Introduction

Chapter 1 was about managing your resources so that you can study effectively. The overall aim of this chapter is to build on the previous one and develop your learning skills. This is achieved by identifying what learning is and how we do it. There is an explanation of different learning styles and how these can affect your studying, and an opportunity to identify your personal learning style. Knowing how you prefer to learn can help guide you through your course, although you need to be aware that your preference can change according to what you are studying.

Being an adult learner

It is important that you take responsibility for your own learning. Higher education is very different from school. As an adult learner, it is up to you to identify what you want to learn and how much effort you are going to give to learning – only you can successfully complete the course.

The aim of this book is to help you to become an independent and self-directed learner; this means you will be able to identify what you need to learn and to access the information you require without the assistance of a lecturer. Additional mechanisms in your place of learning will support and help you during the course, but you need to recognize how you take responsibility for your own learning.

When you enter a professional course in a university, you have earned the right to be there by a rigorous selection procedure. As an adult learner, you enter education with the status of an adult, a range of experiences and the motivation to gain a qualification; you are there because...
you choose to be – this is not compulsory education. Psychologists call this ‘intrinsic motivation’; it is the strongest driving force there is.

A key proponent to any success is motivation – a sense of purpose is perhaps the most crucial aspect of learning, you must want to study. For example, if you are undertaking a pre-registration midwifery course purely because you couldn’t think of anything else to do, you are not increasing your chances of success; your driving force – or motivation – may be weak.

Motivation is so important when you are embarking on something new and challenging. There are going to be times when you find the going difficult; regardless of what you have identified as motivating you at the start of a new course, your motivation will change during the course.

Briefly note down what has motivated you, either to start a new course or to learn a new skill.

Sometimes your motivation is going to be better, sometimes worse. This might be for a variety of reasons. You might have concerns about:

- financial insecurity
- meeting new people
- having reduced time available for family and friends
- making time for study
- not understanding the course and/or the academic language used by your teachers and peers.

A new course is exciting and will bring about a change in your life; this change might cause you stress. Stress is not always a negative thing, only when you are experiencing too much pressure – or stress – does it become a problem. A degree of pressure stimulates us and can be a very positive thing but, if not managed correctly, this pressure can become too much and we are unable to cope. It is important to be able to recognize these signs and symptoms in yourself and others; only through recognition and then doing something to create a change will you adequately address the problem. Chapter 1 identified some positive strategies that can be used to resolve some of these issues.

Remember what motivated you to start the course in the first place, and do something positive such as taking some exercise, finding a solution to your problem or talking to someone (either a professional – such as a counsellor – friends or colleagues).
What is learning?

Learning is something we do practically every day so it may seem a bit strange to be asking what we mean by it. However, knowing how learning occurs may help you to become a more effective learner.

- Learning is *any more or less permanent change in behaviour, knowledge or belief*.
- To experience this change we need to be exposed to new ideas or skills.
- Sometimes we are not conscious of the learning experience; examples such as reciting a television advert or singing a song prove that you can learn without deliberately trying. This is called ‘passive learning’.

You can learn useful things by passive learning; for example, the signs and symptoms of illnesses frequently encountered in clinical practice. Such learning is superficial because you do not necessarily understand why it happens. So, although you might be able to copy the skills you have observed a more experienced practitioner perform, will you be able to modify the skill when a new and slightly different situation occurs?

Professional practice is more than just copying the behaviour of our predecessors and learning facts by rote. The Nursing and Midwifery Council’s (NMC’s) Code of Professional Conduct requires practitioners to ‘… take part in appropriate learning and practice activities that maintain and develop your competence and performance’ (NMC, 2008, p. 4). This means actively engaging in the learning process, which occurs when you understand the principles behind the concepts and skills being studied. It can help to view learning as a progression from the acquisition of knowledge through to higher-level mental activities. Figure 2.1 represents this progression, starting from being able to remember straightforward facts, such as labelling a diagram of the heart (simple recall or knowing what the various parts are), through to being able to explain the function of the heart valves or the reason why the muscle layer of the left ventricle is thicker than the right, which represents a higher level of learning (the ability to comprehend the concepts you are studying).

Going beyond this level takes you to the stage of being able to apply your knowledge. For example, if you have a patient with damage to the left ventricle following a coronary thrombosis, you will be able to plan nursing care that takes the impaired circulation into account. By observing the effect of exercise on the patient, such as the degree of breathlessness after walking a prescribed distance, you will be able to evaluate the effect your plan has had on their heart.

