

# Psychomotor learning



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psycho-cognitive part

-a schema that contains a procedural rule that organizes the kind & sequence of actions performed motor-coordinated muscular movement

ON PSYCHOMOTOR LEARNING SPECIFICALLY FOR YOU FOR ONLY \$13.

90/PAGE Order Now Simpson

Fitts & Posner

Benner

Dreyfus

George & Dutton Theories/Frameworks of skill acquisition The Psychomotor

Domain theory of skill acquisition by Simpson level 1: perception-Simpson

-where learner merely identifies the need to perform a particular skill in response to perceptual clues level 2: set-Simpson

-when learner is ready to act level 3: guided response-Simpson

-when skill is performed immediately after a demonstration level 4: mechanism-Simpson

-when skill has started to become habitual level 5: complex overt response-Simpson

-characterized by an accurate & efficient performance of skill level 6: adaptation-Simpson

-when skill has been so well internalized that it can be adapted for different contexts & situations level 7: origination-Simpson

-involves creative development of new psychomotor skills 3 phase model of skill acquisition theory of skill acquisition by Fitts & Posner cognitive phase  
associative phase

autonomous phase 3 phases in Fitts & Posner's model of skill acquisition cognitive phase-Fitts & Posner

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- when skill is being learned associative phase-Fits & Posner
- when performance is becoming skilled autonomous phase-Fits & Posner
- when skill has become entirely automatic & can be carried out without thinking about it level 1: novice-Dreyfus
- right adherence to taught rules or plans: 'context free elements'
- little situational perception level 2: advanced beginner-Dreyfus
- situational perception growing but still limited level 3: competent-Dreyfus
- coping w/ crowdedness (pressure)
- now sees actions at least partially in terms of longer-term goals
- conscious deliberate planning & problem solving level 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, guidelines does

shows how

knows how

knows Miller's triangle see one

do one

teach one prototype in how to teach skills conceptualization phase

visualization phase

verbalization phase

practice phase

feedback phase

skill mastery & autonomy phase 6 RCS recommended skill teaching protocol

(CVV PFC) conceptualization

visualization

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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 actions skill 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

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- 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 socialization  
technology use-effective teaching techniques
- must learn how to use varied technological tools required for pt care
- PDAs, Nightingale Tracker System  
learning contracts-effective teaching techniques
- written agreement bet instructor & a learner  
journal writing-effective teaching techniques
- clinical journals
- promote active learning & reflective practice
- built on theory of Constructivism  
formative evaluation ongoing feedback given to learner throughout learning experiences  
summative evaluation summary evaluation given at end of learning experience  
norm-referenced evaluation learner is compared to a reference group  
criterion-referenced evaluation compares learner with well defined performance criteria
- individualized