Group 1 of theme sessions

Learning and teaching strategies 1

Core paper and theme paper abstracts

Tuesday 2 September 2014
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References are as supplied by authors
USA and Australian spelling has been retained as appropriate
Papers included are those being presented at the conference at the time of going to press.
Core paper

Biographical details of core presenters

Learning and teaching strategies 1

Connie Ritzman, Assistant Professor, Loyola University Chicago, USA

Connie Ritzman MSN, RN works as an Assistant Professor at Loyola University Chicago, USA. She teaches Mental Health Patterns and Nursing Leadership. For several years she has been interested in how video games reflect the way the younger generation learns. She presented a paper at NET 2012 on how games can help teach nursing principles. Currently her focus is on how games promote active learning and what can teachers learn from them.
C7

Bring active learning into the 21st century with gamification

Connie Ritzman, Assistant Professor, Loyola University Chicago, USA

The information age has brought new challenges for educators. The healthcare field is rapidly changing and educational methods that have been seen as useful may well be obsolete in a couple years. Students need to learn skills, such as critical thinking and problem solving, that they can use to assist patients and families make decisions in a constantly changing environment.

This idea is not entirely new. The use of active learning strategies has been documented since Socrates. (Farrell, 2014). Active learning requires ‘students do meaningful learning activities and think about what they are doing.’ (Prince, 2004) It has been shown to be a much more effective method of teaching than the more traditional ones (DeSlauriers, Schelew, Wieman, 2011).

Most of our students are products of the computer age and the numerous resources available on the internet. They also have been playing games on the computer since they can remember (Prenski, 2001). Video game developers have found methods to keep players motivated and excited through the use of various techniques. In fact game developers spend the majority of their research on how to keep the player engaged (Chadfield, 2010). Thus some educators are now using a process called gamification which is teaching using the principles of gaming to guide their teaching. This is not teaching the content with games but rather using the aspects of gaming that have proven to be effective in promoting learning.. (Lee and Hammer, 2011). The Horizon Report: 2013 Higher Education Edition predicts that games and gamification will be widely adopted into higher education in 2-3 years (Horizon, 2013). It is already being used widely in business, marketing, and middle schools.

‘Students learn and achieve more academically when they are motivated and engaged’ (Haskell, p1). Games have the ability to immerse the player in the action of the game. Currently popular video games have the ability to hold the players attention for long periods of time. It has been noted by educators that middle school students would struggle with math in school and then go home to play ‘World of Warcraft’ where they managed large budgets to purchase items they needed. This included auctions, banking and budgeting. So the next step was for educators to include activities from ‘World of Warcraft’ in math class or develop the opportunity for students to experience the math within a game like scenario.

New technologies provide opportunities to assist the instructor in implementing more effective learning and gamification principles take advantage of the research on learning that has been shared by computer game developers.

As educators studied the aspects of video games that were appealing to students they found several aspects that can be used to help students learn. Below are a few of these aspects that were incorporated into a mental health nursing course for undergraduate nursing students:

1. Use a variety of presentation methods to promote and maintain interest.
2. Content presented in 15-20 minute chunks.
3. Failure can be positive.
4. Immersive learning improves knowledge retention.
5. Rapid feedback is an important component to learning and memory.

Use a variety of presentation methods to promote and maintain interest

There are many games that can help students learn at the knowledge level of Bloom’s Taxonomy. These include Jeopardy, Crossword Puzzles, Bingo, or Word Search. However, students also need game-based activities that demonstrate learning at the application level or above. These activities then promote problem solving and critical thinking in an environment where they can make mistakes and learn from them.

Kapp (Kapp, 2012 p67) notes that games have a specific flow to keep the player engaged. He termed this the ‘interest curve’. Ideally this would have a high level of interest in the beginning to draw the player/student in to the learning activity, then a small drop in interest with several peaks throughout the experience. The end provides a climax with high interest and the player/students ends the experience with interest remaining. He recommends starting the class period with an interest peaking experience. The faculty presents a case study or a story that demonstrates the need for learning this material. Throughout the class period various combinations of providing material, role playing, and/or media provide the student with peaks and drops as the content is learned.

