Importance Of Involvement In The Process Of Learning

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For learning to be effective, practitioners need to understand, current thinking on how learning occurs and the various ways in which adults learn. Learning can occur through observation and participation opposed to teaching through definition and theory, depending on the situation. How adults learn, is crucial to the whole learning and teaching process.

This assignment will explore the teaching and learning process through a micro teaching relevant to practice. This will be evaluated through personal reflection and linked supported by the relevant policies.

The teaching process can be defined in many ways. A learning approach/theory has been developed to cover each aspect, all of which are outlined below.

The behaviorist approach is more commonly known as classical and operant conditioning and is based on a stimulus-response. Pavlov first introduced classical conditioning. He observed the behavior of dogs and their salivation at the sight of food. Pavlov deemed this an unconditional response. He developed this further and sounded a bell with a meal and discovered the dog would salivate upon hearing the bell only. Pavlov called this a conditioned response.

E.g. Food (US) ---Salivation (UR) - UNCONDITIONED

TRIAL PAIRING OF FOOD WITH BELL

Food (US) + Bell ----------------------------------Salivation (UR)

Bell (CS) --Salivation (CR) - CONDITIONED

However, Skinner (1968) introduced operant conditioning. Skinner experimented with rats. He designed boxes for the rats, which housed a mechanism that delivered food pellets each time the lever was pressed. In the rats' natural behavior, it makes accidental contact with the lever three or four times and food is delivered. After this the rat demonstrates an intentional behavior. This indicates learning has occurred.

Carl Rogers and Abraham Maslow developed the Humanistic approach in America in the 1960's in a reaction against the two other prominent psychology approaches. The emphasis is placed upon the individual and the stimuli, which motivates individuals to perform certain behaviors. Maslow's hierarchy of needs demonstrates this. Bruner developed the Cognitive approach, in the late 50's and early 60's. Bruner compared the mind to a computer, stating that we too are information processors. He studied the internal mental processes between the stimuli we receive and the responses we make. Cognition means to know and the cognitive processes refer to the ways in which knowledge is gained, used and retained. Cognitive psychology is the most dominant approach to psychology today.

Constructivist learning approach is a follow on to the cognitive approach. However the emphasis is placed upon the individuals self awareness and view on their own learning.

Bandura introduced the Social learning theory in 1977. The theory states that we don't merely learn through positive and negative reinforcement but through imitation. We copy another individual’s behavior due to identification - we identify with them and internalize - you become the person. Bandura demonstrates this by showing a group of children a doll being physically attacked. The children were later presented with a replication of the doll and were found to imitate what they had observed.

A domain of learning approach was developed by Bloom in 1972. He identified the three stages in which learning occurs as the:

Cognitive - knowledge gain

Psychomotor - skill development

Affective - attitude formation.

Research and evidence has proven that no single theory can cover all aspects of learning. Classical and operant conditioning stress the importance of immediate feedback in learning to maintain a positive attitude to learning. However, Cognitive and the domains of learning, enable clients to develop problem solving skills and the underpinning knowledge of theory and skills. Each theory has pros and cons, determining which theory relates to your personal situation, will assist in effective learning. To demonstrate this, I will analyze the learning theories and teaching process, in accordance with planning and delivering my own teaching.

Planning and delivering teachings, is a complex procedure incorporating many factors. If these are covered in a logical order, then an effective teaching with positive outcomes should occur.

To ensure this occurs, a process known, as APIE should be followed. If you Assess, Plan, Implement and evaluate, then your teachings effectiveness is measurable.

One of the most important factors is to decide what to base your teaching on and identify your target audience, learning environment, barriers to learning and relevant policies.

My teaching was based upon Cardiac rehabilitation with regards to exercise, targeting adults from a multi cultural society who were due to be discharged from hospital following Coronary Artery Bypass Graft surgery. In order to make my teaching suitable for the adult learner, I understood it had to be flexible, with regards to date and timing of the meeting. Use learning theories/ styles with the emphasis on discussion and negotiation and place them in control as this contributes to the fundamental system of life long learning. Recognizing the individual is also extremely important, as understanding their individual needs is imperative. According to Hudson 1968, research has been carried out by psychologists to highlight the different ways in which we approach and process information. However, due to the nature of the teaching, it was extremely important for me to maintain a degree of control, in order to guide patients through an uneventful recovery.

I planned for the teaching to take place within the hospital administration sections seminar rooms, in a hope to reduce the number of distractions and attempt to increase the individual's attention span and concentrate on planning for discharge.

My teaching was linked to the following policies, National service framework - cardiac rehabilitation, NHS plan - working in partnership with patients and care delivery in the 21st century.

The National service framework is the most prevalent. This details the need for client education and stresses the importance of prevention (DOH 2000). The first four standards emphasize the importance of prevention and educating clients with regards to healthy eating, increasing physical activity, reducing obesity and the percentage of smokers in society. Standard 12, discusses the need for education prior to discharge for patients whom have been admitted and diagnosed with Coronary Heart disease.

