

# How learning theories inform knowledge



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The NMC (2008) stipulates that as nurses we must maintain our professional knowledge and competence regularly through participation in appropriate learning and practice activities that will maintain and develop our competence and performance. Therefore, this essay will aim to explore and analyse how learning theories informed knowledge development in clinical settings. I will examine the principles underpinning the facilitation of learning and assessment. I will demonstrate my knowledge and understanding of the theoretical concepts in an episode in which I facilitated learning to residents' while on placement. Finally, I will use the reflective model by (Gibbs, 1988) to reflect on the strategies used within the episode and discuss the implications in relation to my future role as a nurse.

I observed most residents having fast food and fizzy drink regularly for lunch. I was deeply concerned because of my duty of care as a nurse (NMC, 2004) and because previous research has shown the risk of malnutrition was commonly associated with people with psychosis which predisposes them to host of physical health problems (Bottomley and Mckeown, 2008 and Hallpike, 2008). I had a discussion with my mentor of my intention to use the weekly communal meeting to carry out health promotion on healthy eating, considering the fact that most of them were on various antipsychotic medication which predisposes them to become obese. Timms (2008) said that a huge majority of people with mental health problems are most likely to have weight issue due to side effects of their antipsychotic medication. My mentor agreed to table it before the residents' in the next meeting to gain their consent in compliance with NMC (2008).

The residents' consented to it and were quite interested because some of them said they were really concerned about their weight. We agreed on a date for me to facilitate the learning that will empower the residents' to take responsibility for their health and make a positive change. A vast majority of physical health problems are caused by people's lifestyles and their failure to see the risk associated with their daily habits. Kiger (1995) defined health as a state of balance between different facets of life suggesting that it is a dynamic concept which he termed "movable". This means that our lifestyles can alter the balance resulting in an adverse effect on our health.

As facilitators, it is essential that we have a clear understanding of the different learning styles in order to tailor our teaching to meeting the varied approach of our learners. This is because learners are intrinsically different and preferred different ways of learning. Teaching is a purposeful intervention aimed at promoting learning and causing learning to happen. While Kiger (2004) defined teaching as a process of enabling people to learn through the dissemination of information and advice; it creates room for people to express their feelings, clarify their thoughts and acquire new skills. Roger (1996) defined learning as a kind of change often in knowledge but also in behaviour. Reece and Walker (2002) said that learning brings about change and that teaching and learning proceed *pari passu* and cannot be treated in isolation.

I spent time engaging with the residents so as to build a therapeutic relationship based on trust whilst observing their behaviours. This was to enable me to identify their preferred style of learning so as to increase ease of transmission of knowledge. Kolb (1984) developed the experiential

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learning theory (learning by doing) by this he suggested that learning is not fixed but formed from previous experiences. Kolb learning theory which is cyclical suggested that people have different learning style and he identified four distinct learning styles as shown in figure 1 below. This includes concrete experience (having an experience), reflective observation (reflective on their experience from a different perspective), abstract conceptualization (drawing their conclusions) and active experimentation (putting theory into practice). For effective learning to happen Kolb said all this four must be taking into context when planning a teaching session.

Honey and Mumford's learning cycle is slightly different from Kolb system.

Honey and Mumford (2000) identified four different types of learners which must be taken into consideration when planning a teaching session. These include the activists, they like learning situation that presents them with new challenges, problem solving, and role play and uses the first opportunity to experiment; reflector like brainstorming and learning activity that gives room for observation, thinking and reflecting on what they have learned; theorist like to research into fact before taking it onboard, they prefer a step by step approach and pragmatist like practical based learning and been given the opportunity to try out techniques and getting feedback in return. In view of fact that people have varied approach to learning and considering the fact that it's a group teaching. I intend to present my teaching to my mentor first to get feedback on whether I have considered all the four learners identified by both Kolb and Honey and Mumford.

Health promotion is a vital aspect of our nursing intervention. Ewles and Simnett (2003) defined health promotion as the process of empowering

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people to take proactive action and improve their health. They identified five approaches which must be considered in health promotion and this includes medical, behaviour, education, client-centred and societal change. It is important that we use an approach that encompasses congruence, empathy and respect in assisting our client (Roger, 1996) instead of coercing them to change their life style. It is imperative that we are aware that teaching the client requires consent and that the client has the right and autonomy to refuse any intervention even though it can result to death provided they have the mental capacity to make informed decision (Mental Capacity Act, 2005 and NMC, 2008). DH (1996) states that the client must be provided with vital information about their health, so that they can make informed choice about the treatment options, life styles changes and behaviour. Because of this we sort residents consent by providing them information on what the teaching is all about so that they can make informed decision. Kemm and Close (1995) said that there is high tendency for client to learn if teaching is directed to meeting their needs, interest and within their ability.

