NURSING EDUCATION

Foundations for Practice Excellence

Barbara Ann Moyer and **Ruth A. Wittmann-Price**

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Nursing Education: Foundations for Practice Excellence

By
Barbara A. Moyer
and
Ruth A. Wittmann-Price

F. A. DAVIS COMPANY • Philadelphia

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F. A. Davis Company
1915 Arch Street
Philadelphia, PA 19103
www.fadavis.com

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Printed in the United States of America

Last digit indicates print number: 10 9 8 7 6 5 4 3 2 1

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Library of Congress Cataloging-in-Publication Data

Nursing education : foundations for practice excellence / [edited] by Barbara A. Moyer and Ruth A. Whitman-Price.
p. ; cm.
Includes bibliographical references.
ISBN-13: 978-0-8036-1404-8
ISBN-10: 0-8036-1404-7
1. Nursing—Study and teaching. I. Moyer, Barbara A. II. Whitman-Price, Ruth A.
[DNLM: 1. Education, Nursing—methods. 2. Teaching—methods. WY 18 N97363 2007]
RT71.N76 2007
610.73071'1—dc22 2007012509

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CONTENTS

1 FOUNDATIONS FOR NURSING EDUCATION 3

Marilyn E. Parker/Savina O. Schoenhofer

Nursing as a Discipline 4
- Characteristics of Disciplines 4
- The Nature of Nursing as a Practiced Discipline, a Learned Profession 5

Nursing's Unique Focus 6
- Grand Nursing Theory 6
- Universal Unifying Concepts 7

Foundations of Curriculum Design for Nursing 8
- Essential Ways of Knowing Nursing 8

Tracing the History of Nursing Education Methods: Philosophy and Practice 8

Summary 10

2 PHILOSOPHICAL FOUNDATIONS FOR EXCELLENCE IN TEACHING 15

Peggy L. Chinn

Who You Are and How You Teach 16

Patterns of Knowing or Fundamental Ideas That Form Nursing as a Discipline 20
- Empirics 20
- Ethics 21
- Personal Knowing 22
- Aesthetics 22
- Sociopolitical Knowing 23

Common Assumptions in Nursing Theory 23
- Health is Wholeness 24
- The Primacy of Human Uniqueness and Subjectivity 24
- Caring and Supportive Relationship 24

Putting It All Together 24

Noddings Philosophy of Caring Education 25
- Modeling 25
- Dialogue 25
- Practice in Caring 26
- Confirmation 27

Reflective Practice 28

Summary 28

3 THE ART AND SCIENCE OF NURSING EDUCATION 33

Deborah C. Messecar

Carper's Ways of Knowing 34
- Empirics, Science of Nursing Education 34
- Aesthetics, the Art of Nursing 35
- Personal Knowing in Nursing 35
- Ethics, the Moral Knowledge in Nursing 36

Science of Nursing Education 37
- History 37
- Benefits and Limitations of the Nursing Process 37
- Nursing Process, Nursing Standardized Language and Evidence-Based Nursing 38
- Evidence-based Practice 41

Current Research and Initiatives 44
- Problem-Based Learning 44
- Conceptual Mapping 44
- Storytelling 45
- Questioning 45

Technology and Innovation in Nursing Education 45
- Problems with Technology Mediated Teaching 46
- Advantages of Technology Mediated Teaching Approaches 46
- Use of Multimedia and Simulation 46

Summary 47

Bahan dengan hak cipta

4

NURSING AS A CAREER 55

Michele August-Brady

Dwindling Supply and Increasing Demand 56
Qualifications 57
Role of the Nurse Educator in the 21st Century 58
Emphasis on Student Learning 58
Promotion of Evidence-Based Practice 59
Emphasis on Authentic Student-Teacher Relationships 59
Challenges for the Nurse Educator in the 21st Century 60
Resources 62
Summary 62

5

CURRICULUM DEVELOPMENT 66

Susan Leddy

Overview of Stages of Curriculum Development 68
Faculty Communication Processes 69
Curriculum Development Stages and Activities 71
Summary 81

6

TAILORING TEACHING TO THE LEARNER 87

Vera Brancato

Assessing the Learner 88
Readiness to Learn 89
Developmental Assessment 90
Motivation 93
Emotional Intelligence 93
Multicultural Assessment of Students and Environments 94
Literacy Assessment 96
Strategies to Assist in Learning 96
Understanding, Assessing, and Using Learning Styles 97
Strategies to Enhance Motivation 99
Strategies to Enhance Literacy 100
Assessing Learning 101
Feedback on Learning 101
Summary 103

7

MANAGEMENT STRATEGIES IN THE EDUCATIONAL SETTING 109

Robert G. Mulligan

Classroom Management in Nursing Education Setting 110
The First Pillar: Instructional Strategies 110
Motivation 111
The Second Pillar: Proactive Planning to Facilitate Learning 112
COMP 112
Kounin 114
Physical Environment 114
Classroom Management Style 114
The Third Pillar: Dealing with Misbehavior 115
High-Need Students 117
Responding Appropriately to Levels of Misbehavior 119
The Fourth Pillar: Supporting Learning and Student Success 120
Teaching Responsibility 120
Teaching Students that They Are Capable 120
Developing a Professional Mentoring Relationship with Students 122
Communication Skills 122
The Dynamics of an Effective Teacher-Student Relationship 123
Emotional Objectivity 123
Summary 124

Bahan dengan hak cipta

8

Using Technological in Nursing Education 129

Marilyn Stoner

Overview of Types of Technology 130
Technology Used to Connect People and Services 130
Technology Used to Create Learning Objectives 130
Technology: What Students and Faculty Need to Know 132
Psychomotor Considerations 132
Affective Considerations 133
Cognitive Considerations 133
Teaching with Technology 134
Using Technology to Produce Your Own Learning Assets 134
Games: Crosswords and Other Word Puzzles, Question and Answer 135
Best Practices and Tips for Computer Users 137
Managing Files and Folders 137
Word Processing, Editing 137
Keyboard Shortcuts 138
Screenshots 138
Templates and Macros 138
Security and Privacy 138
Searching the Internet 140
Accessing and Securing Help 140
Technology Support of Higher Education 140
Enrollment Management 141
Library 141
Learning Centers 141
Common Software Used in Teaching 141
Electronic Mail 141
Presentation Software 143
Referencing and Formatting Software 143
Faculty and Student Web Pages 143
Technological Quicksand—Intellectual Property 143
Academic Dishonesty 145
Teaching Using Distance Technology and Distance Learning 145
Distance Learning 145
Interactivity 146
Blogs 146
Interactive Video Instruction 148
Assessment Strategies 150
Other Supportive Methods of Instruction Using Technology 150
Virtual Office Hours 150
Chats, Test Preparation, Test Review 151
Summary 151

9

The Learning Resource Center 161

Pamela Roberts

Definition of the LRC 162
How Programs Integrate LRCs 162
LRC Users 163
Creating an LRC: An Overview 163
LRC Objectives 163
LRC Space and Resource Considerations 164
Time and Budget 164
Organization and Maintenance of the LRC 167
Organizing of the Physical Setting 167
Organizing of the People in the Laboratory 168
Organizing of Activities That Occur in the Laboratory 170
Organizing of the Laboratory Supplies 171
Maintenance 172
Skills Competencies 172
Testing 174
Psychomotor Skill Development 175
Self-Directed Learning 177
Documentation 178
Summary 178

Bahan dengan hak cipta

10

INSTRUCTIONAL METHODS 183

Lucille A. Joel

Instructional Strategy 184
Domains of Learning 184
Learning Styles 184
Instructional Methods 185
Creating Set 185
Traditional Methods of Instruction 186
Lecture 186
Discussion/Questions and Answers As an Adjunct to Lecture 188
Group Discussion 189
Less Traditional Methods of Instruction 191
The Jigsaw 191
Debate 192
Journaling 192
Role Playing and Simulations 194
Case Method and Problem-Based Learning 197
Concept Mapping 201
Summary 205

11

ASSESSMENT AND EVALUATION STRATEGIES 213

Mary E. Partusch

Program Assessment and Evaluation 214
NCLEX-RN Pass Rates 214
Follow-up Surveys and Interviews 215
Internal Feedback 215
Accreditation 216
Course Assessment 216
Outcome Blueprint 216
Methods of Course Evaluation 217
Examinations, Test Development, Types of Questions, and Examples 217
Multiple-Choice Testing 217
True-False 218
Short-Answer and Essay Questions 218
Learning Level and Level of Test Questions 219
Bloom's Taxonomy 219
Universally Designed Assessment Methods 220
Scoring and Determination of Item Difficulty and Discrimination 220
Other Evaluation Methods 222
Classroom Presentations 223
Observations 224
Concept Mapping 224
Rubrics for Grading and Assessment 224
Summary 226

12

PROMOTING REFLECTION IN GROUPS OF DIVERSE NURSING STUDENTS 231

Ruth Wittmann-Price

Philosophical Underpinnings 232
Emancipatory Education 233
Caring Curriculum 234
Methodologies Used to Promote Reflection through Dialogue 237
Summary 243

13

MANAGEMENT STRATEGIES IN CLIENT CARE SETTINGS 251

Susan M.P. Scholtz

Clinical Education for Today's Nursing Student 252
Redesign Pre- and Post-Conferences 252
Clinical Preceptors 253
Student Perception of Clinical Education 253
Expressive Journaling 255
Reflective Journaling 257
Thematic Analysis 259
Summary 259

Bahan dengan hak cipta

14

ROLE TRANSITION: USING PARTNERSHIPS AND COGNITIVE APPRENTICESHIP TO BECOME A NURSE EDUCATOR 265

Judy Murphy

Novice to Competent to Expert: A Progression 266
Achieving Competence 267
Developing Competence in Students 268
Developing Competence in Nurse Educators 268
Transition from Clinical to Expert 269
What Clinicians Bring to the Educator's Table 269
Cognitive Apprenticeship and Partnerships Ease Transition from Novice to Expert, Clinician to Educator 270
Setting Up a Partnership/ Apprenticeship 271
Preceptors, Mentors, Partners 272
Cognitive Apprenticeship Specifically 274
Summary 276

15

ACHIEVING EXCELLENCE IN NURSING EDUCATION: THE NATIONAL LEAGUE FOR NURSING PERSPECTIVE 283

Theresa M. Valiga and Mary Anne Rizzolo

The Current State of Affairs in Nursing Education 284
Transforming Nursing Education 285
Promoting Excellence 285
Innovation 289
Evidence-Based Nursing Education and the Science of Nursing Education 289
Technology in Nursing Education 290
Preparation for and Continued Development in the Faculty Role 291
Think Tank 291
Core Competencies of Nurse Educators 292
Summary 292

16

AACN SHAPING A FUTURE VISION FOR NURSING EDUCATION 299

Joan M. Stanley

Call for Change in Nursing Education 300
AACN Actions Shaping the Future of Nursing Education 302
Recent AACN Actions Affecting Baccalaureate Nursing Education 302
Recent AACN Actions Affecting Master's Nursing Education 302
Recent AACN Actions Affecting Doctoral Education in Nursing 302
The Clinical Nurse Leader and Future Master's Nursing Education 303
Specialty Nursing Practice and the Doctor of Nursing Practice 304
A New Model for Nursing Education 305
Educational Pathways 306
Nursing Curricula Interfaces 307
Preparation for faculty Roles in Academia 307
Summary 307

Index 313

Bahan dengan hak cipta

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Bahan dengan hak cipta

Chapter Outline

Nursing as a Discipline
- Characteristics of Disciplines
- The Nature of Nursing as a Practiced Discipline, a Learned Profession

Nursing's Unique Focus
- Grand Nursing Theory
- Universal Unifying Concepts

Foundations of Curriculum Design for Nursing
- Essential Ways of Knowing Nursing

Tracing the History of Nursing Education Methods: Philosophy and Practice

Summary

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1

Foundations for Nursing Education

Marilyn E. Parker
Savina O. Schoenhofer

Learning Outcomes

On completion of this chapter, the reader will be able to:

- Explain the characteristics of nursing as a discipline.
- Discuss why nursing is considered a practiced discipline.
- Identify the patterns of knowing.
- Trace the evolution of the philosophy and practice of nursing education methods.

Key Terms

Concepts
Environment
Epistemology
Ethical
Grand nursing theory
Health
Learned profession
Metaparadigm
Ontology
Person
Personal
Sociopolitical

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The focus of this chapter is to discuss nursing education in relation to the discipline of nursing and to understand the how and why of the evolution of nursing education in the manner that we know it today. Teaching methods for nursing education do not exist in a vacuum. It is important that future, novice, and seasoned nurse educators make a clear connection between the nature of nursing as a discipline and the ways of teaching selected and invented for nursing education. In teaching nursing, faculty never teach a "piece" of value or information in isolation—when teaching that "piece," we are always teaching it as a meaningful aspect of the discipline, and thus we are teaching the discipline.

The basic premise of this chapter is that teaching methods must be tailored to the nature of nursing as a discipline. Part of the decision-making about selection of teaching methods involves an understanding of the content of nursing knowledge, the structure of that content, and the values and beliefs that underlie the nature of the discipline. In this chapter, we intend to prepare the reader to think broadly, critically, and specifically about the possible use of the methods described in this book. We take the view that methods don't work except when people can work them effectively. Part of effectively choosing, modifying, and inventing methods for nursing education involves a deep and clear understanding of nursing as a discipline, and an equally clear and deep understanding of nursing education as the vehicle for facilitating knowledge and understanding of the discipline. With an appropriate knowledge and understanding of the discipline, nurses can design effective nursing care and thus actualize the highest purpose of the discipline of nursing.

The chapter focuses on the broad context of nursing as a discipline of knowledge. Included in the discussion will be philosophical foundations and practical implications for choosing/inventing teaching methods that work for nursing education. Philosophical and theoretical foundations offer coherent and enduring values to guide choice of method. Practical implications provide the link between nursing as a discipline and nursing as a profession. Classic scholars have expressed this link in terms like "practice discipline" (Dickoff, James, & Wiedenbach, 1968) and **"learned profession"** (Rogers, 1970).

