Test Bank for Teaching and Learning in a Concept-Based Nursing Curriculum 1st Edition by Ignatavicius

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Teaching and Learning in a Concept-Based Nursing Curriculum: A How-To Best Practice Approach

Discussion Questions

Chapter 1: *Essential Elements of an Effective Nursing Curriculum*

1. Most full-time nursing programs require a master's in nursing degree; however, very few require educational expertise. What type of issues can arise when clinical experts rather than educational experts are designing curriculum?

2. Nursing program accreditation is a voluntary process; however, most nursing programs at all levels seek this recognition. From the educators' perspective, do the pros of accreditation outweigh the cons?

3. Depending on the program, some liberal arts and science courses are taken prior to or concurrent with nursing courses. How do courses in art, music, or religion support a nursing program curriculum?

Chapter 2: *Traditional Learning vs. Conceptual Learning*

1. An important benefit to using the conceptual approach is the increased focus on nursing practice rather than emphasizing the medical diagnosis. What impact, if any, could this have on the working relationships between nurses trained in this method versus veteran nurses trained in traditional methods?

2. Nursing education researchers have identified lecture-style presentations as a contributing factor to the difficulty of new nursing graduates in providing safe and effective patient care. Yet, nursing education has been slow to embrace the transition from teaching to learning. How can nursing program administrators assist their educators in making this change in approach?

3. According to O'Banion, offering many options for meaningful student learning is a key learning principle of a learning college. What are some ways that nursing educators can ensure that their students are receiving those options?

Chapter 3: *Developing a Nursing Concept-Based Curriculum: A 12-Step Approach*

1. As concept-based education began to surface in nursing education, opponents of the approach argued the inevitable decline in NCLEX pass rates because less content was taught. That has not been the case, and despite unbiased evidence, opponents of the CBC approach continue to maintain their position that "it just doesn't work." How can you counter those arguments? Should you try?

2. Experts in concept-based curriculum warn that nursing programs in the middle of a curricular redesign should not add additional content. Do you agree? Why or why not?

3. To what degree, if any, do you believe non-nursing professionals (i.e., educators, publishers, and information technology professionals) should participate in the development of prelicensure and graduate nursing concept-based curriculum?

Chapter 4: *Developing Student Learning Outcomes (SLOs) for Conceptual Learning*

1. Many nursing programs use a "skills checkoff" as a high-stakes assessment in the psychomotor domain. The fact that this type of high-stakes testing is not recommended by the National League of Nursing (NLN) and the nursing accrediting bodies has been ignored by these programs. Why do you think programs are hesitant to replace the "skills checkoff" with a more appropriate, evidence-based assessment?

2. What do you consider to be most difficult when developing student learning objectives? Are conceptual learning SLOs more or less difficult to write than traditional learning objectives?

3. The terms *understand, appreciate,* and *be aware of* are verbs that have been used to describe student learning in nursing programs for many years. They are vague and either not observable or not measurable with any degree of objectivity. If your program has yet to embrace concept-based curriculum (CBC), or if you are in the process of transitioning to a CBC, and these verbs are still present in your learning objectives, how are you currently fulfilling the requirements of the learning objective?

Chapter 5: *Teaching and Learning in the Concept-Based Curriculum*

1. A lot of information is available regarding the difficulties experienced by instructors when making the transition to a concept-based curriculum (CBC), but little is information is available about the difficulties that students experience. Consider the student who has just completed prenursing classes. The student is used to lecture-based courses where content is typically memorized (anatomy and physiology) and tests are used to measure the ability to recall that information. How would you identify a student who is having difficulty with a CBC? How can you intervene?

2. Classrooms from kindergarten through doctoral programs are filled with individuals who share common traits. Armed with the understanding of learning preferences, discuss various ways to bring those different learning styles together in collaborative learning activities.
3. Determining the thinking styles of your students can be very useful when planning teaching/learning strategies. Consider the following student groups and discuss the various learning strategies most appropriate.

a. 20 students: 9 judicial thinkers; 6 legislative thinkers; 5 executive thinkers
b. 25 students: 4 baby boomer/judicial thinkers; 8 generation-X/legislative thinkers; 13 millennial/executive thinkers

Chapter 6: *Teaching in a Concept-Based Clinical Setting*

1. The academic-practice liaison is expected to assist in the education of all healthcare personnel who will be involved in the clinical units or agencies and the students, as well as provide continuing education opportunities for all nursing staff. Floor nurses have a high demand on their time and attention during their shift already, sometimes causing a hesitancy in adding additional responsibilities. How can this resistance be overcome?

2. Discuss the benefits for healthcare facilities who embrace and actively participate in a conceptual-based clinical experience for students. Could the relationship be used as a marketing/branding tool for the facility?

3. What concerns may a patient/patient's family have when they are told they are receiving care in a "teaching hospital" and from a student nurse?

