

Who gives a hoot about heutagogy?

Self-determined learning in an online Master of Science degree in Palliative Care

Final Paper

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### Abstract

This paper explores the concept of heutagogy, and its operationalization in an online Master of Science degree in Palliative Care through the University of Maryland, Baltimore. The pedagogy-andragogy-heutagogy continuum is discussed, highlighting in particular the principles that guide the evolution from andragogy to heutagogy. The heutagogic design process, including a complete description of designing learning activities, is discussed. This paper presents an overview of the design of the online Master of Science degree in Palliative Care, and illustrates how the principles of heutagogy have been deployed in the design of this program.

*Keywords:* heutagogy, self-determined learning, online learning

### Who gives a hoot about heutagogy?

Self-determined learning in an online Master of Science degree in Palliative Care

Health care professionals in practice today face an enormous challenge trying to remain up-to-date in their respective fields. Some of the reasons why this is difficult include the exponential explosion in health care information in recent years, and lack of time to research and master new information. One additional factor, however, is that most healthcare professionals never mastered the skill of systematically taking responsibility for their own learning beyond the classroom or formal education.

Most practitioners today garnered their professional knowledge through a pedagogical model starting in grade school, straight through college and professional training. Pedagogy is “the art and science of teaching or leading (agogy) the child (pedi)” (Palaiologis, 2011, p. 1). Despite the Greek origins of the word pedagogy, it pertains to teaching more than children. Bull argues that pedagogy simply refers to “the art and/or science of teaching and learning” (2013, para. 2). Bull further states that pedagogy is more about the “how” of teaching, and less about the “what” of teaching (p. 2). The pedagogical model is very teacher-focused with the teacher making all the decisions regarding what, when and how content will be learned. This is very much a “teacher knows best” model. Connor states “even good-intentioned educators can squelch naturally inquisitive instincts by controlling the learning environment” (1996, p. 9). Unfortunately, the pedagogical approach is still the predominant model used today, starting with grade school straight through to professional health care education.

In an attempt to formulate an approach more appropriate for adults, Malcolm Knowles proposed a comprehensive adult learning theory, which he termed andragogy (Connor, 1996, p. 9). The term andragogy comes from the Greek word “andras” (man) and “agogy” (Palaiologis,

2011, p. 1). Initially defined as “the art and science of helping adults learn” andragogy has evolved into a more contemporary reference to learner-focused education for people of any age (Connor, 1996, p. 10). As described by Connor, the andragogic model states that five issues be considered in this learning model:

- “Letting learners know why something is important to them;
- Showing learners how to direct themselves through information;
- Relating the topic to the learner’s experiences;
- People will not learn until they are ready and motivated to learn; and
- Often this requires helping them overcome inhibitions, behaviors, and beliefs about learning” (1996, p. 10).

Knowles acknowledges that four of the five issues could be applicable to learners of all ages, the exception being that children have fewer life experiences than adults upon which to build. Self-directed learning is a hallmark feature of andragogy. Knowles defined self-directed learning as:

*“In its broadest meaning, “self-directed learning” describes a process by which individuals take the initiative, with or without the assistance of others, in diagnosing their learning needs, formulating learning goals, identify human and material resources for learning, choosing and implement appropriate learning strategies, and evaluating learning outcomes” (Knowles, 1975, p. 18).*

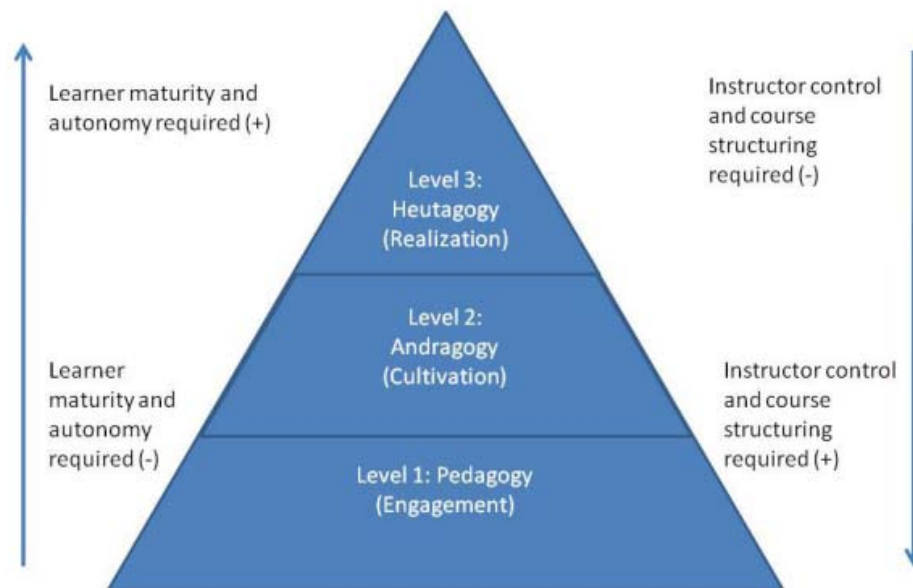
In 2000, Hase and Kenyon published “From andragogy to heutagogy,” proposing expanding the andragogical approach from self-directed learning to true self-determined learning, which they referred to as “heutagogy” (p. 1). Their basis for proposing this evolution was the rapid rate of change in society, and the information explosion (such as the explosion of

health and wellness information), suggesting that we should seek an educational approach “where it is the learner himself who determines what and how learning should take place” (p. 1). Hase and Kenyon further discuss the revolution taking place in education that goes beyond andragogy, which they argued had implications for education and learning through an individual’s lifespan (p. 2). Going beyond the information explosion cited above, Hase and Kenyon described the world as one where an avalanche of readily available information is at our fingertips (e.g., the internet), and the speed with which new information and change transpire so rapidly that traditional education doesn’t have a chance to keep pace (p. 2). They further state that “modern organizational structures require flexible learning practices; and there is a need for immediacy of learning” (p. 2). They posit that heutagogy addresses the deficiencies of pedagogy and andragogy in the quest to address these needs. Basically the move from pedagogy and andragogy to heutagogy represents a change from teacher-centered learning (“I teach, you learn”) to learner-centered learning (learner chooses what is to be learned and how it will be learned; Hase & Kenyon, 2013, p. 6).

The evolution from self-directed learning to self-determined learning is the driving force in the progression from andragogy to heutagogy. Hase and Kenyon see human agency (“the notion that humans have the capacity to make choices and decisions, and then act on them in the real world,” Hase, 2014a, p. 1) as a universal human characteristic. They further state that “we also see human agency and the capacity to express this through learning as occurring from birth” (Hase, 2015, para. 8). In fact, Hase and Kenyon believe that we are born heutagogical learners, but the traditional educational system forces us into the rigid structure we know as pedagogy, back to the teacher knows best model. Hase states “growing older in our current educational system is likely to reduce our ability to be effective self-determined or self-directed learners”

(2015, para. 8). In the heutagogical model by contrast, the teacher assumes much more of a facilitator or guide within a flexible, often amorphous curriculum.

