



**Teaching and Assessment
for Nursing and Allied Health Educators
Supplement**

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**INTRODUCTION TO THE *TEACHING AND ASSESSMENT FOR NURSING
AND ALLIED HEALTH EDUCATORS SUPPLEMENT***

Introduction

A message from the Lead Advisor



Demand for nursing and allied health education continues to increase nationally. In the face of a longstanding shortage of qualified educators, many nursing and allied health programs have incorporated clinical adjunct faculty as important partners in their teaching and learning endeavors.

Typically, adjunct faculty members are skilled clinicians, not skilled teachers. To assume that, by virtue of their clinical acumen, adjunct faculty are academically and theoretically equipped to teach is to ignore the complexity of healthcare education itself.

Comprehensive and timely, the *Teaching and Assessment for Nursing and Allied Health Educators (TANAHE)* program provides support to all clinical educators (including adjunct faculty members) as they address some of the dilemmas inherent within clinical education.

The program addresses not only objective, information-based material vital to enacting clinical faculty roles, but also many of the more subjective, soft skills necessary to faculty members' effectiveness and subsequent student learning. It supports faculty members' discernment of their strengths and areas for improvement.

The first course, 'Clinical teaching and learning', encourages participants to reflect on their responsibilities to learners, to their institutions and programs, and to the public. Topics include teaching in a logical sequence, preparing patients and learners for the teaching process, self-assessment, interprofessional practice, and clinical reasoning.

The second course, 'Clinical assessment, evaluation and feedback', outlines the fundamental concepts in clinical assessment. Topics include formative and summative assessment, criterion-referenced and norm-referenced assessment, effective documentation, workplace-based assessment, the use of simulation, and the provision of constructive and supportive feedback.

The courses can be studied independently or can be used in a blended approach appropriate to other forms of professional development offered in your institution. Each course is extensively referenced with the work of leading clinicians and educators. Embedded interactive activities, video, and audio clips highlight key points, provide strategies, prompt reflection, and help to consolidate your knowledge.

This *Supplement* begins with a series of questions you need to answer as you prepare to implement *TANAHE*. Implemented effectively, the program will provide a valuable resource for many years, offering much to support both new and experienced clinical educators.

I hope you will enjoy, question, and engage with the material, which we have developed with Epigeum. For further updates and information, you can visit the support pages on the Epigeum website (www.epigeum.com).

**Dr. Laura Dzurec PhD, PMHCNS-BC, ANEF,
Dean of the School of Nursing at Widener University,
Lead Advisor**

The Teaching and Assessment for Nursing and Allied Health Educators program

The *Teaching and Assessment for Nursing and Allied Health Educators (TANAHE)* program is designed to support all clinical educators, including adjunct faculty members, as they address some of the issues inherent within clinical education. It intends to help those with teaching responsibilities to become more proficient in tailoring and preparing their teaching according to learner needs and diverse educational settings; in developing clinical reasoning skills; in involving patients in the learning process; in designing appropriate assessments; in delivering and receiving feedback; and in addressing potential challenges. Ultimately, it aims to help educators ensure that the clinicians of tomorrow are fit to practice.

The program contains two courses:

- ▶ Clinical teaching and learning
- ▶ Clinical assessment, evaluation and feedback

The Teaching and Assessment for Nursing and Allied Health Educators Supplement

This *Supplement* is provided as an accompaniment to the *Teaching and Assessment for Nursing and Allied Health Educators* courses to support, extend and inform institutions' use of the online program.

The *Supplement* is divided into three main sections:

Section 1: Implementation for course leaders

This section is for those who are in charge of running the *Teaching and Assessment for Nursing and Allied Health Educators* program at their institution and are responsible for monitoring the participants¹. This section contains:

- ▶ A general introduction to the components of the *Teaching and Assessment for Nursing and Allied Health Educators* program
- ▶ Guidelines on the key decisions you need to make on how to integrate the *Teaching and Assessment for Nursing and Allied Health Educators* program into your existing training provision
- ▶ Advice on how to ensure that your target audience knows about the program and can access it easily, so that it attracts users and is well supported by your institution
- ▶ Suggestions on how to gather feedback and evaluate the effectiveness of the program.

Section 2: Installing the courses in your LMS/VLE

This section is for those who are in charge of the technical implementation of the courses in your institution's LMS/VLE. It contains links to online support videos to help your IT team with every aspect of installing and customizing the courses to your institution's particular needs and preferences.

Section 3: Supplemental activities

This section contains at least 30 hours of additional material written by the authors to accompany their courses, and is divided into two parts:

- ▶ An overview of the material available, to help you map it against the online course content
- ▶ A range of instructor-led and peer-to-peer communicative activities, including implementation instructions and resources where applicable.

This *Supplement* is available in both Word and PDF form – the former so that you can extract and edit the activities should you so wish. If you are viewing the *Supplement* in Word document form, you may find navigation easier with the 'Document Map'/'Navigation Pane' enabled (go to the 'View' toolbar and check 'Document Map' or 'Navigation Pane'). You can then move between sections using the left-hand navigation bar.

For further updates and information, you can visit the support pages on the Epigeum website at:
<https://epigeum.com/customer-support/>.

¹ The term 'participant' is used in this *Supplement* to mean users/individuals who are taking the *Teaching and Assessment for Nursing and Allied Health Educators* program.

SECTION 1: IMPLEMENTATION FOR COURSE LEADERS

The Epigeum 11-stage implementation method

Epigeum courses can be used in a variety of different ways – in fact, no two institutions have yet implemented the courses in exactly the same way.

Epigeum has developed an 11-stage method covering all aspects of implementation – from developing the initial vision through to resourcing and timelines (see box below for an overview). This *Supplement* covers some highlights and key areas, focusing in particular on steps 3, 4, 8 and 9.

For a more in-depth training session covering all eleven stages, or for answers to any other implementation-related questions, please contact us at implementation@epigeum.com.

The Epigeum 11-stage implementation method

1. Vision, goals and stakeholders
2. Your team
3. Your pedagogical approach(es)
4. Your technical implementation
5. Your organizational implementation
6. Use of pilots
7. Training and support
8. Communication plan
9. Evaluation
10. Timeline
11. Resources.

Components of the *Teaching and Assessment for Nursing and Allied Health Educators* program

| Component | Description | Approx. duration per course | Where can I find this material? |
|---------------------------------|---|-----------------------------|--|
| Self-study courses | <p>Core online component: The core of the <i>Teaching and Assessment for Nursing and Allied Health Educators</i> program consists of the two self-study courses.</p> <p>Each course consists of a series of screens (web pages) containing text, videos and activities.</p> | 1.8 – 2.2 hours | Refer to the 'release' email sent by Epigeum to download and log in to your <i>TANAHE</i> courses. |
| Portfolio activities | <p>Additional online component: Portfolio activities are placed in 'Portfolio activity' pods² on the right-hand side of the screens, within the online courses. They provide the opportunity for participants to research and reflect further and to relate the topic of a screen to their own context. They can be completed by participants independently and do not require an instructor or customization. These activities are not contained in the core online component.</p> | 9 – 10 hours | For further information on installing the courses, see Section 2 of this <i>Supplement</i> . |
| Communicative activities | <p>Additional content: These activities are not contained in the core online component. Instead, they are optional, additional content, contained in this <i>Supplement</i> and designed to accompany and expand on material worked through in the self-study courses. There are two types of communicative activity:</p> <ul style="list-style-type: none"> ▶ Peer-to-peer activities, which encourage participants to interact with one another and share experiences through LMS-/VLE-hosted discussion boards or face-to-face discussions ▶ Instructor-led activities, which are designed to be led by an instructor, and include topics for workshop discussions and assignments. <p>The activities included in the program can be implemented either as peer-to-peer activities or as instructor-led activities, depending on the preference of the course leader. We have assigned activities to both activity types but these are suggestions only.</p> <p>These activities can be incorporated by universities throughout the <i>Teaching and Assessment for Nursing and</i></p> | 4.5 – 6.3 hours | Section 3 of this <i>Supplement</i> (either PDF or Word document form) |

² 'Pods' are pop-out boxes which appear in the right-hand margin of online course screens. They provide supplemental material in the form of further information and guidance, documents and examples to download, references and links to further resources and 'Portfolio activities'.

| | | | |
|--|--|--|--|
| | <i>Allied Health Educators</i> program, according to their requirements. | | |
|--|--|--|--|

An '[Index of supplemental activities](#)' is provided later in this guide to show where the portfolio and communicative activities map on to the screens in the self-study courses.