Nursing as a Discipline

It is important for the nurse educator to conceptualize nursing as a discipline. First we will examine the idea of disciplines, as articulated initially by King and Brownell (1976). We will then discuss nursing as a learned profession, a discipline that has a direct and immediate practice imperative, and relate that idea to nursing education. It is necessary to examine the issue of what is to be taught, as a precursor to questions of how to teach and how to facilitate learning.

Characteristics of Disciplines

Classic education theorists, King and Brownell (1976), developed a descriptive set of characteristics of disciplines as a foundation for their treatment of curriculum issues. These characteristics were intended to be generic descriptors of all disciplines:

- Community of scholars
- Focused on a unique social need
- Specialized network
- Specific knowledge and skill
- Contains a value system
- Has an established instructive community

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The key to the nature and uniqueness of any discipline is the unique focus and perspective it takes on human concerns. Each discipline illuminates an aspect of what it means to be human and to live in the world. A description of these characteristics and the importance of each to nursing is found in Parker (2006).

The most fundamental of those characteristics is that a discipline addresses an explicit unique social need. This tells us that each discipline offers a unique way of viewing human concerns and, in fact, each discipline is unique. King and Brownell (1976) described disciplines as *communities of scholars* voluntarily working together around a *focused and unique social need or concern.* A discipline *imaginatively* creates and uses *specialized networks, methods, and materials* designed to produce and employ *specific knowledge and skills* in response to that focused and unique concern. A discipline has a *value system* and is organized as an *instructive community.* Each discipline illuminates an aspect of what it means to be human and to live in the world.

New disciplines emerge in two ways. One way for a discipline to develop is when a more focused perspective is taken by a critical mass of members of an existing discipline—a new discipline can emerge, such as the practice discipline of physical therapy. This discipline emerged as knowledge of anatomy, physiology, and physics were used in developed scholarship and practice focused on prevention and healing of physical **health** disorders. Such a new discipline would be created from a body of research, scholarship, and theories as well as from new or unique contributions to society that have been distinguished from those related to existing disciplines.

The second manner in which a discipline develops is from the intersecting margins of two or more disciplines. In this manner, a new discipline may emerge whose focus is constructed from specialized aspects of several parent disciplines. A discipline such as biochemistry is an example of a new discipline derived from the expanse of biology and chemistry.

These same processes can produce subdisciplines and specializations within a discipline, that is, minor, specialized focal interests that retain a clear link to the focus of the broader discipline, such as physical therapy being practiced in different settings to include acute care, rehabilitation, and athletics.

These processes of discipline development have contributed to the expansion of the formal knowledge and practice of nursing, and concomitantly added clarity to the central focus of the discipline and service of nursing. These processes have also led to specialization within the discipline of nursing practice.

The Nature of Nursing as a Practiced Discipline, a Learned Profession

Nursing practice is both the source and goal of nursing knowledge. The scholarship, research, theories, and education of nursing are grounded in the practice of the discipline of nursing. Selecting and creating effective nursing education methods relies on an understanding that the content of nursing encompasses the goals and methods of nursing practice and the integral connections of practice with distinctive practice-related knowledge. The use of a nursing-practice situation is a teaching method that draws on expert knowing of the teacher and stimulates creative and thoughtful learning. Study of the complexity and beauty of nursing practice gives substance and meaning to the idea of a practiced discipline, a learned profession.

Nursing as a practiced discipline and learned profession takes a unique focus on what it means to be human. Nursing is a discipline that is often grouped with several disciplines categorized as human service or health-related disciplines, such as social work, medicine, and physical therapy. The interests and responsibilities of nursing as a distinct discipline within a group of disciplines are necessarily different from, though connected to, those of the other related disciplines.

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For example, social work, medicine, physical therapy, and nursing are connected through their concern for the health and well-being of persons by practices to promote health and prevent disease. If there were no unique knowledge constructed from nursing's perspective and contributed to the larger knowledge base, there would be no need for a discipline called nursing among the health and human service disciplines. Without a unique body of nursing knowledge, there is no basis for a claim for a unique service or practice. In other words, it is nursing's unique knowledge base that warrants a unique service or practice called professional nursing.

One more link in this logical sequence brings us to the major purpose for nursing education and, thus, the central principle for designing curricula, whether at the program level or at the level of the single lesson. That purpose is to assist persons desiring to enter into the professional role of nursing to develop knowledge and understanding of nursing as a basis from which to design, offer, and evaluate nursing care. Teachers of nursing can best facilitate learning by using distinctive knowledge of the discipline and practice of nursing for each learning experience while being open to and encouraging new ways of thinking, knowing, and being in nursing. This analysis makes evident the principle that selection and use of teaching methodologies for nursing education must be tailored to the unique focus and purpose of the discipline of nursing.

In the field of education, it is a well accepted tenet that instruction be tailored to the content and to the learner. Putting these three ideas together (discipline, content, learner) helps us understand that any teaching method used to educate for nursing must be in concert with the uniqueness of the nursing discipline and that students of nursing require educational strategies that maximize the development of the values, knowledge, and skills that make up the body of nursing knowledge.

Nursing's Unique Focus

To arrive at a clear articulation of the content of the discipline, we now ask: What is the unique focus taken by nursing on human service/human health concerns? To answer this question, scholars have taken several approaches. One approach has been to articulate various conceptual systems descriptive of nursing as a unique discipline and profession, systems often-called grand nursing theories. The other approach has been to discern the universal unifying **concepts** addressed by the discipline; nursing's **metaparadigm** is one name given to this approach.

Grand Nursing Theory

Beginning in the 1960s and continuing through the remainder of the 20th century, formal systems of nursing value, thought, and action were developed by a number of nursing scholars. The impetus for theoretical development of the discipline was supported by the National League for Nursing (NLN) in recognition of the need for clarity about the discipline in curriculum development efforts. These formal systems—variously called **grand nursing theories,** conceptual models, conceptual frameworks, and nursing philosophical frameworks—express explicit conceptualizations of nursing as a discipline and professional practice. Some examples of the grand nursing theories or frameworks include but are not limited to Orem's Self-Care Deficit Nursing Theory, Rogers' Science of Unitary Human Beings, Parse's Human Becoming School of Thought, and Boykin and Schoenhofer's Theory of Nursing As Caring. The content of each of the comprehensive integrated systematic views of nursing (the grand nursing theories) consists of three interrelated systems: a system of concepts and relationships among and between the concepts, an undergirding value system, and a language system that expresses a unique and organized perspective of the discipline.

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To illustrate, these interrelated systems will be briefly described in relation to the theory of Nursing As Caring. The conceptual system dimension of the theory of Nursing As Caring can be expressed in its statement of focus of the discipline of nursing: *nursing is nurturing persons living caring and growing in caring* (Boykin & Schoenhofer, 2001, p. 1). This statement contains the central organizing concepts (**person** and caring) in relationship, and is further amplified by the concepts of *knowing person as caring, call for nursing, nursing response, nursing situation, caring between*, and *enhancing personhood* (p. 1). The value system undergirding the nursing as caring theory is expressed in the statements: *persons are caring by virtue of their humanness* (p. 1) and *personhood is enhanced through participating in nurturing relationships with caring others* (p. 1). The language system is the vehicle that makes the value-oriented conceptual system accessible for use. The language system of the nursing as caring theory is everyday language enhanced by a language of caring that draws on Mayeroff's (1991) caring ingredients and Roach's (1992) 5 Cs of caring.

At the heart of each of the grand nursing theories is a clear and explicit statement of the unique focus of the discipline. The full conceptual or philosophical theory is an elaboration that brings that unique focus into integrated practical significance for use in direct practice, and in teaching, administration, and scholarship. Controversy about the use of these grand nursing theories continues among nurse educators. At one extreme of the controversy is the position that unless a curriculum is grounded in and structured by one of the explicit grand nursing theories, there is no clear coherent guide to the nature and content of the discipline. At the other extreme is the argument that the pursuit of knowledge ought to be unbounded and that whatever nursing faculty teach is by definition nursing knowledge.

Universal Unifying Concepts

As part of the NLN conceptual framework movement in the 1970s, the idea of major encompassing concepts was introduced. Grand theories contain the major concepts accepted as essential in the discipline of nursing. Yura and Torres (1975), for example, wrote about person, **environment,** health, and nursing. Fawcett's (1978) study of a range of nursing literature led to the wide acceptance of what she identified as nursing's metaparadigm concepts and stimulated further proposals for naming those concepts. For example, Kim (1987) articulated four domains of nursing as the concepts relevant to the discipline: client, client-nurse encounters, practice, and environment. Newman, Simes and Corcoran-Perry (1991) proposed an integrated statement of nursing focus, intended to encompass and transcend other efforts at grand theory and specification of metaparadigm concepts: "nursing is the study of caring in the human health experience" (p. 3). These and other various sets of metaparadigm concepts have been used by nurse educators in several ways, as broad and complete or partial conceptual frameworks and curriculum organizers, and as detailed concepts that structure specific knowledge content.

Some nursing curricula employ neither grand nursing theories nor sets of universal unifying nursing paradigmatic concepts, but rather the curriculum framework is imported from other disciplines, such as biology, anthropology, and psychology. Some faculties may take the position that there is no unique body of nursing knowledge but that nursing is the skilled application of various other fields of knowledge in practical situations that occur in settings of nursing practice. This view was much more prevalent prior to the NLN conceptual framework initiative of the late 1960s and early 1970s, before widespread dissemination of the concept of nursing as a practice discipline (for example, see Dickoff, James, & Wiedenbach, 1968) and a learned profession (see Rogers, 1964).

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Foundations of Curriculum Design for Nursing

Although this text centers on the creative use of teaching methods that work in nursing education, educators understand that methods do not exist apart from a framework of values, beliefs, and ideas. The foundation of curriculum design for nursing education resides in an explicit expression of the values, beliefs, and focal ideas of the discipline of nursing, which give direction to the specification of programmatic content, structure, materials, and methods. Whether the curriculum framework and design of programs of nursing education take their focus from a highly systematized extant general theory of nursing or from a more fluid, less systematized conception of nursing's metaparadigm, the focus of the program must be on the discipline of nursing. It is this broad framework and programmatic design that ultimately determines the appropriateness of specific teaching methods to advance knowledge for nursing.

Essential Ways of Knowing Nursing

It is crucial that nurse educators understand that multiple ways of knowing are needed and even essential in education for nursing practice. (Please refer to Chapter 3 for further explanation of ways of knowing.) Because of the nature of nursing as moral and practical in purpose and holistic in scope, ways of knowing and pathways to knowledge must be multidimensional. Historically, nursing was taught and learned largely as artful applications of traditional practices. In the middle of the 20th century, the concept of nursing as science gained acceptance, primarily among students and faculties in programs of graduate and doctoral education. The work of Dickoff, James, and Wiedenbach (1968), the Nursing Development Conference Group (1973), and others provided ideas and language that encouraged further development in what might be termed the epistemological dimensions of nursing.

Publication of Carper's (1979) scholarship on patterns of knowing essential for nursing ushered in a sea change in the way scholars and educators approached inquiry. Historically incompatible patterns of knowing in nursing that underpinned the two sides of the art/science argument were brought together in Carper's thesis that knowing in nursing required four patterns or pathways. Not only empirical and **ethical** knowing, but also **personal** and aesthetic knowing—all four combined—are legitimate and even essential ways of knowing for nursing. Two additional patterns have been added to the literature—**sociopolitical** (White, 1995) and unknowing (Munhall, 1983). The work of Chinn and Kramer (2003) has significantly elaborated on the depth and scope of Carper's initial explication by using the patterns of knowing to structure nursing knowledge. Possibilities for the creation and selection of nursing education methods are greatly expanded when nurse educators have a detailed understanding of the idea of multiple patterns of knowing and particularly the idea that knowing in nursing requires all patterns and ways of knowing identified by Carper and others. Understanding the complexity of nursing practice has given rise to the various ways of knowing nursing that appear in the literature. Teaching nursing using perspectives of these multiple ways of knowing assists students to comprehend the scope and depth of nursing knowledge and its use in practice.

Tracing the History of Nursing Education Methods: Philosophy and Practice

We will now briefly trace the evolution of the philosophy and practice of nursing education methods. A sense of history is important to creating and selecting effective nursing education methods.

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The ongoing interplay of **ontology** and **epistemology** has influenced the history of nursing education methods. This interplay of ontology and epistemology is a process that constantly evolves in the pursuit of understanding human existence and knowledge. This larger philosophical sphere of human studies influences all disciplines, including nursing. Nursing as a service deals with people and, as such, incorporates the metaphysical studies of why people exist and in what condition and how human beings gain knowledge and interact with the environment. The history of methods of teaching/learning closely parallels the evolution of the idea of nursing as a practiced discipline and the ways of knowing are considered important to this evolutionary history.

The apprenticeship model was prevalent in the early days of nursing education. Until the 1970s, the education for nursing was widely termed "training." In fact, there was little thought given to education for nursing. By the 1950s and 1960s, behavioral psychology had permeated education, including nursing education. The introduction of this learning theory was an ideal philosophy and practice for what was considered "nurse's training." Approaches to training that had been fine-tuned for military and industrial needs in an earlier decade resonated with nurse educators, bringing a sense of systematization and professionalism to nursing education. The model of curriculum development set forth by Tyler (1969) was attractive to nursing educators, as well as others in the field of education, due to its orderly, scientific approach to the structure of curricula. Although a thorough discussion of the behavioral Tylerian model of curriculum is beyond the scope of this chapter, Bevis (1989) has presented an excellent analysis of the impact of the Tylerian model in nursing education. The Tylerian model has been one of the dominant models used in nursing education for several decades and is based primarily on the logic of deduction and empirical knowledge. In the Tylerian framework of education, which is still used by some educators today to varying degrees, objectives are stated and education is presented to meet the objectives rather than the unique learning needs of the student (Bevis, 1989).