As discussed above, the evolution from pedagogy to andragogy to heutagogy reflects a path where learners are increasingly mature and autonomous. This has been described by Blaschke both in text and graphically (Figure 1); learner maturity and need for autonomy is conversely related to instructor control and course structuring (Blaschke, 2012, p. 60).



**Figure 1.** Progression from pedagogy to andragogy then to heutagogy (Blaschke, 2012, p. 60, based on Canning, 2010, p. 63).

Several distinct principles form the basis of heutagogical learning. The evolution from andragogy to heutagogy is shown in Table 1, listing and explaining each of the underlying principles (adapted from Blaschke and Hase, 2016, p. 28; Blaschke, 2012, p. 61). Each principle will be more fully explored in the Literature Review section.

**Table 1** – Andragogy Evolution to Heutagogy

<b>Andragogy (Self-Directed)</b>	→	<b>Heutagogy (Self-Determined) Principles</b>	<b>Description</b>
Instructor-learner directed	→	Learner-directed and learner determined	The role of human agency in learning is a fundamental principle. The learner is at the center of all heutagogic practice. The learner is self-motivated and autonomous and is primarily responsible for deciding what will be learned and how it will be learned and assessed.
Competency development	→	Capability	Capability is characterized by the following: being able to use one's competencies in unfamiliar as well as familiar circumstances, learner self-efficacy, communication, creativity, collaboration (teamwork), and positive values.
Getting students to learn (content)	→	Self-reflection and metacognition	Within heutagogy, it is essential that reflection occurs in a holistic way. This translates to the learner reflecting not only what she or he has learned, but also the way in which it has been learned – and understanding how it is learned (metacognition).
Single-loop learning	→	Double-loop learning	Double-loop learning requires that learners are both psychologically and behaviorally engaged. They reflect on not only what they have learned, but also the way in which this new knowledge and the path to learning have influenced their values and belief system.
Linear design and learning approach	→	Nonlinear learning and teaching	As learning is self-determined, the path to learning is defined by the learner and is not established by the teacher. As a result of learners choosing their own path, learning happens in a nonlinear format.

## Literature Review

As described in Table 1, Blaschke and Hase (Blaschke and Hase, 2016, p. 28; Blaschke, 2012, p. 61) have identified five principles that support the concept of heutagogy, including learner-directed and learner-determined, capability, self-reflection and metacognition, double-loop learning and nonlinear learning the teaching. Understanding these foundational principles is critical to developing heutagogical learning experiences.

### Learner-centeredness

The concept of making the learner central to the educational process is based on two key philosophies: humanism and constructivism (Hase & Kenyon, 2013, p. 21). Humanism is defined by Walters as “a philosophical and ethical stance that emphasizes the value and agency of human beings, individually and collectively, and affirms their ability to improve their lives through the use of reason and ingenuity as opposed to submitting blindly to tradition and authority or sinking into cruelty and brutality” (Humanism, 2016). Agency refers to the freedom and ability of individuals to act of their own volition and make their own choices, therefore humanism is often also referred to as human agency.

Rogers presented his theory of learning in *Freedom to Learn* (1969) where he argued that cramming information into the heads of learners isn't particularly effective, rather it would be far superior to stimulate the learner's curiosity and the process of intellectual discovery (Weibell, 2011). Rogers further argued that much of a standard curriculum has little personal meaning for a learner, making education a frustrating experience. Conversely, Roger (as shared by Weibell, 2011) argues for five defining elements of significant, meaningful learning:



1. “It has a quality of personal involvement – Significant learning has a quality of personal involvement in which “the whole person in both his feelings and cognitive aspects [is] in the learning event”
2. It is self-initiated – “Even when the impetus or stimulus comes from the outside, the sense of discovery, of reaching out, of grasping and comprehending, comes from within”
3. It is pervasive – Significant learning “makes a difference in the behavior, the attitudes, perhaps even the personality of the learner”
4. It is evaluated by the learner – The learner knows “whether it is meeting his need, whether it leads toward what he wants to know, whether I illuminates the dark area of ignorance he is experiencing”
5. Its essence is meaning – “What such learning takes place, the element of meaning to the learner is built into the whole experience” “ (Rogers, 1969, p. 5)

Hase also cites Rogers’ work, but restates by saying “What we are concerned with in self determined learning is that people have agency with respect to how, what and when they learn” (Hase, 2014a, p. 5). This speaks to putting the learner in the center of the educational process.

Learner-centeredness is also grounded in the philosophy of constructivism. The constructivist perspective states that people “construct” their own meaning, understanding and knowledge of the world through experiencing it, and reflecting on the experience. New knowledge is constructed by the individual subsequent to the individual’s experiences in the community, therefore it is always dynamic and changing (Harasim, 2012, p. 60). Teaching approaches that promulgate a constructivist approach include active learning, learning-by-doing, scaffolded learning and collaborative learning (Harasim, 2012, p. 68). Hase and Kenyon argues that while the constructivist approach engages the learner to a much greater degree than a

pedagogical approach, the “teacher is still actively designing the learning task and process” (2013, p. 21). It is imperative that the teacher, or preferably the learning facilitator, provide opportunities and possibilities for learners to construct their own meaning, and not just provide veiled teacher-driven learning activities.

### **Capability**

We’ve all seen students with a perfect grade point average, which indicates a very high degree of content mastery presented to them during their schooling. But this does not mean the learner was *capable* – able to apply acquired skills and knowledge in a new and unfamiliar situation. New graduates often suffer from the “imposter syndrome”; they are terrified that their new employer will discover that they really don’t know “everything.” No one can know “everything” but capable learners are able to acquire the needed information and get a task done. Developing capable learners is a hallmark of heutagogy – individuals who are able to adapt and apply previously learned skills to a new situation.

Hase and Kenyon (2003) state that “capable people are more likely to be able to deal effectively with the turbulent and complex environment in which they live by possessing an “all round” capacity centred on the characteristics of: high self-efficacy, knowing how to learn, creativity, the ability to use competencies in novel as well as familiar situations, possessing appropriate values and working well with others” (2003, p. 2). This is a particularly desirable characteristic for health care professionals. Bhoyrub and colleagues describe the demands placed on nursing staff today (2010, pp. 322-323). These include higher acuity patients, rapidly developing advancements in medical practice, expanding technology, a greater demand for specialized nursing skills, an expansion of the nurse’s scope of practice and more. Bhoyrub and

colleagues states “a fundamental aim of student nurse education is consequently that nurses should be able to demonstrate that they have the skills to assume these roles and hence be able to be critical thinkers, analytical and reflective as well as being problem-based learners, life-long learners, and researcher competent” (2010, p. 323). The supposition is that teaching nursing students all the requisite knowledge in school, and assuming that experiential learning will solidify this knowledge and perhaps expand it as needed. Phelps and Hase (2002) offer complexity theory as proof that this approach will not work in today’s fast-paced world, and instead they advocate for a heutagogical approach to learning. If we want our learners to practice and thrive in a complex and chaotic environment we must enable learners to “independently integrate new work-based experiences into existing schematic and behavioral structures” (Bhojrub, Hurley, Neilson, Ramsay & Smith, 2010, p. 323).

