# Facilitate Learning- Category 1

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# Facilitate Learning

- Category 1
- 22% of Examination
- Areas A-Q (17 areas)

## A. Implement a Variety of Teaching Strategies Appropriate to:

1. Content
2. Setting (clinical vs. classroom)
3. Learner needs
4. Learning style
5. Desired learning outcomes
6. Method of delivery (face-to-face, remote, simulation)

# Content-teaching strategies

- Blooms Taxonomy (updated)
  - Knowledge (remember)
  - Comprehension (understand)
  - Application (of knowledge to real situations)
  - Analysis (smaller parts support full picture)
  - Synthesis (create)
  - Evaluation (judgements based on evidence)

# Content-teaching strategies

- Content mapping & outlines
  - Can be used for both teaching and testing
  - Determine % of content area/weight testing
  - Measurable outcomes
  - Alignment

# Setting-teaching strategies

- Classroom

- Clinical

- Simulation

# Learner Needs-teaching strategies

- Active learning-students learn better

- Technology-Rich Environment

- Using learning styles

Nick, 2015

# Learning Style

- Visual

- Auditory/Aurel

- Reading/Writing

- Tactile & kinesthetic:  hands-on

Popkess & Frey, 2016

# Desired Learner Outcomes (SLOs)

- Student focused, in syllabus, and state expectations-what they should

  Nick, 2015

  - Know (knowledge)
  - Be able to do (skills)
  - And value (attitude)

- Alignment of SLO's (with course, program, institution)

- SMART Objectives: Specific, Measurable, Achievable, Relevant and timebound

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# Method of Delivery (Classroom Setting)

each has best own practices

- Face-to-Face: traditional, hybrid
  - Students value, not preferred however
- Online:
  - Orientation, sufficient time, prompt feedback, interaction, establish community early

Nick, 2015

# Method of Delivery (Clinical Setting)

- Gage competence (Lewallen & DeBrew in Nick, 2015)
  - Come prepared
  - Critically thinks
  - Communicates effectively
  - Positive attitude, shows progress, accepts feedback
- Help learn prioritization    Nick, 2015
  - helps develop clinical & expertise
  - Prioritization and delegation largest areas of NLCEX
- Clinical reasoning        Popkess & Frey, 2016

# Method of Delivery (Simulation)

- Each state board has own standards-check with BON to see how much can be replaced

- Up to 50% clinical can be replaced by simulation (Halstead et a. in Nick, 2015)

- Benefits:

  – Reduce # students to be supervise

  – Increased # students in the program

  – More intensive/individualized experiences in learning area

Nick, 2015

# Method of Delivery (Simulation)

- Benefits:
  - Safe environment to assess/evaluate
  - practice skills in realistic environment
  - Debriefing with video
  - Higher order thinking skills
  - Teamwork
- Disadvantages:
  - Time & expense
  - Observer role least effective, have them critique to learn from successes and mistakes

Kirkpatrick & DeWitt, 2016

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# B. Use Teaching Strategies based on

- Educational Theory
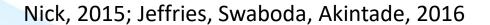- Evidence-based practices related to education

# Educational Theory

- Shifting from teacher-centered to student-centered

- Active learning over heavy focus on content delivery

  - Examples

    - Group work

    - Higher order critical thinking

    - Problem solving

    - Self-initiated learning

  - NLN's role competencies

  - AACN's Competencies

Nick, 2015

# Evidence-based practices related to education

- EBP not new, but lacking in nursing education and lacking in higher level studies
- Examples
  - Technology-rich environment
  - Collaborative testing
  - Response systems
  - Debriefing
  - Reflection

Nick, 2015; Jeffries, Swaboda, Akintade, 2016

# C. Modify Teaching Strategies and learning Experiences Based on Consideration of learner's:

- Cultural background
- Past clinical experiences
- Past educational and life experiences
- Generational groups

# Cultural Background

- Multicultural influences affect learning
- ¼ nursing students=minority groups
- Different learning different countries (background)
- Linguistic bias

Nick, 2015

# Past clinical, educational, and life experiences

- Relating previous experiences to learning reinforces concepts → deep learning

- Prior understanding and life experience have greatest impact on how students understand material (Ramsden, 2013 as cited in Nick, 2015)

- Age, gender, race, ethnicity and life experiences form unique ways of perceiving things

- Contributes to advancing nursing profession and better care of patients (IOM, 2011 as cited in Nick, 2015)

(Nick, 2015)

# Generational groups (i.e. age) & Male Minority

4 groups

- Traditionalists/Silent Generation: 1925-1942
- Baby Boomers: early-to-mid 1940s-1964
- Gen X: 1965-1976
- Gen Y/Millennials: late 70's-late 90's