Key implementation decisions

From a pedagogical perspective, the courses in the *Teaching and Assessment for Nursing and Allied Health Educators* program can be implemented in a number of different ways, starting with a straightforward ‘plug and play’ (where courses are simply installed and used as they are) and moving through various levels of customization and instructor input.

Our strong recommendation for institutions using the *Teaching and Assessment for Nursing and Allied Health Educators* program is that they spend some time considering the key questions outlined below in order to make sure that it is implemented as effectively as possible for their particular context. Time spent planning and tailoring your implementation strategy early on will pay dividends in terms of the effectiveness of the courses.

The key questions covered are:

1. **Stand-alone or with additional materials and support?**
2. **Online or blended?**
3. **With or without communicative activities?**
4. **With or without instructors?**
5. **With or without customization?**
6. **In what order?**
7. **How to assess learning?**
8. **How to encourage further study?**

Please don't hesitate to [contact Epigeum](#) or arrange to attend one of our implementation workshops if you would like to explore any of these issues in more detail than is covered below.

Question 1: Stand-alone or with additional materials and support?

Stand-alone

The *Teaching and Assessment for Nursing and Allied Health Educators* program can be used as stand-alone training, without any additional engagement. If participants are sufficiently motivated, we are confident that they will gain significant skills and knowledge through the core course content alone – particularly if they complete the portfolio activities that are contained in the right-hand pods placed throughout the online course. Not offering any additional learning opportunities, whether online or in person, also keeps costs to a minimum.

With additional materials and support

In the online courses we have presented an excellent foundation in all of the course topics. However, the advice and (at least) 30 hours of additional materials we have provided in this *Supplement* can be used to develop a more extensive, challenging and effective training program for clinical educators at your institution.

If you decide to extend and supplement your *Teaching and Assessment for Nursing and Allied Health Educators* offering in this manner, we would suggest using the core online courses as background preparation for workshops/webinars, or as the framework for fuller courses.

The remainder of the questions in this section set out the options available if you **do** choose to enrich the *Teaching and Assessment for Nursing and Allied Health Educators* program by providing additional materials and support.

Question 2: Online or blended?

The additional materials and support you provide could be delivered face-to-face, online, or as a combination of the two.

Online

The primary advantages of the completely online approach are convenience and cost. Purely online courses are convenient because participants can take them at a time and place of their choosing. This is particularly advantageous if participants have difficulty in attending training sessions because of different locations and varied timetables.

Although by definition the online-only approach excludes face-to-face teaching, it can still include peer-to-peer interaction (for example, through discussion boards or webinars) and online instructor support, as outlined in questions 3 and 4 below. If this approach is taken, you will need to consider what support processes are required to ensure that the learning experience is engaging and accessible, e.g. online instructors, forums, support videos and documents.

Blended

By 'blended' we mean combining the online course content with face-to-face teaching and learning. The blended approach is more demanding in terms of time and resources, but adding a face-to-face element to your skills training provision is likely to motivate and benefit participants by giving them the opportunity to debate, challenge and extend the learning offered in the core online courses with peers and instructors. A blended approach also provides a valuable opportunity to foster a sense of collaboration and community among participants.

Question 3: With or without communicative activities?

The aims of the communicative activities (which are included in [Section 3](#) of this *Supplement*) are threefold:

- ▶ To facilitate dialogue between course participants
- ▶ To provide ideas for activities and workshop sessions (the 'instructor-led' activities)
- ▶ To provide opportunities for assessment.

The communicative activities represent a substantial body of additional material (around 11 hours across the program) to support and extend learning and, as mentioned above, can be used to extend the online course or as a basis for face-to-face contact time.

While the courses *can* operate independently of them, we would strongly recommend that, as a minimum, institutions spend time (not much is required!) to add them in online form throughout the courses in line with their needs. Further advice on how to implement the communicative activities can be found:

- ▶ In [Section 2](#) and at <https://epigeum.com/customer-support/> which includes guidelines on how to add the activities from a technical perspective
- ▶ In [Section 3](#), which includes an index of supplemental activities and where they slot into the online *Teaching and Assessment for Nursing and Allied Health Educators* courses.

Question 4: With or without instructors?

The courses in the *Teaching and Assessment for Nursing and Allied Health Educators* program have been designed to work either with or without instructors. Again, there are advantages to both approaches.

Without instructors

As mentioned, individual participants can work their way through the courses entirely independently, without intervention, instructors or customization. Using the courses in this manner enables participants to study at a time of their choosing and at little additional cost in terms of your time and money.

With instructors

Having instructors helps improve the effectiveness of the courses by:

- ▶ Prompting reflection and discussion of individuals' particular contexts
- ▶ Discussing scenarios and problems and exploring/sharing ideas for appropriate courses of action
- ▶ Getting feedback on practical outputs from the program.

These kinds of processes are more likely to take place if an instructor initiates and manages them to some extent. This can be done either face-to-face or online:

- ▶ **Face-to-face meetings involving a number of participants:** As mentioned above, many of the communicative activities can be used as a basis for face-to-face discussion. The online courses also include interactive activities and scenarios, and video interviews with professionals (and students) – all of which could usefully be viewed and discussed in a face-to-face session.
- ▶ **Online discussion with individual participants:** If you can establish online contact right at the start, and maintain it through regular, light nudges, the courses are much more likely to be successful.

In addition, instructors (whether online or face-to-face) can:

- ▶ Track participants' progress through the courses, assisting them as they get started, motivating them to reach the end and encouraging further study
- ▶ Respond to participants' questions on the material, both through asynchronous tools, such as discussion boards, and also by scheduling online office hours
- ▶ Enable the instructor-led communicative activities to be used
- ▶ Carry out more nuanced assessment of participants' learning, through participation in discussions and workshops/webinars (see below)
- ▶ Distribute reports on participation to stakeholders.

Question 5: With or without further customization?

As well as incorporating communicative activities, your license agreement for the *Teaching and Assessment for Nursing and Allied Health Educators* program allows you to customize the courses in other ways – specifically:

- ▶ **Deleting pages** (e.g. if certain pages are less relevant to your particular context)
- ▶ **Adding your own pages** (e.g. to include your institution's information and branding at the start of the course or to add extra case studies or material in line with your particular syllabus. We do ask that you make it clear that these are your own work, and not the authors')
- ▶ **Moving pages** (e.g. if you feel that certain sections are high priority and should be moved forward in the course)
- ▶ **Adding your own institution's logos and livery.**

Customizing the program in this manner will ensure that it is as appropriate as possible for your particular context. More specific information on selected customization options is included below. If you would like to customize the material beyond the steps outlined above, then please [contact us](#). We try to be flexible.

'Your context' pods

In both courses of the *Teaching and Assessment for Nursing and Allied Health Educators* program you will find 'Your context' pods in the right-hand margin of some screens, suggesting that participants research and locate their local guidelines, policies and relevant personnel. These pods have been specifically designed to help the student orientate themselves in their specific context. They can be customized to contain links and information particular to your needs.