### **Self-reflection and metacognition**

Self-reflection is an essential element of heutagogical learning. There are many benefits of self-reflecting for a learner including understanding how they learn (metacognition), and when learning best occurs. Reflecting facilitates critical thinking, connecting the dots among ideas, and bridging previous and new learning. This leads to creating new knowledge, and facilitates the development of autonomous learners (Blaschke & Brindley, 2011, p. 1). Hase (2014b) describes scientific evidence published in *Scientific American Mind* (Sept/Oct 2014) showing that metacognition is under the purview of the anterior prefrontal cortex, and is responsible for understanding our own behavior. Metacognition can be impaired due to illness (e.g., dementia, cerebrovascular accident [stroke]) or enhanced by drugs, brain stimulation, and meditation. Reflection is one of the pillars of self-determined learning (heutagogy); per Blaschke and Brindley (quoting Hase & Kenyon, 2000), “In a heutagogical approach to learning, students

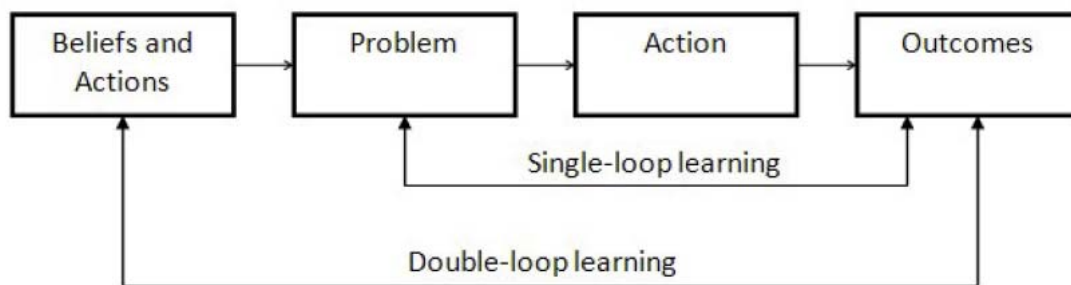
reflect upon the problem solving process, as well as the process they have gone through in solving the problem” (2011, p. 2). They further state that the process of self-reflection helps prepare students to be lifelong learners; as they heighten their metacognitive capabilities they are more well-prepared for the chaotic and ever-changing work environment. The concepts of self-reflection and metacognition are closely related to the concept of double-loop learning.

### **Double-loop learning**

When faced with an issue or problem, most individuals come up some action, and hopefully achieve the desired outcome (commonly referred to as the “issue-action-outcome” format). Once that is successfully concluded, they move on to the next issue or problem. Unfortunately this does not generally allow for the individual to consider their learning needs, or reflect on how learning has affected values, beliefs, and ideas the learner has held and consider opportunities to expand and consider these effects in and of themselves (Eberle, 2009, p. 3). To do so would be “double-loop learning” which is closely related to self-reflection and metacognition, discussed above.

A definition of double-loop learning is provided by Argyris (n.d.; as described by Eberle, 2013, p. 146): “A higher order of learning is when the individual questions the goal structures and rules upon detecting an error. This is more like “coloring outside the lines” to solve the problem or error. This is referred to as “double-loop learning.” This is more creative and may lead to alterations in the rules, plans, strategies, or consequences initially related to the problem at hand. Double-loop learning involves critical reflection upon goals, beliefs, values, conceptual frameworks, and strategies. Argyris believes that this way of learning is critical in organizations and individuals that find themselves in rapidly changing and uncertain contexts.” The “rapidly

changing and uncertain contexts” is completely consistent with the rationale for developing self-determined learners, so they can survive, and in fact, thrive in the complex environment we work and live in today. Eberle and Childress (2005, as shown in Eberle, 2009, p. 183) provide a diagram that compares single-loop learning to double-loop learning (see Figure 2). The “issue/problem-action-outcome” represents the single-loop learning; an outcome may be “that worked well, problem solved,” or “well that didn’t work, what else can I try?” Double-loop learning takes it to the next step by having the learner also reflect on the problem-solving process and its impact on the learner’s beliefs and actions (Blaschke, 2012). Possible outcomes of this contemplation may be whether or not the learner’s beliefs or actions have changed, and if there is any value in newly learned content to other areas (Eberle, 2013, p. 145).



**Figure 2 – Double-loop Learning** (Eberle & Childress, 2005, as shown in Eberle, 2009, p. 183)

Argyris & Schon (1974; in Culatta) state there are four basic steps in the action theory learning process (later referred to as double-loop learning):

1. “Discovery of espoused and theory-in-use
2. Invention of new meanings
3. Production of new actions, and

#### 4. Generalization of results”

They further state that “In double loop learning, assumptions underlying current views are questioned and hypotheses about behavior tested publically.” In other words, it’s consistently evaluating and re-evaluating previously held assumptions – do I STILL know this to be true?

#### **Non-linear teaching and learning**

In a heutagogical model, teaching and learning cannot be linear, by definition, since learners set their own path. In a traditional pedagogical teaching model, learners may not “get” the learning competency when it’s taught, if ever. Often, as educators, we hear years later from students “NOW I see what you wanted me to learn xyz...it was really helpful in my practice.” Despite the wishes and desires of the pedagogical teacher, the vast majority of learning, at least in the workplace, happens in a meandering fashion. Hase (2016, para. 4) states, when referring to “real world learning” as “... the learning that occurs minute by minute in our lives, and as one example, accounts for about 70% of learning in workplace.” Hase advocates abandoning linear teaching, rather, “being” with a representative complex problem that encompasses all the desired learning competencies. That’s the end point – the learner has to get there somehow, and the teacher is there to provide resources, facilitate and redirect as necessary. Undoubtedly this makes a linear-thinking teacher or curriculum designer quite nervous! Hase advocates abandoning the linear curriculum and replacing it with “a set of issues, real life problems, rather than a linear set of competencies” (2016, para. 10). Accrediting organizations will hopefully be content as long as core competencies are assessed and achieved!

