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|   | Speaker Notes Competency #1, Facilitate Learning  |
| 1 | <p>Welcome to an overview of the first NLN Nurse Educator Competency, Facilitate Learning! Your narrator is Mary Partusch.</p> <p>This narrated presentation draws on the NLN. (2015) <i>Certified Nurse Educator (CNE) 2015 Candidate Handbook</i> @ nln.org. The slide headings are consistent with the 17 areas listed on the test plan for the Competency 1, Facilitate learning. This competency has the most objectives related to it, as consistent with the nurse educator role of teaching.</p>  |
| 2 | <p>The first objective related to competency 1 pertains to implementing a variety of teaching strategies. You should use a variety of teaching approaches, depending on the context, situation, or circumstances. For example, first year students benefit from explanations about new concepts and if learning a new skill with both psychomotor and cognitive aspects, the lab setting may be preferable to the classroom. The first year student who is CPR certified will not need as much practice on some skills compared to a student without CPR certification. The lab setting can promote active learning and learner centered instruction. Case studies and scenarios are examples of strategies to promote active learning in the classroom and with lab simulations. A student's learning style will influence learning thus collectively the teaching methods should appeal to visual, auditory, kinesthetic, tactile, and auditory visual learners. One of my practicum students gave her undergraduate students a learning style inventory and discovered that the majority of students in her class were kinesthetic learners, who benefit from hands on activities. So in addition to a brief PowerPoint presentation, she added a case study and pairs of gloves to discuss sterile technique. The strategies should match the desired learning outcomes. For example, if your desired learning outcome is that the student will demonstrate effective communication technique, role playing in the classroom or simulation lab can help to achieve this learning outcome, and role playing is an active learning student centered activity. As noted by Caputi (2016), research has shown quality of instruction in more important than method of delivery (p. 5). Students may be more satisfied with face to face teaching, though research and my own teaching experiences have shown introverted students "speak up" more in the online setting. Effective online learning includes student to student and faculty to student interactions, technology use, and prompt feedback. Simulation experiences prior to clinical learning experiences allow students to practice and make mistakes in a safe environment. Faculty research shows that successful clinical students are prepared, communicate effectively, and learning, showing progress, and accepting feedback" (Caputi, p. 6). Other research showed 5 themes related to issues of safety, communication, ethical behavior, critical thinking/reasoning, and meeting agency/course standards (p.6) <a href="http://sirc.nln.org">http://sirc.nln.org</a> and <a href="https://inacsl.org">https://inacsl.org</a> -sim resources</p> |
| 3 | <p>Most sources show there are five main educational theories</p> <p>Behaviorism – a behavior occurs in response to a stimulus. For example, learning the basics of Cardio pulmonary Resuscitation, or other physical tasks that follow a sequence are based on responding to a stimulus.</p> <p>Cognitivism –learning conditions influence how one acquires, thinks about, and retains information. Mental models or stereotypes contribute to learning (Billings &amp;</p>  |

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|   | <p>Halstead, 2016, p. 212).</p> <p>Constructivism – the root word here is to construct and learning builds on prior experiences to build new knowledge.</p> <p>Social learning - (observing others) Billings and Halstead identify social learning as a subset of constructivism. As the learner builds on past experiences, positive experiences can increase confidence and negative experiences can make a situation more challenging for the learner. For example, role playing, clinical experiences, and simulation</p> <p>Humanism – Education inspires development for a person “to become self-actualized” (p. 212) through caring and respect of faculty as role models</p> <p>Candela (2016) has a good chapter 13 in Billings and Halstead on educational theories and provide examples of how various theories fit under the five commonly identified categories of learning theories. Appendix A in Caputi (2015) also has more about these educational theories of behaviorism, cognitivism, constructivism, social learning, and humanism.</p>  |
