Facilitate Learning

Competency 1 ~ 22% of test plan

Learning Theories

For each theory—understand premise, setting, role of learner, role of teacher, best uses

Major topics (See detailed test plan)

- Learning theories
- Domains of learning
- Teaching strategies/learning activities
- Thinking skills (critical thinking, clinical reasoning, clinical judgment)
- Information technology and multimedia
- Learning environment management
- Teaching in the clinical setting
- Legal and ethical implications

Learning Theories (1)

Behaviorism: Behavior is learned and can be shaped and rewarded (Skinner, Mager)

- Learning is observed through behavior
- Feedback is important to shape behavior
- Tends to be faculty-centered
- Useful in structured settings, skills learning
- Useful in learning resources center

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Learning Theories (2)

Constructivism (social cognitive; sociocultural): Learning is interactive and occurs in a social environment (Vgotsky; Piaget, Bandura)

- Learning is processed by the learner in a social context—group learning
- Develops reflection and self awareness
- NE creates environment for learning and interacts with students to support them as they learn
- Social presence in online courses

Learning Theories (3)

Adult learning: Adults are self-directed and motivated (Knowles)

- Learners draw on experiences
- Varied life styles and experiences shape learning
- Adults fear failure; faculty can facilitate and empower to achieve success
Learning Theories (4)

Cognitivism (information processing/brain-based learning): Learning is a function of the brain; information is processed and stored; context and emotions facilitate learning (Neuroscience; Bruner)

- Learning occurs as learners link new information to existing context
- Brains of young adults process info differently
- Reflection solidifies learning
- Use real-world experiences

Learning Theories (5)

Deep learning: Learning occurs when students learn information for application (vs. surface learning and memorization) (Ross & Tuovinen)

- Student learns materials for application
- Links new information to long term memory

Learning Theories (6)

Narrative pedagogy: Based on phenomenology; knowledge gained through experience and dialogue (Diekelmann, Ironside, Chinn)

- Draws on interpretive pedagogies
- Students learn through examples and narratives

Learning Theories (7)

Caring: Humanistic–existentialist approach (Watson)

- Used in a values–focused curriculum
- Develops affective values, worth, dignity
- Focus on student and patient

Learning Theories (8)

Novice–Expert: Progressive stages of clinical expertise (Benner)

- Developmental stages
- Useful in promoting transition to practice
- Facilitates competency attainment

Learning Theories (9)

Principles of Good Education (Chickering and Gamson, 1989)

- High Expectations
- Time on Task
- Active Learning
- Prompt Feedback
- Interaction with classmates
- Interaction with faculty
- Respect for diversity
**Your Turn**

*“One-minute paper”*

Using the assigned theory to guide teaching/learning CPR, describe

1. The premise of the theory
2. Role of learner
3. Role of NE

**Why Learning Theories?**

- Focus on learner (not teacher) aka shift from teaching to learning
- Guide choices about learning activities
- Serve as a framework for research

**One Theory Vs. Many?**

**ONE THEORY**
- Guide curriculum
- Guide research

**SEVERAL THEORIES**
- Not all theories are suitable for all domains, settings, topics, learners

The NE is developing learning activities to promote interaction in a course. Which theory best guides the development of these learning activities?

1. Narrative pedagogy
2. Behaviorism
3. Adult learning
4. Constructivism

**Domains and levels of Learning**

<table>
<thead>
<tr>
<th>Original Domain</th>
<th>New Domain</th>
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<tbody>
<tr>
<td>Evaluation</td>
<td>Creating</td>
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<tr>
<td>Synthesis</td>
<td>Evaluating</td>
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<td>Analysis</td>
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<td>Comprehension</td>
<td>Understanding</td>
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<td>Knowledge</td>
<td>Remembering</td>
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Affective domain
- Internalization
- Organization
- Valuing
- Responding
- Receiving

Psychomotor domain
- Naturalization
- Articulation
- Precision
- Manipulation
- Imitation

Teaching Strategies
For each strategy consider use, advantages, and disadvantages

Teaching–Learning Strategies and Activities
- What the NE develops/chooses to facilitate learning
- What student does to learn
- Consider the “flipped classroom”—when and where to teach and learn

NE Designs Learning Activities
- To provide context, salience, and clinical action=“real world”
- To connect classroom learning with clinical practice
- To develop multiple thinking skills, clinical reasoning
- To promote active and engaged learning

Teaching–Learning Activities
NOTE: For each, know advantages, disadvantages, uses

Lecture
Reading assignments/study questions
Forums/panels
Case studies, unfolding case studies/Problem-based Learning
Concept maps
Gaming/role playing/simulations
Story telling, narratives, discussion, questioning
Written assignments (papers, journals, one-minute papers, reflection papers)
Teaching-Learning Activities

- Debate
- Questioning
- Clinical experiences
- Clinical conferences
- Debriefing
- Service Learning
- Clinical simulations, standardized patients
- Demonstration/return demo, skills check
- Team-based learning; collaborative groups

Higher Order Learning Activities

- HOL moves students from learning (know what) facts/concepts to application, synthesis, clinical decision making (know how, know when)
- Courses need elements of learning the content, concepts AND elements of applying the content, evaluating, thinking critically, comparing/contrasting and synthesizing