Simply knowing and being able to perform are important but lower-order activities, and applies to someone who follows orders. However, midwifery and nursing students are studying to be able to act independently and to exercise professional judgement. You need to make
Learning skills and styles

links between theory and practice – what Mallik (2005, p. 320) refers to as the ‘aha’ moment; active participation in the learning process is essential.

Learning is more than the mere acquisition of facts, it involves a range of intellectual activities including the ability to make judgements on abstract matters such as topical issues or ethics.

Think about some of your political, religious or ethical beliefs.
- How did you acquire them?
- Do you understand the principles upon which they are based?
- How do they affect your practice?
- Have you at any time subjected them to serious critical scrutiny?

Often, we pick up our beliefs from influential people around us, such as parents, religious ministers or teachers, and we accept them because we respect the authority of the person teaching us; we expect that person to know what he or she is talking about. Such learning tends to be passive, resulting from being constantly exposed to the same ideas since childhood; and discussion and debate with friends or family with similar views will not encourage a critical perspective.

So how do we learn?

The concepts of learning and memory are closely related. When we need to perform a skill, recall an item of knowledge or explain something, we draw on our memory, but we can only draw on what is already there. Knowing how memory works can help you develop effective learning skills. Although memory is an incompletely understood concept, the Atkinson–Schiffrin model, described by Malim and Birch (1998, p. 291), explains memory as a series of steps (Figure 2.2).
The next activity demonstrates how we are constantly bombarded with sensory input.

Stop for a moment and focus on the information you are receiving via your five senses:

- What is happening outside your body?
- What is your body telling you about inside you – have you any aches and pains?

All of this information – most of which you don’t need – is coming at you while you are trying to learn from a lecture or demonstration and is stored in your short-term memory. Sensory inputs are encoded, we try to give them meaning, and those that have no relevance are discarded. If you can understand lecture material, i.e. it makes sense to you, you can give it meaning in relation to your own experience, then you have successfully encoded it and it will enter and remain in your long-term memory. However, if you can’t make sense of it, it will not be retained. Only information stored in the long-term memory can be recalled. Memory is dependent on making sense of information.

To make sense of new material (the encoding process), we have to work hard to establish links between what we already know and the new information. Consider the following example.

When studying orthopaedics you come across the term ‘subperiosteal cellular proliferation’. At first glance, you may just see a complicated medical term but, when you look carefully, you will see that there are some familiar components:

- *sub* means ‘below’
- *peri* means ‘around’
- *cellular* refers to cells
- *proliferation* means ‘production of a large number’.
Learning skills and styles

So you can work out that a large number of cells are being produced, but where exactly? You have to try to understand the meaning of subperiosteal. At this point, you might need a dictionary to look up the meaning of periosteal (around the bone – os is Latin for bone). Looking at a diagram of a bone in an anatomy book will show you that the periosteum is the tissue that surrounds bone, so subperiosteal refers to the site below the periosteum where the cells are produced, hence cellular proliferation. Making sense of something like this is an encoding process – you are making sense of it.

If you are given pre-reading or worksheets before a lecture or seminar then be sure to complete them. If you do, then the session is more likely to make sense to you, and you can ask questions and clarify any points that you are not sure of.

Making new links does not always happen the first time you try to learn something, effort is required. If you can recall a time when you learned a skill, such as riding a bike, you will remember how you got some things right and some things wrong. Eventually, as you persevered you became relatively skilful and were able to perform in a fairly fluent way. It is believed that when we are learning we are making new circuits between our neurons (brain cells); these neural pathways are physical structures and are activated when we need to recall something. It may be helpful to use an analogy to explain this concept.

Think about a number of towns without any road or rail links; communication between them would be impossible. Laying down new roads and railway lines is a difficult and time-consuming job but, once they have been established, traffic can travel rapidly between the towns.

Once the hard work of understanding new concepts and developing new skills has been done, the neural pathways have been established and the information traffic can speed rapidly around the brain. This is why learning has been described as a more or less permanent change.

So why do we forget?

