



Supporting Effective
Practice Learning
Unit 2
Learning theory

Introduction

This unit is for practitioners preparing to be a practice supervisor and/or practice assessor and will take approximately 1.5 hours to complete.

The aim of this unit is to provide you with useful new learning, or build upon your existing knowledge and expertise, to support you in your role as a practice supervisor and/or assessor. Therefore, supporting you with the integration of learning theory in the preparation of teaching and learning opportunities that enable students to meet their proficiencies and outcomes.

On completion of this unit you should be able to:

- + Co-ordinate, evaluate and reflect upon learning opportunities based upon learning theories.
- + Analyse the evidence for learning preferences in promoting students learning.
- + Facilitate the empowerment of students as independent learners.
- + Develop, evaluate and reflect upon interactive learning opportunities and resources for students in your clinical setting.
- + Develop opportunities for peer learning and interprofessional learning for students in their clinical settings.

This unit is aligned to NMC (2018) Standards for Student Supervision and Assessment (SSSA), National Framework for Practice Supervisors, Practice assessors and Academic Assessors (NES 2019) and the Health and Care Professions Council (2017) Standards of Education and Training. In addition, the unit links to the Train the Trainers' Toolkit Helping others to facilitate learning in the workplace: A Practical Guide (NES 2017) which will be referred to throughout the unit.

Self Assessment

Where are you now?



Take time

Take some time to reflect on what you currently understand about how you learn and any education you may have had to support that.

This unit will provide you with the knowledge and skills needed to support your understanding of learning theory to help you to support students in practice.



Reading

In the following sections you will be directed to find out more about the practice supervisor, practice assessor and academic assessor roles. If you haven't already done so, take some time to familiarise yourself with the NMC Education Standards. These will form the basis for all following activity

We hope that this unit will provide you with useful new learning, or build upon your existing knowledge and expertise, to support you in your role as a practice supervisor or assessor.

What is learning theory?

The nature of learning has been the subject of debate and research and has influenced teaching practices in education and training (Jacques and Salmon, 2000). Learning theory describes how students absorb, process and retain knowledge during learning. It also sets out to explain the learning process itself.

As a practice supervisor and/or assessor, you will see that people learn different things in different ways, and by understanding learning theory, you can adjust your approaches to teaching and supervision to get the best from your student. It will also encourage them to reach their full potential by personalising their learning to meet their needs.

It is broadly accepted that cognitive, emotional, and environmental influences, as well as prior experience, all play a part in how we learn. This 'world view' is acquired or changed as knowledge is retained and skills attained. Culture may also influence approaches to learning (Richardson, 1994; Richardson, 1996).



Activity

Let's consider your learning preferences – record your thoughts for each question. This will also be explored in more detail later in the Unit.

When you are learning something new, how do you like to do this?

- + Think about methods you have used before when supporting students and methods that have been used with you. Examples might include: reading information, sitting in a classroom, completing online learning, being taught in the clinical area, using models or mannequins.

Do you prefer to be passive or active?

- + Having the information transmitted to you or do you prefer active engagement with materials?

Do you like working in groups with others or by yourself?

Do you think this preference translates into how you retain what you have been learning?



Activity (continued)

Look at the list below and think about how you would prefer to be taught in these instances:

- + A new practical skill to use in the clinical area.
- + A new process or policy.
- + A refresher of something you knew already.
- + Findings from a piece of research.

Learning theories

The new NMC (2018) standards enable creativity in student education so it is important to have some awareness of learning theory to enable flexibility in teaching and supervision in the clinical area. There are many learning theories, but these are the ones you may have heard of or be familiar with. There are links for extra reading about other learning theories throughout the unit.

Behaviourism

Definition: this theory focuses on observable behaviours only. Learning is the attainment of new behaviour dependant on environmental factors including positive or negative reinforcement. The learner takes a more passive role whilst the educator directs the process.

This is seen in the well-known example of Pavlov's dog, where the dogs would salivate at the sound of a bell even when food was not presented. This is because their behaviour was a conditioned response from a bell being rung when food was presented. This theory is seen as being functional, scientific and measurable.

Example of application:

- + Giving continual feedback on progress so the student can adjust their behaviour to keep progressing.
- + Praise/reward and reinforcement for each step of a skill.
- + Simulation to enable repeated trial and error of skills.
- + Repetition of carrying out basic observations in a clinical area.
- + Student undertakes catheterisation successfully.

Adult learning theory (Knowles, 1990)

Adult learning theory also known as andragogy focuses on the teaching of adult learners. The theory recognises that adult learners have autonomy and prefer to be encouraged to learn rather than be taught. Learning should be interactive and encourage an active problem-solving approach.

Pedagogy on the other hand is teacher focused. Those of you working in the child field may also recognise this as a description of how children learn. The students will learn what you tell them to learn and you will decide on the process of learning. This is sometimes seen as an approach used in schools.

Adult learners are seen to bring their life experiences, be intrinsically motivated, are independent and self-directed. Adult students, however, are also seen to have competing personal demands, have differing levels of experience and can be of varying maturity.

