

Much ado about the flu: Design and implementation of an e-role play for a large class of undergraduate students

Jane Warland*, Colleen Smith¹, Morgan Smith²

School of Nursing and Midwifery, University of South Australia City East Campus, North Terrace, Adelaide 5000, South Australia, Australia

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ABSTRACT

Role play in a face-to-face setting is becoming widely accepted as a useful pedagogy in nurse education. However, online e-role play i.e. role play which occurs using an electronic medium, is less well used, particularly with large classes. This paper will discuss the design and implementation of an online e-role play for a large class ($n = 414$) of undergraduate Nursing and Midwifery students. It describes the rationale for the use of this method and the expected learning outcomes followed by detail about how the e-role play was designed. It also discusses challenges faced in implementing this learning activity with a large group of students and then outlines student and staff evaluation of the e-role play. Finally lessons learned and implications for using this pedagogy in nurse education are considered.

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Background

Nursing graduates require skills in collaboration, communication and reflection to enable them to work effectively with other health professionals and to deliver quality health care (Coeling and Cukr, 2000; Kalisch et al. 2007). However, the opportunities to develop these skills in the clinical setting maybe limited particularly when, there are large numbers of students, an off campus cohort and limited clinical placement opportunities (Barnett et al., 2008). The use of e-role play as one approach among other teaching and learning methods, can facilitate student engagement in their learning, encourage group decision making and negotiation, build trust between students, and promote reflection (Bos and Shami, 2006).

Simulation including role play have been accepted as a useful pedagogy in face-to-face nursing education. The burgeoning literature on the use and pedagogical underpinnings of role play is testament to this fact, for example Cant and Cooper 2010, Bland et al. 2010, Warland 2011. However, with advances in online technologies, the popularity of e-role play in education is also gaining momentum. This is because it can be used to foster skills such as critical thinking (Libin et al., 2010) and can also be delivered to a large student cohort at minimal cost (Burns, O'Donnell and Artman, 2010). This paper will discuss the design and implementation of an online e-role play for a large class ($n = 414$) of

undergraduate Nursing and Midwifery students. It discusses challenges faced and implications for using this pedagogy in nurse education and also outlines student and staff evaluation of the e-role play.

The design

The specific challenges in context for this e-role play were that the learning activity needed to cater for on campus (face-to-face) and off campus (distance) students, third year midwifery, and first year nursing students. Additionally we had a large teaching team of 13 faculty members some with as few as 25 students (one tutorial group) others with as many as 75 (in three tutorial groups).

The e-role play aimed to provide an experiential learning activity for this diverse range of students that would enable them to demonstrate the achievement of course objectives. These objectives primarily focused on students acquiring an understanding of primary health care principles and the role of the Registered Nurse/Midwife in disease prevention, containment and address community concern in the context of an influenza pandemic. An e-role play provides a scenario and a set of roles that students adopt in order to solve a problem, create something, or explore an issue (Ip and Wills, 2002). In the case of this e-role play the issue explored was the nurse/midwife's response to an influenza pandemic and the item created was a community action plan.

Students began the e-role play with a week long 'briefing stage'. During this time they attended an on campus workshop and were given a lecture specific to the e-role play including, general information, aims and objectives, and expected learning outcomes.

* Corresponding author. Tel.: +61 8 8302 1161; fax: +61 8 830 22168.

E-mail addresses: jane.warland@unisa.edu.au (J. Warland), colleen.smith@unisa.edu.au (C. Smith), morgan.smith@unisa.edu.au (M. Smith).

¹ Tel.: +61 8 8302 2038; fax: +61 8 830 22168.

² Tel.: +61 8 8302 1515; fax: +61 8 830 22168.

During this briefing stage students were asked to orientate themselves to the e-role play online environment, which included specific information about its purpose and step-by-step instructions for Moodle (a Learning management system (LMS) with which the students were not familiar). They were also asked to complete background reading, to be familiar with their own role and the other 'players' roles, as well as the essential aspects of the scenario.

All of the roles had a public and private persona. The public persona provides information for how the person is seen publically – their approximate age, occupation, publically known views and interests. All students had access to this information. Students playing specific roles were also given a private persona which gave some background about the role they were playing including, their role's views about flu immunisation, current concerns, and allegiances or personality differences with other 'players'. This private persona was only available to students undertaking that role to give some insight into how their character might respond during the e-role play experience.

