

Manual blood pressure: a reflective account of a teaching and learning activity

[Education](#), [Teaching](#)



**ASSIGN
BUSTER**

This assignment will look at teaching an individual to accurately measure and record a manual blood pressure. Blood pressure is defined as “ pressure exerted laterally on the walls of blood vessels”. Manual blood pressure was chosen as this is an activity that I feel most confident to teach. This assignment will encompass a reflective account. A reflective account is defined as thinking about an activity or incident that allows consideration to the positive or challenging aspects and if applicable plan how to improve or use a different approach in future. The account will focus on teaching a new member of staff and will adhere to both Trust guidelines policies and procedures and National Institute for Health and Care Excellence (NICE) guidelines as cited in NICE guidelines. The student is the focus of this learning activity, the skills learned will help to enable job progression and put emphasis on the significance of a patient’s blood pressure. The word “ I” will be used as part of the reflection due to the need to express personal experiences.

The reflective model that I will use is Driscoll’s model 1994. It is important to note that empirical evidence relevant to current practice was found; these references are older than 10 years. Research was also sourced from countries other than the United Kingdom. A lesson plan for the teaching and learning activity has been included as an appendix. The lesson plan is to act as a guide in order to allow the learner to see the skills and information needed for the student to learn how the procedure should be carried out. The lesson plan also aids the teacher in supporting the learner and providing structure.

Driscoll's model begins by looking at what. This means returning to thinking about the situation, focusing on what occurred and how you as an individual reacted. When applied to my learning activity of taking a manual blood pressure, I initially acknowledged that I felt apprehensive about how the learner would feel about my teaching method and whether they had read and understood my lesson plan. The lesson plan helped to establish a guidance for the activity forming part of what I did in order to help facilitate the learners needs. I had a reaction of uncertainty brought on by my own doubt as to whether or not I had been able to cater for the learner's abilities to perform the task. Research has shown that ongoing, professional growth is improved when an individual's learning needs are clearly identified and met. Knowing that, I have attempted to address this by the use of a lesson plan, this gave me confidence in myself and the learner. To me ensuring that the learner was able to retain information, ask questions and learn was a key aspect of the activity. Being a positive role model when teaching an individual, puts emphasis on good qualities. I did this by being open and answering questions. Answering questions shows professional competency around the subject being taught and makes me feel good about being able to share my own knowledge and understanding. This allowed me to promote good standards of care delivery, learner interaction and lead by example. This all forms part of being a good mentor. I acted as a facilitator in learning by prompting the learner to make use of the resources that they had available, by doing this the learner was able to plan ahead and make good decisions on their approach. The learner applied this when gaining consent from the patient they wanted to acquire a blood pressure reading from. "

Action learning and coaching in particular are based on the view that individuals already have the resources and capability to solve their issues but may need help from the coach or the group in which they work to access and use these resources” as cited in the Nursing Times Skills to ensure success in mentoring and other workplace learning approaches 18/01/2010. Therefore, making sure the learner knew how to prepare the equipment was essential. Acting in this manner saw the success of the learning activity and the confidence in both myself and the learner grow. The patient was put at ease and reassured by a unified and well thought out approach to the task.

The next stage of Driscoll’s model moves onto the so what. The so what stage looks at both your own feelings at the time and that of others involved. This stage also focuses on what the feelings are now and looks at any differences and the effects of any interventions. It considers what you did or did not do and what positive things came from the situation. Comparison is encouraged between your own feelings and that of your colleagues.

Previously I mentioned when I first started the initial teaching I felt anxious, however when looking at my teaching plan I can see that I included, knowledge, comprehension, application, analysis, synthesis and evaluation by ensuring this was included I followed Blooms Taxonomy. Blooms Taxonomy relates well to the taking of a manual blood pressure as it can be easily applied to a structured plan for learning. The success of the activity shows me that as a result of encompassing Blooms approach I have allowed the learner to understand facts, show me a greater understanding through demonstrating actions linking a connection of knowledge, apply themselves,

visualize and discuss how this learning has impacted on their practice by evaluation. I was reassured by the colleague I was undertaking the teaching with, when they expressed that 'the teaching plan was very clear and easy to follow' it allowed me to reflect on my teaching by giving me the opportunity to ask the learner to provide feedback. Feedback was provided at the end of the teaching in the form discussion between myself and the learner. When having this discussion, I applied Pendleton's technique. This meant I first praised the learner by talking about what went well. In this case the learner gained consent and informed the patient of the procedure in a clear and concise manner which was a positive behavior.