Drama or storytelling is also an effective method of presenting content (Kapp, 2012). This can be especially effective in mental health instruction as students learn to apply active listening skills with persons experiencing various mental illnesses.
Other commonly used methods of knowledge application include case studies, debates, play-acting, and role-playing. Technology can provide new types of opportunities such as Quandary 2 (Quandary, 2009) which is a program that allows the teacher to develop test questions with immediate feedback and to develop scenarios allowing the student to pick from a group of responses and the program responds differently to each response. The teacher can develop the scenarios and place them in the template to get the desired responses.

Another free website is the Pandorabot (Pandorabot, 2014). This pandorabot is a basic use of an artificial intelligence program where the bot responds to questions typed in by the students. This is commonly used to have students question the bot and practice using a form such as a form to evaluate the students ability to assess a patient's dementia following a form.

Content presented in 15-20 minute chunks

Video games often use quests as short term activities the player performs to achieve the goal. These quests are activities the players perform to achieve a goal in the game. This can be finding lost resources, killing several bad guys, or delivering a message. Larger goals are broken up into several quests. This allows the player to achieve success before moving on to the next quest and promotes engagement. In education, the 90 minute power point presentation can be lethal to promoting engagement. It encourages passive learning and much yawning. Some faculty are turning to the flipped classroom approach which has the students listening to the lecture as part of their class preparation and class time is used to applying the knowledge. For our class we chose a program called ‘3D Game Lab’ which originated at Boise State University. This program was used to set up activities that students did outside of class to achieve the course objectives. The program is set up to put the educational activities into quests. For example, some objectives focus on nursing care of the patient with a cognitive disorder. The content focuses on dementia and delirium. To achieve the goals the student goes on 4 quests. The first quest is on delirium and the student watches two short You Tube videos, one describing the biological components to delirium, the second shows a nurse effectively interacting with a patient with delirium, while showing the hallucinations and distortions the patient is experiencing. It also covers reality orientation activities that the nursing staff can use to prevent or treat delirium. The student then answers a set of questions based on the videos. The second quest has two videos plus a form for evaluating delirium from dementia. After watching the videos, they go to a web link called ‘Pandorabot’. Here they text with a bot who they need to evaluate for delirium using the form. The bot has been preprogrammed by the instructor to answer questions. This is easy to do using the free Pandorabot web site. The student then returns to Quest 2 in Game Lab and states whether the bot is delirious or not and what the symptoms were. Quest 3 is a You Tube video showing the development of Alzheimer’s disease in the brain. Quest 4 is a You Tube documentary describing a longitudinal research project that studied a group of nuns and monitored developing Alzheimer’s in some of the subjects. Each of the sections is divided into approximately 20 minute blocks.

Failure can be positive

Like simulation, gamification allows failure without punishment. Failure simply encourages the player to try again in a different way. Nursing is adopting these principles as we incorporate simulation into courses promoting learning from failure. Faculties have been using techniques such as role playing in mental health courses for years. It is an excellent method to learn to interact with mentally ill patients in a safe setting and where making a mistake is a great opportunity to learn. I Am Stumped is an interesting variation, especially in the early days of the rotation when they are learning therapeutic communication. The student develops a scenario and then role play’s the client while the instructor, in the role of nurse, demonstrates therapeutic communication. Students are encouraged to bring situations they have experienced or are worried they may experience to learn how the instructor would respond. Then the student group is then asked if they can recommend another therapeutic response.

Immersive Learning improves knowledge retention

While the work of nursing is serious, the process of learning can be fun. Gee has written prolifically on the way that good video games have used the way people learn to engage them and promote players to learn content that is hard and takes a long period of time. He has taken the way that video games teach and applied it to our educational theories. He discusses how a frequently occurring practice of providing the content and then having the student apply is not as effective as appropriate information timed for its usefulness to the student. A method that good video games are masters at implementing.

