

# Facilitation of learning: part 1

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## Abstract

This article, the fourth in a series of 11, discusses the context for the facilitation of learning. It outlines the main principles and theories for understanding the process of learning, including examples which link these concepts to practice. The practical aspects of using these theories in a practice setting will be discussed in the fifth article of this series. Together, these two articles will provide mentors and practice teachers with knowledge of the learning process, which will enable them to meet the second domain of the Nursing and Midwifery Council's *Standards to Support Learning and Assessment in Practice* on facilitation of learning.

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teaching is still considered to be an essential component of the facilitation of learning.

Learning often appears to be a straightforward concept; it is a daily activity, and individuals regularly engage in different forms of learning. However, learning is a complex and multifaceted process (Gardner 2012), and this is reflected in the continually evolving understanding of how people learn. This can be challenging for mentors as they develop meaningful learning opportunities for students.

The theories of learning discussed in this article are based in the social sciences, primarily psychology, but later theories also incorporate sociological influences. Each theory has specific features, yet there is an overlap of many of the principles and ideas between the theories. There are strengths and limitations to each theory, and individuals will differ in their preferred theories. Mentors and practice teachers should seek to develop a clear understanding of the different theories of learning and avoid adhering to one only (Gaberson *et al* 2015). This enables them to adapt to the learning needs of individuals in different circumstances. This approach also provides mentors with a wide repertoire of knowledge with which to review and analyse the process of learning, particularly in new situations or when students are having difficulties. A comprehensive analysis of learning theories provides an excellent starting point from which the mentor or practice teacher can devise a plan of how to improve and support student learning.

These theories of learning are not necessarily mutually exclusive. Although they are based on different assumptions and world views, they can complement each other. Skilful and experienced mentors and practice teachers use a combination of theories to create an engaging and challenging learning environment for students.

## Behaviourism

One of the earliest theories of learning is behaviourism. This theory was developed by researchers such as John Watson, Burrhus Skinner and Ivan Pavlov (Kellogg 2003). Behaviourism is objective in nature and seeks to analyse what is readily observable, specifically behaviours

THE CENTRAL FOCUS of mentorship is learning; in particular, how learning is undertaken, promoted, hindered and managed. This article focuses on how people learn, rather than how they are taught, because participating in teaching might not necessarily mean someone is learning (Robinson 2013). Similarly, learning does not require direct tuition, therefore, mentorship should emphasise the facilitation of learning, not the teaching of nursing skills. However,

and changes in those behaviours, resulting from a stimulus or response (Skinner 1969). In behaviourism, individuals become conditioned to either avoid or repeat particular actions, habits or activities based on the response they receive or what they achieve. The emphasis is on the feedback received in response to the actions performed, and if this promotes repetition of those actions.

Behaviourism does not consider a person's internal thought processes in relation to their behaviour or feedback received; it is only concerned with whether or not a particular action receives a positive response, such as a reward, in which case the action is more likely to be repeated. Conversely, if an action elicits a punishment or another type of negative response, the action is less likely to be repeated. Although the theory of behaviourism can appear simple, it is useful in both managing learning and identifying problems with learning and behaviour in general (Miltenberger 2012).

The two main behaviourist theories used to understand learning in the context of mentorship are classical conditioning and operant conditioning.

### **Classical conditioning**

The concept of classical conditioning was developed by Ivan Pavlov, who conducted experiments to investigate if dogs would exhibit a physiological response to an associated and neutral external stimulus (Pavlov 1960). In these experiments, Pavlov would ring a bell each time the dogs were fed. Over time, the dogs linked the sound of the bell to the expectation of food. After repeated reinforcement in the form of rewards, the dogs would salivate as if anticipating food when the bell rang. This association is formed in the presence of a neutral factor that does not elicit any kind of response itself, but becomes perceived this way. Pavlov's experiments demonstrate that the repeated presence of a neutral factor, such as the bell, when an individual is experiencing a particular stimulus, whether positive or negative, can result in an association being formed. This association might lead to a physical or emotional response to the neutral factor (Pavlov 1960).

Mentors and practice teachers do not set out intentionally to create associations between a stimulus and neutral factor in the theory of classical conditioning. Instead, they might notice such reinforcement occurring naturally and choose to reinforce the behaviour. An example of this could be students seeking particular opportunities, such as talking to patients, because of the enjoyment they derive from it. Conversely,

students may avoid a particular activity because of previously troubling results, for example an awkward silence or unwelcome questions.

