

# [The skills required for collaborative learning nursing essay](https://assignbuster.com/the-skills-required-for-collaborative-learning-nursing-essay/)

[](https://assignbuster.com/)[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Nursing](https://assignbuster.com/essay-subjects/health-n-medicine/nursing/)

An effective way of learning is through interacting and co-operating with other people as it will give us opportunity to try out and share our own opinions. Prothero (2001). The benefit of collaborative learning within the group is to build up self-esteem in students and practice interacting with each other. Collaborative learning will develop higher level of thinking . Sanders (1995). Reflective practice is defined as professionals learning from which will help to understand and develop their own practice (Jasper 2003). Marks-Maran & Rose (1997) states that the different knowledge and understanding one brings to a new situation and the knowledge and understanding one takes away from a new situation is called learning. The reflection cycle according to the Marks-Maran & Rose (1997) includes; the incident of what actually happened, the thoughts and feelings arising from the incident, what was learned, how it will influence future action and related theory of the incident in the light of current knowledge. Communication is the sharing of information with each other and this will involve a sender sending out an idea or information to a receiver. However, for a communication to be effective, the receiver has to understand the exact information that the sender intends to send. This essay is about reflecting on what happened during my group discussion when we reflected on Daisy’s story. This led us to realise that the professionals did not work together appropriately and they did not communicate effectively amongst each other. In regards to my previous group discussion, I personally feel that some of the skills I used within my group was effective but were not of the required standard essential for the group to perform up to its full potential. There was lack of communication amongst team members, and ideas were not being brought through clearly. This caused several misunderstandings and confusion which became a major occurrence as it was continuous. The tone of voice used during communication was effective because whilst I was communicating with my group I emphasised on my voice projection by ensuring that my group member could hear me clearly, ineffective communication was prominent as individuals kept talking over one another. For effective communication, I strongly believe that a single voice should be heard at a particular time. According to Goodsell et al (1992), Honouring all voices in a group and caring how others are doing are crucial aspects of living in a community. This reinforces the information the individual is trying to pass across to other members of the group. This also sets the tone of professionalism and respect within the group which is a vital component to enable any group to function to its maximum potential. To improve this, various aspects of my mode of communication had to be altered; talking in a much clearer tone, emphasising on important key words and speaking with confidence and assertiveness will bring about clarity and effective communication which would cause less confusion. When explaining treatment to the patient, I will ensure I communicate with an assertive tone of voice through using modest language to ensure that the patient can understand information regarding treatment and to ensure that they feel empowered. During the group communication, I focused on establishing a level of eye contact with members of my group but occasionally I looked away to avoid tension. Also, I kept my face relaxed and friendly because tightening my face may portray me as aggressive to others. As a group we all did not maintain adequate eye contact. I observed that eye contact " invariably fell off in the second half of each three minute conversation" (Argyle & Dean, 1965, pp. 289-304). When speaking to a group of people or addressing a patient, it is important to have a connection with those people or that person. This connection is only made possible via eye contact. This shows full concentration on the message we are trying to pass across and it also portrays a level of certainty and assertiveness regarding the subject being discussed. A lack of eye contact shows a level of weakness in communication and also a weakness within an individual. This can be improved by showing attention and interest within the group . Wainright (2003). Also, we can improve this by blinking at each other 3-4 intervals because it will show a sign of friendly listener. Some patients might highlight the lack of eye contact as a deficiency in assuredness and assertiveness. In addition, I will constantly have to assure my patient; so that they have utmost belief in the treatment they are being given. Eye contact can also help patients to feel comfortable and protected. Adequate eye contact will reinforce and show that I truly care about their well-being and I am willing to meet their psychological and emotional needs. Without eye contact, people will not feel they are fully in communication. During the discussion, I noticed that we all understood each other quite well but a number of people brought their thoughts and emotions about the topic and this affected us in a way because there was barrier in delivering the message. In order for the group to deliver message properly to other colleagues, we should consider our receiver’s point of view and establish if they would understand the message and how it would sound to them. ‘‘ How physicians communicate with their patients is another process that is extremely important to understand. There are numerous analyses of this process, which range from discussions of language barriers to inefficiencies in delivering basic information regarding complex diseases such as HIV/AIDS’’. (Darrell et al, 2005, pp. 1095-1099). Understanding various forms of communication is vital and also ensuring communication is effective for the receiver to understand the message being passed across because for me to deliver bad news to my patient, I will need to know the method of delivery to the patient for them to fully comprehend the correct situation and react well. Delivering of the message must be effective in a way that it would keep my patient safe and build trust in me. Also, in my group I clearly felt that the lack of established criteria and guidelines which when implemented could have structured the exercise was ultimately helpful. Molyneux (2001). It helped me build more interaction within my group as we had to construct guidelines and methods of an approach together. This quickly aided communication as we as a group felt the need to be involved as it will govern our modes of operation within our team in future. During the communication I noticed that my voice was not clear enough because some people in my group seem confused whenever I gave answers to questions and had to repeat myself again. I learned that it is important I speak effectively and clearly because I do not want my leadership ability to be questioned. To improve this, it may be helpful for me to use analogies that can help my group understand the concept. When communicating with my patient I will need to speak clearly and show full interest as this will make them more confident and comfortable. Facial expression is also crucial, this involves engaging through the use of eyes, muscles and mouth can form a connection with my audience. While I was conversing with my group members I smiled consistently to engage my group members. But one of my group members kept his face straight during the communication and he looked quite upset. Group work relies on the group and even though some members might be experiencing a bad day, it is important to put the progress of the group ahead of personal feelings. It is essential to maintain a connection within a group not only using eye contact, but by our facial expressions, which translate into our body language. ‘‘ One can conceive of facial expression as a visual code available to human source for the encoding and transmission of purposive messages’’. (Williams & Tolch, 2006, pp. 17–27). A patient can read into the body language of the speaker and denote certain attributes. In this aspect it is important I keep a professional stance at all times, a stance and exhibits confidence and assuredness at all times. Reflecting back on my learning experience I have realised the importance of inter-professional practice within the health care setting. In addition I have learnt about my strengths and weaknesses as a health care professional and the ways to improve on them. Having effective inter-professional practice will benefit me as a nurse because it will allow me to perform my role effectively and I will be able to develop supportive ties with my patients who come from different cultures, backgrounds and religion.

