

Assessing and improving a learning environment



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I graduated with Diploma of Nursing seven years ago. After graduated, I work in general surgical ward for five years. Later I went to Middle East to work for a year. Back in Middle East I worked in an oncology ward. Currently I work as a clinical instructor with one of the nursing private college in Kuching. The practical placements for the students are one of the hospitals here. Now, I am attached to the oncology wards, which consists of two wards with thirty beds each. The students that came for their clinical practices are from year one to year three. At the same time, they are other students from other college attach here too. The maximum numbers of students entering the ward are only fifteen per ward.

In this assignment I am going to write about how my current workplace is a good learning environment and how to improve it.

According to Hood and Leddy, (2003) learning process is a dependant on an interchange between the learner and environments. Since the ward restricts the amount of students, the ward is a conducive place to learn. They do not have to 'fight' for procedures since everyone would have adequate experiences. This is an advantages compare to other wards at the hospital. Learning materials such as pamphlet and drug books are also available at the nursing counters for the staff and students to read. The latest updates or protocols are also displayed in the notice board. To support the learning, it is better if there is a library in the unit or within the hospital compound. With library available, it would provide the staff and the student, books and journals not only from local publisher but also from overseas.

Ajuwon, (2003) thinks that computers and internets are important in medical education. In my current ward they are no computers or even internet connection is provided. It is difficult for the students or the ward staff to access information or knowledge during working hours. Through surfing the internet it will enhance their level of knowledge and understanding. Not only for internet access, it would make patient's data and records much more accessible. I believe if computers are provided here, the learning process would be more accessible not only for students but also for the staffs. At the same time the students will not assume the role of the instructor as their 'walking encyclopaedia' as student would be more self directed.

Ogier, (1986) mentions that the staff nurse is part of the student nurse clinical practice. In my ward the staff nurses are keen to teach the nursing students. They don't mind spending their time to explain and guide the students. Sometimes they will even approach the students if they are keen to do some procedures under their guidance. In my opinion the student have to be more active in their learning. Sweeney, (1986) notes that in nursing clinical practice the better approach for teaching is the student should be more student centred than teacher centred. I always encourage my student to be more initiative and active in their learning. For example when they find some interesting cases, instead of asking me immediately about it, I will ask them to look for the information first and we will discuss again once the information is gathered. I find out by using this method their level of understanding would be more compared to when I would just explaining the subject immediately.

Brown, (2009) concluded that interdisciplinary collaboration would enhance learning and prepare the students for their collaborative interactions in their future employment. In my current workplace, the physiotherapist, dietician and social worker would come and review the patient twice a week. I think, if the students could tag them around for a day, the students would benefit a lot. The students would gain new knowledge and would be expose to how other departments worked.

Quinn, (1995) argues that learning in clinical placement is much more meaningful and relevant than classrooms. Specialist ward round or grand round are done twice a week. During this time the oncologist, radiologist and pharmacist would do their clinical round together. The students are encouraged to join the round. During these rounds a lot of knowledge would pass around as the three groups including nurses would discuss about patient care and disease. Sometimes the specialist would stay after the ward round just to do bedside teaching with the students.

Nursing is all about lifelong learning. Bahn, (2007) mentions that if nurses' stops learning, they would not be able to keep up with changes and adapt themselves. There is two way of learning which is informal or formal learning. Spouse, (2000) defines informal learning as learning takes place outside of formal learning but still within the learner's learning context. Spouse also mentions that handover reports, report writing and social interactions among colleagues are one way of informal learning. Before the shift starts students are not allowed to touch the patient without listening to the handover. They are encouraged to write down the reports and listen to the handover at the same time. Laird, (1985) mentions that effective

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learning will be taken place when all sense are stimulated. His study found out that hearing is the second most effective way of learning after seeing. Before the end of the shift I always gather the student for a short discussion. Usually I will pick one student to present her or his patient to the other students. The student will also share their experience among themselves and at the same time if they have any queries it could be clarified there and then. Examples, a first timer student doing dressing would share her experience with the other students and they will do post mortem together under my guidance.