### **Operant conditioning**

Operant conditioning was first explored by Burrhus Skinner. In this model, behaviour is deliberately conditioned using different types of reinforcement in response to exhibited behaviour (Skinner 1969). A positive or negative stimulus is applied to encourage or discourage repetition of a particular behaviour (Kinnell and Hughes 2010). For example, 'good' behaviours are encouraged using a positive reward. Unwanted behaviours are discouraged by punishment or the withholding of the positive reward.

In Skinner's (1969) original work, he categorised responses into four groups: positive, negative, no reinforcement and punishment. He described negative reinforcement as a technique applied by the learner to make situations more tolerable and to avoid detriment to themselves (Skinner 1969). An example of this could be a student who is so anxious about performing a particular task that it reduces them to tears when they are asked to perform it. In response to this, the student's mentor or practice teacher might excuse them from undertaking that task to avoid further emotional discomfort for the individual. In this situation, there is a reinforcement of crying behaviour when confronted with an emotionally stressful situation. This behaviour may not be beneficial for the student when they are faced with challenging situations in future clinical practice.

Skinner's (1969) operant conditioning model works well in mentoring contexts, because mentors and practice teachers observe a student's behaviour and performance with a view to either reinforcing or discouraging particular aspects of that behaviour. However, it is often assumed that punishment of an undesirable behaviour increases the likelihood of the desirable behaviour being performed in future (Butts and Rich 2014). Although this might be true in some cases, it is not a universal principle. A learner who is chastised for their lack of knowledge of a subject might not decide to learn more about it. Instead, they might try to avoid working with the person who chastised them – an example of negative reinforcement.

Providing a positive stimulus, such as praise or reward, in response to a desired behaviour is more powerful than punishing an undesired behaviour (Kilgallon and Thompson 2012, Butts and Rich 2014). There is a link between rewards and desired behaviour, which makes it easier for the learner to repeat the rewarded behaviour. Mentors and practice teachers should be mindful that positive

stimuli work equally well in encouraging the repetition of undesirable behaviour. This is because it is the recipient of the stimulus who decides if it was pleasant or unpleasant. For example, a student might find that by 'cutting corners' and rushing their tasks, they can complete their work quickly. As a result, the student has more time to engage in activities they enjoy and they may be praised by their mentor or practice teacher for working efficiently, which positively reinforces the behaviour of rushing their work (Box 1).

### Social learning theory

The ability to learn from the action and response scenarios associated with behaviourism are not exclusive to the individual's interactions. Albert Bandura developed a social learning theory which showed how individuals could observe the outcomes achieved by others and decide if it is behaviour they want to emulate (Bandura 1977). Bandura carried out a series of seminal experiments in which different groups of children observed an actor in a playroom. Some groups would see the actor being aggressive towards a 'Bobo doll' (a large inflatable clown) and other groups would see the actor only playing with the doll. Those who had observed the aggressive behaviour were more likely to exhibit the same behaviour. Equally, if the children observed the actor receiving punishment for their aggressive behaviour, they were less likely to enact it themselves for fear of the same outcome.

Mentors and practice teachers should be mindful of the implications of Bandura's (1977) observations from a clinical learning perspective, because learners in a clinical environment often view the practice of those around them as a guide for how they should behave (Klunkin *et al* 2011). However, it would be an oversimplification of the theory to suggest that learners mirror every interaction observed, or that all bad practice is mirrored with equal likelihood.

In Bandura's (1977) theory, there are four phases for learners to model behaviour: attention, retention, reproduction and motivation. In the attention phase, learners decide whose actions they should pay attention to – who their role models are. This decision is often influenced by the status of the potential role model in terms of their standing, grade, seniority and number of other followers (Bandura 1977). In learning, this is a useful process for students to gain skills or knowledge that they might need in the future, but have had little opportunity to develop, such as advanced communication skills or managing challenging situations.

In the retention phase, the learner observes the role model's behaviours and outcomes and stores them for later use. They start to practise these behaviours during the reproduction phase. The purpose of this is to gain a degree of skill or expertise in the behaviours they are modelling and to see whether they receive the same results or feedback as the role model. The reinforcement provided by mentors or practice teachers in this phase influences how likely the learner is to continue those behaviours. During the motivation phase, the learner decides whether they have the incentive to continue those practices, based on their expertise and the response they received.

