Facilitating Workplace Learning (FWL)

[Name of Student]

[Name of Institution]

[Course]

Essay Title

A detailed discussion on my overall understanding about Facilitating Workplace

Learning (FWL) and a reflection of my observation in addition with other topics of the module

Introduction

Workplace Learning is based on the principle of using problems as a starting point for the acquisition and integration of new knowledge (Stephenson and Mantz, 2013). The development of this method requires student engagement in issues that stimulate learning and developing skills in troubleshooting (Overton and Tomasz, 2016). Facilitating Workplace Learning (FWL) helps people to become a good facilitator of learning at workplace

Learning in workplace in nursing is inevitable in order to promote professional development as well as to train the junior nurses so they will be able to demonstrate more professional practices. All the hospitals have the strategy to provide training programmes and places for training for nurses in order to enhance their expertise and competence.

In the course of this essay details of a training session is included which was held at my workplace before writing this essay. The following essay is divided into two parts. In the first part of the essay the reflection on the Facilitating Workplace Learning session is going to be presented and will be analysed by using Gibbs cycle (Hargreaves, 2004), which is based on six steps, i.e. Description, Feelings, Evaluation, Analysis, Conclusion and Action Plan.

On the second part of the essay, two other topics which were covered in the module will be discussed. These two topics are Learning Environment and Role Modelling.

Section 1

Part A: The FWL Session and the brief discussion on the observation

To get the most out of Workplace Learning session, as advised by Rodríguez-Sandoval et al (2010) a learning environment needs to be created providing access to information, modelling

and guiding the process. Also among the actions to be performed by the facilitator, they are to encourage use metacognitive processes, strengthen individual and group efforts, diagnose problems, offer solutions, give feedback and evaluate results. Facilitators let students acquire autonomy and responsibility in their learning (Johari& Bradshaw, 2008) so that their problem solving skills may increase.

The topic of this learning session is care of ventilated patient. In this session, Susan Ward is a junior nurse who has less than one year experience in Intensive Care Unit (ICU). According to Sadlo (2016), the facilitator is the most difficult task for trainers in the implementation of Workplace Learning.

The learner needs to get expert in caring ventilated patient because of the fact that the nurses of the ICUs spend a large part of time monitoring the ventilation of the patient. This extremely exhaustive observation is very important, since it constitutes one of the basic components of care at ICU.

The Self Concept is the name of being independent in working. Research has depicted (Hofstad et al., 2013) that the rate of success of surgeries as well as patients' recovery at ICU have been improved when it uses trained and skilled nurses at ICU and operation theatres. Thus, being independent in ventilated patients' care improve the chances of their recovery.

For the learner's experience, it can be said that FWL session is part of the methods that allows the junior nurse to gain the advance level of basic skills required in ICU. The potential value of the preparation and training to sharpen the skills of caring ventilated patients has dependably been perceived. The knowledge and ability are really exchanged to the work environment as a genuine change of conduct, beneficial and feasible (Graafland et al., 2014).

For the readiness to learn, it can be said that Susan Ward is nurse at ICU and she knows the importance of knowledge, attitudes and technical skills which are required at ICU. In addition to that, an ICU nurse must also have to develop a critical trial and intellectual skills for the nurse-patient relationship providing comprehensive care regardless of the patient's pathology (Bonnaig et al., 2014); this can be achieved by having proper expertise in caring ventilated patients.

As far as orientation to learning is concerned, Susan is aware that learning situations are not restricted to formal training, nor to a type of a specific instruction, additionally to various spaces which permits the person to proper new learning, encounters and components that produce process investigation, reflection and apportionment, considering the fundamental parts that make a learning domain, for example, space, student, instructor, instructive substance and media data/correspondence.

The motivation of Susan is increased due to the fact that for a professional ICU nurse, training of care of ventilated patient is important in order to acquire more focuses or benefits, with a specific end goal to make less error keeping in mind the end goal to enhance the professional skills as ICU nurse (Takeda et al., 2015).

Style of learning is important for learner while designing the FWL session because a learner can best learn through his own style. According to Fleming (2009), there are four styles of learning:

a) Visual: This preference for learning is characterized by the tracing of information in graphs, diagrams and symbolic representations to represent words;

b) Auditory: He has a preference for auditory information. Schoolchildren with this mode learn better from audiotapes, speeches, lectures, dissertations and talking with peers;

c) Reading and writing: This preference for learning is for information displayed through printed words. Many researchers and instructors have a strong preference for written texts;

d) Kinesthetic: This category is perceptive to what is related to experience and practical or simulated reality. Although this experience can occur simultaneously with another modality, the key point is that the student cannot be isolated from reality, either through experience, example, practice or simulation.

