



Moving toward heutagogical learning: Illuminating undergraduate nursing students' experiences in a flipped classroom☆



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ABSTRACT

Background: Nurse educators rely on the tenets of educational theory and evidence-based education to promote the most effective curriculum and facilitate the best outcomes. The flipped classroom model, in which students assume personal responsibility for knowledge acquisition in a highly engaging and interactive environment, supports self-directed learning and the unique needs of clinical education.

Objective: To understand how students perceived their experiences in the flipped classroom and how students' learning dispositions were affected by the flipped classroom experience.

Design: A phenomenological approach was used to gain deeper understanding about students' perspectives, perceptions and subjective experiences of the flipped classroom model. The focus of the study was on characteristics of student learning.

Participants: Fourteen Bachelors of Science of Nursing (BSN) students at a regional university in the southeastern United States.

Methods: Using data transcribed from face-to-face, semi-structured interviews, experiential themes were extracted from the qualitative data (student-reported experiences, attributes, thoughts, values, and beliefs regarding teaching and learning in the context of their experience of the flipped classroom) using Graneheim's and Lundman's (2004) guidelines; and were coded and analyzed within theoretical categories based on pedagogical, andragogical or heutagogical learning dispositions.

Results: Experiential themes that emerged from students' descriptions of their experiences in the flipped classroom included discernment, challenge, relevance, responsibility, and expertise.

Conclusions: The flipped classroom model offers promising possibilities for facilitating students' movement from learning that is characteristic of pedagogy and andragogy toward heutagogical learning.

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1. Introduction

The Institute of Medicine's (IOM) *The Future of Nursing* report (2011) highlighted the need for changes in nurse education which could produce professional nurses ready to practice "collaboratively and effectively" in a complex, evolving environment. One specific problem the IOM report cited is nurse education curricula and strategies that fail to impart relevant competencies and that add layers of new content (Ironsides, 2004; IOM, 2011) rather than promoting the development of skills that will enable the learner to be flexible and nimble in an ever-changing health care environment (IOM, 2011). The IOM calls for

new approaches for presenting fundamental concepts that can be applied in many situations, and that develop the skills necessary for students to become life-long learners.

Knowles (1970) introduced and developed the concepts of andragogy and self-directed learning based on learning differences between children and adults, as a response to pedagogical models that are more teacher-centered than student-centered and which may foster student dependence. More recently, Hase and Kenyon (2000) developed the concept of heutagogy to describe the study of self-determined learning. They characterized heutagogical approaches as emphasizing "the humanness in human resources; the worth of self; capability; a systems approach that recognises the system-environment interface; and learning as opposed to teaching" (higher education, Para. 4). We sought a model of teaching and learning that was grounded in principles of heutagogy.

Evidence in educational research suggests that the flipped classroom model is an effective model for college students (Lage et al., 2000; Frederickson et al., 2005; Day and Foley, 2006). Although literature

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related to use of the flipped classroom model in nurse education is limited, especially in regards to student satisfaction with the model, evidence suggests that the flipped classroom can be useful for clinical education.

Clinical practice in a dynamic healthcare environment requires more than knowledge. Clinicians must also demonstrate essential critical thinking skills such as comprehension, reasoning, and exploring alternative frames of reference (Fero et al., 2010). Clinical education should be problem-based and self-directed (Barrows, 1983) and should facilitate critical thinking among learners (Yu et al., 2013). Though the flipped classroom model, which requires students to take primary responsibility for acquiring knowledge, supports the unique needs of clinical education; it has not been widely utilized in clinical education. Burns (2012) identified the flipped classroom as a model that had potential to increase critical thinking skills among medical students. It has also been recommended for general medical education and for anesthesia (Mehta et al., 2013; Prober and Khan, 2013; Kurup and Hersey, 2013).

Evidence to support the effectiveness of the flipped classroom for clinical education has been demonstrated among pharmacy and nursing students. Among pharmacy students, the flipped classroom improved exam scores, academic grades, the ability to work in teams, and student satisfaction (Ferreri and O'Connor, 2013; Pierce and Fox, 2012). Among baccalaureate nursing students, the flipped classroom improved examination scores and course pass rates, but not student satisfaction (Missildine et al., 2013). There has been little discussion in the literature describing the effectiveness of specific practices in the flipped classroom in nurse education, perhaps because implementation varies so widely and because no standard methodology for implementing the model exists (Hamdan et al., 2013; Moore et al., 2014; Schlairet et al., 2014). Furthermore, the flipped classroom could be an effective medium through which students might move toward heutagogical or self-directed learning, one of the primary skills and attitudes we are expected to impart to nursing students (Hase and Kenyon, 2000, section 1, para. 6).

