

California State University, San Bernardino

## CSUSB ScholarWorks

---

Q2S Enhancing Pedagogy

---

5-2020

### ACUE - Effective Teaching Practices: Module Reflections

Anne Lama  
[alama@csusb.edu](mailto:alama@csusb.edu)

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/q2sep>

 Part of the [Higher Education and Teaching Commons](#), and the [Nursing Commons](#)

---

#### Recommended Citation

Lama, Anne, "ACUE - Effective Teaching Practices: Module Reflections" (2020). *Q2S Enhancing Pedagogy*. 176.

<https://scholarworks.lib.csusb.edu/q2sep/176>

This Journal Article is brought to you for free and open access by CSUSB ScholarWorks. It has been accepted for inclusion in Q2S Enhancing Pedagogy by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

California State University, San Bernardino

# CSUSB ScholarWorks

---

Q2S Enhancing Pedagogy

---


2020

## ACUE - Effective Teaching Practices: Module Reflections

Anne Lama  
alama@csusb.edu

---

Follow this and additional works at:

<https://scholarworks.lib.csusb.edu/q2sep>  Part of the Nursing  
Commons Recommended Citation

Lama, Anne, "ACUE Online Course in Effective Teaching Practices-Cohort B " (2020).  
Q2S Enhancing Pedagogy

This Other is brought to you for free and open access by CSUSB ScholarWorks. It has been accepted for inclusion in Q2S Enhancing Pedagogy by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

5-2020

## **ACUE - Effective Teaching Practices: Module Reflections**

Anne Lama - Cohort B

*Lecturer – College of Natural Sciences, [alama@csusb.edu](mailto:alama@csusb.edu)*

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/q2se>

---

### Recommended Citation

Lama, Anne, "ACUE Online Course in Effective Teaching Practices-Cohort B " (2020).  
Q2S Enhancing Pedagogy

## **Leading the First Day of Class (2A)**

### **Description of the technique and explanation of why it was selected**

The technique I implemented in my prelicensure BSN class: NURS 380 Understanding Pathophysiology, was the syllabus reconnaissance. Nursing courses notoriously have very long syllabi that include several assignments and rubrics. The syllabus for NURS 380 has 36 pages and can be quite daunting when reviewed by these first-quarter nursing students along with the fact that this was their first nursing course after being accepted into the program. I could sense a bit of tension in the room, which was familiar to me from previous years. You could have heard a pin drop when I was setting up the computer 15 minutes before class. All but one student was accounted for. In preparation of my technique choice, I first sent the students via email a copy of the syllabus for their review and requested that they come to our first class with a paper or electronic copy for review. I wrote the instructions on the board for the use of the symbols of the star for 'important', the exclamation point for 'an exciting piece' of the syllabus, and a question mark for an area that they had a question about. Afterwards, I asked them to share at least one of each with the person sitting next to them. I then asked the students to share with the class.

### **Selection and implementation of a technique from second module.**

#### **Successes and/or challenges**

Overall, the use of syllabus reconnaissance was a success. It was exciting to hear the previously quiet room become filled with discussion between the students. Previous to the syllabus review, I utilized the icebreaker, making name tents and asking each student to write one word on their tent that best describes them. When students volunteered to share their exclamation point, star, or question mark part of the syllabus, I first acknowledged their name, welcomed them to the class and asked them for their 'word' and why they chose it, then the syllabus section they discussed with their partner was important, exciting, or needed clarification. This was successful, first because it the students felt safe to share with their fellow classmates their chosen words and their 'why'. The parts of the syllabus that they chose were important, such as the exam assignments and points attached, the writing assignments and rubrics attached, as well as students who chose specific topics that they were looking forward to reviewing and why ie. Neuro because "I am fascinated by the brain" and musculoskeletal because "I was an athletic trainer in high school". One student also pointed out a typo in the schedule that had to do with a test day and I thanked her. The challenges encountered were primarily with 'time'. I wished I could have provided more class time to review the long document, engage each student with acknowledging their names individually and discussing their "word" chosen to describe themselves.

#### **Plans for implementation**

One refinement that I made was ensuring the students that each one will have time to share their word in the next week of our twice a week meetings ( the class is a total of 20 students and I was able to get to 6 students 'words'. I stated this so that each student felt acknowledged and valued in the class as the expectation is one of a mutual respect and an environment of sharing in a challenging course. I will also work it in the first day of class to give more time to the actual reviewing of the syllabus and discussion with their partners so that they do not feel rushed. I will also review part of the syllabus in the beginning of the next class that were not mentioned in the

first class to ensure comprehension of the expectation. Overall, I feel it was a success and will use this technique in my other two course 'first-days' next week.