We would strongly recommend customizing the 'Your context' pods with links to national, institutional, departmental or subject-specific information relevant for your faculty members. Details on how to do this are provided in [Section 2](#), and a summary of the locations of the 'Your context' pods is provided in the table below for ease of reference.

Once you have inserted this information at relevant points throughout the course, you may also wish to provide a single, complete list of institution-specific policies and resources in summary form at the end of the course, within the 'Closing' section. You can do this by inserting a new page – see [Section 2](#) for further information on how to do this.

| TANAHE: List of your context pod locations and content | |
|--|--|
| Screen | |
| ▶ Clinical teaching and learning | |
| Clinical teaching: The educator | |
| Clinical teaching: The patient | |
| Orienting yourself to academic nursing | |
| Interprofessional learning | |
| Accommodating special requirements | |
| ▶ Clinical assessment, evaluation and feedback | |
| Basic concepts in clinical assessment | |
| Being aware of bias | |
| Clinical and workplace-based assessment | |
| Simulation | |
| Feedback challenges | |

Question 6: In what order?

The two courses that make up the program can be taken in any order.

Two options are:

- ▶ Planning for an entire cohort to be studying the same materials at the same time, so that they can communicate with each other about them. The communicative activities (mentioned above and in [Section 3](#)) prompt online interaction with others, but in order for them to be useful, there need to be others who are doing much the same thing at much the same time.
- ▶ Enabling participants to learn what they need to 'just in time', i.e. when they are facing a particular challenge or have reached a particular point in their professional development.

The courses can be used for 'troubleshooting' as outlined in the second option above, but they are most effective when used collectively, providing clinical educators with a solid and comprehensive understanding of teaching and assessment approaches and techniques.

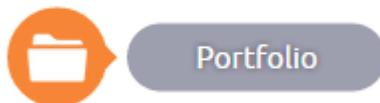
Question 7: How to make best use of the *Teaching and Assessment for Nursing and Allied Health Educators* portfolio?

Many of the portfolio activities in the online courses generate material that participants may wish to include in a portfolio. These are indicated by the icon shown below. Blank portfolio templates for both courses in the *Teaching and Assessment for Nursing and Allied Health Educators* program are available for participants to download and fill in as they work through the courses.

The resulting portfolio (made up of the separate portfolio activities and download documents for each course) can be used either as a learning tool, or as evidence that can be submitted as part of personal development reviews or to gain institutional recognition as part of a Continuing Professional Development (CPD) program.

In default mode, participants are encouraged to take advantage of these opportunities. When implementing the courses you may want to determine a policy regarding the *Teaching and Assessment for Nursing and Allied Health Educators* portfolio and communicate this to those taking the courses. For example, selected elements of the portfolio (or indeed, the whole thing) could contribute towards the assessment of your training program.

If you are planning to use the courses with instructors (see above), then they can encourage participants to begin on their portfolio as soon as they start work on the program. Instructors can also provide feedback on draft sections of a portfolio and could convene meetings between participants who are at a similar stage of developing their portfolio, to share and discuss the experience and how to make the most of it. If instructors are not available, participants could be encouraged to submit their portfolios to colleagues for peer review.



Question 8: How to assess learning?

Course quizzes

The final **multiple choice quizzes** at the end of each course are the default assessment mode³, testing both completion of the course and understanding. The quizzes are provided in a format that will allow you to add and remove questions after you have installed these in your LMS/VLE.

Activities, portfolio and assignments

When instructors are present, other methods can be used to provide additional and perhaps more nuanced opportunities to assess learning, such as the communicative activities (see above and [Section 3](#)) and the *Teaching and Assessment for Nursing and Allied Health Educators* portfolio (see above).

Question 9: How to encourage further study?

The 'Useful resources' pods and the Resource banks and References screens list external sources for participants who would like to read and explore beyond the core course content. Instructors can also provide useful support by making available additional reading material.

³ Please note that, because some institutions will want to use courses quizzes for official assessment and credit, we are unable to provide accessible/print versions of the quizzes, as these would reveal the correct answers. We would be happy to discuss options for providing the course quizzes to participants at your institution who are unable to use the interactive functionality, and to provide support on a case-by-case basis.

Marketing and encouraging uptake

The *Teaching and Assessment for Nursing and Allied Health Educators* program **can** be used as an off-the-shelf solution to skills training in clinical teaching and assessment approaches and techniques: it can be downloaded and installed directly on to your LMS/VLE and is then 'ready to go'. However, the best way to get the most out of the program is to spend some time **planning a strategy** for course implementation. As well as considering the questions in the previous section, you also need a plan for:

- ▶ How to secure buy-in from key project stakeholders
- ▶ How you will ensure that the courses reach those who need them.

Planning a strategy for implementation

Your decisions at this stage will have the largest impact on the rate of participant adoption.

1. Raise awareness with departments and other stakeholders

Securing the support of stakeholders at an early stage is a key way to ensure that you get the most out of the courses and that they are implemented in the best way to benefit your institution (see diagram below). Input from stakeholders will be important in helping you decide the rest of your implementation strategy.

2. Choose whether to run a pilot or to roll all courses out immediately

This will largely be determined by the immediacy of the demand for the training at your institution. If you have the time, a pilot study is an effective way to troubleshoot and refine your use of the courses.

3. Choose your delivery mode – blended learning or purely online

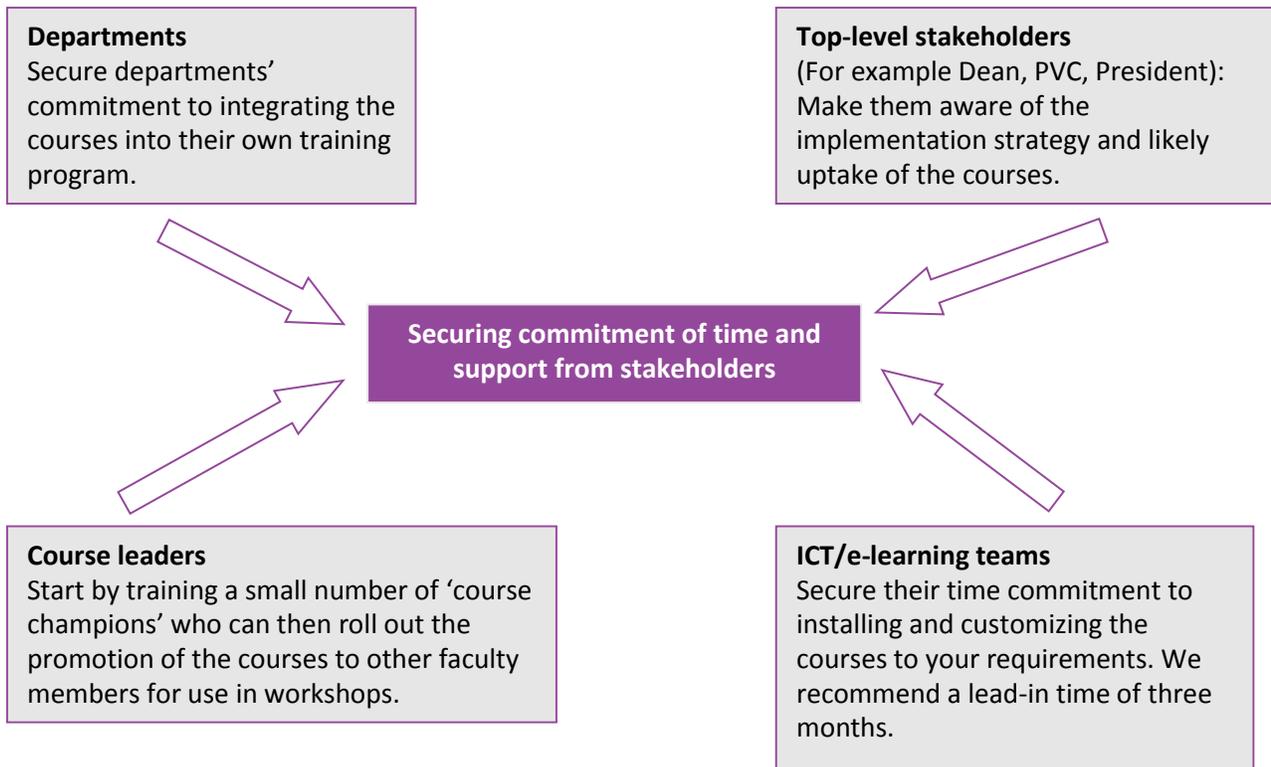
The courses are designed to function as stand-alone courses; however, they can be particularly effective when used as part of a blended approach (for further information, see '[Key implementation decisions](#)'), allowing more time for detailed and higher-level discussion in face-to-face workshops.

