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C919: Facilitation of Context-Based Student-Centered Learning

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The purpose of this task is to examine various learning strategies, design a Community Health course outline, and effectively communicate how the learning strategies will meet the educational needs of a diverse student population.

Aspects of the Course

The learner will benefit from taking this course because it clearly outlines and covers the basics of Community Health nursing. Throughout the course the students will gain a superior sense of understanding of how public health nurses assist the community in a magnitude of ways including during community disasters, community violence, and care of patients through end-of-life, all while engaging in a variety of learning activities. This will make them better prepared for clinical practice, taking the NCLEX licensing exam, and preparing them for their career (WHO Regional Office of South-East Asia, 2012).

Some specific concepts that are emphasized in the course are improving assessment skills, providing compassionate care, identifying health issues and disparities within the community, and discovering resources for patients and families. We will utilize a variety of educational settings including traditional lecture and simulation. In a journal article by Walters, Potetz, & Fedesco, they stated that students performed better on quizzes and perceived the learning environment to be more student centered when they included simulations (Walters, Potetz, & Fedesco, 2017).

This course is relevant to professional nursing practice by providing a learning environment that simulates real-life scenarios. With the use of simulations and research for an educational pamphlet for example, I will be able to assess their learning using active learning

strategies. Their work can be used to assist the real community outside of the classroom setting (Shin, Sok, Hyun, & Kim, 2015).

Cultivation of Course

The weekly course module topics provide a foundation and framework for the students taking the Community Health course. The progression of class concepts starts out with simply learning about community health and what the nurse's roles and responsibilities will be. From there, students will learn about assessing a community and implementing a community assessment. It will be important to look at community demographics to assess its needs. After we learn about the community assessment, we will look at some of the health disparities that exist for people and communities. This will assist students in learning how to best help their community and foster and promote health. Next, we will research mental health and treatments as this illness is one that affects people across all age groups, cultures, communities, and socio-economic groups. Surely these learners will encounter a multitude of patients in their practice that will need mental health care. It is also important to examine the setting of your community in relation to safety and violence as these can be reasons why some people do not access healthcare appropriately or at all. Following that topic, we will examine environmental health concerns. From natural disasters, chemical issues, to illness such as COVID, the community health nurse will encounter a multitude of issues that will affect the community. During the last two weeks of the course we will look at caring for the aging population, end-of-life care, and hospice. The learner will understand the importance of understanding this population and treating them with the dignity and respect they deserve. We will also discuss the resources available to patients and their families. It will be important to note how people deal with grief and how the community health nurse can provide support to these patients and their families.

This course will lay a foundation for students in understanding what community health is by learning how to care for patients at the end of their life. The principles learned will build upon each other, thus preparing the next generation of community health workers.

Student-Centered Learning

The Community Health course is an introductory course and will have a focus on student-centered learning. Student-centered learning, or learner-centered learning, focuses on the needs of the student. "Learning-centered courses are based on initial assessments of students' learning needs and are then designed to foster student inquiry, to facilitate students' learning as they construct their own knowledge, to promote interaction and collaboration, and to allow for choice in learning experiences and methods of assessment and evaluation (Billings & Halstead, 2016, p. 160). Throughout the 8 weeks students will engage in a variety of learning activities that will challenge them as they grow in their knowledge of community health. In week 1, students will be learning what even is community health? I want to start out the course with an activity that will allow the students to feel comfortable with myself and their peers. An ice breaker activity can be a fun way to get rid of any nerves so we can dive into the course. During week 2, we will learn about performing a community assessment. We will be performing a values clarification and personal reflection for this week's activity. This activity is an excellent way for students to understand any biases or personal judgements they may have that could potentially carry over into their assessment. In week 3 we talk about health disparities and how they can hinder the accessibility of healthcare altogether. This week the students will complete a concept map. This visual aid will assist students in seeing the cycle of events that can contribute to health disparities. Week 4 deals with mental illness and treatments. The activity I chose was group projects and presentations. Group projects are an excellent way for a small group of students to