As the behavioral curriculum was becoming status quo in schools of nursing, new and competing psychological and educational theories of teaching/learning were being introduced. Humanistic and emancipatory theories of curriculum, widely influential in nursing, included those of Rogers, Green, and Freire. Carl Rogers' humanistic psychology was founded on principles antithetical to those of behaviorism. The Rogerian (1970) theory emphasized freedom and creativity, rather than strict prescription to achieve specified end-products sought in behaviorism. Many schools of nursing, particularly those mounting baccalaureate and higher degree programs, adopted humanistic psychology tenets in the curriculum. As humanism was infiltrating all corners of nursing education, two new philosophies were being introduced into nursing education. The aesthetic and emancipatory pedagogy articulated by Greene (1978) resonated with an emerging interest in caring as a basic value and substantive concept in nursing (Watson, 1989). In the same era, the emancipatory empowerment approach in community development espoused by Freire (1988) gained visibility in nursing education. Both of these theories promoted the learning environment as a nonauthoritarian domain in which both teacher and students were equal, reflective learners. Knowles' theory of adult learning (1970) also influenced the shift in higher education in the last quarter of the 20th century. Many principles of andragogy or adult learning embraced a more emancipatory educational philosophy, which views the student as an active participant in learning rather than a recipient of education. This broad evolutionary trend in nursing education was also influencing education programs of many other disciplines and professions. Similar issues were being addressed in the fields of education and other social sciences.

The work of leading scholars in nursing education clearly reflects the zeitgeist of freedom and creativity prevalent in education and the larger social environment. As in earlier eras, the NLN committed its institutional resources to the dissemination of new education philosophies and practices throughout the arena of nursing education. Two areas of scholarship exercise consider-

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able influence on nursing education philosophy and practice in the last decade of the 20th century and into the 21st. The work of Bevis and Watson (1989) addressing the caring curriculum as consonant with fundamental values of nursing as a discipline and profession is illustrative of one stream of influence. In addition, an important influence is the philosophy and practice of narrative pedagogy, initiated by Diekelmann (Diekelmann & Diekelmann, 2000).

Nursing educators have shown that the use of narratives, which allow students to incorporate lived experiences and a discussion of these experiences into the learning environment, informs nursing practice. Narrative pedagogy arises out of the common lived experiences of students, teachers, and clinicians in nursing education. It is a sharing and interpreting of the narratives that is important. This new phenomenological pedagogy is identified through interpretive research in nursing education.

Summary

In this chapter, we have focused on the idea of nursing as a discipline practiced as a learned profession and its relevance to the creation and selection of nursing education methods. Methods are embodied expressions of ideas and values important to an enterprise. In the nursing education enterprise, it is important that choice of teaching/learning method be grounded in the nature of nursing as understood in the distinctive focus of nursing, the values and interrelated concepts and practice methods that define the discipline. Accepting the role of nurse educator implies a commitment to inquiry into the very nature of the discipline. The methodological choices nurse educators make for facilitating learning in nursing directly express a view of nursing, either reflectively or unreflectively. Nurse educators recognize their responsibility for role modeling. What we are advocating in this chapter is the value of modeling in nursing education practice a clear conception of nursing as a discipline and learned profession. Choice of teaching method is a significant component of the lessons nurse educators teach—it is important that these choices reflect a conception of nursing as a discipline, a learned profession.

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Review Questions

- What are the basic characteristics of nursing that makes it a practice discipline?
- What is the unique focus taken by nursing on human service or health concerns?
- Does nursing have a unique body of knowledge or is it the application of various other fields of knowledge in a practice setting?
- Is nursing an art or a science?

Critical Thinking Exercises

- Identify how you would implement the Carper's patterns of knowing using a nursing theorist found on the Internet nursing Web page.
- Develop a nursing map for the discipline of nursing.
- Interview a nursing professor and describe how the program implemented a nursing theorist.
- How do you see the patterns of knowing (Carper, 1979) implemented in your practice?
- What are the future implications for educators in nursing as the curricula change?

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Annotated Research Summary

Diekelmann, N., Schuster, R., & Nosek, C. (1998). Creating new pedagogies at the millennium: The common experiences of using distance education technologies. University of Wisconsin-Madison Teachers. Retrieved January 1–19, 2007. http://www.uwc.edu/cio/diekelmann.htm

Diekelmann found in studying her teaching practices that narratives reveal human meanings and concerns, moral issues, and the practical know-how embedded in concrete teaching episodes. Dialoguing about a particular incident about teaching can in itself reflect understanding and therefore teach. Diekelmann proposes that teachers know much more than they can ever say about teaching. The precepts offered by a pedagogical theory inevitably fall short in prescribing teaching practices, because the theory must be filled out, or challenged by the particular teacher, with particular students, and particular subject matter. This kind of practical pedagogical knowledge development can occur through discussion and interpretation of narrative accounts of particular teaching incidents (p. 322).

Tourville, C., & Ingalis, K. (2003). The living tree of nursing theories. *Nursing Forum 38*(3) 21–30, 36.

Three behavioral theories have been used to develop major nursing theories: interactive, systems, and developmental. The purpose of this article is to provide a symbolic image as a framework for nurses to visualize the multiple nursing theories starting with the first nurse theorist, Florence Nightingale. The article concludes that the Living Tree helps organize various nursing theories so a nurse can apply the theories to practice.

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Chapter Outline

Who You Are and How You Teach
Patterns of Knowing or Fundamental Ideas That Form Nursing as a Discipline
- Empirics
- Ethics
- Personal Knowing
- Aesthetics
- Sociopolitical Knowing

Common Assumptions in Nursing Theory
- Health Is Wholeness
- The Primacy of Human Uniqueness and Subjectivity
- Caring and Supportive Relationship

Putting It All Together
Noddings' Philosophy of Caring Education
- Modeling
- Dialogue
- Practice in Caring
- Confirmation

Reflective Practice
Summary

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2 Philosophical Foundations for Excellence in Teaching

Peggy L. Chinn

Learning Outcomes

On completion of this chapter, the reader will be able to:

- Understand the different philosophies of nursing education.
- Articulate underpinning assumptions of philosophies.
- Critique the philosophy contained in a school of nursing mission statement.
- Describe the components of Carpers' ways of knowing.
- Provide examples of Noddings' four major processes that are essential to a caring education.
- Practice methodologies that enhance dialogue.

Key Terms

Aesthetics
Andragogy
Caring
Confirmation
Creativity in practice
Culture
Empirics
Ethics
Integrity
Justice
Modeling
Natural environment
Pedagogy
Personal knowing
Praxis
Reflective practice
Responsibility
Rights
Socioeconomic
Sociopolitical knowing
Wholeness

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Excellent teaching is based on deliberately selected values and ideas. Excellent teaching is **praxis**—thoughtful reflection and action that occur in synchrony, in the direction of transforming the world (Chinn, 2004b). Praxis is a circular, ongoing process in which you examine the underlying ideas you wish to put into practice, form your approach in the classroom and put it into practice, examine what actually happened in light of your ideas, refine your ideas and adjust your practice, then move through the cycle again. What you seek for yourself and your students becomes the same as what you do as a teacher.

Even if you assume that you do not have a philosophy of education, as a teacher, your actions are formed by assumptions about what education should be, how you should act as a teacher, and what is important in your teaching. Some of these hidden philosophies are sound; others you will want to discard or revise once you examine the ideas that give shape to your actions. In some cases, you will start out with something that is going on in the classroom that is dissatisfying, and will discover that the root of the problem involves a value or a fundamental belief that you do not share. This process of exploring the meaning of what you practice in the classroom is the start of forming your own deliberately chosen philosophy of teaching.

Who You Are and How You Teach

This chapter provides an overview of how philosophies influence nursing education, and the philosophical perspectives on which nursing knowledge and theory rest. Philosophies clarify the values and assumptions that underlie how we view the world and, in turn, how we interact (see Box 2–1 and Table 2–1). Theories, which are based on underlying philosophies or assumptions, provide a more structured explanation of the dynamics that come together to form experience. Philosophies address questions like "Why is this important?" and "What does this mean?" Theories address questions like "How does this happen?" This chapter focuses on underlying philosophical ideas that are fundamental to the discipline of nursing, both in theory and in practice. To begin exploring philosophies for nursing education, consider the statements in Box 2–1 about students and teachers. As you read each statement, revise it as needed to reflect your own personal belief.

Box 2–1 Ideas Underlying Who You Are and How You Teach

Students are a blank slate, and it is the teacher's responsibility to teach them what they need to know.
Students will try to get away with the least amount of effort, and it is up to the teacher to motivate them to make the effort needed to learn.
Students will cheat whenever they can, and it is up to the teacher to prevent cheating.
Students generally try their best, and what the teacher needs to do is provide them with good opportunities to learn.
Students learn best when they perceive a need to know something, and the teacher's job is to help them understand the reasons for learning what they are required to learn.
Students are motivated to earn good grades, not necessarily to learn, so it is the teacher's responsibility to redirect the focus on learning.
Students only retain what they will use, so the teacher must design the teaching plan based on what they will probably use in the clinical area.

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TABLE 2–1 Philosophy and Education Continuum Chart

Modernity <———————————————————————————————> **Post Modernity**

Traditional and Conservative <———————————————————————————————> **Contemporary and Liberal**

Authoritarian (convergent) <———————————————————————————————> **(divergent) Nonauthoritarian**

General or World Philosophies	**Idealism:** Ideas are the only true reality, the only thing worth knowing. Focus: *Mind*	**Realism:** Reality exists independent of human mind. World of physical objects ultimate reality. Focus: *Body*	**Pragmatism:** Universe is dynamic, evolving. Purpose of thought is action. Truth is relative. Focus: *Experience*	**Existentialism:** Reality is subjective, within the individual. Individual rather than external standards. Focus: *Freedom*
Originator(s)	Plato, Socrates	Aristotle	Pierce, Dewey	Sartre, Kierkegaard
Curricular Emphasis	Subject matter of mind: literature, history, philosophy, religion.	Subject matter of physical world: science, math.	Subject matter of social experience. Creation of new social order.	Subject matter of personal choice.
Teaching Method	Teach for handling ideas: lecture, discussion.	Teach for mastery of facts and basic skills: demonstration, recitation.	Problem solving: Project method.	Individual as entity within social context.
Character Development	Imitating examples, heroes.	Training in rules of conduct.	Making group decisions in light of consequences.	Individual responsibility for decisions and preferences.
Related Educational Philosophies	**Perennialism:** Focus: Teach ideas that are everlasting. Seek enduring truths, which are constant, not changing, through great literature, art, philosophy, religion.	**Essentialism:** Focus: Teach the common core, "the basics" of information and skills (cultural heritage) needed for citizenship. (Curriculum can change slowly.)	**Progressivism:** Focus: Ideas should be tested by active experimentation. Learning rooted in questions of learners in interaction with others. Experience and student centered.	**Reconstructionism/ Critical Theory:** Focus: Critical pedagogy. Analysis of world events, controversial issues, and diversity to provide vision for better world and social change.

(table continued on page 18)

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TABLE 2–1 Philosophy and Education Continuum Chart (continued)

Key Proponents	Robert Hutchins Jacque Maritain Mortimer Adler Allan Bloom	William Bagley Arthur Bestor E. D. Hirsch Chester Finn Diane Ravitch Theodore Sizer	John Dewey William Kilpatrick	George Counts J. Habermas Ivan Illich Henry Giroux Paulo Freire
Related Theories of Learning (Psychological Orientations)	**Information Processing:** The mind makes meaning through symbol-processing structures of a fixed body of knowledge. Describes how information is received, processed, stored, and retrieved from the mind.	**Behaviorism:** Behavior shaped by design and determined by forces in environment. Learning occurs as result of reinforcing responses to stimuli. **Social Learning** Learning by observing and imitating others.	**Cognitivism/ Constructivism:** Learner actively constructs own understandings of reality through interaction with environment and reflection on actions. Student-centered learning around conflicts to present knowing structures.	**Humanism:** Personal freedom, choice, responsibility. Achievement motivation towards highest levels. Control of own destiny. Child centered. Interaction with others.
Key Proponents	R. M. Gagne E. Gagne Robert Sternberg J.R. Anderson	Ivan Pavlov John Watson B.F. Skinner E.L. Thorndike Albert Bandura	Jean Piaget U. Bronfenbrenner Jerome Bruner Lev Vygotsky	J.J. Rousseau A. Maslow C. Rogers A. Combs R. May

Permission obtained from Dr. LeeNora M. Cohen, OSU–School of Education, August, 2006.

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Box 2–2 Questions of Fundamental Ideas That Form Nursing as a Discipline

What are the fundamental ideas from general philosophies and theories that form nursing as a discipline?
What are specific examples of educational philosophy that other nurse educators have articulated?
What is one's own practice as a teacher? (Shellenbarger, Palmer, Labant, & Kuzneski, 2005).

examine one's own philosophy of nursing education, it is necessary to reflect actively on the questions in Box 2–2.

Patterns of Knowing or Fundamental Ideas That Form Nursing as a Discipline

The following sections provide ideas about each of the three areas of reflection enumerated in Box 2–2, emphasizing issues to consider as you engage in your own reflection.

Barbara Carper (1978) examined early nursing texts for their philosophical perspectives and identified four fundamental patterns of knowing that underpin nursing knowledge. The four patterns are:

- **Empirics,** the science of nursing
- **Ethics,** the moral component of nursing knowledge
- **Personal knowing,** the inner experience of nursing
- **Aesthetics,** the art of nursing

These four patterns of knowing have become widely accepted as underlying nursing knowledge and practice. White (1995) proposed a fifth pattern:

- **Sociopolitical knowing,** the context of nursing

At least several, sometimes all, of these five patterns of knowing are typically reflected in nursing school philosophies in some manner. This fact indicates that as a principle, nursing faculty tend to acknowledge fundamental patterns of knowing in their course content and activities. Consider the philosophy of the program in which you currently teach. If your program does not have a philosophy, find one from another program, or see for example (Mission and Philosophy, School of Nursing University of Connecticut, 2004). As you read any curriculum philosophy document, you can examine it in light of each of the fundamental patterns of knowing. If you find that any of the patterns are simply not reflected, then you can conclude that an essential component of nursing knowledge is likely to be neglected in the courses that are taught. Or, if you find one or more of the patterns to be overly predominant, then the other patterns are likely to be neglected in the course content. As you examine your chosen document, consider the following.