4. Adaptation

As we have already seen, courses can be adapted to your context. Add your own university logos, livery and links to give the courses the feel of a home-grown product.

Securing commitment of time and support from stakeholders

We have seen courses sit unused for over a year because key stakeholders have failed to give prior commitment of support. The diagram below gives some advice on how to avoid this happening at your institution.



Incentivizing participation

- ✓ Participants work best when there is an **incentive**. For example, you could award a certificate, course credits or digital badges to those who have completed the courses. This sends the message that your institution takes the program seriously, and it will significantly increase uptake rates.
- ✓ Use your department stakeholders – encouragement and direction from the top will also increase the level of adoption.

Following good practice for marketing and web promotion

- ✓ Ensure that your target audience knows about the *Teaching and Assessment for Nursing and Allied Health Educators* program and can access the courses easily.
- ✓ Advertise links to the courses prominently within your LMS/VLE. The general principle for web browsing is that users have an attention span of 'three clicks' to be taken to information.
- ✓ Give your online courses as much promotional prominence as your face-to-face workshops.
- ✓ Incorporate awareness of the availability of the online courses into induction training for new faculty.
- ✓ Promote the courses using the 'six Ws of marketing' principle:

- ▶ **What:** What are they expected to do? What's in it for them?
- ▶ **Why:** Why are they being asked to do this?
- ▶ **When:** When do they need to do this? When can they access the courses?
- ▶ **Who:** Who is asking them to complete this training?
- ▶ **How:** How do they use the courses?
- ▶ **Where:** Where can they access the materials?

The above exercise will help you develop a marketing message which you can promote through various communication channels, such as email, e-newsletters, induction activities and marketing materials.

Epigeum is on hand to help you with promoting the *Teaching and Assessment for Nursing and Allied Health Educators* program within your institution. We run implementation workshops (both online and face-to-face) in which we share our experiences of effective marketing. We can also provide you with marketing material, such as posters and handouts. Please [contact us](#) for more information.

Launching the program

- ✓ Set a date to officially launch the online courses at your institution. Include this date in any web promotion.
- ✓ Follow up the launch with email promotion to potential users.
- ✓ Ask the course instructor(s) to send out an email to potential users recommending the *Teaching and Assessment for Nursing and Allied Health Educators* program and highlighting its importance and how it relates to any upcoming workshops.

Feedback, evaluation and refinement

Once the courses in the *Teaching and Assessment for Nursing and Allied Health Educators* program have been implemented, a range of tools are available to help you monitor and evaluate their effectiveness.

Monitoring course usage

- ▶ A LMS/VLE **monitoring system** can indicate whether a student has opened a course page, and how long that page has remained open.
- ▶ The **Course quiz** screens in Epigeum courses can be adapted in your LMS/VLE so that the results can be monitored and stored within assessment systems.

This data will give you information about usage **and** student engagement with the material. It will show which sections are popular and successful with participants, and which might need further adaptation and support from workshops.



Gathering feedback

A sample 'feedback form' is provided on the next page, and can also be downloaded, customized to your needs, and installed directly on to your LMS/VLE.

The questionnaire will allow you to track and gather useful data about the user experience of the *Teaching and Assessment for Nursing and Allied Health Educators* program.

It is also important to keep in touch with your key stakeholders and to gather feedback from course leaders and heads of department about the effectiveness of the online courses.



Refinement

Universities sometimes cite three years as the time needed to achieve a 'steady state' for a new e-learning program. Monitoring, evaluating and refining the usage of the course will ensure that your institution continues to get the best from the Epigeum program.

Helping Epigeum gather feedback

As well as helping you refine your use of courses internally, feedback can also greatly assist Epigeum in planning improvements to the program.

As a default setting, both courses in the *Teaching and Assessment for Nursing and Allied Health Educators* program include a link to an 'Optional course evaluation' form (similar to the one included below) in a pod within the 'Course summary' screens. Information collected via this form is gathered centrally by Epigeum and used to help shape future updates and modifications to the program. All information collected is completely anonymous.

If you would prefer to gather and analyze your own institution-specific feedback, then this optional pod can be removed and replaced with a link to your own evaluation form. If you choose to do this, Epigeum would be most grateful if you could pass on any suggestions for improvements to the program arising from the feedback you receive from participants at your institution.

Epigeum will continue to support your institution by providing you with updates to the courses, as and when they are released.

Sample program feedback form

This questionnaire is available to download and install on your intranet, and can be used to replace the default questionnaire that appears on the 'Course summary' screen in each course.

1. What was your overall impression of the course?

- 5 Very positive
- 4 Positive
- 3 Adequate
- 2 Negative
- 1 Very negative.

Comments:

2. How effective was the course in improving your understanding of the subject?

- 5 Very effective
- 4 Effective
- 3 Adequate
- 2 Ineffective
- 1 Very ineffective.

Comments:

3. How relevant was the course to you and your needs?

- 5 Very relevant
- 4 Relevant
- 3 Adequate
- 2 Irrelevant
- 1 Completely irrelevant.

Comments:

4. How clear, coherent and easy to follow was the course?

- 5 Always very clear and easy to follow
- 4 Usually clear and easy to follow
- 3 Adequate
- 2 Sometimes unclear or hard to follow
- 1 Frequently unclear or hard to follow.

Comments:

5. What did you think of the quality and frequency of the interaction and activities throughout the course?
(For example, was the interaction enjoyable/relevant/helpful to learning, or inadequate/overbearing/boring /irrelevant/window dressing?)

- 5 Excellent
- 4 Good
- 3 Adequate
- 2 Poor
- 1 Very poor.

Comments:

6. How much did you feel the videos added (or did not add) to the learning experience?

- 5 Very positive effect
- 4 Positive effect
- 3 No real impact either way
- 2 Negative effect
- 1 Very negative effect.

Comments:

7. What did you think about the amount of information presented on each screen?

- 5 Much too much material on each screen
- 4 A bit too much material on each screen
- 3 Just right
- 2 A bit too little material on each screen
- 1 Much too little material on each screen.

Comments:

8. Did the course take less or more time than you expected to complete? Do you think it ought to be lengthened or shortened? (Select all that apply.)

- Course was too long
- Course was too short
- Course was the right length
- Course took longer than expected
- Course took less time than expected
- Course was the length I expected.

Comments:

9. What did you think of the design, look and feel of the course?

- 5 Excellent
- 4 Good
- 3 Adequate
- 2 Poor
- 1 Very poor.

Comments:

10. The following statements relate to the learning outcomes set out at the start of the 'Clinical teaching and learning' course. Select all statements that are true now that you have completed the course.

- I can now identify the needs of each learner and how I can best facilitate their learning
- I understand how to prepare and engage patients in learning experiences
- I can design a planned teaching session around my aims, the learners, my context, available resources and assessment
- I can define self-directed learning and critically appraise the benefits to the learner
- I feel better equipped to deal with different needs and potentially challenging situations.