research a topic, and then further learn by teaching the rest of the class. This style offers reinforcement of the topic, as well as allows the other students to learn from their peers. The topic for week 5 is the nurse's role in a violent community, or community violence. We will be using the simulation laboratory to work through scenarios so students can problem solve and brainstorm with each other about how they would handle different situations. This affords them the opportunity to ask questions and go through scenarios multiple times. In week 6, we look at the nurse's role in implementing strategies for environmental health concerns. We will look at specific case studies of various types of disasters that have occurred in communities and discuss what was done to aid the community with clean up, etc. In weeks 7 and 8 we will discuss the specific challenges you can encounter when caring for an aging population, as week as discuss end-of-life care and what resources are available for patients and their families. I will incorporate role play and have students take turns being an elderly patient or their nurse. They will get a feel of how you must change your communication and care for this special demographic. Students will also create an educational pamphlet outlining end-of-life care and hospice and provide resource information for patients and their families.

It is important to provide a variety of learning strategies during a course in order to reach the greatest number of students. Providing your students with varied activities promotes creativity, student engagement, and fosters an environment of success.

Professional Standards and Guidelines

The weekly key concepts for this Community Health course align best with the Quad Council Competencies (QCC) for Public Health Nurses. The QCC consist of 3 tiers for Community/Public Health Nurses. Tier 1 applies to generalist nurses carrying out everyday operations. Their functions include home visits, working with at-risk populations, data collection

and analysis, and outreach activities. Tier 2 Competencies apply more to supervisory and management positions. These nurses will oversee personal, clinical, family, and population-based health services, as well as budgets and policies. Tier 3 Competencies refers to upper management, as in executives and directors. Their functions include setting the mission and vision of an organization such as the public health department (Swider, Krothe, Reyes, & Cravetz, 2013). For this introductory Community Health course, the module topics and key concepts are most relevant for the Tier 1 nurse as they will be performing the essential functions of the day-to-day dealings with patients and the community.

Table 1

Key Concept Alignment with Professional Standards and Guidelines

Weekly Key Concept	Quad Council Competency	Alignment Explained
Week 1: What are the nurse's roles and responsibilities?	Tier 1, Domain 1:" Identifies the determinants of health and illness of individuals and families, using multiple sources of data" (Swider, Krothe, Reyes, & Cravetz, 2013).	The first week focuses on the role of the nurse as well as the needs of the community.
Week 2: How to implement a community assessment.	Tier 1, Domain 1:" Collects quantitative and qualitative data that can be used in the community health assessment process." "Assesses data collected as part of the community assessment process to make inferences about individuals, families, and groups" (Swider, Krothe, Reyes, & Cravetz, 2013).	The student learner will learn about collecting and assessing data in order to formulate a community assessment.
Week 3: The role of accessibility of healthcare to health disparities.	Tier 1, Domain 4: "Adapts public health nursing care to individuals, families, and groups based on cultural	We will look into health disparities related to different cultural groups to ensure culturally competent care.

	needs and differences" (Swider, Krothe, Reyes, & Cravetz, 2013).	
Week 4: Identify the most common mental illnesses and treatments.	Tier 1, Domain 1: "Practices evidence-based Public Health Nursing to promote the health of individuals, families and groups" (Swider, Krothe, Reyes, & Cravetz, 2013).	We will identify the most common mental health issues in order to promote the health of the community.
Week 5: The nurse's role in a violent community.	Tier 1, Domain 1: "Uses epidemiologic data and the ecological perspective to identify the health risks for a population. Identifies individual and family assets and needs, values and beliefs, resources and relevant environmental factors" (Swider, Krothe, Reyes, & Cravetz, 2013).	The student learner will examine violence in communities and how it relates to health risks.
Week 6: Discuss the nurse's role in implementing strategies for environmental health concerns.	Tier 1, Domain 1: "Uses epidemiologic data and the ecological perspective to identify the health risks for a population. Identifies individual and family assets and needs, values and beliefs, resources and relevant environmental factors" (Swider, Krothe, Reyes, & Cravetz, 2013).	We will identify and examine the environmental factors for a community as they relate to health risks.
Week 7: Discuss the challenges related to health care for seniors and their families.	Tier 1, Domain 3: "Utilizes a variety of methods to disseminate public health information to individuals, families, and groups within a population" (Swider, Krothe, Reyes, & Cravetz, 2013).	We will learn about the specific challenges and concerns related to caring for the aging population and their families.
Week 8: Identify the different types of resources available for people affected with end-of-life care.	Tier 1, Domain 3: "Utilizes a variety of methods to disseminate public health information to individuals, families, and groups within a population" (Swider, Krothe, Reyes, & Cravetz, 2013).	The student learner will research the available resources for patients and families dealing with end-of-life care. After identifying these resources, the student will prepare an educational pamphlet.

