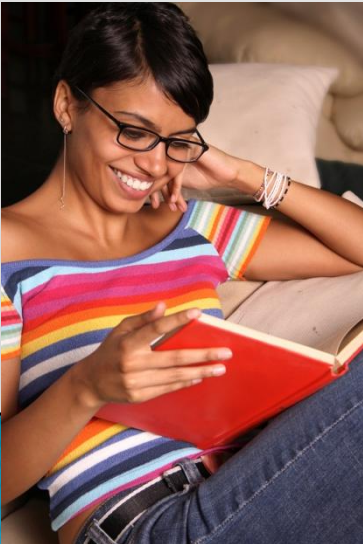


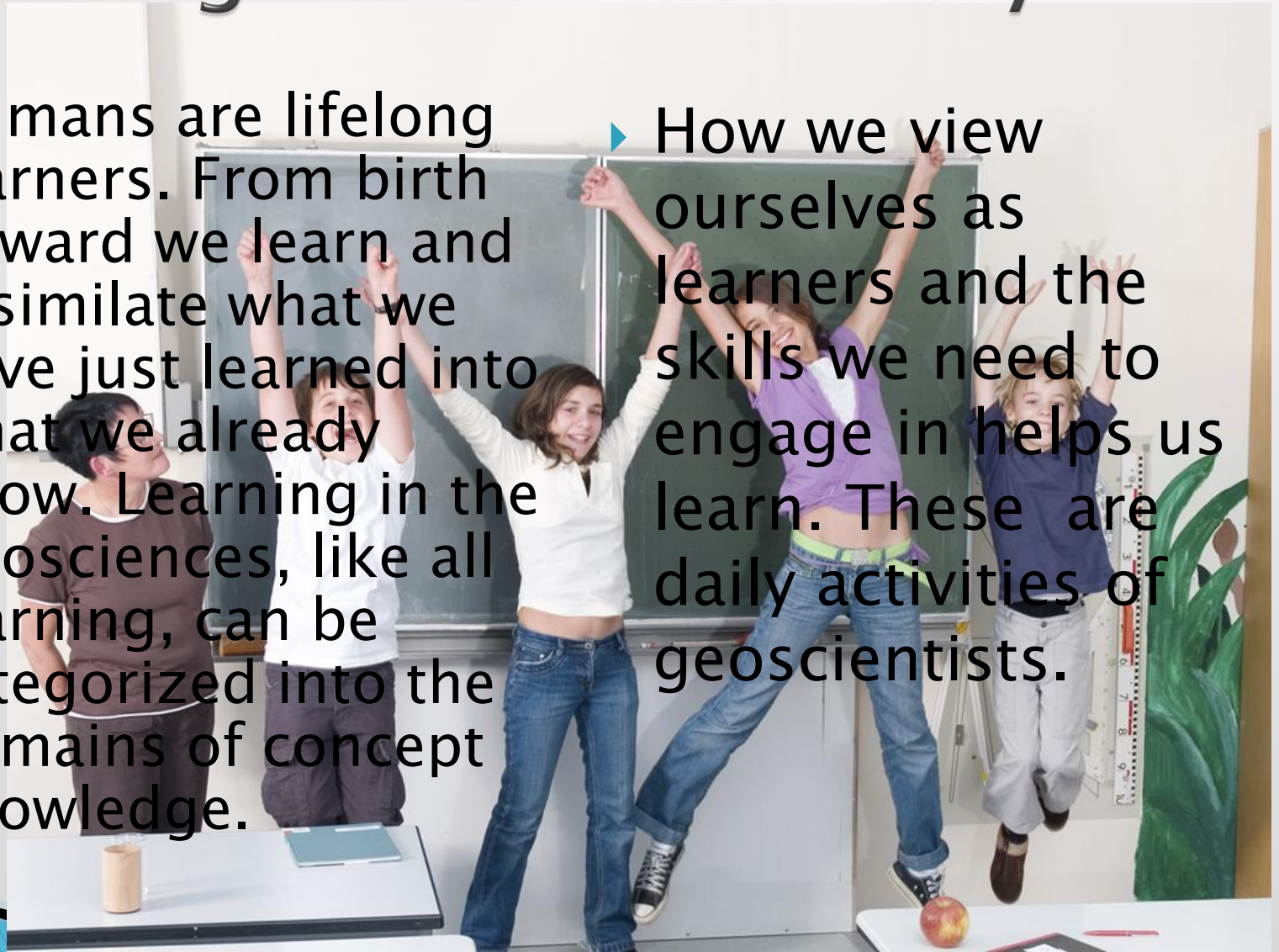
How We Learn

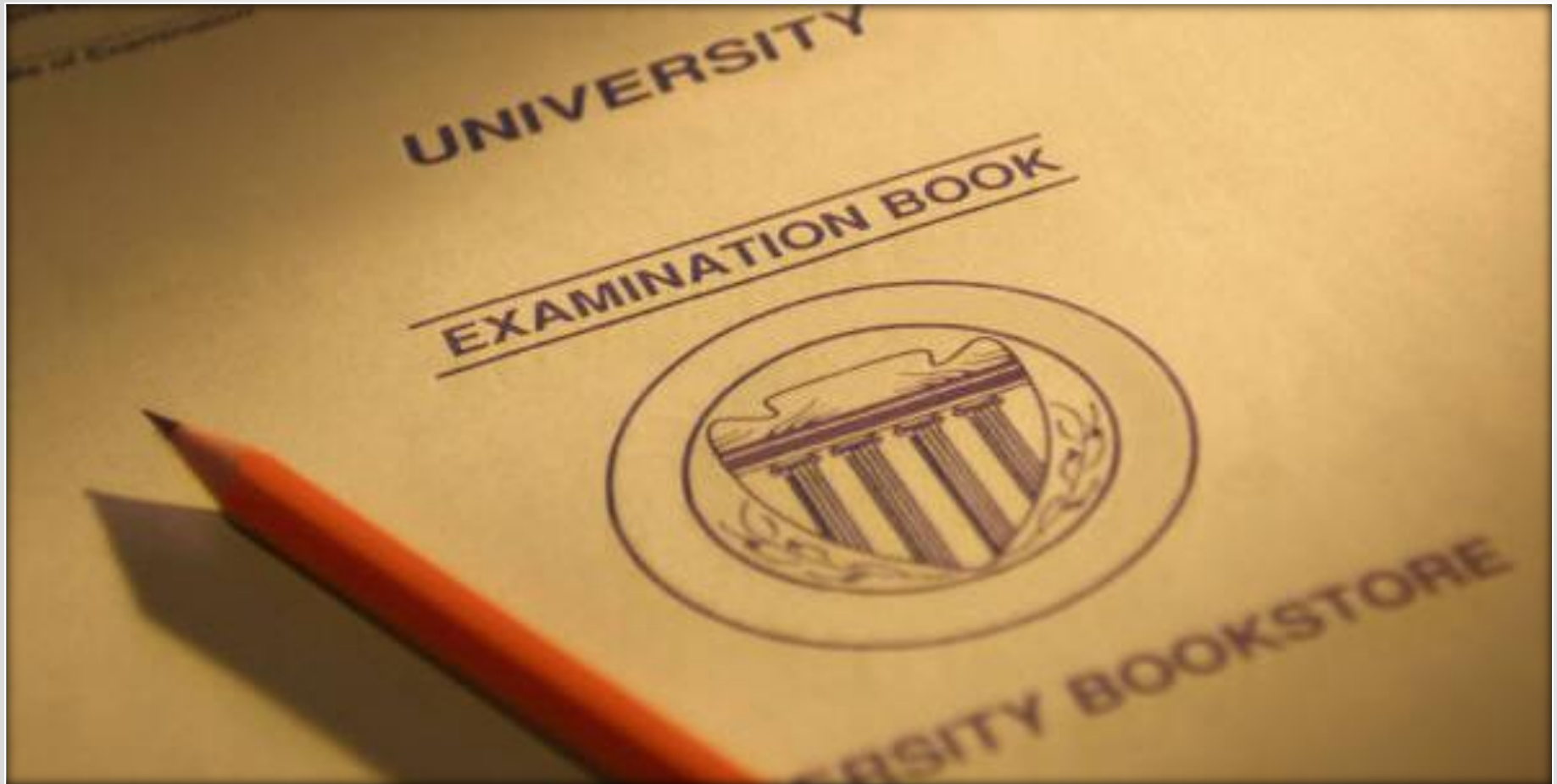
- ▶ People learn using one or all of the following domains;
- ▶ 1. Cognitive
- ▶ 2. Psychomotor
- ▶ 3. Affective
- ▶ These domains were first studied by Benjamin Bloom.
- ▶ As early as 1956 Educational Psychologist Benjamin Bloom divided what and how we learn into three separate domains of learning.



