

Western Kentucky University  
TopSCHOLAR®

---

Nursing Faculty Publications

School of Nursing

---

5-2011

# Using YouTube to Bridge the Gap Between Baby Boomers and Millennials

Dawn M. Garrett-Wright Ph.D. (c), RN  
*Western Kentucky University, School of Nursing, dawn.garrett@wku.edu*

Cathy Hoots Abell  
*Western Kentucky University, cathy.abell@wku.edu*

Follow this and additional works at: [http://digitalcommons.wku.edu/nurs\\_fac\\_pub](http://digitalcommons.wku.edu/nurs_fac_pub)

 Part of the [Curriculum and Instruction Commons](#), [Instructional Media Design Commons](#), and the [Nursing Commons](#)

---

## Recommended Repository Citation

Garrett-Wright, Dawn M. Ph.D. (c), RN and Abell, Cathy Hoots. (2011). Using YouTube to Bridge the Gap Between Baby Boomers and Millennials. *Journal of Nursing Education*, 50 (5), 299-300.

**Original Publication URL:** <http://www.slackjournals.com/fulltext.aspx?rid=83057>

**Available at:** [http://digitalcommons.wku.edu/nurs\\_fac\\_pub/50](http://digitalcommons.wku.edu/nurs_fac_pub/50)

This Article is brought to you for free and open access by TopSCHOLAR®. It has been accepted for inclusion in Nursing Faculty Publications by an authorized administrator of TopSCHOLAR®. For more information, please contact [todd.seguin@wku.edu](mailto:todd.seguin@wku.edu).

## Speed Sims: An Innovative Approach to Nursing Education

Speed Simulation offers a unique twist to the concept of simulation by bringing students to the point of learning and offering opportunity for maximum exposure to multiple concepts. This method was used in a recent Nurse Educator Institute (NEDI), designed to advance the educational skills of hospital nurse educators and preceptors. Twenty course participants were a part of this 3-hour undergraduate/graduate blended elective. The goal of the Speed Sims activity was to provide hospital educators and preceptors with simulation exercises to enact the principles learned in the NEDI. The five-step process is outlined in **Table 1**, including the integration of graduate students as authors of the seven case scenarios for role-play and as “standardized students.” For this modality, the standardized student is a live person who is trained not only to portray behaviors and skills of frequently encountered problems or issues with students and new nursing staff in the clinical setting, but also to evaluate the learners’ actions (Kyle & Murray, 2008).

Preliminary needs assessment for the NEDI indicated a critical need for content regarding clinical supervision, principles, and methods. Sixteen hours of the NEDI were devoted to didactic presentations and homework regarding clinical supervision and evaluation. Next, the NEDI graduate students and faculty developed scenarios that would challenge the institute participants to handle (1) an overconfident student, (2) a student sharing confidential information via Facebook, (3) a disorganized student, (4) a student who makes a medication error, (5) an unprofessional student, (6) an unmotivated student, and (7) a student who has a “meltdown” (**Table 2**). Handouts of educational theory and methodologies were given afterward, along with a written synopsis of the rules, regulations, standards, and expectations of the educator in such an actual scenario. To contribute to the environmental and psychological fidelity, the simulations were conducted in the School of Nursing Clinical Simulation Center.

**TABLE 1**

**Five-Step Speed Sims Process**

1. Scenerio development: The point of learning in 6 minutes; identify three critical behaviors/skills desired (psychomotor, cognitive, affective).
2. Role development of standardized students or standardized patients: The role-play script to enact critical behaviors or skills; props; policy, law, and standard of care with references for each critical behavior.
3. Procedure setting, small groups, rotating roles: Three to four individuals per group; assigned role of leader, and 1 to 2 observers of the process. Group members rotate roles every time they rotate to the next scenario.
4. The bell: Timed implementation to cease role-play activity and quickly move to read the next scenario; bells, whistles, and tambourines may be used. Faculties serve as resources and kept groups on task.
5. Debriefing: Essential time to reflect on the experience, provide feedback regarding the behaviors/skills and expectation, address problems, explore alternatives, and discuss internal or external issues that influenced student thinking.

