

EXPERIENTIAL LEARNING

Gerontology Nursing Service: Nga Kaitiaki Kaumatua: Guardians for and of our respected elders.



Residential **aged care** Integration Programme



Introduction

The Gerontology Nursing service developed the Residential Aged Care Integration programme to reduce acute care utilisation and improve health and quality of life through a multi-faceted approach that delivers clinical advice, evidence based intervention, education and support. The Gerontology Nurse Specialists (GNS) have been teaching Caregivers, Enrolled Nurses and Registered Nurses in residential aged care (RAC) since 2004.

Residents are often admitted to residential aged care due to disability that prevents them managing safely in their own home. Residential facilities have lower ratios of staff compared to hospitals and do not have the resource to provide rehabilitation to enable residents to reach and retain their functional potential.

We decided to trial experiential learning as a way to change staff attitudes and engage different types of learners. This is important because the majority of residential care staff are adult learners and may have English as a second language

Research tells us that experiential learning gives a better understanding of new knowledge and a longer retention of that knowledge
Kolb A Y & Kolb D A (2008), Moon J (2004)



Objective:

To support residential aged care staff to understand the lived experience of disability.

Our aim was to place residential staff in the residents "shoes" so they could experience what it is like to have a disability, then reflect on how their new understanding could change their practice to provide better and more appropriate care.

Hypothesis: Our belief is that if staff are engaged in practical learning they will retain information and this will change their clinical practice

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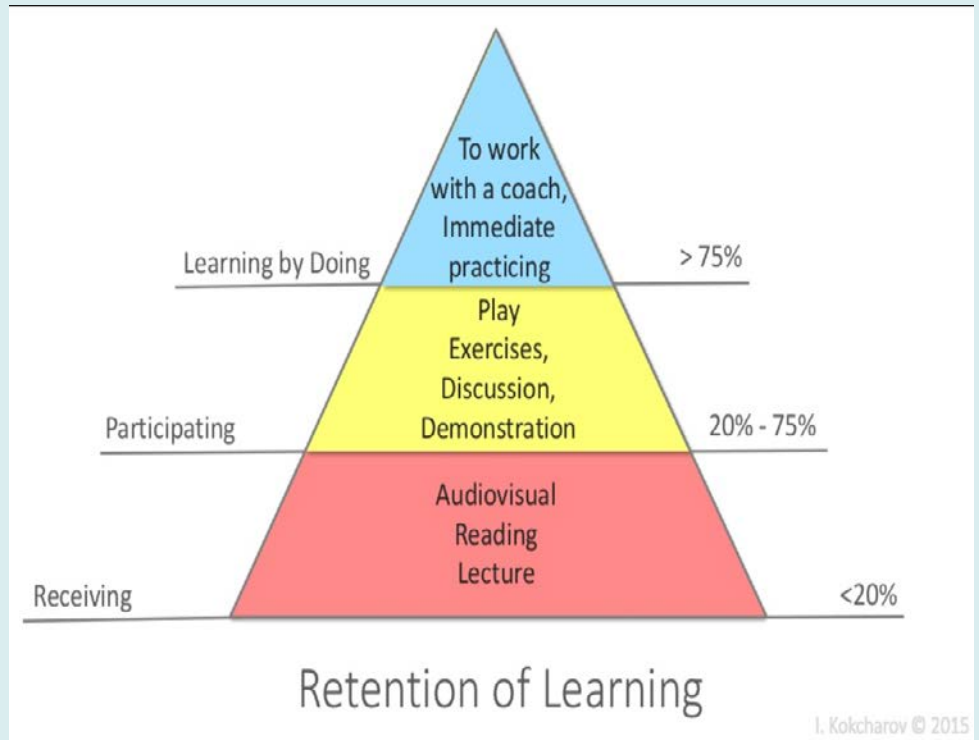
Research

Experiential learning is the process of learning through experience, and is more specifically defined as "learning through reflection on doing". David Kolb developed this theory drawing heavily on the works of John Dewey, Kurt Lewin and Jean Piaget. Dixon, Adams, Cullins (1997)

Elements of experiential Learning:

- Willingness to be actively involved in the experience;
- Reflection on the experience;
- Use analytical skills to conceptualize the experience; Decision making and problem solving skills in order to use the new ideas gained from the experience . Moon (2004)

David Kolb's Experiential Learning Model (ELM)



Experiential learning is most easily compared with academic learning, the process of acquiring information through the study of a subject without the necessity for direct experience. While the dimensions of experiential learning are analysis, initiative, and immersion, the dimensions of academic learning are constructive learning and reproductive learning. Though both methods aim at instilling new knowledge in the learner, academic learning does so through more abstract, classroom-based techniques, whereas experiential learning actively involves the learner in a concrete experience.

