Certified Nurse Educator (CNE) Review Manual

The only book you need to pass the CNE exam

Editors
Ruth A. Wittmann-Price
Maryann Godshall
Linda Wilson

Springer Publishing Company
Ruth A. Wittmann-Price, PhD, RN, CNS, CNE, CHSE, ANEF, FAAN, is dean of the School of Health Sciences and professor of nursing at Francis Marion University in Florence, South Carolina. She has been an obstetrical/women’s health nurse for 38 years. Dr. Wittmann-Price received her AAS and BSN degrees from Felician College, Lodi, New Jersey, and her MS as a perinatal clinical nurse specialist (CNS) from Columbia University, New York, New York. She completed her PhD in nursing at Widener University, Chester, Pennsylvania, and received the Dean’s Award for Excellence. She developed a mid-range nursing theory, “Emancipated Decision-Making in Women’s Health Care,” and has tested her theory in four research studies. International researchers are currently using her theory as the foundation for their studies. Her theory is being used by researchers at the University of Limpopo, South Africa, in their campaign, “Finding Solutions for Africa,” which helps women and children. Dr. Wittmann-Price was also the appointed research coordinator for Hahnemann University Hospital in Philadelphia, Pennsylvania, and oversaw the evidence-based practice projects for nursing (2007–2010). Hahnemann University Hospital was granted initial Magnet® designation in December 2009. Dr. Wittmann-Price has taught all levels of nursing students over the past 16 years and has completed an international service-learning trip. Currently, she teaches women’s health to baccalaureate students and to students on the MSN nurse educator track. Dr. Wittmann-Price mentors DNP and PhD students and is on several committees at both Drexel University, Philadelphia, Pennsylvania, and Widener University. She has coedited or authored 14 books, contributed chapters to two books, and written over 20 articles. She has presented her research regionally, nationally, and internationally. Dr. Wittmann-Price was inducted into the National League for Nursing Academy of Nurse Educator Fellows in 2013 and became a fellow in the American Academy of Nursing in October 2015.

Maryann Godshall, PhD, CNE, CCRN, CPN, is an assistant clinical professor at Drexel University College of Nursing and Health Professions in Philadelphia, Pennsylvania. She obtained her BSN from Allentown College of St. Francis DeSales, Center Valley, Pennsylvania, and her MSN from DeSales University, Center Valley, Pennsylvania. She has a postmaster’s degree in nursing education from Duquesne University, Pittsburgh, Pennsylvania. She completed her PhD at Duquesne University (2014), where her research topic was “Exploring Learning of Pediatric Burn Patients Through Storytelling.” Dr. Godshall has been a nurse for more than 20 years and has worked in pediatric critical care, inpatient pediatrics, and pediatric rehabilitation nursing. She holds certifications in both pediatrics and pediatric critical care and has been teaching for over 14 years in both the university and hospital setting. Dr. Godshall is coeditor of The Certified Nurse Educator (CNE) Review Manual (2013; Springer Publishing Company), and author of Fast Facts of Evidence-Based Practice, Second Edition (2015; Springer Publishing Company). She has published chapters in several books and textbooks, including Maternal–Child Nursing Care: Optimizing Outcomes for Mothers, Children and Families, Second Edition (2016), NCLEX-RN® EXCEL (2010; Springer Publishing Company), and Disaster Nursing: A Handbook for Practice (2009), and has written many journal articles. In 2008, Dr. Godshall won the Nightingale Award of Pennsylvania Nursing Scholarship.

Linda Wilson, PhD, RN, BC, CNE, CHSE-A, ANEF, FAAN, is an assistant dean for special projects, simulation, and certified nurse educator (CNE) accreditation, and an associate clinical professor at Drexel University, College of Nursing and Health Professions, Philadelphia, Pennsylvania. Dr. Wilson completed her BSN at College Misericordia, Dallas, Pennsylvania; her MSN in critical care and trauma at Thomas Jefferson University, Philadelphia, Pennsylvania; and her PhD in nursing research at Rutgers University, Newark, New Jersey. Dr. Wilson has a postgraduate certificate in epidemiology and biostatistical methods from Drexel University and a postgraduate certificate in pain management from the University of California, San Francisco School of Medicine. Dr. Wilson also completed the National Library of Medicine/ Marine Biological Laboratory Biomedical Informatics Fellowship and the Harvard University Institute for Medical Simulation’s Comprehensive Workshop and Graduate Course in Medical Simulation. Dr. Wilson has several certifications, including certified post anesthesia nurse (CPAN), certified ambulatory perianesthesia nurse (CAPA), American Nurses Credentialing Center (ANCC) board certification (BC) in nursing professional development, CNE, certified health care simulation educator (CHSE), and certified health care simulation educator–advanced (CHSE-A). Dr. Wilson served as the president of the American Society of Perianesthesia Nurses (2002–2003), and has served as an ANCC Commission on Accreditation Appraiser Site surveyor since 2000. In 2014, Dr. Wilson was inducted into the National League for Nursing (NLN) Academy of Nurse Educator Fellows (ANEF) and was also inducted as a Fellow in the American Academy of Nursing (FAAN).
Certified Nurse Educator (CNE) Review Manual

Third Edition

Ruth A. Wittmann-Price, PhD, RN, CNS, CNE, CHSE, ANEF, FAAN
Maryann Godshall, PhD, CNE, CCRN, CPN
Linda Wilson, PhD, RN, BC, CNE, CHSE-A, ANEF, FAAN

Editors
Contents

Contributors xi
Foreword Marilyn H. Oermann, PhD, RN, ANEF, FAAN xiii
Preface xvii
Acknowledgments xxi

1. Introducing the CNE Exam and Its Blueprint 1
   Brenda Reap-Thompson
   Learning Outcomes 1
   Why Become a CNE? 2
   Reach for Academic Excellence, Become a CNE 3
   Preparing for the CNE Examination 4
   Nuts and Bolts of the CNE Examination 7
   Tips for Success 8
   Utilize Learning Strategies 9
   Evidence-Based Teaching Practice 14
   How to Renew Your Certification After 5 Years 14
   Case Studies 17

2. Facilitating Learning in the Classroom Setting 19
   Ruth A. Wittmann-Price
   Learning Outcomes 19
   Educational Philosophies 20
   Critical Thinking 20
   Learning Theories 20
   Theory of Meaningful Learning 24
   Models Specific to Nursing 24
   Deep, Surface, and Strategic Learning 26
   Motivational Theories 27
   Teaching Styles and Effectiveness 30
   Faculty Incivility 35
   Learning Outcomes Versus Learning Objectives 36
   Developing a Lesson Plan 39
   Critical Thinking and Metacognition 41
   Evidence-Based Teaching Practice 45
   Classroom Management 46
   Closing and Not Just “Ending” a Course 47
   Case Studies 47
   Practice Questions 47

3. Teaching and Learning Strategies 55
   Karen K. Gittings and Ruth A. Wittmann-Price
   Learning Outcomes 55
   Teaching Strategies and Learning Activities 55
vi • CONTENTS

Passive and Active Learning  56
  Lecture  56
  PowerPoint  57
  Flipped Classrooms  72
  Case Studies  73
  Practice Questions  73

4. Educational Technology  79
  Frances H. Cornelius and Linda Wilson
  Learning Outcomes  79
  Technology in the Learning Environment  80
  Informatics in the Learning Environment  84
  Mobile Learning  88
  E-Books  88
  Case Studies  89
  Practice Questions  90

5. Online Learning  95
  Frances H. Cornelius and Linda Wilson
  Learning Outcomes  95
  Online Teaching Versus Traditional Classroom Teaching  96
  Benchmarks and Quality Measures for Online Teaching  101
  Role of Nurse Educators  105
  Communication  108
  Benefits of the Online Learning Environment  109
  Copyright Law and Fair Use in Online Learning Environments  110
  Learner Assessment in the Online Learning Environment  115
  Summary  116
  Case Studies  116
  Practice Questions  116

6. Skills Laboratory Learning  121
  Carol Okupniak and M. Annie Muller
  Learning Outcomes  121
  Learning in the Laboratory  122
  Skills Laboratory Learning Activities  123
  Equipment Needed to Ensure Learning Outcomes  125
  Laboratory Attire, Appearance, and Behavior  126
  Evaluation and Remediation  127
  Integrating Research in the Skills Laboratory  128
  Nursing Skills Laboratory Management  129
  Case Studies  129
  Practice Questions  130

7. Facilitating Learning in the Clinical Setting  135
  Marylou K. McHugh and Tracy P. George
  Learning Outcomes  135
  Selecting Appropriate CLEs Throughout the Curriculum  136
  Choosing and Evaluating the CLE  138
  Attributes of Clinical Educators  138
  Part-Time Clinical Educators  139

©Springer Publishing Company
### Precepting 140
- Dedicated Educational Units 141
- Learning Activities for the Clinical Setting 141
- Making Learner Assignments 144
- Legal Considerations of Clinical Education 147
- Pre- and Postclinical Conferences 147
- Reflective Techniques as Part of the Clinical Postconference 148
- The Affective Domain in Clinical Practice 149
- Strategies for Evaluating Learning in the Clinical Area 149
- The Clinical Evaluation Process 152
- Strategies for Dealing With Unsafe or Unsatisfactory Learner Behavior 153
- Fostering Diversity in CLE 154
- Case Study 154
- Practice Questions 155

#### 8. Learning With Simulation 161
*Linda Wilson and Dorie Weaver*
- Learning Outcomes 161
  - Types of Simulation 161
  - Simulation Case Development 163
  - Simulation Evaluation 169
  - Feedback 170
  - Debriefing 170
- Simulation Certifications 171
  - Case Study 172
  - Practice Questions 172

