Placement at a mental health rehabilitation centre

The purpose of this write up is to explore and analyse how learning theories informed knowledge development and competence in promoting health and psycho education in clinical settings. I will examine the principles underpinning the facilitation of learning and assessment. I will demonstrate my knowledge and understanding of the theoretical concepts in an episode in which I facilitated learning to clients while on placement at a Mental Health Rehabilitation Centre. Finally, I will use the reflective model by (Gibbs, 1988) to reflect on the strategies used within the episode and discuss the implications in relation to my future role as a nurse.

The NMC (2008) stipulates that as nurses we must maintain our professional knowledge and competence regularly. You must keep knowledge and skills up to date throughout your working life and that you must take part in an appropriate learning and practice activities that will maintain and develop your competence and performance. In view of the aforementioned this essay is aimed at enhancing my knowledge and competence in facilitating learning through understanding of the underpinning concepts.

I observed most residents having fast foods such as burgers, kebab, and chocolate as well as fuzzy drinks which are rich in saturated fatty and sugar for lunch regularly and they were also smoking a lot. I was really concerned because of my duty of care as a nurse (NMC, 2004) and due to findings from several researches for example (Bottomley and Mckeown, 2008 and Hallpike, 2008) which shows the risk of malnutrition was commonly associated with people with psychosis which predisposes them to host of physical health problems. I had a chat with my mentor of my intention to use the weekly communal meeting to carry out a teaching session to raise awareness and

sensitise the residents on the effects of fatty foods and fuzzy drinks on their body chemistry and the need to improve and develop a healthier eating habits and life styles, considering the fact that most of them were on various antipsychotic medication which predisposes them to becoming obese. Timms (2008) said that a huge majority of people with mental health problems are most likely to have weight issue due to side effects of their antipsychotic medication. My mentor agreed to table it before the resident in the next meeting to gain their consent in compliance with NMC (2008).

The residents consented to it and were quite interested because some them were really concerned about their weight and really wanted to do something about it. We agreed on a date for the teaching. The onus was now on me to facilitate the learning process that will empower the residents to take responsibility for their health and make a positive change. A vast majority of physical health problems are caused by people life styles and their failure to see the risk associated with their daily habits. Kiger (1995) defined health as state of balance between different facets of life suggesting that it is a dynamic concept which he termed “ movable”. What this means is that our life styles can alter the balance resulting in an adverse effect on our health.

As facilitators it is essential that we have a clear understanding of the different learning styles in order to tailor our teaching to meeting the varied approach of our learners. This is because learners are intrinsically different and preferred different ways of learning. Teaching is an act of imparting knowledge, a purposeful intervention aimed at promoting learning and causing learning to happen. Kemm and Close (1995) defined teaching is an act of assisting others to learn and putting it to use in their life. While Kiger

(2004) defined teaching as a process of enabling people to learn through the dissemination of information and advice; it creates room for people to express their feeling, clarify their thought and acquired new skills. Learning is the acquisition of knowledge through education and experience. It is essentially important because it enable people to make informed choice about their own health. Roger (1996) defined learning as a kind of change often in knowledge but also in behaviour. Reece and Walker (2002) stated that learning brings about change and that teaching and learning proceeds pari passu and cannot be considered in isolation.

I spent time engaging with the residents so as to build a therapeutic relationship based on trust whilst observing their behaviours as I gather information to facilitate the learning process. This was to enable me identify their preferred style of learning so as to increase ease of transmission of knowledge. There are a host of approaches available in health promotion. Ewles and Simlet (2003) identified five approaches which include medical, client-centred, behaviour, education and societal change. In his word all these approaches must be taken into cognition when undertaking health promotion to clients.

