Group 2 of theme sessions

E-learning/blended learning

Core paper and theme paper abstracts

Wednesday 3 – Thursday 4 September 2014
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Please note:
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

E-learning/blended learning

Tim Goodchild, Senior Lecturer, University Campus Suffolk, Ipswich, UK

Tim Goodchild is a Senior Lecturer in the Department of Nursing Studies at UCS and leads the MA Healthcare Education (distance learning) and modules in Research Methods, Education, and Learning Technology, whilst contributing to the pre-registration nursing course. He is currently studying for a PhD at Essex University using logics of critical explanation within discourse analysis to explore learning technology in nurse education. Tim has led various funded research projects including exploration of virtual patients, use of technologies in nurse education, and mobile learning, and is currently leading a project looking at technologies to support CPD provision. Tim has published and spoken at conferences in the area of technology and healthcare education.
C13

The pressure to engage with technology enhanced learning

Tim Goodchild, Senior Lecturer, University Campus Suffolk, Ipswich, UK

The challenge for nursing academics today is to deliver high quality, cost effective education in a time of rapid technological change and economic constraint, which is leading to pressures on them to be innovative and sustainable in their teaching and learning models whilst embracing emerging technological solutions.

DeGagne and Walters (2010) argue that over the last decade, the greatest influence in higher education is technology, but technology enhanced learning is not a concept which has arrived recently, with Edison claiming over a century ago that ‘books will soon be obsolete’ after the invention of the movie camera. Proponents of learning technology (Spector, 2012; Coffait, 2012; Kitching and Wheeler, 2013) have long claimed that technology in education brings enhancements and improvements in learning and teaching. Central to these asserted improvements are the claims that it is technology that enhances teaching and learning (Open University, 2013), and despite the role technologies are afforded within this enhancement, the use of emerging technologies within nurse education remains sporadic at best, with a dearth of systematic evidence to support the enhancement role of learning technologies. This then leaves us with the question of why technology persists as it does in education, and is continually put forward as part of a new ‘solution’ (to what problem is unsure at this point). There are also sceptics within nurse education who do not engage with technology or whom have concerns about what matters in professional nurse education, and the pedagogies for learning to be that nurse (Petit dit Dariel, Wharrad and Windle, 2013).

However, there is a drive within higher education, and in nursing education to engage with learning technologies. For example, the UK Prime Minister’s Commission into nurse education (2010) stated that commencing in their education, nurses need a ‘better understanding of, and influence, over the development of technologies’ and that nurse educators have a vital role in terms of ‘e-learning skills in relation to nursing practice’. This push to technology in education is not new, and since the emergence of the microcomputer in the 1970s, there have been a plethora of technological advancements which have been used within nurse education. Over thirty years ago Ackerman (1982) when discussing the future of technology in nurse education said that the ‘need for, and pressures toward technological changes in nursing education appear to be considerable’, and this theme is repeated through the years, for example Black and Watties-Daniels (2006), argued for the need to embrace ‘cutting-edge’ technology to enhance learning in the nurse education classroom.

Several iterations of technology have come, gone and evolved in this time, such as computer based learning (e.g. drug calculation software) and multimedia (CD-ROM based software) to more recent technological solutions such as reusable learning objects, social networks and MOOCs. Despite these ‘advances’ it has hard to see or find systematic evidence for how multimedia (for example) has transformed nurse education, or has led to a ‘better’ nurse. Petty (2013) conducted a literature review examining technology enhanced learning tools in nurse education, and concluded that there was no demonstrated benefit to the learning that took place, except for the ‘experience’ of learning. This is true for the majority of studies that explore the enhancement aspect technology in learning, with little if any benefit above that of more ‘traditional’ methods of teaching (Lahti, Hatonen and Valimaki, 2014). The evidence seems ‘on the horizon’, as Neal (2013), demonstrates in Practice Nurse, with the conclusion that there is ‘a need to build a comprehensive evidence base to properly evaluate how technology is best used to support learning for healthcare professionals’. Johnston et al. (2013) agrees that technology enhanced learning has the ‘potential to enhance the learning outcomes’ of students.