#### 9. Facilitating Learner Development and Socialization 175
*Maryann Godshall*
- Learning Outcomes 175
  - Assessing Readiness to Learn 176
  - Individual Learning Styles 176
  - Other Learning Styles 178
  - Adult Learners 181
  - Culturally Diverse Learners 182
  - Learning Disabilities 185
  - Learner Socialization 187
  - Addressing Incivility 189
  - Incivility and Bullying in the Workplace 191
- Prevention Is Key 192
  - Case Studies 193
  - Practice Questions 194

#### 10. Facilitating Learner Development Through Service Learning Experiences 199
*Frances H. Cornelius, Maryann Godshall, and Ruth A. Wittmann-Price*
- Learning Outcomes 199
  - Characteristics of Service Learning 200
  - Studying Abroad 201
  - Student Exchange Programs 203
  - Building Intercultural Competence 203
- The Global Classroom 204
viii • CONTENTS

Faculty and Institutional Roles in International SL 204
Faculty and Learner Safety in SL International Situations 207
Case Study 208
Practice Questions 208

11. Using Assessment and Evaluation Strategies 213

*Rosemary Fliszar*
Learning Outcomes 213
Definitions 214
The Evaluation/Assessment Process 217
Planning the Test 225
Collaborative Testing/Evaluation 235
Role of Standardized Testing in the Curriculum 236
Outcome Evaluation 237
Case Studies 239
Practice Questions 239

12. Curriculum Design and Evaluation of Program Outcomes 245

*Marylou K. McHugh*
Learning Outcomes 245
Leading the Program 248
Responsibilities of Faculty in Curriculum Development 250
Theoretical and Conceptual Frameworks 253
Deconstructed, Conceptual, or Emancipator Curriculum Models 254
Multiculturalism in Nursing Education 259
Violence in the Nursing Curriculum 260
Interprofessional Curriculum 262
Program Goals, Objectives, and Outcomes 263
Level Objectives 264
Baccalaureate Outcomes of the AACN and NLN 265
Changing or Revising the Curriculum 269
Change Theories 270
Planning Learning Within the Curriculum 271
Case Studies 271
Practice Questions 272

13. Pursuing Continuous Quality Improvement in the Academic Nurse Educator Role 277

*Linda Wilson and Frances H. Cornelius*
Learning Outcomes 277
Socialization to the Educator Role 278
Mentor and Support Faculty Colleagues 279
Membership in Professional Organizations 283
Active Participation in Professional Organizations 284
Commitment to Lifelong Learning/Faculty Development 284
Participation in Professional Opportunities to Enhance Ongoing Development 285
Case Study 286
Practice Questions 287
## 14. Functioning as a Change Agent and Leader 291

Frances H. Cornelius

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Nurse Educator’s Role as a Leader and Change Agent</strong></td>
<td>292</td>
</tr>
<tr>
<td><strong>Skills and Attributes of a Leader</strong></td>
<td>292</td>
</tr>
<tr>
<td><strong>Evaluating Organizational Effectiveness</strong></td>
<td>298</td>
</tr>
<tr>
<td><strong>Establishing a Culture of Change</strong></td>
<td>300</td>
</tr>
<tr>
<td><strong>The Process of Change</strong></td>
<td>304</td>
</tr>
<tr>
<td><strong>Cultural Sensitivity When Advocating for Change</strong></td>
<td>309</td>
</tr>
<tr>
<td><strong>Political Action</strong></td>
<td>311</td>
</tr>
<tr>
<td><strong>Case Studies</strong></td>
<td>312</td>
</tr>
<tr>
<td><strong>Practice Questions</strong></td>
<td>313</td>
</tr>
</tbody>
</table>

## 15. Engaging in the Scholarship of Teaching 319

Diane M. Billings

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scholarship in Nursing and Nursing Education</strong></td>
<td>320</td>
</tr>
<tr>
<td><strong>The Scholar’s Role</strong></td>
<td>320</td>
</tr>
<tr>
<td><strong>Boyer’s Model of Scholarship</strong></td>
<td>320</td>
</tr>
<tr>
<td><strong>The Use of Boyer’s Model</strong></td>
<td>322</td>
</tr>
<tr>
<td><strong>Scholarly Teaching, Scholarship of Teaching, SoTL, and Being a Scholar</strong></td>
<td>322</td>
</tr>
<tr>
<td><strong>Developing a Spirit of Inquiry About Teaching, Learning, and Evaluation</strong></td>
<td>323</td>
</tr>
<tr>
<td><strong>The Science of Nursing Education</strong></td>
<td>323</td>
</tr>
<tr>
<td><strong>Developing the Science of Nursing Education</strong></td>
<td>324</td>
</tr>
<tr>
<td><strong>Demonstrating Integrity as a Scholar</strong></td>
<td>324</td>
</tr>
<tr>
<td><strong>Funding the Science of Nursing Education</strong></td>
<td>325</td>
</tr>
<tr>
<td><strong>Evidence-Based Teaching Practice</strong></td>
<td>325</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>326</td>
</tr>
<tr>
<td><strong>Case Studies</strong></td>
<td>326</td>
</tr>
<tr>
<td><strong>Practice Questions</strong></td>
<td>327</td>
</tr>
</tbody>
</table>

## 16. Functioning Effectively Within the Institutional Environment and Academic Community 331

Mary Ellen Smith Glasgow

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal and External Forces Influencing Nursing and Higher Education</strong></td>
<td>332</td>
</tr>
<tr>
<td><strong>The Academic Setting</strong></td>
<td>335</td>
</tr>
<tr>
<td><strong>Academic Responsibilities</strong></td>
<td>339</td>
</tr>
<tr>
<td><strong>Appointment, Promotion, and Tenure</strong></td>
<td>341</td>
</tr>
<tr>
<td><strong>Career Development for Nurse Educators</strong></td>
<td>342</td>
</tr>
<tr>
<td><strong>Case Study</strong></td>
<td>349</td>
</tr>
<tr>
<td><strong>Practice Questions</strong></td>
<td>349</td>
</tr>
</tbody>
</table>

## 17. Comprehensive Exam and Answer Rationales 353

## 18. Answers to End-of-Chapter Practice Questions 401

Index 439
Contributors

Diane M. Billings, EdD, RN, FAAN, ANEF  Chancellor’s Professor Emeritus, Indiana University School of Nursing, Indianapolis, Indiana

Frances H. Cornelius, PhD, MSN, CNE, RN-BC (Informatics)  Clinical Professor of Nursing, Chair, MSN Advanced Practice Role Department; Chair, Complementary and Integrative Health Programs; Coordinator of Clinical Nursing Informatics Education, Online Learning Council Fellow, College of Nursing and Health Professions, Drexel University, Philadelphia, Pennsylvania

Rosemary Fliszar, PhD, RN, CNE  Director, RN-BSN Program, Assistant Professor, Rider University, Lawrenceville, New Jersey

Tracy P. George, DNP, APRN-BC, CNE  Amy V. Cockcroft Fellow 2016–2017, Assistant Professor of Nursing, School of Health Sciences, Francis Marion University, Florence, South Carolina

Karen K. Gittings, DNP, RN, CNE, Alumnus CCRN  Associate Dean, Associate Professor, School of Health Sciences, Francis Marion University, Florence, South Carolina

Mary Ellen Smith Glasgow, PhD, RN, ANEF, FAAN  Dean and Professor, Duquesne University, School of Nursing, Pittsburgh, Pennsylvania

Maryann Godshall, PhD, CNE, CCRN, CPN  Assistant Clinical Professor of Nursing, College of Nursing and Health Professions, Drexel University, Philadelphia, Pennsylvania

Marylou K. McHugh, EdD, RN, CNE  Associate Clinical Professor, Division of Graduate Nursing, Advanced Role MSN Department, College of Nursing and Health Professions, Drexel University, Philadelphia, Pennsylvania

M. Annie Muller, DNP, RN, APN-BC  Assistant Professor of Nursing, School of Health Sciences, Francis Marion University, Florence, South Carolina

Carol Okupniak, DNP, RN-BC Nursing Informatics  Assistant Clinical Professor of Nursing, College of Nursing and Health Professions, Drexel University, Philadelphia, Pennsylvania

Brenda Reap-Thompson, MSN, RN, CNE  Assistant Clinical Professor of Nursing, College of Nursing and Health Professions, Drexel University, Philadelphia, Pennsylvania
xii • CONTRIBUTORS

Dorie Weaver, MSN, RN, FSN-BC  Professor of Nursing, Francis Marion University, Florence, South Carolina

Linda Wilson, PhD, RN, BC, CNE, CHSE-A, ANEF, FAAN  Assistant Dean for Special Projects, Simulation and CNE Accreditation, Associate Clinical Professor, College of Nursing and Health Professions, Drexel University, Philadelphia, Pennsylvania

Ruth A. Wittmann-Price, PhD, RN, CNS, CNE, CHSE, ANEF, FAAN  Dean, School of Health Sciences, Professor of Nursing, Francis Marion University, Florence, South Carolina
Foreword

The nursing faculty shortage has been accompanied by a heightened awareness of the important role of educators in schools of nursing and in clinical settings. This awareness has extended beyond nursing education to the general public, with news reports continuing to inform readers about qualified applicants to nursing programs being turned away because of the lack of faculty to teach them. The faculty shortage has occurred for a number of reasons, including fewer graduate students preparing for educator roles to replace the number of faculty who are retiring, difficulties in recruiting clinicians to teach in schools of nursing because of the lower salaries of faculty compared with health care settings, and, until recently, limited numbers of programs to prepare nurse educators. The awareness of the need for nurse educators, combined with the reality of decreasing numbers of faculty, has led to the expansion of master's, doctoral, and certificate programs to prepare nurse educators; development of comprehensive courses on teaching in nursing for graduate students and nurses transitioning to the educator role; and strategies, such as nurse faculty loans, to encourage students to consider a career in nursing education.

