



# “Flipping” a first-year medical–surgical associate degree registered nursing course: A 2-year pilot study

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## KEYWORDS:

Associate degree nursing;  
Nursing education;  
Adult learning theory;  
Active learning;  
Flipped learning model

## Abstract

This study piloted a flipped learning model using podcasts and PowerPoints posted on-line before class and active learning experiences facilitated during class in a medical–surgical registered nursing course taught for 2 classes. Surveys and end-of-course evaluations obtained feedback from first-year associate degree nursing students. Overall responses in the surveys and end-of-course evaluations were positive. The flipped learning model may promote student preparation for class, allow students to apply their learning in class, and enhance student learning.

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Researchers in nursing education call for transforming pedagogy that uses a traditional conservative learning model (TCLM) consisting of lectures in which students are passive learners to a model that engages students as active learners (Allen, 2010). The nurse educator’s role needs to shift from delivering content to designing, guiding, and facilitating active learning experiences (ALEs) (Allen, 2010). The flipped learning model (FLM) is an alternative pedagogy that shifts from traditional lectures to active learning (Missildine, Fountain, Summers, & Gosselin, 2013).

The purpose of this study was to pilot an FLM by using podcast lectures and PowerPoints posted on-line before class and ALEs facilitated during class in a first-year medical–surgical associate degree registered nursing course taught for two classes. Introducing the FLM was a novel approach because the TCLM has been the pedagogy previously used by faculty in this nursing program.

## Traditional Lecture Model Versus FLM

The traditional lecture model has been the pedagogy used most often by nurse educators and the teaching method preferred by nursing students (Lauver, West, Campbell, Herrold, & Wood, 2009). During traditional lectures, nursing students become passive learners who expect the nurse educator to tell them what they need to know (Lauver et al., 2009). Nurse educators need to shift the focus from passive learning to active learning where students become engaged in class and take responsibility for their own learning (Allen, 2010).

Benner, Sutphen, Leonard, and Day (2010) called for pedagogical changes that would better educate and prepare nursing students for contemporary nursing practice. Integrating the clinical care of patients with learning the course content in a classroom is often missing in most traditional lectures (Benner et al., 2010). According to these researchers, the classroom must be transformed into a clinical setting where students actively participate as the nurse and practice clinical reasoning for patients under the guidance of the nurse educator (Benner et al., 2010). The FLM may be an

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alternative to traditional lectures that would offer opportunities to integrate clinical experiences within the classroom.

The FLM flips the traditional lecture to homework that is available outside of class and uses class time for interactive learning (Missildine et al., 2013). The foundation of an FLM is that students come to class prepared having the knowledge and understanding of course content and, then, apply and analyze course content in ALE (Bristol, 2014). Students develop a partnership with their instructor and take ownership of their learning (Bristol, 2014).

## Podcasting

Prerecorded podcast lectures allow students to listen to lecture content multiple times if necessary, at their own pace, and when they are absent from class (Delaney, Pennington, & Blankenship, 2010). If faculty are concerned that listening to podcasts in advance of class might deter students from attending class, attendance policies may serve to alleviate the concern (Delaney et al., 2010).

Posting podcast lectures and PowerPoints before class offers opportunities to facilitate case studies during class. Students have provided positive feedback after reviewing podcast lectures and PowerPoints prior to class and completing case studies during class (Dudas, 2012; Greenfield, 2011). Students who listened to podcasts and who listened to podcasts with greater frequency have commented that podcasts were helpful in their learning (Greenfield, 2011; Schlairet, 2010).

Using podcast lectures and case studies have improved medical–surgical examination grades for non-English-speaking students (Greenfield, 2011). Listening to recorded podcast lectures allowed students time to review and learn lecture content prior to examinations. In contrast, Kemp, Myers, Campbell, and Pratt (2010) found that an increased number of hours listening to podcast lectures did not positively affect students' course grades. Some students may prefer podcast lectures to supplement lecture and reinforce learning before an examination. Other students obtained higher examination scores but were less satisfied with the increased work to prepare for a flipped classroom than students taught in a lecture class (Missildine et al., 2013).

## Conceptual Framework

Adult learning theory was the conceptual framework that guided the transition from using traditional lectures to using an active learning model. Malcolm Knowles, a pioneer in adult learning theory, posited that adults learn by problem-oriented instruction rather than content-oriented instruction (Knowles, Holton, & Swanson, 2005). Knowles posited that instructors who use traditional lectures to prepare adult learners fostered learner dependency on the instructor, resulting in passive learning. Adult learning theory asserts

that learning is an active process where adults learn to acquire information and skills in planned learning activities, rather than have information and skills transmitted by the instructor (Knowles et al., 2005).

According to adult learning theory, instructors provide information and resources to help adult learners begin thinking about the content before class and facilitate the adult learners' participation in class. Instructors explain the relevance and reason why subjects are taught and plan varied learning activities for different types and levels of adult learners in a class (Knowles et al., 2005). The instructor and adult learners mutually evaluate the learning process (Knowles et al., 2005).

## Methods

The institutional review board of the community college exempted the descriptive study. Most nursing courses in this rural midwest associate degree nursing (ADN) program are 8-week courses. Students were required to attend lectures per the attendance policy stated in the nursing program handbook.

The medical–surgical nursing course is an 8-week six-unit course offered during the second semester. The respiratory, cardiovascular and hematology, and gastrointestinal units each included two lectures (2 hours and 50 minutes each) plus one 50-minute lecture after an examination. The renal, endocrine, and integumentary units each included one 50-minute lecture after an examination and one 2-hour and 50-minute lecture. The 50-minute lectures were scheduled after the first five-unit examinations when students did not have time to prepare for the next unit content.

Before the 2013 class, a precourse on-line survey was conducted regarding students' access to mobile electronic devices (MEDs) and personal computers. During the 2013 class, an instructor-developed on-line midcourse survey and a postclass on-line survey assessed students' time spent reviewing the PowerPoints, podcasts, textbook readings, and time spent to prepare for the third and final examination. At the conclusion of the 2013 and 2014 classes, data completed in a scantron paper-and-pencil college course evaluation provided additional student feedback. Data from one course evaluation question, requiring a Likert-type scale response, ranging from *strongly disagree* to *strongly agree*, asked students whether the instructor used varied teaching methods to enhance their learning. Written responses in an open-ended question were reviewed from course evaluations. Data from the 2014 course evaluations were reviewed to evaluate revisions made to the initial flipped class.

All on-line survey and course evaluation responses were anonymous, and participation was voluntary. Students were informed that participation or nonparticipation in the surveys and course evaluations did not affect their grade or standing in the nursing program. Descriptive statistics summarized the results.

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