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# The Sage on the Stage vs. the Wire Head: A New Paradigm for Nursing Education

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In the last century, nursing education has been driven by lecture and knowledge delivery in the classroom setting. Today's nursing students demand a different approach to learning. There is a paradigm shift occurring in the traditional and virtual classrooms of nursing education. The nurse educator is no longer the only decision maker in the acquisition of knowledge. Today's nursing student body wants a voice in their learning. In response to this paradigm shift, the nurse educators at Valencia Community College (VCC) have changed their approach to student learning. Instructors are no longer the "Sage on the Stage." Instead, they have assumed full responsibility for the quality of their course delivery and student outcomes. The paradigm shift involves an educator moving from decision maker to counselor as students move to new levels of learning they had no idea they could achieve. The nurse educator of today must dialogue, not just deliver words. As Adams (2004) states, "An important aspect of constructivism is students' engagement in creating personally meaningful knowledge. This usually involved interaction and discussion with others. Communication and language are vital in the creation and sharing of human knowledge" (p. 10). The classroom at Valencia is becoming an interactive world where students and instructors equally share knowledge and real-life experiences, and all are partners in the learning process.

Within the virtual classroom, VCC has experienced a paradigm shift with students desiring a self-driven learning process. Adams (2004) states, "Teachers are responsible for the quality of their courses and have a vital role in helping to develop the most appropriate electronic learning activities that will facilitate students to acquire the knowledge and skills necessary for clinical practice. Therefore, they need to have an awareness of what contributes to educationally effective, computer-based learning materials" (p. 10). At VCC, this awareness has resulted in a virtual learning environment where the students drive the education wheel while instructors provide a quality road map. Along with delivery of effective online materials, one must understand the critical need for quality development. Chumlee-Jones, Dobbie, and Alford (2002) remind us that "educators must recognize that poorly designed educational programs or materials are not improved by being presented on a Web page" (p. S87). This realization has led to innovation, faculty involvement, and outcome-based evaluation of all virtual classrooms within Valencia's nursing curriculum.

As nursing education has evolved, so have our traditional and virtual classroom learning tools. We have developed, implemented, and substantiated the success of many new, creative methods of student learning that address the paradigm shift from the "sage" to the "wire head" (the computer-savvy student/professor). In the remainder of this article, we would like to share some of these innovative approaches to help you facilitate your paradigm shift. With these new tools, we at VCC have observed the words of Silberman (1996) come to fruition: "The Active Learning Credo. What I hear, I forget. What I hear and see, I remember a little. What I hear, see, and ask questions about or discuss with someone else, I begin to understand. What I hear, see, discuss, and do, I acquire knowledge and skill. What I teach to another, I master" (p. 5).

## Traditional Classroom Methods

*Classroom Performance System (CPS)* is a learning tool that involves the use of remote control keypads to assess student learning, preparation, and understanding of concepts. These remotes allow students to answer questions with a simple push of a button. This system is a great tool to stimulate discussion and active learning throughout an entire classroom – even the back row. The use of the remotes allows the shy student to anonymously participate in a safe environment. Also, the instructor can prepare through the click of a button a study guide for students, individualized learning tools, and data to substantiate learning. For further information on this product, visit http://www.einstruction.com/index.cfm?fuseaction=HigherEd.Display&Header=HigerEd

*Gaming* is an interactive method to encourage student participation and enhance learning in the classroom. We have extensively used games like "Jeopardy" throughout the nursing curriculum for assessment and review of concepts. Students participate in teams, fostering collaboration in learn-

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ing. Various topics that students have found the most useful for gaming include fluid and electrolytes, labs, and pharmacology. The games are easy to use, involve templates for construction, and encourage faculty and student "buy-in" to the learning process.

*Simulation* brings clinical and theory together in a fun, interactive, safe environment. The use of simulation has led to faculty development of a definition and model for learning in the simulated environment, a universal template for design of simulation scenarios, a debriefing tool to assess and encourage student learning, and an evaluation method to gauge the effectiveness of the simulation experience. Through careful organization of the entire simulation process, faculty has integrated this learning tool in every course throughout our nursing curriculum.

The *Student Randomizer* was introduced to the faculty by Susan Ledlow from Arizona State University. An Excel program is utilized to create a randomizer that allows a faculty member to pick out students in the class for questioning as a means to stimulate class discussion. The class is engaged and actively learning since the class knows anyone could be called upon at any moment. This tool is particularly effective with large classes and is easy for the instructor to set up by simply entering the class roll and then pushing the F9 key when the discussion begins.

*Case Studies* have been used in the past as interactive learning tools when exploring one aspect of a disease. At VCC, we have utilized case studies as a learning tool to involve the entire class with one patient that moves through all stages of an illness process. The case study is utilized over many class periods as a way to tell a story and bring concepts to life.