What are you good at remembering? Faces, names, what people say, football matches? I can remember people’s faces and names – we are all able to recall certain things better than others. Spending time and effort does not necessarily guarantee success in learning, but it is how we use it that is important. Figure 2.3 shows the effect when students are stimulated to recall information, or practise skills, soon after being exposed to them. If this is done frequently, the chances of forgetting are reduced. Frequency of recall is the key factor in remembering.
The main principle is to give yourself as many opportunities as possible to rehearse: for example, practising a skill as often as you can and as soon as possible after being taught it (see Chapter 10). For knowledge and understanding, try to set yourself a series of short tests, based on the information you have read or been taught.

Get yourself a small address book that will slip in your pocket. Everything from passwords, door codes, how to document a palpation can be written here. Until this knowledge is second nature, you can flip to letter 'P', for example, and look up how to accurately document a palpation.

Sometimes, perhaps because we are anxious (e.g. during an examination), we fail to recall. You might have had the experience of not being able to answer a question in an exam and then, when you leave the room, the answer comes to you.

One way to overcome this is to visualize the brain as a channel that is constricted, preventing the flow of information; relaxation techniques can be helpful in situations like this. Imagining the walls of the channel relaxing helps you to imagine the flow of information returning. By relaxing and thinking loosely about the question, some ideas may begin to spark and these might lead to other relevant ideas – the information traffic starts to flow again.

**Knowing things**

How can we know anything? For example, how do you know that the South Pole exists? Or how do you know that oxygen moves into cells? The chances are that you ‘know’ because someone told you. This type of
knowledge is second-hand knowledge – sometimes known as propositional knowledge.

Is there a difference between knowing and knowing about? You may know about the indigenous people of Australia, but how deep is your knowledge? Do you know them as well as someone who has lived with them?

**Where does knowledge come from?**

The second-hand knowledge passed on to you had to originate somewhere; all the science, history, bits of geography and information you have acquired started as someone’s experience. Knowledge can be described as the articulation of human experience, and once someone has experienced something, such as the quickest route from one place to another, it can be described or made known to others. To gain knowledge that is more than second hand, you need to have a significant experience from which to learn.

Kolb, an influential thinker on experiential learning, stated that ‘learning is the process whereby knowledge is created through the transformation of experience’ (Kolb, 1984). He was referring to the development of personal rather than propositional knowledge; that is, that you know rather than merely know about something.

**Learning styles**

Learning underpins everything we do; for example, learning to drive, trying out a new recipe or learning to rock climb, yet we rarely stop and think how we have learned a new skill. During the course, your lecturers will support your learning through a variety of teaching and learning strategies including practice, lectures, seminars and tutorials.

Too often, both students and lecturers believe that the lecturer is the ‘expert’ and knower of all things. This is not true; we are all constantly learning new things and developing new skills. Becoming dependent on others will stifle your creativity and ability to make independent judgements and use new information. Your lecturers will expect you to take responsibility for your own learning, through making the most of every opportunity offered you.

We all learn in different ways, and this is based on your previous experiences and how you have learned to learn in the past. To be successful, you need to identify how you learn best and develop your learning style so that you can optimize any learning situation.

Honey and Mumford (1992) identified four basic learning styles: the activist, the reflector, the pragmatist and the theorist. These different styles are summarized in the box below.
You have probably identified your preferred learning style from what has been listed. This will help to guide you and to recognize those situations from which you might learn more effectively. You will benefit from developing new skills, which may help you to learn effectively from every situation you encounter.

There are other learning styles. For further information, please see Fleming (2001). You will find that your preferred learning style might change depending on your needs or who is facilitating the session. The important thing is to learn to be flexible and to develop your skills.
Learning from practice

In many vocational courses, such as nursing or midwifery, there is criticism of the so-called ‘theory–practice gap’ (Rolfe, 1996). Practitioners often say that what is taught in the classroom is quite different from what is practised on the wards. In fact, what is taught within the university or college is a theoretical underpinning of practice. Practice itself, for the most part, is taught in the wards, departments and community by practitioners; that is why the courses are usually equally divided between university or college and clinical placements. However, this is not to say that clinical placements only provide opportunity for practice; it is my contention that a substantial amount of theoretical learning can be acquired through practice if certain conditions are met. This section will deal with:

- learning through experience
- student–mentor relationships
- using clinical assessments as learning experiences
- integration of theory with practice.

All of these relate to your forthcoming clinical learning opportunities.

Does having an experience necessarily result in learning?