So, despite the lack of systematic evidence, the unfulfilled assessment from commentators and authors that we need to engage with technology is a given, a commons sense conclusion, that technology enhanced learning has a ‘potential’ in nurse education, and it is offered as a way to enhance teaching and learning. This can be highlighted by considering the language used when technology enhanced learning is discussed (note that even the phrase ‘technology enhanced learning’ leaves no doubt in the readers mind as to what is doing the enhancing). For example, a looking at the public website of a UK university revealed the comments as shown in table 1 in relation to technology and learning.

| ‘utilize current technologies to provide more flexible opportunities...’; ‘harness the latest technology’; ‘modern approach to learning’; ‘innovative technologies to enhance’; ‘enhance your teaching...’; ‘enhance current assessment...’; ‘make more time...’; ‘Harnessing the power...’; ‘technology for learning’; ‘enhance your teaching through technology’; ‘infuse technology’; ‘enhance your teaching and learning’. |

Table 1. Comments found on a UK university public website around technology and learning

Many of these comments arise from the technology support team for academics, whose reason for existence is to support the embedding of technology across the curricula within the institution, often tied to a message of modern pedagogical practice. The terminology used gives the impression clearly that if you wish to innovate, be flexible and enhance your teaching practice then you need to engage with technology. Conversely, if you are not engaging, then it implies your teaching is not innovative and needs enhancing (sub-standard?). It is not just pedagogical pressure on academics to engage
with technology enhanced learning, but also pressures arising from the current economic environment and uncertainty in the higher education sector, with the theme of e-learning often proposed as an efficient and cost-effective solution.

For example, the NHS now has its own e-learning platform, and there is a range of compulsory training as well as other learning objects available for NHS staff. However, these sessions are usually multimedia learning objects designed for one person to work through in a linear, timely fashion, with at the most a modicum of interaction. There is no ‘human’ element, contact or discursive element in the learning process. Perhaps this is considered effective for office based health and safety training, but should this type of education by sufficient or acceptable when looking to the complexity of the nursing role in providing excellent care, a role where human interaction remains central? The evidence to support this type of learning is slim at best, and there is no evidence that it is better than more traditional methods. For example in a study comparing the learning achieved by nurses studying pain management, Keefe and Wharrad (2012) compared nurses who received an extra e-learning session on top of standardized training, with those receiving just the standardized training, with the conclusion that the e-learning ‘enhanced’ the knowledge of the participating students. However, this was comparing a group of students against a control, not against a well-designed classroom experience – if the extra training was a classroom tutorial and not e-learning, then would the conclusion be that classroom teaching ‘enhances’ learning?

When looking to the theories that support technology enhanced learning, connectivism (Siemens, 2005) is seen by many as a learning theory for the digital age, but when we look to pedagogic innovation and development, it is questionable if there has been a real impact upon pedagogy. One of the most used textbooks for aspiring nurse educators (Quinn and Hughes, 2013) covers many teaching strategies from lectures and problem based learning to experiential sessions, but makes no mention of a strategy or theory for teaching with technology. The move to a more constructivist approach is touted as a solution for modern educators (Attwell and Hughes, 2010), although other pedagogical variations are also proposed such as andragogy which is discussed at length in ‘Quinn’s Principles and Practice of Nurse Education’ (2013) despite falling out of favour with some commentators (Blaschke, 2012; Wheeler, 2013). More recent learning theories such as connectivism or Heutagogy (Hase and Kenyon, 2007), often pronounce the necessary move from teacher-centric didactic teaching, to learner-centric exploratory learning or networks, where the teachers role is to manage the learning, rather than to ‘teach’. Perhaps the question which needs to be explored is what is at the core of professional healthcare education and does technology hold an answer? More recent learning theories are discussed as necessary for a modern education within our highly technological world, and appealing in the freedom they give to students and lecturers, and educators who do not fit with this new paradigm in education could be viewed as out of sync with students of today.