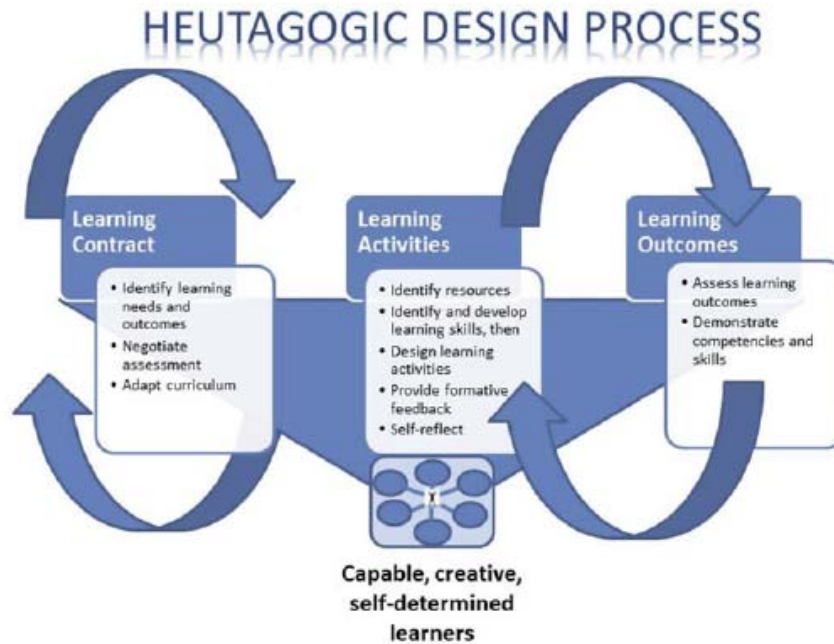
### **The Heutagogic Design Process**

As described in this paper, heutagogy is one possible answer to preparing learners for the dynamic, complex world we live in. Brandt described heutagogy as “a form of empowering education...students’ self-determined studies lead to transformation experiences” (2013, p. 111). In fact, Brandt described that learners who experienced a heutagogical approach to learning often applied it to other aspects of their lives as teachers and life-long learners.

Where does an educator begin in designing a heutagogical approach to teaching/training? Blaschke and Hase (2016, pp. 30-32) provide a “Heutagogical Design Process” that includes three steps: defining the learning contract, developing learning activities, and assessing learning, presented graphically in Figure 3.

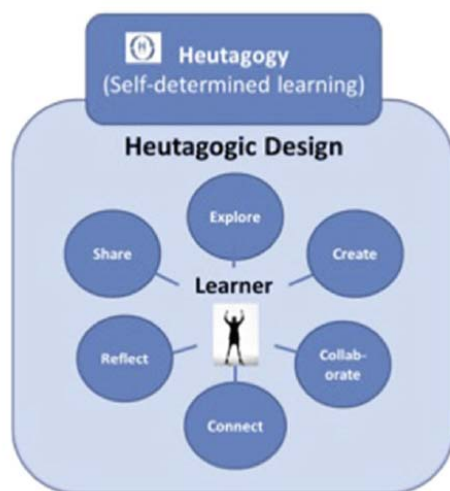
In the first step (defining the learning contract) learning outcomes are defined by the learner and educator. This may include pre-determined curricular outcomes as determined by the academic institution or accrediting body. Assessment strategies should also be negotiated during this phase including what will be assessed and how it will be assessed.

The second step (development of the learning activity) should address a challenging and achievable tasks that can be completed autonomously, but with teacher support (Dick 2013, as cited in Blaschke & Hase, 2016, p. 31). Once the design is decided, media, applications, tools and other learning aids can be negotiated and finalized. The last step is assessing the learning to determine if established learning outcomes have been achieved.



**Figure 3** – The heutagogic design process (Blaschke & Hase, 2016, p. 30)

After understanding the heutagogic design process, next it is important to understand how to develop heutagogic learning environments as explained and illustrated by Blaschke and Hase (2016, p. 31); see Figure 4.



**Figure 4** - Heutagogic design elements (Blaschke & Hase, 2016, p. 31)



Several common themes have emerged as suggestions for heutagogic design elements. The following is a compilation of recommendations from Blaschke & Hase (2016), Blaschke (2012), Dick (2013), and Blaschke (2014a):

- **Explore** – Exploration is a fundamental concept in heutagogy and is often an example of non-linear learning. The Internet can be a powerful tool in exploring (and can offer many rabbit holes as well!). Tertiary references such as Wikipedia, search engines such as Google and Bing, online references and more offer learners opportunity for exploration. Social media platforms such as Twitter, Facebook, Pinterest, LinkedIn can provide learners with a platform to reach out to experts and colleagues world-wide.
- **Create** – Learners can get highly creative in their quest to convey, restate, and summarize information. Options include blogging, wiki's, creating a PowerPoint or Prezi presentation, creating a Mind Map, or create a video.
- **Collaborate** – Learners glean as much or more from each other as they do from the instructor, therefore collaboration is a powerful tool. Working in a culture of safety, groups of learners can share information, solve problems, drill and question each other, and challenge each other. There are several collaboration tools online, such as Google Docs and Wiggio. The teacher may prefer to facilitate one or several early collaborative sessions, then serve in a coaching role, and only intervene when necessary. Many learners inherently dislike group work, and a pre-emptive discussion on forming, norming, storming and performing may be in order.
- **Connect** – Connecting with others is an important part of heutagogy, using many of the tools mentioned previously (e.g., Twitter, Facebook, Pinterest, LinkedIn).

- **Share** – Learners benefit from examining one another’s work. This could be posting material to the learning management system, or on the web (e.g., Slideshare, ResearchGate, Twitter, Facebook). Students could be asked to review each other’s work and provide formative feedback. Students may choose to develop a professional portfolio online using software such as WordPress or Weebly.
- **Reflect** – It’s not heutagogy if the learner doesn’t reflect, demonstrating good double-loop learning! Learners can reflect in writing in a blog within the learning management system, or through in an internet-based eJournal or blog. Colleagues and the teacher can provide formative feedback and ask questions to further learning.

There is no one “right way” to operationalize a heutagogy approach to learning, but incorporation of elements that reinforce the core principles of heutagogy is an excellent start.

### **Methodology**

This research paper queries the following questions: what is heutagogy, what are the principles and theoretical underpinnings of heutagogy, what is the heutagogy design process, and how can this be applied to the development of an online interprofessional Master of Science program in palliative care? A comprehensive review of past and current research and opinion publications are conducted. In approaching the research, the author sought to understand a heutagogy approach to learning, and specifically how to apply these principles to the development of an online Master of Science degree. Several expert interviews were conducted with education and instruction design specialists in addition to a comprehensive review of the literature.

The review of the literature first presents a definition of heutagogy and how it differs from, and has evolved from pedagogy and andragogy. Examples of instructional design elements and learning strategies are included, by way of application illustration to the development of an online Master of Science degree in palliative care. This paper provides an evidence-based discussion of a heutagogy-based, constructivist-driven curriculum design process that aims to develop self-determined, interprofessional critical thinking lifelong learners in palliative care.