Comments:

11. The following statements relate to the learning outcomes set out at the start of the 'Clinical assessment, evaluation and feedback' course. Select all statements that are true now that you have completed the course.

- I have a better understanding of the competency-based movement of assessment and can distinguish between entrustable professional activities and milestones
- I can identify different kinds of rubrics and choose the ones best suited to my assessment
- I feel confident in applying the basic concepts of assessment to grading in clinical settings, and discuss the challenges that might occur
- I feel better equipped to provide more effective and supportive feedback.

Comments:

12. Do you have any general comments about the course or any specific suggestions as to how we can improve it? (E.g. expanding or reducing certain sections, adding new interactive features or functions, etc.)

Positive comments:

Suggestions for improvement:

13. Tick any statements that apply.

- I have taken this course because it was mandatory
- I have taken this course because I thought it was important
- I would recommend others in my position to take this course.

Comments:

SECTION 2: INSTALLING THE COURSES IN YOUR LMS/VLE

Installing the courses in your LMS/VLE

The link below is to our online guide, which gives you the information you will need to successfully install the Epigeum courses in your LMS/VLE. The online guide gives system-specific information and step-by-step instructions on how to:

- ▶ Install a course package
- ▶ Install a quiz course
- ▶ Add and remove screens
- ▶ Add a discussion forum (for use with the communicative activities)

The guide also has a section outlining which parts of the course you can customize, and how to do this.

TEACHING AND ASSESSMENT FOR NURSING AND ALLIED HEALTH EDUCATORS INSTALLATION GUIDE

<https://epigeum.com/customer-support/>

SECTION 3: SUPPLEMENTAL MATERIALS

Index of supplemental activities

The following supplemental material is provided to support your use of the *Teaching and Assessment for Nursing and Allied Health Educators* program:

- ▶ **Portfolio activities** are embedded within the online courses in right-hand pods
- ▶ **Communicative activities** are provided within this *Supplement*, and can be customized and incorporated into the courses to support the requirements of your institution.

To help you make sense of the additional content, we have prepared tables which map the location of all portfolio and communicative activities against the individual course screens in which they appear or which are related to the communicative activity topic.

Please note that all course and activity durations are **approximate** – all participants will work at different speeds.

Key

- (90) Approximate activity length in minutes
- [CIL] Communicative instructor-led activity
- [CP2P] Communicative peer-to-peer activity

Clinical teaching and learning

| Online course duration: 2.2 hours | | |
|---|--|---|
| Section/Screen title | Portfolio activities (located online) | Communicative activities (located within this <i>Supplement</i>) |
| ORIENTATION | | |
| Introduction | | |
| COURSE FILES | | |
| Chapter 1 | | |
| Clinical teaching: The educator | Strengths and weaknesses of different clinical education models (60) | |
| Clinical teaching: The setting | | |
| Clinical learning: The learner | | |
| Clinical teaching: The patient | Learning from a wide range of patients (60) | |
| | Teaching in special situations (15) | |
| Chapter summary | | |
| Chapter 2 | | |
| Orienting yourself to academic nursing | Contributing to the curriculum (60 + research time) | |
| | Managing clinical activities and course objectives (30) | |
| Preparation for teaching and learning: The educator | Your State Board of Nursing (60) | |
| Preparation for teaching and learning: The setting | Dynamic effects of different tasks (60) | Preparing for teaching in the clinical setting [CIL] (45) |
| Preparation for teaching and learning: The learner | Post-conference sessions (20) | |
| Preparation for teaching and learning: The patient | Dealing with unexpected situations (20) | |
| Chapter summary | | |
| Chapter 3 | | |
| What is the level of your learners? | | |
| Self-assessment | Using self-assessment (30) | |
| Interprofessional learning | | Core competencies for interprofessional collaborative practice [CP2P] (120) |
| Chapter summary | Student self-assessment (60) | |
| Chapter 4 | | |
| Teaching in a logical sequence | | Teaching in a logical sequence [CIL] (45) |
| Self-directed, independent and active learning | | Becoming a 'Guide on the Side' [CP2P] (45) |
| Developing clinical reasoning | | |

| | | |
|---|--------------------------------------|---|
| Chapter summary | | |
| Chapter 5 | | |
| Accommodating special requirements | Colleagues with disabilities (30) | |
| Problems and how to avoid them | Your responsibilities (45) | |
| Misconduct | | Addressing professional misconduct [CP2P] (60) |
| | | Getting familiar with Title IX expectations [CP2P] (60) |
| Chapter summary | Unprofessional behaviors (30) | |
| ▶ CLOSING | | |
| Course summary | Personal statement (30) | |
| Total activity time | At least 610 minutes/10 hours | At least 375 minutes/6.3 hours |

Clinical assessment, evaluation and feedback

| Online course duration: 1.8 hours | | |
|--|--|---|
| Section/Screen title | Portfolio activities (located online) | Communicative activities (located within this <i>Supplement</i>) |
| ORIENTATION | | |
| Introduction | | |
| COURSE FILES | | |
| Chapter 1 | | |
| Basic concepts in clinical assessment | Your role as an assessor (45) | |
| Summative and formative assessment | Assessment tools (45) | |
| Criterion-referenced and norm-referenced assessments | Assessment tools [2] (45) | |
| Documentation in assessment | | |
| Being aware of bias | Six kinds of bias: how to identify them, and what to do (45) | Through the eyes of the clinical site: Recognizing student strengths and weaknesses [CIL] (60) (This activity would also be suitable in Chapter 3: Delivering feedback) |
| Chapter summary | | An up-close look at bullying in nursing education: Things aren't always as they seem [CIL] (90) (This activity would also be suitable in the 'Clinical teaching and learning course', Chapter 5: Misconduct) |
| Chapter 2 | | |
| Clinical and workplace-based assessment | Primary assessment roles (60) | |
| | Workplace-based assessment (60) | |
| Direct observation | | |
| Objective Structured Clinical Examination (OSCE) | | |
| Written assignments | | |
| Simulation | | |
| Chapter summary | Primary assessment roles [2] (60) | |
| Chapter 3 | | |
| What is effective feedback? | Responsibilities and challenges (30) | |

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|----------------------------|---|--|
| Delivering feedback | Contributing factors to the quality of feedback encounters (60) | Giving effective feedback [CIL] (60) |
| | Striking the right balance (20) | |
| Feedback challenges | | |
| Communication | Your communication style and technique (60 + ongoing) | |
| Chapter summary | | Providing feedback and fostering independent thinking [CP2P] (60) (This activity would also be suitable in Closing: Course summary) |
| ▶ CLOSING | | |
| Course summary | Personal statement (20) | |
| Total activity time | At least 550 minutes/9 hours | At least 270 minutes/4.5 hours |

Communicative activities

The following pages contain the communicative activities, designed to accompany and expand on material worked through in the self-study courses. There are two types of communicative activity:

- ▶ **Peer-to-peer activities (CP2P)**, which encourage participants to interact with one another and share experiences, either through LMS-/VLE-hosted discussion boards or in face-to-face discussions
- ▶ **Instructor-led activities (CIL)**, which are designed to be led by an instructor, and include topics for workshop discussions and assignments.

NB: *Many of the activities included in this program can be implemented either as peer-to-peer activities or as instructor-led activities, depending on the preference of the course leader. We have assigned activities to both activity types but these are suggestions only.*

These activities can be incorporated by universities throughout the *Teaching and Assessment for Nursing and Allied Health Educators* program according to their requirements. They can be used either online (for example, via discussion boards and webinars) or face-to-face. Instructions on how to add them to the online course are included in [Section 2](#).