Sugata Mitra demonstrated how children can teach themselves with his ‘Hole in the wall’ project. He put up a computer in an area of India where kids were poor and illiterate. After a short period of time the kids had taught themselves and each other how to work with the computer. (Mitra, 2007).

Gee warns against giving students too much information that is complex and expecting them to teach themselves. He encourages teachers to provide students with challenging problems and be available to give them the information as they’re ready to use it.

The goal is for students to feel the challenge, and through a series of failure and completion learn the material. Some frustration is okay but excessive frustration leads to abandonment of the project. It is through the frustration and then the meeting of a challenge that the student becomes immersed in the material and learns it. (Gee, 2007)
In nursing we have seen the challenge and the meeting of the challenge in our simulations. However, many institutions, for a variety of reasons, have students prepare and then do the simulation. While a good feedback discussion does promote learning, it would be interesting to compare to have the students redo the simulation to see if that promotes learning more.

**Rapid feedback is an important component to learning and memory**

Technology provides an opportunity for feedback immediately. Gamers receive feedback on the spot, telling them if they have succeeded or not in meeting the challenge. In education it has been more difficult to get feedback to students after an examination or when they complete a paper.

Computers allow the student to know immediately if they have passed the examination and make it much easier for the teacher to give feedback on the written work.

**Conclusion**

The information on how video games will help promote education is still a new and emerging field. The above topics are some of the ways that we can use what they have taught us to improve our own educational methods through active learning.

We can also use research data, as they do, to help us discover what methods provide the greatest impact.

**References**


Pandorabot site: [http://www.pandorabot.com](http://www.pandorabot.com)


Quandry 2 Website: [http://www.halfbakedsoftware.com/quandary.php](http://www.halfbakedsoftware.com/quandary.php)

Theme papers
Mind mapping: A tool to facilitate learning; why not give it a try?

Maggie Bennett, Lecturer; Katherine Rogers, Lecturer, Queen's University, Belfast, UK

Schools of nursing continuously strive to facilitate learning through student engagement and teaching strategies that encourage active learning. This paper reports on the successful use of mind mapping, an underutilised and underdeveloped strategy, to enhance teaching and learning in undergraduate nurse education (Spencer et al., 2013).

Mind mapping or concept mapping has been defined in the literature as a visual representation of one’s thoughts and ideas (Abel and Freeze, 2006). It is characterised by colour, images and text in a graphical, nonlinear style. Mind maps promote the linking of concepts and capitalise on the brain’s natural aptitude for visual recognition to enhance learning and memory recall (Buzan, 2006). Traditional teaching strategies depend on linear processes, which in comparison lack engagement, associations and creativity (Spencer et al., 2013).

Mind mapping was introduced to nursing students undertaking modules in ‘Dimensions of Care’ and ‘Care Delivery’ on year two of the nursing degree programme in Queen’s University Belfast. The aim of introducing mind mapping was to help students make the critical link between the pathophysiology of conditions studied and the provision of informed, safe and effective patient care, which had challenged previous student cohorts. Initially maps were instructor-made as described by Boley (2008), as a template for note taking during class and as a study aid. However, students rapidly embraced the strategy and started creating their own mind maps. Meaningful learning occurs when students engage with concepts and organise them independently in a way significant to them (Buzan, 2006). Students reported high levels of satisfaction to this teaching approach. This paper will present examples of the mind maps produced and explore how mind mapping can be further utilised within the undergraduate nursing curriculum.

References

Key words:
• mind mapping
• teaching and learning
• student engagement
• undergraduate nurse education.

How this contributes to knowledge development within this theme:
• encouraging student creativity through mind mapping can build confidence and learning power
• nurse educators need to assess the wider impact of innovative teaching strategies on student learning
• exploration of teaching and learning strategies which engage a diverse range of learning styles is required.