Your turn
“Round Robin”

Participant 1 State a teaching/learning strategy
Participant 2 Give example of use and indicate if it facilitates higher order learning

Principles for choosing learning activities

- Meet level and domain of objective
- Provide practice and feedback
- Integrate 7 principles
- Provide variety
- Offer options
- Address varieties of learning styles

Developing thinking, reasoning, judgment and reflection skills

- Critical Thinking = developed habits of the mind; inquiry; valid inferences
- Critical Synthesis = knows when to use or validate data; multiple data points to make a clinical decision
- Clinical Reasoning = contextualized judgment
- Clinical Reflection = pose questions to form a new or alternative action
Thinking and clinical reasoning skills

- Can be developed
- Are developed through active learning and feedback
- Are learned best in context: connect classroom and clinical learning
- Can be assessed/evaluated

Integrating Strategies and Thinking Skills: The Lesson Plan

- Consider Content
- Determine Learning Outcomes
- Create set
- Select Strategy/Activity
- Implement (7 principles!)
- Closure
- Evaluation

The NE is making a lesson plan to address the following objective: “Determine appropriate site for administering an IM injection to an infant”. The most appropriate strategy/activity is:

1. Practice the Injection on an orange.
2. Ask a classmate to give feedback to skill demonstration.
3. Participate in a simulation using an infant manikin.
4. Use a video clip from YouTube to view the correct injection technique.

Using Information Technologies and Media

- Use models, visuals, videos, slides, computer, handhelds, smart phones to promote LEARNING
- Integrate in lesson plan thoughtfully
- Give options for students learning styles
- Use to provide opportunity for student to access, judge information and apply to practice; to develop thinking skills and clinical judgment

Distance Education

- Separation of student and teacher in time and space
- Purpose= Access, convenience and LEARNING
- Types: Audioconference, Webinars, print, videoconferencing, online, MOOC (massively open online courses)
- Can be synchronous or asynchronous
- Can be blended with on campus activities
Teaching and learning at a distance

- Institutional commitment: resources
- Technical requirements
- Faculty and learner orientation and support
- 7 Principles guide best practices
- Importance of social presence
- Create active learning and varied activities
- Outcomes similar to on campus courses—learning (grades), satisfaction, socialization

Using web 2.0 tools to promote learning
(Web 2.0= share information, work in teams, collaborate)

- Social networking sites
- Wiki, blog—social writing
- Podcasts/vodcasts
- Video clips (student generated; YouTube)
- PDAs, handheld devices, smartphones
- Voice threads
- Digital story telling
- Classroom response systems (polling)

Why use Web 2.0 tools?

- Learn, practice content and skills
- Access, evaluate, synthesize information
- Develop teamwork, collaboration
- Use reflection and higher order thinking
- Acquire health information skills
- Develop computer/information literacy skills

The NE is developing an online course. In order to promote active learning, the NE should:

1. Create learning activities that require students to apply course concepts.
2. Require 3 responses to each posting in the discussion forum.
3. Divide students into small groups for discussion.
4. Integrate 3 face-to-face classes during the semester.

Most students in the class do not have computer skills. The NE should?

1. Limit use of assignments requiring use of Web 2.0 tools
2. Develop an orientation program to prepare students to use Web 2.0 tools
3. Require use of Web 2.0 tools so students will become self-directed in using them.
4. Make use of Web 2.0 tools optional

Creating a Positive Learning Environment
Educators role in maintaining a safe and productive learning environment

- Communicate expectations
- Know or establish policies/procedures
- Demonstrate respect for students
- Establish inclusive "classroom" where all are welcome
- Treat students fairly and impartially
- Focus on important learning outcomes
- Set schedule, syllabus, evaluation and avoid changes

Cultural competence and inclusive teaching

- Teaching ABOUT culture, cultural competence
- Inclusive teaching—helping the student focus on their own culture, attitudes, beliefs AND that of their classmates AND learn how to communicate appropriately with each other and their patients

 Faculty responsibilities for inclusive teaching

- Mirror of the diversity of the student body and serve as role models
- Be aware of their own culture, values
- Curriculum and course materials should reflect diversity and respect
- Use a variety of evaluation methods
- Create an inclusive learning environment
- Design active learning strategies to prompt culturally appropriate communications and reflection

Approaches to inclusive teaching

- Goal is for students to understand their own values, and respect values of others
- Faculty should start the discussion with modeling communications; providing their own examples
- Be aware of the degree of comfort/discomfort of the group in discussion of values

Faculty and student incivility

- Social behavior ranging from rudeness to violence
- Caused by stress, pressures to succeed; expectations of entitlement

Continuum of Student Incivility

**Violence:** Hitting; aggression; weapons

**Threatening:** Bullying; racial/ethnic/gender slurs; stalking

**Annoying:** phones/texting; late; unprepared; sleeping; talking
Faculty incivility (Clark, 2010)

- Favoritism
- Bullying
- Late, unprepared for class
- Rigid
- Lack of clear directions
- Unannounced changes