There were six roles played by students representing typical hospital and community nurse stakeholder positions including a:

1. Director of nursing, residential aged care facility
2. General Practise (GP) nurse
3. Community midwife
4. Hospital occupational health nurse
5. Hospital infection control nurse
6. Community health nurse

In order to manage the large number of students ($n = 414$) they participated in the e-role play in their tutorial groups or online discussion groups with their faculty member, who was also playing a role facilitating the activity. The e-role play design is depicted graphically in Fig. 1. The project team designed the online environment and acted as resource people for faculty. The six stakeholder roles were distributed between each group of 25 students. This resulted in four or five students being allocated to each role. Students met 'behind the scenes' to discuss their proposed posts and to develop their role's contribution to the action plan. One student from each stakeholder team then posted the agreed post to the e-role play.

The e-role play consisted of an asynchronous online discussion which took place over a period of 10 days in October 2009. Set in Cockatoo Rest, an imaginary town in rural Australia, the e-role play commenced with a fictitious newsflash concerning the death of a local businessman. When it was later discovered that this death was Cockatoo Rest's first swine flu victim, a meeting of local nurses

and midwives was called by the 'Department of Health' to develop a nursing action plan to respond to local community concern.

Over the course of the e-role play (10 days) each group of students playing a role made several posts. The behind the scenes interaction allowed students who were playing the same role to discuss their character's response to what was occurring on the e-role play. This behind the scenes meeting could either be face-to-face or online. Students could choose to communicate using a number of electronic media including email, Skype, MSN, Facebook, Twitter etc.

The e-role play occurred mid-way through the course. This meant that students were already assigned to their tutorial/discussion groups and were well established in these groups. In order to ensure anonymity (one of the hallmarks of an online e-role play (Cornelius et al., 2009), the university LMS could not be used because student would be identified in the system. Rather than create more than 400 temporary false University logins, the e-role play was hosted by 'EdNA groups' (<http://www.groups.edna.edu.au/>), a 'Moodle' platform.

Each group of 25 students and their faculty was allocated their own online e-role play environment. Once one Moodle platform was established with all roles, and electronic resources it was duplicated 17 times to cover the number of tutorial/online discussion groups required. Each of the 17 mirror sites had its own individual login and each group of 25 students could only access one site. It would not be possible, for example, for a student allocated to group 8 to login to group 1 (see Fig. 2). Just as is the case in face-to-face role play, each of the 17 e-role plays proceeded a little differently with some groups progressing more quickly or taking different directions than others. Each produced a different community action plan as a result.

Debriefing after any form of simulation, including role play is considered to be vital (Fanning and Gabba, 2007). This is when players relinquish their roles and discuss what it was like to play that role, share critical moments and analyse what happened during the role play and why. It is also a time when students can reflect on what was learnt, draw parallels to real life and consider implications of the community action plan they created. All students, whether on or off campus, undertook the debriefing stage in their tutorial groups either online or face-to-face.

In preparation for their debriefing they were asked to write a short reflective piece which they brought to their next tutorial or posted online. They were asked to consider their response to the following questions:

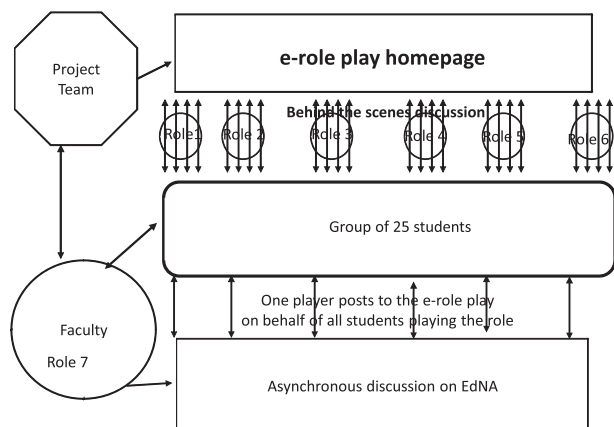


Fig. 1. e-role play design interaction pathways for one group of 25 students.

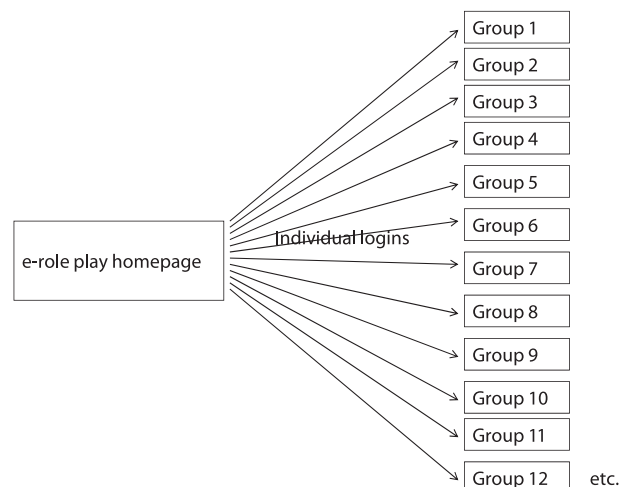


Fig. 2. e-role play design login pathways.

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