It is important to recognise undesirable behaviours at the motivation stage. The learner bases their motivation to repeat or not repeat a certain behaviour on both the presence, or lack, of reinforcement and the overall gains of the behaviour. Therefore, if an undesirable behaviour enables them to quickly complete a task they dislike, and this behaviour is neither reinforced nor discouraged, they are more likely to repeat that behaviour. Even receiving a mild reprimand may be considered worthwhile if the overall gain is more gratifying to the learner. A more effective approach might be to reward the appropriate behaviour, because severe punishment of the undesirable behaviour might encourage the learner to hide their actions. In addition, the mentor or practice teacher can be pivotal in helping the learner to make sense of how, and why, particular actions were successful or ineffective (Box 2).

#### BOX 1

##### Learning activity 1

Think about the behaviourist learning theories discussed in the context of clinical practice. List the different aspects of your role, including the skills, knowledge and attitudes required to undertake your work. How easy would it be to facilitate learners' development of these aspects using the principles of operant conditioning? What are the factors that would make the use of operant conditioning difficult?

#### BOX 2

##### Learning activity 2

Consider Bandura's (1977) concepts of role modelling. Students may not always select what you as a practitioner regard as the most appropriate role model, and they may not gravitate towards modelling of senior staff. Sometimes students model good and desirable behaviours and other times less so. As a mentor or practice teacher, what could you do if you felt that a student was beginning to model poor behaviour? Think about the steps of role modelling discussed.

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## Cognitive theories of learning

Although behaviourist approaches can be effective in the delivery of learning, they have limitations. The majority of the original research on which behaviourist theories are based was carried out on animals, and at a time when there was little understanding of neural functioning. As a result, these theories do not consider the thoughts of the learner, or the effects of factors such as mood, motivation or social context on learning (Butts and Rich 2014). In particular, behaviourist theories offer no adequate explanation for how people would apply learning gained from one particular situation to another. This is a challenge for students in clinical practice. Students might develop a degree of skill in providing care for a patient in the community, but the processes that enable them to use these skills in a hospital setting remain unclear.

It is important to consider the reasons why the student initially developed skills in providing care. It is discouraging to believe these skills developed merely out of a desire to gain praise and reward from their mentors and practice teachers. There may also be internal rewards for the learner. Providing nursing care can offer an intrinsic reward, such as a personal 'feel good factor' associated with delivering effective patient care. The learner gains positive reinforcement from the feeling of accomplishment or pride in providing effective care. This positive reinforcement can be delayed or might require the undertaking beforehand of less rewarding activities to achieve the end result. Behaviourist theories of learning focus on a more immediate and obvious reward. It was these limitations of the behaviourist model which led to the formation of the cognitive school of thinking, on which the majority of modern psychology is based (Kellogg 2003).

Similar to previous behaviourist theories, cognitive learning theories emerged from experimentation and observation of animals. However, cognitive theorists explored less observable factors, such as the role of memory, abstract thinking and how information from the environment is processed (Kellogg 2003). One of the main insights from cognitive theories was that learning does not have to centre on actions and their effects in a real-world situation. People are able to use their imagination to conceptualise and plan different scenarios, and their possible outcomes resulting from various actions. This is often referred to as Gestalt thinking (Burn 2013). Gestalt thinking gives precedence to people's ability to think through a problem or scenario in the abstract to formulate an action plan. This provides an explanation of how learning is transferred. Thus, when faced with a problem,

an individual can recall their previous experiences of similar or related problems and consider how these can be linked to the current scenario. This enables the person to reflect on different courses of action and their potential outcomes before choosing which to implement.

The different cognitive theories of learning all share the same central premise: that people are thinking entities capable of modelling scenarios in an abstract sense. These theories of learning developed from the Gestalt psychology movement (Burn 2013), which focused on how memory and knowledge influence learning. This movement acknowledged the individual's ability to construct complex mental representations of the world around them based on their experiences and interpretations. This internal model can be used to test new ideas and actions to select the most effective approach or response to use.

Mentors and practice teachers can fulfil an important role in this process by helping students to understand their experiences and reflect on how these experiences can be managed in the future. They could help learners to consider the likely outcomes of or responses to an action, or they could ensure that learning focuses on any aspects of a situation that the learner might have missed. For example, a learner who would like to improve their communication skills might have overlooked the importance of their body language, because they only concentrated on the words they used. An educator can identify these factors so that the learner can add them as points to consider, enabling them to think about these issues conceptually and when communicating with others.