In Kolb’s view, experiential learning is a process that results in the generation of new knowledge, insights, ideas and even new skills. He described the process as an experiential learning cycle (Figure 2.4). How does this work in practical terms?

![Kolb's Experiential Learning Cycle](image-url)
Experience: this could be something complex, like dealing with bereavement, or something straightforward, like learning to give an injection.

Reflective observation: what did you do well and what could you improve on? You might be great at putting a patient at ease, but unfamiliar with the local medicines and infection control guidelines.

Abstract conceptualization: this means thinking about what you will do differently next time. You might decide that you need to read-up on the appropriate injection sites for insulin or practise assembling syringes.

Active experimentation: where you plan and apply your ideas to your practice.

Experience: your new insights, ideas and skills will generate a different experience that you can follow through the learning cycle again.

A concrete experience is an event that happens to an individual, which, in the context of learning, provides the learning focus, for example, learning to play a musical instrument or learning to give an injection.

Reflection is the process of thinking about the experience in a structured way. Schon (1983) stated that reflection on action is ‘a retrospective view of an experience to uncover the knowledge used in a particular situation’. Neither Schon nor Kolb describe in detail how individuals reflect. Other writers, such as Gibbs (1988), Johns (1994) and Boud et al. (1985) have offered ideas on how the reflective process can be structured (see Chapter 12). The model of reflection developed by Boud et al. (1985) is relatively simple but also academically rigorous. Boud et al. (1985) recommend that reflection should be on three aspects of the experience:

1. Actions: what you and any other participants did in the situation you are reflecting on.
2. Feelings: your negative and/or positive feelings, and the reasons why you felt the way you did.
3. Knowledge: the existing knowledge you had that was of use at the time, and the knowledge you realized you lack.

Reflection is not simply a matter of remembering an event and thinking ‘that was interesting/unpleasant/embarrassing’ or whatever. It is a structured process designed to enhance your own understanding and develop fresh insights.

Nursing is a practical job, so why is it important to spend time reflecting on it?

Abstract conceptualization follows on from reflection. A concept is an idea; abstract conceptualization is your understanding of a concept. For example, you may have some awareness of cultural differences and how
they may be integrated within the healthcare context. When we reflect in a systematic way, we gain new insights and develop knowledge and understandings that we did not have previously. This may be in the form of theoretical knowledge, such as understanding the basic beliefs and customs of different religious traditions or it may be through gaining experience of caring for individuals and families from different faiths. We may gain insights into barriers to effective communication or our own feelings and preconceptions. Once we have some deeper self-awareness, we can act to make ourselves more sensitive and open to meeting the needs of those in our care.

Once you have spent time reflecting and reorganizing your personal knowledge and insights, you will be ready for active experimentation, ready to have another go at the experience but with fresh ideas. Reflection, therefore, is a way of improving your insights into practice and improving the practice itself (see Chapters 12 and 14).

By using a systematic process, such as the one described by Kolb, allied with a structured model of reflection, you will be demonstrating an analytical approach to the practical activity of nursing. This will enhance your understanding of the theoretical principles that underpin practice. Obviously you will not be able to do this for every single activity you engage in, but if you can develop the habit of reflecting on certain events that have some significance for you, you will amass a great amount of useful knowledge to help you nurse patients with understanding, rather than as a matter of performing routines.

**Becoming a reflective practitioner**

Reflection should become an active and ongoing part of your life as a nurse or midwife. It involves looking at yourself and your practice objectively and will help you to integrate changes that will enhance your competence throughout your career (Siviter, 2008). Like any other skill, reflective practice can be learned and, once learned, can become second nature. To reflect effectively a number of conditions need to be met. You will need:

- to set aside some time: reflection is more than allowing the day’s events to run through your head on your way home
- the support of a mentor: to help direct your thoughts, to pass on their own insights and generally to provide a sympathetic ear
- to create a framework to structure reflections: such as the one described by Boud et al. (1985)
- a predisposition to reflect: that is to say, a tendency to take a reflective view of significant life events. Many people have this predisposition but, without the other three factors, they tend not to develop their reflective skills.

Students often have a reflective predisposition. However, it is really important to structure your reflections in ways that develop, rather than
diminish your confidence and practice. You might find it helpful to copy Figure 2.5 into the front of your notebook or journal and, whenever you reflect, check that what you are doing does not drift into the right-hand column.

