

Reflection on personal learning needs



**ASSIGN
BUSTER**

Reflective practice is associated with learning from experiences in order to identify, for example, my learning needs in the areas which are soliciting improvements (Allen et al 2008, p.

81). The promotion of reflection on personal learning needs (Ku et al 2007, p. 67) is an important strategy for me as a student nurse and future nurse, to develop a lifelong learning approach, encouraged by the Nursing and Midwifery Council (NMC) (2002, p. 4). Reflection makes possible the connection between theory and practice (Price 2006, p. 26) required to develop evidence-based practice, professional and academic growth throughout my career (NMC 2004, p.

34). I looked into three Reflection models to consider one model to carry out my reflection: Johnsni?? s (2000) Model of Structured Reflection (appendix 1); Rolfe's Framework for Reflective Practice (appendix 2) and I chose Gibbs (1998) Nursing Model of Reflection (appendix 3) as a framework. Gibbs's (1988) reflective cycle encourages a clear description of the situation; analysis of feelings; evaluation and analysis of the experiences; conclusion of what I would do if the situation arose again; and reflects an action plan to achieve it (Gibbs 1998, p. 10). To help identify my predominant learning style, I undertook a learning style questionnaire given by the University based around the Honey and Mumford approach to learning styles. The four main Learning styles defined by Honey & Mumford (1992) in the questionnaire are Activist, Reflector, Theorist and Pragmatist.

I found out my learning style score is evenly spread between the four learning styles (appendix 4). Using the Gibbs Reflective Model (1998), I

reflected on theory and practice occasions (appendix 5-9), and achieved the following conclusion about my learning styles strengths, and weaknesses My strengths: I am flexible and open minded; adaptable to change; keen to put ideas, theories and techniques into practice; and think through problems in a logical manner. My weaknesses: I can be too up front at times with colleagues; I have the tendency to discard anything without an obvious application and I can be impatient with irrelevant information; I find it difficult to concentrate in non-interactive lectures; and I find hard to write academically and pay constant attention not to write in my native language. The strategies that meet my learning styles are: In lectures: to be active listening and recording pattern notes. In practice: to keep a reflective diary and research evidence.

Studying for essays or researching subjects: I tend to brainstorm subjects and be between two states of awareness, divided attention when at home, and a selective attention when studying at college. I find the pos-theory/practice handouts helpful in terms of understanding and memorising information. I find the IBL sessions to be a valuable learning tool, as, I enjoy undertaking active learning in small groups to problem-solve matters and then present back to the group and tutor. This is a good way to build my transferable skills (such as presentation and peer education) and learn from each other (Drew & Bingham 2004, p. 8). The Adult Nursing training offers a variety of learning opportunities which I find attractive e.

g. : 50% Theory and 50% Practice; as there are a greater number of students. This increases the likelihood of finding students with similar learning styles and needs (Ross et al 2000, p. 741), whether within one of

my weaker or stronger strands of the nine curriculum strands: Bioscience, Communication, Clinical skills, Research and study Skills, Legal Ethical and Professional Practice, Socio-political, Psychology, Pharmacology and Partnership Working. Considering the strands I reflected upon theory and practice situations (appendix 10-15).

Taking into account the strands reflection, learning style strengths and weaknesses and strategies that meet my learning style, I prioritise which learning needs are the most beneficial to deal with at this stage in order to enhance my learning (Idczak 2007, p. 67). To meet these developmental needs I developed a Specific, Measurable, Achievable, Realistic and Times related (SMART) focused goals and action plans to problem solving my critical needs (Drew & Bingham 2004, p. 38).

I ranked them in their interrelated strands. Bioscience, Psychology and Pharmacology: to enhance my learning, I will develop further knowledge in: nutritional intake; observations; incontinence; urine track infection; skin integrity; cardiovascular accident; the affects of immobility; develop an understanding of mental health; dementia; alzheimer's disease; drug calculation; and the different types of topic creams used in practice (Action Plan 1-12). Communication, Partnership Working Clinical skills and Legal Ethical and Professional Practice and Socio-political: I will gain a further insight into effective communication (non-verbal, effective encouragement); understanding of the multidisciplinary team; nursing assessments; report writing; maintain a reflective diary. To reflect in/on, on a regular basis, so that reflection becomes integral to my thinking (Richardson ; Maltby 1995, p.

235); NMC code of conduct, role as a student, mentor and registered nurse; and public health awareness campaigns (Action plan 13-19).

Research and study Skills: I will manage my time effectively by developing a course time table (appendix 16); arrange childcare up front; maintain a weekly study plan (appendix 17); evaluate my career map (appendix 18); expand my skills in literature search strategy; academic writing; and referencing (Action Plan 19-23). I find this Reflection valuable in highlighting not only my learning needs, but also my achievements, weaknesses and attitudinal change. I feel that taking advantage of all learning resources available e. g.

library, tutors, mentors; with self-awareness of my learning style and needs, will help me to pass modules and occasions I find challenging. In order to evidence the continuous reflection on personal learning needs (Nairn et al 2006, p. 1509) and the development in skills which enable life long learning required by the NMC (2006, p. 3), I will maintain a professional portfolio to demonstrate achievements in clinical practice linked to theoretical knowledge.

All my Action plans on my portfolio will be SMART and all my reflections within my portfolio will be based upon Gibbs (1998) reflective cycle.