It is clear for anyone within nurse education, that there is a vast amount of teaching and learning that remains untouched by learning technologies. Perhaps the potential vitality of technological solutions is lost in nurse education, when students look to the patient, the person, who is with them in their practice – the art of becoming and being a nurse. Petit dit Daniel et al. (2013) explored the factors influencing nursing academics in their choice to engage with technology, and found that there was a reluctance to engage with learning technologies, in part due to what they call ‘an ideological dilemma’ between the changes in higher education, and the need to train nurses effectively. Odessa and Wharrad (2013) who investigated the factors influencing e-learning adoption in UK nurse education pointed to the influence of a humanist educational narrative, with educators wanting to focus on human interaction in learning. The humanistic perspective encourages a patient-centred approach in care, with the main principles in this approach being the teacher-student interpersonal relationship and the relationships within the classroom. There is some debate whether students need or want technological innovations in higher education, with the Higher Education Academy (HEA) (2011) stating that ‘there is no evidence of a pent-up demand amongst students for changes in pedagogy or of a demand for greater collaboration’. Students in nurse education ‘continue to value traditional approaches’ such as lectures and seminars, and that a continued focus on technological ‘solutions’ will continue without ‘clear improvements in learning processes or outcomes for students’ (Hall, 2009).

Lahti, Hatonen and Valimaki (2014) have published what is the only literature review thus far on the effectiveness of e-learning in nurse education. They clearly state that there is a ‘lack of evidence’ of the impact of technology in nurse education, and they conclude that the ‘results of this review showed that e-learning is not a superior learning method to traditional learning methods’, and there is no evidence that e-learning improves students’ skills more than traditional methods. Rogers (2000) stated at the beginning of the century that ‘without question computers have failed to deliver the transformation in learning that has been promised and promoted over the past fifteen years’ – this is still true today as technologies from the first 15 years of the century have failed to transform education (mobile learning, social networks, tablets, MOOCs).

Technology in education has been cyclical in nature, a burst of hype, followed by the reality that the technology has not transformed education, but is rather a further iteration. The pressures on nurse educators to engage with technology continue and I would argue are growing, regardless of the evidence of the enhancements they offer, pressures arising from within the university structure, from colleagues, from government, from public and private companies, from the NHS and from students. Technology is ubiquitous in society and we approach it unreflectively within our lives, including our teaching practice. A critical stance needs to be taken towards technologies in education, recognizing the pressures to acquiesce to technological solutions, that technology does not inherently enhance or transform learning, and that systematic evidence is necessary if teaching practice is to evolve successfully with and without technology.
References


Theme papers
Evaluation of using web 2.0 technologies as learning and teaching strategy in mental health nursing

Audrey Cund, Lecturer, University of the West of Scotland, UK

Introduction

The use of technology in our everyday lives is growing exponentially and has become an important skill for nurses to develop to keep up with the pace of change in a technological society (Dunlap and Lowenthal, 2011). Social media and the use of web 2.0 technologies are commonly used by students in higher education.

Web 2.0 technologies encompass a range of concepts and approaches to support collaborative learning via the use of social software such as blogs, wikis and social bookmarking. This enables the user to generate large amounts of data that can be freely shared with wider groups (Richardson, 2009). The online nature of the tools enhances the possibility of distance learning and teaching. Though, it is important to note that the technology is only the mediator and it is the tasks set that enables a co-constructive approach to develop higher level thinking skills (Alexander, 2006). Dunlap and Lowenthal (2011) add that to engage in web 2.0 technologies students need to be ‘meta-cognitively aware’. This means that students need to be able to read, synthesise, and critically evaluate the information they access.

Work-based learning year 3 is the third module in a series of four that asks the students to engage with the Scottish Realising Recovery learning materials (NES, 2011). The students undertake the module whilst on clinical placement and they are asked to reflect on their understanding of the materials and evidence this in a summative reflective account. This provides the student with the opportunities to work with mentors and service users in an attempt to understand the concept of recovery more fully. This study focussed on building on the nursing students’ ability to reflect and appraise by asking them to discuss their views of recovery following engagement with a variety of learning objects.