Evaluation of a skills-based approach to child safeguarding education for pre-registration children’s nurses

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Clinical simulation is already recognised as a valid teaching method with recognised benefits, whose use is promoted and supported by the Nursing and Midwifery Council (NMC). The proposed paper may help to determine whether such benefits can be translated into the field of safeguarding children when used as part of a structured educational programme. The paper will discuss the perceptions of students on their experience of the simulation and their views on how it impacted on their knowledge and skill development and seeks to address the question regarding the validity of simulation in safeguarding education and consider other potential applications.

The aims of the teaching interventions are to enhance and develop child safeguarding knowledge and to facilitate the development of skills of observation, documentation, interpretation of information and communication in relation to child
protection practice. Carter et al. (2006) emphasises the need for rigorous evaluation of the outcome of training interventions. Hence this objective seeks to determine whether the improved knowledge, skills and confidence reported in other simulation teaching situations (Brooks et al., 2010; Alinier et al., 2004; Moule et al., 2008) are able to be replicated in respect of child protection practice.

A detailed evaluation of the session including consideration of issues such as whether the child protection scenarios are reproduced faithfully and whether the supporting theoretical content relates well to the practical learning will be discussed. As well as the extent the equipment used mirrors reality and the relationship that is created between the student and the simulation (McCallum, 2007).

In order to gain insight into the students’ perception of the use of simulation as a method for developing knowledge and skills in child protection working, the paper will explore how students actually experienced this particular simulation exercise: how they related to it, whether or not it helped to narrow the theory-practice divide and what they perceived to be their learning outcomes. Any difficulties experienced by the students in the course of the session in the material presented or the requirements of the actual exercise will also be discussed.

A thorough knowledge of the key role that children’s nurses play in safeguarding children and young people is a pre-requisite for any education programme which aims to equip students with the appropriate knowledge and skills for post-registration practice.

The responsibilities of healthcare practitioners in relation to the safety and welfare of children and young people are clearly delineated in national guidance to the Children Act 1989 and 2004; ‘All those professionals working directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of the care they offer’ (DCSF, 2010).

The NMC Code of Conduct (2008) is explicit in terms of its expectations: the nurse must ‘Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community’ (NMC, 2008). The Royal College of Nursing (RCN) in more specific practice guidance relating to safeguarding states that nurses must ‘...be able to identify children and young people who are vulnerable, at risk of harm or abuse, and act accordingly’ (RCN, 2007).

At an interpersonal level, children’s nurses are ideally placed to develop good partnership working with children and their families at times of increased family stress when a child is acutely or chronically unwell, and this forms the basis for more direct preventative work. Such work may be directed at the child or young person themselves – involving the child in decision making and promoting access to healthcare (Department of Health, 2004); individual health promotion including how to keep safe (Taylor et al., 1999; Moules and Ramsey, 2008); and acting as an advocate on behalf of young patients (Hockenberry and Wilson, 2007; Coyne et al., 2010).

References


This paper presents detail of the findings and an opportunity to discuss potential impact on practice, challenges and expectations were met and students were able to achieve learning outcomes at the appropriate level. Students’ expectations in a shared mixed level module. Module leaders developed innovative interventions to ensure all expectations were met and students were able to achieve learning outcomes at the appropriate level.

Evaluating shared mixed level module delivery at degree and masters level in nursing and midwifery

Jan Royal, Lecturer; Linda East, Lecturer; John McLuskey, Associate Professor; Jayne Marshall, Associate Professor; Edward Appiah Boateng, Research Assistant, University of Nottingham, UK

The aim of this project was to evaluate the impact on practice and on individual student cognitive development for shared level module delivery within Continuing Professional Development modules for registered nurses and midwives studying at university in the United Kingdom. These modules are delivered to students at Bachelors and Masters level, with student studying at both levels in class together receiving the same content although modules will have different learning outcomes and assessment and there will be additional input for level 4 students to enable them to meet the higher level learning outcomes. In many cases the decision to run mixed level shared delivery is based on resources and module viability; however module leaders report benefits of shared learning in the classroom with these students.