## References:

Argyle, M. & Dean, J. (1965). Eye contact, distance and affiliation. American Sociological Association, 3(23), 289-304. Darrell, J., Frankel, P. H. D., Gale. H., Norvell, MD., Richard, M., Rutan, M. D & Solet, M. D. (2005). Lost in Translation: Challenges and Opportunities in Physician-to-Physician Communication during Patient Handoffs. Association of American Medical Colleges, 80(12), 1095-1099. Goodsell, A., Vincent, T., Smith, S. B & Macgregor, J. (1992). " What Is Collaborative Learning?" in Collaborative Learning . London: A Sourcebook for Higher EducationJasper, M. (2003). Beginning reflective practice. London: Nelson Thornes LtdLeske, J. & Schweitzer, Tracy. A. (2008).’ Thought processes and factors influencing recently graduated registered nurses' clinical reasoning’. (2nd ed.). University of Wisconsin-MilwaukeeMarks-Maran, D. & Rose, P. (1997). Beyond Art and Science- Reconstructing Nursing. London. Bailliere Tindall. Molyneux, J. (2001). Interprofessional team working: what makes teams work well? Journal of Interprofessional care, 15(1), 29-35. Prothero, S. M. (2001). Bailliere’s study skills for nurses. (2nd ed.). London: Royal college of Nursing. Sanders, M. (1995). Collaborative Learning Enhances Critical Thinking. Journal of technology education, 7(1), 1045-1064. Wainright, R. G. (2003). Teach yourself, Body language. London: Hoddler Headline. (p. 21)Williams, F. & Tolch, J. (2006). Communication by facial expression. Journals of communication, 15(1), 17-27.