Clinical teaching and learning

| Communicative activity 1 | |
|--------------------------------------|---|
| Activity type: | Instructor-led |
| Activity title: | Preparing for teaching in the clinical setting |
| Suggested study time: | 45 minutes |
| Suggested location (chapter/screen): | Chapter 2 Preparation for teaching and learning: The setting |
| Implementation description: | This activity is best implemented via an online discussion board or a similar web-based application. |
| Learning outcome: | This activity will help enhance participants' understanding of teaching in different clinical settings. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ Before the session takes place, create a Google Doc (or similar online document with open-text entry boxes) for the activity and add participants to it. ▶ Create a field for text entry for each case study and the associated questions. Copy and paste the text as in the 'Guidelines for the participant' section below. ▶ Instruct participants to enter their responses to the case scenarios in the relevant fields you have created in the Google doc. ▶ Your role is to check in on participant responses to the case scenarios, and provide specific feedback as needed. |
| Guidelines for the participant: | <ul style="list-style-type: none"> ▶ Your instructor will add you to a course-specific Google Doc (or similar). Read through the case studies in the document (also shown here, below) and consider your responses. |

- ▶ Enter your responses into the appropriate fields in the Google doc.

Case 1

You are a nurse working in an outpatient service. You have six junior nursing students in an adult health, medical-surgical course. You introduce yourself to the learners, and ask them their learning goals. One nursing student is having trouble with diabetes management, and three other students agree it would be nice to have an in-depth discussion on diabetes management.

- ▶ **Question 1:** What teaching space makes the most sense to use?
- ▶ **Question 2:** Identify what scope of responsibility (and for what) should be assumed (and by whom) in the outpatient setting.

Case 2

Susan is leading a mixed group of nursing students in junior and senior level courses. All learners have goals to improve their patient management skills.

- ▶ **Question 1:** What teaching space makes the most sense to use?
- ▶ **Question 2:** Identify what scope of responsibility (and for what) each learner can reasonably be expected to take on in the inpatient setting.

Activity resources:

- ▶ Case study text (as above).

| Communicative activity 2 | |
|--------------------------------------|--|
| Activity type: | Peer-to-peer |
| Activity title: | Core competencies for interprofessional collaborative practice |
| Suggested study time: | 120 minutes |
| Suggested location (chapter/screen): | Chapter 3 Interprofessional learning |
| Implementation description: | This activity can be implemented face-to-face or via an online discussion board. |
| Learning outcome: | This activity will help participants to consider the key competencies for interprofessional collaborative practice, and how to expose students to these. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ Ask participants to review the Competency Domains of the Core Competencies for Interprofessional Collaborative Practice document before the session. ▶ Divide participants into small groups and ask them to consider and discuss the following questions: <ul style="list-style-type: none"> • In which of these domains do you regularly demonstrate competency? • In which areas do you find barriers to practice in your organization? • Identify one competency in each domain to which you would expose students. What learning activities would be best to cover the content? ▶ Bring the groups back together and facilitate each group sharing their discussion points among their peers. |

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| | <ul style="list-style-type: none">▶ Encourage learners to present their discussion points and ideas to interprofessional peers in other departments of the organization. |
| Guidelines for the participant: | <ul style="list-style-type: none">▶ Before the session, review each of the Competency Domains of the Core Competencies for Interprofessional Collaborative Practice (http://caipe.org.uk/silo/files/ipecreport-core-competencies-for-interprofessional-practice.pdf).▶ In small groups, consider and discuss the following questions:<ul style="list-style-type: none">• In which of these domains do you regularly demonstrate competency?• In which areas do you find barriers to practice in your organization?• Identify one competency in each domain to which you would expose students. What learning activities would be best to cover the content?▶ Feed back your discussion points and ideas to the whole learning group.▶ Try to arrange a meeting with peers in other departments of your organization and present your group's discussion points and ideas. If possible, engage your interprofessional peers in discussion on these issues. |
| Activity resources: | <ul style="list-style-type: none">▶ The Core Competencies for Interprofessional Collaborative Practice (http://caipe.org.uk/silo/files/ipecreport-core-competencies-for-interprofessional-practice.pdf). |

| Communicative activity 3 | |
|--------------------------------------|---|
| Activity type: | Instructor-led |
| Activity title: | Teaching in a logical sequence |
| Suggested study time: | 45 minutes |
| Suggested location (chapter/screen): | Chapter 4 Teaching in a logical sequence |
| Implementation description: | This activity is best implemented via an online discussion board or a similar web-based application. |
| Learning outcome: | This activity will help participants to apply the concept of teaching in a logical sequence to their own clinical teaching practices. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ Before the session takes place, create a Google doc (or similar online document with open-text entry boxes) for the activity and add participants to it. ▶ Include different text boxes for the case scenarios and associated questions. Copy and paste the text, as in the 'Guidelines for the participant' section below. ▶ Check in on participant responses to the case scenarios, and provide specific feedback as needed. ▶ Instruct participants to read through the cases (below) and add their responses in open-text entry boxes online. |
| Guidelines for the participant: | <ul style="list-style-type: none"> ▶ Your instructor will add you to an online discussion forum or board for this activity. ▶ Read through the cases (below and on the discussion forum) and add your responses in the online open-text entry boxes. <p>Case 1</p> |

Larry is the clinical instructor starting his first day on service this month. He arrives to find that two nursing students, both early junior-year students, will be working with him during the next week. He introduces himself to the learners, and asks them to join him on rounds. The learners watch as Larry speaks with patients. Larry ends the day by assigning reading for the students based on the key clinical problems they saw on rounds.

- ▶ **Question 1:** What elements of ‘teaching in a logical sequence’ did Larry do well?
- ▶ **Question 2:** Describe Larry’s level of active learning with the students.
- ▶ **Question 3:** Name two elements you would add to Larry’s teaching to make it more self-directed and active for the learners.

Case 2

Susan is leading a mixed group of residents, medical students, one pharmacy student and two nursing students in their final program year. She moves the group to a conference room down the hall from the clinical area to do introductions and to ask each learner to identify their learning needs. As the group returns to the patient bedside, Susan asks different learners to lead the discussion and engage with the patient. At the end of patient rounds, Susan suggests several areas of reading for specific learners.

- ▶ **Question 1:** What elements of ‘teaching in a logical sequence’ did Susan do well?
 - ▶ **Question 2:** Describe Susan’s level of active learning with the students.
 - ▶ **Question 3:** Name two elements you would augment, change, or remove from Susan’s teaching to make it applicable to your own teaching contexts.
- ▶ Check back into the online document or board to view your peers’ responses and your instructor’s feedback.

Activity resources:

- ▶ Case study text (as above).

| Communicative activity 4 | |
|--------------------------------------|---|
| Activity type: | Peer-to-peer |
| Activity title: | Becoming a 'Guide on the Side' |
| Suggested study time: | 45 minutes |
| Suggested location (chapter/screen): | Chapter 4 Self-directed, independent and active learning |
| Implementation description: | This activity is best implemented in a face-to-face session, but can also be adapted to suit an online discussion board if necessary. |
| Learning outcome: | This activity will help participants to explore their identities as clinical educators and how they can work towards becoming 'Guides on the Side'. |
| Guidelines for the instructor: | <p>The goals of this session are to:</p> <ol style="list-style-type: none"> 1. Share practice knowledge around leading clinical teaching experiences at the bedside. 2. Share practice knowledge around incorporating patients into clinical teaching experiences. 3. Critically appraise when various patient inclusion practices are effective in clinical teaching experiences. 4. Apply lessons learned in this session to future clinical teaching experiences. <p>▶ Opening reflection: Ask each participant to reflect on the ways in which they try to be learner-centered in their teaching. How do they act as a 'Guide on the Side' instead of a 'Sage on the Stage'? Learners write on paper, or reflect quietly (5 minutes).</p> |