With my target group and teaching environment identified, I proceeded to identify potential barriers to learning, with communication being my priority. I had to ensure that English was spoken and understood clearly amongst the patients, which in this case was; otherwise provisions for an interpreter would have been arranged. Ensuring patients with a hearing impairment, would hear me, I would speak slowly, loudly and clearly and patients with a visual impairment could see me. Handouts would be made available in large print and on audiotape. The less abled amongst the group would be accompanied by nursing staff. The seminar room was accessible for all, including wheelchair users.

Having covered all aspects of the initial planning stages, I devised a structured and detailed teaching plan incorporating the teaching methods to be used and aims and objectives for the session. The aims and objectives were to be specific, measurable, attainable and recordable targets. I finalized the time scale for the teaching and all relevant handouts (copy enclosed for your perusal), well in advance. I had the teaching proof read by an independent source, to ensure it was clear and precise.

Access to the seminar room, was arranged in advance, so I could arrange the furniture accordingly and remove any potential communication barriers (Maslow 1964 cited in Atkinson etal 1987)).

On the day of the teaching, I arrived early, to ensure everything was in place, greeting patients as they arrived, in attempt to put them at ease. Once everyone had arrived, I welcomed them and explained who I was, exactly what my role entailed and what my plans for the session were. My objectives were:

1. For the patients to understand what exercises they could do and over what duration.

2. Know the underpinning knowledge and the positive/negative effects.

3. For everyone to feel comfortable with one another and to ask questions at any time.

The teaching followed an active format, with group participation and demonstrations and knowledge at the same time. The teaching session was based upon the Social learning theory and the cognitive approach. The social learning theory was most relevant due to its components of positive and negative reinforcement and imitation. When learning within the group situation, individuals often can feel intimidated by others, however if all patients worked together, then they copied each other, imitated and internalized with one another. This was a positive outcome from the participation perspective of the session, however the patient or patients who began to stray from the exercise regime for example, exercised more than was recommended, then their recovery had a possibility of being delayed and other patients sometimes imitated this behavior or felt belittled and depressed as they couldn't exercise as much or as often. In order to reduce these factors, positive and negative reinforcement were used. Patients were praised on their achievements and progression and a more negative approach was used to those who were straying from the programme although praise was given for their commitment and enthusiasm. The cognitive approach was used as a guide for ensuring the patients had the underpinning knowledge about the exercises. This approach likens the human mind to a computer, using a stimulus-response mechanism, also similar to classical and operant conditioning. One hoped the patients would internalize the theory given to them, which included exercises and possible side effects if too much or too little

was carried out and liken it to themselves with the response being any side effects they incurred.

The two theories were used accordingly as one thought the cognitive approach reduced the number of negative factors with the social learning theory. The pros and cons with each theory and found the social learning theory to be essential for group participation but didn't account for individualization, which the cognitive process accounted for. When used together, they supported my teaching style appropriately. Not all theories work together, it is determining your personal teaching style, target audience and teaching subject which is most important and the theories are a reference.

Having completed the teaching on Cardiac rehabilitation with regards to exercise following surgery, feedback was received. The feedback was of a written format from 7 independent clients, evaluating the effectiveness of the teaching, including interest in the topic, eye contact, information given and amount of client participation. The feedback was all of a positive perspective, especially highlighting the motivation and interest shown towards the topic.

Due to the feedback, received, being from a small proportion of society participating in these classes, the results demonstrated cannot highlight a true reflection of the teaching. In order to achieve this, the teaching would have to be delivered to a number of clients and other rehabilitation nurses from across the area for comparison, however due to time constraints, this was not possible.

If the teaching session were to be repeated in the future, one would hope to be able to capture a wider audience from within and outside of the healthcare profession, using current feedback to build upon and construct a more effective teaching. One believes the teaching, which has been delivered, was of a positive outcome as the focus was concentrated on demonstrating motivation and a high degree of interest, which was shown in the feedback.

The ideal teaching would incorporate every aspect required, however due to time restrictions and limited facilities it is virtually impossible to deliver a teaching which is suitable to every client. The one solution to this would be to divide clients into groups, of similar age, ethnic groups and physical and mental ability, however due to equal opportunities, disability acts and race relations, this could never occur. One hopes this would never happen in the future as every client brings something unique and positive to them to each session. We all learn from one another and one believes if another teaching were to be, carried out it would be improved, due to experience.

Having carried out the research and undertaken the teaching, the importance of client education is extremely important. Government policies are beginning to highlight this loophole and health professionals are beginning to visualize society in the future if client education doesn't occur.The article was produced by the member of masterpapers.com. Sharon White has many years of a vast experience in Essay Writing and custom essays writing consulting. Get free samples of essays and courseworks and buy essays .