Accompanying these trends is the recognition that nursing education has a body of knowledge to be learned, as well as core competencies to be developed for the expert teaching of nursing. Nurse educators need an understanding of learning concepts and theories, strategies for promoting clinical reasoning and higher level thinking skills, deliberate practice and its relationship to developing expertise in psychomotor and clinical skills, and principles for facilitating learner development and socialization. Teachers guide students in achieving the course outcomes, and they need to understand the relationship of those outcomes and the course in which they teach to the overall curriculum. All nursing faculty should know general concepts of curriculum development and their roles and responsibilities in planning the curriculum and courses within it. Across all settings in which students learn, nurse educators must be skilled in planning instruction for students with varying learning needs and abilities, selecting appropriate teaching methods, presenting information effectively to small and large groups of learners, integrating active learning methods within classes and courses, and demonstrating evidence-based clinical teaching skills. Good teaching in the practice setting is essential to promote learning and development of clinical competencies, and for that to take place, the teacher needs to create a supportive learning environment. Nurse educators need a breadth of knowledge and competencies because their roles also may include teaching in simulation and skills laboratories using innovative instructional methods and technologies.

Educators not only teach, but also are responsible for assessing students’ learning outcomes and clinical competencies. Assessment is the collection of information about student learning and performance, and provides a basis for
identifying learning needs and deciding on instructional activities to promote further learning. Assessment also helps educators confirm that students have met the desired outcomes and developed the necessary clinical competencies. Evaluation is the process of making judgments about those outcomes and competencies, based on the assessment data. Nursing faculty members not only assess student learning and development but also evaluate the program, curriculum, courses, resources, and other aspects to ensure a high-quality education for students. This evaluation is done within a quality improvement framework.

Nurse educators function within institutions and need to understand the environment in which they teach and its effects on their roles and responsibilities. The mission and goals of the setting influence the educator’s role. Differences across schools of nursing in tenure and promotion requirements, criteria for appointment and advancement in both tenure and nontenure tracks, and expectations of faculty are striking. To be successful, the teacher needs to understand those requirements and expectations.

Across all settings, the nurse educator is a leader and change agent, participating in efforts to improve nursing education, developing educational innovations, and gaining leadership skills. Once prepared as a nurse educator, one’s own learning and professional development continue. Educators need to expand their own knowledge and skills and be committed to participating in career development activities. As faculty members foster the value of lifelong learning among students, so too are faculty lifelong learners.

Decisions made about educational practices should be based on sound evidence, generated through research studies that are of high quality. Much of the current research in nursing education, though, is done with small samples, in one setting, and with questionable tools. We cannot identify best practices in nursing education without high-quality research studies. In some areas of nursing education, however, there is evidence to guide teaching, but how many educators routinely check the literature as a basis for their educational decisions? The role of nurse educator as scholar not only includes conducting research and disseminating findings but also approaching one’s teaching by questioning current practices and searching for evidence to answer those questions.

Many health fields offer certifications to acknowledge expertise in a specialty area of practice or role. Similar to certifications in clinical specialties, certification in nursing education is a means for teachers to demonstrate their knowledge about nursing education and expertise in the educator role. The National League for Nursing offers certification in nursing education through its Certified Nurse Educator (CNE) examination. That examination assesses the teacher’s knowledge about learning and teaching strategies, learner development and socialization, assessment and evaluation, curriculum development and evaluation, quality improvement as a nurse educator, scholarship in nursing education, and the faculty member’s role within an institutional environment and academic community. The CNE examination serves as a means of documenting advanced knowledge, expertise, and competencies in the role of nurse educator.

This book was developed as a resource for nurse educators to prepare themselves to take and pass the CNE examination. It includes valuable information for this purpose and also serves as a review of important principles for effective teaching in nursing. The book describes the concepts and principles that define nursing education, describes the core competencies of nurse educators, and provides
a perspective of expert teaching in nursing. This book is a valuable resource for nurse educators in preparing for the CNE examination and for aspiring teachers in nursing.

Marilyn H. Oermann, PhD, RN, ANEF, FAAN
Thelma M. Ingles Professor of Nursing
Director of Evaluation and Educational Research
Duke University School of Nursing
Durham, North Carolina
Editor-in-Chief, Nurse Educator and Journal of Nursing Care Quality
Preface

Through teaching we can touch more patients than ever possible with our own two hands.

—Ruth A. Wittmann-Price

The first two editions of this book assisted many nurse educators in becoming certified. We decided to update and expand the content to keep up with the ever-changing discipline of nursing education. This third edition includes much of the information provided in the first two editions, but we have added a chapter specifically about teaching–learning strategies. This book also incorporates the current National League for Nursing (NLN) Certified Nurse Educator (CNE) test plan and has many new practice questions. Other topics that are prominent in the nursing literature have been added, including flipped classroom, vulnerable populations, global learning activities, and international study. Nurse educators continue to understand that teaching nursing is a rewarding professional career. Witnessing a student or colleague become excited about new information, techniques, or skills is extremely gratifying. The classroom, skills laboratory, simulation laboratory, and clinical realms all fall within the expertise of the nurse educator. These realms are parts of larger systems that nurse educators navigate successfully to accomplish their goal of knowledge development. In any one classroom, laboratory, or clinical setting, facilitating the education of others is not only a rewarding experience but a role that greatly impacts the future of health care.

In the past, nurse educators had no special education about teaching. They were content experts who learned the pedagogy by trial and error. Now, nursing education is recognized as a specialty unto itself that contains a distinct body of knowledge. Like nursing, it is also an applied science. This book highlights areas outlined by the NLN as essential knowledge needed for the nurse educator to excel in the field and pass the CNE examination.

The competencies for nurse educators listed at the beginning of each chapter are taken from the NLN website. Competency is defined by WordNet® 3.0. (n.d.) as “the quality of being adequately or well qualified physically and intellectually.” Competence can be viewed as a minimal skill set or level that must be achieved to pass. Excellence means “possessing good qualities in high degree” (WordNet® 3.0., n.d.) and the CNE publicly designates that distinction upon nurse educators.

The CNE was created by our nursing leaders to recognize and capture excellence in nursing education. Since the first examination was offered to 174 candidates as a pencil-and-paper test in Baltimore, Maryland, on September 28, 2005, thousands of nurse educators have passed the examination (NLN, 2016). Those nurse educators proudly display the CNE certification after their names.

To prepare nurse educators for the certification examination, the NLN provides resources that can be accessed from their informative website (http://www.nln.org/facultycertification/index.htm). This book was created because many nurse educators have asked us how we prepared for the first examination in Baltimore in 2005.
This book is a supplement to the materials already available from the NLN and it is developed independently from the NLN in order to further assist nurse educators in gaining confidence about taking the examination. This book is modeled after the NLN’s most recently published test plan. Many of the areas in the test plan overlap; therefore, you may find places in this book that have repeated content that is cross-referenced. This replicates the nature of nursing education; it is an interwoven realm of content, context, and process—all of which affects learning. We hope this book captures the essence of information needed for nurse educators to move to a recognized level of excellence. We have put additional references and Teaching Gems in place for those who would like further explanation and exploration of topics and encourage you to investigate these. We have searched for evidence to support our content and, where applicable, have inserted research into each chapter and clearly designated Evidence-Based Teaching Practice boxes to help the reader focus on the evidence discovered by fellow educators. We have also provided case studies at the end of each chapter to promote educational decision making and provided sample test questions that may be similar to those encountered during the CNE examination.

Chapter 1 covers some of the specifics of the CNE examination, describes recertification, and reviews test-taking skills.

Chapter 2 reviews how a nurse educator facilitates learning by assessing the learning needs and skills of the students. It also reviews learner outcomes and teaching strategies and how to adapt them to the student’s own experiences. This is important to assess in order to develop an appropriate teaching plan. Another area discussed is how the nurse educator models the role of nurse for the student and helps the student to become motivated and enthusiastic about learning.

Chapter 3 discusses learning strategies. Active and passive learning strategies are reviewed and advantages and disadvantages of each strategy are considered.

Chapter 4 discusses technology in the realm of nursing education. This topic has grown immensely and now needs its own chapter. Technology is used to facilitate learning and this is done by using new innovations that engage the learner along with Web 2.0 tools and Web 3.0 functionality of the World Wide Web.

Chapter 5 is dedicated to online teaching, an ever-growing medium for facilitating learning, especially for the postlicensure nursing learner. Online teaching is just as much an art and science as live classroom teaching is. Often, nurse educators are the leaders in their educational organizations when it comes to online learning.

Chapter 6 demonstrates the competencies needed by nurse educators to facilitate learning in the nursing skills lab. This is an important area of foundational learning for students that is included in most nursing curricula.

Chapter 7 discusses clinical education and the importance of coaching students in facilitating knowledge of professionalism, skill, and interdisciplinary competencies.

Chapter 8 is devoted to simulation and follows the clinical education chapter because the two methods of facilitating learning are very much intertwined. Best practices in human patient simulator (HPS) simulation, standardized patient (SP) simulation, and debriefing are discussed. The new opportunities for certification in simulation are also introduced.