Bahn, (2007) agrees that nurse need to continue learning to ensure for safe nursing practice. One of formal learning that available here is continuous nursing education (CNE). CNE is held every first Friday of the month. The talk would be given by nurse educators, ward sisters or by fellow doctors sometimes. From here the staff and students can get their latest updates in nursing care and gain new knowledge. This CNE is important especially for the nursing students since they did not learn in depth about care of patient with chemotherapy and radiotherapy in classrooms. Last month, few of my students manage to attend CNE with the title of ' Oral care for patient with chemotherapy and radiotherapy'. Later they shared the knowledge with the rest of their peers. Not only exchange of knowledge and experience happens, but at the same time their level of understanding increase by the act of explaining.

Knowles, (1990) agrees that adult should be given proactive approach to learning which involves them in decision making. Most of my students that came here are year one students that had never been into clinical

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placement. What they had is only theory and minimal practical knowledge. The only practical knowledge they had is hands on the mannequin in skills lab. Humanist believe that people will learn by their own when their need arise. Based on that belief, when students undergo clinical placement, they will be ' forced' to learn skills in order to adapt to their surroundings.

Examples are the skills of taking blood pressure. Taking blood pressure is an essential skill for every nurse, without that skill they will not be able to function in their practice area. The students only learn how to take blood pressure in theory and because of that when they came for their practical they have to pick up the skills.

Honey and Mumford, (1992) says they are four ways of learning, which are pragmatist, activist, theorist and reflector. I had given the Learning Style Questionnaire (LSQ) to a group of six of first year students. From there I found out majority of them are pragmatist. According to Honey and Mumford, a pragmatist is where the student learns by doing. I showed and ask them to play around with the sphygmomanometer to familiarise themselves with the equipment. Later I showed them the correct way to take the blood pressure by using one of the students as the model. After that, I paired them and rotate each other to take their own blood pressure. Once they are confident enough, I will let them to try to the patient. By doing this, the student would grasp the idea of blood pressure taking.

Bloom, (1956) had identified three learning domains which is cognitive, affective and psychomotor. The students need to improve their cognitive because they are lack of knowledge. They have the skills and attitude but most of them can't tell me the rationale or why certain things need to be

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done in that way. Students need to be more self directed in their own education.

Darbyshire, (1993) mentions that not all nursing students are motivated to become self directed and autonomous in their learning. I believe the way for teaching my students are a mixture of student centred and teacher centred learning. If the students depend too much on me as their clinical instructors, they will not be able to use their critical thinking and decide their own learning needs. At the same time, the students need to be told of what and how to learn. In my opinion the students need to slowly transform their own learning from spoon feeding method to an independent learner in order to have established a strong foundation and to build self confidence for a more effective self directed study later. Gopee, (2008) says that nursing students should be slowly guided into adult learning.

The role model that I had chosen is one of my colleagues, Clinical Instructor JV. She is one of my colleagues that also attached to the oncology ward here. Previously she had worked for nearly ten years as a staff nurse in oncology clinic in one of the hospital here. Gray and Smith, (2000) mentions a good mentor is a good role model as they are professional, organised, caring and self - confident. I admire her way of work and how she handle the students. She is approachable and open to new ideas. Both of us always discuss how to improve our student learning. I also always ask her advice on how to overcome my problems with the students. Previously she used to be so strict with the students till the students are so scared of her. She is also easily irritated with the weaker students. When she realise that her teaching method is not appropriate she changed her method to a different way. JV
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also has good rapport with the ward sister and the ward staff. Every morning she will have small talk with the staff before starting our work.

I believe my working place is a good place for learning environment.

Although there are some areas to improve, especially in physical environment of the ward, learning still can take place. The attitude of the learner also need to change. They have to be more initiative and not depending too much on their clinical instructor to feed them.