Learning Takes Place Daily

- ▶ Humans are lifelong learners. From birth onward we learn and assimilate what we have just learned into what we already know. Learning in the Geosciences, like all learning, can be categorized into the domains of concept knowledge.
- ▶ How we view ourselves as learners and the skills we need to engage in helps us learn. These are daily activities of geoscientists.





The Cognitive Domain >>

This domain focuses on intellectual skills and is familiar to educators.

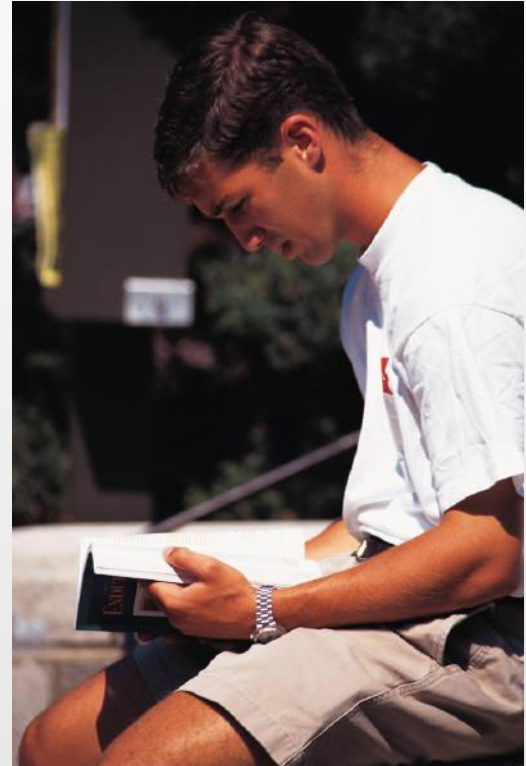
Cognitive Domain Examples

- ▶ Graphics to show relationships between ideas
- ▶ Organized class notes
- ▶ Tables that provide summary information
- ▶ PowerPoint slides
- ▶ Additional examples Self-check quizzes A discussion board



Six Categories of Cognitive Learning

- ▶ 1. Knowledge
- ▶ 2. Comprehension
- ▶ 3. Application
- ▶ 4. Analysis
- ▶ 5. Synthesis / Creativity
- ▶ 6. Evaluation