This study evaluates the students’ experience of undertaking work-based learning and their use of web 2.0 technologies.

Objectives:

1. examine the students’ use of web 2.0 technologies (text, email, online discussion forums and social media)
2. describe the students’ perception of peer learning and support using an online discussion forum
3. describe the students’ motivation to engage in work-based learning.

Method

This is a descriptive study which utilised an online survey via the e-platform Survey Monkey© to evaluate the students’ experience of work-based learning, peer support and web 2.0 technologies. Hsu’s (2011) blended learning satisfaction scale was incorporated to assess the students’ satisfaction with this type of learning and teaching strategy. The tool was modified in terms of wording to reflect the module materials used on recovery focussed mental health practice.

The Survey Monkey link was placed on the University virtual learning environment Moodle© (VLE), and all third year mental health students were invited by email to take part in the evaluation from all four campuses across the West of Scotland. Instructions on how to access and complete the survey will be detailed in the email and repeated on the VLE site where the students can access the link to the survey. Participation in the survey was voluntary and consent to participate was signalled by the student completing. Ethical approval obtained from UWS University Ethics Committee.

Results and discussion

A 20% response rate was achieved in this study with a variety of strategies used to minimise and address this low response. Results show that web 2.0 technologies (email, internet, social media and blogs) appear to be embedded in the lives of the mental health nursing students. Meta cognitive processes were evidenced through the use of discussion forum and feedback on the web 2.0 tools. Reflection and peer support is viewed positively and students would recommend this approach to examining the subject of recovery in mental health.

The results are not generalisable to other higher education institutions however, they provide a platform from which learning and teaching strategies at this university can be maintained and improved to enhance future student experiences.

References


T102

Web-based learning: Valuable and viable or time consuming and ineffectual?

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The NHS and education are constantly being challenged in terms of cost-effectiveness and efficiency particularly in the area of Technology Enhanced Learning (DH, 2011). However, does blended e-learning have the potential to support the quality of learning for students in healthcare settings or is this another element competing for students and mentors' time amidst the other increasing challenges of patient care and service demands?

The benefits of e-learning are its accessibility and versatility however if not careful, it could be utilised as an innovative tool to solve or collectively encompass all problems. To be effective such e-learning needs to be constructed in a way that justifies its usefulness in meeting a variety of student learning styles, being attractive and interesting for them to use as well as practical and functional.

This research paper is an exploration of whether e-learning can support student induction or even replace face-to-face induction and reduce time away from clinical placement to fulfil audit requirements. Specific questions explored in this research were: Will e-learning support mentors in the community in their intense one-to-one ratio student/mentor role and does it bridge a gap between theory and practice? Can web-based learning be a solution to real-time practical issues around the community clinical placement and the induction of students? This research was conducted with Speech and Language Therapist and Nursing students and mentors. Focus groups and questionnaires were conducted and evaluated using a qualitative thematic analysis approach.

Emerging themes suggest navigational issues with technology can induce anxiety for students which could have detrimental effects on intrinsic motivation of students and that the blended element is vital for value in complementing placement learning hence there is a need then for mentors to also fully embrace the role of technology. Caution needs to be considered with proposals that suggest pure e-learning methods can replace the face-to-face interaction that students value which supports their learning.

The ultimate goals in the use of technology to enhance learning are that it sells itself to students and mentors as something not to be missed out on, and that it is driven by the learning needs of the health social care workforce for the benefit of patient care and not driven by the technology itself (DH, 2011).

References

Key words:
• blended learning
• innovation
• quality
• clinical practice
• linking theory and practice.

How this contributes to knowledge development within this theme:
• enhance students learning experience
• linking theory and practice
• evaluation of blended learning.
Virtual Patient: An educational game for learning in nursing education

Jaana-Maija Koivisto, Senior Lecturer; Haho Päivi, Project Manager; Eriksson Elina, Adjunct Professor, Director, Metropolia University of Applied Sciences, Finland

This presentation describes the research which intends to develop a modern learning environment for future nursing education. In Metropolia University of Applied Sciences we have developed Virtual Patient (VP) educational game for learning clinical skills in engaging learning environment.