Alignment of Weekly Key Concepts to Overview

In the course outline for the Community Health class, I have outlined the topics that will be discussed throughout the course. The learner will start by understanding exactly what Community Health nursing entails, as well as what the roles and responsibilities of the nurse will be. From there, the learner will learn how to implement a community assessment in order for them to be able to meet the needs of their community. They will understand how to identify health disparities within the community so they will be able to address them and limit several of them from being an issue. The course will look at care throughout the lifespan and highlight mental health, care for the aging population, and end-of-life care including hospice care. The course also examines violence in the community and environmental disasters including what resources would be available to the community. While the course will not be an all-inclusive summary of what the learner can expect as a Community Health nurse, but it will lay a foundation for understanding the importance of such a role in the community.

Course Outline Relevance

Planning and creating a course outline/lesson plan is relevant to the ANE role in multiple ways. Lesson planning is more than just making goals for a class. Before you can decide what content will be taught or what teaching method to use, you must first decide what the learner is expected to accomplish by the end of the class (Bastable, 2019). The ANE should assess how the course fits into the overall academic program and that the flow of the course is appropriate. The ANE must ensure the course content is relevant and up to date. Course design follows a sequential algorithm and starts with predesign. In predesign you must begin by “understanding the learning background and experiences of the students who will enroll in the course” (Billings

& Halstead, 2016, p. 160). As the educator for the course, you will be the one following the academic plan, ensuring you reach a diverse group of learners, and preparing these learners for their career ahead. Faculty should also review recommendations and requirements from national organizations and regulatory agencies to make sure your course aligns with their licensing requirements (Billings & Halstead, 2016).

Learning Strategies

Three active learning strategies used in my course outline are using the simulation laboratory, group projects/presentations, and examining case studies. These active learning strategies are useful in reaching students who learn by doing, teaching, and note taking. Using a variety of teaching and learning strategies helps reach the greatest number of students from diverse backgrounds because we know that not everyone receives information the same way. Some learners do better in an environment where they are learning by doing, and others prefer researching and presenting. The most common learning strategy is called VARK (video, aural, read/write, kinesthetic) (Bastable, 2019, p. 158-159). The use of simulations would reach learners who perform better kinesthetically as they will be performing tasks hands on in the simulation laboratory. The use of group projects or presentations would benefit learners whose learning style is more reading/writing focused. These students would be doing gathering information, writing a paper or completing a posterboard, and then presenting that information to their classmates. Lastly, the use of case studies aligns with aural learners as they prefer to hear information and speak the answers. These learners will benefit with this activity because we will learn about case studies verbally and discuss them as a class, allowing for questions and feedback. As you can see, there are a variety of learning activities educators can offer in order to reach the needs of a remarkably diverse student population.

Implementation of Learning Strategies

As stated in my course outline, in week 5 of this course I will utilize the simulation lab with my students. The students will be given a scenario at the beginning of class and have time to discuss and ask questions. We will utilize a life-like simulation mannequin that will be programmed for a trauma type scenario. The students will be able to ask their "patient" questions, perform vital signs, start an IV, insert a urinary catheter, and even participate in a mock code drill (Oermann, DeGagne, & Cusatis Phillips, 2018). This experience will give the students a real-life feel in a controlled environment. We will be able to debrief at the end and even perform tasks again that they have questions about or felt uncomfortable doing.