### **Connecting With Your Students (2C)**

#### **Description of the technique and explanation of why it was selected**

The technique I used was 'get to know your students by name'. Teaching three courses on two different campuses can be challenging and remembering new names every quarter has been something I want to achieve early in the quarter. The courses that I used this technique were 'Understanding Pathophysiology', which is one of the first courses nursing students take after being accepted into the BSN program, and 'Health Assessment' for the RN to BSN student, which is one of the first courses RN to BSN students take in the program. One of the first things I did on the first day was hand out plain paper and have the students write the name they would like to be called. I consider it an honor to be one of their 'first' faculty and with that honor comes great responsibility to set the tone for their college experience here at CSUSB and in their future and present profession. I carried the name tents through from the first day of class and asked all to choose one word to describe themselves (for the Patho. Group) and one word to describe what nursing means to them (for the RN to BSN group). I am still having the students 'share' their word and the reason why they chose that word when I call on them in class. I also make sure that I am not rushing them in their response, so that they feel just as important as anyone else in the class.

#### **Successes and challenges encountered**

Using this technique with the name tents has improved my retention of remembering individual names as well as allowing the class to get to 'know each other' as well. The sharing of their 'words', which are predominately, positive and engaging, bring a community feeling to the students. For the pathophysiology course, I have found that many students are 'driven', 'motivated', 'determined', as well as 'funny', optimistic, and 'detail-oriented'. In the RN to BSN course, the words chosen for nursing are all connected to the art of nursing: 'caring', 'empathy', 'love', 'passion', and 'nurturing'. I write the students' words on my attendance sheet so that I can recall them in future lectures/meetings along with their name. The only challenge has been allowing all students to have their opportunity to share their word, however, we meet twice a week for ten weeks. Rushing through would not be beneficial and use of the name tents and words sets a pleasant tone to the start of the class.

#### **Plans for refinement**

I will definitely use this technique for the first day of class every quarter. One refinement I will make is to add a seating chart to the weekly attendance in case students leave their name tent at home. It is a very simple, yet excellent tool to get to know your students!

## **Planning an Effective Class & Delivering an Effective Lecture (1E and 3C)**

### **Selection and implementation of a technique to plan for an effective class session**

I have utilized engagement triggers for the beginning of my classes for several years. Nursing is a rich example of the importance of incorporating information from several nursing courses and weaving them together throughout the lecture. Johnson and Johnson has created several videos as well as the Cleveland Clinic on empathy, professionalism, and communication in nursing, to name a few. Each week, I incorporate one of the selected short videos to encourage students to maintain their studies to prepare for the workforce. This particular week in my pre licensure BSN pathophysiology course, we were beginning discussion on the biology and epidemiology of cancer. At the beginning of class I showed a video of a college professor's speech to university graduating students on being diagnosed with pancreatic cancer and his outlook on life after the diagnosis. The most important reason for selecting this video at this time was the importance of providing emotional, spiritual, and psychological support with patients receiving a life-threatening diagnosis, such as cancer as well as seeing what they value most when reflecting on the possibility of their ensuing battle. The most important aspect here is human connection, instilling hope, and listening to our patients. Many assumptions are often felt with a cancer diagnosis and this video start to the lecture enabled student sharing of their own experiences when prompted to, after watching this video.

### **Selection and implementation of a technique to deliver an effective lecture**

There are several techniques used in my pathophysiology course to deliver an effective lecture. First, the subject material is kept to one major topic per class and follows the schedule in the students' syllabus, reviewed on day one. Due to the extensive amount of material covered in pathophysiology, video micro lectures on the power point reviewed for the week are attached to the specific week's page in Bb and are available to the student prior to the lecture on the material so that the student can prepare for class. This also allows for adaptability in the classroom to spend more time on the concepts that students are finding more difficult to grasp. For an effective ending, I draw diagrams and graphs on the board and review with students at the end of class to review specific information that is helpful to see in a chart comparison form. To keep students engaged, I always move in the room at strategic times when I see that I may be losing some of the attention of the class and change the intonations in my voice. Pathophysiology comes with a huge amount of medical terminology, a course that is not a prerequisite for the nursing program, however, is vital to understanding concepts. Therefore, I purposely spend time taking words apart from their prefixes and suffices to assist the students in comprehending new terms.

### **Successes and/or challenges encountered**

Successes with the techniques I have chosen to include weekly in class, specifically in pathophysiology, have been many. When a topic comes up where a new term is being introduced, I purposely use intonation in my voice and movements to encourage the students to use their memory of the beginning and ending of the new term. Using diagrams drawn on the blackboard at the end of the lecture also assists in "putting things together" for the students and

have found it beneficial to comprehend challenging material. Students have also appreciated the micro lectures on blackboard to review using the same power point that is the focus of specific week's lecture. I also highlight the prefixes and suffices of new terms to reflect on previous review of these parts of new terms to support retention of previous reviewed information. Challenges of some techniques are that this is the first quarter of nursing courses for these students and they are just learning how to navigate through three courses at one time that demand a lot of preparation and study to master as a novice nursing student. Using consistent and daily encouragement as well as pointing out how the courses "overlap" and complement each other now and in the future is a way to support all their hard work and effort to be successful.

### **Plans for refinement**

There is always room for refinement and the topics of these lessons are critical to the courses that I have and will teach in the future as a nurse educator. I find that reflection at the end of each weekly lecture is a perfect time to make notes on ways to improve the presentations the following class. I have started to incorporate quizzing with Kahoot on terminology of the new material to get a 'baseline' of what students are comprehending and will be incorporating pre and post quizzes in lecture to see if students are improving at the end of the class. I would also like to add skeletal notes to my lectures and seek student feedback on the use of this technique.

