

# [Developing autonomy in learning](https://assignbuster.com/developing-autonomy-in-learning/)

Thinking of me as an educator or instructor, and entering in teaching profession is one of my dreams and goals of life. This time a graduate study is giving me the opportunity to explore my professional development in the field of teaching and education. Before entering to the first class of practicum, naturally I was feeling the burden of responsibilities in terms of thinking more critically about my objectives, actions and ethical ways of performing my duties within the context of my work as a preceptee. Interestingly, just before the beginning of the class I was asked by one of my facilitators that what will you do after MScN and getting training of an educator? My answer was “ you are the inspiration for me and will walk on your steps”. The next comment that I received was “ you may walk on my steps but what change will you make”? These comments squeezed my thoughts and motivated me to think of a change I may make and expect in the field of education through getting experience from the education practicum.

Reflective practice is an integral part of teaching and learning. It helps in being honest to our selves, become aware of our surroundings and understands our own feelings. In this paper I am going to reflect on a wonderful experience of evaluating undergraduate students during double jump exam as a faculty, strategies to facilitate students’ anxiety during exam, and reflect on the purpose of double jump exam. It was challenging to assess students in limited time according to evaluation criteria that should be understood by faculty prior to assess. Since, I have to evaluate students as a faculty but, at that time I was having difficulty in getting into my role because I was realizing and feeling students’ anxiety within myself. I had to assess students and simultaneously to document their assessment findings at the same time. This was the most demanding work for me being honest and non-judgmental during evaluation. Students’ assessment and evaluation require intense preparation of self-management, control over your own beliefs and judgments, expectations and commitments towards students that articulate with the outcomes to be achieved.

I encountered one student during the exam. He looked confident and well-prepared when he entered at history taking and health assessment station. I explained him the exam criteria and timings to complete the history taking and system assessment in 20 mins (10 mins for each) under the supervision of course faculty. When he started taking history from simulated patient, his physical appearance and way of asking questions from the patient depicted some physical and psychological symptoms of anxiety. He was feeling nervous, speaking very fast, shaking, going blank during history taking and health assessment. We did not interfere during his attempt thinking that he might be recalling therefore, he should not be distracted. After few minutes, the student verbalized that “ mam sorry I am lost, I cannot concentrate, and I am feeling that I have forgotten everything”. This was the peak time where I didn’t have the authority to respond or intervene in this situation being preceptee. Moreover, due to time limitation of the double jump exam, the course faculty could not discuss the strategies to solve student situation with me. However, she counseled that student very positively, made him comfortable and gave 5 mins to list down the sequence of nervous system which he had to perform on the patient. The student made the sequence but even though he was unable to perform further and had withdrawn. Interestingly, the student performed very well in the next part which was identifying 3 medical diagnoses along with rationale and interpreting X-ray and ECG rhythm.

This scenario was challenging in terms of facilitating student’s anxiety, justifying role and responsibilities as a faculty, and exhibiting non-judgmental attitude with other students. Faculty plays a pivotal role in addressing students’ stress during exam. Responding to students in stress or anxiety is often confusing and overwhelming. Some level of anxiety is productive in performing better in academia but non-productive stress or anxiety leads to failure (Burns, 2004). In this particular situation, there could be many reasons for having test anxiety and poor performance. The reasons could be lack of exam preparation, studying late night before exam, worrying about past performance, lack of confidence, fear of performing assessment on simulated patients, fear of faculty presence, and so forth (Birjandi & Alemi, 2010). What I reflect throughout this exam is if I would have been in that situation as an invigilator, I would have allowed student to sit down and relax for 5 mins, and invigilate another student during that interval to save time; provided to use cue cards of health assessment to review since it was allowed to use it 3 times during the exam and there was no penalty or marks deduction. However, the student was not given chance to use cue cards which was questionable. The physical appearance of that student and his intellectual ability was revealing me that he has done his preparation but he was blank due to performance exam anxiety. Because, he performed outstanding job in making differential diagnosis, integrating lab values, and ECG and X-ray interpretation. If he would not have done his preparation, he would have flunked from the entire exam process. Course coordinator’s opinion could have been taken to facilitate student’s performance. Lastly, he could have given second chance to perform later as an exceptional case but it won’t be justified with other students who were prepared and performed on time.

What is the purpose of double jump exam is very ambiguous to me. If it is to assess students’ interviewing skills, health assessment, and drawing clinical concept map than this is a part of their routine clinical practice that can be evaluated while caring for patients in the hospital setting. In contrast, the purpose of it is to evaluate critical thinking to identify patients’ clinical parameters and health issues. Therefore, they should have trained in hospital placement where they can analyze cardiac rhythms on monitor, identify ventilator parameters, monitor invasive lines according to patients’ pathological conditions, develop plan of care and treatment on real patients which is an actual experiential learning hence, is a goal to engage students in continuous learning and assessment process. The purpose of good academic assessment is to engage students in autonomous learning and to determine how to fuse theory and practice (Taylor, 1998). There will be no extra efforts required in terms of administration and arrangement of human and material resources to plan double jump test which is one of the lengthy and stressful assessment strategies for students. Moreover, it will also prevent from the duplication of assessment which is already a part of clinical learning goals and outcomes. Performing on simulated patients often doesn’t provide actual patients’ symptoms and medical problems to identify and intervene. Students usually get preoccupied in identifying and verbalizing normal findings so they prepare themselves accordingly. However, the purpose is to allow them to think critically and recognize patients’ actual medical problems. Therefore, in my perspective, this learning can be facilitated during clinical.

Adult learners are responsible for their own learning. They are motivated when they are given autonomy of learning, ongoing facilitation and feedback from faculty. They require explicit instructions and appropriate responses from the faculty when they are flooded with stress and anxiety. Overall, this was a meaningful journey for me to experience the exam system from student’s and faculty’s perspectives.