**TABLE 2**

**Scenario Examples**

The instructor walked in on an overconfident student getting ready to defibrillate a patient. In this case, the patient unit was set up with a simulator and a defibrillator and a standardized student who insisted “I know what I’m doing!”

At the medication error station, the instructor was greeted at the patient door by the student holding the insulin vial and the syringe stating, “I think I gave too much insulin. I was supposed to give 6 units and I think I gave 60 units!”

Seventy-six minutes were allotted to rotate 20 participants through seven stations and participate in a debriefing session. Course participants were divided into six groups, with 3 to 4 participants in each group. Groups had 6 minutes at each station. One participant in each group served as the instructor, and the other participants were observers. These roles rotated with each scenario. Participants had 1 minute to read the scenario and then walk into the skills laboratory area and begin the role-play. At the end of 6 minutes, a loud bell rang and the groups moved to the next station and rotated group roles. Institute faculty served as resources and kept the groups on task.

At the end of the 36-minute simulation, participants convened as a large group for a 40-minute debriefing session. Debriefing is essential and is used in simulation to broaden one’s understanding that knowl-

edge has been gained from an experience and to recognize the significance of that experience (Jeffries, 2007). The session was facilitated by all of the “Standardized Students” following a standard debriefing guide that encouraged participants to share what they learned, what was significant during the simulation, what they felt, which of their values were challenged or strengthened, and how the simulation would help them in their future practice. All (100%) of the participants agreed that the Speed Sims experience was exceptional in forcing critical thinking, applying concepts, and reinforcing content for use in real life. Even 6 months later, 95% of participants report using the events and the materials almost daily.

## References

Jeffries, P.R. (Ed.). (2007). *Simulation in nursing education: From conceptualization to evalu-*

ation. New York, NY: National League for Nursing.

Kyle, R.R., & Murray, W.B. (2008). *Clinical simulation: Operations, engineering and management*. Burlington, MA: Academic Press.

*Janet R.M. Cooper, PhD, RN*

*Jean Walker, PhD, RN*

*jwalker@umc.edu*

*Jean Marks, MSN, RN, CNRN*

*Mary McNair, MSN, RN, OCN*

*University of Mississippi Medical Center*

*School of Nursing*

The authors have no financial or proprietary interest in the materials presented herein.

doi:10.3928/01484834-20110419-02

### Using YouTube to Bridge the Gap Between Baby Boomers and Millennials

There are four common generational cohorts in the current nursing workforce: Veterans, Baby Boomers, Generation Xers, and Millennials. The average nurse faculty falls in the Baby Boomer generation, whereas the majority of undergraduate nursing students belong to the Millennial generation. Having Millennials in the classroom may pose a challenge for many nurse educators. One readily available resource faculty have to meet the expectations of this generational cohort is YouTube. This syllabus selection discussed the use of this tool in nursing education.

#### Engaging Students

Engaging Millennial students (those born after 1982) in the classroom may be challenging for nurse educators, who are often members of the Baby Boomer generation (those born between 1946 and 1964). Millennials are savvy in using a variety of multimedia and Internet resources and expect to see this in the classroom (Skiba & Barton, 2006). The use of YouTube videos is an innovative, cost-effective strategy that can help bridge the gap between faculty and students from different generations.

#### Getting to Know YouTube

YouTube is a free video sharing site located on the Internet at <http://www.youtube.com>. It is popular with Millennials because it provides easy access to a variety of clips from movies, news shows, and personally posted videos. This technology is gaining support from a variety

Course	Example of YouTube Content Links	Class Activities Associated with Videos
Maternal Child Nursing	<a href="http://www.youtube.com/watch?v=Xath6kOfONE">http://www.youtube.com/watch?v=Xath6kOfONE</a>	Discussion of cardinal movement of labor and dilatation and effacement of the cervix.
Mental Health Nursing	<a href="http://www.youtube.com/watch?v=DCUmINGae44">http://www.youtube.com/watch?v=DCUmINGae44</a>	Class debate on ethical implications of electroconvulsive therapy and discussion of current standards and practices related to electroconvulsive therapy.
Pediatrics	<a href="http://www.youtube.com/watch?v=cxqe77-Am3w">http://www.youtube.com/watch?v=cxqe77-Am3w</a>	Discussion of family-based care and cerebral palsy.
Leadership and Management	<a href="http://www.youtube.com/watch?v=-4lko1LuJ2o&amp;feature=fvw">http://www.youtube.com/watch?v=-4lko1LuJ2o&amp;feature=fvw</a>	To facilitate discussion of definition of leadership and characteristics of a leader.

of health disciplines as a tool for presenting content and providing resource material from government and academic sites (Burke & Snyder, 2008; Burke, Snyder, & Rager, 2009).