Chapter 9 is devoted to socialization skills of students and speaks to the ever-increasing diversity in culture and styles that affects nursing education. Another important aspect of Chapter 9 is the examination of resources for students who are at risk for any number of individual reasons that affect them perceptually, cognitively, physically, or culturally. Incivility is addressed in relation to today’s teaching environment.
Chapter 10 also deals with the second NLN competency for nurse educators, socialization of learners, which is accomplished by describing service learning, international travel, and the global classroom. All socialization methods are described and defined and information is provided that is critical for safe experiences in a nurse’s education.

Chapter 11 discusses evaluation strategies used by nurse educators and how they balance the aspects of admission, progression, and retention to ensure good program outcomes. Effective evaluation tools are extremely important in promoting student success and public safety.

Chapter 12 addresses the larger institutional considerations of curriculum design and evaluation. How courses are developed within a curriculum and how the curriculum flows are analyzed. This chapter discusses how the curriculum interfaces with the mission of the institution and the community.

Chapter 13 highlights professional development of nurse educators and how educators navigate their roles and become mentors to the next generation of nurse educators. For educators, learning is lifelong and has increased in intensity exponentially with the accelerating advancements in information and technology. This chapter provides the nurse educator with ideas on how to keep up to date and remain involved in the field of nursing education.

Chapter 14 speaks to the nurse educator’s role as a leader who interfaces with the larger community of academics and administrators. This chapter examines nursing’s place in the larger systems as well as how nurse educators can effect change in those systems.

Chapter 15 dissects the scholarship needed for nurse educators to stay on top of their game. “Publish or perish” is a phenomenon known to academics that is applicable to nurse educators in an academic setting. This chapter discusses different types of scholarship and professional plans for becoming proficient at publishing and emphasizes the importance of disseminating nursing knowledge.

Chapter 16 discusses interdisciplinary collaboration within the institution for nurse educators. Nursing has a longer history of using standalone schools than it does being part of a larger educational community. Nurse educators have assimilated into the larger community as experts in a field that has the unique components of clinical and didactic education. The professionalism that we bring to the larger academic community has enhanced the standings of many institutions and colleges. Nursing is a visible professional entity that collaborates and contributes to the overall mission of the institution of nursing and to society.

Chapters 17 and 18 include a comprehensive examination and the answers to the chapter questions and the comprehensive examination. These practice questions will assist you to answer correctly on the actual CNE examination.

We have developed this third edition to assist you in your preparation for the CNE examination. Many nurse educators have used previous editions of this book to successfully pass the examination. Our hope is that this is an effective tool to help you reach your goal of recognized excellence. We applaud your efforts as colleagues in the quest to educate the next generation of nurses. We thank you for your efforts to recognize excellence in our field.

Ruth A. Wittmann-Price
Maryann Godshall
Linda Wilson
REFERENCES


Acknowledgments

The three coeditors would like to acknowledge Dr. Frances H. Cornelius for all the excellent information she contributed to this book.

Thank you to all of my students over the years who have taught and continue to teach me a tremendous amount about nursing, life, and humility; and to Angie Pasco, former director of Schuylkill Health School of Nursing, my mentor in nursing education.

—Ruth A. Wittmann-Price

To H. Lynn Kane, Helen “Momma” Kane, and Linda Webb, thank you for your amazing friendship and for being my family. To Lou Smith, Evan Babcock, and Steve Johnson, thank you for your wonderful friendship and support. To Elizabeth Diaz, Fabien Pampaloni, and Sam Price, thank you for your endless help, friendship, and support.

—Linda Wilson
LEARNING OUTCOMES

• Differentiate between teaching strategies and learning activities
• Contrast passive and active learning
• Identify key points for effective PowerPoint presentations
• Identify advantages and disadvantages of various passive learning strategies
• Describe advantages and disadvantages of various active learning strategies
• Discuss flipping the classroom and associated challenges

TEACHING STRATEGIES AND LEARNING ACTIVITIES

The teaching–learning process involves the planning and implementation of experiences that are designed to lead to the achievement of student learning outcomes. These learning experiences can be thought of in terms of teaching strategies and learning activities. Although these terms are sometimes used interchangeably, the difference is in their focus.

• Teaching strategies, also referred to as methods or techniques, are teacher-centered activities. These strategies are used by faculty when teaching.
• Learning activities focus more on the learner. Faculty design strategies that enhance learner involvement and participation.

With the emphasis increasingly on learner-centered instruction, learning activities are being used to encourage student involvement. This places more of a responsibility on the learner for the acquisition of knowledge (Scheckel, 2012).
PASSIVE AND ACTIVE LEARNING

Learning activities can be further categorized as passive or active. With passive learning, learners take in information through their senses to be recalled at a later date. This mode of learning is still used commonly in today’s classrooms. With active learning, learners are more engaged and are encouraged to participate in the acquisition of knowledge. Active learning can lead to improved retention and better understanding (Scheckel, 2012).

Passive Learning Advantages

• Faculty are able to present large amounts of information.
• Faculty have greater control over the learning environment.
• Learners often prefer this method because of previous experience.
• Important concepts are identified for learners.
• Learners may feel less anxious with a method familiar to them (Scheckel, 2012).

Passive Learning Disadvantages

• Leaves little time for questions or discussion.
• Faculty may not know whether learners understand the information presented.
• Requires little effort from learners.
• Does not facilitate application of concepts or use of higher level thinking (Scheckel, 2012).

ACTIVE LEARNING ADVANTAGES

• Increased attentiveness in the learning environment
• Improved retention of content
• Deeper understanding of the information
• Improved critical-thinking and problem-solving skills (Scheckel, 2012)

LECTURE

Lecture, which is a type of passive learning, is still most commonly used in today’s classroom. Nurse educators have to cover large amounts of content within their courses. Lecturing allows the educator to control the pace and flow of the class so that instructional goals for each specific class time can be achieved. Despite using lecture as a primary teaching strategy, most educators supplement with visual slides
or audio files. Microsoft’s PowerPoint is a very popular tool that has replaced the transparencies of the past. Instead of learners hurriedly trying to write notes and keep up, the challenge today is to not provide every note, which would lessen learner engagement. There are many other learning strategies that can be employed in the classroom to increase learner participation in their own knowledge acquisition.

### EVIDENCE-BASED TEACHING PRACTICE

In a study conducted by Innes and Main (2013), the researchers set out to determine whether the use of personal response systems (PRS) enhanced education in nursing and midwifery lectures. “Of the 91 respondents, 95% found the PRS added interest to lectures, 78% found that it generated group discussion, 90% said it improved their understanding, 93% enjoyed using the system, and 93% would like to use it again in their learning” (Innes & Main, 2013, p. 20). Although the use of PRS requires additional preparation by the educator and extra delivery time in the classroom, evidence suggests that its use provides increased understanding.

### POWERPOINT

Many educators use PowerPoint presentations to supplement lectures in the classroom, but few have received any guidance on how to use PowerPoint effectively. Learners can become quickly bored, particularly when slides are busy and the educator proceeds to read directly from the slides. Because PowerPoint is likely here to stay, it is important that educators learn how to develop presentations that are effective for student learning (Lim, 2012).

#### Keys to Effective Presentations

- Choose simple slide designs.
- Titles should be short and succinct.
- Font should contrast with the background and be easily readable (larger than 32).
- Follow the 6-by-6 rule—no more than six bullets per slide and six words per bullet.
- Begin with objectives.
- Limit one idea per slide if possible.
- Include graphics to facilitate understanding (no more than one per slide).
- Use multiple strategies to engage the learners (websites, videos, discussions, and polls).
- Slides should serve as an outline only.
- Limit talking to 1 to 2 minutes per slide.
- Never read directly from slides.
- Printouts should contain less information than the presentation to keep learners engaged (Dusaj, 2013).

PowerPoint is only as effective as the educator presenting; the presenter must stay cognizant of how the audience (learners) is responding and adapt accordingly. Other active learning strategies should be incorporated to keep the learners engaged. Prezi is an alternative to PowerPoint that uses a large canvas rather than individual slides; the presenter can zoom in to specific parts to emphasize points (Tables 3.1 and 3.2).

#### Teaching Gem:

First impressions are made within the first 10 minutes of any presentation. One should always dress one level higher the audience. A professional appearance conveys credibility, authority, and expertise (Hayne & McDaniel, 2013).
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
</table>
| Lecture      | Educator presents the content. May include audio or visual aids and/or handouts. | • Clarifies complex information for the learner  
• Efficient for covering large amounts of information (Rowles, 2012)  
• An inspiring teacher can engage learners and keep their attention  
• Can be made more engaging by breaking up the lecture with other activities (Hagler & Morris, 2015)  
• Highlights main ideas and summarizes data  
• Effective for cognitive learning (K. Fitzgerald & Keyes, 2014)  
• Educator serves as role model for critical thinking and problem solving  
• Opportunity for learners to develop listening skills (DeYoung, 2015) | • Minimal learner engagement  
• Initial lengthy faculty preparation (Rowles, 2012)  
• Learners are unlikely to retain information when they are not actively engaged (Hagler & Morris, 2015)  
• Mostly ineffective with affective and psychomotor learning  
• All learners are taught the same despite differing abilities and limitations (K. Fitzgerald & Keyes, 2014)  
• Focuses more on the teaching of facts and less on analytical thinking  
• Effective for primarily auditory, linguistic learners  
• Loss of attention occurs over time (DeYoung, 2015) |
| Demonstration| Educator shows the learner how to perform a specific skill.                  | • Facilitates understanding (Rowles, 2012)  
• Effective for visual learners (Hagler & Morris, 2015)                                                                                                                                                   | • Learners may get bored (Rowles, 2012)  
• Limited to small groups so that all can observe (K. Fitzgerald & Keyes, 2014)  
| Reading      | It is the learner's responsibility to read assigned chapters that relate to course content. | • Provides an opportunity to understand, interpret, and apply information  
• Strategies exist to improve reading comprehension (Hagler & Morris, 2015)                                                                                                                                  | • May be difficult to learn through this method  
• Often difficult for learners to complete all of the assigned readings (Hagler & Morris, 2015)                                                                                                           |
| Role modeling| Educators model behaviors.                                                   | • Effective for affective learning  
• Influences attitudes of learners  
• Potential to instill socially desired behaviors (K. Fitzgerald & Keyes, 2014)                                                                                                                      | • Requires a positive relationship between the educator and learner  
• May result in unacceptable behaviors if the role model has a negative influence (K. Fitzgerald & Keyes, 2014)                                                                                       |
### TABLE 3.2
Active Learning Strategies