Therefore, we developed a qualitative study following the implementation of a flipped classroom model in *Fundamental Concepts of Nursing Care*, a course in the undergraduate nursing curriculum at a regional southern university, in order to gain a deeper understanding of the student experience. The flipped classroom concept was operationalized within the didactic element of a semester-long course, which consisted of a 4-hour session each week. While our original purpose was to evaluate the course for institutional curriculum evaluation, we realized that both the novelty of flipping a classroom in an undergraduate curriculum and students' experiences and insights about the model could be very valuable to other nursing educators seeking new and innovative models. The dearth of evidence related to students' experiences of the model was instrumental in our choice of a qualitative design.

The design was chosen specifically to represent the third tenet of evidence-based practice, client preference and values. The foundation of evidence-based practice is supported by the triad of 1) the best research evidence; 2) clinical expertise; and 3) patient preferences and values (Lohr et al., 1998; Sackett et al., 2000; Institute of Medicine, 2001). The idea of professional decision-making and practice being based on evidence is as timely and salient in education as it is in the health care practice disciplines. However a review of definitions of evidence-based education, teaching, and instruction, reveal an absence of what is considered in healthcare to be a significant supporting element: preferences and values of the individuals or populations being served (Whitehurst, 2002; United States Department of Education, 2003; Comings et al., 2006). This element is widely understood to be applicable to patients in healthcare settings; and it may be the key element missing in the practice of nurse education, which tends to reflect an outdated, rigid and "highly structured curricula" that are "laden with content" (IOM, 2011). Heutagogical models, in which the learner drives

the learning, instead address "issues about human adaptation as we enter the new millennium" (Hase and Kenyon, 2000). In nurse education settings, how do we begin to incorporate new methods that have been demonstrated to be effective, but may be unfamiliar and potentially unacceptable to a complex group of students who do not fit neatly into any single generational category (Hoover, 2009)?

2. Method

2.1. Design

A phenomenological approach was used to gain deeper understanding about students' perspectives, perceptions and subjective experiences of the flipped classroom model. The focus of the study was on characteristics of student learning. We designed a study that solicited deep, nuanced data about students' experiences of the flipped classroom. The study protocol was reviewed and approved by the university's Institutional Review Board (IRB).

Validity was established using a three lensed approach during data collection and analysis, described by Creswell and Miller (2000). The first lens was that deep reflexivity established by dwelling in the data and "sense-making" (p. 125) throughout data collection and analysis; the second was through informal member-checking with participants (all of whom were provided with an opportunity to come for a member-checking appointment; five of whom elected to participate in member-checking); and the third was through peer debriefing with colleagues who were experts in the scholarship of teaching and learning and knowledgeable about the flipped model, but were not investigators in the study.

3. Context

3.1. The Flipped Classroom

The flipped classroom model was selected for two reasons: 1) because some evidence in educational research suggested that it could be an effective model for college students (Lage et al., 2000; Frederickson et al., 2005; Day and Foley, 2006), though we identified a gap in the literature related to use of the flipped classroom model in nurse education; and 2) because one of the primary skills and attitudes we are charged with imparting to nursing students is that of life-long learning, or heutagogy:

Heutagogy is the study of self-determined learning ... It is also an attempt to challenge some ideas about teaching and learning that still prevail in teacher centered learning and the need for, as Bill Ford (1997) eloquently puts it 'knowledge sharing' rather than 'knowledge hoarding'. In this respect heutagogy looks to the future in which knowing how to learn will be a fundamental skill given the pace of innovation and the changing structure of communities and workplaces. (Hase and Kenyon, 2000, section 1, para. 6)

We felt as though the flipped classroom model could be an effective medium through which students might be moved toward heutagogical learning. We were seeking to address a gap in the literature that existed in terms of its use in nurse education. The flipped classroom model relies on information transfer in advance of (and outside) the classroom setting, and student-directed learning. Our operationalization of this model included student access to narrated PowerPoints via the university's online learning management system; self-selected problem-focused learning groups; case studies with faculty guidance and debriefing; ongoing competency demonstration through discussion (Canning and Callan, 2010) and learning-mapping (Hase, 2009).

Implementation of the model included creation of a highly intentional, self-directed and autonomous learning environment beginning

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