Background
Digital gaming has increased rapidly in all age groups. New learning and educational solutions need to be considered for securing learning and skills development. Possibilities of simulation and virtual pedagogy are used increasingly in nursing education. Use of games has positive effect on students’ learning process (Blakely et al., 2009). Games provide opportunities for testing and experimenting. Educational games enhance students’ learning experience.

In the VP game students simulate real-life clinical scenarios in virtual learning environment. Veracity, authenticity and reliability of the patient scenarios support learning (Guise et al., 2012; Honey et al., 2012). In the game students assess need for patient care and make clinical decisions. Patient safety improves because students can practise clinical skills without endangering patients. Learning while playing is based on learning-by-doing, where player takes active part in patient care either alone or together with other students.

The players need to have clear goals and challenges that are matched to their skill level. Immediate feedback of performance during and after the game is important for learning (Hurst et al., 2011; Kiili, 2005). Corrected errors during the game play are related to a good learning outcome (Ketamo, 2010).

Feedback systems of the games enhance learning. Immediate feedback gives quick satisfaction, score accumulation gives continuous feedback of one’s improvement, and higher levels increase the experience of individual growth and learning. Feedback supports self-reflection, which is connected to professional development (Bulman et al., 2012). Feedback can also trigger self-reflection.

In reflection players review their experiences critically and proportion them to their own conceptual structures (Ketamo, 2009) and discover new solutions and approaches, with which they can improve their actions and learn from experience (Bulman et al., 2012). VP game enables learning analytics by saving the data collected in gaming sessions, same as continuous tracking of student development.

Objective
The aim is to develop clinical scenarios and technological environment for the VP game based on user experience, and to study how reflection during and after the game supports the learning process of the students. The research method is design-based research that consists of three iterative cycles. This presentation covers the results of the first cycle.

With the new information the clinical skills of the nursing students can be improved and thus improve patient safety. In addition to this, the information can be used for designing educational games for healthcare education. Educational games can support learning and be cost-effective learning environments in both undergraduate and continuing education.

Research questions:
1. What kind of clinical scenarios and technological environments in the VP game support learning?
2. How does reflection during and after the game support the student’s learning process?

Method
In the VP game learning is based on students’ experiences and self-reflection. Theoretical framework is experiential learning (Kolb, 1984) and reflection in practise (Schön, 1987).

In the first cycle the VP game design was developed based on research, tested, and analysed. Data were collected from eight nursing students and seven nursing teachers in a university of applied sciences in Helsinki. Data consist of video and computer recordings of students and teachers’ gaming sessions, and logs of the VP game, and focus group interviews. Data are analysed with inductive content analysis.

Preliminary results
Students use their existing theoretical framework and experiences of patient care when playing the VP game, therefore the clinical scenarios have to be realistic. Feedback during and after the game supports learning by instigating reflection.
References

Key words:
- virtual patient
- educational game
- learning-by-doing
- experimental learning
- reflection.

How this contributes to knowledge development within this theme:
- the VP game is based on research and user experiences
- research produces information on how educational game supports the learning process
- new information can be used for designing learning supporting educational games for healthcare education, and games can be cost-effective learning environments in both undergraduate and continuing education.

T104
Developing internationalism within nurse education programmes: The expansion of a teaching resource and technology platform to support virtual exchange
Aimee Aubeeluck, Associate Professor; Julie McGarry, Associate Professor; University of Nottingham, UK; Abbey Hyde, Associate Professor, University College Dublin, Ireland; Laura Taylor, Assistant Professor, Johns Hopkins University, Baltimore, USA; Susan Thompson, Lecturer, University of Nottingham, UK; Felicity Johnson, Lecturer, University College Dublin, Ireland