Research shows that learning by "doing" instilled the greatest mode of retention

Method

We organised experiential workshops for staff from residential facilities in the Waitemata DHB area and invited key people from Hearing Life, Stroke Foundation and Blind Foundation and involved the Gerontology Nursing team.

Three workshops were offered in the Waitakere, North Shore and Hibiscus Coast to enable staff involvement.

Short presentations were given introducing each organization, with the majority of the afternoon spent experiencing different disabilities.

Nine "stations" were placed around the hall to highlight different disabilities. Participants paired up with one experiencing the disability and the other assisting (and then they swapped).

We provided passports for participants to have signed off, we used this as a fun activity but also to ensure they attended each station.

We kept everyone engaged by blowing a whistle every 10 minutes to move on to the next station.

Participants experienced what it was like to have different disabilities including:

- Impaired hearing - using ear muffs and loud noises and trying to discern what the other person was saying.
- Impaired vision- using glasses which simulated different vision impairments.
- Impaired dexterity - placing a hearing aid battery into hearing aids wearing padded gloves; using non-dominant hand to write; discerning denomination coins.
- Aphasia - communicating using only yes and no.
- Stroke symptoms - trying to draw a pattern in a mirror.
- Hemiplegia - disabling the dominant side with weights and sling.

Following the completion of the workshops, the experts from the NGOs were asked to sit at the front and discuss the participant's comments during the sessions and then we had an open forum of discussion from the group.



Results

70 participants completed the workshop. This was a lower turn out than usual, with approx. 24 participants at each venue. This turned out to be advantageous as everyone had time to experience being a person with the disability and a carer at each station.

During the sessions the NGOs commented that a lot of participants had found the experiences difficult, frustrating, isolating and helpless.

Each participant completed an evaluation feedback form ; these are some of their comments:

"This is the best education I have ever been to"



"I hadn't really thought about the residents experience"



"..very useful makes us appreciate the struggles of those with disability. Have to be more patient and find better ways to help them"...

"It helps you understand more - even a little bit of how these people are going through in their everyday life, its really hard. I want to learn more. I need to experience more"

"I think this lived experiment should be on-going; it will remind us and help us understand more a HCAs how the patients are going through every single days".



"excellent mode of learning. Very new and helpful. We should do this more often"



"some activities take a longer time to complete thus needing extra person to assist or more time for each participant"

"..how difficult it is when you are in the situation of a person with disabilities. It feels like I'm very helpless"



"very interesting and a good experience in all practical parts"

"...feeling the client's frustration e.g. hearing and can't explain their needs"...

"having some degree of impairment myself I find the session most helpful on my everyday living. The whole session is a fun way to learn."



This new format of teaching was very well received.

Many commented that all staff should experience this workshop to improve their practice and said their practice would change after attending this workshop.

This method of learning kept all participants engaged, interested and connected.

All participants were able to engage fully reducing the disparity of English being their second language.

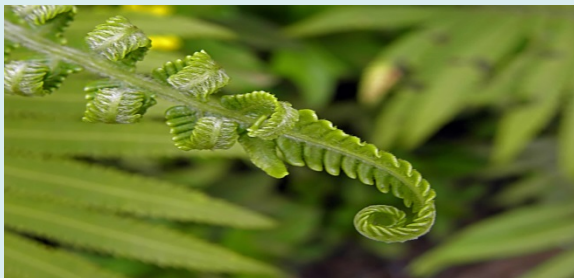
Experiential learning was a valuable way for carers to experience being in "other people's shoes".

Our GNS service is utilising this method in other teaching sessions this year.

Reason given why some care staff did not attend;

- They did not want to participate in anything practical
- Distance to venue
- Work pressures/unable to leave shift
- Poor communication from their management regarding the education opportunities

As some people are reluctant to participate in active learning, we are using different terminology to encourage enrolment as from this workshop we know that once engaged in the activities that participants gain greatly and enjoy the experience.



"Hinga atu he tētē kura " One fern frond falls as another unfurls (speaks of continuity and building).

Conclusion

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