Empirics

Empirics is typically the dominant pattern of knowing in nursing curricula. As you examine your school's philosophy, consider to what extent empirics is emphasized, and make a note of your observation. When focusing on empirics, the philosophy will contain phrases that refer to: nursing theory and theory from other disciplines, the sciences in general, and medicine.

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related to the experience. Similarly, situation-specific theories address specific nursing phenomena, but also incorporate specific contexts and are readily applicable to practice (Im & Meleis, 1999).

Whether a nursing theory is considered a grand theory, a middle-range theory, or a situation-specific theory, there are common fundamental tenets or assumptions upon which they are based that characterize theory as nursing theory (Chinn, 1989). These assumptions provide the framework or the foundation for nursing as a discipline, and underpin what and how we teach in nursing. The assumptions that characterize a nursing perspective in theory should also appear in a nursing education philosophy, either explicitly or impliedly. Examine the major assumptions of the nursing theory guiding your own educational institution may be an enlightening exercise. Look for the following major assumptions of nursing theory in your school philosophy.

Health is Wholeness

There is an abiding and consistent theme running throughout nursing literature that identifies health in its fullest, whole dimension as the fundamental goal of nursing. Health is defined in various ways and specific dimensions or aspects of health vary from theory to theory. But fundamentally, health is conceptualized as a dynamic experience that embraces all aspects of human existence.

The Primacy of Human Uniqueness and Subjectivity

Nursing theories consistently point to the person's unique perceptions and experience as the starting point from which to understand human health experience. Although theories, by definition, draw general conclusions about the nature of a phenomenon, nursing theories provide conceptual space for experience to be interpreted and understood in the context of the individual's unique experience. Subjectivity is typically understood to be developed within a relational, social, and cultural context, but even given certain general understandings about culture, nursing's focus consistently seeks to understand a person's uniqueness within their context.

Caring and Supportive Relationship

Not all nursing theories specify caring per se as the central concept, but nursing theories consistently espouse nurturing, growth-producing, healing relational contexts or interactions that support movement toward health and wellness. Some theories include or focus on the specific nature of the relationship between nurse and patient or family. Others focus on the significant relationships of family, community, society, or environment that influence the evolution of a specific health experience.

Putting It All Together

By examining your school's philosophy, you can compare it to what you personally believe, and the ways in which you view the world, yourself, and others with whom you interact. You now have a start toward developing your own personal philosophy, which incorporates the essential tenets of nursing's fundamental patterns of knowing in nursing and assumptions that are consistent with theoretical nursing perspectives. You may also have a start toward developing a theory of nursing education. Your philosophy will consist of those statements that you take as givens, as assumptions that you take to be constant and enduring. A theory of education includes descriptions and explanations that you think represent your experience as accurately as possible, but that you are also aware may not yet be the best or most accurate explanations. Theoretical ideas are

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Reflective Practice

This process of examining your philosophy and your course materials will become an on-going one. The other critical component in your praxis of teaching will be to make space to reflect critically at the end of each course, going over what you intended to happen, and what actually happened. Use the student evaluations as one component that influences your reflection. Be open and receptive to student comments, while also valuing your own insights and inner knowing of the circumstances within which the student perspective developed. If at all possible, engage in discussion with students about their experience several weeks after the experience, when insights and understandings about what they learned and how they learned will be interpreted from a different (and possibly better informed) perspective. Share your perspectives on the experience with the students and invite their reaction to any changes you are considering.

Another often neglected source for critical reflection is that of faculty colleagues. When you invite their feedback, be aware of their own philosophy and perspectives concerning nursing education. You will benefit from learning the perceptions of those who do not share your values, but you will be particularly interested in the feedback of those who do share your values. Feedback coming from each of these perspectives will help you continue to refine both your values and beliefs, and your practices as a teacher.

It may seem that these reflective processes are too time-consuming for an already overworked nurse educator. Indeed, engaging in this kind of reflective practice places a real demand on your time, energy, and emotional/intellectual capacities. However, what you will gain is immense. You will acquire a renewed and renewable sense of satisfaction in your teaching. You will reach a point when you avoid, and even eliminate, some of the most distressing and time-consuming demands of teaching—the demands coming from students who are floundering, dissatisfied, distressed, anxious, and uncertain. Your level of preparation for each new course will improve, and your well-developed course materials will provide a sound framework that makes it possible to get right to the heart of teaching and learning.

Summary

This process of examining your philosophy and your course materials will become an on-going process. The other critical component in your praxis of teaching will be to make space to reflect critically at the end of each course, going over what you intended to happen, and what actually happened. Use the student evaluations as one component that influences your reflection. Be open and receptive to student comments, while also valuing your own insights and inner knowing of the circumstances within which the student perspective developed. If at all possible, engage in discussion with students about their experience several weeks after the experience, when insights and understandings about what they learned and how they learned will be interpreted from a different (and possibly better informed) perspective. Share your perspectives on the experience with the students and invite their reaction to any changes you are considering.

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It may seem that these reflective processes are too time-consuming for an already overworked nurse educator. Indeed, engaging in this kind of reflective practice places a real demand

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Chapter Outline

Carper's Ways of Knowing
- Empirics, the Science of Nursing
- Aesthetics, the Art of Nursing
- Personal Knowing in Nursing
- Ethics, the Moral Knowledge in Nursing

Science of Nursing Education
- History
- Benefits and Limitations of the Nursing Process
- Nursing Process, Nursing Standardized Languages, and Evidence-Based Nursing
- Evidenced-Based Practice

Current Research and Initiatives
- Problem-Based Learning
- Conceptual Mapping
- Storytelling
- Questioning

Technology and Innovation in Nursing Education
- Problems with Technology Mediated Teaching
- Advantages of Technology Mediated Reaching Approaches
- Use of Multimedia and Simulation

Summary

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self-aware individual comes to understand their own existence in terms of their experience of themselves and their situation.

The recognition of other individuals and communication with them is a criterion of authentic existence. To be authentic, one must preserve one's own individual personal identity, while allowing others to have the freedom to make their own choices as they also constantly engage in the process of becoming. By having an authentic personal relationship with the patient, the nurse is able to help the patient achieve higher levels of individual well-being that would be impossible without this therapeutic use of self.

This form of knowledge in nursing is perhaps the most difficult to master and teach, but yet is the most essential knowledge for understanding the meaning of health for the patient. Personal knowledge is acquired gradually through interaction between the nurse and the patient and is the product of personal experience in practice (Stein et al., 1998). Writing about feelings is one way to facilitate personal knowing.

According to Higgins (1996), journal writing can be used as a mode of thinking about practice with nursing students. Capacchione's (1989) journal method is unique because it develops both sides of the brain: the rational, verbal left hemisphere and the artistic, intuitive right hemisphere. Drawing is a right brain function. With this technique, students learn to have faith and hope in themselves and can learn to inspire it in others.

Ethics, the Moral Knowledge in Nursing

Ethics or the moral knowledge in nursing is focused on making decisions on right and wrong action in the context of the care and treatment of patients. It involves the struggle to identify what ought to be done in situations of ambiguity or uncertainty. Knowledge of ethical codes alone will not be sufficient to provide the nurse with answers to moral questions in nursing. Students come to the clinical situation with their own fundamental disposition toward what is good and right, and often these values remain unspoken, and unrecognized—even though they may profoundly influence what students notice in a given situation, the options they may consider taking, and what they ultimately decide to do (Tanner, 2006). Allowing students to tell their stories reinforces their humanistic values. For example, Higgins (1996) had first-year students come together for a seminar, which began with introductions and asking each student to share the stories that led to them choosing nursing as a career. The purpose of this exercise was to build upon the caring values that the students brought to nursing. Subsequent sessions built upon this work. By examining the values by which students decide what is morally right, they gain greater awareness of what is involved in making moral choices and being responsible for the choices made.

Carper's model of the ways of knowing in nursing not only highlights the importance and centrality of empirical, factual, and theoretically derived knowledge, but recognizes the equally essential knowledge gained through clinical practice. This is because both personal and aesthetic knowledge are postulated to come from experience that is more than the mastery of a list of technical skills (Stein, Corte, Colling, & Whall, 1998). Strict dedication to content coverage needs to be replaced with development of flexible skill sets that can be used across settings (Tanner, 2002, 2004). Faculty should alter what and how they teach accordingly.

The next section of this chapter will trace the evolution of how the empirical science of nursing has been organized and described for the novice nurse. The history of going from use of the nursing process, to a proliferation of classification schemes, and on to **evidence-based practice** developed around practice guidelines and critical pathways will be described.

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a coherent pattern described by the diagnosis taxonomy. The taxonomy is research-based; hence the student's clinical judgment about the patient's responses to actual or potential health problems or life processes are linked to empirically validated concepts.

Omaha Classification System (OCS)

The Visiting Nurses Association of Omaha developed the Omaha Classification Scheme for nurses in community and public health service. The project was supported with a contract from the Division of Nursing, PHS, US DHHS (McCormick et al., 1994). The Omaha system was designed to provide a framework for integrating a clinical practice and documentation system (Martin, Leak, & Aden, 1992). The problem classification scheme has four domains: (1) environmental (e.g., sanitation); (2) psychosocial (e.g., caretaking); (3) physiological (e.g., circulation); and (4) health-related behaviors. The classification scheme includes a rating scale for outcomes that uses a numeric measurement to evaluate changes in the client's knowledge and behavior status in relation to specified health-related problems and selected time frames (Martin, Scheet, and Stegman, 1993). The intervention scheme is divided into four broad areas: health teaching, treatment and procedures, case management, and surveillance. Because this system was developed for community health, most of the users are practicing in that setting. In a survey conducted from 2001 to 2005, approximately 75% of home care and public health organizations reported using Omaha System software (Martin, 2005). The OMAHA classification system has been linked to the NANDA and other classification systems.

The Nursing Interventions Classification (NIC)

Researchers at the University of Iowa developed the **Nursing Interventions Classifications (NIC)** with a grant from the National Center for Nursing Research. The authors used a national Delphi survey of masters-prepared nurses to generate the original list of 336 specific interventions (Moorehead, McCloskey, & Bulechek, 1993). Currently, the NIC contains more than 514 research-based, standardized clinical interventions grouped into seven categories: (1) basic physiological, (2) complex physiological, (3) behavioral, (4) safety, (5) family, (6) health system, and (7) community (Dochterman & Bulechek 2004; McCloskey & Bulechek, 2000). The NIC has been validated by a sample of 121 nurses from the Midwest Nursing Research Society. NIC's creators used input from this survey to revise the original taxonomy. NIC is continuously updated and has an ongoing process for feedback and review (McCloskey & Bulechek, 2000). NIC is designed to be used by all nursing specialties in any setting. It can also be used by other providers to document their interventions (Dochterman & Bulechek, 2004). NIC is included as one data set that will meet the uniform guidelines for information system vendors in the American Nurses Association's Nursing Information and Data Set Evaluation Center (NIDSEC). The NIDSEC was established by the American Nurses Association (ANA) to review, evaluate against defined criteria, and recognize information systems from developers and manufacturers that support documentation of nursing care within automated Nursing Information Systems (NIS) or within Computer-based Patient Record systems (CPR).

The Nursing Outcomes Classification (NOC)

In order to complete the requirements for documentation of a nursing clinical encounter, researchers from the NIC team realized the necessity of a system to classify patient outcomes. Johnson and Maas published the **Nursing Outcomes Classification (NOC)** in 1997. The 330 outcomes can be used across episodes of care and in various settings. The outcomes have been linked to NANDA International diagnoses, Gordon's functional patterns, the Taxonomy of Nursing Practice, the Omaha Classification System, resident admission protocols used in nursing

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sonal, aesthetic, and ethical knowledge. The heavy emphasis in most programs on critical thinking skills attests to the complexities of the modern health-care environment and the need for nurses to be able to make sound clinical decisions based on relevant and current evidence (Ferguson, & Day, 2005). Several innovative pedagogical strategies have been developed to enhance nursing student's critical thinking ability. **Problem-based learning, conceptual mapping, storytelling,** and **questioning** are among some of the most promising innovations developed (Billings & Halstead, 1998).

Current Research and Initiatives

Several innovative teaching strategies have been proposed to integrate the various forms of nursing knowledge, with a more broadly defined evidence-based approach to educating nursing students.

Problem-Based Learning

Problem-based learning (PBL) encourages students to identify their own gaps in knowledge. It is a process-driven method for learning, which has as its goal self-directed information retrieval, and utilization of that information to solve clinical problems. Students direct their own learning, and critique the adequacy of their mastery of needed knowledge. PBL is a method of active, student-centered and student-driven, collaborative, inquiry-based learning. PBL involves student learning that is organized around self-directed work, which makes students responsible for their learning regarding a particular "problem" or question (Siu, Laschinger, & Vingilis, 2005). PBL moves the educator away from expert lecturer to being a facilitator of small groups and individual self-directed, active learning. In a study comparing PBL with conventional lecture approaches, the PBL students rated themselves higher on a measure of clinical problem-solving ability (Siu et al., 2005). Key in this approach is the development of nurses who master the ability to engage in their own learning. Education in the 21st century requires the development of nursing students as effective problem solvers. Students are bombarded with a vast amount of information from multiple and diverse sources. These sources need to be reflective of both the art and science of the profession (Jacobs, Rosenfeld, & Haber, 2003). PBL pedagogy, in combination with evidence-based practice, is an approach that has been used at University of South Carolina–College of Nursing (Anderson, 2000). Students are confronted with a case study designed to help them master environmental nursing content. The students work in pairs and seek out an actual or potential environmental health hazard in their community. In the course, students explore the impact of hazard exposure on community health, examine principles of risk perception and risk communication, explore environmental health resources, and experience community involvement. In this approach, students acquire the clinical knowledge and decision-making skills to provide evidence-based care to vulnerable patients experiencing environmental health hazards.