The focus on memory and its internal representation by Gestalt psychologists led to advancement in the understanding of how memory works, which had an effect on the understanding of learning. Along with the definitions of long and short-term memory came an increased understanding of working memory, in which information that is currently being mentally manipulated is stored (Baddeley 2012). The details of working memory are complex, and there is variation between individuals based on age, experience and the type of activity undertaken (Butts and Rich 2014). An important consideration is that working memory has limited capacity. The implications of this are that learners are able only to retain a limited number of units or 'chunks' of information in working memory at any given time. Too many chunks and they begin to struggle, their ability to learn is limited (Baddeley 1986).

Consequently, it is important that mentors and practice teachers manage the amount of information in working memory at any given time. By presenting

concepts, ideas and skills in manageable units, mentors and practice teachers can help learners to develop their knowledge and abilities in a progressive and manageable manner (Box 3).

### Experiential learning cycle

The experiential learning cycle is a commonly used cognitive theory developed by Kolb (1984). Successful learning progresses through four distinct stages in this cycle (Kolb 1984): concrete experience, reflective observation, abstract conceptualisation and active experimentation. The learner can enter the cycle at any point, but they should progress through all four stages for successful learning to occur. The process is repetitive and has no defined endpoint, and a cycle can vary significantly in length.

It is important to help the student understand the process behind their reasoning and the value of each stage in the learning cycle. If the student is aware of the mechanism of learning, they can then learn independently in the future. Mentors and practice teachers can use the cycle as a checklist to help students progress through the stages of learning. This can involve explaining the process to the learner so they can develop their learning and explore the potential consequences of different scenarios and approaches.

Given the focus on reflection in undergraduate nursing curriculums, this cycle links well to what is expected of the learner and helps to promote patient-centred reflection. From a mentoring perspective, it is likely the student will enter the cycle at the concrete experience phase. The nursing student has real-life experiences which can be used as points of focus, for example a nursing student encountering a patient who is upset by bad news. The learner should reflect on their experience, and mentors and practice teachers can support them by asking questions or identifying issues ('What should I have done?'). This reflection results in questions that expose a gap in the learner's knowledge or issues to be explored further ('What are the ways in which I could help?').

#### BOX 3

##### Learning activity 3

Consider your developing practice as a healthcare professional. Can you think of a task which you now complete effortlessly that at one point was complicated? Break this task down into its component parts. What were the individual steps or aspects you needed to master? If you were to teach this task to a student, how would you structure it so that they did not become overwhelmed?

During the abstract conceptualisation phase, the learner investigates these ideas and formulates alternative courses of action should the event reoccur ('I now have a range of tools to use should the situation occur again'). This might result in the need physically to test their new knowledge or to experiment with it theoretically. The result of the active experimentation phase is an improved understanding of how the situation could be managed in the future. The learner is now back at the concrete experience stage and can instigate another progression through the cycle.

Despite the comprehensiveness of many cognitive theories of learning, they have limitations. Some theories do not focus on the social aspects of learning and their influence over what is learned and how learning occurs (Cobb and Bowers 1999). For example, nursing students often learn to solve problems and develop care management strategies as part of a team in practice placements, and this requires a degree of professional socialisation. Another limitation is the assumptions on which many cognitive theories are based. Many of these theories were developed in the mid-20th century, and therefore share the predominant viewpoint of knowledge prevalent at the time – positivism (Fosnot 2005). This particular philosophy promotes the logical and mathematical interpretation of data to create knowledge, disregarding speculation and individual interpretation. Although cognitive theories do not dismiss speculation, they may minimise the importance of the interaction of emotions and reasoning, for example, as a nursing student becomes familiar with their practice placement. For this reason, cognitive theories may underplay the complexity of experiential learning, and many experiences may have to be simplified to form a Gestalt explanation.

Furthermore, it is assumed that the advancement of knowledge is a progression towards a single absolute truth, an endpoint for which there is no variable interpretation. However, the emerging philosophy of antipositivism contested that there was not always an absolute truth to be discovered. Instead, there was a desire to explore, investigate and interpret individual actions and truths in areas of human interaction or socialisation such as learning.