## **Teaching Powerful Note-Taking Skills (4C)**

### **Description of the technique and explanation of why it was selected**

The technique I used for this lesson is provide research supporting the benefits of hand-written note taking in the courses that I have been teaching this quarter, particularly pathophysiology. This information, which was shared in the beginning of this course struck a personal chord with me as I am also a student in a doctoral program as well as an instructor. Seeing students come to class predominately with laptops open and ready to take notes really prompted me to discuss this information as we have morphed in many ways into a technological classroom where conversations are 'texted' and information is 'transcribed'. This was especially helpful to my first quarter nursing students who have taken all their pre-requisites and have been accepted into the nursing program, however, are now 'starting from scratch' in a program with unique nuances to the weaving of several courses and how they further develop with the expectation that critical thinking and clinical reasoning is the end product/result. Expectations, outlined in the syllabus and discussed at the beginning of each class are critical to keeping students up to date with their responsibilities for the week. ,Therefore, note taking is key strategy for success in the nursing program and must be stressed from the start.

### **Successes and challenges encountered**

I have had students who rely on bare power points and use the information in a bare power point to rationalize whether or not a question on a test is 'fair', however, my response is often, 'what did your text state'? I noticed that some students who are not reading and only relying on the power points as an outline find out the hard way that they are responsible on reviewing the text and group study is very much encouraged in the nursing program. I have also had students who find it important to understand material down to every chemical reaction and that is impossible to cover in a 10 week course. The text utilized in pathophysiology has key points for each chapter and a 'study guide' of information for each week has been created with the concepts and information students need to comprehend for success on their exams. The answers are not included on the study guide and I encourage them to start 'completing the guide before class begins, when they are reviewing the text and power points. I have had students who have not implemented note taking on one exam and have done poorly, and then put in the time and utilize all the tools, including note taking and see the benefits with a much better test score on the next exam.

### **Plans for refinement**

Note taking again, is critical in the nursing program and needs to be addressed from the start. Using evidence-based research, which is the gold standard of nursing practice, aligns with the very core of their future practice as professional nurses in the future workforce. Now that I see the pdf of note taking in this lesson, I will add this to my first day lesson plan as well as getting an exit pass from class on what students have used in the past and how many use handwritten note taking already. I have thought of the use of skeletal notes for some courses and would consider a trial in a course where the content is more conceptual.



## **Using Concept Maps and Other Visualization Tools (4B)**

### **Description of the technique and explanation of why it was selected**

For this module, a flowchart was incorporated into an undergraduate pathophysiology class when reviewing the process of kidney injury/renal failure and the resultant causal effects of injury occurring pre-renal, intra-renal, and post-renal. Students were randomly placed in groups to create parts of the complete flowchart at the beginning of class. A skeleton template was placed on the white board at the beginning of the class and groups were responsible for the three parts of the flowchart and to complete the template on the board. After all groups placed their responses on the board they were asked to choose a representative to come up to the board to describe their part of the flowchart. The flowchart was chosen due to its ability to visually compare what can happen in the renal system depending on the area of occurrence. To assist the students in visualizing this as well, was a picture of the renal system: before entrance to the kidney, in the kidney, and after the kidney. Oftentimes, a drawing can assist students in “figuring out” what’s going on by looking at the actual area that the injury is occurring and use of a flowchart is the best way to “see” this ‘side-by-side’ oftentimes in pathophysiology.

### **Successes and challenges encountered**

I am a firm believer in expecting participation in the classroom that does not require attachment to ‘points’ towards grades. When I was sharing how the class went with a colleague, she initially wanted to know ‘how many credits’ were given to the students for participating. When I told her that there were ‘no points’ or preparation other than the expectation to review the material before coming to class in order to participate in class, she was impressed as she has experienced a lack of participation in her courses. As far as the responses of students in the class that day, there was a cohesiveness in the class when, for example, a student was ‘stumped’ at one point in their explanation, and other members of his group assisted the representative in his explanation.

### **Plans for refinement**

The success of this flowchart made me realize that this is a technique that can be effectively used to demonstrate other pathophysiologic disease processes throughout the course. I would like to see this as a ‘standard’ technique used either at the start of or as a summary of different disease processes ie. such as pre-diabetes, diabetes, and possibly acute stage of diabetes.

## **Using Active Learning Techniques in Small Groups and Large Classes (3A and 3B)**

### **Selection and implementation of the active learning technique for small groups**

The active learning techniques that were implemented were for a nursing clinical group of 8 students. Being the first clinical course prior to actually entering the hospital setting, the first 5 weeks are spent in the campus “simulated” clinical setting, learning basic nursing skills and safety. Therefore, every week, a daily agenda sharing the aim of the activity load and the rationale for the nine hour class, was discussed and reviewed before the actual start of skills review, including breaks and practice/demonstrations. In order to promote interdependence, a simulation or role playing of a nurse and patient scenario in a ‘simulated’ hospital setting takes place week 4, where instructors observe and listen to the students’ verbal communication with each other and their safe practice at the bedside. Prior to this simulation, students were given their roles and their patients’ histories the week prior in order to be held accountable and to prepare for practice. After all scenarios were completed, the student pairs that were simulating the same scenario sat together and created a concept care map using the nursing process to create a nursing diagnosis, goal, and interventions to reach their patient goal as well as evaluating the results of their interventions. After the completion of the simulation, debriefing took place on the individual value of the assignment and preparing students for the ‘real world’.

