

Guidelines for Compiling a Teaching Module Based on the Experiential Learning Cycle

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SUMMARY

When implementing the experiential learning cycle in compiling a study guide, a lecturer can start from any phase in the experiential learning cycle. An example is discussed in this article.

OPSOMMING

Wanneer die ervaringsleersiklus gebruik word as riglyn vir 'n onderrigmodule kan as vertrekpunt enige fase van die silus geneem word. 'n Voorbeeld daarvan word bespreek in hierdie artikel.

Introduction

The aim of this article is to explain how experiential learning can be used when compiling a study guide for third or fourth year students.

The Aim of a Study Guide

A study guide should be compiled in order to assist the student through all four quadrants of the experiential learning cycle. It is essential that the lecturer have a sound knowledge of the different learning styles of each individual student, as each learning style has its weak and strong points and the lecturer needs to adapt her tuition methods accordingly.

One can start adapting a study guide from any part of the experiential learning cycle. The example used here starts at the phase of reflective observation.

Example

The compiling of a study guide on anterior and posterior cruciate ligament injuries is used as an example. To introduce the new subject matter, the students are instructed to consult specific references to obtain initial knowledge on the cruciate ligaments, the mechanism of injury and the healing process. In order to do reference reading on the anatomy of ligaments they should be supplied with the most important aspects e.g. the composition of ligaments, their position as well as their origin and insertion.

Reference reading can be most valuable to the diverger and uncertain student, who are not always keen on doing this. Guidelines are important to assist them in deciding which facts are relevant and which not.

On the other hand the assimilator has an affinity for theory and will neglect practical work. By giving him reference reading he automatically takes an interest in the subject matter. In order to start off with a wide perspective the converger must also do a great deal of reference reading. The accommodator is also forced to do reference reading in order to give him a theoretical background for practical work.

In the following section of the study guide they could be given information on the different degrees of injury, diagnosis, clinical picture and medical treatment which cannot be obtained from text books.

The next step for the students is to work out the aims of the treatment in accordance with the study matter. At this stage the diverger must be careful not to state the aims of treatment too broadly. He must be more specific. The assimilator tends to do very well in this section as he always tries to co-ordinate problems and his opinions have a sound theoretical foundation. The converger must be careful not to concentrate on certain problems and neglect the patient as a person. The accommodator must be guided in planning his actions systematically.

The lecturer should then supply the students with complete information about the different modalities and methods which can be applied in the treatment of these patients. This lecture is most important as students are now compelled to compile their own treatment programme from all the treatment methods supplied to them. The assimilator who has a dislike for practical

work is now gradually directed and guided towards the execution of practical tasks. This lecturer-student contact session is also very valuable to the converger who is inclined to practise only one method of treatment.

Once the students have compiled their specific treatment programmes they are allowed to practise on models and each one treats two patients. At this stage special attention should be given to the diverger who is inclined to neglect detail and experimentation. This also applies to the assimilator who also tends to neglect the patient as a person. The accommodator who usually finds it difficult to co-ordinate theory and practical implementation, now has the opportunity to test his aims and treatment on patients.

There should be sufficient space in the study guide for the students to make notes of problems, interesting information of the patient's history and clinical picture. The aims and treatment plan as well as a self-evaluation should also be noted.

With the final lecturer-student contact session these problems should be discussed in detail by means of group discussion. This is most useful for the assimilator who usually queries information because of his

insecurity. Discussion of the assimilator's problems assist him in application of the treatment and tend to eliminate his feeling of insecurity.

During this contact session the convergers also benefit as they encounter various correct opinions of other students. This session is also valuable for the accommodator as far as self-evaluation is concerned. It is of great help to the diverger to discuss the factors influencing his decisions. He must be guided towards more self-assured resolutions.

Conclusion

By using the experiential learning cycle the student's ability to perform independent work should improve when evaluating and treating patients.

Bibliography

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