

# [Psychomotor learning](https://assignbuster.com/psychomotor-learning/)

psycho-cognitive part   
-a schema that contains a procedural rule that organizes the kind & sequence of actions performedmotorcoordinated muscular movement ONPSYCHOMOTOR LEARNING SPECIFICALLY FOR YOUFOR ONLY$13. 90/PAGEOrder NowSimpson   
Fits & Posner   
Benner   
Dreyfus   
George & DottoTheories/Frameworks of skill acquisitionThe Psychomotor Domaintheory of skill acquisition by Simpsonlevel 1: perception-Simpson   
-where learner merely identifies the need to perform a particular skill in response to perceptual clueslevel 2: set-Simpson   
-when learner is ready to actlevel 3: guided response-Simpson   
-when skill is performed immediately after a demonstrationlevel 4: mechanism-Simpson   
-when skill has started to become habituallevel 5: complex overt response-Simpson   
-characterized by an accurate & efficient performance of skilllevel 6: adaptation-Simpson   
-when skill has been so well internalized that it can be adapted for different contexts & situationslevel 7: origination-Simpson   
-involves creative development of new psychomotor skills3 phase model of skill acquisitiontheory of skill acquisition by Fits & Posnercognitive phase   
associative phase   
autonomous phase3 phases in Fits & Posner's model of skill acquisitioncognitive phase-Fits & Posner   
-when skill is being learnedassociative phase-Fits & Posner   
-when performance is becoming skilledautonomous phase-Fits & Posner   
-when skill has become entirely automatic & can be carried out without thinking about itlevel 1: novice-Dreyfus   
-right adherence to taught rules or plans: 'context free elements"   
-little situational perceptionlevel 2: advanced beginner-Dreyfus   
-situational perception growing but still limitedlevel 3: competent-Dreyfus   
-coping w/ crowdedness (pressure)   
-now sees actions at least partially in terms of longer-term goals   
-conscious deliberate planning & problem solvinglevel 4: proficient-Dreyfus   
-see situations holistically   
-see what is most important in a situation   
-uses intuition and 'know-how'level 5: expert-Dreyfus   
-no longer relies on rules, guidelinesdoes   
shows how   
knows how   
knowsMiller's trianglesee one   
do one   
teach oneprototype in how to teach skillsconceptualization phase   
visualization phase   
verbalization phase   
practice phase   
feedback phase   
skill mastery & autonomy phase6 RCS recommended skill teaching protocol (CVV PFC)conceptualization   
visualization   
verbalization   
practice   
feedback5 supporting psychomotor learning (CVV PF)conceptualization phase-put learning skill into cognitive & attitude context   
-explain importance, relevance & usefulnessverbalization phase-skill is demonstrated & explained at same time   
-break down into componentspractice phase-novice practices the skillfeedback phase-relies on skills of facilitator to give help & guidance to novices   
-empathize with learners   
-reward positive actionsskill mastery-occurs after practice   
-allows learner to demonstrate to facilitator that they have achieved a specific level of required competenceskill autonomy-constitutes independent practice   
-means that learner can routinely perform skill w/out error in real-life contextsvisualization phase-learners should see whole skill carried out from start to finish   
-w/out verbal explanationpurpose of clinical laboratory-where theory & practice come together   
-to perfect or master skills   
-to have an opportunity for observation   
-to refine problem-solving, decision-making, & critical thinking skillspurpose of clinical laboratory-to gain organization & time management skills   
-to develop cultural competence   
-to become socialized in the clinical labmisuse of clinical laboratory-gain work experience rather than to achieve educational objectives   
-novices r given too much responsibility   
-evaluated more than taughttraditional methodsinstructors accompany grps (8-12 learners) to a clinical agency & assign them to patientstraditional preceptorship   
CTA model2 preceptorship modelstraditional preceptorship-preceptorship model   
-student is taught & supervised by a practicing nurse   
-educator oversees process & indirectly supervises studentCTA model-preceptorship model   
-Clinical Teaching Associate & educator work hand in hand to teach studentspreceptorship-increase clinical experience for students   
-expose more of realities of work world   
-allows students to learn from practitionerspreconferences-orientation occurs   
-brief students   
-ask questions about ass   
-discuss & plan on pt's carepractice session-follows preconferences   
-combinations of strategies (retdem)   
-like a checklistobservation assignments-effective teaching techniques   
-supported by Social cognitive theory   
-observe nurses as they perform skills they usually cannot performnursing rounds-effective teaching techniques   
-grp of learners + instructor   
-visit pts   
-to expose learners to additional nursing situationsshift report-effective teaching techniques   
-to attend endorsements   
-a way to learn uniqueness of nursing communication   
-means of professional socializationtechnology use-effective teaching techniques   
-must learn how to use varied technological tools required for pt care   
-PDAs, Nightingale Tracker Systemlearning contracts-effective teaching techniques   
-written agreement bet instructor & a learnerjournal writing-effective teaching techniques   
-clinical journals   
-promote active learning & reflective practice   
-built on theory of Constructivismformative evaluationongoing feedback given to learner throughout learning experiencesummative evaluationsummary evaluation given at end of learning experiencenorm-referenced evaluationlearner is compared to a reference groupcriterion-referenced evaluation-compares learner with well defined performance criteria   
-individualized