### **Selection and implementation of the active learning technique for large classes**

For a pathophysiology class of 20 students, a “mystery diagnosis” envelope was given with manifestations and lab values of a disease to groups of 3-4 students and they were asked to come up with the patient’s diagnosis and three key identifying factors that supported their diagnosis using think-pair-share. They were then asked to come up and write their answers on the board and share them with the class as a group.

### **Describe successes or challenges including student responses to the use of the technique(s)**

The small group, reviewing the schedule for each day allowed students to be aware of what was coming next as well as knowing that the videos and content needed to be reviewed prior to class was going to be reviewed in class. Therefore this enforced accountability in that students were expected to demonstrate skills that were reviewed prior to as well as briefly in class that day. The simulations were successful because the students had time the week prior to prepare and review content on their patient’s medical diagnosis as well as reviewing common nursing diagnoses related to the medical diagnosis. Being able to debrief and share with other classmates who reenacted the same scenario was successful as well because students were able to validate that they were on the same page as their colleagues along with giving them ideas that they were not thinking of as well.

In the large group, using the think-pair-share, which took place in the start of the class, was a fun active alternative to content review via power points as they were expected to have reviewed the material prior to the start of class. Each student in the groups took on deciding on a rationale for choosing the correct medical diagnosis and shared that rationale with their

group. When presenting, it was obvious that they all agreed and were confident in their conclusions.

**Plans for Refinement**

I will continue to utilize these techniques for small and large groups as they were a successful way to encourage active learning. One refinement I would make is to add more time to the debriefing process for the small group and also adding more time for the large group to work together before they were expected to write their conclusions on the board. It felt a bit rushed afterwards.

## **Planning Effective Class Discussion and Planning and Facilitating Discussion (3D and 3E)**

### **Selection and implementation of technique from first module**

I loved every technique from this module. Although I have used some of these techniques informally in the past without realizing the actual name of the technique, I plan on implementing and posting: thought-provoking questions relevant to the week's content prior to class; explaining the role of discussion the first week of the course and reviewing the rubric for discussion as well; creating a ticket to class and also a self-grading activity for my spring 2020 theory course. This will be reviewed week 1 in a syllabus reconnaissance and initiated week 2. I will also go check out the room assigned to this course that has about 50 students to see how I will facilitate discussion. From previous experiences in teaching theory courses, it has been challenging to engage all students in discussion and it has left a bad taste in my mouth when I feel defeated in placing value on this important aspect of teaching, but feeling defeated in efforts to do so. By having the tools now to be organized in my approach to a large lecture class, I feel confident that my results will be dramatically different.

### **Selection and implementation of a technique from second module**

For facilitating engaging class discussions, I loved all of the techniques as well, used some informally in the past, however now will formalize in syllabus and weekly scheduled time in class. I plan on implementing: starting the class with a thought-provoking quote. I have started class in the past often with short thought-provoking videos, have asked students how they felt watching the video, however, now will expand and make this an important part of the start of the content for the day and as an emphasis of the main goal of the lecture material's purpose. I will be prepared to be much more patient than I have been in the past with waiting for student responses (the dreaded dead space), and take a breath to allow for students to write down their responses and to think, pair, share with class mates prior to opening it up to the class. Managing the dominant talker can be challenging at times and limiting my own talking as the instructor, however, I now see the overwhelming benefit to student learning of the material and it is a 'no-brainer' in the need to incorporate these techniques in class.

### **Successes and/or challenges**

There will be definite successes and challenges encountered in this addition to a large theory course that has a demanding amount of content to be covered in a mere short 10 weeks. The key will be to be very organized and consistent each week with expectations of myself and my students. Students may stress that we are not going over "everything" in the 3-5 chapters covered for the week, however, confidently relaying to students that the end result will be not only becoming more prepared for class but also learning how to be a part of a team to critically

think through different nursing situations and patient priorities will better prepare them for practice, as I believe nurses are the creators of teamwork!

**Plans for implementation**

I will be implementing these techniques in my nursing theory course for the spring 2020 quarter as the lead faculty for the course. I am fortunate to have my associate on the Palm Desert campus as the other faculty teaching the theory and she also is an ACUE student now as well. This will make the best of both worlds in order to reinforce these techniques on both campuses for consistency. I will be meeting with her in the next 3 weeks to get her input in how we can best provide discussion in this course as well as how we can both be on the same page on the two different campuses. We routinely have a course meeting with the theory and clinical faculty for the nursing course and will discuss the value of discussion in the clinical course that coincides with the theory course as students spend the first 5 weeks on campus practicing and demonstrating skill competency before actually going into the hospital setting.