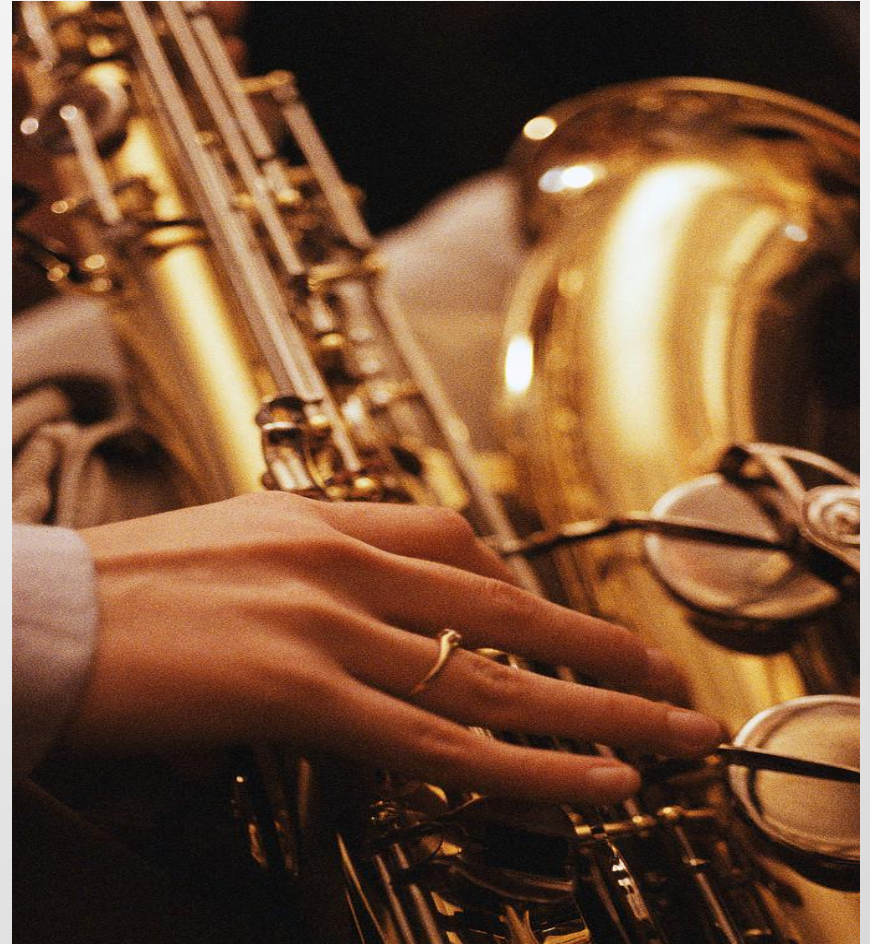
The Affective Domain

- ▶ The Affective domain includes feelings, values, appreciation, enthusiasms, motivations, and attitudes.



The Psychomotor Domain

- ▶ The psychomotor domain includes physical movement, coordination, and use of the motor-skill areas.



Assessing Learning Skills

- ▶ Patient's whether old, middle aged, young adult, adolescent or children, all learn differently. Their learning skills are based upon not only their biological age but on the socioeconomic status, their current health status and their present state of mental health.



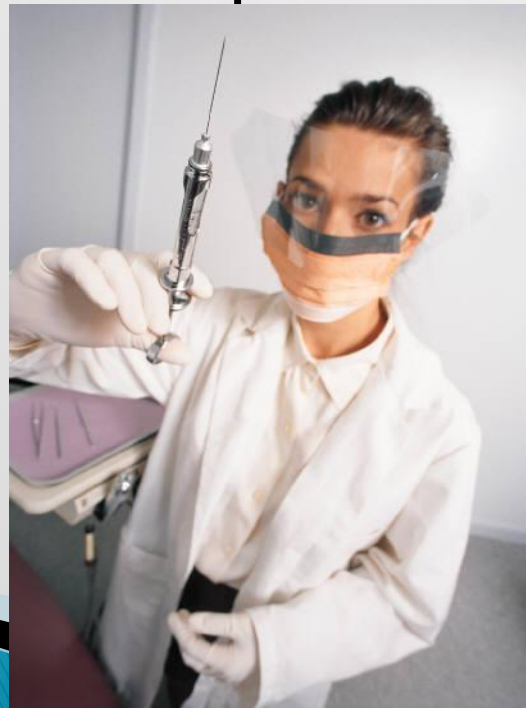
Assessing a Patient's Ability to Learn

- ▶ You will find that many environmental factors also affect a person's ability to learn. Being in a hospital or clinic can be very intimidating and threatening. Especially if the patient knows that they are going to have an invasive procedure performed, such as a venipuncture.



Assessing a Patient's Ability to Learn

- ▶ As a health care provider, it is very important to make the patient feel as comfortable and relaxed as possible. This can be done when the healthcare provider is knowledgeable and sensitive to the patient's immediate needs.



Maslow's Hierarchy of Needs

- ▶ **Physiological needs**
- ▶ For the most part, physiological needs are obvious – they are the literal requirements for human survival. If these requirements are not met the human body simply cannot continue to function.
- ▶ Physiological needs include:
 - ▶ Breathing
 - ▶ Homeostasis
 - ▶ Water
 - ▶ Sleep
 - ▶ Food
 - ▶ Sex
 - ▶ Clothing
 - ▶ Shelter



Maslow's Hierarchy of Needs

- ▶ **Safety needs**
- ▶ With their physical needs relatively satisfied, the individual's safety needs take over and dominate their behavior. These needs have to do with people's yearning for a predictable, orderly world in which injustice and inconsistency are under control, the familiar frequent and the unfamiliar rare.