I have taken a pre FWL session interview of Susan in which she tells me that she have learned about caring ventilated patient but she was not sure whether she can do it independently or not. In fact she has Kinesthetic learning style and will learn better if she has been given proper demonstration of the process. When I have understood her learning style, I tried to prepare a FWL which suits her learning style.

The basic purpose of this FWL session is to provide the knowledge and understanding of care of ventilated patient. It is believed that by the end of this FWL session, she will be able to handle independently the general monitoring of the patient in mechanical ventilation includes assessment of neurological, respiratory, cardiovascular, renal and gastrointestinal status (Aranda& Jones, 2008; Callaghan, 2008; Griscti, 2005). Within the neurological status of the patient's assessment of the level of consciousness, mental status, level of anxiety, the presence of pain and interpreting what the patient's condition relative to the fan included, if the patient is breathing comfortably or on the contrary, he is struggling with the fan. At the respiratory level the respiratory rate (f) and the respiratory pattern must be recorded observing the symmetry of

the thoracic movement and performing a bilateral auscultation of the respiratory sounds, in order

to detect if there is evidence of adventitious sounds. To ensure airway patency and adequate

ventilation, in addition to humidifying and heating the inspired gas to prevent dehydration of the

pulmonary epithelium and promote the mobilization of secretions, it may be necessary, on a

regular basis, an adequate tracheobronchial hygiene and physiotherapy respiratory. Another

aspect is the control of pressures in the airway. Mobilization and position changes minimize the

accumulation of secretions, provide a better distribution of ventilation and perfusion and prevent

deterioration of skin integrity. The coloration of skin and mucous membranes and body

temperature should also be assessed. Finally, the importance of chest radiography in the

monitoring of the patient in VM is highlighted.

Part B: Reflection

Many reflective models have been presented by different scholars (Windish, 2015; Chapman and Williams, 2015). Contingent upon what it is tended to, one can select either approach. Each of the author concurs on building up various degrees or reflection planes. There are some models that can be viewed as major tending to the term reflective practice. One is going by Schön in 1986 (Thompson & Pascal, 2012) and the other is exhibited by Russel (2005) and one is given by Griffith and Tann (Akbari, 2007), among others. These models express that basic reflective practice as implied learning emerges from prompt activity. These models get feedback on being mono-legitimate, individual and neutralist instead of dialogical and down to earth, and additionally overlook the settings and the abdication of practice.

For the reflection of this session, Gibbs reflection cycle is used which involves six stages, i.e. Description, Feelings, Evaluation, Analysis, Conclusion and Action plan.
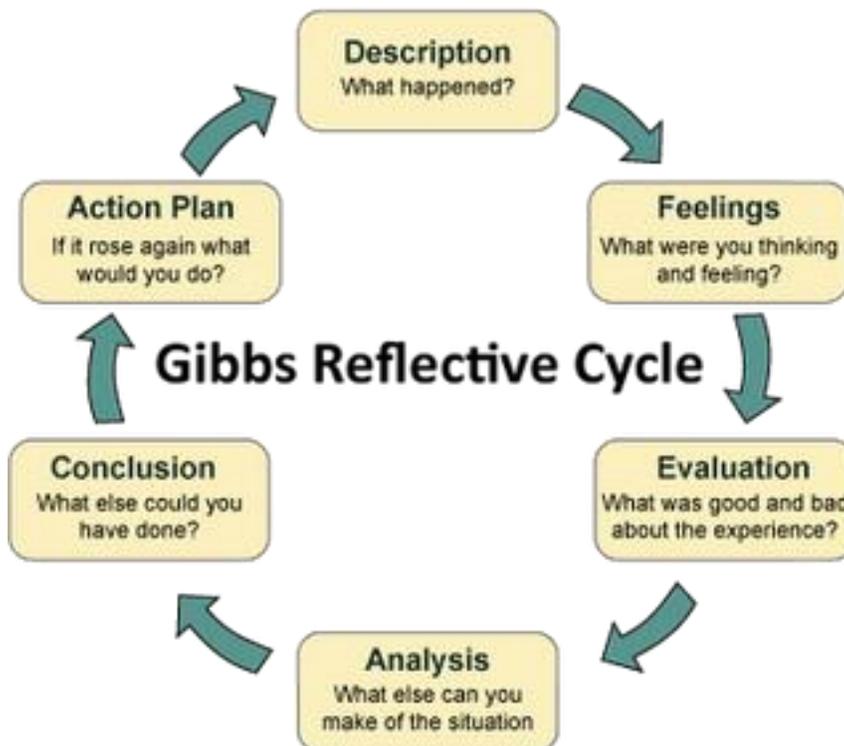
Description

I have set up an FWL session with a junior nurse of ICU, Susan Ward to give her a learning session about caring a ventilated person. This is my first experience to act as a facilitator and give training and work based learning to one of my junior colleagues. In order to prepare her for caring the ventilated person I have prepared all the necessary resources which will help me to demonstrate the problem to her because she learns best through demonstration.