Background
The Graduate Entry Nursing programme (GEN) at the University of Nottingham was developed with a vision to produce nurses that have a working knowledge of the Millennium Development Goals (MDGs) (World Health Organization, 2000). As nurses form the backbone of many health systems, they hold a unique position in terms of their opportunity to contribute to the achievement of the MDGs through education, research and practice. As such, it is crucial that nurses have the opportunity to share and shape future practice and have an awareness of the centrality of global health issues and inequalities. Such exploration is an integral element of the GEN programme which is underpinned by an Enquiry-Based Learning curriculum that requires students to take a holistic view of care provision through case study work and utilisation of a virtual exchange approach to intercultural learning. Exchange activities are well established in higher education and facilitate excellent opportunities for intercultural learning and whilst it is recognised that a virtual exchange cannot replicate direct experiential learning, the pedagogical strengths of this approach is that it has student-centred goals and affords the opportunity for borderless learning. Through the interactive communication network of the virtual exchange, students can engage in e-study and research alliances using culturally comparative and contrasting health and healthcare discourses. At the inception of the GEN programme a virtual exchange learning pilot project (VEP) was developed with
colleagues from University College Dublin and the University of Dundee in order to provide students with the opportunity to explore nursing views, practice and values and to cultivate the importance of the MDGs and their progress in societies outside of the UK.

**Aims and Objectives**
Following the successful evaluation of our pilot project, the aim of this current initiative was to further develop our repository of Millennium Goal focussed case studies. The objective was to extend the VEP to additional international partners at Johns Hopkins University, US.

**Method**
Three case studies focusing on non-accidental-injury, organ donation and abortion were written by colleagues at the University of Nottingham, University College Dublin and Johns Hopkins University. These case studies were piloted synchronously via Adobe Connect to students across the three Universities (n=116) and evaluated by the academic staff facilitating their delivery and the students that took part in the Virtual Exchange session.

**Findings**
The VEP evaluated well with students and staff finding the case studies ‘impressive and informative’. The case studies have been made available to HEIs beyond Nottingham through ‘Open Helm’ – an online teaching and learning repository at the University of Nottingham.

**Conclusion:**
The findings and evaluation of the VEP have been packaged into resource toolkit that includes case study teaching material, facilitator and evaluation guidance. The way in which these resources have been incorporated into a Virtual Learning Environment (in our case - Moodle) and the associated use of synchronous and asynchronous tools for student dialogue will form the basis of this presentation. We will also discuss potential for transferability to other disciplines and utilisation within an interprofessional learning (IPL) framework.

**References**


**Key words:**
- intercultural learning
- virtual exchange
- virtual learning environment
- Moodle
- Adobe Connect.

**How this contributes to knowledge and development within this theme:**
- development of synchronous and asynchronous methods for student learning and teaching
- development of an online open access resource toolkit for Virtual Exchange
- understanding of collaborative academic projects across different time zones and locations.

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**T105**

**Blending social media with medical education**

Laura Bowater, Senior Lecturer; Veena Rodrigues, Clinical Senior Lecturer, University of East Anglia, Norwich, UK

It is clear that each new cohort of students arriving at medical school display mutating attitudes towards online learning and practice. Clearly we are in a time of transition as teachers, educationalists and students. An impact of this is the mixed messages we are forced to navigate as educators and students.
For example the:
- demand for student to attend face-to-face teaching sessions versus the push to deliver as much online material as possible
- need for a student to learn key ‘academic’ skills including: using the library, book indices, different sources of ‘hard copy’ information while we supply students with easily accessible, instant, online resources including social media
- use of institutionally run virtual learning environments (i.e. Blackboard) versus students use of social media spaces to undertake group work and their studies
- encouragement for student to use mobile devices as part of an interactive lecture/seminar session versus our discomfort with ‘off lecture’ internet use in a lecture environment
- our aspiration to educate students to be savvy with the use of the internet and social media versus our acceptance of faculty members and educators with a restricted knowledge and often a suspicion of the internet and social media.