The use of the simulation laboratory will be able to reach the diverse needs of learners by giving them real-life hands-on practice scenarios, as well as a printed copy of the scenario. This activity reaches the kinesthetic learners who need to perform an activity, learners who like to read and process things intellectually on their own time, and learners who need to see a scenario to gain knowledge.

Assessment of Learning Needs and Styles

Learning style is defined as "the way that learners learn that takes into account the cognitive, affective, and physiological factors affecting how learners perceive, interact with, and respond to the learning environment" (Bastable, 2019, p. 139). The predominant learning style addressed by the simulation strategy is the VARK (visual, aural, read/write, kinesthetic) model (Bastable, 2019). What this learning style indicates is that this model addresses the most common learning styles from a varied and diverse community of learners. There are some learners who need visual aids incorporated into the teaching to reinforce the lesson while other learners thrive during lecture and note taking. Still others require a hands-on experience to grasp

a lesson and others need to gather bits and pieces from each style and study and ponder upon it (Bastable, 2019).

Kolb's Experiential Learning Model was developed by David Kolb, a management expert from Case Western Reserve University, in the early 1970's. Kolb's theory on learning style is that "it is a cumulative result of past experiences, heredity, and the demands of the present environment" (Bastable, 2019, p. 152). He hypothesizes that learning is the result of a learner's perception and how well they perceive. Learners complete a 20-item questionnaire, and their answers reflect their learning style. Ultimately, learners are categorized into 4 groups: concrete experience (feeling), reflective observation (watching), active experimentation (doing), and abstract conceptualization (thinking) (Bastable, 2019). This model is reflective of the use of a simulation activity in my course outline as it incorporates a portion of each category in the lesson, thus reaching a highly diverse community of learners. Learners that identify as feeling, watching, doing, and thinking will all gain something from a simulation activity.

I feel the style of learner who will benefit the most for this learning strategy are visual and kinesthetic learners. They are identified as the "V" and "K" in the VARK model discussed earlier (Bastable, 2019). These learners can watch and observe while also being an active participant in the simulation.

Clinical Reasoning and Self-Reflection Skills

Billings & Halstead define clinical reasoning as "the process by which nurses and other clinicians make their judgements, and includes the deliberate process of generating alternatives, weighing them against the evidence, and choosing the most appropriate one" (Billings & Halstead, 2016, p. 28). This clinical reasoning is important for nurses because they use their critical thinking skills and reasoning across time in the workplace to notice things like changes in

their patient status, for example. Along with this is personal reflection, or as the text refers to it "reflective clinical reasoning" (Billings & Halstead, 2016, p. 28). This time of personal reflection is critical to nurses for deconstructing information that requires reform or innovation. In the clinical setting, physicians and nurses will also meet for debriefing sessions following a stressful situation. This allows clinicians across multiple disciplines to come together and discuss what went well and what could have been improved upon. With regards to the Community Health course, the use of a simulation laboratory will benefit learners by providing scenarios for students to work through. In these scenarios, they will be able to self-reflect on what went well, as well as what could be improved. Follow-up activities could be journal entries reflecting their perception of the scenario along with an explanation of their reasoning and rationale. Going forward, learners will be better prepared to enter the workforce having had learning opportunities that challenged them through personal reflection and clinical reasoning.

Learning Environments

As a nurse educator, it is important to incorporate different learning strategies to foster student-centered outcomes while promoting interprofessional collaboration and teamwork. These learning strategies will vary based on the setting. As a nurse educator in a face-to-face, or classroom setting, I would utilize a portion of my time with my students engaged in lecture. I believe this is important as it gives the student time to clarify and ask questions. I would also engage students in a multidisciplinary panel discussion with role play. Students can take turns acting as a different member of the multidisciplinary team so they can learn how to collaborate with other disciplines to gain the best outcomes. I feel as though the transition to professional clinical practice will be smoother for them with this type of learning activity. They will learn

teamwork and collaboration in a safe environment, skills that are needed in the clinical environment (Oermann, DeGagne, & Cusatis Phillips, 2018, p. 66-67).