## **Promoting a Civil Learning Environment (2B)**

### **Description of the technique and explanation of why it was selected**

Using reminders, proximity, and name-dropping were the techniques I chose to use for planning for low-level interruptions. These techniques were used to address tardiness leaving early, using technology for nonacademic purposes, eating food during class, and talking during lecture. These actions are not as much bothersome to me as they are disruptive to other students in the class.

The specific class these were incorporated was a first quarter fundamentals of nursing clinical lab that starts at 0630 and ends at 1550. This is the nursing students' first clinical therefore, they spend the first five weeks in the campus skills lab where simulations of skills and scenarios are demonstrated and tested. Needless to say, the first five weeks are jam-packed with about 15 skills each week that the students must review via videos and post-tests prior to that week's content and must have completed as a 'ticket to class' for the day. It is obvious that every minute of the class is scheduled and an agenda is reviewed of the day's events first thing when students come in the lab. Every student is given a copy of their nursing student handbook and detailed information is reviewed on the first day of school when it comes to leaving early and coming to class late. A greater than 30-minute late arrival to lab is considered an unexcused absence and two unexcused absences is a failure for the course. Nursing students usually come in on time, but sometimes they request to leave 'on time' or ten minutes early to pick up kids, etc. First, we tell them to have an alternative plan in case we do not get out on time. IF they have to leave early, I asked them to quietly sit by the door so that no one else is distracted. When some students are off task or looking at their cellphones, I will walk next to them and name drop with a question that I know they can answer. If it persists, I will meet with the student to discuss the reason why cellphones are not used in the lab, as the lab is a simulation of the hospital setting and cellphones are not allowed to be out in the units.

### **Successes and challenges encountered**

In general, I have been very successful with use of the above techniques. I did have a challenge with one student prior to the start of the course, who was frustrated with 'changes in schedules as she is "the only single mom in class" and has to take her kids to school. I thanked her that she brought this up before the start of the quarter, and with that said, told her that accommodations needed to be made with a flexible window due to the clinical site's varying times of shift report and our need to be present for this important communication time. After discussion, she has not brought this up at all. Since the start of the winter quarter, the cell phone use is nonexistent during lab after the first two weeks of name dropping and with our first day in the hospital unit last week, students have come to realize the reasoning behind being consistent in lab prior to start of the hospital rotation.

**Plans for refinement**

For next quarter, I have taken on lead faculty for the lecture that is attached to the lab discussed above. This means being responsible for the lecture and lab, which includes 5 clinical instructors with an average of 10 students in 4 different hospitals. Consistency among the clinical instructors when it comes to interruptions has been a challenge and I will review these techniques at our pre-spring quarter faculty meeting for the lab and will also meet with the lecture faculty on our other campus and their clinical instructors as well. Consistency is the key and with good communication of mutual support and collaboration I believe we can improve all clinical labs to maintain classroom norms and minimal interruptions.

## **Embracing Diversity in Your Classroom (2G)**

### **Description of the technique and explanation of why it was selected**

The technique from this module that I implemented was understanding the impact of stereotype threat, and mitigating its effects. I am a big proponent of promoting a growth mindset with my nursing students that I have the honor of being their clinical instructor and lecturer. The technique that I implemented is the creation of a learning environment in which mistakes and missteps are valued as opportunities for learning. As a clinical instructor for nursing students' first clinical lab, in which they spend the first 5 weeks in the skills lab at the university and then enter the hospital setting after a 'skills competency', I stress to students from day one that these first five weeks are going to be opportunities to re-enact patient simulations with each other and manikins in order to prepare them for the actual hospital setting. In this way, mistakes and missteps in the simulated lab are a 'safe environment' to embrace difficult situations and struggles with skills and communication where they can reflect on their interactions and interventions. The culmination of the first 5 weeks is a simulation re-created in the skills lab where each student is given a role to play where a patient is confused and in a potentially unsafe environment whereby they work together to discover what they should do first. As the scenario presents itself, students are encouraged to work together to come up with appropriate ways to manage the patient. Afterwards, we sit and 'debrief' about what worked well and what didn't and how they felt in their roles in the scenario.

### **Successes and challenges encountered**

In the debriefing, students verbalized how this experience was a big 'wake-up' call and the best way to end the first 5 weeks as they entered the hospital setting the following week. We sit in a circle and allow each student to express how they felt the scenario played out and how they felt during the simulation as well as what they felt went well and what do they have to work on. What was so refreshing was the cohesiveness that resulted from this experience. It was priceless, as they physically felt what it was like to work together in an environment where they are not judged for who did a better job, but for how they worked together to ensure safe patient care. At the conclusion, everyone felt that they had 'grown' in their ability to practice safe nursing care.

### **Plans for refinement**

We utilize this experience once in every clinical experience students have in the program. Students number one response to simulations are that they wished we had more of them. Our plan is to increase the number of simulations students are exposed to as we transition from a 'quarter' program of 10 weeks to a 'semester' program in the fall of 2020. Having a simulation in the beginning and the end of the semester will foster a growth mindset in allowing students to see their progress from the start to the finish of a clinical in a safe environment.