Within medicine and the health sciences we have the additional issue of establishing clear professional boundaries. Teaching professionalism to students in medicine and the health sciences including the professional use of social media and e-learning is an additional challenge. Agreeing, establishing, managing and maintaining our own personal boundaries is an important aspect to this.

This presentation will explore some of the mixed messages that we offer our students especially regarding the changing use of social media within a medical school environment. We will use:
- an up-to-date review of the recent literature
- a review of the currently established guidelines
- our own research.

The above will be used to identify the different types of social media and the variety of ways that they are used to support the different programmes and curricula we offer our students. This presentation will also describe the range of attitudes and decisions that dictate the acceptance and use of social media from both a staff and a student perspective. Finally this presentation will provide a description of how we have successfully negotiated some of the challenges and mixed messages inherent in using social media. The intention is to offer suggestions and support for successful incorporation of social media into different curricula.

References

Key words:
- social media
- professionalism
- mixed messages.

How this contributes to knowledge development within this theme:
- identifying the mixed messages experienced by students and educators regarding social media use in medical school curricula
- identifying best practice for blending social media with medical school curricula
- the role of educators in promoting professional practice regarding social media use in medical school curricula.
Can formally facilitated Facebook groups enhance outcomes and experience of teaching and learning for drug calculations?

Gemma Sinead Ryan, Senior Lecturer in Nursing and Healthcare Practice/Health and Social Care Research Lead, University of Derby, UK

Over 61% of the UK access online social networks via mobile, ‘anytime, anywhere’ (OfCom, 2012; ONS, 2013). Globally, in the EU and UK, Facebook is the most popular with over 500 million users in total (Facebook, 2013, ONS, 2013). In the UK an estimated 80% of student nurses may have a Facebook account, with a wide range of informal programme/university specific ‘groups’ available to members for support/advice. While there are a range of concerns regarding Facebook use, there are a wide range of opportunities that can be explored. As an electronic and mobile learning tool, Facebook offers quick, easy, flexible access to students on a local, national and international level; integrating with their daily online activities. For student nurses this would mean an ability to access support and tools when away from the university on placement or at home; addressing some of the diverse challenges facing student nurses (RCN, 2008; RCN, 2012) but also demonstrating a positive professional use for online social networking.

The opportunities for using Facebook groups specifically, in the educational context, have not yet been extensively explored. It is suggested that formally facilitated Facebook groups could enhance the teaching and learning for pre-registration student nurses; particularly in subjects where students may lack confidence and require additional support, such as mathematics.

Aim
To establish if a module specific Facebook group can improve examination success and user satisfaction of teaching and learning in a Drug Calculations Module and Examination.

Method
A quasi-experimental design comparing two cohorts. Examination scores and feedback questionnaire were used to evaluate exam success and satisfaction of pre-nursing students undertaking a Drug Calculations Module. A 30-student cohort opted in or out of using a Facebook group in addition to classroom teaching.

Results
An independent t-test to the 95% confidence level showed that students who opted in to the Facebook group were more likely to pass on first attempt, with a higher mark on their exam; p=0.038. There was no significant difference in the ages of those who chose to opt in or out. Chi-square testing showed white British students were more likely to opt-in to the Facebook group than those from other ethnic groups p=0.000 (Black/Black African or ‘Other’ accounted for 79% of opt-out and 6% of opt in participants). Those with declared dyslexia and/or dyscalculia (50%) particularly found the group to be a positive experience ‘Great idea, I knew help was there if I needed it.’ ‘...Facebook connects you to other users with similar problems. Liked liked liked.’ 90% of group users expressed that it improved their learning experience, would access the group again and would want to see this used more widely in other modules within their programme of education.

Conclusion
Facebook groups may support or enhance student success in this Drug Calculations examination. Students felt that access to the Facebook group enhanced their experience of the module, particularly those with a declared learning disability; suggesting that it could be acceptable to use this model more widely as a teaching and learning tool. Declared ethnic groups seemed to impact on the choice and use of the Facebook group for this purpose. Further research examining student demographics, such as ethnicity and gender and the impact on perceptions and use of Facebook groups, along with more robust exploration of student experience would be recommended.