Kolb (1984) developed the experimental learning theory (learning by doing) by this he suggested that learning is not fixed but formed from previous experiences. Kolb learning theory which is cyclical affirmed that people have different learning style and he identified four distinct learning styles as shown in figure 1 below includes concrete experience (having an experience), reflective observation(taking time to reflective on their experience from different perspective), abstract conceptualization (drawing

their conclusions) and active experimentation (putting theory into practice). For effective learning to happen Kolb said all this four must be taking into context when planning a teaching session. Honey and Mumford’s learning cycle is slightly different from Kolb system.

http://www. nwlink. com/~donclark/hrd/styles/honey_mumford. html

Figure 1 Honey and Mumford’s variation on the Kolb system

Honey and Mumford (2000) said that there four different types of learners which must be taken into consideration when planning a teaching session as shown in figure 1 above. These include the activists, like learning situation that presents them with new challenges, problem solving, and role play and uses the first opportunity to experiment; reflector like brainstorming and learning activity that gives room for observation, thinking and reflecting on they have learned; theorist like to research into fact before taking it onboard, they prefer a step by step approach and pragmatist like practical based learning and been given the opportunity to try out techniques and getting feedback in return. In view of fact that people have varied approach to learning considering the fact that it’s a group teaching. I intend to present my teaching to my mentor first to get feedback on whether I have considered all the four learners identified by both Kolb and Honey and Mumford.

As nurses the education of our clients about their health is a vital aspect of our nursing process. It is important that we use an approach that encompasses congruence, empathy and respect in assisting our client (Roger, 1996) instead of coercing them to change their life style. Therefore it

is imperative that we aware that teaching the client requires consent and that the client has the right and autonomy to refuse any intervention even when it can result to death provided they have the mental capacity to make informed decision (Mental Capacity Act, 2005 and NMC, 2008). DH (1996) states that the client must be provided with vital information about their health, so that they can make informed choice about the treatment options, life styles changes and behaviour. The subject was brought before the residents for them to make informed decision with regards to the teaching and they consented to because they wanted to do something about their weight. Kemm and Close (1995) wrote that there is high tendency for client to learn if teaching is directed to meeting their needs, interest and within their ability.

Effective communication plays a vital role in facilitating learning. As nurses the way we communicate and the kind of rapport we build with our client plays an essential role in empowering or disempowering them (Brown, 1997). Good communication skills act as therapeutic tool in delivery a holistic and person-centred care (Burnard, 1992). Our role as facilitator should be to explore and support our client to build that intrinsic motivation to make a change in their life, strengthen their commitment to change and then develop a plan to fulfill that change (Miller and Rollnick 2002). The responsibility for change lies purely on the client however as facilitator we should use an approach that confront the client with the idea of need for change without been persuasive and argumentative rather we should create an environment that show a sense of genuinity, respect and empathic

understanding through collaboration and working in partnership with the client.

Based on my assessment of the residents needs and considering the fact that they were adult learners capable of self-directing their learning, I decided to use andragogical instead of the pedagogical teaching style so as to enhance collaboration and for it to have a positive impact in residents' lives. Pedagogy is the art and science of teaching children, it is a teacher-centred education and the teacher decided what, how and when it will be learned while andragogy is the art and science of assisting adults to learn and it is learner-centred education. Andragogical approach help learning to take place because of the client's own effort or willingness and it helps learners to learn what they want to learn (Knowles, 1990).

Over the years educational psychologist and educationalist have developed models and learning theories (Hincliff, 2004). These include the behaviourist, cognitive or humanistic. Three domain of learning exist; Cognitive, psychomotor and affective (Bloom, 1972). The way we learn is however dependent on some other factors even though these three domains are the dominant. Individual's personal values, beliefs and altitude are motivating factors for self-directed learners. I decided to use the humanistic approach in facilitating the awareness and sensitization of the need for them to improve their diet and life style In order to meet the residents learning needs. The humanist theory as explained by (Maslow, 1943) is concerned with individual fulfillment and self-actualisation. The influence of the environment on the residents and their relationship with others is explained by the socio-cognitive theory. Bandura (1977) stated that learning take place as a result

of social interaction through observation and mimicking others whom the learner look up to for example family , peers and health professionals. To facilitate learning; a conducive learning environment, learning material suited to the learner’s need and their literacy level must be considered (Quinn, 1995). In view of this, I gathered all the necessary resource taking into account the residents individual learning styles and planned the teaching in such a way that it is tailored to meeting their varied learning styles.

