Slide	Speaker Notes #2
1	Facilitate Learner Development and Socialization is NLN Nurse Educator Competency 2. This outcome contains 7 objectives and we explore these, you will notice some overlap into other competencies, as mirrored in the teaching learning environment.
2	The first objective is to identify individual learning styles and unique learning needs of learners with these characteristics 1. Culturally diverse (including international) – 2. English as an additional language is frequently referred to as ESL, English as a Second Language. Translating and articulating can create challenges for ESL students 3. Traditional vs. non-traditional (i.e. recent high school graduates vs. those in school later) 4. At risk (e.g., educationally disadvantaged, learning and/or physically challenged, social, and economic issues) 5. Previous (nursing) education – students with prior education, such as LPNs or RNs in a baccalaureate program come with prior learning and can build on this in BSN Programs. LPN to BSN and RN to BSN Program designs facilitates progressive learning. Accelerated students usually come with more refined thinking and decision making, differ in backgrounds and prior experiences, and may have financial and other commitments beyond academics.
3	No notes
4	No notes
5	This slide looks at learning styles. Later slides will build on these slides with unique learning needs of learners. You may be familiar with the VARK learning styles, as it is frequently used with entering students to help them identify ways they best learn. A Vark questionnaire is available online, free for educational use, that can be used to identify your students' learning preferences. The goal of your classroom would be to incorporate at least one strategy for every learning preference. Aural – learner preference is to listen or hear, such as in learning classrooms with discussion, debate and the like. Kinesthetic – learner preference is for hands on, such as would occur in a skills lab or clinical area Read/write - learner preference is for text or words, for example through note taking or essay questions Visual – learner preference is for graphics, pictures, and other visual representations (Popkess & Frey, 2016, p. 27).
6	This slide shows learning preferences as identified by the Kolb Learning Style Inventory. There are tools that can be used to identify learning preferences. This one is included here as it is included in the Certified NLN Nurse Educator Review Book (2015). Hawk et al provide examples of strategies related to learning style preferences. Learners preferring Concrete experience benefit from clinical and lab experiences as well as lecture Reflective observation benefit from reflective journals, questioning, and participation in discussion Abstract conceptualization benefit from a project, reading, and building models Active experimentation benefit from case study examples, lab, simulation, and clinical experiences –these students can be risk takers so it behooves the educator to know which students in the clinical area have this preference. Source: Hawk, Thomas, Shah, & Arnett, 2016, as cited by Popkess & Frey, p. 25. These are a few examples and the viewer is encouraged to review further information in assigned readings.

7	The term "Culturally diverse" as used here is broader than ethnic or racial characteristics. Included are gender, age, race, generational differences, in addition to ethnic and racial diversity (Popkess & Frey, 2016). Gender - The nursing curricula tends to be female biased, with pronouns and examples. Male students benefit from male role models and additional support from peers. Age and generational differences Generation X – parents were baby boomers and they are self-sufficient and strive for balance of life and work; these students like change and technology. (Google, YouTube originated) Generation Y – Millennials – are team-oriented, followers, optimistic ; for these students provide structure and prompt feedback Generation Z – raised with technology; these students like interactive group learning, experiential and objective Multiple commitments of non-traditional learners lead to need for support services and flexibility in the curricula (Popkess & Frey, 2016, p. 17) Ethnic and racial diversity – support ethnic and racial diversity through inclusivity in the classroom. Use of case studies and role playing to practice communication followed by discussion can foster cultural competence (Alexander, 2016, p. 266). To determine bias you may have, take the self-test at https://implicit.harvard.edu/implicit/ If the link does not work for you, Google "Project Implicit". For International students, the TOEFL exam will provide a score for English as a Second Language (ESL) students. A cut off score is used to determine if students have adequate skills to be successful in an English speaking classroom.
8	2b Provide resources for diverse learners to meet their individual learning needs American Disabilities Act (ADA) provides for accommodation of students with a documented disability. This could include more time for testing, a quiet room, a reader, and the like. Role models representative of diversity in student body and faculty can be a resource to students Support services, such as tutoring, writing lab, counseling and the like, help diverse students be successful (Godshall, 2013)
9	An advisor serves as a resource for students to help them meet professional goals. These are some of the ways an advisor provides support Listens Assists with problem solving Advises course sequencing and number of credit hours each term Provides guidance with academic policies Refers for non-academic needs
10	Competency 2D is to Create learning environments that facilitate learners' self-reflection, personal goal setting, and socialization to the role of nurse. Luparell quotes Kolb's learning theory propositions as a way to support learners. The first three are 1. Learning is more of a process than a set of outcomes. 2. Learning occurs as students examine and redefine their values and beliefs in light of new ideas. 3. Disagreement among ideas drives the learning process." (Kolb, 1984, p. 32, as cited in Luparell, 2016)
11	This slide is a continuation of the last slide related to creating learning environments to foster learner development. The last three learning propositions from Kolb are "4.Learning is a process of adaptation to the world involving changes in one's thinking, perceiving, and behaving.