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algorithms</td>
<td>Step-by-step process for problem solving</td>
<td>• Assists learners in identifying the most relevant information</td>
<td>• Time-consuming for faculty to develop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develops problem-solving abilities</td>
<td>• Steps must be easy to understand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Effective in teaching complex procedures (Rowles, 2012)</td>
<td>• Learners need instruction in use (Rowles, 2012)</td>
</tr>
<tr>
<td>Audience response systems (ARS)/clickers</td>
<td>Electronic polling system that provides instant</td>
<td>• Instant feedback available</td>
<td>• Some cost involved for clickers</td>
</tr>
<tr>
<td></td>
<td>results</td>
<td>• May be used for attendance or to gauge learner understanding of the material</td>
<td>• Instructors need to learn the technology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Similar systems available using Internet sites or smartphones (Zwirn &amp; Muehlenkord, 2012)</td>
<td>• May be distracting (Mareno et al., 2010)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learners are more motivated to prepare for class</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Allows learners to practice NCLEX®(National Council Licensure Examination) style questions with the instructor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increases two-way communication in the classroom (Mareno, Bremner, &amp; Emerson, 2010)</td>
<td></td>
</tr>
<tr>
<td>Case study/Case report</td>
<td>Application of nursing content and theory to</td>
<td>• Promotes critical thinking</td>
<td>• Time-consuming for faculty to develop</td>
</tr>
<tr>
<td></td>
<td>analyze real-life situations</td>
<td>• Helps learners make the connection between didactic and practice events</td>
<td>• Complex cases may be difficult to write</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learners can practice problem solving (Rowles, 2012)</td>
<td>• May be less effective when learners are not prepared for class (Rowles, 2012)</td>
</tr>
<tr>
<td>Clinical conferences/online conferences</td>
<td>Small-group discussions that occur pre-, mid-,</td>
<td>• Assists learners to connect theory to practice</td>
<td>• More effective if planned in advance (Stokes &amp; Kost, 2012)</td>
</tr>
<tr>
<td></td>
<td>or postclinical experiences.</td>
<td>• Promotes clinical decision making and critical thinking</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increases learner confidence (Stokes &amp; Kost, 2012)</td>
<td></td>
</tr>
<tr>
<td>STRATEGY</td>
<td>DESCRIPTION</td>
<td>ADVANTAGES</td>
<td>DISADVANTAGES</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Collaborative/cooperative</td>
<td>Learners work on assignments in teams.</td>
<td>• Encourages teamwork&lt;br&gt;• Learners are held accountable for their work, plus that of the group&lt;br&gt;• Useful with large projects (Rowles, 2012)&lt;br&gt;• Increases retention and promotes deeper learning&lt;br&gt;• Learners also learn group skills (Hagler &amp; Morris, 2015)&lt;br&gt;• Strengthens communication skills (DeYoung, 2015)</td>
<td>• Learners are often resistant to group work&lt;br&gt;• Some learners may not participate to group standards&lt;br&gt;• Potential scheduling conflicts (Rowles, 2012)&lt;br&gt;• Educators must plan and create a highly structured group environment (Hagler &amp; Morris, 2015)</td>
</tr>
<tr>
<td>learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debate</td>
<td>A logical argument and defense of a position aimed at demonstrating the truth or falsity of the matter.</td>
<td>• Learners are exposed to the intricacy and complexity of health care decision making&lt;br&gt;• Broadens views&lt;br&gt;• Improves communication&lt;br&gt;• Team building (Rowles, 2012)&lt;br&gt;• May be used to promote thinking about ethical or controversial issues (Hagler &amp; Morris, 2015)</td>
<td>• Requires extensive knowledge of the subject matter&lt;br&gt;• Lengthy learner preparation time&lt;br&gt;• May increase learner anxiety&lt;br&gt;• Increases time committed to group work (Rowles, 2012)</td>
</tr>
<tr>
<td>Debriefing</td>
<td>Faculty assist learners to reflect on clinical experiences; often used with simulation.</td>
<td>• Learners are guided to reflect on the experience and their feelings (Jefferies &amp; Clochesy, 2012)&lt;br&gt;• Opportunity to review actions and clinical decisions and discuss ways to improve (Jefferies, Dreifuerst, Aschenbrenner, Adamson, &amp; Schram, 2015)</td>
<td>• Faculty need training to provide effective debriefing&lt;br&gt;• Should not be used to provide additional information or to lecture on mistakes (Jefferies &amp; Clochesy, 2012)</td>
</tr>
<tr>
<td>Method</td>
<td>Description</td>
<td>Pros</td>
<td>Cons</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Flipped classroom** | Learners complete learning activities prior to coming to class so that active learning can occur in the classroom; swaps lecture for active learning time. | • More focused learning can occur in the classroom  
• Facilitates collaboration and team work  
• Higher learning occurs (Connors & Tally, 2015)                                                                                       | • Learners are accountable for prework, which may lead to discontent  
• Requires a change in mind-set of the learners and faculty (Connors & Tally, 2015)                                                                                                                                   |
| **Games**           | Learners compete against self, a game, peers, or a computer.                                                                                                                                               | • Effective for cognitive and affective learning  
• Fun for learners  
• Assists the learner to connect theory to practice  
• Provides immediate feedback (Rowles, 2012)  
• Improves retention  
• Engages learners even when the content is repetitive or dry (K. Fitzgerald & Keyes, 2014)  
• Increases interaction among learners (DeYoung, 2015)                                                                                       | • May take a significant amount of time from class  
• Faculty may lose control of the classroom  
• Difficult to evaluate individual learning (Rowles, 2012)  
• If subject is not reinforced, the message may be lost  
• Competition may deter some learners (Carifa & Goodin, 2011)  
• May require additional, adaptable space  
• Potentially creates a noisy environment (K. Fitzgerald & Keyes, 2014)                                                                 |
| **Grand rounds**    | Educator discusses patient problems and nursing care.                                                                                                                                                     | • Facilitates exchange of ideas among faculty, learners, and nursing staff (Stokes & Kost, 2012)  
• Encourages critical thinking and problem solving  
• Collaboration with the health care team is enhanced  
• Improves communication (Woodley, 2015)                                                                                                         | • Requires planning  
• Patient permission should be obtained (Stokes & Kost, 2012)                                                                                                                                             |
TABLE 3.2
Active Learning Strategies (continued)

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group discussions/seminar</td>
<td>Students and educator meet to discuss specific topics and share ideas.</td>
<td>• Peer sharing occurs</td>
<td>• Learners must be prepared with knowledge of the topic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Problems can be discussed and solved as a group</td>
<td>• Some learners may be reluctant to speak and participate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Faculty serve as role models (Rowles, 2012)</td>
<td>• Difficult to evaluate student learning in those not participating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Group participants are better able to clarify their own thoughts and beliefs when faced with the ideas of others (Hagler &amp; Morris, 2015)</td>
<td>• Discussions may be dominated by one or two people (Rowles, 2012)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Promotes deeper understanding and longer retention of information</td>
<td>• Learners may not be able to decipher the important points to remember (Hagler &amp; Morris, 2015)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Promotes positive interpersonal relationships</td>
<td>• More time-consuming to transmit information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Effective for learning in the affective and cognitive domains (K. Fitzgerald &amp; Keyes, 2014)</td>
<td>• Most effective with small-size groups (K. Fitzgerald &amp; Keyes, 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attitudes can be changed (DeYoung, 2015)</td>
<td></td>
</tr>
<tr>
<td>Group projects</td>
<td>Cooperative project in which learners work together to achieve a common goal.</td>
<td>• Increases long-term retention</td>
<td>• The work may be divided unevenly resulting in a few people doing all the work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Encourages critical thinking and problem solving</td>
<td>• Learners may only learn the portion that they worked on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Requires negotiation and collaboration</td>
<td>• Conflict may occur</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Decreases the amount of work required of any individual learner</td>
<td>• Scheduling time to work together may be a challenge (Ward-Smith et al., 2010)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learners experience conflict resolution, compromise, and trust building (Ward-Smith, Peterson, &amp; Schmer, 2010)</td>
<td></td>
</tr>
<tr>
<td>Humor</td>
<td>The use of comical situations or comments to highlight important points and enhance learning.</td>
<td>• Increases learner interest in the topic</td>
<td>• May be inappropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May improve retention</td>
<td>• May be demeaning if used inappropriately</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhances learner–teacher rapport</td>
<td>• May interfere with the learner–teacher relationship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduces boredom and tension (Rowles, 2012)</td>
<td>• Learners may find it distracting (Rowles, 2012)</td>
</tr>
</tbody>
</table>
| Imagery                                                                 | Forming a mental picture or rehearsing in one’s mind before taking action. | • Enhances learning of psychomotor skills (Rowles, 2012) | • Requires more time than just practice of skills  
  • Faculty need to fully understand the strategy before educating learners in its use  
  • Stress may interfere with effective use (Rowles, 2012) |
|------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Jigsaw                                                                 | Group learning in which each member of the group is given a packet of information to learn and share with the rest of the group so that all benefit. | • Learners work together for success  
  • Each group member is accountable for his or her portion (Moyer & Wittmann-Price, 2008) | • Time-consuming for faculty to develop  
  • The packets/work must be evenly divided  
  • Learners may complain that they are teaching themselves (Moyer & Wittmann-Price, 2008) |
| Learning circles                                                       | Learners get together to discuss a focused topic in order to learn from each other; usually peer based with a facilitator. | • Promotes equality  
  • Promotes open discussions (Walker, Henderson, Cooke, & Creedy, 2010) | • Takes time to plan and arrange  
  • Learners must be self-directed (Walker et al., 2010) |
| Learning contracts                                                     | Written contract between an individual learner and teacher specifying what needs to be accomplished to meet course outcomes. | • Effective for adult learners  
  • Builds on prior knowledge and experiences  
  • Learners can work at their own pace (Rowles, 2012)  
  • May be used to clarify expectations for learners not meeting course requirements  
  • Often used for practicum courses or precepted clinical experiences (Hagler & Morris, 2015) | • Learners must be independent, self-motivated, and self-disciplined  
  • Time-consuming if faculty have a large number of learners with individualized contracts  
  • Learners may need instruction on developing contracts (Rowles, 2012) |