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| | <ul style="list-style-type: none">▶ Divide learners into small groups. Ask each group to identify ways in which they incorporate patients into clinical teaching experiences (both inpatient and outpatient). Write responses down on flip chart paper (15 minutes).▶ Debrief groups. Assimilate ideas into a list. Discuss pros/cons of the options, or conditions when the teaching strategies work/don't work (20 minutes).▶ Closing activity: Call to action. Go around the room and ask each participant to name one thing they have learned from the session that they will apply in their 'Guide on the Side' practice (5 minutes). |
| Guidelines for the participant: | <ul style="list-style-type: none">▶ Before class, think about the ways in which you have been learner-centered in your teaching. (Think 'Guide on the Side' vs. 'Sage on the Stage'.)▶ In small groups, identify the ways in which you incorporate patients into clinical teaching experiences (both inpatient and outpatient).▶ Then, assimilate your ideas into a list with the larger group and engage in a short discussion.▶ Finally, identify one thing that you have learned from the session that you will apply in your 'Guide on the Side' practice. |
| Activity resources: | <ul style="list-style-type: none">▶ (If face-to-face) Bring paper so participants can note their reflections.▶ Bring chart paper or paper to adhere to walls for participants to write down their 'Guide on the Side' strategies. |

| Communicative activity 5 | |
|--------------------------------------|--|
| Activity type: | Peer-to-peer |
| Activity title: | Addressing professional misconduct |
| Suggested study time: | 60 minutes |
| Suggested location (chapter/screen): | Chapter 5 Misconduct |
| Implementation description: | This activity can be implemented face-to-face or via an online forum. |
| Learning outcome: | This activity will help participants to reflect on issues related to misconduct, and think about the ways they can turn challenging situations into useful teaching moments. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ Divide your participants into small groups (pairs or threes). ▶ Instruct them to watch the following video (a case study on disruptive behaviour): www.youtube.com/watch?v=Z8g_fkQb2F8 ▶ Ask them to consider the five questions as in the 'Guidelines for the participant' section below, in their pairs/groups (45 minutes). ▶ Ask the participants to share their thoughts with you/the rest of the group, and deliver any extra feedback or advice that you have (15 minutes). It would be useful to direct them to any support available at your institution. |
| Guidelines for the participant: | <ul style="list-style-type: none"> ▶ The instructor will divide you into pairs/small groups. ▶ In your pair/small group, watch the following video (a case study on disruptive behaviour): www.youtube.com/watch?v=Z8g_fkQb2F8 |

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| | <ul style="list-style-type: none">▶ Consider the following questions (45 minutes):<ol style="list-style-type: none">1. What disruptive behaviors did the nurse exhibit?2. What were the consequences in the context? Why was this scenario so detrimental to professional clinical practice?3. What were the speaker’s recommendations to the resident on the receiving end of this disruptive behavior?4. Would you add to these recommendations? How would you resolve the situation?5. As a clinical educator, how could you use such a situation as a teaching moment? ▶ Share your thoughts with the rest of your group/the instructor (15 minutes). Research any support available at your institution. |
| Activity resources: | <ul style="list-style-type: none">▶ A case study on disruptive behaviour: www.youtube.com/watch?v=Z8g_fkQb2F8 |

| Communicative activity 6 | |
|---|--|
| Activity type: | Peer-to-peer |
| Activity title: | Getting familiar with Title IX expectations |
| Suggested study time: | 60 minutes |
| Suggested location (chapter/screen): | Chapter 5 Misconduct |
| Implementation description: | This activity can be implemented face-to-face or via an online discussion board. |
| Learning outcome: | This activity will provide participants with an opportunity to review university requirements in regard to Title IX. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ Set up an online discussion board with guidelines below (see the 'Guidelines for the participant' section below). ▶ Divide participants into pairs or small groups. ▶ Encourage participants to review the citation noted below (see 'Activity resources') and to think about the implications of recent Title IX guidelines on their work with students. ▶ Ask participants to write three paragraphs (in their groups) in response to their reading, following the guidelines below. ▶ Once they have completed their responses, they should review and comment on the responses of their peers. |
| Guidelines for the participant: | <ul style="list-style-type: none"> ▶ Write three paragraphs in response to your review of the assigned paper. ▶ The paragraphs should address the following questions: |

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| | <ol style="list-style-type: none">1. If you suspected that a student had experienced sexual harassment, how would you approach the situation?2. Do you have any concerns about the reporting structure in your setting and your responsibilities for managing suspected sexual harassment?3. How would you structure the learning environment so that sexual harassment is discouraged? |
| Activity resources: | <ul style="list-style-type: none">▶ www.campussafetymagazine.com/article/How-to-Comply-With-the-Dept-of-Ed-s-Title-IX-s-Sexual-Violence-Guidance/P3▶ Resources (especially institution-specific) to support participant learning, as needed. |

Clinical assessment, evaluation and feedback

| Communicative activity 1 | |
|--------------------------------------|--|
| Activity type: | Instructor-led |
| Activity title: | Through the eyes of the clinical site: Recognizing student strengths and weaknesses |
| Suggested study time: | 60 minutes |
| Suggested location (chapter/screen): | Chapter 1 Being aware of bias OR Chapter 3 Delivering feedback |
| Implementation description: | This activity is best implemented via an online discussion board. |
| Learning outcome: | This activity will help participants to develop their skills in recognizing the personal biases they bring to their teaching situations, and in identifying some differences between their assessments and those of their practice peers. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ Set up the following open-text question: 'Do you know how your personal biases influence your ability to see what students bring to the clinical setting?' ▶ Provide participants with the Ask-Tell-Ask method as a review. ▶ Ask them to read Numminen, O., Laine, T., Isoaho, H., et al (2014). ▶ Encourage participants to respond to the open-text question and to read each other's comments. ▶ Also provide the following questions: <ul style="list-style-type: none"> • Given the formative assessments you have conducted, how can you be sure about what students know? |

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| | <ul style="list-style-type: none">• What are the essential skills that students should have when they complete your course?• In your own clinical experience, have you found a difference between your expectations of your own students and your expectations of students who, after graduation, practice on the same clinical units as you?• How would you recommend enhancing collaboration among nursing faculty and practicing nurses, to bridge the gap between perceptions of educators and practitioners? <p>▶ Monitor the discussion board, respond to any questions and provide feedback where necessary.</p> <p>▶ Closing the session: Put out a call to action. Ask each participant to name one thing they will consider as they evaluate their students in the future.</p> |
| <p>Guidelines for the participant:</p> | <p>▶ Review the Ask-Tell-Ask method.</p> <p>▶ Read Numminen, O., Laine, T., Isoaho, H., et al (2014).</p> <p>▶ Reflect on the open-text question: 'Do you know how your personal biases influence your ability to see what students bring to the clinical setting?'</p> <p>▶ Then respond to the following questions (on the online discussion board):</p> <ul style="list-style-type: none">• Given the formative assessments you have conducted, how can you be sure about what students know?• What are the essential skills that students should have when they complete your course?• In your own clinical experience, have you found a difference between your expectations of your own students and your expectations of students who, after graduation, practice on the same clinical units as you?• How would you recommend enhancing collaboration among nursing faculty and practicing nurses, to bridge the gap between perceptions of educators and practitioners? |

| | |
|---------------------|---|
| | <ul style="list-style-type: none">▶ Your instructor will provide feedback and at the end of the sessions will ask you to name one thing you will consider as you evaluate your students in the future. |
| Activity resources: | <ul style="list-style-type: none">▶ Numminen, O., Laine, T., Isoaho, H., et al (2014) 'Do educational outcomes correspond with the requirements of nursing practice: educators' and managers' assessments of novice nurses' professional competence', in <i>Scandinavian Journal of Caring Sciences</i> 28: pp. 812-821.▶ Review of the Ask-Tell-Ask method (see the screen, 'Delivering feedback' in Chapter 3 in the online course). |