Based on my engagement with the residents I identified that majority of them belong to the theorist, pragmatist and reflector learning styles from (Honey and Mumford, 1982). Prior to the start of the teaching session I made sure the environment was conducive for leaning, spacious, quite and with the right temperature. I introduced myself to the residents and my mentor and other member of staff present. I explained the rationale for the teaching session. I gave them handout I prepared for the session which contain literature and pictures, which were simple to understand and which they could keep with them and refer to later at their convenience and I also use video from YouTube http://www. youtube. com/watch? v= pp0nc4kY-tc to explain the potential side effects of fatty food and fuzzy drink on their heath and I highlighted the main topic, which is the makeup of the food they eat and its functions in the body and the calories recommended daily. I brought in several fatty foods like ground oil, butters in different make to explain to them the difference between the good product and the bad product. I explain to them that the one that contain high saturated fat and low unsaturated is not good because the body find it difficult to break down the saturated fatty

into small unit which is used by body instead they are gradually deposited thereby raising their cholesterol level. The deposition of fat gradually blocks the artery wall which could lead to anterosclerosis, stroke and heart diseases while product rich in unsaturated fats and low saturated fats are better. I encouraged them to always check for this information on the food product whilst shopping. I asked them if they know what cholesterol means and if anyone has check out their cholesterol level. I then brought out some more products for them to point out which one was better to check if the understood the lectures and they did perfectly well in identifying the good and the bad product and I offered them praise for a job well done. I then showed them they kind of food that is good for the body from you Tube http://www. youtube. com/watch? v= mAFTcfaA-pc&feature= channel and what constitute a balance diet. The teaching session was an interactive one and as facilitator I suggested and encouraged them to adopt a healthier lifestyle by eating more fruit and vegetable instead of chocolate, drink more water instead of fuzzy drink and to cook their meal which was more nutritious and economical and to exercise by going to gym or taking a light work every day. I suggested that we could contribute one pound to cook for the weekly communal meeting and then see how it goes from there and the feedback was positive. I gave room for question and answer session. I thanked them for their collaboration and for making the teaching successful. Their willingness to learn was quite beneficial. I provided information on what make a balance diet and some activities aim at dealing with weight issues in the communal lounge.

As nurses it’s imperative that we take time to reflect daily on our professional and clinical practice. Gibb et al (2005) stated that constant reflection allows learning to occur at every given opportunity and it improves practice. I felt competent though initially nervous teaching the residents on the need for healthy eating and life style change. Ewles and Simnett (2003) stated that health promotion is the process of empowering people to take proactive action over and improve their health. I was able to facilitated residents’ learning by building a rapport and through process I observed their learning styles and knowledge base which made it possible for me to tailor the teaching to their varied approach of learning. I believe the teaching session had a positive impact in enlightening the residents on the need for them to improve their diet and lifestyles change from the feedback I got at the end of the teaching. I use the humanistic approach clearly stating the rationale for the session because I wanted them to have the knowledge so that they can take responsibility for their own health. The session was collaborative and interactive with the residents fully involved in the discussion and asking appropriate when seeking clarification.

During the evaluation Amos felt that the learning outcome had been achieved and also said that the handouts and leaflets given during the teaching session were very useful and helpful. My mentor suggested that I could have done more and it would have been good, if I had used an overhead projector. But his feedback was encouraging. I had to rush towards the end of the session due to time factors. But I realised that as a student nurse, my professional development is still in progress and as my course develops I will become confident in dealing with this type of situation. My

experience of teaching on this occasion will improve my professional practice.

During the session I adopted a personal counselling approach based on the Beattie (1991) model, (cited in Ewles and Simnett 2003), which is a combination of the educational and client centred approach. According to Rogers (1983) people experience the world differently and know their own experiences better than anyone else. Amos' ability to take responsibility for his actions helped to be more independent.

In conclusion, I have been able to facilitate a teaching session by building a therapeutic relationship with Amos and through achieving effective communication. I found out from this experience that empowering clients does not mean that nurses should enforce decisions on clients but rather that; they should encourage and motivate them to achieve a desired result. I feel the experience was an interesting one. Looking back on the teaching skills demonstrated and the assessment of the client's need, I think the aim of the teaching was achieved. The feedback received from the learner and my mentor has given me an insight on how to improve in my teaching in future. I hope to use video clips and overhead projector in future teaching and to continue using the lecture learnt in taught module to enhance my skills and knowledge in my future role as registered mental health nurse.