Maslow's Hierarchy of Needs

- ▶ Safety and Security needs include:
- ▶ Personal security
- ▶ Financial security
- ▶ Health and well-being
- ▶ Safety net against accidents
- ▶ /illness and the adverse impacts



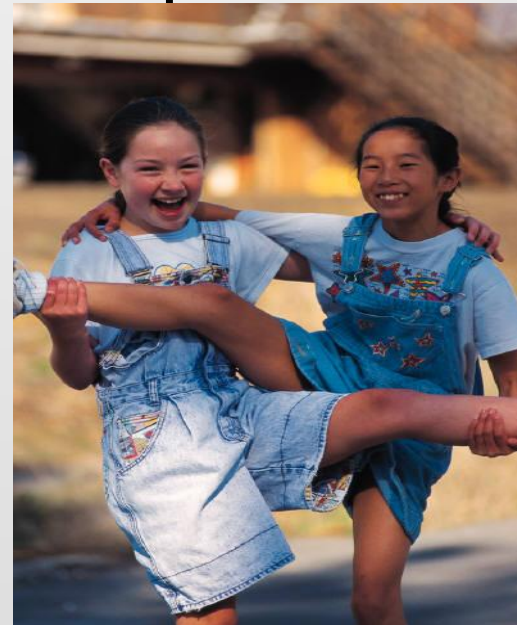
Maslow's Hierarchy of Needs

- ▶ **Social needs**
- ▶ After physiological and safety needs are fulfilled, the third layer of human needs is social. This psychological aspect of Maslow's hierarchy involves emotionally-based relationships in general, such as:
 - ▶ Friendship
 - ▶ Intimacy
 - ▶ Having a supportive and communicative family



Maslow's Hierarchy of Needs

- ▶ **Esteem**
- ▶ All humans have a need to be respected, to have self-esteem, self-respect. Also known as the belonging need, esteem presents the normal human desire to be accepted and valued by others.