A review of the literature shows that higher education in Nursing and Midwifery has been associated with increased professionalism (Cotterill-Walker, 2012). In the UK, both undergraduate and post-graduate nursing students may have a wealth of experience when all are registered nurses. As yet, no study has explored the impact of mixed-level shared learning among nurses and midwives at the undergraduate and post-graduate levels on nursing practice within clinical settings. As more nurses and midwives pursue higher qualifications and as they share learning, it becomes a necessity to evaluate the impact of such an approach on clinical outcomes and on their professional development.

Information was sought from other higher education institutions regarding their experience of delivering mixed-level shared modules to nurses and midwives at levels 3 and 4 across the UK. Contact was made through networks with responses from eight institutions in the UK and Ireland. Responses indicate that resource effectiveness was the primary driver for shared level module delivery.

This is the first study to evaluate shared learning between Bachelor and Masters level students in Nursing and Midwifery in the UK. The results portray that mixed-level shared modules among Bachelors and Masters students are not uncommon in UK universities. This practice has its inherent benefits as well as challenges for students and academic staff and many of these were identified in this study.

Data for this evaluation study were obtained by three main approaches – an online survey of 292 students, a focus group discussion with four module leaders and comments from student evaluation of 15 academic modules.

Results indicated enhanced confidence from students through the opportunity to share clinical experience across academic levels although at times this could create tension between the two groups. There were also challenges in meeting all students’ expectations in a shared mixed level module. Module leaders developed innovative interventions to ensure all expectations were met and students were able to achieve learning outcomes at the appropriate level.

This paper presents detail of the findings and an opportunity to discuss potential impact on practice, challenges and benefits of shared level learning. At a time when limited resources in healthcare education of both funding and staff mean
effective delivery is vital, the use of shared mixed module delivery is likely to continue and may grow. Knowledge of the impact of this is required to determine effectiveness against efficiency.

References


key words:
• level of study
• shared learning.

how this contributes to knowledge development within this theme:
• effectiveness of shared mixed level module delivery is evaluated
• innovative strategies developed by teachers
• impact on student learning and practice examined.

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Seeking best practice in assessment of posters using an efficient moderation process and validated marking criteria

Tom Laws, Senior Lecturer; David Birbeck, Lecturer, University of South Australia, Australia

Educators using inquiry-based learning seek to establish ‘authentic’ assessment items; those that mimic or are directly related to the actual practices undertaken by health professionals (Spronken-Smith and Walker, 2010). Posters play an important role in conveying health promotion messages to the public and disseminating research findings at conferences. Creating an assessment item that mimics the development of an effective poster is a valuable means of bringing students to an understanding of how their knowledge of the research process and population health could be used to succinctly communicate important information to a targeted audience (Elsen et al., 2008; Levy and Petrulis, 2011).

Educators face the challenge of i) identifying resources that best facilitate this learning process and ii) developing validated marking criteria that can be linked a means of providing constructive feedback (Nicol, 2010). The creation of an effective poster relies on artistic and creative elements and as such any evaluation invariably involves subjective interpretation. Minimising conjecture between markers and students’ evaluation of posters requires evidence-based assessment practices. Despite the wide spread use of this assessment item there is surprisingly little literature to validate markers comments and the grade awarded (Falchikov, 2005).

We have created a suitable process for moderating grades between markers and validating marking criteria using a narrative review of the literature and student feedback. This process has been implemented across several courses with good correlation between markers and students’ grading suggesting that our findings are transferable to many nursing and allied health courses. The use of a validated marking rubric has resulted in fewer student appeals and improved efficiency in time taken to mark this assessment item.

References


Key words:
• inquiry-based learning
• assessment practice
• validated assessment
• efficient moderation
• poster development.
How this contributes to knowledge development within this theme:

- using research to validate of assessment criteria
- staff development in moderation of assignments
- enhancing feedback and administrative efficiency by using a marking rubric
- improved student satisfaction and understanding of marking processes.