Conceptual Mapping

Conceptual mapping depicts concepts and the relationship of concepts visually and can be used to help students develop and reinforce their mastery of content. A concept map helps the student integrate new knowledge with old by creating a knowledge graph that depicts networks of concepts. Nodes represent concepts and links represent the relations between concepts. The labeled links explain the relationship between the nodes. The arrow describes the direction of the relationship, and can be uni-directional or bi-directional. Concept maps help students develop understanding of nursing knowledge, explore new information and relationships, access prior knowledge, and gather new knowledge and information.

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Review Questions

- How are Carper's four ways of knowing elicited by specific types of questions?
- What was the purpose of NANDA in relation to nursing knowledge development?
- What are the expectations and patient considerations of evidence-based practice in nursing?
- How does the role of technology impact knowledge development in nursing?

Critical Thinking Exercises

A clinical group of undergraduate fundamental nursing students are learning the nursing process and applying it to a client with anemia. During post-conference they bring in research articles that support specific interventions. They develop a group concept map about the client and develop three nursing diagnoses with appropriate NANDA language. The research articles they have retrieved support dietary iron intake and blood replacement but the students' assessment reveals that the client is a vegetarian and is of a culture and religion that does not accept blood products. How would you guide their knowledge development in this clinical scenario in the context of Carper's ways of knowing?

Annotated Research Summary

McGrath D. & Higgins A. (2006). Implementing and evaluating reflective practice group sessions. ***Nurse Education in Practice,*** **6(3), 175–181**

McGrath and Higgins (2006) studied the introduction of reflection as a way of knowing with a group of diploma nursing students. Reflection was being studied as one mechanism to develop thoughtful practitioners within the technologically enhanced environment of health care. Implementation of reflective session strategies along with traditional lecture over the course of a year showed an increase in critical thinking in this study.

Stockhausen, L. (2006). Métier artistry: Revealing reflection-in-action in everyday practice. ***Nurse Education Today,*** **26(1), 54–62.**

Stockhausen (2006) studied artistry in practice in the clinical setting through a well developed ethnographic study. She describes a new concept reflection-in-action (termed Métier Artistry) that experienced nurses use when caring for clients with student nurses. This educational discovery assisted learning in the clinical area and the author encourages its use as a method that shows great potential for clinical education. Examples are provided in the article.

Ruth-Sahd, L. A., & Hendy, H. M. (2005). Predictors of novice nurses' use of intuition to guide patient care decisions. ***Journal of Nursing Education,*** **44(10), 450–458.**

Ruth-Sahd (2005) studied intuition in novice nurses (N = 323) as a way of knowing. Intuition was evaluated by an 18-item subscale identified by Miller from the Miller Intuitiveness Instrument. The results showed that older, more life experienced students with previous hospitalizations and more social support were more apt to use intuition as a way of knowing.

Little, M. (2006). Personal knowing through performance and feedback workshops. ***Journal of Nursing Education,*** **45(3), 131–135.**

Newly graduated RNs are expected to be competent health educators for individuals, groups, and communities. To prepare for this complex role, nursing students need time to focus on developing basic teaching skills and self-confidence in a nonthreatening learning environment. Of

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Do you have a passion for advancing the quality of nursing practice? Do you have a passion for teaching and **learning**? Are you interested in pedagogical research? If you have answered yes to these questions, you already possess the characteristics that motivate the majority of nurse educators and you may want to consider a career in nursing education. The purpose of this chapter is to discuss the future of nursing education as a career, qualifications for the role of nurse educators, current challenges in nursing education, and possible resources to support such a career path.

Dwindling Supply and Increasing Demand

Perhaps there is no better time to talk about forging a career in nursing education than now. Over the past several years, much attention has been placed on recruitment and retention strategies as a result of the continuing nursing shortage. Less attention has been placed on the nursing faculty shortage, yet this problem has been brewing ever so quietly for several years. The nursing faculty shortage became more visible with the success of recruitment strategies to nursing, when the demand for nursing faculty rose. There can be little fruitful discussion of nursing education as a career without reference to the current reality of faculty shortage.

There is ample evidence of the decreasing supply and increasing demand for nursing faculty. According to the American Association of Colleges of Nursing's (AACN) *Survey on Vacant Faculty Positions* (AACN, 2005), a national nursing faculty vacancy rate of 8.5% exists, which increased from a vacancy rate of 8.1% in 2004. Tens of thousands of prospective nursing students are denied entrance into nursing programs because of dwindling faculty resources. A dwindling supply and increasing demand for nursing faculty in turn perpetuates the nursing shortage. This vacancy rate is likely to increase in the foreseeable future for the following reasons. First, nursing faculty retirements are expected in large numbers over the next decade because of the exodus of baby boomers. The National League for Nursing (NLN) projects that "75% of the current faculty population is expected to retire by 2019" (2004, p. 5). Second, there has been a declining rate at which graduate nursing students are choosing a career in nursing education (NLN, 2004). AACN's introduction of the clinical nurse leader (CNL) and the doctorate of nursing practice (DNP) degree programs is not likely to contribute faculty supply, and some fear that it may worsen supply issues. For example, prospective candidates may decide on earning a practice-based doctorate as opposed to a traditional research-based doctorate. Individuals who have earned practice-based doctorates will possess expertise more congruent with practice environments, and will not be grounded in theoretical and research knowledge needed for a career in academe. Moreover, the development of the CNL and DNP curricula require additional investments of faculty time and resources that may augment current resource challenges.

A myriad of other factors exist that influence the current nursing faculty shortage. Salary is a consideration in that clinical positions offer significantly higher salaries than academic positions, due to the relatively fixed budget constraints of academic institutions (AACN, 2003). Students with graduate degrees in nursing have more career options within and outside the profession. In nursing, advanced practice nurses may choose clinical positions that are congruent with their values and skills, and offer more compensation than nursing education. In the corporate environment, opportunities are available for nurses with advanced degrees in pharmaceutical research and sales, insurance industries, publishing companies, and entrepreneurial and other options. These options generally offer higher compensation packages than those available in academe.

Although public perception of nurses remains high, the general public does not have clear ideas about what nurses do and nurses have remained relatively silent in educating them about the

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personal development of students. Hence, most educators stay in nursing education because of the rewards involved in seeing students learn and grow into their nursing identity.

There is mounting evidence to suggest that a thoughtful student-teacher relationship is essential for students to develop and grow. A move from a behaviorist approach to the humanistic approach in nursing education began in the late 1980s with the landmark work of Bevis and Watson (1989). The traditional behaviorist model viewed students as empty vesicles who were eager to receive knowledge transmitted from the teacher. The humanistic approach recognizes that students have their own experiences that enrich learning while also viewing the student as a participant in learning. Since that time, others have carefully examined the centrality of the student-teacher connection in promoting learning. Gillespie (2002) found that a connected student-teacher relationship allowed students to focus on not only learning, the development of clinical judgment, communication and organizational abilities, and the ability to synthesize and use nursing knowledge, but also fostered the development of students' professional identity. Diekelmann (2001) suggests "knowing and connecting" and "creating places: keeping open a future of possibilities" as central experiences for teachers and learners (p. 57). Connecting with students and knowing them as individuals is central to effective teaching and learning.

What does this mounting evidence on student-centered approaches to teaching and learning suggest to aspiring nurse educators? The current research suggests that learning and student development are promoted through strategies aimed at getting to know students and connecting to students through more thoughtful, concerted means. Gillespie (2005) asserts that a connected student-teacher relationship is characterized by the teacher nursing with students so that students "experience self-confirmation of their existing capacities and, prompted by the example of the clinical teacher, become aware of potential capacities" (p. 215). When investigating student perceptions of effective and ineffective clinical instructors, Tang, Chou, and Chiang (2005) found that students perceived that the most effective clinical instructors were those having strong interpersonal relationships with students and rated "solves problems with students" as the highest-rated item within that category (p. 190). This would suggest that working together with students and role modeling professional behaviors are powerful determinants of effective teaching.

The nurse educator of the future will need to establish authentic relationships with students grounded in mutual trust and respect so that students gain the self-confidence to achieve their potential. The humanistic paradigm offers opportunities to relate to students as mentors and role models rather than primarily as evaluators. Such an approach is necessary in order to educate a student population that is far more heterogeneous than in past decades.

Challenges for the Nurse Educator in the 21st Century

One of the biggest challenges facing nurse educators today is the need to establish an independent evidence base in nursing education. Research in nursing education has been relatively devalued in terms of funding (Diekelmann & Ironside, 2002). Innovative studies that are conducted often consist of small samples and narrow settings, and often are not replicated. As a result, there is little development of the science of nursing education. Compounding the funding issues, some doctoral programs in nursing have not officially recognized nursing education as a developing science, and limit doctoral dissertations to clinical practice areas. This prevents students from engaging in scholarly investigations in nursing education and limits the growth of the science of nursing education.

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Curriculum is the totality of formal and informal content that imparts the **skills,** attitudes, and **values** considered important in achieving specific educational goals. A curriculum needs to be flexible in order to accommodate changes in the environment that influence the content of the curriculum. For example, the use of Web-based technology is an area of competence that many faculty need to address. Eventually, an accumulation of many small modifications upsets curricular integrity, and the entire curriculum has to be re-conceptualized and revised. All curriculum decisions should be made based on a review of the total curriculum.

The concept of curriculum (in contrast to an accumulation of disparate courses) developed in the mid-1800s. In 1892, a college preparation curriculum in Chicago labeled various course subjects, specified content for each course at each level, and ordered a sequence of courses. From the 1920s, a technical approach to creating curricula was in practice, reaching an apex in nursing with the influential models developed by Tyler (1950) and Taba (1962). Steps in the technical approach to **curriculum development** include (1) define the goals; purposes, or objectives; (2) define experiences or activities related to the goals; (3) organize the experiences and activities; and (4) evaluate the goals.

In 1998, Wiggins and McTighe changed the order of the stages to what has been called a backward design. The steps in this design include: (1) identify the desired results; (2) determine the acceptable evidence; and (3) plan teaching experiences and instruction based on standards, as opposed to a curriculum based on activities. For example, a faculty member may decide that students need experiences with clients who have teaching needs, rather than simply assigning students to a clinical setting every week for 16 hours. This method starts from the end—the desired results based on goals or standards—and then derives the curriculum from performance, or the evidence of learning called for by the standard (Wiggins & McTighe, 1998). In a study designed to compare results from a backward designed curriculum with those from a traditional curriculum, students from the backward designed curriculum outperformed traditional students in meeting outcome goals (Kelting-Gibson, 2005). This chapter espouses a hybrid approach: it starts the curriculum development **process** with identification of desired outcomes, and continues by designing activities to achieve those outcomes. First, it is important to have an overview of the stages of curriculum development.

Overview of the Stages of Curriculum Development

"Curriculum development is a deliberate process, not an event, that takes concentrated time, effort and faculty commitment" (Dillard & Laidig, 1998, p. 78). The process consists of a series of systematic, logical, dynamic, spiraled, and progressive stages (Torres & Stanton, 1982) that can be time-consuming and labor-intensive (Hull, St. Romain, Alexander, Schaff, & Jones, 2001). The stages of the curriculum development process as described in this chapter are as follows:

1. Identify the characteristics desired of the graduate of the program. Review of the recent literature, discussion with service leaders and other members of the community, and consultation are several strategies that can be useful.
2. Concurrently, review the 5- to 10-year trends in the internal and external environment that might affect the characteristics desired of the graduate. An example of such a trend is the changing characteristics of potential students.
3. Revise and refine desired characteristics of the graduate accordingly.
4. Identify philosophical beliefs and values of the faculty that are relevant to the curriculum, taking into consideration the mission and goals of the parent institution. Clearly identify characteristics and needs of potential students.

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Another environmental consideration is context of the parent institution, including mission and traditions, the target client or constituencies, geographic area, goal of the institution (teaching, science, research), financing, and accountability and quality indicators. A state-supported college parent institution, for instance, may emphasize quality teaching at the baccalaureate level and open opportunity for diverse, commuter, and adult populations, whereas a private university may emphasize quantity of external funding for research, graduate study, and recruitment of a limited number of students with stellar academic qualifications. The mission and philosophy of the nursing program must be consistent with the mission and philosophy of the parent institution. The institutional mission is an internal environmental force that affects all elements of the nursing program.

In a study conducted in 1998 and 2003 (Bowen, Lyons, & Young, 2000), nursing program administrators were mailed questionnaires asking which courses, content, and/or electives were important in the curriculum now and which were projected to be more important in 2008. Administrators responded that they expect diversity of the student population, informatics, health-care costs/economics/finance/financial management, evidence-based practice, management/delegation, and health promotion/wellness care to be more important in 2008. Critical thinking and the changing health-care environment were deemed to be less important. Strategies such as simulation, case studies, **active learning** strategies, concept mapping, CD-ROM technology, distance learning, use of the Internet in courses, chat rooms, listservs, problem-based learning, cooperative/collaborative learning, mentoring, and videoconferencing were anticipated to be used more often in the future, whereas lectures were anticipated to be used less. Faculty members were perceived to be less interested in teaching critical thinking than in promoting it. Other future trends identified included computer adaptive testing, creative projects, critical analysis, and self-assessment, computer simulation, competency-based assessment, faculty/staff partnership models, use of computers, innovative teaching approaches, evidence-based teaching, use of adjunct faculty, use of clinical experts, and grant writing. Support services to retain students, recruitment at middle schools, and retention of diverse student populations were other perceived trends.

Environmental trends and issues influencing the practice environment also affect curriculum development. The rising number of unlicensed assistive personnel substituting for registered nurses (RNs) and the increase in part-time RNs, have created a necessity for understandable, reasonable, and accurate delegation of tasks, for example. Moreover, the increasing emphasis on evidence-based nursing practice requires an understanding of research methodology. Significant efforts at cost containment, restructuring, and downsizing of hospitals, influence of political and legislative activities, increasing dependence on technology, a shortage of registered nurses, shifting population demographics, and the movement of health-care delivery out of acute-care centers and into the community are significant trends that curriculum must reflect. Nurses in today's practice settings must learn how to manage their time, organize their jobs in light of shifting demands, and be able to prioritize assigned tasks (Bowen et al., 2000).