Feeling

As discussed above, this is my first learning session as a facilitator, hence I am not very sure whether I will be able to pass on the information properly and whether she enjoys the session or not.

However, after taking the interview of Susan and after analysing her learning style I become more confident and the previous anxiety was gone. According to Rodríguez-Sandoval et al (2010) planning properly with all resources for providing learning helps to create student's interest. After arranging all the resources, I have set the basic aim and Smart objectives of the session based on my knowledge gained through her pre-session interview.

Susan, initially seems a bit dull and did not take much interest but when I started demonstrating the ways to take care of the ventilated patient she also started taking interest and also started asking questions. In the end of the session she said that she learned a lot from this session and she is really lucky that she has a facilitator like me who demonstrated and explained things in such a simple manner to her.

I felt very satisfied that she really learned something in this session because when I took the quiz after the session she got the full marks in the quiz.

Evaluation

In the situation I have put first the feelings and thoughts about the learning session. When I evaluated the FWL session I am really elated to understand that all the learning objectives and the basic aim of the learning session were fulfilled. Even I have identify the learning style of Susan correctly because she really learned through this session and answered all the questions of the quiz correctly after the session.

Analysis

I, amid the period of FWL session and learning have taught Susan that caring for ventilated patient is an important issue which is completely relevant with the qualities attracted by NHS their 6 Cs, i.e. Care, Compassion, Courage, Communication, Commitment and Competence, each of which is an activity range of NHS vision and mission. With these 6 Cs, NHS really tries to change society by enhancing its current practices and physical settings (Rodriguez et al., 2015).

An assortment of skills are used by me in this FWL session including clinical, technical, communication, caring etc. to make and feel Susan comfortable in the learning session.

I showed to Susan that to provide the care to ventilated patient, nurses have followed during their initial training, intensive care unit emergencies 76 hours (Bulman&Schutz, 2013). After the FWL session, she became to practice the verification of the operation of mechanical ventilation devices or monitoring, control different patient monitoring parameters under these

devices, the care and supervision of intubated or tracheotomy patient, measuring central venous pressure. Yet, this body of knowledge received as a student seems insufficient to allow immediately a nurse to manage an intensive care patient. For all carers who have never worked in the ICU has a minimum of supervision (Bulman&Schutz, 2013). Moreover, in the era of replacement teams, no caregiver is accepted as a replacement in an intensive care unit if it has not received specific training or coaching on a minimum of time.

Conclusion

It can easily be concluded that this session really help Susan to enhance her learning regarding care of ventilated patients. The result of the quiz after the session proves this because she answered all the questions correctly.

Action Plan

After analysing the whole process, I am planning to develop a more systematic evaluation process which will evaluate the FWL process and helps the facilitator to provide quality session to the learners.

Section 2

Learning Environment

Before defining a learning environment, it is important to first determine what the environment is, understood as everything that surrounds the teaching - learning process, that is, the space that surrounds the student as long as he or she is participating in said process. It is constituted from material elements such as the infrastructure and facilities of the campus, as well as aspects that directly influence the student such as physical, affective, cultural, political, economic, social, family and even environmental factors (Fraser, 2015). All these elements combine and have a favourable effect or not so much on the student's learning.

The environment corresponds to the spaces in which the learning activities will be developed, this can be of three types: classroom, real and virtual. In the first, the teaching-learning activities are developed in the classroom, the real environment can be a laboratory, a company, clinic, library, green areas; that is, real scenarios where the application of knowledge and skills acquired can be verified, including also the practice of attitudes and values. Virtual environments are those created through the use of Information and Communication Technologies, in order to provide learners with resources that facilitate their learning process, within these ICTs can be cited the computer, cannon, a classroom virtual, the use of internet where they can have access to blogs, discussion forums, chat, specialized pages where young people meet fun activities (Bellemare et al., 2013).

it is also important to create an adequate learning environment for learning to be achieved, it is also necessary to take into account that the learning environment and climate should be formulated depending on the environment in which you want to generate this process,

since depending on social, cultural, political, economic, family, infrastructure and of course

environmental factors, among others, it will be possible to realize the purpose.