(continued)
### TABLE 3.2
Active Learning Strategies (continued)

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature analogies/</td>
<td>Literature is used to clarify nursing concepts and to identify similarities and differences.</td>
<td>• Learners can relate unfamiliar concepts with those that are more familiar (Rowles, 2012)</td>
<td>• Difficult and time-consuming for faculty to locate relevant literature</td>
</tr>
<tr>
<td>newspaper analysis</td>
<td></td>
<td></td>
<td>• Learners may be unable to see the relationships (Rowles, 2012)</td>
</tr>
<tr>
<td>Mind mapping/</td>
<td>Concepts and subconcepts are diagrammed to visually demonstrate relationships.</td>
<td>• Effective for visual learners</td>
<td>• May initially be time-consuming until learners are practiced in organizing the concepts</td>
</tr>
<tr>
<td>concept maps</td>
<td></td>
<td>• Improves understanding of complex information</td>
<td>• Faculty may be unfamiliar with this strategy and also require instruction in its use</td>
</tr>
<tr>
<td>One-to-one instruction/</td>
<td>Face-to-face interaction designed to meet the needs of the learner; may be formal or informal.</td>
<td>• Experience is unique to the learner</td>
<td>• Labor intensive</td>
</tr>
<tr>
<td>tutoring</td>
<td></td>
<td>• Retention is improved when information is given in small amounts</td>
<td>• Time-consuming for the educator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Content and pace of instruction is adapted to the learner's needs</td>
<td>• Isolates the learner (K. Fitzgerald &amp; Keyes, 2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Effective for learning in the cognitive, affective, and psychomotor domains</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provides immediate feedback for the learner</td>
<td></td>
</tr>
<tr>
<td>Podcasts/vodcasts/enhanced</td>
<td>Audio or video that is available over the Internet; may be played with iPods, e.g., includes PowerPoints with voice-over narration.</td>
<td>• May be used to record lectures</td>
<td>• Requires some faculty training</td>
</tr>
<tr>
<td>podcasts</td>
<td></td>
<td>• Provides an opportunity for learners to relisten to course information outside the classroom</td>
<td>• Requires iPod or other mobile device if used in mobile format</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May be used for inclement weather or faculty illness</td>
<td>• Access to high-speed Internet required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May be utilized to explain assignments in online courses (Friesth, 2012)</td>
<td>• Learners may be more inclined to miss class (Friesth, 2012)</td>
</tr>
</tbody>
</table>
| Portfolio/electronic portfolios | Electronic or printed documents that are evidence of learning; may be used to demonstrate best work or growth. | • Encourages learners to self-reflect  
• Documents progress of learner’s work  
• Effective with independent, self-directed learners (Rowles, 2012)  
• Electronic portfolios are easy to store and update (Oermann & Gaberson, 2014) | • May become overly large if guidelines for inclusion are not provided  
• Learners need guidance on what to include  
• Time-consuming for faculty to review  
• May be costly (Rowles, 2012) |
|-----------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Poster                      | Electronic or printed document that may include text, graphs, or pictures to represent a concept. | • Permits learners to be creative  
• Complex ideas can be conveyed in a concise format  
• Learners can learn from each other  
• Can be graded by faculty easily and quickly (Rowles, 2012) | • Supplies may be costly  
• May be frustrating for some learners who lack creativity (Rowles, 2012) |
| Problem-based learning      | A curriculum approach in which clinical problems and professional issues are used to organize the content. | • Develops critical thinking and clinical decision-making  
• Effective with teams and group work  
• Can be used with interdisciplinary groups  
• Increases learner responsibility for learning (Rowles, 2012) | • Extensive time commitment for faculty to learn to develop problems  
• Unfamiliar to most learners; requires extended orientation to learner expectations  
• Difficult to use in larger classes (Rowles, 2012) |
| Questioning/Socratic questioning | Queries about content designed to elicit a response; questioning to explore complex ideas or analyze concepts. | • Can be planned or used spontaneously  
• Promotes clinical decision making with high-level questions  
• Encourages discussion and multiple points of view  
• Strengthens test-taking abilities (Rowles, 2012)  
• Can be used to review content (DeYoung, 2015) | • Learners must understand the content  
• Faculty must be prepared to deliver questions that require more than a statement of the facts  
• Learners may feel threatened  
• May take a significant amount of class time in order to give learners sufficient time to formulate an answer (Rowles, 2012) |
<p>| (continued)                 |                                                                                                 |                                                                                                 |                                                                                                 |</p>
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection/journaling/blogs</td>
<td>Electronic or written record of personal experiences related to specific</td>
<td>• Learners are better able to connect classroom learning with clinical experiences&lt;br&gt;• Encourages critical thinking&lt;br&gt;• Faculty have better insight into student learning (Rowles, 2012)&lt;br&gt;• Means of reflecting and expressing feelings (Oermann &amp; Gaberson, 2014)&lt;br&gt;• Effective for learning in the cognitive and affective domains (Moyer &amp; Wittmann-Price, 2008)</td>
<td>• Learners may view this as busywork if the objectives are not clear&lt;br&gt;• Learner issues may manifest that require faculty intervention&lt;br&gt;• Learners may minimize the assignment and invest little time&lt;br&gt;• Time-consuming for faculty to read and provide feedback (Rowles, 2012)</td>
</tr>
<tr>
<td>Return demonstration</td>
<td>This requires the learner to repeat a skill that was previously demonstrated.</td>
<td>• Increases retention&lt;br&gt;• Facilitates understanding&lt;br&gt;• Novices are able to model expert technique (Rowles, 2012)&lt;br&gt;• Effective for the kinesthetic learner (Hagler &amp; Morris, 2015)&lt;br&gt;• Confidence and competence are increased through repetition and frequent feedback (K. Fitzgerald &amp; Keyes, 2014)</td>
<td>• Learners master skills at different speeds&lt;br&gt;• Learners may get bored with waiting&lt;br&gt;• Requires supervision, supplies, and space&lt;br&gt;• Costs (Rowles, 2012)&lt;br&gt;• Takes a considerable amount of time for learners to practice and educators to monitor&lt;br&gt;• Groups must be kept small to allow for practice and close supervision (K. Fitzgerald &amp; Keyes, 2014)</td>
</tr>
<tr>
<td>Role play</td>
<td>Enactment of a specific role, usually unscripted, whereby others are</td>
<td>• Learning occurs through observation and discussion&lt;br&gt;• Promotes understanding of human behaviors&lt;br&gt;• Peer review&lt;br&gt;• Improves decision making (Rowles, 2012)&lt;br&gt;• Effective for learning in the affective domain (Moyer &amp; Wittmann-Price, 2008)&lt;br&gt;• Provides opportunity to explore attitudes and beliefs (K. Fitzgerald &amp; Keyes, 2014)&lt;br&gt;• Improves interpersonal and communication skills (DeYoung, 2015)</td>
<td>• Learners may not want to participate&lt;br&gt;• Time investment needed for faculty to develop scenarios&lt;br&gt;• May take a significant amount of class time (Rowles, 2012)&lt;br&gt;• May reinforce stereotypical behavior (Moyer &amp; Wittmann-Price, 2008)&lt;br&gt;• May appear unrealistic if overly dramatic (K. Fitzgerald &amp; Keyes, 2014)</td>
</tr>
</tbody>
</table>
| Self-learning packet/module/reusable learning objects (RLO) | Content is presented in sections that permit the learner to progress forward if he or she has demonstrated mastery, often through pretests/posttests. | • Students have more control over their learning  
• Self-directed and paced  
• Flexible (Rowles, 2012)  
• May be used to introduce new content or reinforce/clarify existing content  
• May be used for learner prework when flipping the classroom (Hagler & Morris, 2015) | • Learners may procrastinate  
• Time-consuming to prepare  
• Learners may not be sufficiently motivated (Rowles, 2012) |
| --- | --- | --- | --- |
| Service learning | A form of experiential learning that occurs outside the traditional classroom. | • Facilitates application of knowledge to the real world  
• Encourages civic involvement  
• Promotes problem solving (Hagler & Morris, 2015)  
• Incorporates reflective practice (Preheim & Foss, 2015) | • Requires extensive planning to ensure that learning outcomes can be met  
• Time-consuming for the faculty to plan and develop experiences and monitor for effectiveness (Hagler & Morris, 2015) |
| Simulation | A situation that is designed to mimic real-life clinical experiences. | • Learners can practice in a safe environment  
• No harm occurs to the patient  
• Learners can experience situations seldom seen  
• Immediate feedback is provided  
• Increases critical thinking  
• Encourages teamwork (Scheckel, 2012)  
• Effective for cognitive, psychomotor, and affective learning  
• Promotes increased autonomy and independence (Yuan, Williams, & Fang, 2011) | • Faculty must develop or search for scenarios  
• Learning outcomes need to be clear for each simulation  
• Only a small number of learners can actively participate in each session  
• Equipment is expensive to purchase and maintain  
• Requires physical space and technical support (Scheckel, 2012)  
• Mixed results on whether confidence and competence are increased  
• Validated measurement tools for simulation are in demand (Yuan et al., 2011) |