### **Analysis and Application to Case Example**

#### **Online Master of Science and Graduate Certificates in Palliative Care**

The University of Maryland Baltimore is an interprofessional campus, comprised of the Schools of Pharmacy, Nursing, Medicine, Social Work, Nursing, Dentistry and the Graduate School. Interprofessional education (IPE) is an important mission of the campus; the IPE mission is “to prepare health, law, and human service professionals to work collaboratively on interprofessional teams focused on improving the lives of people locally, nationally and globally” (University of Maryland Baltimore, 2016). In keeping with this mission, the University System of Maryland and Maryland Higher Education Commission approved a newly developed Online Master of Science in Palliative Care and Graduate Certificates in Palliative Care.

Palliative care is defined by the World Health Organization as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (WHO, 2016). Hospice is an example of palliative care, offered to patients with a six month prognosis.

At present we have a dramatic shortage of skilled hospice and palliative care practitioners in the US and globally. Unfortunately we do not currently offer robust undergraduate, graduate or postgraduate interdisciplinary training programs in palliative care in the US at this time to meet this need. The University of Maryland Baltimore Online Master of Science degree in Palliative Care and Graduate Certificates offers one option for health care professionals who wish to deepen their understanding of this field, or practitioners who wish to enter this field. The purpose of this program is to provide interprofessional education and training for professionals who wish to gain experience in caring for patients with advanced and terminal illnesses and their families, emphasizing and integrating the unique contributions made by all disciplines who provide palliative care. Disciplines include physicians, pharmacists, nurses, nurse practitioners, physician assistants, social workers, chaplains and grief and bereavement specialists.

Extensive curricular mapping was conducted to develop this educational opportunity. Competency statements and outcomes expectations from The Joint Commission, the National Consensus Project in Palliative Care, and every certification exam available in hospice and palliative care (The Joint Commission, 2016; National Consensus Project for Quality Palliative Care, 2016). Using these resources, fourteen terminal performance objectives were determined, including four interprofessional competencies (see Table 2). Every terminal performance objective is introduced in one of the first four required courses. Each terminal performance objective is then emphasized in one or more of the elective courses, and all objectives are reinforced in the final two required courses.

**Table 2** – Terminal Performance Objectives – Master of Science in Palliative Care, University of Maryland

After completing this degree, the graduate will be able to:

1. Apply the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of patients with serious or life-threatening illnesses and their families.\*
2. Assess and develop practices that reflect patient or surrogate's goals, preferences and choices for care within currently accepted standards of medical care, professional standards of practice and applicable state and federal law.
3. Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.\*
4. Collaborate with the interdisciplinary team in a climate of mutual respect and shared values to identify and manage the symptoms of patients at the end of life, and the needs of patients and families.\*
5. Contribute as part of the interdisciplinary team in the assessment and management of pain and/or other physical symptoms that demonstrate evidence-based best practices.
6. Contribute as part of the interdisciplinary team in the assessment and management of psychological and psychiatric aspects of care that demonstrates evidence-based best practices.
7. Complete a comprehensive, person-centered interdisciplinary assessment that identifies the social strengths, needs and goals of each patient and family, and develop a care plan

designed to meet these needs, promote achievement of goals, and maximize strengths and well-being.

8. Conduct an interdisciplinary assessment of spiritual, religious and existential aspects of care, and facilitate a plan that reflects rituals or practices as desired by patient and family, including at and after the time of death.
9. Develop practices that reflect consideration of patient, family and community cultural beliefs and linguistic needs.
10. Identify, acknowledge and resolve ethical issues that arise in the care of patients with advanced illnesses.
11. Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports the interdisciplinary team approach to the management of patients with advanced illnesses and their families. \*
12. Demonstrate a commitment to excellence through continuing professional development and lifelong learning, and the education and training of patients, families, caregivers, interdisciplinary team members, other healthcare professionals, and other relevant stakeholders.
13. Describe strategic planning process of HPC program development and management, and data-driven processes that drive programmatic continuing quality improvement.
14. Implement self-care strategies to support coping with suffering, loss, moral distress and compassion fatigue.

\* indicates Interprofessional Collaborative Practice Competency Statement

The Online Master of Science degree was designed to be completely asynchronous; each course is 8 weeks in duration, and the entire 10 course requirement can be completed in six

traditional semesters. Each course will be managed by two faculty members of different disciplines, maximizing interprofessional involvement. Course descriptions are shown in Appendix 1.

Learners completed the first four courses in the program, which earns them a Graduate Certificate (“Principles and Practice of Hospice and Palliative Care”). The initial four courses include:

- Principles and Practice of Hospice and Palliative Care
- Communication and Health Care Decision Making
- Psychosocial, Cultural, and Spiritual Care
- Symptom Management in Advanced Illness

The learner then selects four elective courses, which can all be taken within a track (clinical, administrative, psychosocial/spiritual or thanatology) or selected a la carte. If all four courses in a track are completed, the learner will receive a second graduate certificate (“Clinical Hospice and Palliative Care,” “Leadership and Administration in Hospice and Palliative Care,” “Psychosocial/Spiritual Aspects of Hospice and Palliative Care,” and “Aging and Applied Thanatology”). Refer to Table 3 for a listing of elective courses. The remaining two required courses taken by all learners include the following:

- Research and Outcomes Assessment in Hospice and Palliative Care
- Advanced Team-Based Palliative Care

**Table 3** - Elective Options in the Master of Science in Palliative Care Degree

- Clinical Track
  - Advanced Pain Management and Opioid Dosing
  - Advanced Non-Pain Symptom Management
  - Advanced Disease State Management
  - Clinical Management of Special Patient Populations
- Administrative Track
  - Hospice Leadership and Administration
  - Palliative Care Leadership and Administration
  - Practice Development and Strategic Planning
  - Principles and Practice of Palliative Care Education
- Psychosocial/Spiritual Track
  - Advanced Decision-Making and Communication Skills
  - Advanced Spirituality and Psychosocial Skills
  - Self-Care
  - Principles and Practice of Palliative Care Education
- Thanatology
  - Death and Dying: Ethical and Legal Considerations
  - Palliative Care (Than)
  - Caring for the Bereaved
  - Psychosocial Perspectives in Aging



## **Implementing a Heutagogical Approach to an Online Master of Science Degree in Palliative Care**

Per the model described by Blascke (Figure 3), an early step in the heutagogic design process is to develop the learning contract. In the pre-week of each course in the University of Maryland Master of Science in Palliative Care (MSPC) program, students will be asked to complete a pre-course survey. The survey will query the student's experience with online learning and use of technology, information literacy, and what they would like to glean from the course. This will help to identify learning needs and outcomes for individuals learners, which the course managers will track and revisit throughout the semester, and identify need for scaffolded learning. These individual goals and objectives will be in addition to the MSPC learning objectives for each course that have been crafted in a scaffolded fashion so the learner can achieve the terminal performance objectives of the program. Pre-determined learning objectives for a course or curriculum are not mutually exclusive with the heutagogical learner's self-determined educational needs; rather the self-determined learner maps his or her path (in a non-linear fashion often!) so he or she can achieve both the course and individual outcomes.

