Strategies learner used facilitate learning in workplace

The aim of this assignment is to reflect on and analyse, strategies used to facilitate learning with a newly qualified member of staff in the authors working environment. The new member of staff will be referred to as the student during this assignment. This paper will show how one particular teaching session relates to theories of learning.

Reflection has been defined by Taylor (2000) as : " The throwing back of thoughts and memories, in cognitive acts such as thinking, contemplation, meditation and any other form of attentive consideration, in order to make sense of them, and so make contextually appropriate changes if the required". However, the definitions from Boyd & Fales (1983) and Dewey (1996), who considers that it is purposeful activity in thinking about an experience, through which learning takes place. Boyd and Fales focus more on self development. Here reflection does not only add to our knowledge but challenges the concepts and theories we hold. Furthermore as a result we don't see more, we see differently.

The reflective process is at least to some degree conscious, but may not be verbalized. The author also, believes and agrees with John (2004), that reflection are often triggered by feelings and greatly influences decision making. This emphasises the importance of reflection in practice.

The English National Board (ENB) and the Department of Health (DOH) 2001 defined a mentor as: " denoting the role of the nurse, midwife or health visitor who facilitates learning and supervises and assesses students in practice setting" would seem to be the most appropriate one to use. DOH (2001) identified that mentors need to possess a wide range of skills and to

undergo a more robust preparation in order to equip students for their working life in today's modernised, demanding National Health Services (NHS). Although this is the definition that illustrate the entirety of the mentoring role. The author feels this definition gives a somewhat very cold and clinical approach to being a mentor and prefers the following definition by Morton-Cooper and Palmer (2000) who states " A mentor is someone who provides an enabling relationship that facilitates another's personal growth towards competent practice and high standard making the learning experience an enjoyable and mentally fulfilling. This definition encompasses the emotional and personal part of the relationship, whether positive or negative, which the author feels is of utmost importance for a beneficial learning experience for both the learner and the mentor.

In ICU, all new members of staff must have completed four weeks of supernumerary period to acquire the necessary knowledge and skills to safely look after a critically ill patient. In planning to teach my student, The author need to accomplish three important aims as discussed by Wong et al, 1998; Conway and McMillan, 2000; (Cited in Jackson and Mannix 2001 p270), Provide student with the opportunity to develop their clinical skills; Integrate theory and practice; and, Assist their socialization into nursing. Prior to undertaking teaching of the student, the author ensured that the student had set a realistic goals and clear learning objectives and also, encouraged to question things that was not clear or difficult to understand. After much consideration based on the students learning needs, it was reciprocally agreed that the skill of ' zeroing of CVP and Arterial line' would be one of the essential skills taught in ICU. The learner expressed the need to learn this

particular skills, and Rogers (1996) views that learning is accomplished when a person feel a need, makes effort to meet that need, and feels satisfaction with the result of his effort. The student appeared keen to learn, and Hinchcliff (2001), views motivation as the major factor that encourages students to learn, and Oliver and Endersby (1994), sees motivation as one of the most basic conditions for learning. Motivation is heavily influenced by need, and Gross (2005) believes that how the motives

underpinning behaviour are interpreted, depend upon the position of the work of a theorist or psychologist.

Maslow (1970), while theorising human need, recognised that only when the needs lower down in the hierarchy are satisfied, the higher need will be met. The Intensive Care Unit is often very busy and stressful, and within the role of educator the author was very aware that the learner needed time away from the unit to unwind, as she could be very easily become over tired. On reflection this connects with the evaluation process of Gibbs reflective cycle, in ascertaining what was good about the experience. The Intensive Care Unit has it's own coffee lounge away from the unit where tea and coffee is provided. Frequent breaks, comfortable chairs, a television, and availability of refreshments are what Rogers, (cited in Downie 2003) views as necessary for providing human comfort and resulting in meeting physiological needs. Maslow's theory made a significant contribution of humanist thinking and the ' self actualization'.

