

# Introduction

[War](#), [Intelligence](#)



INTRODUCTION Learning is a very important part of human development. In social life as well as for a person to be a part of any profession, the individual must first acquire the skill and knowledge necessary for them to be able to function in that particular environment. How learning takes place has been studied from the time human beings first began wondering how things work. The Nursing profession recognises a number of important theories of learning, some of which have been borrowed from fields such as education, sociology and psychology, while some have been developed by fellow nurses with training in the mentioned fields. The two main theories that are going to be discussed in this paper are Benner's model of learning and development of skill, and the constructivist model. The constructivist model/theory was developed over time by scholars from various fields, and as a result many different perspectives co-exist within it (Piaget 1966; Von Glaserfeld 1984; Vygotsky 1978; Wells 1995). Patricia Benner is a nurse that conducted research using the Dreyfus Model (1981), which led her to come up with the theory detailed below (Benner, 1984). Benner's model will be discussed first followed by a discussion of the constructivist model. And then a comparison will be made between the two illustrating similarities and differences. Finally a conclusion will bring the paper to the end.

**BENNER'S STAGES OF CLINICAL COMPETENCE (P. Benner, 1984)** In the acquisition and development of a skill, a nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert.

**Stage 1: Novice** The Novice or beginner has no experience in the situations in which they are expected to perform. The Novice will lack confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice should be within a prolonged

time period and he/she is unable to use discretionary judgement. Stage 2: Advanced Beginner Advanced Beginners demonstrate marginally acceptable performance because the nurse/student would have prior experience in actual situations. He/she is efficient and skilful in parts of the practice area, requiring occasional supportive cues. The learning may/may not be within a delayed time period. A Knowledge base is developing in the individual. Stage 3: Competent Competence is demonstrated by the nurse who has been on the job in the same or similar situations for two or three years. The nurse is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. For the Competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable time frame without supporting cues. Stage 4: Proficient The Proficient nurse perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient nurses understand a situation as a whole because they perceive its meaning in terms of long-term goals. The Proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The Proficient nurse can now recognise when the expected normal picture does not materialise. This holistic understanding improves the Proficient nurse's decision making; it becomes less laboured because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones. Stage 5: The Expert The Expert nurse has an intuitive grasp of each situation and zeroes in on

the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His/her performance becomes fluid and flexible and highly proficient. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience.

**CONSTRUCTIVIST MODEL** The prevalent understanding in experiential learning is based on reflection, which places the individual as central to learning and can be applied to knowledge acquisition. It points to knowledge being based on reflection on lived experiences i. e. learning through experience. The learner reflects on the lived experience, interprets it and generalises it to form a mental structure. These structures are knowledge, stored in memory as concepts that can be represented, expressed, and transferred to new situations. Individuals are understood to construct their knowledge base through their interaction with their environment. Each individual is active in the learning process and individuals learn through experience.

**A CONSTRUCTIVIST MODEL OF EXPERIENTIAL LEARNING** David Kolb (1984) believed that reflection is all about cognitive processes of conceptual analysis resulting in actual understanding. He believed that new knowledge and skills are gained through a process of confronting what you already know and when you can understand it, adding this experience to your knowledge base. Kolb and other theorists maintain that, although all adults are exposed to a multitude of life experiences, not everyone learns from these experiences. Experience alone does not teach. Learning happens only when there is reflective thought and internal processing of that experience by the learner, in a way that actively makes

sense of the experience, links the experience to previous learning, and transforms the learner's previous understandings in some way. This process could be exploited to maximise the learning experience such as through role playing or an exercise involving the learner experimenting. In 1984, Knowles focused attention on the adults experience and the value of reflecting on the experience, and as a result the adult educators started seeing themselves as facilitators of learning and as a guide, the learner in their experiences.

DIFFERENCES AND SIMILARITIES THE BASIC PROCEDURE OF LEARNING \* In Benner's model, the learner has no knowledge and no experience in the first stage, whereas in the constructivist model, the learner supposedly reflects on lived experience, then interprets and generalizes the experience to form mental structure. \* In Benner's model the learner is taught basic rules and guidelines to help them learn a specific task. For example, in foundation level, whereas in the constructivist model the learner learns from experience and individuals are understood to construct their own knowledge, through interaction with their environment. \* In this stage in the Benner model, the learner demonstrates relatively acceptable performances and the instructor is always on site with the students, while in the constructivist model the learner makes meaning of their own knowledge, the learner is building on the knowledge that they already know by using experience that they have. Students in a constructivist classroom are expected to connect all learning to prior knowledge. This leads to greater internalization and comprehension of facts concepts. \* Curriculum in both Benner's and the constructivist models focuses on isolated skills and move from these individual parts to the large concepts. THE ASSUMPTION MADE ABOUT THE

LEARNING \* In Benner's model Traditional classes are more attuned to adhering strictly to the prescribed curriculum in the text, while in the Constructivist model the curriculum emphasizes problem solving and application of knowledge rather than memorization of facts as is common in traditional classes \* In traditional classroom, reading is focused on decoding individual words first. Traditional classes tend to revolve around a textbook. Whereas constructivist classes use primary source such as novel, students questions and pursuit of knowledge are considered an important part of the constructivist curriculum \* In Benners model, Assessment of students in a traditional classroom is separate from teaching and often bears no resemblance to other activities in the classroom. Traditional assessment involves formal and informal tests. Whereas an assessment in a constructivist setting is more natural and is embedded in the activities of the classroom. Constructivist running records, observations and portfolios to capture students true knowledge and comprehension of concepts. \* In both models, the learner is guided through the learning process, in the Benner model it is due to immaturity and in the constructivist model as a sympathetic guide while building awareness. THE TASK OF THE EDUCATOR \* In the Benner model, a teacher in a traditional classroom is the primary source of information and authority. While In a constructivist classroom the teacher acts as a facilitator assisting students in pursuit of knowledge. \* In Benners model, Traditional teachers disseminate knowledge. There are stages of learning and students are usually passive. Constructivist teachers interact with students, helping them construct their participation in classroom activities, rather than expecting silent and passive attentiveness

as is the norm in traditional classroom. \* In the Benner model the students are to be taught. The educator makes sure that he impact knowledge in the students. While in constructivism, students learn from experience or from what they already know. THE SOURCES OF MOTIVATION \* In both models of learning, it is accepted that as adults seek to learn they are motivated to learn because of a perceived need or are have their own personal intentions for learning. And for effective learning to take place the learner must attempt to understand the knowledge or skill they are attempting to learn. In both theories, the stronger the motivation the greater the chance for learning. THE WAY IN WHICH THE TRANSFER OF LEARNING IS FACILITATED \* In Benner's model emphasis is on lectures to transmit knowledge, while in the constructivist model there is no operative lecturing. \* In Benners model Questioning/Narration Stimulations are used while in the constructivist model problem-based learning is favored. \* Benners model encourages using Audio visual aids, while constructivism points to project strategy. \* Benner uses the Description strategy in teaching, while constructivism forced Independent study. \* Benner depends on Explanation but the constructivist model prefers homework/assignment \* Benner points to Illustration, whereas in the constructivist model Drills or practice are emphasized. CONCLUSION In conclusion, Benners model and the Constructivist model of learning are two important theories that guide the teacher in nursing in different approaches to take in instructing students. Because of the similarities between the two models, they can be used simultaneously. At the same time, the differences between the two models make them valid and appropriate in different and unique situations. Continuous learning is encouraged in the Nursing

profession making both of these models important approaches to learning.

REFERENCES 1. Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34.