



Enhancing nursing students' understanding of threshold concepts through the use of digital stories and a virtual community called 'Wiimali'



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ABSTRACT

Wiimali is a dynamic virtual community developed in 2010 and first implemented into our Bachelor of Nursing (BN) program in 2011. The word Wiimali comes from the Gumiluraai Aboriginal language. Wiimali and the digital stories it comprises were designed to engage nursing students and enhance their understanding of the threshold concepts integral to safe and effective nursing practice.

In this paper we illustrate some of the key features of Wiimali with web links to a virtual tour of the community and a selection of digital stories. We explain how this innovative educational approach has the potential to lead to transformative learning about concepts such as social justice, person-centred care and patient safety.

Consistent feedback about Wiimali attests to the positive impact of this educational approach. Students have commented on how Wiimali caused them to think differently about the concepts of community and social justice; how it brings the health-related problems of community members to life; and how the digital stories enhance their learning about person-centred care and patient safety.

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Introduction

Wiimali is a dynamic virtual community developed in 2010 and first implemented into our Bachelor of Nursing (BN) program in 2011. The word Wiimali comes from the Gumiluraai Aboriginal language; it means **to light a fire**.³ Consistent with the words of William Butler Yeats we believe that **'education is the lighting of a fire, not the filling of a pail'** and it is this premise that underpins our program. Wiimali and the digital stories it comprises were designed to inspire and engage nursing students while enhancing their understanding of the threshold concepts integral to safe and effective nursing practice. In this paper we illustrate some of the key features of Wiimali with web links to a virtual tour of the

community and a selection of digital stories. We explain how this innovative educational approach has the potential to lead to transformative learning about concepts such as social justice, person-centred care and patient safety. We conclude by providing examples of student evaluative feedback about this educational approach.

Background

Threshold concepts and transformative learning

Wiimali was designed to bring complex and somewhat challenging health and sociological concepts to life. These 'threshold concepts' are integrated throughout our BN curriculum and an understanding of them is pivotal to students' successful transition from lay person to beginning nurse. Threshold concepts are explained by Meyer and Land (2003, p.1) as:

... akin to a portal, opening up a new and previously inaccessible way of thinking about something ... [they] represent a transformed way of understanding, interpreting, or viewing something without which the learner cannot progress. As a

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³ We have been given permission to use this word by the Gumiluraai people.

consequence of comprehending a threshold concept there may thus be a transformed internal view of subject matter, subject landscape, or even world view. Such a transformed view or landscape may represent how people ‘think’ in a particular discipline (or more generally).

Nursing students embarking on the journey of higher education are often concrete thinkers with firmly established ideas about the nature of nursing. The prevalence of stereotypical media images of nurses working in exciting, technology rich, fast-paced acute care environments, alongside the limited attention paid to the less obvious roles of nurses working with people who are aged, mentally ill, disabled or experiencing chronic illnesses, can create preconceptions about the roles and responsibilities of contemporary nurses that are difficult to overcome (Beattie et al., 2014; Porter et al., 2009). These narrow images of nurses do not foreground the philosophy of nursing or do justice to the disciplinary knowledge required to successfully transition from lay person to nurse (King et al., 2007). Added to this, students’ failure to appreciate the true meaning of nursing can sometimes result in initial educational experiences that leave them disillusioned with the dichotomy between what they thought nurses and nursing were and what they actually are.

Academic staff sometimes encounter difficulties in bringing threshold concepts such as social justice, patient safety and person-centred care to life (Steven et al., 2014; Steenberg et al., 2013); and in making them meaningful and relevant to an increasingly heterogeneous cohort of students with diverse learning needs, abilities, life experiences, expectations, and learning styles. The values and philosophies integral to nursing are tacit and often poorly articulated or overlooked amidst nursing curricula that are content dense. Teaching threshold concepts in ways that are illuminative and transformative can therefore be challenging and requires creative approaches that engage, inspire and resonate with students. Further, students must be able to see the immediate relevance of their learning to practice and to their own developing image of nursing. These challenges are not new however, nor are they specific to nursing.