(continued)
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
</table>
| Social writing tools/wikis      | A single document developed by a group that can be edited by each member.    | • Promotes collaboration among group members  
• Thinking and writing skills are further developed (Halstead & Billings, 2012)  
• Facilitates group work without needing face-to-face meetings  
• Individual learner contributions can be seen using the history function (DeYoung, 2015) | • An open wiki would be accessible by the public (Sopczyk, 2014)  
• Learners may be reluctant to critique or edit the work of others  
• Learners who procrastinate impact the work of the group (DeYoung, 2015) |
| Standardized patient (SP)       | Live actors portray patients in a realistic clinical simulation.             | • Effective for improving communication and/or physical-assessment skills  
• Learners can experience a situation not often seen in the clinical environment  
• Increases confidence  
• Increases long-term retention of material (Rowles, 2012)  
• Learners receive written and oral feedback (Oermann & Gaberson, 2014) | • Need to be cautious to involve all learners  
• Must be realistic for knowledge to transfer to real life  
• Actors must be trained  
• May be costly (Rowles, 2012) |
| Storytelling/dialogue/narrative pedagogy | This is a conversation between at least two people in which relevant stories are shared. | • Encourages reflection and analysis  
• Reinforces affective learning  
• Heightens caring behaviors (Rowles, 2012) | • Faculty must keep stories relevant and realistic  
• Stories may lead to peer sharing, which can become lengthy and cause learners to lose focus (Rowles, 2012) |
| Team-based learning             | Learners work on assignments in groups, taking accountability for the quality of their own work and that of the group. | • Can be used in larger classes  
• Enhances team building (Rowles, 2012)  
• Introduces peer assessment and accountability  
• Improves knowledge scores and learning outcomes (Fatmi, Hartling, Hillier, Campbell, & Oswald, 2013) | • Learners and faculty need time to learn this strategy  
• May be challenging for groups to schedule time to work on assignments outside of class time  
• Conflict may interfere with effective group functioning (Rowles, 2012)  
• Learner reactions may be mixed  
• Learners may see this strategy as adding to their workload (Fatmi et al., 2013) |
<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>Benefits</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think–pair–share</td>
<td>A type of cooperative learning whereby the educator asks a question, allows time for the learners to think, pairs up learners for discussion, and then requests that the collaborative response be shared with the class.</td>
<td>• Increases learner engagement&lt;br&gt;• Improves understanding of difficult content&lt;br&gt;• Encourages collaboration&lt;br&gt;• Enhances interpersonal and small-group skills (D. Fitzgerald, 2013)</td>
<td>• Requires learners to come to class prepared&lt;br&gt;• Learners may initially be resistant to the additional work required (D. Fitzgerald, 2013)</td>
</tr>
<tr>
<td>Top 10 list</td>
<td>Learners prioritize topics from their reading in a list format.</td>
<td>• Helps learner to organize, prioritize, and compare their results with others (Beitz &amp; Snarponis, 2006)</td>
<td>• Learners will probably prioritize differently (Beitz &amp; Snarponis, 2006)</td>
</tr>
<tr>
<td>Unfolding case studies</td>
<td>Learners follow a patient through a series of events and, using the data provided, make decisions related to the patient’s care; usually integrated into individual lessons.</td>
<td>• Develops critical thinking and clinical decision making&lt;br&gt;• Assists in making connections between theory and practice (Oermann &amp; Gaberson, 2014)&lt;br&gt;• Effective with teams and group work&lt;br&gt;• Can be used with interdisciplinary groups&lt;br&gt;• Increases learner responsibility for learning (Rowles, 2012)</td>
<td>• Extensive time commitment needed for faculty to develop realistic, challenging cases&lt;br&gt;• Difficult to use in larger classes (Rowles, 2012)</td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
</table>
| Vignettes                            | Hypothetical situation that simulates real-life experiences.                | • Used to explore attitudes, beliefs, and perceptions  
• Facilitates discussion (Wright, Heathcote, & Wibberley, 2014)                                                                                                                                        | • Learners may be reluctant to share personal feelings  
• Cannot entirely replicate real-life (Wright et al., 2014)                                                                                                                                             |
| Virtual reality/worlds/clinical      | Computer-based, three-dimensional technology that creates virtual clinical   | • Provides distance clinical experiences  
• Can also be used as classrooms and meeting spaces  
• Learners gain practice skills, demonstrate professional behaviors, and learn teamwork and collaboration  
• Useful when clinical sites are limited as in rural areas (Stokes & Kost, 2012; Zwirn & Muehlenkord, 2012)  
• Learners can gain experience with culturally diverse patients (DeYoung, 2015)                                                                                                                      | • Expensive  
• Faculty and learners need to be oriented to use (Zwirn & Muehlenkord, 2012)                                                                                                                      |
| experiences                           | environments or practicums; e.g., Second Life.                               |                                                                                                                                                                                                          |                                                                                                                                                                                                             |
| Warm-up/start-up exercises           | Activities used to check reading assignments at the beginning of class; may count toward grade.                                    | • Encourages learners to read before class                                                                                                                                                                | • Takes class time                                                                                                                                                                                            |
| Webinars                             | Internet-based web conference that attendees join via telephone or computer. | • Effective for distance teaching or meetings  
• Allows discussion and interaction (Sopczyk, 2014)                                                                                                                                                   | • Requires technological expertise  
• Background noise can become a problem (Sopczyk, 2014)                                                                                                                                                 |
| Writing/research paper | The act of conveying ideas or knowledge through the written word in the form of scholarly papers, journals, etc. | • Promotes critical thinking  
• Students learn to organize their ideas  
• Enhances communication skills (Rowles, 2012) | • Grading can be subjective  
• Time-consuming for both learners and faculty  
• Does not lend itself well to use in large classes |
| --- | --- | --- | --- |
| YouTube/DVDs | Films or video clips used to enhance content. | • Appeals to younger learners  
• Discussions can enhance learning and encourage critical thinking (Rowles, 2012)  
• Effective for demonstration of psychomotor skills  
• Usually inexpensive (Hainsworth & Keyes, 2014) | • May be time-consuming for faculty to locate relevant videos  
• Faculty must review videos for accuracy and appropriateness for all learners  
• Longer films or clips may take up a significant amount of class time (Rowles, 2012)  
• Passive unless the educator is involved (DeYoung, 2015) |
FLIPPED CLASSROOMS

The flipped or inverted classroom has generated much interest in recent years because it is a learner-centered approach with the potential to keep learners actively engaged in the learning process. In flipping the classroom, learners are required to review content and complete prework before coming to class. In the classroom, active learning strategies are used to assist learners in developing higher order thinking and problem-solving skills (Betihavas, Bridgman, Kornhaber, & Cross, 2016).

Although many nurse educators continue to use the traditional lecture as the primary mode of transmission of information, it is well recognized that for learners to retain and apply the information, they must be actively engaged in their learning. Nursing students, in particular, must learn how to think critically, solve problems, and apply theory to practice. The recognition of the importance of student-centered learning has led to the increased use of active learning strategies, including flipped classrooms (Betihavas et al., 2016).

Most research into the effectiveness of flipped classrooms has been done in the disciplines of pharmacology and medicine. In a systematic review by Betihavas and colleagues (2016), five studies of flipped classrooms used in nursing education showed evidence of mixed results on academic performance and student satisfaction. Several challenges in implementing flipped classrooms were identified.

Student Challenges

- Difficulty in adjusting
- Unable to see the value
- Increased preparation time
- Dissatisfaction with group work (Betihavas et al., 2016)

Faculty Challenges

- Inexperience
- Increased preparation time (Betihavas et al., 2016)

Despite a limited number of studies in using flipped classrooms in nursing education, most studies in the health disciplines support the use of this learner-centered approach to prepare learners for practice. Although learners may be less satisfied with this approach, likely related to increased workload, several studies have reported improved academic performance. Flipped classrooms increase the opportunity for students to learn higher level thinking, which can facilitate their transition to practice (Betihavas et al., 2016).

Teaching Gem: Team-based learning and unfolding case studies are two strategies that lend themselves well to use in the flipped classroom. Learners are divided into small groups (4–6) to work through unfolding case studies. After the group has had time to work together, the full class can come back together to further discuss the case. This enhances team building and clinical decision-making.
EVIDENCE-BASED TEACHING PRACTICE

Della Ratta (2015) flipped the classroom in two fundamental nursing courses at a public university. Learners prepared for class by completing assigned readings and reviewing narrated PowerPoint lectures. In the classroom, using the principles of team-based learning, learners worked through case studies and clinical scenarios. Learners were found to have developed teamwork and collaborative skills. Quantitatively, learner scores on a standardized fundamentals test given at the end of the semester were significantly higher than previous semesters in which the classroom was not flipped.