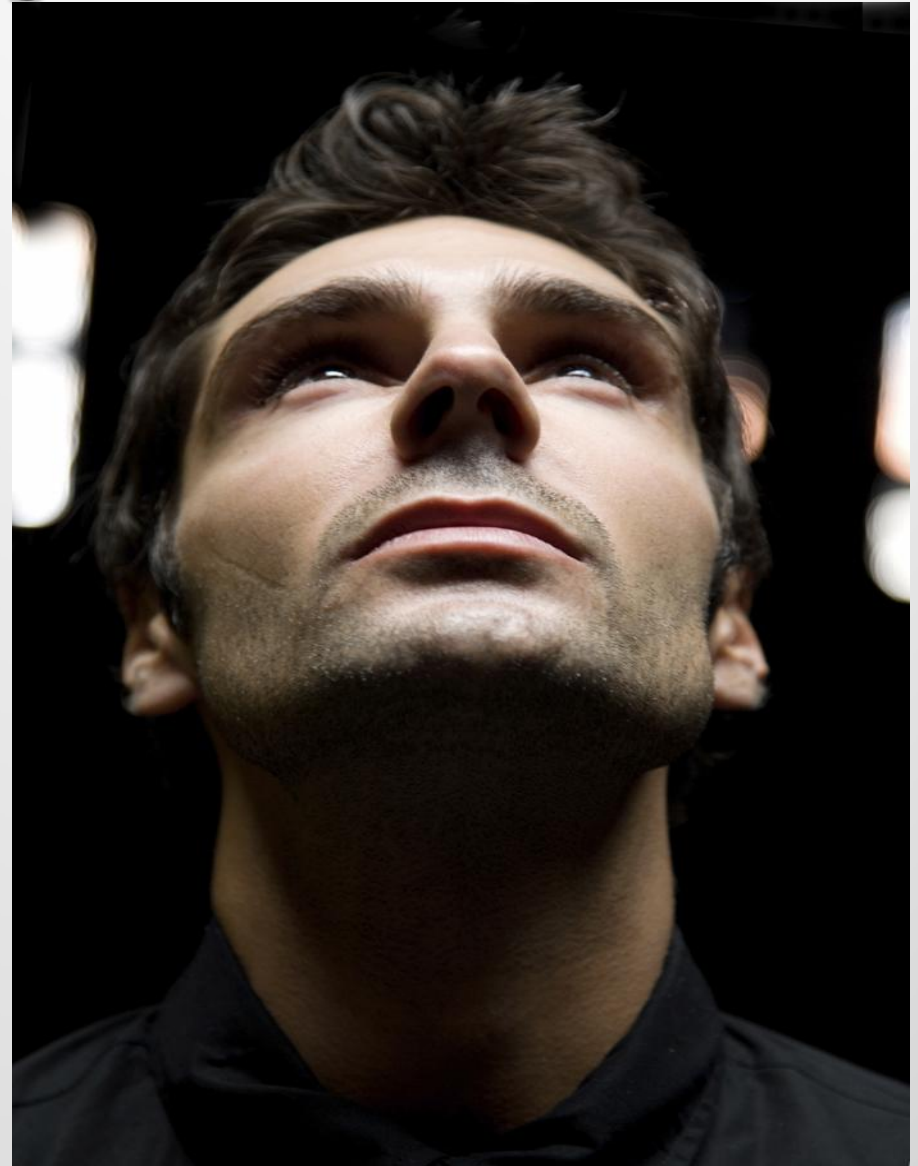


Maslow's Hierarchy of Needs

- ▶ **Aesthetic needs**
- ▶ The motivation to realize one's own maximum potential and possibilities is considered to be the master motive or the only real motive, all other motives being its various forms. In Maslow's hierarchy of needs, the need for self-actualization is the final need that manifests when lower level needs have been satisfied.

Aesthetic Needs

- ▶ Self Actualization



Be Sensitive to Others Feelings

- ▶ Therapeutic communication is defined as the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient. This kind of communication has three general purposes: collecting information to determine illness, assessing and modifying behavior, and providing health education.



Therapeutic Communication

- ▶ By using therapeutic communication, we attempt to learn as much as we can about the patient in relation to his illness. To accomplish this learning, both the sender and the receiver must be consciously aware of the confidentiality of the information disclosed and received during the communication process. You must always have a therapeutic reason for invading a patient's privacy.



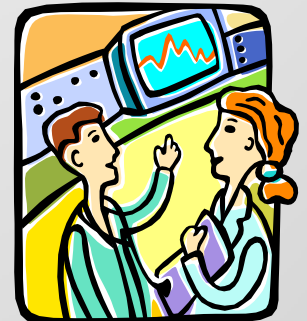
Therapeutic Communication

- ▶ Phlebotomy is a caring profession. It is also a profession that is more and more evidenced based in practice. In as much as the scientific aspects of nursing is increasing due to the complex technological advancement of medicine and the machinery that is used at the patients bedside, the fact remains that the nurse is the first person that the client usually comes in contact with in any emergency or hospital setting.



Therapeutic Communication

- ▶ Having said this, the term, "caring" is an essential emotion that all phlebotomists, nurse's and nurse's aides, for that matter, all individuals in the health profession must possess. With caring comes the trained ability of the nurse to facilitate therapeutic communication. One might ask, what is therapeutic communication? To better answer this question, the term communication should first be defined.



Therapeutic Communication

- ▶ Communication can be defined as "The Process of transmitting messages and interpreting meaning." (Wilson and others, 1995) With therapeutic communication, the sender, or nurse seeks to illicit a response from the receiver, the patient that is beneficial to the patients mental and physical health. Just as stress has been proven to adversely affect the health of individuals, the therapeutic approach to communication can actually help. In any given situation everyone uses communication.

Therapeutic Communication

- ▶ Everyone has seen the individual that looks like they are either angry, stressed, feeling ill or maybe sad. These emotions are communicated to others not always by words, but by gestures and facial expressions. A nurse must always be aware of these expressions in clients, for these expressions may be the only way that the nurse can tell if there is something else going on that needs their attention.

Therapeutic Communication

- ▶ The term given to this type of non-verbal communication is called, meta-communication. In meta-communication, the client may look at their amputated stump and say that it doesn't really look that bad, while at the same time tears are rolling down from their eyes.