| Communicative activity 2 | |
|--------------------------------------|--|
| Activity type: | Instructor-led |
| Activity title: | An up-close look at bullying in nursing education: Things aren't always as they seem |
| Suggested study time: | 90 minutes |
| Suggested location (chapter/screen): | Chapter 1 Chapter summary Alternatively, this can be taken during the 'Clinical teaching and learning' course: Chapter 5 Misconduct |
| Implementation description: | This activity is best implemented online, either via an online discussion board or via a webinar. |
| Learning outcome: | This activity will enhance participants' awareness of the prevalence and characteristics of bullying in nursing. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ Define bullying using guidelines provided by Condon (2015) to open the discussion. ▶ Divide participants into small groups (depending on the number of participants). ▶ Lead and facilitate discussion (as noted below). ▶ Provide feedback where necessary. ▶ Monitor the discussion board or webinar discussion, respond to any questions and provide feedback where necessary. ▶ <i>Note: It is recommended that you clarify that bullying is not maintaining standards: maintaining standards is an objective process; bullying is a subjective, power-grabbing process that is oriented toward reinforcing the bully's goals, not toward helping the targeted victim.</i> |
| Guidelines for the participant: | <ul style="list-style-type: none"> ▶ After reading the Condon paper, discuss the following issues, especially in light of assessment (either as a whole group or in smaller groups): |

1. What is the difference between bullying and maintaining standards?
2. Have you witnessed bullying in your teaching or assessment encounters?
3. Who was involved? (Do not identify individuals.)
4. Are bullies necessarily those with 'formal' power?
5. If you have experienced bullying, how was it manifested?
6. Have you tried to intervene in bullying situations?
7. To whom would you report incidences of bullying if you saw them?
8. How would you differentiate helpful interventions from those that might be viewed as bullying interventions?

▶ Post your responses on the online discussion board or in the space provided during the webinar.

Activity resources:

▶ **Condon, B. B.** (2015) 'Incivility as bullying in nursing education', in *Nursing Science Quarterly*, **28**(1): pp. 21-26.

| Communicative activity 3 | |
|--------------------------------------|---|
| Activity type: | Instructor-led |
| Activity title: | Giving effective feedback |
| Suggested study time: | 60 minutes |
| Suggested location (chapter/screen): | Chapter 3 Delivering feedback |
| Implementation description: | This activity will be best implemented in a face-to-face environment. |
| Learning outcome: | This activity will help participants to reflect and refine their ability to give feedback to learners. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ This session is best done in a face-to-face environment, with full group and small breakout group discussions within the overall session. ▶ There is a difference between feedback, and general comments. Divide the participants into two groups. Assign one 'feedback' and the other 'general comments'. Ask each group to provide a definition, a few examples, and the known impact on learners. ▶ Debrief as a group to ensure all participants understand that specific, targeted feedback is key to improving learner performance (10 minutes). ▶ Review the Ask-Tell-Ask method (see Chapter 3 in the online course). Ensure participants understand the components. ▶ Have participants pair up: one is the instructor, one is the learner. Have the 'instructor' lead the 'learner' in assessing their participation in today's session so far. Give them 5 minutes. Then ask the pairs to switch roles and repeat the exercise (20 minutes). |

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| | <ul style="list-style-type: none">▶ Next, ask participants to reflect on the key hurdles that hold them back from giving specific, targeted feedback. Make a common list for the full group to see (5 minutes).▶ Divide the hurdles and assign one per pair. Ask each pair to come up with solutions to the hurdle of giving feedback and write the hurdle and solution on a piece of paper. Post the pages on the walls of the room – allow all participants to circulate and read the hurdle-solution lists ('gallery walk').▶ Closing the session: Call to action. Ask participants what one aspect of today's session they will use in their practice. Listen to responses – either reply helpfully or direct participants to resources available at your institution. |
| Guidelines for the participant: | <ul style="list-style-type: none">▶ This will be an interactive, active learning session.<ul style="list-style-type: none">▶ Your instructor will lead you through group activities and discussions on giving effective feedback.▶ Come prepared to reflect on your past experiences with giving feedback to learners. |
| Activity resources: | <ul style="list-style-type: none">▶ Paper, pens, the facility to post pages to the wall of the room and perform a 'gallery walk', whereby participants can circulate and read the pages. |

| Communicative activity 4 | |
|--------------------------------|---|
| Activity type: | Peer-to-peer |
| Activity title: | Providing feedback and fostering independent thinking |
| Suggested study time: | 60 minutes |
| Suggested location: | Chapter 3 Chapter summary or Closing Course summary |
| Implementation description: | This activity can be implemented face-to-face or via an online discussion board. |
| Learning outcome: | This activity will help participants to develop their feedback, communication and student support skills, and to increase their confidence in encouraging students to think critically about challenging situations. |
| Guidelines for the instructor: | <ul style="list-style-type: none"> ▶ Ask participants to read Facione, P. A., Sánchez, C. A., Facione, N. C., & Gainen, J. (1995). ▶ Provide participants with the following scenario: <p><i>Ms. Kuczinski is a 29-year-old patient with drug-induced hepatitis. She is quite ill, non-compliant with recommended regimens, and frequently tells staff that she is considering suicide. She has access to illegal drugs that she can use to kill herself. Staff members have spent time discussing this patient, with some believing she just ought to go ahead and do it, given her history of drug use and her 'manipulative' behavior. They are prepared to encourage her discharge. Other staff members believe that Ms. Kuczinski ought to be referred for psychiatric follow-up and ongoing treatment.</i></p> <p><i>One of your students has been assigned to this patient and he is struggling to manage not only the patient, but also the unit staff members' response to her.</i></p> <p><i>As the faculty member, your goal is to provide appropriate feedback to the student and to encourage the student's critical thinking about this situation, to prepare him for future experiences which involve ethical decisions.</i></p> |

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| | <ul style="list-style-type: none">▶ Explain that participants should be prepared to consider the questions identified below in an online discussion board.▶ Encourage discussion; monitor and respond to answers and comments where necessary. |
| Guidelines for the participant: | <ul style="list-style-type: none">▶ Read Facione, P. A., Sánchez, C. A., Facione, N. C., & Gainen, J. (1995).▶ Then consider the scenario provided by the instructor.▶ In pairs, consider the following questions:<ul style="list-style-type: none">• What would you do, as the faculty member, in this situation?• How would you approach feedback? What questions would you ask the student?• What support would you seek? • What is the difference between a disposition and a skill?• Do you think it is possible to alter students' dispositions to strengthen their critical thinking abilities?• What impact do you suppose early life experiences have on students' levels of open-mindedness?• What specific <i>student</i> biases do you suspect you might encounter in your work with students?• How might you move students beyond their inherent biases to foster open-mindedness and critical thinking?• Are there optimal ways to address these kinds of situations with young and potentially inexperienced students?• What are your best recommendations for helping students to think critically about difficult situations such as this?▶ Post your answers on the online discussion board, and consider the responses of your peers. |

Activity resources:

- ▶ **Facione, P. A., Sánchez, C. A., Facione, N. C., & Gainen, J.** (1995) 'The Disposition Toward Critical Thinking' in *Journal of General Education* **44**(1): pp. 1-25. Available online at: www.insightassessment.com/About-Us/Measured-Reasons/pdf-file/The-Disposition-Toward-Critical-Thinking-PDF.
- ▶ The scenario – as provided above.

Contact us

Epigeum is very keen to help with any questions or hear any suggestions for future improvement. Please do not hesitate to get in touch.

Technical matters

technical@epigeum.com

Editorial matters

editorial@epigeum.com

Implementation matters

implementation@epigeum.com



Epigeum Ltd.

*Transforming higher education
through exceptional online learning*

www.epigeum.com

1 Kensington Cloisters
5 Kensington Church Street
London W8 4LD
United Kingdom

Tel: +44 (0) 20 3440 2220