As everyone has totally different learning styles and abilities, especially the young people

present different situations such as anger, frustrations, fears in different situations, and it is there

where teachers must respect these feelings, and at the same time help to resolve the conflict. For

the creation of appropriate learning environments, the existence of 4 fundamental spaces must be

considered, which together favour the construction of the teaching - learning process (Fraser,

2015). These spaces are: Information, Interaction, Production and Exhibition.

The environment must be actively built. This principle is related to the identification of

learning styles and the expectations that our students have based on it, planning activities of

various kinds involving the playful and taking into account the different moods of them. So it is

necessary that the teacher to plan the environments take into account the characteristics of

students present and they feel satisfied, comfortable and there is communication in a

bidirectional way, which is important the joint participation of both teachers and students. The

teacher is responsible for the development of different skills such as communicative, those

related to art, scientific skills, and of course active participation is required.

Learning environments should be created by teachers, that is why teachers should be

creative and innovative for realization, taking into account the attitudes and perceptions of our

students effective for learning, so it is important to recognize what we are doing , as teachers to

establish those proper conditions (Fraser, 2015). Students must feel the feeling of being accepted

by both their peers and the teacher, forming an environment of trust and recognition of identity.

Another of the situations is to generate confidence that what they do is relevant and possible will

make the motivation something simple, because the student will find it within himself. It is then

that the student is at ease emotionally and physically in the place where intends to carry out the

learning.

Role Modelling

The general rules of conduct to act according to certain roles established by society are known as "social norms"; they represent socially approved patterns or ideas for certain circumstances. The norms of the groups regulate the performance of the behaviour within the group, as an organized unit; are the behaviours expected by the group as a system, and apply to each member of the group, can produce an important mechanism of social control of the behaviour of the individual in society (Roy& Andrews, 2009). Trends to changes in perceptions, opinions or behaviours to be consistent with group norms are referred to as "compliance."

The role-playing is another important step in the context of role theory concept. It is a spontaneous act that can be considered an experimental procedure, a learning method to perform roles more adequately (Biddle& Thomas, 2006). It is the representation of what the role model himself conceives as indicated for a certain behaviour in a certain situation.

The role-taking, based on symbolic interactionism, is the process of looking and anticipate the behaviour of another, standing in the context of a role attributed by another. It is the development of the person's capacity to appropriate the role of the other and, with that, to base their interaction on the judgment they make about the role of that other, anticipating the other's reaction to their own behaviour. This process is important in the development of self-concept, since the role of the person emerges based on the meanings and interpretations of the individual on the meanings of behaviours in the roles of others (Roy& Andrews, 2009). Through interaction and role-taking with others, roles are revealed, produced, modified and defined (Meleis, 2005).

The mode of implementation of the role, is one of the four adaptive modes of the adaptation model (Roy& Andrews, 2009), has as a specific focus the behaviours that the individual occupies in society. In this model the person is conceived as a holistic and adaptive system with interrelated life processes, therefore the capacities and ideas of an area of implementation of the person may affect the adaptation in another (Phillips& Sister, 2006). The mode of implementation of the role deals with how individuals and groups interact within the community and is particularly concerned with how health and illness experiences affect role performance.

From the perspective of the patient, if he experiences problems related to the busy role, the effects can be manifested in the ability to cure and in the maintenance and promotion of health. In the perspective of the professional, in a similar way, the effectiveness of the implementation of the role in groups has direct effects on the performance at work, on the relationship of professionals with family members of patients, with other professionals, with the community and also in the environment; therefore it results in positive or negative contributions to the health of society (Roy& Andrews, 2009).

Conclusion

The degree is no guarantee of competence. FWL session which is performed to give learning about care of ventilated patient is interesting to note the importance of valuation for nurses in connection with this degree. The degree is not only guarantor of good training but also a statutory status and recognition in the profession.

The knowledge concerning the transfer of skills, suggests ways to nurse training for professional license followed by a master opening with three options: management: future health managers, training: future teachers, and clinical nurse specialists' option: cardiology, nephrology, block, etc. The FWL learning will change because of the knowledge and procedures that nurses may apply.