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The flipped classroom approach: Evaluating student and faculty experiences

Jamie Elizabeth Adam, Assistant Professor of Nursing, Belmont University, Nashville, USA

The flipped classroom approach has been used in a variety of disciplines and has gained recognition as an effective strategy for improving learning and retention in wide variety of disciplines (McLaughlin et al., 2014). According to Berrett (2012), the key components of the flipped classroom include:

1. Using pre-class preparation activities (case study, video lecture, etc) as the student’s first exposure to the material
2. Encouraging pre-class preparation by offering an incentive (percentage of course grade, admission ticket to class, etc)
3. Assessing student understanding prior to class (online quiz, worksheet, quiz at the beginning of class)
4. Using class time for active learning and application style activities with the goal of encouraging students to have a deeper understanding of course content (case study, debate, deconstructing exam questions, etc).

This approach allows the instructor to move to more of a facilitator or coach role in the classroom (Nicholson, 2010).

The flipped classroom is growing in nursing education, however some faculties report challenges in implementing this approach. Key challenges include heavy course preparation for faculty and gaining student ‘buy-in’ or support for a more active learning environment compared to a traditional, passive lecture (Berrett, 2012). The purpose of this presentation is to discuss how the flipped classroom approach is being used in NUR 3140 Pharmacology for Nurses, an undergraduate nursing course offered to approximately 100 students each semester at a private institution in the United States. In order to prepare for class, students in NUR 3140 watch a pre-recorded video ranging in 10 to 30 minutes in length, introducing important class material. In addition, students are required to complete an online quiz over the material in the video prior to class start time. The quiz is worth a percentage of the student’s grade and serves as an incentive for preparing for class. During class time, the instructor uses a variety of active learning strategies to engage the students in a deeper understanding of drug classes and prioritizing nursing care.

Feedback has been collected from the students on each of the components of the flipped classroom. Students evaluated the pre-class activities designed to prepare them for class. They have also evaluated the active learning strategies used and rated these for ease, clarity, helpfulness in understanding course material and applicability to clinical practice. The presentation will include evaluation of student and faculty experiences in the flipped classroom, lessons learned and best practices for implementing the flipped classroom as a sustainable model for the future of healthcare education.

References


Nicholson, A. (2010) Comparison of Selected Outcomes Based on Teaching Strategies that Promote Active Learning in Nursing Education. Iowa City: University of Iowa. (Retrieved from CINAHL Plus with Full Text, Ipswich, MA.)

Key words:

- active learning
- flipped classroom
- learner engagement
- student experience
- course delivery model.

How this contributes to knowledge development within this theme:

- the flipped classroom is a model for increasing student engagement in the classroom and may serve as a model for the future of healthcare education.
- explores the student experience in the flipped classroom as insight to understanding student needs
- explores the faculty experience in the flipped classroom and best practices for gaining student buy-in and ensuring success in an alternative course delivery format.
Exploring the midwifery curricula using Bernsteinian terms classification and framing

Sam Chenery-Morris, Senior Midwifery Lecturer, University Campus Suffolk, Ipswich, UK

Midwifery curricula in the UK are regulated by the Nursing and Midwifery Council (NMC). The NMC publish standards for pre-registration midwifery education (NMC, 2009), qualified nurses and midwives to guide their practice, ethics and performance (NMC, 2004; NMC, 2008) and support for learning and assessment in practice (NMC, 2008). Presently in 2013, all pre-registration midwifery education is based in an approved educational institution, one of 55 UK universities. A minimum of 50% of the available curriculum hours must be spent in clinical practice (NMC, 2009).

The students are assessed in theory and practice and these assessments count towards their degree classification. Classification is a term used by Basil Bernstein, a British sociologist, related to the organisation of knowledge (Bernstein, 1996; Bernstein, 2000). The concept of classification explores the relationships between boundaries. For Bernstein the boundaries or categories can be between agencies, in this abstract between the NMC, the university and hospital settings, and between discourses such as theory and practice. The difference or distance between the agencies and discourses carries the message of power. The space or distance is preserved by the power, whether there is a strong or weak classification between the categories. A strong classification has a unique identity, voice and rules, whereas a weak classification has less specialised discourses, less specialised identities and voice. Framing is the amount of control over the selection, sequencing and pacing of the knowledge.