| 4 | <p>Educational theory supports a paradigm shift from teacher centered to student centered learning, though there are still some teacher oriented classrooms in nursing education.</p> <p>Active learning should promote higher order thinking at the upper levels of Bloom’s Taxonomy, including application, analysis, synthesis and evaluation</p> <p>Research has shown that active learning resulted from the instructional methods listed on this slide.</p> <ol style="list-style-type: none"> <li>1. Competency based or mastery learning – competencies are identified and learner achieves these, for example in testing out on CPR or lab competencies</li> <li>2. Problem based learning – a problem is posed, such as through a case study, and the student learns from the using a problem solving approach</li> <li>3. Team based learning – teams work together in the classroom to solve problems. Michaelson and Parmelee (2008) used a structured approach which requires pre-class readings, an individual quiz at the beginning of class, then a group quiz, and further discussion to solve problems. Their research is showing that low scoring students may learn more from the team based approach.</li> <li>4. Flipped classroom – requires students come to class having read and completed any assignments in advance, such as a study guide. The class time is then structured to a certain extent and uses active learning strategies such as unfolding case studies, questions and the like.</li> </ol> <p>Billing and Halstead (2016) also have information about the flipped classroom.</p> |
| 5 | Using teaching strategies ...to <b>engage</b> students ...  |

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|   | <p>This includes use of a technology rich environment - Simulations, especially high fidelity, engage students and can make learning fun. Even more important, students can practice safely prior to encountering a clinical situation.</p> <p>A web enhanced course can allow handouts to be shared with students and be used for individual and group activities – games, wiki projects, social media</p> <p>Collaborative testing Research has shown students test better with collaborative testing though may not retain information as long (Caputi, 2015).</p> <p>TBL testing has shown collaborative testing benefits most the lower scoring student</p> <p>Response systems – put questions on a slide and have students respond to them. Case situations with multiple responses stimulate thinking. There can also be open ended questions and the students can ‘buzz in’ if they think they know the answer. Could use individually or with students in pairs/groups.</p> <p>Clickers, cell phones, paper -some recommended <a href="#">websites are listed on page 9</a></p>   |
| 6 | <p>Effective teaching strategies take into consideration what the learner brings to the learning experience. One of my early teaching experiences included tutoring an international student who had difficulty passing NCLEX-RN. In her country, women were subservient to men, and this was reflected in her response to test questions. Test questions that involved a nursing role that was an independent function was almost always answered incorrectly. In translating into English, she selected roles that were dependent, and sometimes interdependent, as was fitting for women in her country. Tutoring then took on a different perspective in which cultural considerations were discussed.</p> <p>Many schools require students to have taken a Certified Nursing Assistant course prior to acceptance into the nursing program. Students then come with the basic skills and some of the medical terminology mastered. Other educational experiences and life experiences, such as a college degree in another field or having Emergency Medical Technician (EMT), can advance a learner, and then teaching builds on prior experiences. A good example of what has become a standard in nursing education is the accelerated nursing programs for students with a prior college degree.</p> <p>There are differences across generations; for example those digital natives who multitask and thus may need support to help them prioritize (Popkess, &amp; Frey, p. 17) . Other considerations in learners could include gender as male students function in a female dominated profession.</p> |
| 7 | <p>Web resources are now available in many classrooms, including electronic classrooms. Video clips on websites can be accessed from the classroom to engage students and emphasize positive and negative life events to which words alone do not do justice. Learning Management Systems (LMS) have made it easier to communicate with and share resources with students, and teach entire courses online. Student journals can be submitted in electronic forms, making it easier for faculty to read and give feedback. Wikis, Twitter, blogs, and podcasting are technologies to support teaching strategies. For example, I have student groups use a wiki to prepare for a debate. Some free access materials are available at</p>  |

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|    | <p>Creative Commons and other open source websites. Information is readily accessible on the web and thus an educator needs to be knowledgeable of the Fair Use Guidelines and Copyright, and communicate these to students.</p>  |
| 8  | <p>The detailed CNE blueprint contains 1e and 1f objectives related to communication. Notice the 1e emphasizes relationships with learners and 1f relates to effective communication “in a variety of contexts” (NLN, 2015, p. 6). These objectives are combined in Caputi to show illustrations that incorporate components of both of these objectives. Nursing specialized accreditation standards emphasize importance of communication defined broadly.</p> <p>Skilled oral communication includes clear enunciation. For those who may have accents based on background such as international students or faculty, there are programs available to reduce/modify accents.</p> <p>Written communication includes professional writing in all contexts, as well as writing for publications as a part of scholarly work. As you may have recognized, this crosses into a later NLN Nurse Educator Competency related to Scholarship.</p> <p>The CNE Handbook includes evaluation, mentorship and supervision as part of the 1f objective.</p> |