#### Incorporating YouTube in the Classroom

Faculty in our program incorporate YouTube videos as a way to enhance key content being presented across the curriculum. The Table includes selected examples. Burke and Snyder (2008) mentioned that this modality is a way to bring guest speakers into geographically isolated areas or into classes that do not meet face-to-face. Faculty can provide students with the link for specific videos, offering students the opportunity to view the clip at their convenience.

#### Advantages and Challenges of Using YouTube

The advantages of using YouTube include incorporating technology into the classroom setting to meet the learning needs of the current students and being able to integrate a new teaching strategy without sacrificing large amounts of time. YouTube can save universities both time and money because videos are accessible for quick, easy preview at no cost, which may decrease video and DVD purchases (Burke & Snyder, 2008). Another advantage of YouTube is that it is compatible with many popular course management

software packages (Agazio & Buckley, 2009).

Challenges include the need for Internet access in the classroom or at home for online course participants. In addition, updated Antivirus and Flash Video software is required to safely view videos (Burke & Snyder, 2008; Burke et al., 2009). Faculty must recognize that videos are not permanently available and that the quality of videos may vary because any user has the ability to post videos to YouTube. Flexibility and alternate instructional plans are needed in case of Internet service is interrupted. Faculty must plan time to critique video content prior to implementing in the classroom (Burke et al., 2009). This critique includes reviewing the entire clip for language and content and verifying reliability of the source. It is recommended that faculty include a disclaimer regarding the video content in course syllabi and check with appropriate university officials regarding copyright laws (Burke & Snyder, 2008).

#### Conclusion

Students have provided impromptu comments indicating benefits from the visual supplements to lecture content. With the limitations faculty face regarding certain clinical experiences, YouTube offers an avenue for students to visualize concepts they may not otherwise have the opportunity to see during the course. Faculty have noticed that

students have also begun to use YouTube videos in their classroom presentations since they have incorporated YouTube videos in their presentation of material. There is little research on the effect of using of YouTube in classrooms in regard to student learning outcomes. However, Burke et al. (2009) noted faculty in various health disciplines believe YouTube is an effective teaching strategy with an expanding potential for greater use in health care and other disciplines. These authors recommend further research regarding the use of YouTube as a teaching strategy.

### References

- Agazio, J., & Buckley, K.M. (2009). An untapped resource: Using YouTube in nursing education [Electronic version]. *Nurse Educator*, 34, 23-28. Retrieved from <http://journals.lww.com/nurseeducatoronline/pages/default.aspx>
- Burke, S.C., & Snyder, S.L. (2008). YouTube: An innovative learning resource for college health education courses [Electronic version]. *International Electronic Journal of Health Education*, 11. Retrieved from <http://www.aahperd.org/aahe/publications/iejhe>
- Burke, S.C., Snyder, S., & Rager, R.C. (2009). An assessment of faculty usage of youtube as a teaching resource [Electronic version]. *The Internet Journal of Allied Health Sciences and Practice*, 7(1). Retrieved from [\[ijahsp.nova.edu\]\(http://ijahsp.nova.edu\)](http://</a></p></div><div data-bbox=)

Skiba, D.J., & Barton, A.J. (2006). Adapting your teaching to accommodate the net generation of learners. *The Online Journal of Issues in Nursing*, 11(2). Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN.aspx>

**Dawn Garrett Wright, PhD, RN, CNE**

*dawn.garrett@wku.edu*

**Cathy Hoots Abell, PhD, RN, CNE**

*Western Kentucky University*

*School of Nursing*

The authors have no financial or proprietary interest in the materials presented herein.

doi:10.3928/01484834-20110419-03