher education was in the school for the deaf, but now it isn’t - now its here.

And we had to change the way we do business so that now we have to put our program on line. Our teachers are not all coming to sit in class - “bums in seats” - any more.

So about 5 years ago we began to run our program online, its now fully online, it’s also available part time.

It now offers admission to students this year for the first time, outside of the province.

And we are also been had requests from international applicants, because the locus of teacher education has shifted from the school for the deaf to the university.

Slide 12:

And what are some border implications, I did kind of promise that my story would have broader implications for those of you who don't work in DHH education.

To quote Moll (*reading from the slide*)

“Any attempt at educational change always implies political as well as pedagogical choices, for it always involves change in relationships and competition for resources, and it must always involve creating settings for connecting teachers and community as key participants in initiating and sustaining that change (Moll, 1997)”.

And I just want to make two final thoughts – that I've made it this sound a very happy story and in some ways it is - from someone who has taught reading and writing to DHH students for a long time, it's a really happy story.

The flip side, these changes have not been a happy story for all the stakeholders.

Many members of the Deaf cultural community find that cochlear implants are a threat to the continued use of ASL and for the schools of the deaf that were previously the “hub” of the cultural community.

It has also created an institutional challenge for school boards who are not sure how to handle all these kids who they now have enrolled in their schools.

And the challenges for us - the institution that's now the “home” of the teacher education program – is to reframe our model of teacher education and our model of institutional learning. And this reframing is both constrained and supported by the institution in which we work – as this institution itself comes to terms with reframing its view of institutional learning.