## **Engaging Underprepared Students (2E)**

### **Description of the technique and explanation of why it was selected**

Under the techniques of implementing grading practices that support student success, the technique I used was using exemplars to ensure that expectations are clear. I teach the first clinical lab in our nursing program where students are introduced to several new tools, self-evaluations, and assignments used in the nursing profession. Starting from the first week of school, we share examples of completed tools, evaluations, and assignments to assist students to be successful in not only obtaining a good grade on their assignments, but to comprehend the process of completing the assignments. The students who qualify and are accepted into the competitive nursing program have worked very hard to get to this point. That being said, these students are very driven to get great grades from the start. When they do not, they feel very defeated. By using exemplars and reviewing assignments thoroughly, not once but several times in groups, we are setting the students up for success.

### **Successes and challenges encountered**

One particular assignment, the nursing care map, is the most challenging assignment for novice nursing students to comprehend. Providing and reviewing exemplars has created much more success with students than without use of exemplars. Overall, students are so overwhelmed in the first clinical lab of the nursing program that I feel we are “hitting them with a fire truck hose” weekly and some of the water is getting in and some isn’t.

### **Plans for refinement**

The content for this course can be overwhelming for a faculty, therefore, I do not see any other way to ensure success in this assignment than to introduce, reintroduce, and provide exemplars weekly as well as creating them as a group. The challenge is that each clinical group contains 8-10 students with a total of about 5 clinical groups per cohort. Therefore, there are 5 different instructors teaching the same course. Continuity of teaching and exemplars has been a challenge. Providing the same, consistent exemplars to every clinical group and placing the review of this assignment with the use of the exemplars will ensure consistency in the clinical groups.

## **Motivating Your Students (2D)**

### **Description of the technique and explanation of why it was selected**

The technique I plan to implement is a technique to support student success via teaching students to set goals they are likely to achieve. In nursing, we teach students to set goals for their clients in their nursing care plan assignments, both short and long term. We also utilize the term “SMART” goals, which stands for specific, measurable, attainable, realistic, and time-sensitive goals. I also set goals for what students are expected to accomplish by the end of their clinical day. This module really lit a lightbulb for me when it comes to why we haven’t empowered our students to set their own weekly clinical goals as well as goals for success in their courses. This was a new technique as it pertains to students and I am excited to implement it in my classes.

### **Successes and challenges**

I expect predominately success with this technique as creating client goals is an assignment that we review several times. As novice student nurses, I foresee challenges with students creating personal goals that are “SMART” as this is a concept introduced in this course and requires some time to comprehend. However, overall, giving students the responsibility of setting weekly goals for attaining success in the clinical setting will motivate them to improve in their skills and critical thinking weekly.

### **Plans for Implementation**

The next step will be the weekly announcement that I send out the beginning of the following week, where I will have them set 1-2 student shift goals for their next clinical day that week and to have them evaluate them in post-conference. Having students set goals will be good practice for setting goals for their clients as well. Goal setting will continue each week, setting more advanced goals each week.

## **Helping Students Persist In Their Studies (2F)**

### **Description of the technique and explanation of why it was selected**

For this module of helping students persist in their studies, I utilized the technique of offering choice to increase intrinsic motivation. This was utilized in a hybrid-online advanced pathophysiology course for graduate master of science in nursing (MSN) students. In the MSN program, students choose a topic and a population in which they have acquired expertise through practice. A group assignment in the syllabus was discussed on our first week face-to-face class, in which they were given the opportunity to choose partners for their presentation of a pathophysiologic topic and population. The suggestion was made to choose group members with a similar desired topic or population so that each person's expertise would enhance the presentation. A rubric for the presentation was also provided and reviewed with the students on the first day of class and students were encouraged to ask questions. They were asked to email the faculty with their group, topic, and population by week 3 of the course and an outline midway into the 10-week quarter. The responses week 3 and 5 were collected on discussion board so that the group could see the topics that would be covered by their classmates. Feedback was provided by me for every submission online. This was something that was important to me as I did not receive this consistently when I was a student in the same MSN program. For demonstrating connection between increased effort and improved performance, I praised students for effort and improved performance. As a graduate, hybrid online course, the majority of students in the course were balancing school, work, and family, along with more than one course and required clinical hours for credit towards courses. Needless to say, some fell behind on module assignment responsibilities. I praised students who emailed me of their dilemmas and/or challenges with reaching mastery in their systems exams and email requests of how to improve. Online ZOOM lessons were offered and recorded weekly for students to review the most challenging content for each week and available students engaged in the lectures when reviewing case studies on the ZOOM.

### **Successes and challenges encountered**

Overall, the techniques that were utilized in the course were successful. All emails from students having challenges with the online modules were responded to within 24 hours and students were praised for reaching out in timely manners with their questions/concerns. All topics, populations, and groups were set by week 3 and on the discussion board for fellow classmates to review, allowing students to manage their time throughout the course in better ways. Half of the class chose group partners with similar topics or populations, affording well-developed presentations and discussions of a high level, keeping everyone's attention and curiosity. Praising those who reached out for assistance with success was a ZOOM call where we reviewed how they were studying for their online exams and how they could improve in their use of different study techniques.