References


Key words:
• online social networks
• Facebook groups
• pre-registration nursing
• drug calculations.

How this contributes to knowledge development within this theme:
• use of formally facilitated online social network groups
• student experience and satisfaction of using Facebook groups for teaching and learning
• use of Facebook groups in enhancing teaching and learning and outcomes.

T107
Equity and equality: A challenge for post-graduate online distance learning education for healthcare professionals in developing countries

Susan Redman; Alison O'Donnel; Antonia Lannie, Lecturers, University of Dundee, UK

Distance learning has been widely used in UK higher education for many years, moving more recently to online models of learning and teaching (Guri-Rosenblit, 2005). Concurrently, many higher education institutions have sought to recruit international students, often from developing countries, as part of their internationalisation agenda and also to support global strategies to reduce global health inequality, by enabling developing countries to meet millennium development goals (United Nations, 2000). However, the main emphasis remains on bringing students to the host country.

Intuitively, it appears that enabling students from the developing world to remain in country and in practice while studying for a post-graduate degree makes sense for personal (career development, financial stability and family security) and socio-economic reasons (retention of healthcare professionals and development of the educational capital of professional groups). There is little previous research about the experience of online distance learning students from low income countries.

A longitudinal study to be carried out over three years was designed to explore the experiences of African healthcare professionals studying for a post-graduate degree by online distance learning. Additionally, the study sought to examine the effectiveness of e-learning and teaching amongst these students.

The study is on-going and this paper reports on early findings from the data gathered by survey and focus groups during the first year of the programme delivery.

43 post-graduate students were recruited to the study from three separate masters programmes, MSc Global Health and Wellbeing, Masters in Nursing and Masters in Mental Health, from two African developing countries.

Information was gathered at the end of the first year of study by self-administered questionnaires (n=43) and during focus groups (n=43) conducted by researchers/lecturers during in-country visits within the first year of the programme. Contextual data were obtained from recruitment interviews and application forms.

Early findings have challenged the programme team to reflect upon their understandings of the concepts ‘equity’ and ‘equality’ and how these can be applied to the delivery of online distance education to enhance the student experience (Archer, 2007; Clancy, 2007).

Implications for future healthcare education amongst students from low income countries include a need for flexible programme delivery and mindful use of e-technologies to support access to learning. It is also crucial that programme staff recognise a two way mutual learning process in which they learn from students’ own expertise, the unique nature of the learning and cultural context, while at the same time delivering high quality education.

References


Key words:

- equity
- equality
- higher education
- international.

How this contributes to knowledge development within this theme:

- there is little previous research about the experience of online distance learning students from low income countries
- mindful use of e-technologies can enhance equitable programme delivery
- learning strategies developed to meet the needs of e-learning students living in low income countries must have as a core value, knowledge sharing and reciprocity amongst programme team members and students.

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**T108**

The development of an online rubric for the assessment of an online discussion board for undergraduate degree adult nursing students

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Online forms of assessment are commonplace and the need to assure that assessment is ‘compatible’ within an online environment is a challenge. The need for clarity for both the students and the teaching staff is paramount. A rubric should capture the balance of being detailed and giving clear criteria to meet the needs of the students and be lecturer friendly.

There are three parts to the assessment for this module:
1. poster presentation
2. online discussion board (DB)
3. 2,500 word essay.

The DB was used for the first time on the degree programme to bring blended learning within the programme. The DB has been so successful that it has changed from a mandatory pass/fail component to being graded and incorporated into the overall final grade for the module.

The initial rubric had only three criteria and was simple in structure. After using the rubric for a complete first run of the module it has been transformed into something more complex with five criteria and performance indicators. The poster/presentation will discuss the rationale for changes, which were research, needing a grade to be given, student and lecturer feedback.

**References**


Key words:

- online
- rubric
- feedback
- assessment.

How this contributes to knowledge development within this theme:

- evolution of the rubric
- consistency of assessment
- clear guidance and feedback for students and lecturers.