CASE STUDIES

CASE STUDY 3.1

Amanda was recently hired to teach Adult Health III to 50 senior level baccalaureate students. She is a recent graduate of a nurse educator program. Amanda has taught as a clinical instructor for two semesters, but she has no other academic teaching experience. In planning for her course, Amanda has decided to include journaling as a method of evaluation worth 20% of the student's grade. As her mentor, do you have any concerns with this? How would you advise Amanda?

CASE STUDY 3.2

Marcey is a recent MSN graduate hired to run the simulation laboratory. She is very excited to expand the use of simulation in the prelicensure BSN program. She would like to collaborate with the theater department to use students as SPs. As her mentor, Marcey has asked you to assist with the planning. What important issues need to be considered and addressed in moving forward with this project?

PRACTICE QUESTIONS

1. A nurse educator is interested in using a learning strategy that will allow learners to self-reflect and examine their feelings about the clinical experience. A colleague suggests that she consider incorporating:
   A. Journaling
   B. Concept maps
   C. Group discussions
   D. Socratic questioning
2. A novice adjunct clinical instructor is observed questioning learners in the clinical setting. What would cause the course coordinator to intervene?
   A. The instructor questions the learners privately, away from other staff
   B. Questions are asked that only require a statement of the facts
   C. Learners are questioned about medications before administering them
   D. The instructor asks questions of the clinical group in postconference

3. A nurse educator teaching the professional course for the first time has decided to have learners begin a portfolio they will build on throughout the nursing program. What should the educator consider in adopting this learning strategy?
   A. Portfolios should not be graded
   B. Learners should include a sample of work from each course
   C. Guidelines for inclusion should be provided to the learners
   D. There is no time commitment for the faculty

4. A clinical practicum-based nurse educator needs to teach all the intensive care unit (ICU) nurses about a change in the process for obtaining blood cultures. What strategy would be most effective for allowing a large number of nurses to learn the information while on duty?
   A. Return demonstration
   B. Self-learning packet
   C. Group discussion
   D. YouTube video

5. A novice nurse educator who has returned from a faculty development conference is sharing what she has learned about active learning strategies with other faculty. What statement by the novice would require you to intervene?
   A. “Learners will have a deeper understanding of the information”
   B. “Active learning improves problem-solving skills”
   C. “Lecture using PowerPoint slides is one type of active learning strategy”
   D. “Learners will be more engaged in the classroom”

6. A nurse educator is interested in assessing her students’ understanding of course content as she is teaching. One method that is not time intensive and provides immediate feedback is:
   A. Audience response systems
   B. Debate
   C. Think–pair–share
   D. Group discussion

7. A mental health educator is planning to use theater students as standardized patients (SPs) to teach nursing students effective communication skills. It is most important to:
   A. Use only senior-level theater students
   B. Allow the nursing students to choose who will be a part of the simulation
   C. Train the theater students so they are familiar with their roles and expectations
   D. Encourage over-dramatization by the theater students
8. After returning from a conference and learning about various teaching and learning strategies, a nurse educator is interested in flipping the classroom in one of her courses. When explaining this to her colleagues, what statement would require her mentor to intervene?
   A. “Using this method, I will be able to focus on key concepts in the classroom”
   B. “I can place the learners in groups so they benefit from peer learning”
   C. “Learners will love this method because there is no increase in work for them”
   D. “This is an opportunity for learners to use and develop higher level thinking skills”

9. A nurse educator is designing a learning activity for students to examine their attitudes and beliefs about caring for transgender patients. This would be best facilitated through:
   A. Reading
   B. Case studies
   C. YouTube video
   D. Role playing

10. A novice educator expresses concern to her mentor that her students are not reading their textbooks. One method that could be used for testing each student’s preparation for class would be:
    A. Warm-up exercises
    B. Think–pair–share
    C. Self-learning module
    D. Questioning

REFERENCES


10. The educational nurse administrator tracks the attrition rates of the nursing educational program and finds that minority students are dismissed during their junior year at twice the number of nonminority students. The faculty discusses strategies for decreasing minority student attrition and decides the best method would be:

A. Reexamine the admission criteria—NO, the admission criteria are the same for all students.
B. Start a one-to-one faulty–student tutoring program—NO, this may be costly and there may not be a diverse faculty.
C. Identify high-risk students in their sophomore year and have them go part time their junior year—NO, this may place them at financial risk.
D. Establish a minority student nursing organization that meets monthly and provides social events—YES, this will increase their belongingness.

CHAPTER 3 PRACTICE QUESTIONS

1. A nurse educator is interested in using a learning strategy that will allow learners to self-reflect and examine their feelings about the clinical experience. A colleague suggests that she consider incorporating:

A. Journaling—YES, with journaling learners are able to reflect and express their feelings; faculty have better insight into the students’ learning.
B. Concept maps—NO, this encourages analytical thinking, but not reflection.
C. Group discussions—NO, peer sharing may occur, but some learners may be uncomfortable with sharing their feelings.
D. Socratic questioning—NO, this encourages discussion, but some learners may feel threatened.

2. A novice adjunct clinical instructor is observed questioning learners in the clinical setting. What would cause the course coordinator to intervene?

A. The instructor questions the learners privately, away from other staff—NO, this is appropriate, especially if an issue or problem needs addressed.
B. Questions are asked that only require a statement of the facts—YES, questions should be asked at a higher level to promote critical thinking.
C. Learners are questioned about medications before administering them—NO, this is appropriate for safe administration.
D. The instructor asks questions of the clinical group in postconference—NO, this encourages discussion and group problem solving.
3. A nurse educator teaching the professional course for the first time has decided to have learners begin a portfolio they will build on throughout the nursing program. What should the educator consider in adopting this learning strategy?

A. Portfolios should not be graded—NO, grading is acceptable.
B. Learners should include a sample of work from each course—NO, information included can show evidence of best work or growth, but samples from each course are not needed.
C. Guidelines for inclusion should be provided to the learners—YES, portfolios can become quite large if learners don’t receive instruction on what should be included.
D. There is no time commitment for the faculty—NO, portfolios can be very time-consuming to grade, especially with large classes.

4. A clinical practicum-based nurse educator needs to teach all the intensive care unit (ICU) nurses about a change in the process for obtaining blood cultures. What strategy would be most effective for allowing a large number of nurses to learn the information while on duty?

A. Return demonstration—NO, this would be very time consuming for the nurse educator and likely unnecessary for a simple change in procedure.
B. Self-learning packet—YES, this would allow the nurses to review the information when they are able and at their own pace.
C. Group discussion—NO, it is often difficult to gather all the nurses together on a unit at one time and discussion is not really necessary.
D. YouTube video—NO, this is not the best way to convey information on the nursing unit.

5. A novice nurse educator who has returned from a faculty development conference is sharing what she has learned about active learning strategies with other faculty. What statement by the novice would require you to intervene?

A. “Learners will have a deeper understanding of the information.”—NO, this is accurate.
B. “Active learning improves problem-solving skills.”—NO, this is accurate.
C. “Lecture using PowerPoint slides is one type of active learning strategy.”—YES, lecture is a passive learning strategy, although activities can be included to make it more active.
D. “Learners will be more engaged in the classroom.”—NO, this is accurate.

6. A nurse educator is interested in assessing her students’ understanding of course content as she is teaching. One method that is not time intensive and provides immediate feedback is:

A. Audience response systems—YES, these are an efficient way to gauge learner understanding.
B. Debate—NO, this is time consuming.
C. Think–pair–share—NO, this is time consuming.
D. Group discussion—NO, this is time consuming.
7. A mental health educator is planning to use theater students as standardized patients (SPs) to teach nursing students effective communication skills. It is most important to:
   A. Use only senior-level theater students—NO, this is not necessary.
   B. Allow the nursing students to choose who will be a part of the simulation—NO, all students should be participating.
   C. **Train the theater students so they are familiar with their roles and expectations**—YES, particularly, if you want all students to have the same experience, it is important to train the actors for consistency.
   D. Encourage overdramatization by the theater students—NO, this could make the scenario less than realistic.

8. After returning from a conference and learning about various teaching and learning strategies, a nurse educator is interested in flipping the classroom in one of her courses. When explaining this to her colleagues, what statement would require her mentor to intervene?
   A. “Using this method, I will be able to focus on key concepts in the classroom.”—NO, this is correct; in the flipped classroom learning is more focused.
   B. “I can place the learners in groups so they benefit from peer learning.”—NO, this is correct; more active learning strategies can be used in the classroom.
   C. “Learners will love this method because there is no increase in work for them.”—YES, learners are assigned prework, and they are accountable for coming to class prepared; this may be a cause for discontent.
   D. “This is an opportunity for learners to use and develop higher level thinking skills.”—NO, this is correct.

9. A nurse educator is designing a learning activity for students to examine their attitudes and beliefs about caring for transgender patients. This would be best facilitated through:
   A. Reading—NO, it is often difficult to learn through this method.
   B. Case studies—NO, this is better for problem solving.
   C. YouTube video—NO, this is a passive activity.
   D. **Role-playing**—YES, this is effective for learning in the affective domain.

10. A novice educator expresses concern to her mentor that her students are not reading their textbooks. One method that could be used for testing each student’s preparation for class would be:
    A. **Warm-up exercises**—YES, this would be an efficient way to test individual student preparedness for class.
    B. Think–pair–share—NO, this will not identify individual student preparation.
    C. Self-learning module—NO, this would be a time-consuming method for testing student preparation.
    D. Questioning—NO, this would not be time efficient.