Analysis of the scores from a group of nursing students who had completed a ‘learning styles’ questionnaire showed that the most predominant learning style was the reflective style. Clearly, most (but not all) have the predisposition that will help them derive knowledge from practice. That is to say, they will have the advantage of developing personal knowledge and not merely rely on propositional knowledge. This knowledge is more permanent, useful in practice and invaluable in examinations.

**Reflective diaries**

As identified earlier, we all learn in different ways. Learning through reflection helps us to focus on the material that interests us. We can learn more quickly if the material is relevant and interesting to us. By drawing on your own personal knowledge and life experience, you can try out and test new ideas and concepts. This is learning by doing – practising and occasionally making mistakes. Through feedback from others, such as our mentors (as well as ourselves), absorbing what has been said and making sense of what has been said, we then progress. It is important to see this as a continuous process. We might not think of it consciously but when we stop and think ‘how did I get here?’ we are able to follow this process.

One way of assisting this process is through a reflective diary. Keeping a reflective diary will enable you to:

- record details as they occur
- remember things that happened
organize and clarify thoughts
apply your experiences
assess your development
take a longer-term view.

This reflective diary will be your own personal record, to record your thoughts and feelings about colleagues, teachers and clients. You will find it very therapeutic to express your thoughts and feelings and, throughout this book, you will be encouraged to record your experiences in a reflective diary. However, you need to be sure that confidentiality is maintained and that individuals cannot be identified, should anyone else read it.

How to go about developing your reflective diary:
■ Set aside 5–10 minutes a day.
■ Use a framework for reflection, such as the Boud et al. (1985) model described above.
■ Discuss your thoughts and feelings with your clinical mentor.

An example of a student reflection using Boud et al. (1985) is given below.

Lisa’s reflection
Using the Boud et al. (1985) reflective framework, together with my own reflective diary, I am able to examine in depth my reactions to incidents that have occurred during my training. I can consider how, with a different approach or greater knowledge, I could improve a similar situation if it arose again.

I have recently worked on a ward where many patients had suffered a cerebrovascular accident (CVA), which had resulted in severe communication difficulties. On two occasions on the same shift, different patients attracted my attention and, although I dealt with both people immediately, they did not initially appear distressed, so I assumed that their need was not urgent. The first patient, an elderly man, seemed to be motioning towards his table; my first conclusions were that he wanted either his drink or the medication that was waiting to be taken. Neither turned out to be the case, he was actually nodding towards the urine bottles that were stored under the sink opposite his bed. Fortunately, in this instance I discovered the need before any embarrassment was caused; he actually seemed to find the scenario quite amusing.

Sadly, this was not the case with the second incident, when an elderly woman had a similar requirement. Both another nurse and myself desperately struggled to identify her needs and it was evident that her urgency and our lack of comprehension were increasingly agitating her. We thought we had identified a desire to stretch her legs but, whilst I turned my back to fetch her walking frame, she became doubly incontinent; this caused considerable embarrassment for everyone in the ward, but most particularly for the patient.

Action
■ Me: recognized that patients had a care-related need, tried to guess their requirements.
■ Patients: tried desperately to explain what they wanted; one suffered severe embarrassment.
The student has spent time thinking about her experience, using a systematic framework to help structure her thoughts. Although it is not evident from the reflection, the student had guidance from a mentor; and had a strong predisposition to reflect on practice.

**Learning contracts**

A learning contract is an agreement between two or more people. We are making informal contracts with people all the time; for example, ‘If I look after the children while you go for your tutorial today, can I go climbing later in the week?’ A learning contract is used when there is
Learning contracts (Figure 2.6) are being used more frequently in education institutions. The philosophy goes hand-in-hand with students taking more responsibility for their own learning. Once you embark on any course you enter into a variety of informal, unwritten agreements, such as attending the course and completing the required number of assignments. Learning contracts are particularly useful when you have specific learning outcomes or need to negotiate how you are assessed. It can also be used when you want accreditation for prior learning (APL) or accreditation for prior experiential learning (APEL).

Learning contracts enable students to identify, plan, manage and evaluate their own learning. The learners and their supervisor discuss, agree and record what the student wants to achieve and how it is going to be achieved. Both parties then sign the document.