Bernstein used classification and framing as terms to explore differences in curricula initially. He identified traditional knowledge collection type of knowledge, where there are strong boundaries between the areas of knowledge and therefore little linkage between the knowledge structures. For instance the teaching of separate areas of knowledge; anatomy and physiology, psychology and sociology. The second type is an integrated knowledge structure with linkage, not distance between the areas taught, this he called weak classification. Using Bernsteinian terms the midwifery curricula and the teaching and assessment in clinical practice will be explored. The concept of collection type knowledge is how a woman-centred approach can be facilitated combining all the separate areas of knowledge to see her holistically.

Different midwives, lecturers and modules have different classification and framing rules. A research module in the 2nd year usually evaluates highly because the students have one lecturer for the majority of the taught input. The separate knowledge structures, such as the research process, qualitative and quantitative methodologies are shown to be related to help students make sense of the new knowledge they need to assimilate. In their final year the students undertake a dissertation module. The emphasis here is on weak framing as the module leader and supervisor have weak control over the student project, as noted in post-graduate education (Walford, 1981). There is strong classification between each student project; there is little overlap between their focuses, because each student has the power to choose a topic of interest to them.

When classification and framing are used to examine knowledge structures and issues of hierarchy between the student and mentor in practice there are ramifications for grading student performance. These will be explored.

References


Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice. London: NMC.

Nursing and Midwifery Council (2009) Standards for Pre-registration Midwifery Education. London: NMC.


Key words:

• Basil Bernstein
• classification and framing
• midwifery curricula.

How this contributes to knowledge development within this theme:

• examining the terms classification and framing of theory and practice can help develop teachers
• the ramifications of moving from a strong classification of knowledge to a weaker classification can enhance women-centred care
• weak classification and framing in clinical practice can cloud grading of student performance.
Lecturers experience of online discussion board teaching and learning

Beverley Brathwaite, Senior Lecturer, University of Hertfordshire, Hatfield; Asanka Dayananda, Education Developer, Middlesex University, UK

This study explores how an online discussion board (DB) safely housed within the University’s learning space and relating this to the classroom teaching was experienced from the lecturer’s perspective. The modules focus is on long term conditions and the DBs addressed ethical principles in assisted suicide and self-care models. Tapping into existing and new knowledge of online facilitation and technology, determining if the education skills of the lecturers in the classroom was easy to transfer to the online environment and the use of technology. 120 2nd year undergraduate students were split into groups of approximately 12 and two groups were ‘looked after’ online by the lecturer taking them in class or the module leader. This allowed the number to be small enough to manage online.

After the first two discussion boards were completed a focus group with the teaching team and technology support took place, seven in total were present. The focus group revolved around questions of when the DB was accessed by the lecturers, teaching, learning and assessment, classroom and on scaffolding, feedback and engagement.

The outcome of the focus group engendered the following themes:

**Work load:** the DB did not necessarily reduce the lecturers’ work load and impacted on engagement

**Consistency:** giving feedback as the DB was on-going varied from lecturer to lecturer in relation to type and how often

**Module leader:** teaching team ‘allowed’ the module leader to give feedback to each individual group due to not being able to meet the agreed twice weekly engagement with the students online

**Classroom:** used the classroom time to discuss what and how the discussion board debate was developing allowing reflection for the student and lecturers on the learning that was taking place

**Grading:** challenges of consistency, the rubric and guidelines given

**Overall experience:** positive for lecturers and that students gained knowledge from this teaching and learning style developed for the module.

The findings show that taking on new ideas around technology in teaching is challenging for the lecturers and suggest, not surprisingly that the reasons for participation, concerns, lack of engagement and positive/negative experiences are multifactorial.

**References**


**Key words:**
- discussion board
- online facilitation
- engagement
- lecturer.

**How this contributes to knowledge development within this theme:**
- understanding the lecturers’ experience and challenges faced when adopting technology enhanced teaching and learning approaches.
- what are the barriers to participation and engagement of lecturers
- how communication, team work and honesty is imperative to making changes to teaching and learning styles work.