A new tool we have just begun to use is *Beaming* (via a Web cam) a simulation exercise to a lecture hall housing approximately 100 students. Since simulation is utilized throughout the nursing curriculum at VCC, times to schedule simulation exercises proves difficult in the upper level med-surg course. Therefore, if we are unable to bring the student to the simulation, we bring the simulation to the student. The goal is to provide active learning through observation and discussion. Five random students are chosen to perform a 20-minute simulation exercise while the rest of the class observes in the large classroom via a Web cam. Once the exercise is completed, the recorded simulation is played back and paused as the class debriefs together for an additional 30 minutes. This learning tool allows the faculty to utilize technology with large numbers, stimulate discussion with real life scenarios, and encourage peer-to-peer interaction for problem solving.

For two semesters, we have utilized *Recorded Lectures*, only the audio component, rather than live lecture in the classrooms. Students are asked to read the text and listen to the lectures before attending class. Through this interactive preparatory effort, we have seen a dramatic increase in student participation in class discussion and enhanced efforts to critically think through real-life situational case studies. Also, through provision of having the lecture before class, we have freed faculty to design interactive classroom techniques, giving faculty the ability to stimulate personal and job satisfaction, and create a partnership with the student in the learning process. In the future, plans are to have these recorded lectures CD and IPod capable for the "on the go" student wishing to take the classroom with them.

*Pre-tests* are currently utilized within the advanced med-surg course on the first day of class to identify weak students requiring early intervention. The pre-tests contain information taught previously in the basic med-surg course. If students are identified as weak in core med-surg concepts, faculty and students can immediately collaborate to develop a joint learning plan to intervene and promote student success.

## Virtual Classroom Methods

A *Designated Technology Person* is necessary to the development, integration, and success of any online environment. Adams (2004) states, "Computer-based learning has three components: hardware, software, and 'underware,' the pedagogy that underpins its development" (pp. 6-7). At VCC, while the faculty is developing the "underware," we have a technology specialist taking care of the hardware and software, easing the transition of faculty from traditional to virtual classroom. We were able to secure a designated technology person through use of grant funding.

An *Online Facilitator Course* was developed for faculty within our nursing program. The purpose of this course is to ease the transition of the traditional faculty member to the role of facilitator within the virtual classroom. Adams (2004) advises, "If teaching staff have not been involved in development of the software, they may be less inclined to use it and incorporate it into their courses effectively" (p. 7). Through this course, faculty is given the opportunity within a safe environment to develop and test online strategies before launching these ideas in a virtual classroom. This course also gives the faculty an opportunity to view learning tools within a virtual classroom from the student's standpoint. As a result, faculty better understand the facilitator and student role within the virtual environment.

The use of *Virtual Office Hours* (VOH) began as a request from students who desired more faculty contact when our program grew dramatically to classrooms of 120 students or more. We elected not to purchase a special program designed for online conferencing. Keeping it simple was the best way to engage faculty and students. Therefore, we use our online classroom chat feature in WebCT where any student registered for the course can access the instructor during a designated time period. We have found night time is most popular, and a faculty member can easily arrange his or her on-campus time to accommodate having an office hour while at home. We also post the recorded chats so students with very active lives and who are unable to attend the live chat can benefit from the discussion at a later time.

We have designed numerous *Internet Scavenger Hunts* to enhance learning in content areas, such as diabetes, end of life, various medications, and disaster planning. By designing a road map through an Internet site, we keep the student engaged. In addition to content, students also evaluate Web sites for validity in providing health care information.

As today's health care environment becomes more complex, it is often beneficial for the student and instructor to utilize an outside guest speaker with expertise in a certain area. We have found this particularly useful in areas such as management of diabetes and burn patients. Often, when we schedule speakers, we discover that they are unable to return for another class, and we can't schedule them for classes that are entirely online. Therefore, we began recording the guest lectures and posting them in the virtual classroom with the speaker's permission. *Recorded Guest Speakers on Streaming Video* allows students in a virtual classroom the

opportunity to connect with experts in the field. Also, for the student in the traditional classroom, the recorded lecture can serve as preparatory work before an interactive class filled with discussion on the topic.

### Conclusion

We hope that you have discovered several helpful methods to facilitate your journey from the "Sage" to the "Wirehead" in your educational setting. Nursing is ever evolving, and change is never comfortable. As we continue to progress in our expanded health care environment, the only way we can help our students survive is to connect with them in new and exciting ways. Yes, our students are becoming "techno" savvy, but they do not expect less from their educators and guides. Perhaps our new motto should be, "Nursing is only a click away!" If you want to contact us, please write us at trogers11@valenciacc.edu or sustone@valenciacc.edu, and we will see YOU on the Web!

### References


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## Are you Planning to Specialize in Psychiatric Mental Health Nursing?