### Constructive and humanistic learning theories

The shift in the way knowledge is viewed gave rise to constructivist theories of learning, which placed increased emphasis on the individual's experience and interpretation of learning. These



theories arose from the premise first discussed by Jean Piaget, who noted that acquisition of knowledge should enable individuals to adapt their practices and behaviours, not to become copies of those instructing them (Fosnot 2005). This view of knowledge and its development is organic, and shares some principles with evolutionary theory, as knowledge evolves and develops to promote physical and emotional survival. Some knowledge is developed to ensure a person's direct survival, such as what to eat or how to safely cross the road. In the new way of thinking, the purpose of learning was not to secure absolute truth or perfect knowledge, but knowledge that was workable and that enabled practitioners to practice their profession in constantly changing situations.

From a learning perspective, constructivists emphasise what the learner already knows and their interpretations of this knowledge (Kilgallon and Thompson 2012). Constructivists consider learning to be a non-linear and complex process in which the learner navigates and negotiates competing and conflicting experiences. The purpose is to increase personal understanding and improve future interactions, rather than to gain a measurable set of skills. Constructivism is guided by a set of principles and practices that promote a learner's construction of meaning. Fosnot (2005) suggested that learning requires self-organisation on the part of the learner, and is a personal process, separate from any instructions given. Learners should be allowed to construct and test their knowledge, which could include learning from making mistakes. Learners should also be able to reflect on their evolving knowledge and be given the opportunity to discuss this critically without fear of reprimand or judgement (Kinnell and Hughes 2010).

Constructivist principles share many similarities with the experiential learning cycle (Kolb 1984); in both there are opportunities to reflect, test, experience and speculate. The main difference is that the learning process is not considered to be cyclical in constructivism. Instead, the learner can alternate between reflection and discussion before putting something into practice. For this reason, it can be challenging for mentors and practice teachers to facilitate learning using constructivist principles, particularly in the risk adverse context of health care.

This freedom of exploration for the learner necessitates increased flexibility in time frames for the completion of certain objectives. A mentor or practice teacher might require a learner to understand how a patient's care could be organised. Using non-constructivist principles, they might

discuss and demonstrate the process and set work for the student to complete. This might have to be carried out in a short time frame, which in some instances might be particularly short and feel 'instructional'. In contrast, using constructivist principles, the mentor or practice teacher would first need to explore the learner's existing understanding of the patient's circumstances (Gopee 2011). From this, the mentor would then help the learner to identify areas which could be further explored and find suitable experiences for the learner to develop their understanding. The student in this scenario would dictate the time frame, which has practical implications for the time constraints of a practice placement and the need to complete set objectives.

Humanistic learning theory shares some of the basic principles of constructivism. Humanists emphasise the individual's feelings and emotions. Similar to constructivists, humanists also promote the idea of learning as a personal journey in which the educator is a facilitator, not an instructor. Learning is regarded as an individual's progression towards self-fulfilment, and their motivation to learn stems from the desire to self-improve and explore their developing understanding of the world (Gopee 2011, Butts and Rich 2014). As with constructivism, humanistic learning can be hindered by restrictions put on learners in education systems, such as deadlines, learning outcomes and a set curriculum. Both constructivist and humanist approaches can be accommodated in education systems, but this may require increased skill on the part of the facilitator (Box 4).

## Role of power in learning

Both humanistic and constructivist theories view the distribution of power in the learning environment differently compared to previous approaches. More traditional theories of learning, such as behaviourist and cognitive approaches, place the majority of control over learning with the teacher or instructor (Butts and Rich 2014); they decide

### BOX 4

#### Learning activity 4

The fast pace of learning in many clinical areas can be challenging to learners, and can cause many mentors and practice teachers to adopt an instructional approach by directly providing information to students. Think of some central learning points associated with your clinical area. Consider how you could facilitate students to explore and make sense of these areas of learning at their own pace. What strategies could you use to allow the student to link them to their experiences? What resources would you need to enable this exploration?

what should be learned, the pace of learning and the methods used. Most educational systems, particularly compulsory education, are based on these principles of teacher control over learning. Humanism and constructivism, however, emphasise that it should be the student who has greater power over learning, and the system of delivery should enable learners to exert as much freedom and control over their learning as possible.

