

# Reflective essay on teaching

[Education](#), [Learning](#)



This assignment will critically reflect and analyse a microteaching session I presented to my peers in a clinical placement regarding Nursing management of chest drains. I will define reflection; teaching, learning and the rationale for choosing this topic will be clearly outlined in this paper. The preparation, planning, implementation and evaluation will also be incorporated. This assignment will be structured using Gibbs (1988) reflective model cited in Modular Training Course, 2003 because of its simplicity.

Analysis will permeate through each stage of the Gibbs reflective model. Finally I will conclude by reflecting on my role as a joint practitioner outlining areas of personal, professional growth, identifying my strength, weakness and put forward an action plan for my future development in teaching. Reflection is an important human activity in which people re-capture their experience, mull it over and evaluate it. It is working with experience that is important in learning (Boud et al, 1985).

Teaching is defined as a system of activities intended to induce learning, comprising the deliberate, methodical creation and control of those conditions in which learning does occur (Curzon, 1997). In Nursing, teaching is said to be the change in behaviour that we wish to bring about if we are to enhance and improve care for patients and client (Hinchliff, 2004) The term teaching and learning are often used interchangeably.

Curzon (1990) cited by Nicklin and Kenworthy (2000) define learning as the apparent modification of a person's behaviour through his activities and experiences so that his knowledge, skills and attitudes, including modes of adjustment towards his environment, are changed, more or less permanently.

The rationale of choosing my topic was due to its relevance to the area of my clinical placement (Cardio thoracic) and the Unique learning needs of nursing management of chest drains amongst Nursing students as realised while working with them.

As mentioned above, I will be using the Gibbs reflective model, which follows a cyclical pattern from description, feelings, evaluation, to conclusion and action plan. See in the Appendice. Each of these is sub-headed in the next sections to maintain clarity. Description This is the first stage of the Gibbs model. The value of micro sessions is for planning and delivering a short presentation where by feedback can be gathered before embarking on longer sessions (Walkin, 1990). Planning is about thinking things through it requires imagination and lateral as well as logical thinking (Kiger, 1995).

It is a process that directs the teacher and the learner towards certain actions, which will facilitate learning. During the preparation of my teaching presentation I researched my chosen subject using databases like British Nursing Index (BNI), Nursing practice text books as well as Journals as recommended by Hinchliff (2004) who contend that using evidence-based practice can help to ensure that the subject is fully researched and this will provide support practice and view. I set out the aims and objectives of the teaching session.

This view is supported by (Daines et al, 1993) who state that the teacher must know what it is that he or she intends to teach and what the students are expected to learn as an outcome for the joint effort. I drafted a lesson plan see in the appendice, which I highlighted that I was going to use an

overhead projector and give handouts to the group. Ewan and White (1996) suggest it is necessary to understand learners' different learning styles for learning and teaching to be effective. I devised my teaching plan bearing in mind that there were pragmatists, activists, theorists and reflectors among my peers.

After putting the content of my presentation together I began printing and photocopying my acetates and handouts for my peers. The next step I did was to start rehearsing my presentation at home. On the day of the presentation I gave out handouts to my peers prior to the microteaching session. I used an overhead projector as a guide for my discussion even though my acetates were cluttered with too much information. I also used some equipment like different types of chest drains, water and a dame in of a person to demonstrate to my peers.

I used psychomotor learning domain as it was described by Bloom (1956) cited by De Tornyay & Thompson (1987) to be most important domain compared with Cognitive and Affective domains as it enabling the learner to learn through the demonstrated skill. As I encouraged my peers to carry out the skill that I had demonstrated, I had to bear in mind that many adult learners are self-conscious about trying new psychomotor skills as contended by De Tornyay & Thompson (1987). They worry about looking foolish and making errors.

And therefore it is crucial that the learning environment is warm and accepting, inviting the learners to try things, take risks and experiment. Feelings Planning on its own caused a lot of anxiety, as I was not really sure

of how well I will do in delivering and presenting my topic to my peers.

Although I had some idea about management of chest drains from both the practical bit that I had gained during my first two weeks on the ward and the theory that I had gathered, I was nervous prior to my presentation.

It is argued by some commentators that having nerves can improve your performance (Lancaster and Janes, 1994). Feelings of nervousness helped me to focus on my presentation however things did not go the way I planned them. I can only attribute my feelings of nervousness due to inadequate preparation. During the presentation I had mixed feelings of nervousness compounded by feelings of confidence and I was not sure about how the audience perceived my presentation. I was feeling confident at times because I knew a lot about the topic and my peers through evaluation echoed this. Evaluation

Evaluation can be seen as a process of making personalised judgements and decisions about achievements, expectations, the effectiveness and evaluation of what we are doing (Hanchliff, 2001). It occurs at different stages of learning experience, is ongoing, vital to development, evolution of teaching and learning. It is emphasised that if you do not self evaluate there is a tendency to carry on as usual (Hinchliff, 2004). As part of my preparation, I decided that I was going to use the SWOT analysis to evaluate myself. And with this, I was going to be able to identify my Strength, Weaknesses, Opportunities and Threats.