Chapter 7: *Teaching in a Concept-Based Online Learning Environment*

1. Despite many research studies that conclude that flipped classroom models improved student-instructor interaction, student-centered instruction, and student preparation and learning, more students than not report that they prefer the traditional lecture model. Why do you think this is?

2. Taking a well-developed face-to-face nursing course and simply placing it in a learning management system online is rarely effective. Why?

3. Given the explosion in the use of online nursing programs, either as stand-alone programs or hybrid programs, how do you anticipate decisions relating to hiring nurse educators will change? Could a "new" nurse with less clinical experience become preferable to "veteran" nurse with significant clinical experience? Why or why not?

Chapter 8: *Using Concept Mapping for Conceptual Learning*

1. Nursing educators report a lack of knowledge as the main reason they resist using concept mapping as a strategy to engage students and improve critical thinking abilities. Other than having a faculty workshop, what other methods could be used to increase knowledge and decrease resistance to concept mapping?

2. Concept mapping fosters the development of group and collaborative learning. Why is this an important tool to use in online programs? Are there any obstacles to using concept maps if an online program is asynchronous? Synchronous?

3. In large nursing programs, grading/evaluating concept maps can be difficult for one instructor. How can you decrease the time needed to evaluate each concept map without compromising accuracy? Could other learning activities be created that would include the evaluation of the case studies?

Chapter 9: *Using Case Studies for Conceptual Learning*

1. Case studies are an invaluable tool to improve critical thinking and clinical reasoning skills. Many nursing instructors in current programs either had limited exposure to case studies in their training or have had limited training in coaching/mentoring students who are developing case studies. How could this lack of training impact the efficacy of case studies as a learning tool?

2. The Cazzell and Anderson (2016) clinical simulation study mentioned in this text equated critical thinking with the classical executive functions of problem-solving, information processing, planning ahead, working memory, and attention. Select any case study that has been assigned to students in your nursing program and discuss how they present themselves. Are all executive functions present?

3. What does it mean to "think like a nurse"?

Chapter 10: *Evaluating Learning in the Concept-Based Curriculum Classroom*

1. Discuss why some nursing programs continue to use standardized tests as high-stakes evaluations, despite the National League for Nursing's (NLN's) recommendation not to use high-stakes testing.

2. Nursing programs sometimes utilize commercial standardized testing products to determine if the student is able to progress to the next course. Other's utilize the standardized tests as a tool to help students simulate the NCLEX® environment. Are there other ways that these tools can be used? What considerations should be made?

3. As the new Clinical Education Nurse for a Level 3 teaching hospital, it is your responsibility to evaluate, suggest, create, and incorporate both nonclinical and clinical programs that improve medical practices for patients' safety and well-being. The nursing program attached to the hospital is in the process of transitioning to a concept-based curriculum, and you have met with the academic-practice liaison to discuss the need for in-service and other educational materials to for the hospital staff.

Through your role as clinical education nurse, how can you support the nursing program through this transition?

Chapter 11: *Evaluating Learning in the CBC Clinical Setting*

1. Consider the following scenario: Maria is an excellent student who consistently performs well on theory and clinical evaluations. On the last day of the clinical rotation, Maria was unable to perform the skill successfully after three attempts. You have seen Maria perform a specific task in simulation labs flawlessly, yet when attempting the skill with a live patient, she was unable to demonstrate competency. Do you take Maria's successful simulation demonstration in consideration? Why or why not?

2. The Quality and Safety Education for Nurses (QSEN) project has created quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency. The Safety competency lists as one of the indicators of knowledge as "Discuss effective strategies to reduce reliance on memory." As the clinical nurse educator, how would you know if a student was discussing effective strategies?

3. The clinical experience for student nurses is critical. This is the place where "the rubber meets the road" so to speak. Theory is put into action and there is little room for error. The clinical educator has the awesome responsibility of ensuring that the students are learning, without compromising the safety of the patients they are working with. How can a concept-based curriculum support the clinical educator, the student nurse, and even the patient when student nurses are learning in on-site clinical rotations?

Chapter 12: *Determining Methods for Concept-Based Program Systematic Evaluation*

1. All faculty need to participate in systematic evaluation; however, some programs assign program evaluation responsibility to a committee. How can the program director ensure that all faculty members are participating, if the reporting responsibility rests with a selected group?

2. Discuss the pros and cons of using the Donabedian model, the Piskurich criteria, and the Stufflebeam "CIPP" model for approaching program evaluation. Are there risks in combining one or more of these approaches?

3. If the nursing faculty set an expected level of achievement (i.e., "90% of graduating students will score 850 or above on the HESI Comprehensive Exam after two attempts") and less than 90% score 850 or above, the faculty must analyze the data to determine what curricular concepts that might need improvement. What are potential issues that can arise as this process takes place?