The next step is designing learning activities, which should be created after considering the foundations of heutagogy (learner-centeredness, capability, self-reflection and metacognition, double-loop learning and non-linear teaching and learning). Examples of operationalization of each foundation goal are described below.

**Learner-Centeredness.** Putting the learner in the center of the learning experience is the backbone of heutagogy. The principles that support learner-centeredness are humanism and constructivism. Humanism, or human agency, is the freedom and ability of individuals to act of

their own volition and make their own choices. The decision to embark on this Master of Science in Palliative Care (MSPC) degree is the first example of learners in this program acting of their own volition – no one is “making” them embark on this journey!

Hase (2014a, p. 5) stated “What we are concerned with in self-determined learning is that people have agency with respect to how, what and when they learn.” The MSPC at the University of Maryland Baltimore is a completely online, asynchronous program. Canter posits that lifelong eLearning is heutagogical by nature (2012, p. 129). Specifically, she argues “...we can define lifelong e-learning as the computer and network-enabled transfer of skills and knowledge [as] lifelong, voluntary, and self-motivated, for either personal or professional reasons” (2012, p. 129). Canter further argues that e-learning is here to stay given the dramatic growth in self-paced e-learning products and services. Offering the MSPC online fulfills this criteria.

The asynchronous nature of the MSPC is in keeping with Hase’s assertion that self-determined learning gives learners the freedom to choose how and when they learn. While there will be deadlines for completion of work in each course, learners can choose how they learn (reading, watching videos, discussions with colleagues) and when they learn (learning management system and learning objects are available 24/7). Regarding “what” they learn, the MSPC is specifically built to honor the learning needs of each individual learner. After completing the initial four required courses, learners can choose to focus on a “track” of electives (clinical, psychosocial/spiritual, administrative, or thanatology), or specifically choose NOT to follow a track, and instead select electives as they best meets their learning needs.

Another important principle that supports learner-centeredness is the philosophy of constructivism, where people “construct” their own meaning and knowledge. Ertmer & Newby compare behaviorism, cognitivism and constructivism (2008). Behaviorism “equates learning with changes in either the form or frequency of observable performance” (p. 48). Cognitivism focuses on what students know and how they come to acquire it (p. 51). Constructivism, however, is built on the concept that learning is acquired by creating meaning from experience (p. 55). For learners to create meaning they must be actively involved in the learning process, interpreting information and creating their own meaning (p. 58). The role of the instructor in a constructivist approach is to teach the student HOW to construct meaning, and to arrange and design experiences that provide an authentic experience for learners.

Harasim proposed that the constructivist view of learning can be operationalized through a variety of teaching approaches, based on four key principles: active learning, learning-by-doing, scaffolded learning, and collaborative learning (2012, pp. 68-73). The MSPC will be using a case-based approach in the majority of coursework, regardless of the focus (clinical, administrative, psychosocial/spiritual), sometimes engaging learners individually, but equally as often in groups (preferably interprofessional groups). As Harasim states, “the constructivist teacher encourages and assists students in constructing their knowledge about a subject rather than reproducing a series of facts about it” (p. 69). In the MSPC students will be given resources and learning objects, and suggestions for direction to discover additional learning tools so they may “solve” the case at hand. During the odd weeks (1, 3, 5, 7) students will respond to a case individually; on the even weeks (2, 4, 6, 8) they will develop their individual response initially, but then work as a group to resolve the case. Palliative care is very “team-driven” therefore training in palliative care must also emphasize this approach.

The University of Maryland has entered into a contractual arrangement with the Center to Advance Palliative Care (CAPC). CAPC has a comprehensive learning management system that provides a wide range of short tutorials, and formative and summative assessments on basic competencies for the hospice and palliative care practitioner. We will be using these tools as part of our scaffolding learning approach; students may use these resources as a self-assessment tool, and while some may need to study the content carefully, other learners will be able to skim these activities and move on to more comprehensive material. Scaffolding, per Harasim, refers to “specialized teaching strategies or tools designed to support learning when students are first introduced to a new subject” (p. 71). In our course “Symptom Management in Hospice and Palliative Care”, physicians, nurses and pharmacists will likely need only a cursory review of the CAPC material on pain and symptom management, whereas social workers and chaplains will likely need to spend considerably more time in these lower levels activities, before addressing more complex patient cases.

**Capability.** When a learner is capable, he or she is able to apply acquired skills and knowledge in a new and unfamiliar situation, resulting in improved self-efficacy, knowing how to learn, develop creative solutions, and work well with others. Specific strategies to help learners become more capable include not jumping in too quickly and “giving away” the answer; the teacher should serve as a resource, encouraging the learner to take next steps in solving a problem.

The Socratic method is frequently used to think through complex problems. Hase & Kenyon (2003) expand on this, suggesting action learning, and coaching and mentoring as activities to develop learner capability. In the MSPC, we will use discussion boards in each class, and we can implement Socratic questioning through this venue. For example, if a group of

students are discussing resolution of a complex case of a patient with end-stage renal disease, the teacher could post to the discussion board a follow up question: “How would you handle this case differently if the patient had end-stage liver disease instead of end-stage renal disease?” Or, “What if the patient were pregnant, or breast-feeding? Or allergic to morphine?” This type of questioning helps learners develop their capability (in addition to their competence). The important thing is the teacher isn’t just “giving away” the answer; the teacher could provide resources so the learner can discover the answer for themselves and could in fact make that part of the assignment. “How can you discover the answer to this question? What resources would be best suited for this question?” That way, when the teacher isn’t there, the learner will have great self-efficacy in problem solving.

**Self-reflection, metacognition, and double-loop learning.** As discussed above, double-loop learning is an extended action beyond solving problems, which is sometimes referred to as the “issue-action-outcome” model. Solving the problem is single-loop learning; reflecting on how the issue, the action, the outcome meshed with the learner’s values, beliefs and ideas is double-loop learning. Pausing for this reflection often leads to an “aha” moment, a pause in time to confirm or question previously-held beliefs. The reflection also allows the learner to consider whether the newly learned content has application to other areas in their life, which may obviously be useful in the chaotic practice environment of today.

As discussed earlier, Hase (2014b) described how metacognition (thinking about thinking), which is closely related to meditation, is responsible for understanding our own behavior. Reflecting on one’s own behavior is an opportunity for growth, and can form the basis for action in the future. Blaschke & Brindley advocate the use of a learning journal “as a way to help individuals to reflect on when and how they best learn, to engage in critical thinking, to

make connections among ideas and between previous learning and new learning, to create new knowledge and theory, and through these processes, to become self-directed autonomous learners” (2011, p. 1). Blaschke & Brindley conducted a survey of students in a Master of Distance Education and E-Learning program, who were required to develop and maintain a learning journal throughout the course (2011). The investigators provided very clear direction on how to establish a learning journal using social media (a wiki), with a variety of resources available to the learner. The faculty provided formative and summative assessments through the process, and used a transparent grading rubric such that students could learn from the experience. The faculty provided “seed questions” throughout the process, which seems akin to nudging the baby bird from the nest. Some learners have never actually stopped to reflect, and this may be an entirely new process. Blaschke & Brindley state that “reflective learning journals help students build upon their skills of reflection and develop their metacognitive skills so as to extend competency in reflection, but also capacity” (p. 8). The survey results showed that specific practices such as “skill development, reflection, connectedness and meta-cognition” (Blaschke & Brindley, 2011, p. 8) were attributed to the learning journal.