The learning outcomes developed from our discussion were for the student to; Increase knowledge of zeroing CVP/Arterial Lines; Prepare resources and

equipment correctly with minimal prompting or assistance; Carrying out the procedure using aseptic technique, efficiently and record the nursing procedure in the care plan or patient record. In order to do this, the author needed to look at the nature of the learning process. It is therefore crucial when setting out to undertake a mentoring role that there is an understanding of the way the adults learn.

Learning can be defined formally as the act, process, or experience of gaining knowledge or skills (Conner, 1997). Facilitation of learning is defined by the Royal College of Nursing (RCN) as a well-planned learning opportunity with the provision to coach and support students (RCN, 2002). This is supported by the Department of Health (DOH), which adds that facilitation of learning allows students to develop opportunities to identify experiences that meet their learning needs (DOH, 2001).

Facilitation of adult learning is described by Banning (Cited on Warren 2010)

as the ideas and theories that are accredited to prior experiences which need to be complemented by interaction and adult-orientated strategies. A successful mentor is able to transform previous experiences via experimental learning, enabling the student to make sense and learn from the experiences gained. However, facilitating student learning is not always easy in practice. Garrison et al (2004) remind us that while teaching the nursing leaders of the future, we do so in chaotic setting which is, in effect, an unhelpful learning environment. More recently, Swinny and Brady (2010) found that, on a ward setting, mentors have difficulty finding time to teach because of the busy and demanding nature of clinical environment.

The premise that a student must have the desire to learn in order that learning that can take place seems obvious, but there are many elements of learning that can affect the desire to learn (Hinhcliff, 2001). Motivation is a major factor that manages students to further their knowledge. (Hinhcliff, 2001), and (Oliver and Endersby, 1994) support this view by believing motivation to be, one of the most basic conditions for learning to take place.

An understanding of some theories is helpful to a mentor as it provides them with an opportunity to examine their own beliefs and assumptions about people, knowledge, motivation, environment, assessment and other factors necessary with learning (Nicklin and Kenworthy, 2000). Learning help us move from novice to expert and allow us to gain new knowledge and ability. (Benner, 1984). These theories provide framework for studying the processes associated with learning. Learning theories of behaviourism, cognitivism and humanism have attempted to provide explanation about learning that apply to people in general. In order to see the full potential in learning, knowledge of such theories is crucial to the success of the individual learner. Behaviourism argue that nearly all behaviour is learned. It is based on what is refered to as stimulus /response learning and originates with the russian psychologist, Pavlov's work with the dogs whereby he linked one stimulus – meat powder – to a second stimulus, the sound of a bell. This produced a salivation response and ultimately the dogs would salivate at the sound of the bell even in the absence of the meat powder. This experimentation produced Pavlov's theory of Classical Conditioning (McKenna 1995). The social learning theory developed by Albert Bandura could be useful within the affective areas of nursing in as much as the

mentor behaves in ways he wants the learner to imitate, as a role modelling (Knowles, 1990). He stressed the importance of modelling other " behaviours", which is known as observational learning (cited by Bahn, 2001). Because it encompasses attention, memory and motivation, social learning theory spans both cognitive and behavioural frameworks. Humanism developed during the 1950's and 1960's as an alternative to psychoanalysis and behaviourism, movements which until then dominated psychology. This perspective emphasises the importance of self. It advocates student centred learning related to each ones own unique experiences, Teachers are seen as facilitators of learning, rather than the expert handing down knowledge and understanding (Quinn, 2000).

A day was planned in advance when the teaching would take place. The author had met on several occasions with the student therefore an introduction had been made. The author felt that effective communication is essential to facilitate learning, therefore adapted a friendly and approachable manner.

This view is supported by McKimm, J. (2007) who believes the learner is able to express their views and make errors when a sociable atmosphere is set and maintained. McKimm, J. (2007) also discusses the concept of ' teaching by humiliation' and the author is very aware from past experience, of the negative effect of power relations, and so becoming more sensitive to the needs of the student.

As a good example, the student had seen the procedure of zeroing the CVP line, carried out previously as a part of the daily routine with the

mentor/author but had neither performed it nor understood the relevance of it.

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