Example of application:

- + Problem solving/practical issues that can be related to own experiences.
- + Learners being responsible for making own goals and learning plan implementation.
- + Case studies and role play.
- + Devising own learning programme whilst on placement.
- + Completing a health promotion board.
- + Your student has arrived for their first day and you discuss the goals and aspirations they have whilst on practice placement.

Cognitivism

Definition: Cognitivist theories focus on the internal process of learning – thinking, understanding and organisation of information. Theorists see learning as an active process where problem solving creates an interaction between old and new knowledge. Social interaction, differing opinions and the scaffolding of new ideas on knowledge already known; this means that learners are given a foundation of knowledge on a particular topic which is then built upon as they progress. They then acquire new knowledge and further skills which are supported by the original foundation.

Example of application:

- + Topic engagement where learners are challenged and is not repetitive.
- + Development of critical thinking skills by facilitating application of new knowledge.
- + Ethical care discussions.
- + Care planning for patients.
- + Complex discharge planning.
- + Discussion of ethics with no right or wrong answer – requires information to be formulated and considered to then inform their individual opinion.

Experiential Learning

Definition: David Kolb developed his experiential learning theory in 1984. This theory emphasises that the central role of learning through discovery and experience was not just watching or reading about it.

The theory consists of four stages:

- 1 | Concrete experience – active involvement in a task.**
- 2 | Reflective Observation – stepping back and reviewing what has been experienced.**
- 3 | Abstract conceptualisation – process the information and make sense of the task through theoretical application, the ideas of others and their own knowledge.**
- 4 | Active experimentation – considering how to put what has been learnt into practice in order to understand context**

Example of application - Learning how to administer an injection:

- + **Reflective observation** - Thinking about administration of an injection and watching another person administer an injection.
- + **Abstract conceptualisation** - Understanding the theory and having a clear grasp of the concept of injection administration.
- + **Concrete experience** – Discussing with practice supervisor and receiving practical tips and techniques.
- + **Active experimentation** – Under supervision administering the injection and receiving feedback from practice supervisor.



Time to reflect

Have you applied learning theory (even unknowingly) when you are supporting students in practice?

Here are some ideas to get you started:

- + Teaching a practical skill
- + Giving a ‘what would you do’ scenario
- + Planning the learning journey in your clinical area based upon the learning opportunities in your clinical area.

Record your reflections.

As your practice progresses you will likely be able to see recurring themes about how you teach; you will be able to use the literature to examine how you could approach a similar situation in the future either in a different way or similarly. In being able to identify things that have gone well, this will help you to gain confidence as your competence develops. It may be that you team up with other members of your team to discuss different methods preferred by individuals.

Learn more about collaborative practice at the [The Centre for the Advancement of Interprofessional Education website](#)

Interprofessional Education

This is another area that we need to consider when thinking about how to enhance the student learning experience within our clinical areas.

“Inter-professional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE, 2002).

The Centre for the Advancement of Interprofessional Education

CAIPE uses the term “inter-professional education” (IPE) to include: ‘all such learning in academic and work-based settings before and after qualification, adopting an inclusive view of ‘professional’.

There are three important hallmarks of IPE:

Values

- + Respects individuality, difference and diversity within and between professions.
- + Applies equal opportunities.
- + Focuses on needs of individuals, families and communities to improve quality of care and health and well being outcomes.
- + Sustains the identity and expertise of each profession.

Process

- + Encourages student participation in planning, progressing and evaluating their learning.
- + Enables the professions to learn with, from and about each other to optimise exchange of experience and expertise.
- + Involves service users and carers in teaching and learning.

Outcomes

- + Enables inter-professional capability.
- + Improves outcomes for individuals, families and communities.
- + Enhances practice within each profession.



Activity

Access the [CAIPE website](#) and consider the following. Record your thoughts.

- + Can you make a list of the benefits of IPL and to whom?
- + What challenges does IPL bring and for whom?
- + Thinking about inter-professional learning you have delivered or experienced – why did it go well or not so well?

How can we facilitate the empowerment of students as independent learners?

Motivation is key to student empowerment and independent learning. Let's consider two sources of motivation - Extrinsic and Intrinsic.

Extrinsic motivation

A fear of failure could be considered an extrinsic motivator. Good grades are the primary focus of most students. Conversely some students may find this stressful when they don't attain the results that they had hoped for.

Intrinsic Motivation

This is when motivation comes from within the student themselves, for example, a student's desire to become competent in order to prove themselves, and to avoid mistakes. This could be ensuring they are competent to change an IV fluid to ensure the safety of the patient/client and themselves.

Motivation mismatch

Sometimes students' goals tend to be mismatched with their instructors' objectives. First-year students tend to believe that it is their responsibility simply to follow directions and to absorb course content. They think that instructors should simply present and explain material, and that instructors are responsible for making that material interesting, relevant, and fun. Although there may be some truth to these perceptions, most instructors want to do far more to encourage active engagement with the material, to foster students' ability to self-monitor their learning, and to create a safe environment in which students can be inquisitive learners.

Using intrinsic motivation

Several strategies can connect with students' interests so that they come closer to their placement goals.