As Meyer and Land (2003) note, threshold concepts are often troublesome for learning and teaching because they may seem to be conceptually difficult, complex, tacit, foreign, and sometimes ritualised. Threshold concepts have the following characteristics; they are:

- Reflective of and essential to the way of thinking in a particular discipline
- Denote significant concepts (or webs of related concepts and principles)
- Require transformation of existing ways of knowing, understanding, valuing and enacting
- May be irreversible (unlikely to be unlearned)
- Integrative of other aspects of subject matter and knowledge (Meyer and Land, 2003).

It was against this background that Wiimali was conceptualised as a way of immersing nursing students in the art and science of nursing, emphasising essential professional concepts, facilitating professional transformation, and challenging students to ‘think like a nurse’. We were convinced that a series of unfolding and interactive digital stories structured within a virtual community had the potential to awaken students to important contemporary healthcare issues and to inspire them to think critically about the meaning of nursing and the impact they can make as health professionals. We also believed that despite the diversity of BN

students, stories were a medium that would appeal to and engage the vast majority.

Virtual communities

Virtual communities, a relatively new learning strategy in nursing education, are fictional web-based communities formed through an aggregate of fictional character and community stories (Carlson-Sabelli et al., 2011). They are often founded on constructivist approaches with visual and auditory media inviting exploration and discovery. Virtual communities simulate a real community in a way that creates a sense of authenticity and provide opportunities for engagement with community members, health professionals and healthcare services. Virtual communities are a way of capitalising on what Benner et al. (2010) refer to as the “power of context” (p. 145). Recent examples of virtual communities include The Neighbourhood (Giddens et al., 2010), which features 34 characters and 6 nurses who work within health care agencies in the United States; Mirror Lake (Curran et al., 2009) which contains 62 households, a hospital and a retirement centre in Canada; and Stillwell a virtual community of 60 characters living in the United Kingdom (Walsh and Crumble, 2011). Evaluation of these communities is generally positive (Curran et al., 2009; Giddens et al., 2010; Walsh and Crumble, 2011), with health professional students valuing the narrative pedagogy and experiential learning opportunities. However, the emphasis in a number of these virtual communities tends to be the nursing activities occurring in healthcare settings without a parallel consideration of the community as a social determinant of health. Additionally, evidence of curricular integration is limited with most of the communities used within single courses over a relatively short period of time or as extracurricular learning activities. Importantly, many of the virtual communities described in the literature focus on acquisition of clinical skills and knowledge and attention to deep learning about broader health and social concepts is often limited.

Digital stories

Digital stories are the **modern expression of the ancient art of storytelling** (Ironsides, 2013). They combine narrative pedagogy through the use of videos, audio, voice, text, still images and music. Unfolding digital stories promote a strong emotional resonance and feelings of empathy and compassion (Haigh and Hardy, 2011) conveying tacit and sometimes unappreciated elements of practice (Swap et al., 2001). They are multidimensional, enabling exploration of reality from different perspectives. Digital stories are reflective, creative and value laden, revealing something important about the human condition (Haigh and Hardy, 2011). They provide learners with a powerful and effective way to learn, remember and reflect. Indeed, there is compelling research indicating that adults who are presented with a story linked to a series of facts retain significantly more than those presented with facts alone (Brown et al., 2005).

Wiimali

Wiimali is a virtual community located in New South Wales, Australia. While the community is fictitious the demographic indicators are representative of the diversity of a semi-metropolitan context similar to the region surrounding our university campus. Wiimali is comprised of an interactive map with over 80 digital stories, each mapped to curriculum learning outcomes and unfolding over the three years of the nursing program. The community was developed in a consultative way, inclusive of the perspectives of academics, health professionals and health care

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