Learning contracts have a number of benefits:

- Everyone is clear about what the goals are and how they will be achieved.
- Everyone knows what is expected of them.
- Negotiating your contract not only recognizes your needs but also enables you to take responsibility for your learning.
- Learning contracts can recognize prior learning; for example, APEL, APL.

Learning contracts are useful for both the learner and the supervisor, and enhance their commitment to the learning experience. This form of contract can be used in conjunction with a placement or workplace experience, where more than two people are contributing to the process.

You need to consider a number of points prior to agreeing your contract:

- What do you want to get out of this experience (your objectives)?
- What skills and knowledge will you gain?
- How will you reach/achieve your objectives?
- What are the deadlines?
- How will you demonstrate that you have achieved your objectives?

It is important to see the learning contract as something important to you, a way of you achieving your goals, with help and support from your supervisor.

Some of you might have experienced undertaking an individual performance review (IPR). This form of appraisal is used frequently in the NHS. It is a form of learning contract and you can use it to ensure that goals that are important to you, as well as to the organization, are met.
Student: Su Lin
Mentor: Lesley Bryant

Student and mentor review learning needs at start of placement
1) To observe and participate in abdominal palpation and describe my findings, both verbally and in writing
2) To develop my urinalysis and venepuncture technique; including the selection and completion of correct sample bottles and envelopes
3) To undertake an informed discussion about antenatal screening choices with clients and familiarize myself with the NICE antenatal care guidelines

Reflection by student of progress at mid-point of placement
1) I have had opportunities to observe different mentors performing abdominal palpation and to practice with consent from clients. My mentor recommended that I review Chapters 1–3 of Johnson and Taylor’s ‘Skills for Midwifery Practice’ (2005).
2) I am becoming more confident and successful with my venepuncture technique and making accurate assessment of urine samples. I plan to review the local infection control and sharps safety guidelines.
3) I have observed mentors conducting antenatal screening discussions and have read the NICE guidelines and screening leaflets. I hope to have an opportunity to practice a discussion under direct supervision from my mentor before the end of this placement.

Review of placement experience to draw together key issues which will contribute to the preparation of subsequent placements/experience
It was helpful to read the Johnson and Taylor chapters and I am becoming more confident with this skill and have tried different approaches. For my next placement, I would like to develop my skills in listening to fetal hearts with a pinard stethoscope.

After reviewing local infection control and sharps safety guidelines I have now improved my technique and create a safer environment for myself and clients. I can now offer the correct test at the correct time and understand how to complete the paperwork to the required standard. For my next placement I would like to practice giving anti-D injections.

With the support of my mentor I was able to conduct an antenatal screening discussion. For my next placement I hope to repeat the experience and undertake a full antenatal booking which incorporates this skill.

Mentor comments
Su and I have discussed the progress she has made during this placement towards achieving her objectives. Su has demonstrated abilities to evaluate and reflect on her learning and practice. Su was proactive in following-up on recommendations for further reading and applying this to her practice. She has also taken time to look at local and national guidelines demonstrating an awareness of legal and professional issues.

Su has a good standard of knowledge about normal midwifery. For her next placement I plan to support her in developing her confidence in undertaking antenatal bookings. I would also like to see objectives that include infant feeding support and antenatal education.

Su has worked hard to develop a good standard of clarity and relevance in her record keeping. She is also self-aware and has shown excellent communication and interpersonal qualities with clients and colleagues. I will look forward to working with Su again.

Signature of student: Su Lin  Date: 24.4.2009
Signature of mentor: Lesley Bryant  Date: 25.4.2009

FIGURE 2.6 Example of a learning contract.
Support networks

Chapter 1 referred to your expectations and fears when embarking on a course of study, and emphasized the importance of managing your time; this leads to a more balanced life where you are able to include socializing and successfully studying.

I want to move on and recognize how to get the most out of your supervisors. Supervisors come in a variety of shapes and forms, they can be your teacher, personal tutor, mentor, friend, colleague or research supervisor. A supervisor is an experienced individual who facilitates the development of a colleague both educationally and professionally, and is there to help you learn. This can be in a variety of ways, including: getting the most out of your practice placement, acting as a role model, a resource, a counsellor or as a teacher (Figure 2.7).

The following are key characteristics of a supervisor:

- a good listener
- constructive
- a resource
- a role model
- competent.