Reflecting many of the trends discussed above, The University of Louisville developed the following learning outcomes in its curriculum revision. The graduate will be able to:

- Communicate effectively orally with peers, clients, and other professionals.
- Communicate effectively in writing with peers, clients, and other professionals.
- Consistently demonstrate critical thinking, cognitive skills, and affective dispositions.
- Work effectively and cooperatively with groups.
- Select, use, and evaluate interventions for clients.
- Demonstrate personal and professional life skills and commitment to lifelong learning and service to the profession and the community.
- Use technology effectively in nursing practice (Freeman, Voignier, & Scott, 2002, p. 38).

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may not reflect everyone's vision or language, however. Some faculties choose to develop an eclectic model, selecting concepts from several models or theories. For example, both the Roy and Neuman models emphasize the role of stimuli. It is necessary for the parent models or theories to share a common worldview, and attention needs to be paid to ensuring that the meaning of the concepts in the various model/theories is consistent with the original.

The use of theory encourages a structured line of reasoning. "A framework establishes boundaries and intent, which provides structure and direction for content" (Webber, 2002, p. 16). An organizing framework provides a meaningful picture of the knowledge that is important to nursing and how that knowledge is defined, categorized, sequenced, and linked with other knowledge. Acting as a blueprint, the framework structures knowledge in a meaningful way for faculty, students, administrators, evaluators, and others (Daggett, Butts, & Smith, 2002). It also reduces the influence of emotions, traditions, or rationalizations on faculty decision-making (Torres & Stanton, 1982).

Curriculum Matrix

A curriculum matrix is composed of vertical and horizontal content strands. Vertical strands represent content areas such as leadership that increase in complexity at each level of the curriculum. Horizontal strands are processes that apply the content throughout the curriculum, like clinical decision-making (Torres & Stanton, 1982). Vertical strands may be leveled by degree of difficulty, complexity, past experience, or frequency of utilization. Integrated content (e.g., teaching-learning) tends to be more easily included in vertical strands. Horizontal and vertical strands identify and structure the content of the educational process, and give a sequence to nursing learning experiences, prerequisite content, and supporting courses.

A matrix of curriculum content is a very useful strategy to permit visualization of curriculum content, and prevent overlaps or omissions of content. The matrix sequences content elements appropriately, and:

1. Identifies the specific content elements that should be taught within each course.
2. Allows the faculty to understand better what the students were previously taught, thus facilitating building the content in a progressive manner.
3. Gives the faculty and students a sense of direction because it shows which content elements will follow.
4. Gives structure to the differentiation of content elements from one course to another.
5. Assists in recognizing content areas not previously identified.

The matrix clearly identifies the general content that needs to be in the courses at each level of the curriculum.

Level and Course Objectives

Level and course **objectives** are derived from characteristics, or cumulative goals to be achieved by the graduate, and are informed by the curriculum matrix. They contain:

- The level of achievement expected at any given point within the program.
- The identification of content from the vertical strands.
- A process component from the horizontal strands, for example, the content might relate to the content of communication, while the process might be delegation of duties to auxiliary personnel. This might result in a course objective such as, "demonstrates effective communication skills when delegating duties to auxiliary personnel" within a level objective such as, "communicates effectively with other members of the health-care team."

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ables that influence learning, require the greatest amount of time and energy on the part of faculty and students, and are the most costly.

"Active student participation in learning activities, accompanied by faculty feedback comprises one of the most powerful experiences in the learning process" (Norton, 1998, p. 153). Faculty members should be active participants and guides in learning, not mere lecturers (Dillard & Laidig, 1998). In active learning, there is less sustained lecture time, students are involved through stimulation to talk more, participate, and invest energy. Teaching methods, such as games, simulations, plays, newspapers, case studies, and reflective writing, foster active learning. Students need to be enabled to show more initiative by asking for student contributions, using more student ideas, giving students alternative courses from which to choose, providing more praise, accepting student feelings, being attentive to student comments, being accepting of different points of view, giving explanations of why praise or criticism is given, and providing structured (present a report, small group) and unstructured activities (Web-based or literature-based review).

In contrast, **passive learning** still has its role. These activities can present a great deal of information in a short time. Lecture notes, handouts, and audiovisual media can be prepared ahead of time and faculty members feel comfortable because they are in control. Students are socialized to these methods and little student cognitive effort is required.

Constraints in choosing and implementing learning activities include:

- Lack of faculty experience and knowledge
- Lack of understanding of students' knowledge and skills
- High faculty/student ratio
- Personal attributes (e.g., personality)
- Student stress and anxiety (resistance to active participation)
- Inability to use equipment/technology
- Inadequate time for activity and debriefing
- Inadequate funds for technology and equipment

Teaching methodologies are often based on the faculty member's perception of student abilities instead of on the objectives of the course. In addition, clinical hours may be set according to a predetermined schedule instead of the time needed to meet the course objectives. The emphasis should be on the ability of students to meet objectives, not on how the objective is to be met. Multiple learning activities with options should be offered, within the limits of available time and energy resources. Also, although it is rarely considered, both faculty and students need support systems to deal with the stress and anxiety of the educational program. The school administration and faculty colleagues are potentially most helpful here, but faculty should also use family and friend networks to diffuse some of the stress, and put it into perspective.

Once the curriculum has been developed, the last stage is to develop the plan by which the curriculum will be systematically evaluated.

Curriculum Evaluation

Curriculum evaluation is summative, or outcome-based, and judged by the characteristics of the graduate. Congruence with instructional goals, criteria, and standards, and use for planning is necessary. Evaluation of curriculum elements is necessary as the curriculum is being implemented; evaluation of the total curriculum is relevant after graduation of the first student cohort. The criteria for assessment of the curriculum process ensure consistency among the component parts, including:

- The flow of the content elements can be seen within all of the components, especially between the philosophy and learning experiences.

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Annotated Research Summary

Slatter, J., & Carolson, J. (2005). Preparing an effective syllabus: Current best practices. ***College Teaching, 53*****(4), 159–165.**

Syllabi can be useful in engaging students and creating an effective classroom atmosphere, yet discussions of their effective use rarely appear. In light of current research and theory on syllabi, we review their typical uses (structural, motivational, and evidentiary), commonly included components, and attributes that positively affect the teaching and learning process.

Statts, C. R. (2003). The development of a community-based baccalaureate curriculum model in a culturally diverse health care delivery area. ***Nursing Education Perspectives, 24*****(2), 94–97.**

The nursing school at the University of Texas at San Antonio revised the curriculum using a community-based health-care model. More clinical experiences were offered in a variety of community settings and long-term relationships were developed with community health agencies.

Smith, A. J. (2006). Continued psychometric evaluation of an intuition instrument for nursing students. ***Journal of Holistic Nursing, 24*****(2), 82–89.**

The purpose of this study was to evaluate the psychometric properties of a revised intuition instrument developed for nursing students. The method, principal component factor analysis, was used to establish construct validity and the Cronbach's alpha was used to examine reliability. The findings of the statistical analysis resulted in a 26-item intuition instrument with 6 factors accounting for 62% variance. The factors were labeled as Feelings That Reassure (27.7%), Spiritual Connections (10.9%), Feelings That Alert (8.4%), Feelings That Forewarn (5.8%), Physical Sensations That Alert (4.7%), and Reading Physical Cues (4.2%). Eigenvalues ranged from 1.100 to 7.225, and factor loadings ranged from 0.572 to 0.848. The overall Cronbach's alpha was 0.89 with a range of 0.73 to 0.85 for each factor. The conclusions revealed that the 26-item intuition instrument showed evidence of construct validity and reliability. The implications for the future suggest that the intuition instrument can serve as a stimulus to foster students' intuitive abilities.

Siu, H. M., Laschinger, H. K. S., & Vingilis, E. (2005). The effect of problem-based learning on nursing students' perceptions of empowerment. ***Journal of Nursing Education, 44*****(10), 459–469.**

This study tested Kanter's structural empowerment theory within a university nursing student population. Differences in perceptions of empowerment among nursing students enrolled in either a problem-based learning (PBL) or a conventional lecture learning (CLL) program were examined, as well as the relationship between perceptions of structural empowerment in the learning environment and feelings of psychological empowerment. Participants completed measures of structural and psychological empowerment adapted to educational settings, as well as measures related to exposure to various learning strategies in their programs and clinical problem-solving abilities. Students in the PBL program ($n = 41$) had significantly higher perceptions of structural and psychological empowerment than students in the CLL program ($n = 67$). Regardless of academic program, structural empowerment was strongly positively related to psychological empowerment. The results of this are the first to support the applicability of Kanter's theory to nursing education settings.

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Traditionally, colleges and universities were viewed as institutions for the cultivation of new ideas and skills, occupational and professional training, and discovery about self and others. Teaching was conceptualized as the transmission of knowledge and facts about which learners previously knew little, for later application in the real world. Current research indicates a new perspective that embraces both faculty and student learning. A shift from a teacher-centered to a learner-centered paradigm focuses on creating a learning environment that enables students to realize their potential to learn through the discovery of knowledge for themselves. Research indicates that deeper learning occurs when students are engaged in, and aware of, their own learning experiences and have opportunities to reflect on and evaluate those experiences (Light, 2001). But even the best college teachers struggle with how to engage and make students aware that learning is occurring (Bain, 2004).

Parker Palmer (1998) suggests "that students who learn, not professors who perform, is what teaching is all about . . . . that students learn in diverse and wondrous ways, including ways that bypass the teacher in the classroom and ways that require neither a classroom nor a teacher!" (p. 6). Faculty must begin to act as facilitators of learning, guiding students on an inner journey to realize their own potential to learn. As a first step, faculty should strive to understand who their students are, their level of preparation, and their expectations. This chapter examines the characteristics of learners and how faculty can use this knowledge to assist students to learn. Faculty who develop a clear understanding of their students can facilitate the connections among their subjects, their students, and themselves.

Assessing the Learner

In a very broad sense, **assessment** of the learner begins with the faculty member attempting to get to know who the learner is while providing a safe, secure, and respectful environment. Assessment implies data gathering with interpretation so that learners' needs and characteristics can be identified and utilized to plan effective educational activities (Dean, 1994). Faculty members who develop an understanding of their students can use this information to maximize the learning opportunities for students. There is no guarantee that learners will learn by merely providing them with information. Finding out information about students (such as the learner's knowledge level, previous coursework, ability to read and comprehend the material, confusion about the reading assignment, etc.) provides the basis for building teaching strategies to meet their learning needs.

Learning needs can be described as internal forces that motivate the learner to pursue a goal that bridges the gap between one's present level of competence and the desired level of performance. When planning an assessment of learning needs, the faculty member must be able to identify the learner's current level of knowledge, attitudes, and skills as well as use her own professional judgment to decide upon the desired level of competency that is expected. Actively seeking input as to what learners' needs are encourages learners to feel that they have a personal investment in helping to guide decision-making about instruction (Bastable, 2003). Connecting new learning to students' previous learning also helps them to examine, challenge, and improve upon their understanding before they can begin internalizing or learning it. Various assessment strategies (Bastable, 2003; Haggard, 1989) can be used to identify the learner's needs, such as:

- Informal conversations or open-ended questions that encourage the students to reveal pertinent information about their learning needs

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Faculty members also need to provide a safe and supportive environment where students feel free to explore disequilibrium and challenges brought about by problem-solving activities without fear of sanctions.

Adult Learner Characteristics

Not all students are from the traditional 18-to-24-year-old group; some may be older and have other characteristics and developmental tasks to complete. In Fall 2003, college enrollment of students above the age of 25 was 36.8% (The Chronicle Almanac, 2005–6). Many are nontraditional students who are adults returning to school for one reason or another. Many return to college to obtain a degree or certificate in order to change careers or advance in their current profession (Hagedorn, 2005). This population provides many different challenges as well as opportunities for faculty. For instance, adult learners provide a rich source of experiences upon which to draw and share with other students; they seek to apply information that is learned; they often have time constraints; they often experience more anxiety about learning; and they have more diverse **learning styles.**

Knowles (1984) coined the term **andragogy,** the study of adult learners. He characterized adult learners as being self-directed, possessing years of experience and a wealth of information, being internally or intrinsically motivated, approaching learning with a desire to apply information to solve problems, and relating new knowledge to previously learned information and experiences (Baumlein, 2004). Several educational strategies can be used to maximize learning for students with these characteristics. For example, faculty can provide opportunities for group discussion that tap into the life experiences of the adult learner who can, in turn, become a rich resource for other younger students.

Faculty should provide material that is relevant and meaningful so that learners can connect new information to previously learned information and experiences with direct practical application (Caffarella, 1994). If direct application in clinical settings is not possible, then critical thinking exercises that provide opportunities to apply the material are essential. Adults generally want to apply information to current problems. For example, using case studies provides a good way to apply theory about a particular client scenario that the student is likely to encounter in the clinical setting. Likewise, having students conduct a health interview for an elderly person aids in transferring the concepts learned in class and provides the application that adults value rather than just reading about how to conduct the interview process.

Specific needs of adult learners also can be challenging to faculty. For instance, adult learners often have time constraints placed on them by family and work commitments. Strategies to assist with this might include helping to connect students with campus resources that might help with daycare needs, connecting them with other adult students who might be willing to share resources and provide peer group support, arranging for institutional services to be open in the evenings, using e-mail and other technology sources to provide alternative access to faculty to answer questions or provide course materials online.

Moreover, adult learners often experience more anxiety about learning because they perceive the educational environment to cater more to the younger student who often has fewer roles and responsibilities. Adults often have a greater fear of failing new educational endeavors especially if their previous educational experiences were not positive (Baumlein, 2004). Being cognizant of this fear, faculty can provide additional reassurance and support and can provide guidance to the student to seek campus resources and other support networks if needed. In addition, as adults they are often more complex and diverse in their learning styles and, therefore, necessitate that faculty use a variety of educational approaches to facilitate learning. Encouraging adult students to complete a **learning style inventory** and helping them to develop a variety of

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- Be a positive role model who views cultural differences as valuable rather than obstacles.
- Provide clinical assignments so that all students can have opportunities to care for culturally diverse patients.
- Use gaming, simulations, and role play to increase the comfort level and understanding about different cultures.
- Form study groups and connect with resources early. Provide specific and clearly written instructions for all assignments and encourage frequent contact with faculty to deal with misconceptions and misinterpretations early.
- Use guest lectures from a variety of cultures who can provide insight into specific health-care views and perspectives.