| 9  | <p>Modeling professional thinking, communication, and behavior in all settings is a key aspect of this objective. This included self-regulation and emotional intelligence, and “the knowledge, skills, and attitudes (KSAs) of critical thinking” (Caputi, 2015, p. 15), and importance of modeling these to students.</p> <p>Benefits of high emotional intelligence may include “(a) reduced workplace stress, (b) decreased burnout, (c) improved clinical teaching effectiveness by faculty, (d) increased leadership effectiveness, (e) improved physical and psychological well-being, social relationships, and employability (Caputi, pp. 14-15). Caputi writes that research shows EI helps students to achieve better clinical and academic abilities (p. 15).</p>   |
| 10 | <p>Modeling “knowledge, skills, and attitudes (KSAs) of critical thinking” with higher level questioning fosters student reflecting thinking.</p> <p>“Disposition toward critical thinking” includes the “willingness to question everything by being a truth-seeker, inquisitive, and open-minded, (b) the desire to give structure to thinking by being analytic and systematic, and (c) being confident yet judicious in the face of uncertainty” (Facione &amp; Gittens, as cited in Caputi, p. 15). Faculty can model the disposition toward critical thinking to each other and as skill is gained, carry this into the teaching settings and modeling to students (Caputi).</p>  |
| 11 | <p>The previous objective focused more on modeling by the educator and this objective focuses on strategies that will support the learning of CT by students.</p> <ul style="list-style-type: none"> <li>• Incorporate time for interpretation of data, charts, and graphs into class and clinical experiences.</li> <li>• Analyze “...diagnoses derived from deductive conclusions...”</li> </ul>  |

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|    | <ul style="list-style-type: none"> <li>• Show "...how nurses use induction to know what to assess when caring for a patient already diagnosed..." (Caputi, 2015, p. 16)</li> </ul> <p>I recently observed one of my practicum students teaching about arrhythmias; her students were engaged in interpreting electrocardiogram rhythm strips.</p> <p>In the physical or electronic classroom, unfolding case studies can engage students and foster higher level thinking.</p> <p>Team based learning discussions, especially team discussion of "best" answer for questions, can stimulate thinking and reasoning.</p> <p>Another example is during clinical experiences in which faculty uses higher level questioning when asking about drug action and lab values prior to giving medications.</p>   |
| 12 | <p>Altmiller's (2012) survey of students showed "nine themes of faculty to student incivility ...not answering questions, making disparaging comments, 'putting down' students, scolding students in front of peers, staff, or patients, ...unequal treatment toward students (gender bias, racial discrimination, and favoritism), ...feeling of loss of control and disrespect when faculty yelled at students, ..." (as cited in Caputi, p 17) Students also reported justification for being uncivil if they witnessed uncivil behaviors by faculty. A positive learning environment is also important in clinical settings and staff who exhibit civil behaviors contribute positively to the learning environment.</p> <p>"Creating a culture of respect" (Caputi, p. 17), includes training in establishing relationships that are respectful and connected, as well as respectful written communications, and self-reflection. Review of clinical evaluation tools will reveal that many schools incorporate respectful civil behaviors into their evaluation of professional behaviors.</p> |
| 13 | <ul style="list-style-type: none"> <li>• This objective is discussed on pp. 18-19 in Caputi. Phillips (2016) has a great chapter on engaging teaching strategies, which can make learning as well as teaching fun. Choose strategies that you enjoy teaching, given there is evidence to support their effectiveness. If you enjoy games, then use of a game in your teaching can reinforce concepts in a fun way. However, if games are not your 'thing', avoid use because it will come through somehow in your teaching ...and defeat the purpose of the strategy! Bring passion for and joy into your teaching and convey it through your verbal and non-verbal actions</li> </ul>   |
| 14 | <p>These objectives relate to the prior two slides. Modeling these behaviors, identified as personal attributes in the objective, can give students confidence and contribute to an environment that feels safe for learning. It is not unusual for students to have many roles, and thus need if possible for flexibility with deadlines, assignment choices, and participation. Billings and Halstead (2016) include Watson's Caring Theory as a basis for educational strategies and notice here connection to the attributes.</p>  |
| 15 | <p>A few examples of unexpected events that could disrupt teaching are: severe weather, power outage, shooting, sudden illness or death, extenuating circumstances that disrupt the planned teaching</p>   |

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|    | Showing flexibility was also included as an attribute in the previous 1k objective  |