In the online format for a course, I would use a similar format to the face-to-face learning activity except for it being given virtually. For the online version of this activity, I would gather students from various other programs to collaborate with the nursing students. They would engage in a multidisciplinary discussion first in their own discipline, and then switching to another discipline (Oermann, DeGagne, & Cusatis Phillips, 2018, p. 70). I have seen how nervous students can become in the clinical setting so this format would allow time for students to settle some of their nerves before entering the clinical setting. If my students are comfortable and confident within the online format, I believe they will be more likely to make the transition from student to clinician with an understanding of the importance of interprofessional collaboration and teamwork.

In looking at how I can enhance a student's clinical experience, I feel that simulation is an excellent learning tool for students. "Simulation is a technique, not a technology, to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion" (Oermann, DeGagne, & Cusatis Phillips, 2018, p. 65). In the simulation setting, students across different disciplines can come together and engage in mock code drills, rapid blood administration drills, and difficult patient scenarios, to name just a few. In the clinical setting, students can engage with participants across multiple disciplines (MD, Respiratory Therapy, Physical Therapy, Pharmacy, and nursing staff) by participating in grand rounds, clinical simulations, and multidisciplinary panel discussions to understand and see how multidisciplinary teamwork and collaboration really

work. The possibilities are endless and allow the students to build interprofessional relationships and build upon each other's previous experiences and knowledge.

Nursing Students' Experiences

Most educators feel ill-prepared to teach a course on cultural competence, much less feel prepared to teach to a culturally diverse student population. The idea of cultural competence for patients is addressed in nursing school and in the clinical setting, but educators need to be in tune with their students to ensure they are learning what is being taught (Waite & Calamaro, 2010). In this scenario, the community health instructor has a class of 40 students from various age groups, life experiences, and cultures. It is important for the instructor to understand that they have students who may be attending college just out of high school, and they may have students that are adult learners entering a second career. These two groups of students will have different perceptions about life as well as different learning styles. One student may be more technology driven while the other may require more lecture time. There may be students who come from a low-income background and are the first in their family to attend college and have students whose parents are college educated. These students' diverse cultures will lend them differing learning styles.

As a nurse educator you must be well versed on different learning strategies. Education has come a long way in understanding that learning is not a "one size fits all" model. What makes sense to one student may not "click" with another. It is also extremely important to build a comfortable learning atmosphere free from judgement and ridicule as this will quite possibly alienate some students and hinder their learning.

When looking at life experiences and how they can influence a student's ability to learn I would like to focus on the LGBTQ community. There are approximately 8 million people

worldwide that identify in this community. This can be challenging in how nurses care for this population, but we need to remember that there are many health care workers entering the clinical setting from the LGBTQ community as well. The disparities in this group include social stigma which creates undue stress, job discrimination, and often a lack of health insurance (Bastable, 2019, p. 325). For these reasons and many others these students present a unique learning style and bring an equally unique set of life experiences with them into the classroom setting. As it is important to understand how to communicate to patients from this diverse community, it is also important to communicate and educate in a way that is inclusive. An educator should be familiar with the language, terms, and labels preferred by these learners. Creating an environment that is welcoming and non-judgmental is crucial as students from the LGBTQ community may already feel judged by society and may expect that in the classroom setting as well. I also believe if we can build solid principles in the classroom that they will carry over to our nursing practice and make us more accepting and non-judgmental with our patients.

