

Msc reflective essay life long learning

Life



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Promoting Lifelong Learning By Anderson Pustam Promoting Lifelong

Learning Introduction Promoting lifelong learning is a very professional term.

It really promotes the real meaning of the learning and it also inculcates one most important thing in a learner's mind that learning is not restricted to the classroom or college. We can learn any time through any means. It can be our professional experience or within voluntary service as well. In my case I have learnt different things during my work within my community team.

One of the most important things that I learnt from there was learning through the professional environment and the development of the staff and students. Every social and healthcare organization continues to rely on various forms of effective management and leadership techniques—such as continuous learning, staff development, task forces, autonomous work groups, quality circles, and multifunctional leadership—to perform critical functions, lifelong learning is increasingly being referred to as the cornerstone of modern health organisation.

In my personal opinion the critical role that learning plays in organizations, more attention has been directed toward staff performance effectiveness (Binnie & Titchen 1995, P: 327-334). Personal learning experience Learning from the professional environment is far different from the class room and educational experience. In the case of professional learning we learn skills through direct practical approaches. We can also face real life examples to answer all the complexities and difficulties (Atkins & Murphy 1993, P: 1188-1192).

My work within specialist mental health learning disability team really added new edge in my personality it guided me how to work with people, manage their difficulties and how to resolve conflicts. Learning is a never ending process, professional learning provides open platform to keep our mind sharp and help us to make the most out of the service resources. It also improved my competency as a nurse, gave me enough confidence to face challenging situations. It is really a bonanza of earning and it also provided me with feelings of accomplishment (BUSH, & MIDDLEWOOD, 2006, P: 396-398). Real learning Health study is a topic that thinks the huge variety of human experience of physical condition, well-being and illness. What I learnt is healthcare work/ research does so from an extensive diversity of interdisciplinary and multidisciplinary viewpoints. It significantly examines health and illness dialogue and seeks to examine proof about health, well-being and illness in a broad variety of contexts and perspectives (College of Occupational Therapists 1997).

It thinks neighbourhood, nationwide, European and worldwide issues and may evaluate the knowledge of individuals, groups, neighbourhoods, civilizations and nations. It looks for to put in to this proof through investigation action of many dissimilar kinds. Because of this potentially wide range of the topic, person centred programmes will be different in their exacting concerns and stress (COLEMAN, 2002). Difficulties faced within the Practice Within the community setting we continuously faced the complexities of understanding the varieties of team criteria and referral processes.

The lack of operational policies, and rooted ways of working within disciplines across services made it difficult for positive change to occur (Boud D, et al. 1985). As a result the effectiveness of the service collaboration and shared learning was stifled. (DAVIES, & ELLISON, 1997, P: 123-125). At times there were signs of fragmentation between the local authority and health services. The lack of understanding of service ethos would highlight deficits particularly around communication.

Recommendations Making a Commitment to Partnership Working

Success depends not on the sophistication of our collaborative relationships, buildings and services but on the health of the people we serve. At our service, we have rapidly adopted this viewpoint, transforming our entire relationship with the Primary Care Services and Local Authority. Money alone cannot sustain most community-based services. Outcomes also depend on volunteerism. Programs will survive in the long term if they are sustained by the goodness of the human heart and the willingness of people to contribute not only their skills but their time (DUIGMAN, & MACPHERSON, 1992, P: 259-259).

The implementation of team managers attending services meeting within the CTPLD services as well as the mental health service to aide communication was acknowledged. It was recommended that all new staff should have a thorough induction and spend time with the individual teams within the wider service to have a in-depth understanding of what each service provides across the service tiers. Evaluation Programs We convened an Operational Management Group that met regularly over the last year.

Although we intended to adopt a collaborative leadership style, the task force, my staff and I were all veterans with LD services and we did not easily embrace the experience of collaboration with the other services within learning disability primary care services. The process was new to all and lacked clear aims and objectives. My own lack of patience stands out in my memory (DYER, 1995, P: 189-195). Conclusion After my over all practise and learning the results pinpointed some serious concerns.

Social service professionals in particular told us that the less fortunate see the healthcare system as unresponsive, impersonal, and out of reach. Rather than placing importance on the technical quality and breadth of our services, as we might have thought, they expressed an urgent need for specialist services. The community doesn't need any new services, they said; what it needs is access to what already exists. This assessment was troubling but useful; propelling us to shift our process to what the community needs and wants.

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