Therapeutic Communication

- ▶ In a case such as this the nurse should stay and further explore how the person actually feels. There are many factors associated with the healing and comforting aspects of therapeutic communication. Circumstances, surroundings, and timing all play a role in the effect of therapeutic communication.



Therapeutic Communication

- ▶ If a client is being rushed down for an emergency surgery there might not be time for a bedside conversation, but the holding of a hand could convey much more than words to the client at such a moment. This is called therapeutic touch, and can be very reassuring to the patient.



Therapeutic Communication

- ▶ Ideally, for therapeutic communication to be effective the nurse must be aware of how they appear to the client. If a nurse appears rushed, for example, they are speaking quickly, their countenance looks harried, and they are breathing heavily, their eyes not on the client but perhaps on an intravenous bag on the client in the next bed. In a case like this, there is nothing that this nurse could say to the client in a therapeutic manner that the client would believe.

Therapeutic Communication

- ▶ The helping relationship has not been established and therefore therapeutic communication cannot be facilitated. Some of the emotions associated with therapeutic communication include but are not limited to the following: Professionalism, Confidentiality, Courtesy, Trust, Availability, Empathy, and Sympathy. (Potter, Patricia A., Perry, Anne G., Co. 2003, Basic Nursing Essentials for Practice, pg. 123, Mosby)

Therapeutic Communication

- ▶ All of these emotions go into the client nurse relationship, which must be established by the nurse as soon as possible upon first meeting the client. To begin to establish this nurse client relationship, the nurse must assess the overall message that the client is communicating to the nurse, such as fear, pain, sadness, anxiety or apathy. The nurse should be trained in keying into the message that the client is sending. Only then can the nurse determine the best therapeutic approach. Anyone that has to be thrust in to a hospital or emergency room environment has level of anxiety.

Therapeutic Communication

- ▶ This level can go up considerably when the client feels that they have been abandoned or that there is no one there that really cares about how they feel. When a client is the recipient of therapeutic communication from a caring individual, a level of trust is achieved and more than that, the client's entire countenance can change for the better. Their blood pressure, respirations and levels of stress can simultaneously decrease. When this takes place, the management of pain, if any is involved, can be resolved more quickly. The goal for a nurse is to become proficient in the medical

What emotion do you see?



- ▶ 1. Sadness
- ▶ 2. Fear
- ▶ 3. Anxiety
- ▶ 4. Pain
- ▶ 5. Concern
- ▶ How would you approach this person prior to venipuncture?

What Emotion do you see?



- ▶ 1. fear
- ▶ 2. apprehension
- ▶ How would you approach this child?
- ▶ How could you lessen this child's fear?
- ▶ What would you say to their parent?

What Emotion do you see?



- ▶ 1. Fear
- ▶ 2. Sadness
- ▶ 3. apprehension
- ▶ 4. expectation
- ▶ What significance does her doll represent? How would you approach her?

What Emotion do you see?



- ▶ 1. concern
- ▶ 2. pensive
- ▶ 3. relaxed
- ▶ 4. troubled
- ▶ What would your approach be, prior to venipuncture?

What emotion do you see?



- ▶ What would you say to this man prior to venipuncture? What appears to be his emotion? What would you pay close attention to prior to approaching his personal space?

What emotion do you see?



- ▶ 1. fear
- ▶ 2. depression
- ▶ 3. helplessness
- ▶ 4. hopelessness
- ▶ How would you approach this woman?

What emotion do you see?



- ▶ 1. anxiety
- ▶ 2. fear
- ▶ 3. helplessness
- ▶ 4. hopelessness
- ▶ 5. depression
- ▶ How would you approach her prior to drawing her blood?

What emotion do you see?



- ▶ How would you approach this woman?
- ▶ What would you say to make her more comfortable?
- ▶ What actions could you perform that evoke caring?

What emotion do you see?



- ▶ What actions could you do, and what could you say to help this person?
- ▶ Can an anxious person learn?
- ▶ Is anxiety dangerous to health?

What emotion do you see?



- ▶ 1. loneliness
- ▶ 2. depression
- ▶ 3. apathy
- ▶ 4. fear
- ▶ How would you approach this person?