	5. Learning involves transactions during which new experiences are assimilated into existing concepts or existing concepts are understood in the context of new experiences. 6. Learning is a process whereby knowledge is actually constructed by the student as opposed to merely transmitting fixed ideas from teacher to student." (Kolb, 1984, p. 32, as cited in Luparell, 2016)

12	Competency 2 E. is Foster the development of learners in these areas:
	    1. Cognitive domain
	    2. Psychomotor domain
	    3. Affective domain
	  1. Cognitive domain is related to thinking processes as reflected in the six levels of Bloom's Taxonomy:
	    Knowledge, comprehension, application, analysis, synthesis, and evaluation
	A student needs to know and understand nursing knowledge, though that alone is not enough. The student must be able to apply and analyze information, synthesize a large amount of information (especially in an acute care setting), and evaluate at a higher level of thinking. As is discussed in Competency 3, test questions must be at the higher levels of thinking in the upper ranges of the taxonomy to be successful effective nurses. It is not enough to just know and understand the information.

13	Competency 2 E. is Fostering the development of learners in these additional areas:
	    2. Psychomotor domain
	    3. Affective domain
	2. Psychomotor domain relates to physical functioning, such as what is needed for CPR, and using different types of equipment such as an infusion pump.
	3. Affective domain relates to feeling and valuing that is carried out in actions, such as caring is an approach to patient care and used in interactions with others.

14	The sub competencies 2 F. Assist learners to engage in thoughtful and constructive self and peer evaluation and G. Encourage professional development of learners have some overlap. Arrange opportunities for students to give constructive feedback to peers, including positive feedback and suggestions for improvement, and do self-evaluations, modeling areas to be included. Foster civility through positive interactions and feedback, avoiding rude or insulting comments. Identify acceptable classroom and clinical behaviors in course and student policies, given diversity of learners some of whom will not be aware of acceptable behavior.
15	Competency 2.Facilitate learner development and socialization We have touched upon some of the most important components of this multi faceted competency. I recommend you revisit and read further about any new areas as identified on the lesson page. You as nurse educator foster learner development and socialization.
	References • Alexander, G.R. (2016). Multicultural education in nursing. In D. Billings & J. Halstead's (Eds.) *Teaching in nursing: A guide for faculty.* (5th ed.). (pp. 263-281). St. Louis, MO: Elsevier Saunders. • Godshall, M. (2014). Facilitating learner development and socialization. In Wittman, R., Godshall, M., & Wilson, L. (Eds.) Certifed nurse educator (CNE) review manual. (2nd ed.). (pp. 155-176). New York: Springer Publishing • NLN. (2015). *CNE Handbook Detailed Test Blueprint* . • Luparell, S. (2015). Facilitate learner development and socialization. In Caputi, L. (Ed.). Certified nurse educator review book. (pp. 33-48). New York: NLN

	• Pokess, A.M., & Frey, J.L. (2016). Strategies to support diverse learning needs of students. In D. Billings & J. Halstead. (Eds.) *Teaching in nursing: A guide for faculty.* (5th ed.). (pp. 15-34). St. Louis, MO: Elsevier Saunders