Literacy Assessment

The ability to read and write are unquestionably basic skills for academic learning and success. **Literacy** is a term that denotes the relative ability to use printed and written material or "the ability to read, understand, and interpret information written at the eighth-grade level or above" (Bastable, 2003, p. 192). Literacy includes both **readability** and comprehension. Readability of printed material refers to the ease with which the learner can read the written or printed material. Comprehension, on the other hand, refers to the degree to which the learners understand what they have read. Comprehension varies with the amount, clarity, and complexity of the material (Fisher, 1999). "The ability to read does not alone guarantee reading comprehension" (Bastable, 2003, p. 193).

Both readability and comprehension are affected by many factors. Faculty needs to be able to evaluate the learner's level of comprehension and the student's ability to read information from a variety of sources at an appropriate level for nursing. Factors limiting literacy skills can vary from limited educational opportunities, English as a second language, and learning disabilities. Developing a consensus as to what level of literacy is necessary for students to succeed in nursing is essential for the establishment of effective admission and promotion practices within the program (Hardy, Segatore, & Edge, 1993).

Strategies to Assist in Learning

Once the educator receives the assessment data about the students, several strategies developed by Knapper (1995) and Filene (2005) can facilitate a deeper appreciation of the material and connect the material that you want the learner to learn on the one hand to the learners' needs and what you intend the learning outcomes to be on the other.

- Decide upon the learning objective that you want to achieve in addition to the outcomes or what you want the learners to know.
  - Is the main goal of learning to emphasize knowledge mastery, skill acquisition, or attitudinal change?
- Identify the expectations you have for your students.
  - Communicate clear objectives that help the student examine what is done in the classroom.
  - Communicate what might contribute to learning outside of the classroom.
- Decide which activities will foster the learning that is desired.
  - How can students best achieve the objectives of the course?
  - Get frequent feedback to determine if learning is occurring.

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Motivation is internally derived, but can be enhanced or influenced by the faculty member's passion for the material. Making the material interesting to students who might not be excited about the topic is challenging, but faculty enthusiasm for the topic can motivate students to learn the material. Part of the faculty member's role is to model a positive sense of enthusiasm for the material and the students. Displaying emotion, energy, and animation in teaching sessions can help students catch the enthusiasm for learning. Humor is often effective to influence students who appear to be extremely unmotivated and difficult to reach. Using a cartoon or funny story related to nursing may be helpful to keep students engaged and receptive to learning the material.

Leamnson (2000) suggests "that the really difficult part of teaching is not organizing and presenting the content but rather in doing something that inspires students to focus on that content—to become engaged, to have some level of emotional involvement with it" (p. 39). Therefore, learning should become a more personal interaction between the faculty and the learner to facilitate or motivate the students' interest in the material. Teaching then becomes a process that encourages and reinforces curiosity and other modes of emotional involvement with the material.

Several other strategies can be used to help students become and stay motivated as well. Using authentic assignments, those that will actually lead to developing knowledge and skills that will eventually be used in later situations can be extremely motivating (Svinicki, 2004). For example, to teach students how to understand why it may be difficult for certain clients to make health-care appointments on time, consider assigning students to use public transportation, such as a city bus or subway.

Success itself can be a motivating factor. Faculty can structure assignments and tasks so that early success is likely and the learning is challenging and has interest value. Faculty who provide students with immediate feedback about their progress toward learning, help to reinforce the learner's efforts toward goal attainment. In addition, faculty can help students acknowledge their own efforts toward achieving success and to begin to perceive their errors or mistakes as learning opportunities. Giving encouragement and reflecting on the progress that students are making aid in enhancing motivation even in the face of obstacles and frustration (Svinicki, 2004).

Strategies to Enhance Literacy

While reading and comprehension difficulties are a part of academic risk, students often do not seek assistance specifically for these difficulties (Hirsch, 2001). Thus, illiteracy may often be a covert problem. Frequently students will complain of reading too slowly, but may also lack the comprehension skills that are actually more crucial to academic success. Various assessment tools can be used to assess reading difficulties. Reading rate can be calculated by having students read a passage from a textbook while being timed. The words per minute can be calculated from this sample reading. In addition, there are more than 40 formulas that can be used to measure the readability levels of written materials. Researchers suggest applying a number of readability formulas to any given piece of written material, and then using the results in conjunction with the reader's individual characteristics to determine the difficulty that students might have (Bastable, 2003).

Faculty can use two basic methods to evaluate reading materials. One method employs the use of one of a number of formulas to determine the average length of sentences and words (vocabulary difficulty). Examples of readability formulas include Spache, Flesch, Fog, Fry, and Smog, all of which have high reliability and predictive validity and are available on the Web (Bastable, 2003). In addition, newer computerized readability analyses are available to evaluate reading materials that can prove useful to faculty. These formulas function as a means to test

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Chapter Outline

Classroom Management in the Nursing Education Setting
The First Pillar: Instructional Strategies
- Motivation

The Second Pillar: Proactive Planning to Facilitate Learning
- COMP
- Kounin
- Physical Environment
- Classroom Management Style

The Third Pillar: Dealing With Misbehavior
- High-Need Students
- Responding Appropriately to Levels of Misbehavior

The Fourth Pillar: Supporting Learning and Student Success
- Teaching Responsibility
- Teaching Students that They Are Capable
- Developing a Professional Mentoring Relationship With Students

Communication Skills
The Dynamics of an Effective Teacher-Student Relationship
- Emotional Objectivity

Summary

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do satisfies their needs. The more it does, the harder they will work." (Glasser, 1990, p. 22). In order to satisfy these needs, instructors must, among other things, choose tailored and appropriate instructional strategies.

The **social perspective** on motivation is seen in the need for affiliation. This is the motive to be connected with other people. Students who are high in the need for affiliation or relatedness have a strong desire to spend time with their peers, develop strong friendships, are closely connected with their parents, and have a strong desire to have a positive relationship with their teachers. Students in schools with caring and supportive interpersonal relationships have more positive academic attitudes, and are more satisfied with school (Baker, 1999; Stipek, 2002). Other research has shown that an important factor in student motivation and achievement was students' perception of a positive relationship with their teacher (McCoombs, 2001; McCoombs & Quiat, 2001).

The **cognitive perspective** on motivation emphasizes that students' thoughts guide their motivation. This perspective focuses on students' internal motivation to achieve, their attributions about success or failure and effort required for a task, and their beliefs that they can control their environment effectively (Werner, 1986, 2000). The cognitive perspective on motivation also stresses the importance of goal setting, planning, and monitoring progress toward a goal (Zimmerman, Bonner, & Kovach, 1996).

The current interest in the cognitive perspective on motivation also looks at students as extrinsically or intrinsically motivated. **Extrinsic motivation** is motivation to obtain something, such as rewards or punishments. **Intrinsic motivation** involves the internal motivation to do something for its own sake or because the student enjoys it. For this type of student, working long hours in a course is enjoyable because he or she enjoys the content of the course. Psychologist Mihaly Csikszentmihalyi (1990, 2000; Csikszentmihalyi, Rathunde, & Whalen, 1993; Nakamura & Csikszentmihalyi, 2002) has described this type of learner in *Flow: The Psychology of Optimal Experience (1990)*. He states that students experience *flow* when they experience feelings of deep happiness and enjoyment in their work. This happens when a student experiences a sense of mastery and when the student is deeply absorbed in her work. Flow is most likely to occur when students are challenged and perceive themselves as having a high degree of skill. Choice of instructional strategy plays a crucial role in flow.

The Second Pillar: Proactive Planning to Facilitate Learning

The second pillar is designing a classroom environment that facilitates student learning and uses time and resources wisely. The effective classroom manager is proactive. This type of instructor plans, organizes, and designs the class before the first student ever sets foot in the classroom or laboratory. The proactive teacher will reap the benefits of extensive planning. Classes will run smoothly, students will be prepared and cooperative, time will be used efficiently, and authentic instruction will take place. The reactive teacher will waste time responding to interruptions and will spend an inordinate amount of time "disciplining" students rather than instructing them.

COMP

A widely used classroom management system is the Classroom Organization and Management Program (COMP) developed by Carolyn Evertson at Vanderbilt University (Evertson, 1995; Evertson & Harris, 1999). The program emphasizes rules and procedures, but also addresses

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paid to their responsible behavior choices. Students who seek attention will talk out, show off, interrupt others, and demand teacher attention. The instructor may choose to acknowledge only appropriate behaviors and to ignore inappropriate behaviors.

2. ***Power and control.*** The student repeatedly misbehaves to become the center of attention. These students would benefit from some legitimate avenues for control in the classroom. When seeking power, students may drag their heels, make comments under their breath, or tell the instructor that they are unwilling to perform a task. Students who delay or refuse to complete a task may be given a choice to do it now or later or be shown the consequences for their choices in a logical manner.
3. ***Revenge.*** The student feels the only way to get attention is to retaliate against adults. The student feels he has been treated unfairly. These students would benefit from learning to deal with hurt feelings in more socially constructive ways. When seeking revenge, students may try to get back at the instructor and other students by lying, subverting class activities, or maliciously disrupting the class. Again, giving students a choice or pointing out the inadequacies of their passive aggressive behaviors may be of help to the instructor and the class.
4. ***Helplessness and inadequacy.*** Students who feel they are not a member and do not have a sense of belonging would benefit from a great deal of encouragement and positive reinforcement. When displaying inadequacy, students withdraw from class activities and make no effort to learn. Instructors who use positive reinforcement, shaping and gradual reinforcement of appropriate skills, and mentoring can help these students.

The instructor should attempt to discern the reasons behind student misbehavior. What needs of the student are not being met? Meeting student needs both in the proactive classroom management plan and in the corrective plan will prevent much misbehavior and enable the instructor to deal with misbehavior quickly. For some strategies to handle misbehavior in the classroom, see Box 7–2.

A similar perspective on meeting the needs of students within your classroom management strategy is seen in the work of C. M. Charles (2002). He sees students as having seven basic needs that must be met in the classroom in order to create a classroom learning community. These needs are dignity, enjoyment, power, security, hope, competence, and acceptance.

The main points of Charles' *Synergetic* approach are:

- Teaching that actively involves students in the learning process results in little misbehavior. Invite your students to work with you in creating and maintaining an interesting, inviting program for learning, one that is free from fear and based on personal dignity and consideration for others.

Box 7–2

Dreikurs also recommends that instructors react with logical consequences rather than punishment:

- Students have a sense of belonging because they help the instructor set limits on their own (the student's) behavior.
- They help set the limits until they can completely set their own limits.
- Natural consequences are ones that occur naturally. Logical consequences are desirable and the results of the student's own actions.
- Logical consequences usually require the student to make right what has gone wrong.

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- May suffer from medical problems
  - For example, depression, social phobias, etc.
- Fear of failure
  - Students may suffer from a deeply engrained belief that they do not have the requisite skills to succeed in school

Possible ways to deal with the passive student include providing safe peer relations and protection from aggressive people, assertiveness and positive self-talk training, rewarding small success quickly and withholding criticism.

Aggressive students may present themselves as:

- Hostile
  - Poor anger and impulse control, low empathy, sense of entitlement, inability to see the consequences of their actions, low self-esteem, thrill seeking, aligning themselves with deviant peer groups, and committing criminal behavior
- Oppositional
  - Consistently misbehaves, argues with adults, inappropriate language, apt to criticize, blame, and annoy others
- Covert
  - Often around when trouble starts, never quite do what is asked of them

Possible solutions to deal with an aggressive student include helping the student to recognize his/her behavior, contracting with the student to reward correct behaviors and giving consequences for incorrect behavior, giving the student responsibilities to help the instructor and other students in order to foster successful experiences, and keeping in mind that aggressive students are often masking hidden fears and inadequacies.

Attention problems appear in the following ways:

- Hyperactive (attention-deficit hyperactivity disorder [ADHD])
  - Poor impulse control
  - Inability to stay seated or work quietly
  - Tendency to blurt out questions/answers
  - Trouble taking turns
  - Tendency to interrupt others
- Inattentive (attention-deficit disorder [ADD])
  - Fails to pay close attention
  - Rarely appears to listen
  - Forgetful
  - Easily distracted

Possible solutions include contracting with the student to manage behaviors; teaching skills of concentration; study and thinking skills; helping the student with planning, outlining, and time management skills; and rewarding successes.

Perfectionist students may have the following characteristics:

- Closely resembles the diagnosis of obsessive compulsive disorder (OCD)
  - Drive to succeed that is close to unattainable
  - Self-critical
  - Low self-esteem
  - Deep-seated feelings of inferiority and vulnerability

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- Only way they feel loved, respected, or get attention is to be perfect
- Believe they are liked for what they can produce, not who they are
- Can be self-destructive

Possible solutions include showing the student that mistakes happen and that they may be acceptable, teaching the students that mistakes can be a learning experience, and having this type of student tutor other students.

Socially inept students:

- Have difficulty making and keeping friends
- Stand too close
- Talk too much
- Make "stupid" or embarrassing remarks
- Are well-meaning students but try too hard to relate to others
- Often feel sad, confused, and different from others
- Are often labeled immature, tactlessness, and insensitive

Possible solutions include teaching the student social skills, such as appropriate physical distance or politeness; teaching the student to recognize the meaning of facial expressions, such as anger or hurt feelings; and making suggestions regarding hygiene, dress, mannerisms, and posture.