Men in Nursing

- 7% of current nurses

Nick, 2015; Popkess & Frey, 2016

# D. Use information technologies to support teaching-learning process

- Teach students effective use HIT-improve patient care delivery
- Informatics/information literacy
- Using new types of evidence
- How to find informatics medium and use without copyright infringement

Nick, 2015

E. Practice communication that reflects an awareness of self and relationships with others/ F. Communicate effectively orally and in writing with an ability to convey ideas in a variety of contexts

- Helps faculty advance careers, serve as role model for students

- Oral communication: be aware different linguistic and cultural backgrounds

- Written communication: model writing skills, publication (tenure and/or promotion)

# G. Model reflective thinking practices, including critical thinking

- Self-reflection-critical thinking skill of self-regulation
  - Vital in lifelong learning
  - EI (emotional intelligence)-more encompassing
  - To help students develop self-reflection and EI, faculty must also do so.
- Critical thinking (CT)
  - Pose higher-level questions
  - Role model disposition toward critical thinking

Nick, 2015

# H. Create opportunities for learners to develop their own critical thinking skills

- Through socializing
- Basis for clinical reasoning & clinical judgement (Rowles, 2012 as cited in Nick, 2015)
- Need multiple opportunities
- Use CT terminology daily
- SEEI Method judgement (Paul & Elder, 2013 as cited in Nick, 2015)
  - State it differently
  - Elaborate on the topic
  - Give an example
  - Illustrate it so the meaning can be visualized

Nick, 2015

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# I. Create a positive learning environment that fosters a free exchange of ideas

- Faculty-student, student-faculty, faculty-faculty, faculty-clinical agency.

- Respect cornerstone, use regardless of "power", needed for safe environment

- Respect socializes & enhances learning

- Students perceive faculty behavior contributing to incivility in nursing education (Altmiller, 2012 as cited in Nick, 2015).

Nick, 2015

# J. Show enthusiasm for teaching, learning, and the nursing profession that inspires and motivates students

- Major trait of outstanding educator

- Engages and motivates students

- Educators & Learners agree it is a mark of excellence

- Demonstrate by
  - Showing enthusiasm and passion for subject
  - Varying speaking tone
  - Matching verbal to non-verbal

Nick, 2015

# K. Demonstrate personal attributes that facilitate learning/Q. Foster a safe learning environment

- E.g. caring, confidence, patience, integrity, respect, and flexibility

- Facilitate trusting learner/educator relationship

- Role-model caring in all settings

- Facilitate safe learning environment

Nick, 2015

# L. Respond effectively to unexpected events that affect instruction

- Flexibility necessary trait of nursing faculty

- Expect the unexpected

- Always be prepared to effectively take action

Nick, 2015

# M. Develop collegial relationships

Faculty-Faculty Collaborative Relationships

- Collegiality=cooperative relationship/interaction among collages

- In academia: "characterized by mutual respect, equality and civility, in spirt of having differences of opinion while working to achieve a goal (Nick, 2015, p. 20)

- Healthy workplace factors (Duggle & Bougthton, as cited in Nick)

  – Collegial behaviors

  – Relational atmosphere

  – Conflict resolution

  – Result in job satisfaction

Nick, 2015

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# M. Develop collegial relationships with clinical agency personnel to promote positive learning environments

Clinical Agencies-best practices for increased partnership

- Establish mutually supportive relationship

- Ensure good fit with agency

- Have flexibility

- Establish clear open communication

(Gubrud, 2016; Teel, MacIntyre, Murry & Rock, 2011 as cited in Nick, 2015)

# N. Use knowledge of evidence-based practice to instruct learners

- New topics with changes in healthcare-need to stay abreast:
    - Attend Conferences
    - Keep up with the literature
    - Hold discussions with colleagues
    - Attain specialty certification
- Adequate knowledge of technology and informatics, EBP, intentionally integrate in curriculum

Nick, 2015

# O. Demonstrate ability to teach clinical skills

- Specialty certification
- Clinical faculty development
  - Simulations
  - Online course: transitioning from practice to clinical teaching
- Safe learning environment
- Know how to effectively teach concepts
- Coach to develop clinical reasoning/judgement
- Interpersonal skills positively influence learning
- Lasting collegial relationships with learners (beyond course/program

Gubrud, 2016

# P. Act as a role model in practice settings

- "Intentional observation of another's comportment because the observer seeks to mimic that behavior" (p. 23)

- Positive role-modeling attributes (Clickner & Shirley, 2013 as cited by Nick, 2015)

  - Mutual respect

  - Beliefs and actions consistent

  - Marked commitment

  - Collaboration

Nick, 2015

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# Practice Questions (if time)