We will be following this model in the MSPC; in each course learners will be asked to maintain a learning journal. Faculty will provide resources on the mechanics and expectations of a learning journal, and seed questions, particularly in early courses. Learners will have the option of journaling within the learning management system, using an online wiki, or establishing a blog (e.g., weebly.com). Formative and summative assessment will be provided along the way.

Additional social media will be utilized in the MSPC. For example, in one course students will be expected to tweet evidence-based findings on the topic at hand (e.g., pain management) to the entire class. We will likely conduct a tweet-chat over some period of time.

Other social media requirements will be explored as a platform for improving information literacy and practicing skills necessary to address complex patient-management needs. This may include identifying communities of practice, personal learning networks, literature retrieval skills, use of Mind-mapping software, and Google docs for collaborative work. Blaschke conducted extensive research on the influence of social media in developing the online learner in self-determined learning (2014b). Her conclusions were as follows:

- Social media use in isolation is not the driving factor that influences cognitive and meta-cognitive growth in learners; rather it is the judicious use of social media in the context of a pedagogical approach to the entire course.
- Learners reported greater satisfaction with e-portfolios, online mind-mapping and Google Docs as tools that enhanced their learning (capability and competency), deepened their reflection, and connect with other learners, but only as done in combination with the overall learning design of the course. (Blaschke, 2014b, p. 21).

The bottom line is that students felt social media nicely complimented a well-designed learner-centered approach and allowed development of self-reflective and meta-cognitive skills. We will be emulating this approach in the MSPC.

**Non-linear teaching and learning.** The MSPC online program will embrace non-linear teaching and learning by definition, based on the learning design described above. This will be particularly evident in the course “Symptom Management in Hospice and Palliative Care.” One aim the course managers are particularly respectful of when designing this course is the disparate competency levels of learners beginning this course. The course is about the basics of pain and

non-pain symptom assessment, management and monitoring in serious illness. Physicians, nurses, physician assistants, advanced practice nurses and pharmacists will clearly have an advantage in this course, to such a degree that the course managers don't want those learners to lose interest or even drop out of the program. Conversely, the social workers, chaplains, administrators and therapists will likely feel way out of their depth in this course because that is not really their scope of practice. Managing this reality will require significant non-linear teaching (by the course managers) and learning (by the disparate learners). The less "drug-focused" crew will need to embark on lower cognitive level learning activities as a scaffolded approach to higher cognitive level activities. The more "drug-knowledgeable" learners will be pushed to higher levels of performance. Discussion questions may be different, giving learners the choice of which question to answer. For example, the social workers/chaplain group may choose to discuss a question pertaining to barriers to effective medication management, more so than drug therapy selection. All learners will need to demonstrate minimum competency, however, to achieve course required outcomes.

### **Uncharted Territory**

Most professional learners (physicians, advanced practice nurses, etc.) have never experienced an andragogical approach to learning, let alone a heutagogical approach! Many learners just want to cut to the chase – "Tell me what I need to do?" – they are not even aware of the concept of self-determined learning. Blaschke comments that "they are stuck at the start of the PAH [pedagogy-andragogy-heutagogy] continuum, and as teachers, we need to get them to shift their frames of reference, to move from passive to active learning, from consumption to inquiry – and within a context that will motivate them to want to learn more" (Blaschke, 2014a, p. 50). Blaschke offers the following practical tips to accomplish this:



1. “Let learners choose what they will learn and how they will learn it
2. Encourage learners to explore
3. Be a guide on the side
4. Let go – and allow learners to learn from each other
5. Help learners understand the process of how they learn
6. Give learners the tools to create personal learning environments (PLEs) and to build networks” (Blaschke, 2014a, pp. 51-56).

The challenge for this author is multi-faceted: to design courses with Blaschke’s recommendations in mind, and to develop faculty to be heutagogical TEACHERS such that they implement the same strategies!

### **Conclusion**

We have irrefutable proof that no one is getting out of here alive, we will all shuffle off this mortal coil. But if we can prevent and relieve physical and existential pain before the final exit, it is our moral duty to do so. Palliative care is the practice of doing just that – preventing and relieving pain and suffering in serious illness and prior to death.

The practice of hospice and palliative medicine has been in the United States since the mid-1970’s, and in 2006 palliative medicine became a board-certified medical specialty. Relative to the field of internal medicine, which is likely over 3,000 years old, palliative care is a relative newcomer, yet the explosion in evidence that guides practice is nothing short of astonishing. To say it is challenging for health care professionals to remain current in palliative care is an understatement, particularly when the vast majority of providers were trained in a pedagogical

learning model. Few practitioners have mastered the ability to become highly clinically competent, and develop the capability to remain there.

Pedagogy, a teacher-driven educational process, is primarily concerned with “how” to teach. Knowles (1975) introduced the idea of andragogy, a more learner-focused model that resulted in self-directed learners. Hase and Kenyon (2000) pushed the envelope a bit further, promulgating a model of “self-determined” learning, termed heutagogy. In this learner-centered model, learners are prepared to function in the chaotic, rapidly changing world we live in. Learners are capable (in addition to competent), self-reflective, and their teaching and learning is self-determined and largely non-linear.

In this paper the newly developed Online Master of Science degree in Palliative Care was introduced, as well as heutagogical teaching and learning practices that will be implemented. In addition to achieving pre-determined course and program outcomes, self-determined graduates will have met their personal goals, and be well-equipped to function in the field of palliative care today, tomorrow and well into the future.

## **Appendix 1 – Course Descriptions, Online Master of Science degree in Palliative Care, University of Maryland Baltimore**

### **Principles and Practice of Hospice and Palliative Care**

- An introductory course, participants will learn about the patient/family centric model of palliative care, the interdisciplinary team concept, models of care in hospice and palliative care and regulatory aspects of these practice models. Participants will also learn about education and self-care for practitioners, operational aspects of hospice and palliative care, the application of analytic inquiry and evidence-based discovery, and implications for community outreach.

### **Communication and Health Care Decision Making**

- A key element of this course is determining patient and family goals, preferences and choices during advanced illness, and developing a plan of care to support these decisions. A significant portion of this course will also be devoted to communication techniques including delivering bad news, counseling techniques and introductory content on ethical decision-making.