### Apply for the APNA Scholarship and win a trip to attend the APNA Convention in Kissimmee, Florida!

Through the generous support from an educational grant from Janssen, L.P. administered by Ortho-McNeil Janssen Scientific Affairs, LLC, the American Psychiatric Nurses Association (APNA) is pleased to announce the availability of 15 scholarships for undergraduate nursing students to attend the APNA Annual Convention, October 3-7, 2007, in Kissimmee, FL. Deans and directors of schools of nursing are invited to nominate one or more students who are interested in this specialty. The APNA-Janssen Student Scholarship includes all travel and lodging expenses to attend the 2007 APNA Convention, as well as a stipend for meals and registration fees for the entire convention. In addition, winners will receive 1-year complimentary membership in the APNA. Administration for the nomination and selection process is coordinated by the National Student Nurses' Association (NSNA). **Deadline for application is April 30, 2007.** Call (718) 210-0705 ext. 115 or e-mail nsna@nsna.org

## NLN Establishes Academy of Nursing Education

The National League for Nursing (NLN) announced today an historic step in academic nursing education, the founding of the Academy of Nursing Education. Individuals inducted into the academy will be designated as Fellow, Academy of Nursing Education, and entitled to use the approved credential.

Explains NLN president Dr. Toni Bargagliotti, "The purpose of the academy is to foster excellence in nursing education by recognizing and capitalizing on the wisdom of outstanding individuals in and outside the profession who have contributed to nursing education in sustained and significant ways. Fellows are expected to provide leadership in nursing education and in the Academy of Nursing Education, and to support the vision of the NLN."

Applicants for fellowship in the Academy of Nursing Education must:

- Show evidence of contributions to nursing education in teaching/learning innovations, faculty development, research in nursing education, leadership in nursing education, public policy related to nursing education, and/or collaborative education/practice/community partnerships.
- Elucidate how they will continue to provide visionary leadership in nursing education and in the Academy.
- Be current members of the National League for Nursing (individually or through their schools or agencies).

The Academy of Nursing Education is responsible and accountable to the NLN Board of Governors who will award all fellowships. Those individuals inducted into the academy will be designated as Fellow, Academy of Nursing Education, and entitled to use the approved credential. The induction of new fellows and a meeting of fellows in the Academy of Nursing Education will be held in conjunction with the NLN's annual Education Summit.

Concludes NLN CEO Dr. Beverly Malone, "It is past time to recognize the contributions of nurse faculty and colleagues from other fields to excellence in nursing education and to the preparation of a nursing workforce that meets the needs of our ever-changing health care environment. I know this new credential will be borne with pride."

For more information about the Academy of Nursing Education, please visit www.nln.excellenceinitiatives/academy

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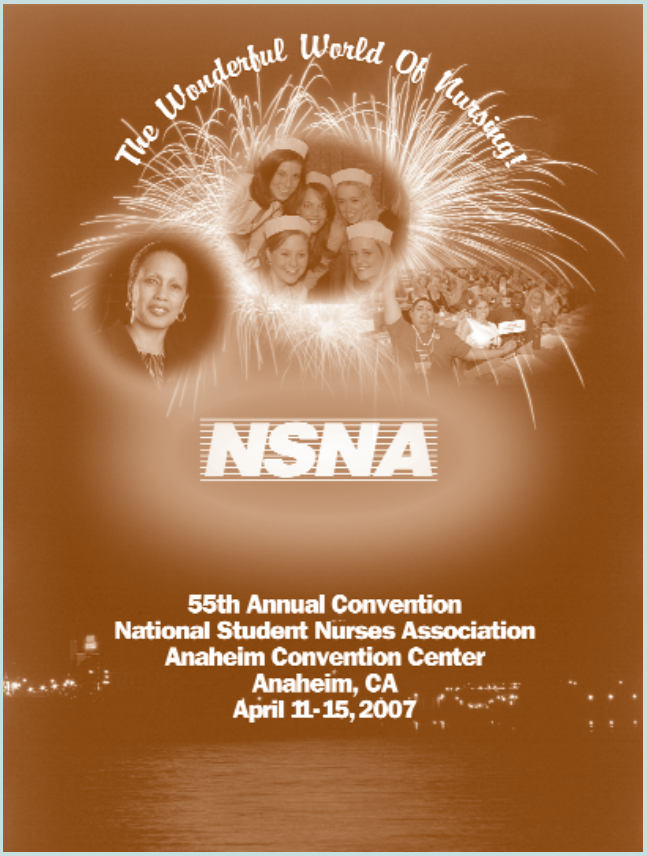
## Nursing Economic$ Summit Rescheduled

**November 29, 2007 – December 1, 2007**
**Scottsdale, AZ**

The *Nursing Economic$* DC Summit scheduled for March 1- 2, 2007, at the Hyatt Regency Crystal City in Washington, DC, has been rescheduled. The meeting will be expanded and will be held November 29 & 30 and December 1, 2007, at the beautiful Hyatt Regency Scottsdale Resort and Spa at Gainey Ranch, Scottsdale, AZ.

The Summit will still be focused on building partnerships between nurse faculty and nursing executives, and the curriculum will be expanded from 1.5 days to 2.5 days. Plus, the addition of poster sessions describing real success stories will further add to the ideas, skills, networks, and knowledge base of this important dialogue. Submit your poster abstract today to russells@ajj.com

The new time, date, and location, along with the addition of more sessions and poster exhibits, will provide an ideal platform for strategizing nurse executive and nurse faculty partnerships. For Summit registration info, visit www.nursingeconomics.net today!