Effective communication plays a vital role in facilitating learning. As nurses the way we communicate and the kind of rapport we build with our client plays an essential role in empowering or disempowering them (Brown, 1997). Good communication skills act as therapeutic tool in delivery a holistic and person-centred care (Burnard, 1992). Our role as facilitator should be to explore and support our client to build that intrinsic motivation to make a change in their life, strengthen their commitment to change and then develop a plan to fulfill that change (Miller and Rollnick 2002). The responsibility for change lies purely on the client however as facilitator we

should use an approach that confront the client with the idea of need for change without been persuasive and argumentative rather we should create an environment that show a sense of genuinity, respect and empathic understanding through collaboration and working in partnership with the client. Individual's personal values, beliefs and altitude are motivating factors for self-directed learners.

Based on my assessment and the fact that the residents' are adult learners capable of self-directing their learning, I chose andragogical instead of pedagogical teaching style. Pedagogy is the art and science of teaching children, it is a teacher- centred while andragogy is the art and science of assisting adults to learn and it is learner-centred. Andragogical approach help learning to take place because of the client's own willingness and it helps learners to learn what they want to learn (Knowles, 1990).

Over the years educational psychologist and educationalist have developed models and learning theories (Hincliff, 2004). These include the behaviourist, cognitive or humanistic. I chose the humanistic approach in facilitating the teaching in order to meet the residents learning needs. The humanist theory as explained by (Maslow, 1943) is concerned with individual fulfillment and self-actualisation. Bandura (1977) stated that learning take place as a result of social interaction through observation and mimicking others whom the learner look up to. To facilitate learning; a conducive learning environment, learning material suited to the learner's level and their knowledge base must be noted (Quinn, 1995). In view of this, I planned and gathered all the necessary resource taking into account the residents' varied learning styles

and I ensured the environment was conducive for learning, spacious, quite and with the right temperature

The residents belong to the theorist, pragmatist and reflector learning styles based on my assessment using (Honey and Mumford, 1982). Prior to the start of the teaching, I introduced myself and asked how many of them like burgers and French fry; majority said they liked it. I explained the rationale for the teaching session. I gave them handout I prepared for the session which contains literature and picture which were simple to understand and which they could keep and refer to later at their convenience. I also used video clip from YouTube to facilitate the learning process <http://www.youtube.com/watch?v=pp0nc4kY-tc> .

I explained to them that most of the fast food they eat is made from hydrogenated oil which is rich saturated fats and that this raises the cholesterol level in the blood because the body find it difficult to break it down. This bad cholesterol gradually blocks the arterial wall which could lead to arterosclerosis, stroke and heart diseases. One of the residents then asked what is cholesterol? I explained the meaning and told them there was the good and bad cholesterol. I encourage them to go check out their cholesterol level. I encouraged them to buy food products rich in unsaturated fat and low saturated fats when shopping for food products. I brought out some food products to show them how to check for this information on the food pack. Then I brought out more food products for them to pick out which one contain high saturated and low unsaturated fats and vice versa to test their understanding of the lectures; they did perfectly well identifying the products. I applauded them for a job well done. I showed another video clip <https://assignbuster.com/how-learning-theories-inform-knowledge/>

<http://www.youtube.com/watch?v=mAFTcfaA-pc> on YouTube on the kind of food that is healthy, which can raise the good cholesterol which the body need. As a facilitator I encouraged them to adopt a healthier lifestyle by eating more fruit and vegetable, drinking more water instead of fuzzy drink and to cook their meal and to exercise by going to gym or taking a light walk at least once a day. The teaching session was an interactive one with room for question and answer session. I thanked them for their collaboration and for making the teaching successful. Their willingness to learn was awesome. I provided information on what make a balance diet and some activities aim at dealing with weight issues in the communal lounge see appendix.

As nurses it's imperative that we reflect daily on our professional and clinical practice. Gibb et al (2005) stated that constant reflection allows learning to occur at every given opportunity and that it improves practice. I felt competent though initially nervous teaching the residents. I was able to facilitated residents' learning by building a rapport through which I observed their learning styles and knowledge base which made it possible for me to tailor the teaching to their varied learning approach. I believe the teaching session met the outcome of enlightening the residents on the need for healthy eating and lifestyles change based on the feedback I got at the end of the teaching. The session was collaborative and interactive with the residents fully involved in the discussion and asking appropriate when seeking clarification.

The residents' during the evaluation felt they are now self aware of the danger associated with unhealthy eating and that the handout, leaflet and the use of video during the teaching session were very useful. Residents said <https://assignbuster.com/how-learning-theories-inform-knowledge/>



they will eat healthier now when asked what they think about fatty foods at the end of the teaching session. My mentor's feedback was encouraging but said I was a bit too fast in my presentation. I am aware as a registrant, that my professional development is ongoing and that as I progress in my training I will become more confident in facilitating learning.

Conclusively, I have demonstrated knowledge and understanding of the principles underpinning the facilitation of learning and assessment. Therapeutic relationship and effective communication is the key to facilitating learning. Through therapeutic engagement I was able to understand the varied learning approach of the residents based on Honey and Mumford learning styles. As facilitators, it important that we work collaboratively, encouraging and supporting our client to build that intrinsic motivation to make change in their life by using an approach that encompasses congruence, respect and empathy rather than coercing them which is inimical to holistic and client-centred care. Reflecting on the teaching session and feedback from both the residents' and my mentor has given me insight on ways to improve my teaching skills and this will form a basis for my future role as nurse.