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Appendix A

Facilitating Workplace Learning Module 44124

FACILITATION PLAN

Date:2017-09-01   **Time:** 1300   **Venue:** Intensive Care Unit

Learner(s) (*The person/people whose learning you are facilitating***)**

The junior nurseSusan Ward from ICU; she has less than one year experience

Learner(s) previous relevant knowledge (*What your learners already know about the subject***)**

She has general understanding of the topic which she learned in the basic nursing course

Focus or topic;*(The subject about which you want your learners to develop their learning)*

Care of Ventilated Patient

Aim of the facilitation;*(The overall goal of your session)*

Help the learner to handle the ventilated patient at ICU independently

Learning objectives: (*How will you know what the learner has achieved and learned?) It might help to write these as SMART goals.*

By the end of the session the learner will;

- Able to handle assessment of neurological status of the ventilated patient

- Able to monitor the respiratory status of the ventilated patient

- Able to handle ventilated patient's cardiovascular situation

- Able to monitor and handle renal and gastrointestinal statusof the ventilated patient

Plan details

Duration/ Timings	Content (What will you be doing)	Methods (Which approach will you use)	Learner activity (What will the learner do)	Resourc (Equipm
4 minutes	Ask the learner how the ventilated patient should be positioned	Questioning	Replying the question	Book on explains ventilate
6 minutes	Demonstrate how the neurological status of the ventilated patient is assessed	Demonstration	Observe Do the same demonstration herself	A manik A mecha Docume the proc
6 minutes	Demonstrate how the respiratory status of the ventilated patient is assessed	Demonstration	Observe Repeat the process herself	A manik A mecha Docume the proc
6 minutes	Demonstrate how the cardiovascular status of the ventilated patient is	Demonstration	Observe	A manik A mecha

Duration/ Timings	Content	Methods	Learner activity	Resour
	assessed		Repeat the process herself	Docume the proc
6 minutes	Demonstrate how the renal and gastrointestinal status of the ventilated patient is assessed	Demonstration	Observe

Repeat the process herself | A manik

A mecha

Docume the proc |
| **Duration/**

Timings | **Content** | **Methods** | **Learner activity** | **Resourc** |
| | | | | |
| | | | | |

Optional - You can ask your learner to evaluate you and your session if you would like feedback about yourself or what th
or an evaluation form.

Appendix B

OBSERVERS FEEDBACK

ON YOUR FACILITATING SESSION

Facilitating Workplace Learning

Observation form

PART ONE - <u>TO BE COMPLETED BY YOU</u> (COURSE MEMBER) IN ADVANCE OF THE SESSION AND GIVEN TO OBSERVER.	
1 Name and AIE number of **course member** (this is you)	THIS IS YOU
2 Workplace Setting	My Hospital
3 Name of Observer and teaching qualification or job title/role	THIS IS NOT THE LEARNER
4 Date and location of observation	1st September 2017; Intensive Care Unit

5 Has the learner (and anyone else involved in the session) agreedto the observation taking place?

Yes this observation was taking place with the consent of all the concerned parties involved including the learner, the observer and myself

6 What is the learning situation to be observed? (Supply a copy of facilitation plan to your observer: this is part of the assessment requirements).

Mentioned in the attached facilitation plan

7 What do you hope to achieve from this session (what do you expect the learner to be able to do, or to have practised, or begun to understand?)

The basic objective was that the learner will be able to handle independently the general monitoring of the patient in mechanical ventilation

8 Is there any particularfeedback about the session that you would like from your observer?

The observer told me that I have good teaching skills and I can explain the issue very properly

PART TWO – <u>TO BE COMPLETED BY THE OBSERVER</u> AND RETURNED TO THE COURSE MEMBER

9 How did the course member plan for the session you observed?

The session was planned meticulously with proper resources available

10 Did the session meet the stated learning outcomes?

Yes, in my opinion it did meet the learning outcome

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11 How did the course member assess that learning had taken place?

The course member had taken a small quiz of the learner to evaluate the result of the session

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12 Were there any ethical issues that needed consideration

Please circle   Yes or<mark>No</mark>

–if 'yes' What was the issue and how was it addressed?

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13 Please comment on any specific aspects specifically requested for feedback by the course member (see point 8)

The course member has asked me about his overall quality as a facilitator

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14 Are you satisfied from your observation, that the course member is able to facilitate learning in the workplace?

Please circle <mark>Yes</mark>   or   No

If no – please give details of the areas of concern

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15 What constructive suggestions can you make which could help the course member develop their skills further?

I must suggest that the course member should take the feedback of the learner and the observer, systematically, after the session. It will help to improve the quality of the session.

16 Any further comments
No

Signed: (Observer)	This must be signed; **no signature = no pass**
Date:	

Comments from Course member
I am really delighted that this FWL session was completed successfully and the learner learned what she expected to learn.

Signed: (Course member)	
Date:	