Many mentors aim for student-centred learning, since it has several benefits. Engaging students in the process of learning is a powerful motivator, and results in a greater depth of understanding (Baeten *et al* 2010). This is important because future practitioners need to develop a depth of understanding and commitment. Engaged learners can also gain an understanding of the process of learning. Engaging learners provides them with greater control of their learning, but requires the mentor or practice teacher to trust their judgement.

Freire (1970) discussed the potential for education to be used to control and oppress individuals and groups. Freire (1970) advocated student centredness to promote meaningful learning for the individual. This is achieved through 'critical pedagogy', in which the teacher takes on the facilitation role and presents topics and ideas for the learner to discuss (Freire 1970).

This is in contrast to the 'bucket' concept of traditional education in which the 'expert' teacher deposits their knowledge into the 'empty vessel' that is the student. In Freire's (1970) model, learning is achieved by the teacher facilitating a critical discussion among the learners; teachers pose open questions for discussion and build on answers by asking additional questions or by presenting examples of what has been discussed for further analysis. This approach can be linked to the constructivist theory of learning and humanistic concepts of personal fulfilment and betterment.

Learning does not occur in a sociological vacuum, and it is subject to the broader context in which it takes place (Fosnot 2005). The distribution of power is one of the many socially derived factors that affect what is learned, by whom and how. Mentors and practice teachers should be aware of the social factors that affect learning and, in particular, the issue of socialising learners in the practice setting.

Wenger (2000) identified the complexity and interconnectedness of the process of entering a professional group, which he describes as a 'community of practice'. Although this approach is not a theory of learning, the concept of communities of practice demonstrates the need to take a less reductionist view of learning. It emphasises how groups form identities based around the meaning of being part of that group, setting out the behaviours, values, knowledge and practices that are important to the group (Wenger 2000). Learning is the progression and acquisition of those practices to achieve acceptance in the group. A group does not have to be a discretely defined entity such as a professional group – it can be a less formal structure, including clubs and interest groups (Wenger 2000). Individuals can belong to multiple communities of practice (Box 5).

## BOX 5

### Learning activity 5

Consider the ideals of student-centred learning. Do you think these could be implemented in clinical practice? What type of compromises might have to be negotiated with a student to ensure they meet the standards of best practice? What effect would allowing students to have increased control or influence over their learning have on their progress?

## BOX 6

### Domain 2 of the *Standards to Support Learning and Assessment in Practice*: facilitation of learning

#### Stage 2: mentor

- ▶ Use knowledge of the student's stage of learning to select appropriate learning opportunities to meet individual needs.
- ▶ Facilitate the selection of appropriate learning strategies to integrate learning from practice and academic experiences.
- ▶ Support students in critically reflecting on their learning experiences in order to enhance future learning.

#### Stage 3: practice teacher

- ▶ Enable students to relate theory to practice while developing critically reflective skills.
- ▶ Foster professional growth and personal development by use of effective communication and facilitation skills.
- ▶ Facilitate and develop the ethos of interprofessional learning and working.

(Nursing and Midwifery Council 2008)

## Portfolio development

This article relates to the second domain of the *Standards to Support Learning and Assessment in Practice* (Nursing and Midwifery Council 2008) (Box 6). To meet this domain, mentors and practice teachers should demonstrate they can facilitate learning in the practice setting. This requires knowledge of the learning process, as well as steps to support students and minimise potential barriers. Completion of the learning activities in this article provides evidence for meeting the requirements of this domain. While this article introduces a range of perspectives on how people learn, educators should use a combination of these approaches to promote effective learning in their clinical area or placement (Box 7).

## Conclusion

There are many theories relating to how individuals learn, each with their own strengths and limitations. The developing practice of students can be described and analysed from different perspectives based on these theories. Mentors and practice teachers are challenged with deciding which theory, or theories, to use in their mentorship practice. When making these decisions, mentors and practice teachers should be aware of the principles of each theory and be mindful that not all learners respond to the same approach in the same way. The mentor's chosen approach is often based on their history of learning and the assumptions they have made about how and why they learn. A central component of the mentor or practice teacher's role is to develop an understanding of these differences, and to select the best approach to maximise learning for students.

## BOX 7

### Learning activity 6

Write a reflective account of your own approach to learning. Relate your account to your personal experiences of learning and how these have influenced your current approach. Include if, and how, the content of this article has influenced your ideas and approach to the facilitation of teaching and learning in practice.

The next article in the series will discuss the practical issues encountered when facilitating learning in clinical settings **NS**

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