Responding Appropriately to Levels of Misbehavior

Barbara Coloroso is another theorist whose views are consistent with recent thought that students must take a more active role in taking responsibility for their own behavior. She believes that students should work with instructors to develop **"inner discipline."** She defines inner discipline as the ability to behave creatively, constructively, cooperatively, and responsibly without being directed by someone else. She bases her teachings on the "golden rule" saying, "I will not treat a student in a way that I myself would not want to be treated" (Coloroso, 1994).

Coloroso states that teachers should try to use "proper discipline," which includes:

- Showing students what they have done wrong
- Giving them ownership over the problems they have created
- Providing them ways to solve the problems
- Leaving their dignity intact

She states that the consequences of behavior need to be "reasonable, simple, valuable, and practical (RSVP)" (Charles, 2002, p. 149). She divides misbehavior into three levels: "mistakes, mischief and mayhem." Mistakes are described as errors in judgment or trust. Instructors should deal with these students after the class. A simple question posed to the student may be, "I want to be able to trust you again. How can we do that?" The mischief level of misbehavior involves showing students what they did wrong, giving them ways to make restitution, making them responsible for their actions, and helping them to save face and leave the related problem with their dignity intact. The mayhem type of misbehavior may result in serious harm to other students. Coloroso suggests that to fix their behavior, students could take the following routes: restitution, or making good; resolution, preventing it from happening again; or reconciliation, healing the students who were harmed. Coloroso would emphasize that any solution to a discipline problem must leave the dignity of both the instructor and the student intact. She would strive for a "win-win" solution to problems and disputes.

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The Fourth Pillar: Supporting Learning and Student Success

The fourth and last "pillar" of effective classroom management is making effective use of classroom management strategies that *support* the previous three pillars and keep the momentum going throughout the semester. Some instructor goals supported by this pillar include:

- Getting students back on track through signals, expressions, and gestures
- Showing interest in student work by observing, commenting, and discussing
- Restructuring work that is too difficult
- Assisting students in learning appropriate social skills
- Facilitating students' self-control
- Redirecting students' focus to academic tasks
- Encouraging peer support and appropriate classroom behaviors
- Relieving tension by injecting humor (not sarcasm)

These goals might be simplified into three main areas: teaching responsibility, teaching students that they are capable, and developing a professional "mentoring" relationship with students.

Teaching Responsibility

Teaching responsibility can be described as teachers modeling and actively lending assistance to help the students achieve valuable prosocial behaviors. Teaching content is always the primary focus of an instructor but for a nursing student to go out into the world and work with others, he also needs to know how to live and work with others and to apply what he has learned in the university in his interactions with others. Patricia Kyle and Lawrence Rogien (2004) in *Opportunities and Options in Classroom Management* list the following behaviors that instructors should actively teach and model to their students. These prosocial behaviors may be seen in Table 7–1.

Dr. Goleman's 1995 book, *Emotional Intelligence,* argues that human competencies like self-awareness, self-discipline, persistence, and empathy are of greater consequence than intelligence quotient (IQ) in much of life, that we ignore the decline in these competencies at our peril, and that teachers can and should teach these abilities.

According to Goleman, the five main components of **emotional intelligence** are:

1. **Self-awareness:** knowing what you are feeling, and using your awareness to make good decisions
2. **Handling your emotions:** keeping yourself in good spirits, coping with anxiety, handling anger
3. **Self-motivation:** persistence and zeal; getting yourself started and keeping yourself going, even in the face of setbacks and discouragement
4. **Empathy:** reading people's feelings without them telling you
5. **Social skills:** handling your emotions in relationships

Hundreds of articles and books have been written demonstrating the importance of Goleman's concept of emotional intelligence in the nursing profession (Goleman 1995; Habel 2005).

Teaching Students That They Are Capable

Students who dwell on the "I can't" messages in their heads will not succeed in the nursing classroom. Lew and Bettner (1995) emphasize the importance of making students feel capable by:

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TABLE 7–1

Prosocial Behaviors	Description
Character development	Instilling character virtues basic to the development of good character: accountability, caring, charity, citizenship, compassion, consideration, courtesy, diligence, fairness, good judgment, impulse control, honesty, loyalty, responsibility, understanding
Communication skills	Listening skills, paraphrasing another's ideas, clarifying information, and summarizing
Social skills	Skills needed to interact effectively with people: greetings, taking turns, disagreeing graciously, sharing materials and equipment
Anger management	Recognizing anger and its sources: identifying triggers, developing strategies to deal with anger constructively
Conflict resolution	Knowing steps to avoid conflicts, and using them when conflicts arise
Responsibility for one's actions	Developing the ability to take responsibility for one's own actions even if it means accepting the logical consequences of one's choices; learning from mistakes
Self-control	Learning to recognize that one is losing control of one's emotions, having coping strategies to gain control of emotions and choosing appropriate behavior
Decision-making skills	Making decisions within structured choices in order to practice effective decision-making and learning from poor decisions as well
Emotional intelligence	Emphasizes the emotional development of students; their awareness and control of their own emotions, their empathy, and relationships with others

- Making mistakes a learning opportunity
- Focusing on improvement, not perfection
- Building on student strengths
- Allowing students to struggle within their ability level
- Acknowledging the difficulty of the task
- Analyzing past successes, and then focusing on the present
- Breaking the task into smaller instructional parts
- Working on positive self-talk
- Celebrating accomplishments

To change "I can't" messages to "I can" messages is a gradual process of change in attitude that must be accomplished over time. This includes creating an environment in which students know that they can make mistakes. It also means pointing out areas of improvement to the student and showing the student how to make step-by-step improvements. These students also must learn positive self-talk and positive self-image. If a task is difficult, students should be taught to accept the difficulty of the task and to use problem-solving and planning skills to accomplish the task. Both realism and optimism can be combined in order to focus on student growth.

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entire semester or course, an effective teacher-student relationship must be established. Just as teaching involves the interplay of both "science" and "art," effective classroom management involves the interaction between dominance and cooperation.

The Dynamics of an Effective Teacher-Student Relationship

Robert J. Marzano in his book *Classroom Management That Works* (2003), cites the research of Theo Wubbels and his colleagues (Brekelmans, Wubbles, & Creton, 1990; Wubbles, Brekelmans, van Tartvijk, & Admiral, 1999; Wubbles & Levy, 1993), on the dynamics of an effective teacher-student relationship. They identify two dimensions whose interactions define the relationship between teacher and students. One dimension is dominance versus submission; the other is cooperation versus opposition. According to Marzano, the optimal teacher-student relationship is one of high dominance and high cooperation. Quoting Wubbels and his colleagues (1999), Marzano writes:

> Teachers should be effective instructors and lecturers, as well as friendly, helpful, and congenial. They should be able to empathize with students, understand their world, and listen to them. Good teachers are not uncertain, undecided, or confusing in the way they communicate with students. They are not grouchy, gloomy, dissatisfied, aggressive, sarcastic, or quick-tempered. They should be able to set standards and maintain control while still allowing students responsibility and freedom to learn (Wubbles, p. 167).

These teacher characteristics may be seen in Table 7–3.

Emotional Objectivity

A final aspect of teacher disposition that should not be overlooked in creating a supportive classroom management plan is "emotional objectivity." Marzano (2003) states than an effective classroom manager implements and enforces rules and procedures, executes disciplinary actions, and cultivates effective relationships with the students without *interpreting* violations of classroom rules and procedures, negative reactions to disciplinary actions, or lack of response to forge relationships as a personal attack. These instructors act as professionals and look upon learners as

TABLE 7–3

Teacher Characteristic	Ideal Interaction	Extremes (No Interaction)
High Dominance	Clarity of purpose	Lack of attentiveness or concern for students
High Submission	Guidance	Lack of clarity of purpose
High Cooperation	Concern for the needs and opinions of others	Inability or lack of resolve without the approval of others
High Opposition		Active antagonism toward others and a desire to thwart their goals

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Review Questions

- Provide examples of how each of the motivation strategies can be used in a classroom setting in a (1) behavioral perspective, (2) humanistic perspective, (3) social perspective, and (4) cognitive perspective.
- Discuss how Dreikurs' mistaken goals may be minimized in a classroom setting.
- Explain how to create a classroom with heightened enthusiasm and a sense of purpose.
- Develop strategies to help the perfectionist student succeed in the classroom setting.
- Select three prosocial behaviors identified by Kyle and Rogien and discuss how you use them in developing a professional mentoring relationship with students.

Critical Thinking Exercises

- You are a newly hired instructor for an Accelerated BSN Program. The chairperson assigns you to teach a new course in Pharmacology. Using COMP as a foundation:
  a. Give examples of rules and procedures for your classroom.
  b. Discuss ways to foster student accountability. How can you make students keep track of their own progress or lack thereof?
  c. Integrate actively Kounin's theory and concepts into your curriculum plan.
- Role play how emotional intelligence can be used in the classroom.

Annotated Research Summary

Maxwell, B., & Reichenbach, R. (2005). Imitation, imagination and re-appraisal: Educating the moral emotions. ***Journal of Moral Education, 34*****(3), 291–307.**

No observer of research currents in the human sciences can fail to detect a new appreciation for the contribution of emotions to descriptions of such wide-ranging psychological phenomena as moral judgment, personal and social development, and learning. Despite this, we claim that educating the emotions as a dimension of moral education remains something of a taboo subject. As evidence for this, we present three categories of interventions that fit unmistakably into the category of the education of the emotions, but which go generally unrecognized. In the light of the fact that emotional education is held not just to be possible, but is in fact commonplace, we present an error theory to explain its general occlusion. Next, we argue that the taboo surrounding the education of the emotions helps to explain the lack of recognition that relevant kinds of emotional reactions, especially guilt and shame, seem indeed to be a better measure of successful moral education than moral acts. This, we take it, is one of the suppositions of the old classroom management device called the "shame corner." In the last section we propose a comparative analysis of the shame corner and its pedagogical descendant, the "time-out corner," in terms of their assumptions about the structure of moral judgment and the significance of moral emotions. Without recommending the reinstitution of the shame corner, we conclude that, far from constituting progress in moral education, the time-out corner is, from this perspective, apparently wrong-headed and confusing.

Chambers, S. M., & Hardy, J. C. (2005). Length of time in student teaching: Effects on classroom control orientation and self-efficacy beliefs. ***Educational Research Quarterly, 29*****(3), 3–9.**

This study used the classroom management framework conceptualized by Wofgang and Glickman (1980, 1986) to explain the various dimensions of classroom management. This framework

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defines three broad areas—instructional management, people management, and behavior management. It appears that the lengthened student teaching experience does not have an impact on classroom management styles and/or self-efficacy. Results support the continued use of the one-semester student teaching option. The authors recommend further study, particularly pre/post-test studies examining the impact of student teaching experiences on classroom management skill acquisition. Initiating data collection efforts during program induction is suggested. Additional research regarding instructional management and self-efficacy is also encouraged.

Weinstein, C. S., Tomlinson-Clarke, S., & Curran, M. (2004). Toward a conception of culturally responsive classroom management. ***Journal of Teacher Education,*** ***55*****(1), 25–38.**

Given the increasing diversity of our classrooms, a lack of multicultural competence can exacerbate the difficulties that novice teachers have with classroom management. Definitions and expectations of appropriate behavior are culturally influenced, and conflicts are likely to occur when teachers and students come from different cultural backgrounds. The purpose of this article is to stimulate discussion of culturally responsive classroom management (CRCM). We propose a conception of CRCM that includes five essential components: (1) recognition of one's own ethnocentrism; (2) knowledge of students' cultural backgrounds; (3) understanding of the broader social, economic, and political context; (4) ability and willingness to use culturally appropriate management strategies; and (5) commitment to building caring classrooms. In the final section of the article, we suggest questions and issues for future research.

Vitello-Cicciu, J. M. (2002). Exploring emotional intelligence: Implications for nursing leaders. ***Journal of Nursing Administration,*** ***32*****(4), 203–210.**

Emotional intelligence is being touted in the popular literature as an important characteristic for successful leaders. However, caution needs to be exercised regarding the connection between emotional intelligence and workplace success. The author contrasts two current models of emotional intelligence, the measurements being used, and the ability of emotional intelligence to predict success. Implications for the workplace are discussed.

Cummings, G. (2004). Research leadership. Investing relational energy: The hallmark of resonant leadership. ***Canadian Journal of Nursing Leadership,*** ***17*****(4), 76–87.**

Recent research has shown that hospital restructuring that included staff layoff has adversely affected the role, health, and well-being of nurses who remained employed. Further research found that nurses working in environments that reflected resonant (emotionally intelligent) leadership reported the least negative effects to their health and well-being following hospital restructuring. What remained unclear was the mechanism by which this mitigation occurred. The purpose of this paper is to explore additional findings from this leadership research and discuss one explanation unique to the academic literature for the mitigation variable—the investment of relational energy by resonant nursing leadership to build relationships with nurses and manage emotion in the workplace.

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Chapter Outline

- **Overview of Types of Technology**
  - Technology Used to Connect People and Services
  - Technology Used to Create Learning Objects
- **Technology: What Students and Faculty Need to Know**
  - Psychomotor Considerations
  - Affective Considerations
  - Cognitive Considerations
  - Teaching With Technology
- **Using Technology to Produce Your Own Learning Assets**
  - Games: Crosswords and Other Word Puzzles, Question and Answer
- **Best Practices and Tips of Computer Users**
  - Managing Files and Folders
  - Word Processing, Editing
  - Keyboard shortcuts
  - Screenshots
  - Templates and Macros
  - Security and Privacy
  - Searching the Internet
  - Accessing and Securing Help
- **Technology Support of Higher Education**
  - Enrollment Management
  - Library
  - Learning Centers
- **Common Software Used in Teaching**
  - Electronic Mail
  - Presentation Software
  - Referencing and Formatting Software
  - Statistical Software
  - Faculty and Student Web Pages
- **Technological Quicksand—Intellectual Property**
  - Academic Dishonesty
- **Teaching Using Distance Technology and Distance Learning**
  - Distance Learning
  - Interactivity
  - Blogs
  - Interactive Video Instruction
  - Assessment Strategies
- **Other Supportive Methods of Instruction Using Technology**
  - Virtual Office Hours
  - Chats, Test Preparation, Test Review
- **Summary**

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