The next step was to look at criticisms, what did not go so well. This was essentially the time taken to get the needed equipment and ensure it was clean and ready for use. The delay here was caused by the demand on the size of cuff required, then attaching the cuff to the equipment. The fittings had to be changed on the cuff to fit the tubing on the sphygmomanometer. The next part of discussion was the aspects that could have been approached differently and the strategies that could have been used to improve performance. This meant talking about how equipment could have been sourced prior to the undertaking of the procedure to avoid delay and allow for a streamlined undertaking of the task. From that discussion my colleague was able to see that I found the delay annoying and a hindrance to my teaching activity as it impacted myself and the patient. Strengths of Pendleton's approach included learner opportunity for the evaluation of their own practice, allowing specifics to be dealt with. Some difficulties with

Pendleton's model are that the learner found it hard to separate strengths and weaknesses which interrupted the thought process. This perhaps caused the loss of important points. The approach was also time consuming and prevented more in-depth consideration of priorities due to easily going off topic.

The third and final stage of Driscoll's model is known as Now What. This stage considers the implications for yourself, your colleagues and the patient. It takes place after the event. It further asks what you are going to do about the situation and what happens if you make no alterations. What might be done differently if faced with a similar situation and the most effective approach to gaining more details about the event should it occur again. Implications for myself that have arisen from this teaching are that I have now become more confident working with people undergoing training. If I have the opportunity to undertake this learning activity again I will try and include more learner feedback and provide the learner with a written feedback form on my thoughts and feelings towards how they can develop and further improve. I would also ensure that all the relevant equipment required is available before the student starts rather than allowing the student to seek the equipment out at the time of the procedure. By making these alterations to feedback and prior preparation this will reduce the stress of the activity for all parties and allow it to be more effective. Should similar errors occur these can again be managed by more advanced preparation. It is important to reflect on this activity as reflection allows for practicing, influencing decisions and care, promoting skilled and flexible responses in

action and on action after the event the views of different interventions are able to contribute details. This promotes the development of more professional skills and a greater understanding. There are however some barriers to reflection these are things such as the learner not being receptive to feedback and instruction where employee reasoning, learning and action can counteract.

Another barrier may be if the patient obstructs the learner's ability to undertake the task or if organizational policies and procedures influence the way in which the learning event is carried out. A lack of time in a busy environment may mean teaching is rushed or may not take place at all and the expectations upon the learner may create pressures resulting in stress related mistakes. My opinion is that the barriers that existed were easily overcome by working with other staff members to locate needed equipment and by ensuring that other staff were aware that we should not be interrupted during the teaching activity. By making other staff aware not to interrupt whilst the training was ongoing the pressures of a busy department influencing the teaching were minimized, which in turn allowed for the learning outcomes to be achieved.

To conclude, the learner and I adhered to the lesson plan. This led to achieving our goal of getting a manual blood pressure reading as part of patient physiological observations. I have successfully followed a reflective model which has enabled me to see the good aspects and negative aspects of the activity. I have also been able to develop my own learning based on what I have learned from reflecting. This has come about as a result of

returning to the learning event, gaining an understanding of the context and looking into modifying future outcomes. I have identified learning needs not only to advise the student on how they can progress but also needs of my own. These needs can now be addressed to form part of continuing professional development for the learner and myself. Success has been achieved with teacher and learner working to a structured plan and using it in a way which embraces different learning concepts, this assisted in achieving the best outcome and followed the most professional approach. I have grown in confidence and seen my ability to explain things to others improve, skills have developed and reflection is now a tool which I regularly use in relation to other tasks and as part of an ongoing self-improving technique.

Overall, I have found the Driscoll model of reflection largely positive.

Driscoll's model is one that can be easily applied and breaks things down into stages to really make you think and open your mind on how to improve. I will continue to recommend this model to others and use it myself.