**Plans for refinement**

I will continue to utilize all of these techniques to help students persist in their studies. This module was extremely important to me as it contained several techniques I have used in the past and will continue to improve on utilizing in the present and future. I will be a lead faculty in a clinical group in the spring quarter and would like instructors to give students the options of revision of challenging client care maps in the first quarter of nursing. I will be utilizing the rubric so that the revisions are not too time consuming for the instructors as well as giving students specific time-frames for when this option is available to them since the cohort is large. I will also review the assignments in class with weekly examples reviewed in groups and presented by students in class for reinforcement and success.

## **Checking For Student Understanding (5D)**

### **Description of the technique and explanation of why it was selected**

The technique from this module that I have used in my virtual nursing clinical course, which is similar to the exit ticket, is the one-minute paper. At the end of the nine-hour virtual clinical course, where students are demonstrating via tabletop display and discussion, how to complete a nursing skill, they were asked prior to leaving for the day, to complete a form and email it with what was most clear and helpful, what skills/concepts are still unclear, and additional comments/insights, etc. I chose this technique because of the extended length of this course and its usual hands-on format in the skills lab on campus. Trying to adjust to a virtual clinical lab has been challenging but students are resilient and we are making the most of it. When we come to the next class, I have summarized the students comments and we review as a group. I also use the technique of calling on volunteers and non-volunteers in order to get everyone's input and keep the attention of the entire group (guessing who will be chosen next!)

### **Successes and challenges encountered**

I thought the students would be exhausted by the end of the nine hour class and would not complete the request before leaving the zoom call, however, all completed and emailed prior to leaving. It was also nice that one student commented that they appreciated all the preparation and work that went into the day and that they appreciated that I cared about their opinion and their understanding of the days material. OF course they all still want the hands on aspect of the lab in the school setting, but the day flew by and pretty much everyone stayed on task. One issue that is a challenge is when they put their photo up on zoom instead of their actual webcam and sometimes with a large class it takes a while before you notice that they are not moving and it's a photo.

### **Plans for refinement**

I will definitely continue to use this technique and would like to use it in a larger class of about 50 and utilize an app or tool that would collect similar subjects together, however, this would be difficult and maybe not as valid because I would have to use a multiple choice type of survey or poll. One truly realizes all the work that goes into ensuring student success by allowing them a voice and listening and reading all their comments. However, when they really know that you are doing this, it makes all the difference in their ability to be successful in challenging content. As a lead in a nursing theory course, I created a template of this minute paper and have attached it to all of their blackboards so we are consistent with all students and we acknowledge and identify all students' concerns.

## **Using Student Achievement and Feedback to Improve Your Teaching (5E)**

### **Description of the technique and explanation of why it was selected**

The technique that I have implemented was the consultation of a colleague on my teaching as a new lead faculty for a nursing theory course, along with a simultaneous clinical lab course and coordination of a total of four clinical instructors along with teaching one of the clinicals as well during this pandemic. Because of the change to virtual online teaching, and as a full time faculty and newly hired tenure track to start in the fall 2020, I was determined to be successful in this new responsibility in a challenging time. I have done daily exit tickets and set up each clinical section so that we are consistent with content and all collecting exit tickets and evaluating our new virtual platform. To teach how to change a sterile dressing and insert an indwelling catheter, creativity has taken a new and important role in the course and that includes asking students for their opinions as well as evaluating teaching. Reviewing with a colleague the results of the students exit tickets as well as Start-Stop-Continue Method has been very helpful in determining if students feel that they are getting a quality experience in a generally hands-on course. The colleague that I asked to be a mentor to me is an exceptional educator that I have admired for quite a while and is revered by students for her passion and excellence in teaching. She has high expectations for our students and I feel that we are compatible in student expectations because of the magnitude the profession of nursing entails.

### **Successes and challenges encountered**

My colleague is always available for me and we touch base weekly. She helped me to review student feedback to see how to improve the weekly agenda and adding simulations to enhance critical thinking with the skills reviewed. She also introduced me to different online learning tools to incorporate into the weekly agenda as well as how to use some course tools that I have not used before. She also taught the students the previous quarter and is familiar with the cohort as a whole. As a whole, from the students responses, feel that we have really put a lot of hard work and effort into creating as virtual an experience as possible for this clinical course. They have also expressed their gratitude as well at the end of the nine hour day.

### **Plans for refinement**

As far as having my colleague observe my class, she was only able to observe for a short time once this quarter because of the time conflict with her own course obligations. I have recorded my classes and plan to review some of the content ( I have shared Zoom photos of the students measuring nasogastric tubes and placing sterile gloves to show how I am determining competency in the skill online. Of course, the students miss the hands-on actual skills lab experience and hopefully we will be able to spend time in the clinical setting before the fall semester.

**Establishing Powerful Learning Outcomes (1A)**  
**Aligning Assessments With Course Outcomes (1B)**  
**Aligning Activities and Assignments With Course Outcomes (1C)**

**Explanation of what was learned while revising course learning outcomes**

1A: I learned here that it is not easy to take a dream statement of what you want your students to remember and put it into an “actionable” presentation so that it can be understood and measurable. Utilizing Bloom’s taxonomy and the suggestions by fellow classmates here is helpful so that not only are we including competencies, but also affective dimensions of outcomes of learning.