Academic dishonesty and other administrative violations

- Cheating
- Plagiarism
- Forgery
- Disorderly conduct
- Abuse: physical, verbal

Other Student Problems: Health Issues

- Mental health problems
- Learning disorders
- ADD
- Substance abuse/impairment
- Use of prescription drugs with unsafe side effects
- Hearing, visual impairment

Other Student Problems: Criminal Misconduct

- Threats
- Possession of firearms
- Substance possession/sale

Goal: Prevent incivility and dishonesty at the outset

- Have clear norms for classroom behavior
- Enforced policies; apply consequences
- Create a welcoming classroom
- Teach students strategies to manage stress
- Intervene early

When Students are Disruptive

- Recognize it, but do not engage in it; serve as role model
- Refer to established class norms
- Deal with it—zero tolerance
- Establish policies and invoke consequences
- Know campus resources
- Document
Students arrive late to class and use cell phones. Other students complain they cannot hear discussion. The NE should?

1. Communicate guidelines for acceptable behavior.
2. Divide the students into small groups or a learning activity.
3. Ask disruptive students to leave.
4. Serve as a role model for professional behavior.

Teaching in the Clinical Setting

Teaching in the clinical setting: Choosing the setting

- Choose setting to meet learning outcomes across the curriculum
- Coordinate didactic and clinical practice
- Consider level of the student
- Consider constraints of the agency

Teaching in the clinical setting: Assignments

Student choice
- Foster student independence
- Student responsible for variety and competence per check list
- Student can more easily prepare

Faculty Choice
- Prevents students from choosing an easy assignment
- Faculty familiar with patients and staff

Teaching in the clinical setting: Models

- Models of clinical placement: Dedicated Educational Units; preceptors
- Models of teaching: dyads, triads, focused assignments; "observational" vs. "hands on"; "paired with RN"
- Models of transition: residency, electives, capstone
- Academia-Service Partnerships

Teaching in the clinical setting: Complementary Experiences

- Simulation as clinical? As clinical prep? As evaluation?
- Unfolding case studies
- Virtual clinical experiences
- Telehealth experiences
- Observational experiences
Teaching in the clinical setting:
Working with staff

- Clarify role of staff and faculty—preceptor model?
- Faculty orientation to clinical agency is imperative

Teaching in clinical setting:
Pre/Post Conference & Debriefing

- Focus improves learning
- Debriefing, post conference discussion and reflection are significant activities to be thoughtfully planned
- Consider using debriefing models
- Can do conferences online

Attributes of effective clinical teachers

- Supportive, caring, approachable
- Respects learners
- Is knowledgeable
- Facilitates, empowers
- Gives helpful feedback
- Role model
- Fair

The NE is planning a post conference following a clinical experience. Which activity will best promote learning?

1. Encourage students to discuss their patient encounters.
2. Conduct a focused debriefing linking theory to practice.
3. Ask one student to present a complete care plan for a patient.
4. Have each student report on a skill or procedure they implemented

Ethical and Legal Issues

The NE notices that a student arrives late for a clinical experience, is dizzy, is not responding appropriately, and has an unusual odor on the breath. The NE should first:

1. Discuss the observed behavior with the student.
2. Remove the student from the clinical experience.
3. Report the incident to the department chair.
4. Have the charge nurse verify the behavior.
Ethical–Legal Issues (1)

- Student rights: due process, fair treatment, confidentiality and privacy, appeal
- Types of issues:
  - Academic dishonesty
  - Classroom misconduct
  - Student right to privacy and due process (Family Educational Rights and Privacy Act FERPA)
  - Americans with Disabilities (ADA)—reasonable accommodations
  - Essential Abilities

Ethical–Legal Issues (2)

- Academic failure
- Clinical performance failure
- Behavioral problems (drug use/abuse; health problems; absenteeism; tardiness)

Ethical–Legal Considerations:

**Actions** (1)

- Prevent with clearly stated learning outcomes, grading scales, standards, evaluation methods, norms, policies/procedures
- Establish positive relationship with students
- Have high expectations; treat students fairly
- Assess, document and INTERVENE from the start

**Actions** (2)

- Report/communicate with student, department chair/college legal office and student services
- Consider having “second opinion”
- Understand student appeal process
- Document and communicate

Your turn

“Story telling”

- Choose an ethical or legal issue
- Compose a “story” that illustrates
  1) the issue
  2) the indications of the problem
  3) ways to prevent the problem
  4) the intervention
  5) the outcome

At 6 weeks of a 12 week semester, the NE determines a student is not meeting clinical course expectations. After discussing with the student, the NE should first?

1. Notify the university attorney.
2. Ask a colleague to evaluate student.
3. Discuss with department chair.
4. Assign a preceptor to the student.
The NE has a student who is demonstrating problematic clinical behavior and asks a colleague who had the student in a clinical course last semester about the student. The colleague should first?

1. Share relevant information about the student so the NE can intervene early.
2. Encourage the NE to document and validate assessments with the student.
3. Refer the NE to the student services office to review records.
4. Suggest the NE discuss the issue with the department chair.

References

References listed on the NLN web site
http://www.nln.org/certification