Finally, it is important to discuss how societal experiences can influence a student's ability to learn. As stated before, students come from many different backgrounds. It is not uncommon to have students where English is not their primary language spoken at home or having a student who was born and raised in a different country. These factors will affect a student's ability to understand material as they may have to understand the language first in order to understand the content. Socioeconomic Status (SES) is the "single most determinant of both physical and mental health in our society" (Bastable, 2019, p. 327). There is social stigma related to income level, family dynamic, family education level, and where you live geographically. Students may enter the classroom already feeling inadequate and underprepared

compared to their peers. It is vital for the nurse educator to create a non-threatening learning environment for all students, full of a variety of learning strategies, where they will be able to learn and thrive.

Learning Theories

The learning theory that I feel can be applied to the development of a nursing education course is the Humanistic theory. In this theory, the mindset is that each learner is unique and that all individuals have a desire to grow in a positive way (Bastable, 2019, p. 90). The Humanistic theory fits so well with education because we see students from different cultures, sexes, age groups, religious beliefs, and so on. It is understandable that education simply cannot be a "one size fits all" establishment. Some learners need hands-on experiences to understand a concept, while others need to read instructions for anything to make sense. For example, when I was in nursing school, we had a "see one, do one, teach one" model. In our simulation lab we would watch our instructor perform a task, then we would do it ourselves, then we had to teach it to another student. This style incorporates three different learning strategies to reinforce what is being taught, thus providing a better learning experience for students.

The Humanistic theory is referred to as a learner-directed approach. Educators build a relationship with the students in such a way to promote a learning environment that is unique to each student. The central purpose is not just to master facts, but to foster curiosity, enthusiasm, and initiative (Bastable, 2019).

As an educator, if you can apply the principles of the Humanistic theory to your class then you will reach a much broader audience of learners. In doing this, you are setting your students up for success by providing them with a learning environment that suits their unique learning style.

References

Bastable, S. B. (2019). *Nurse as Educator: Principles of Teaching and Learning for Nursing Practice* (5th ed.). Burlington: Jones & Bartlett Learning.

Billings, D. M., & Halstead, J. A. (2016). *Teaching in Nursing: A Guide for Faculty* (5th ed.). St. Louis: Elsevier Health Sciences.
ISBN: 978-0323290548

Oermann, M. H., DeGagne, J., & Cusatis Phillips, B. (2018). *Teaching in Nursing and Role of the Educator: The Complete Guide to Best Practice in Teaching, Evaluation and Curriculum Development* (2nd ed.). New York: Springer Publishing Company.

Pijl-Zieber, E. M., & Grant Kalischuk, R. (2011). Community Health Nursing Practice Education: Preparing the Next Generation. *International Journal of Nursing Education Scholarship*, *8*(1). doi:10.2202/1548-923x.2250

Shin, H., Sok, S., Hyun, K. S., & Kim, M. J. (2015, March). Competency and an active learning program in undergraduate nursing education - Shin - 2015 - Journal of Advanced Nursing - Wiley Online Library. Retrieved February 25, 2021, from https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.12564
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Swider, S. M., Krothe, J., Reyes, D., & Cravetz, M. (2013). The Quad Council Practice Competencies for Public Health Nursing. *Public Health Nursing*, *30*(6), 519-536. Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1111/phn.12090?saml

Waite, R., & Calamaro, C. J. (2010). Cultural Competence: A Systemic Challenge to Nursing Education, Knowledge Exchange, and the Knowledge Development Process. *Perspectives in Psychiatric Care*, *46*(1), 74-80. doi:10.1111/j.1744-6163.2009.00240.x

Walters, B., Potetz, J., & Fedesco, H. (2017, December). *Simulations in the Classroom: An Innovative Active Learning Experience - ScienceDirect*. Retrieved February 25, 2021, from https://www.sciencedirect.com/science/article/abs/pii/S1876139916302158 Volume 13, Issue 12, P. 609-615 https://doi.org/10.1016/j.ecns.2017.07.009

World Health Organization. Regional Office of South-East Asia. (2012). A framework for community health nursing education. WHO Regional Office of South-East Asia. Retrieved from https://apps.who.int/iris/handle/10665/204726