1B: I learned that there are tools which I was not aware of that can improve my ability to be using the right tool to measure the right outcomes. I love the fact that I can look at students who really work hard and want to do their best and can confidently be using the right tool and that the students understand it. A big part of nursing is evaluating teaching of our patients and nursing students can benefit greatly by understanding the tools that educators use to measure learning outcomes in a language that is not hard to understand.

1C. I learned that something as previously daunting to attain in a learning outcome, with the use of these tools can “show itself” to the educator so easily after working through the tools included in this module. Including the effective teaching moves that the educator needs to do and the students need to do to achieve the learning outcomes is so helpful.

**Explanation of how the curriculum documents will be helpful to students and instructor**

This was such a valuable group of modules and I have just been tasked to create and complete two content-heavy syllabi, pathophysiology and pharmacology; converting them from a 10-week ‘quarter’ syllabus to a 15-week ‘semester’ syllabus. These modules will be so helpful to take these courses “up a notch”, incorporating higher level thinking activities and assignments in two courses that traditionally are very “lecture-driven”.

**The next steps you will take to continue refining your course learning outcomes and aligning your assessments and activities and assignments to these outcomes**

I will have these tools next to me when creating these two syllabi that are due the end of this month, completed in “my spare time”, which now does not look so daunting as it did a week ago.

## **Preparing an Effective Syllabus (1D)**

### **Explanation of what you did to prepare an effective syllabus**

Presently, I am tasked to prepare a 15-week semester syllabus from a 10-week quarter syllabus. I have created a checklist and a skeletal outline of what needs to be included in the syllabus and columns in the schedule to create the weekly sections of the topics, student learning objectives, reading material, and the writing/assignments due. I really like the idea of a graphic syllabus and will be creating this as well.

### **The successes and challenges encountered**

I have created syllabi in the past for an RN to BSN Health Assessment course and students appreciated the schedule as a “one-stop shop for critical information week-by-week, but also to understand what they are expected to be able to assess, perform, distinguish, etc. every week. There have been times in the past where schedules are “overcrowded due to a large amount of required reading in separate texts, which leave students a bit confused as to what is expected of them.

### **Plans for refinement**

I will attempt to create a graphic syllabus to coincide with the formal one for those students who appreciate a “map-like quality to their coursework. As our university transitions from quarter to semester, our theory and corresponding clinical lab, which traditionally is two separate syllabi, will now be one, combining both the theory and the lab together. This will be a challenge since each course has a large volume of preparatory work and weekly assignments due. We might have to change from portrait to landscape, adding columns to distinguish the two separate assignments.



## **Developing Fair, Consistent, and Transparent Grading Practices (5A)**

### **Explanation of what you did to review and refine the grading policy**

As a department, we have consistent grading policy throughout the program. Upon review of this module, I can see the challenges that I see in my views as “learning value” to students, such as revision of assignments and samples of exemplary student work to share, as opportunities to decrease the anxiety of a new assignment as well as having high expectations of student work. The grading policy for tests that is used in my department is fair, consistent, and accurate. The few written assignments that students complete can have more of an impact with allowed revisions as a department and exemplars shared.

### **The successes and challenges encountered**

The challenges that I have encountered is with colleagues who do not want to revise work and share exemplars. The successes have been that when students come for clarification of their work before an assignment is due, they are much more successful than their peers. As an educator that is known to be a “tough grader” I also hear comments such as “but now I understand the assignment” after students take the opportunity for revisions.

### **Plans for refinement**

The grading policy for the courses I have taught are always discussed on the first day of classes. I have also created a discussion forum using the syllabus reconnaissance prior to the start of class to see the similarities in students responses and then review collectively on the first day. I feel strongly about incorporating revision in some way as language in our syllabi as well as use of exemplars to share with students of ie. “A” work vs “C” work based on following the rubric for the assignment so that it is fair for all students.

## **Developing and Using Rubrics and Checklists (5B)**

### **Explanation of why the technique was chosen**

We use rubrics in every assignment and through this module, I realize that using 'student-friendly' wording along with a checklist of questions for the students to answer before proceeding with the assignment will ensure success on the assignment.

### **Description of what was learned through the process of creating or revising course documents**

This module validated what I believe is important about the need for rubrics as well as checklists to ensure students are not stressed about what the assignment entails. As a faculty teaching nursing students' first nursing theory course, that lays the foundation for subsequent nursing theory courses, it is vital to ensure that the language is student-friendly along with clear definitions of academic language as well.

### **Explanation of the impact you expect the grading guide, checklist, or rubric to have on students**

The expected impact will be a clearer initial understanding of what is expected of the student and by the faculty on how to attain the best grade on their submissions.

### **Description of the next steps to be taken in this work**

The next steps for me as an educator is to include a video, before classes start and send to students to review the syllabus and discuss expectations of assignments beforehand and utilize discussion board to complete a syllabus reconnaissance. In doing so, when we finally meet online, students see my review of class responses and what the group in general, is questioning and that all concerns were addressed.