Consider organising a lesson plan around a problem for students to solve using the course material. The problem could relate to things students are already interested in for example, in a theatre placement, have them put themselves in the place of an anaesthetic nurse managing a difficult airway with a hypothetical patient. Connect course material with real patient events.

Take advantage of topics the students are interested in to explore how your field of practice views the issues involved e.g. end of life care, reproductive health, ethics, wound care, health visiting or caring for a patient during a psychotic episode.

Curiosity is great for priming intrinsic interest. Share past or current case studies or unusual care pathways in your clinical areas so that students can use the course material to analyse and explain.

Adapted from: <https://gsi.berkeley.edu/gsi-guide-contents/learning-theory-research/motivation/>

What is a learning preference?

The term “learning preference” refers to the concept that individuals differ regarding what mode of instruction or study is most effective for them. Proponents of learning-style assessment contend that optimal instruction requires diagnosing individuals’ learning style and tailoring instruction accordingly.

Assessments of learning preferences typically ask people to evaluate what sort of information presentation they prefer e.g. written text versus pictures versus verbal interaction through speech.

VARK

Definition: Neil Fleming’s (1987) VARK model identified 5 main types of learners:

- + Visual learners
- + Auditory learners
- + Reading/writing learners
- + Kinesthetic learners
- + Multi Modal

Visual learners have a preference for seeing for example, visual aids that represent ideas using methods other than words, such as graphs, charts, diagrams and symbols.

Auditory learners best learn through listening for example lectures, discussions and tapes.

Reading/ writing learners learn most effectively through reading books, papers or articles, or writing down to retain what they are learning.

Kinesthetic/Physical/Tactile learners prefer to learn via experience for example moving, touching, and doing, active exploration of the world, science projects and experiments.

Multi modal learners learn through a combination of the four types described above.

Learners can use the model to identify their preferred learning style and, it is claimed, maximise their learning by focusing on the mode that benefits them the most.

Example of application:

A Practice Supervisor planning to teach a non-technical skill, such as breaking bad news, could plan how to do this if they know their learner's preferred learning style. For example, a predominantly physical learner will learn best by being present with the Practice Supervisor while they are breaking bad news to a patient or relative. A predominantly auditory learner may prefer to listen or watch a video on breaking bad news before experiencing the event in practice.



Activity

Follow the link below to complete the VARK questionnaire to identify your preferred learning style

<https://vark-learn.com/the-vark-questionnaire/>

Honey and Mumford

Definition: Peter Honey and Alan Mumford (2006) adapted Kolb's experiential learning model. First, they renamed the stages in the learning cycle to accord with managerial experiences:

- + having an experience,
- + reviewing the experience,
- + concluding from the experience,
- + and planning the next steps.

Second, they aligned these stages to four learning styles named:

- 1 | **Activist**
- 2 | **Reflector**
- 3 | **Theorist**
- 4 | **Pragmatist**

Example of application:

These four learning styles are assumed to be acquired preferences that are adaptable, either at will or through changed circumstances, rather than being fixed personality characteristics. For example, a learner engaged in changing a wound dressing will be employing each of these learning styles during their learning experience. The practice supervisor who is teaching the learner could use these stages of learning to plan and facilitate a learning experience for the learner.

**Activity**

Think of a teaching or learning situation relevant to your area. Use the 4 stages to plan a session.

Follow this link to identify your learning preference

<https://www.mint-hr.com/mumford.html>

**Reflection**

- + What was your identified learning preference?
- + Was your identified learning preference what you expected?
- + How do you think your learning preference may influence your delivery of teaching and learning?

Alternative views

Understanding the concept of learning preferences will allow you as a practice supervisor and/or practice assessor to use the right approach for the learner. You will also be able to adjust the method of teaching/explanation/assessment where you feel the student is not reaching their full potential.



Activity

Consider these statements:

The learning style of the individual is irrelevant to the quality of the learning that is achieved

The learning style of the individual will impact directly on the quality of learning

Which statement do you agree with? Record your thoughts.

Next take some time to reflect on learning styles that you have used (even unknowingly) when you are supporting students in practice? Record your thoughts.

Write down when this was; for example – providing opportunity for a ‘hands on’ experience; providing notes for a student to read to support a learning opportunity.

You might have thought of students who are keen to see every part of a patient’s journey; those who tell you they listen to podcasts on their journey to and from work; those who bring articles from professional journals in to evidence their study outside of placement; those who want to get as much practice with skills over and over again before they feel confident or competent.

End of unit summary and assessment guidance

You should now have an understanding of learning theory and reflected upon how to integrate these theories in the preparation of teaching and learning opportunities that enable students to meet their proficiencies and outcomes.

References and Other Useful Resources

Train the Trainers' Toolkit Helping others to facilitate learning in the workplace: A Practical Guide This NHS Education for Scotland resource is part of a suite of materials that you can access for information around education in the work environment. You will find Unit 2 most relevant to learning theory.

CAIPE (2002) **Inter-professional Education - A definition**. Centre of Advancement of Inter-Professional Education, London.

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ALTERNATIVE FORMATS

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or e-mail: **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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