| 16 | <p>Relationships with colleagues should be collegial. "Relationships need to be based on mutual respect, equality, and civility" (Caputi, p. 20). It is important for the nurse educator to take a leadership role in fostering a positive learning environment for students. Use joint problem solving to address problems, understanding that goals may differ, and communicate in a positive and non-emotional manner</p> <p>Teel, MacIntyre, Murray &amp; Rock (2011) research identified importance of "(a) establishing a mutually supportive relationship, ensuring a good fit between the academic unit and the clinical agency, (c) having flexibility, and (d) establishing clear and open communication" (as cited in Caputi, 2015, p. 21).</p>  |
| 17 | <p>For this objective, the emphasis is on the evidence based practice (EBP) of teaching, also referred to as EBTP.</p> <p>Each of the references books used for this PowerPoint contain evidence, or note if there is a lack of evidence, for practices associated with teaching. Further research is needed on effective practices to facilitate learning.</p> <p>Knowledge of current practice is also a component of this objective and these are some suggestions.</p> <p>Keep up to date on the ongoing changes in health care and subsequent changes in nursing practice.</p> <p>Subscribing to professional journals and listservs can alert you to changes based on evidence. It is important to model to students the importance of keeping up to date and keep your teaching content current. Some textbooks contain a web presence to bring in new evidence. Attend workshops and conferences related to health care informatics and EBP.</p>  |
| 18 | <p>This strategy has implications related to education and preparation of practice. Health Information Technology (HIT) as predicted by the Institute of Medicine has changed ways in which nurses provide care and consequently nurse educators must use technology and incorporate learning related to HIT use in clinical practice. Many schools now use a web enhanced course approach to learning and electronic textbooks and resources. Many website guidelines grant permission to use information as long as the source is credited. Resources may include access to evidence based practice guidelines on the <a href="http://ahrq.gov">ahrq.gov</a> website. The United States Fair Use guidelines include obtaining permission prior to use of copyrighted information. Given ease of accessing and transferring internet based electronic information, it behooves the educator to be aware of policy and convey this to students. Remember the digital natives are used to accessing information any place at any time. Particular attention must be given to reviewing academic integrity policies related to Fair Use. Ease of cell phone taking of pictures and accessing social media also creates concern for HIPAA in the clinical area, and has led to course clinical policies for appropriate use.</p> |
| 19 | <p>Certifications require knowledge of best practices, thus important for specialty areas as well as nursing education. Certifications are renewed every three to five years and successful</p>   |

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|    | renewal requires currency. Research has shown better patient outcomes and feelings of empowerment by nurses (Caputi, p. 23). NLN Nurse Educator Certification has led to further research in nursing education.   |
| 20 | <p>Faculty is observed by students and staff and these are characteristics for positive role modeling. “(a) demonstration of mutual respect,</p> <ul style="list-style-type: none"> <li>• (b) beliefs and actions that are harmonious and consistent,</li> <li>• (c) marked commitment,</li> <li>• (d) evidence of a spirit of collaboration” (Clickner &amp; Shirey, 2013, as cited in Caputi, p. 23).</li> </ul>  |
| 21 | <p>Facilitate learning is the first of the NLN Nurse Educator competencies.</p> <p>It also contains the most objectives as it is applicable to teaching and learning across settings</p> <p>This competency reflects the complex teaching role of the nurse educator, much of which you will be familiar with if you have taught several years or more 😊</p>  |
|    | <ul style="list-style-type: none"> <li>• Altmiller, G. (2012). Student perceptions of incivility in nursing education: Implications for educators. <i>Nursing Education Perspectives</i>, 33 (1), 15-20. doi:10.548/1536-5026-33.1.15.</li> <li>• Candela, L. (2016). Theoretical foundations of teaching and learning. In D. Billings &amp; J. Halstead's (Eds.) <i>Teaching in nursing: A guide for faculty</i>. (5<sup>th</sup> ed.). (pp. 211-229). St. Louis, MO: Elsevier Saunders.</li> <li>• Caputi, L. (2015) <i>Certified nurse educator review book</i>. Baltimore: NLN.</li> <li>• NLN. (2016). <i>Certified nurse educator (CNE) candidate handbook</i>. Baltimore: NLN..</li> <li>• Phillips, J, M. (2016). Strategies to promote student engagement and active learning. In D. Billings &amp; J. Halstead's (Eds.) <i>Teaching in nursing: A guide for faculty</i>. (5<sup>th</sup> ed.). (pp. 235-264). St. Louis, MO: Elsevier Saunders.</li> <li>• Popkess, A., &amp; Frey, J. (2016). Strategies to support diverse learning needs of students. In D. Billings &amp; J. Halstead's (Eds.) <i>Teaching in nursing: A guide for faculty</i>. (5<sup>th</sup> ed.). (pp. 35-54). St. Louis, MO: Elsevier Saunders.</li> <li>• Teel, C.S., MacIntyre, R.C., Murray, T.A., &amp; Rock, K.Z. (2011). Common themes in clinical education partnerships. <i>Journal of Nursing Education</i>, 50 (7), 365-372. doi:10.3928/01484834-20110429-01</li> <li>• Wittmann-Price, R., Godshall, M., &amp; Wilson, L.(Eds.). <i>Certified nurse educator (CNE) review manual</i>. (2<sup>nd</sup> Ed.). New York: Springer Publishing Co.</li> </ul> |