However, supervision is not a one-way relationship; your supervisor will have certain expectations of you as a student. Please also remember:

- That supervisors are not only responsible for you, they are usually busy and will have other commitments.
- To make appointments to meet your supervisor, and to turn up prepared and on time.
- To phone if you are unable to make an appointment and let your supervisor know you won’t be attending.

The emphasis is on you being prepared to listen to the constructive feedback and act on recommendations made. This will require both commitment and work from you. Be prepared to assess yourself and your progress; your learning diary will help you do this. As mentioned

![FIGURE 2.7 Example of a support network.](image-url)
previously, supervisors are not gods; they are there to guide your learning, so be prepared and focused in tutorials.

360° feedback

Often, the best feedback on your clinical skills will come from your patients and clients. For midwives, vaginal examination (VE) is an essential skill when caring for a labouring woman, one that should be undertaken with sensitivity due to the intimate nature of the examination, but efficiently as the information gained will help assess progress and inform care (Johnson and Taylor, 2005).

CASE STUDY

As a student midwife, I met a wonderful woman birthing her third child who had a very positive attitude towards students developing their skills. She consented to me repeating a VE after my mentor and gave me feedback throughout on what it felt like and how it was different to my mentor. This woman encouraged me to take my time and gather all the information I needed, while my mentor stood at my side and guided me. In such a supportive environment, my anxieties about causing discomfort or asking questions were minimized. My experience was enhanced by the client and my mentor enabling me to improve my confidence with VE and develop as a professional. I learned that by discussing my learning needs with clients, and seeking informed consent, they become valuable partners in my learning.

Managing the mentor relationship

Most practice placements will ensure that you have a mentorship scheme (see Chapter 11). The mentor is an experienced midwife or nurse who is there to help make the clinical experience a positive one. You need to establish your relationship, identifying your expectations for the practice placement. Your mentor is responsible for knowing what stage you are at in your course and for helping you to get the most out of your placement. It is important that you get to work with your mentor as much as possible: organize regular meetings and come to them on time and prepared. Additional points that you need to consider with your mentor include identifying your learning needs while on this placement, whether there is any assessment and when this might be occurring. You will be responsible for any assessment documentation, so look after it and don’t leave it lying around.

What to do when it goes wrong

It is still the case that the majority of students are allocated to a mentor, rather than being able to choose one. Sometimes the relationship does not work and this can be for a variety of reasons, including: not liking each other, your mentor is unavailable, your requirements have
changed. The most important thing is to do something about this. First, you should talk to your mentor and discuss how you are feeling; this might be embarrassing but it will be constructive and allow you to carry on learning. If you cannot resolve any difficulties between you and your mentor, then you need to identify a replacement.

**Study networks**

Another way of improving your learning is to form study networks with other students. Study groups are a form of self-help group, and can provide additional support to that which is provided by your teachers. With your fellow students you can:

- share resources
- pool ideas
- brainstorm
- meet and make more friends
- share tasks
- develop group working skills.

You might find you have to initiate the development of a study group. The following points might help you to develop a study network:

- organize a meeting
- explain the purpose of the group
- decide when, where and how often you will meet
- keep in touch, exchange addresses and phone numbers
- meet regularly.

**Assessing yourself**

Throughout your career in nursing there is an expectation that you can assess yourself, including your:

- personal skills and qualities
- strengths and weaknesses
- learning requirements.

You will also be expected to learn to evaluate your own work, as well as to evaluate that of others. The ability to assess yourself accurately will be useful in your professional career, as well as a valuable skill from a personal viewpoint. Self-assessment fits well with writing a learning diary; it will help you recognize your learning needs and how to achieve them. You will also be able to use it to support feedback received from supervisors, teachers and colleagues.

**Conclusion**

In this chapter you have looked at a variety of essential points necessary to help you with your learning. Having identified your preferred style of learning, you can use this information to enhance your studying.
In addition, there are costs to learning, and these are not only financial. Support networks are available to make your experience less painful. Finally, the use of learning contracts with supervisors can help you make the most of your learning, and ensure that you remain in control and that you pace yourself through the course.

Before moving on, take some time and record the following in your reflective diary.

- What is your preferred learning style?
- How will you use this preferred learning style to your advantage?
- List the requirements of your ideal supervisor. What do you think they might expect from you?
- Identify a supportive friend, with whom you could develop a study network.
- Talk to your teacher about learning contracts and developing a learning contract to meet your specific learning needs.

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CHAPTER RESOURCES

REFERENCES