My strengths included giving handouts first before starting my presentation. My peers in the feedback sheets echoed these remarks. This is supported by

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(Boyd et al, 1997) who states that handouts provide organisation, enable students to listen rather than taking notes and serve as a reminder of what the students have heard in the classroom or lecture. I linked the theory to practice as I was using acetates on an overhead projector as well as demonstrating and some of my peers commented that this helped them to understand the topic better.

De Tornyay & Thompson (1987), recommend the use of an overhead projector by the teacher as this avoids distracting instructions and can integrate the material from the transparency with the presentation naturally and without losing eye contact with class. My voice was loud and clear throughout my presentation to enable my peers to hear the topic. Oliver and Endersby (1994) emphasise that if people cannot hear you during presentations they will not listen to you hence it is important to have a good voice projection when teaching or presenting.

I had also met my aims and objectives that I had set up and my peers had learnt from them following the feedback. Aim & Objectives can provide a logical sequence for both you & your students enable you to check whether your teaching has been effective and also help to make decision about what exactly the student should learn as recommended by (Hinchliff, 2004). My weaknesses included confusing some surgical terms that I had used and therefore giving the wrong explanation of the word, not giving all my peers a chance to practice the skill and also not involving my peers to participate in terms of the questioning technique.

Some of my peers commented on the feedback sheets that I had the tendency to read my acetates, I should have brought in prompt cards just to remind me of the main points which needed to be discussed further. It is argued by (Baume and Baume, 1996) that reading from transparencies will give a stilted feel to a presentation and does not give the presenter much credibility. In essence as a presenter you should know most of what you want to say otherwise you should not be teaching or presenting to the audience. And also some of my peers commented that I had rushed my presentation despite the fact that I finished within the expected time.

I didn't have all my teaching equipments as I had planned. In organizing the materials for teaching, Oliver & Endersby (1994) stated that the responsibility of teaching does not only lie on accuracy of the information presented but also in the manner and order in which it is presented. The opportunity of being familiar with my peers and knowing the subject area that I was going to present strengthened my confidence as I began to teach. My threat was not being able to finish on time and being so nervous that I would not give the best to my group. Analysis

On analysis, I thought I choose the right topic that was relevant to my course and my clinical area of placement. " As joint practitioners we will encounter carers in our working life, so giving information on carers assessment, their limitation and effect of caring will prepare us for future practice" (Hinchliff, 2004). As I was preparing my presentation, I thought about adult learning as all my peers were going to be adults. I decided to use Androgogy approach of teaching as recommended by Knowles (1990) who defined it as the art

and science of supporting students particularly, adult learner in their own learning process.

In retrospect, I feel that this helped to promote the students' concentration and I believe that my peers felt valued, as I was able to include them in the teaching by acknowledging each and everyone who participated by using their names and praised them. The teaching session took place in a seminar room near the ward where everyone was familiar with the environment. It is believed that a good learning environment allows a more positive attitude to study and desire to learn (Kiger, 1995).

Overhead projector was used during the teaching, this was benefiting to my peers, it help to clarify and explain key points. The use of overhead projector encouraged motivation from peers and makes it more interesting (Larrivee, 2000). The teaching session was aimed to facilitate humanistic or cognitive domain as well as psychomotor where cognitive domain is student centred. This permit student perception and thinking, it also incorporate student participation which gave the chance to ascertain peers' knowledge of the topic been taught.

I used Abbatt & Mc Mahon (1993) 3 aspects of evaluation i. e. Plan, Process and Product as a form of evaluating my peers learning and effectiveness of my teaching. With this, there was use of evaluation checklists See in the Appendices that were used by my peers to evaluate my teaching in form of feedback. These can enable the teach to identify aspects of his/her teaching that could improve on. Although the feedback from my peers and mentor



was informative and good, from my own reflection afterwards made me realise that I had not taught I had planned.

I didn't involve all my peers to practice the skill, which would have helped them to learn more as recommended by Hinchliff (2004). I should have informed them of how long the session was to take in order to avoid them from thinking that I had rushed. I should not have read my presentation from the acetates because it is argued that the audience will probably understand very little and will lose concentration quickly (Nicklin and Kenworthy, 2000). Body language communicates different impressions to the audience; I maintained eye contact on some occasions this helps to regulate the flow of communication.

This is supported by (Oliver and Endersby, 1994) who state that presenters who make eye contact convey interest, concern, warmth and credibility.

Conclusion I seem to have learned more from the reflective process than the actual presentation. Presenting to the group was one of the most nerve wrecking experiences as well as waiting for feedback from my peers and mentor. However, carrying out this teaching session has broadened my knowledge in management of chest drains and given me the courage and confidence for my future teaching and presentations. Action Plan

I endeavour to perceive weakness as opportunities for future development rather than as failures. In essence the act of reflecting on the microteaching presentation has deepened my understanding of the importance of having a good preparation, a good plan, including having rehearsals prior to the presentation, the importance of having a good learning environment, and

being familiar with the material you are going to use before presenting. It is imperative to evaluate each teaching session or presentation, as this is the only way we can learn to improve our practice.