### **Psychosocial, Cultural, and Spiritual Care**

- Participants in this course will learn how to assess and address psychological, psychiatric, cultural and spiritual aspects of care in advanced illness, including management of grief and bereavement. Implementation of care plan tactics will be addressed as well including targeted communication, interventions and referrals as needed.

### **Symptom Management in Advanced Illness**

- Pain management is the most prevalent symptom in advanced illness. Participants will learn how to perform a uni- and multi-dimensional pain assessment, and the assessment of the most common non-pain symptoms associated with advanced illness. Management strategies including non-pharmacologic and pharmacologic will be examined. A case-based learning model will be used in this course to master content, including demonstration of information literacy and quantitative fluency.

### **Advanced Pain Management and Opioid Dosing**

- Participants will learn to perform an advanced assessment of a pain complaint (history, physical exam, diagnostics/imaging as necessary) and demonstrate advanced and in-depth knowledge of the pathogenesis of pain. Participants will also acquire in-depth knowledge of evidence-based non-pharmacologic management of pain, and evidence-based advanced pharmacology (including drug therapy selection, dosing, monitoring, and titration), designed to meet patient-centric therapeutic goals.

### **Advanced Non-Pain Symptom Management**

- This course prepares participants to perform advanced assessment of patients with complex non-pain symptoms, developing advanced skills to identify pathogenesis of the complaint, and advanced non-pharmacologic and pharmacologic management of symptoms. Participants will develop advanced skills in managing these symptoms through the interdisciplinary team.

### **Advanced Disease State Management**

- Using a disease-based approach, participants will perform advanced assessment of common advanced illness disease states (e.g., COPD, cancer, neurodegenerative disorders, heart disease, etc.), sophisticated identification of pathogenesis and disease progression, selection of beneficial evidence-based treatments, and skills to discontinue medically futile treatments as disease progresses.

### **Clinical Management of Special Patient Populations**

- Participants in this course will develop advanced skills used to manage special populations with advanced illness including pediatrics, geriatrics, palliative care emergencies, advanced assessment and management skills to facilitate withdrawal of life-sustaining treatments, and manage the days before death.

### **Hospice Leadership and Administration**

- This course addresses the development of hospice leadership skills including developing a supportive culture, mission and values, promoting team building, quality improvement initiatives, service and performance excellence, assuring appropriate staffing, operational aspects, financial management, human resources management, quality management, organizational integrity and compliance. Participants will be intimately knowledgeable about the standards and regulations for hospice eligibility and compensation models.

### **Palliative Care Leadership and Administration**

- This course addresses the development of palliative care leadership skills including developing a supportive culture, mission and values, promoting team building, quality improvement initiatives, service and performance excellence, assuring appropriate

staffing, operational aspects, financial management, human resources management, quality management, organizational integrity and compliance. Participants will be intimately knowledgeable about the standards and regulations for palliative care practice and compensation models.

### **Practice Development and Strategic Planning**

- Participants in this course will learn to assess the need for a hospice and/or palliative care program, and develop, implement and maintain an ongoing data driven process that reflects the complexity of the organization and focuses on clinical, economic and humanistic outcomes. Learners will assure strategic alignment of program operationalization with established organizational mission and vision with consideration for growth.

### **Advanced Decision Making and Communication Skills**

- This course provides participants with advanced skills and information necessary to elicit patient and/or family values and delineate goals of care regarding pain and symptom management, advanced life-sustaining therapies, and advanced communication techniques for delivering bad news, establishing goals of care, suspending therapies, and death notification.

### **Advanced Spirituality and Psychosocial Skills**

- Participants will develop advanced skills in the assessing patients and families to determine psychosocial needs, spiritual and cultural concerns, and address patient and family suffering, coping and healing within the emotional, psychological and social

domains with focused developmentally appropriate assessment followed by targeted communication, interventions and referrals.

### **Self-Care**

- Hospice and palliative care professionals are at high risk for burnout. Participants in this course will learn about common sources of stress in this field, what self-care is, and why healthcare professionals should practice self-care. Participants will learn several techniques to practice daily self-care.

### **Death and Dying: Ethical and Legal Considerations**

- This course provides participants with the information and skills needed to address ethical and legal concerns related to palliative and end-of-life care. Participants will learn the theoretical foundations of health care ethics, including the Hippocratic Oath, ethical principles, virtue ethics, deontology, utilitarianism, and care-based ethics. The relationship between law and ethics will be clarified. The focus on society and medicine in delaying death and addressing human suffering will be discussed. Emphasis will be placed on developing a knowledge base of key concepts and strategies that can be used to prevent and resolve problems that are specific to palliative and end-of-life care, including advanced directives, cardiopulmonary resuscitation, suffering, withholding and withdrawing life-sustaining treatments organ donation, and assisted suicide.

### **Palliative Care (Than)**

- In this course on end-of-life care, participants will learn practical skills to assist people who are facing incurable illnesses, such as cancer, severe cardiovascular disease, and

progressive neurodegenerative diseases. Palliative care focuses on symptom control and amelioration of suffering which are often underemphasized in conventional healthcare training. Topics will include pain and symptom management strategies, both conventional and complementary, determination of terminal prognosis, hospice care, palliative care emergencies, and discussion of advance directives. Participants will enjoy creative and thoughtful reflection activities that allow them to deeply engage in the topics covered in this course.

### **Caring for the Bereaved**

- In this second Fall course, participants will learn the prominent theories of grieving and the grief reaction, as well as the empirically-based therapeutic interventions available to support and care for the bereaved. Participants will learn to distinguish between anticipatory grief, normal grief, and complicated grief and to identify factors that affect the grieving process. This course also explores reflective practice and self-care for the end-of-life care professional while learning to support those who are dying and those who are grieving.

### **Psychosocial Perspectives in Aging**

- This course explores the psychological and social aspects of adult development within the context of the ongoing process of aging. Upon completion of this course, students will be able to describe the major psychological and sociological theories of aging and adult development; understand the physical, psychological, social and health changes that occur during aging; evaluate the biological, psychological, intellectual, and social dimensions along which developmental changes occur in adult aging and their



implications for the aging individual, family, and society; understand the importance of an individual's cultural context while progressing through the life course; and identify current research trends and theories regarding several aspects of the aging process (e.g., death and dying, mental health, positive affect, personality, chronic disease, and social roles).

### **Research and Outcomes Assessment in Hospice and Palliative Care**

- Participants in this course envision and plan a pilot project designed to assess clinical, economic or humanistic outcomes in hospice or palliative care. Students will learn how to establish a research question, establishing appropriate methods, and select outcomes to assess. Deliverable will be a proposal that is suitable for submission to an institutional review board. (Majority of coursework must be completed).

### **Advanced Team-Based Palliative Care**

- This course is entirely case-based, and uses the interprofessional/interdisciplinary approach to the resolution of complex cases of patients with advanced illnesses. Participants will have to rely on team members to achieve optimal patient outcomes. (Majority of coursework must be completed).

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