



## Collaborative learning among undergraduate students in community health nursing

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### ABSTRACT

Teamwork can benefit students, enhancing their ability to think critically, solve problems creatively, and collaborate effectively. We piloted a collaborative learning project with undergraduate community health nursing students ( $N = 83$ ) that entailed working in teams to explore epidemiologic data, synthesize the literature, and develop an evidence-based plan for nursing intervention and evaluation pertaining to a public health issue. Project evaluation consisted of pre- and post-project surveys by students, peer evaluation, and formative and summative evaluation by faculty. Having students work in teams, while challenging both for faculty and students, may be a viable strategy for preparing the next generation of nurses for inter- and intraprofessional collaboration. Our experience suggests that instituting a collaborative learning experience as part of an undergraduate course in community health nursing can be an effective way to expose students to constructive approaches to teamwork and prepare them for evidence-based nursing practice in the future.

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### Introduction

Sound decision making and implementation of safe and effective community health nursing interventions require clear understanding of the clinical and scientific evidence that supports this practice arena. Essential skills include the ability to identify a problem, obtain the most relevant information to solve it, and implement an intervention tailored to the situation and guided by the evidence (DiCenso et al., 2005). Developing these essential skills in undergraduate nursing students requires implementation of learning strategies embedded throughout the curriculum that promote evidence-based practice (Burke et al., 2005).

The focus of care in the United States, the United Kingdom, and elsewhere in the world is shifting as nurses increasingly practice in the community rather than hospital settings. In response to significant growth in the delivery of primary care and other health services in the community, the Institute of Medicine (2011) has called for a more highly educated nursing workforce in the domains of community and public health. Similarly, the World Health

Organization (2010) has identified nurses as frontline service providers who need to be better prepared to assume a greater role in the design and delivery of people-centered, evidenced based care. Nurses are directed to collaborate within and outside the nursing profession to strengthen health systems, ensure provision of culturally sensitive services, and improve health outcomes across the age spectrum locally and globally.

Nurses in community and public health settings frequently work in teams or serve on committees or task forces charged with developing action plans that are practical and likely to succeed in addressing emerging public health issues. With limited resources and pressing health needs that require appropriate and timely assessment and intervention, community health nurses must be competent and comfortable with collaboration. Collaborative learning involves “an intellectual endeavor in which individuals act jointly with others to become knowledgeable on some particular subject matter” (Koehn, 2001, p. 160). This approach to learning is known to benefit students academically, socially, and psychologically (Kinyon et al., 2009; Panitz, 1999). By working together, students enhance their critical thinking skills and become more interested in the learning process, often producing an end-product that is superior to what might have been possible with their individual effort and resources (Feingold et al., 2008; Panitz, 1999). They develop an appreciation for the wisdom of considering diverse perspectives that they may not have explored on their own,

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which in turn may enable the design of more creative solutions (Feingold et al., 2008; Panitz, 1999). Further, collaborative learning increases self-confidence, reduces anxiety and improves access to faculty expertise (Clark et al., 2008; Feingold et al., 2008; Panitz, 1999; Souers et al., 2007; Yates, 2006). While population health and interdisciplinary learning are emphasized in all health professional schools (Koh et al., 2011), the ability to function in teams has been identified as a key competency for interprofessional practice (MacDonald et al., 2010).

Introducing nursing students to evidence-based group work through collaborative learning experiences is a reasonable starting point for developing competencies important for teamwork and the design of effective public health interventions. In the United States, community health nursing is typically taught in a baccalaureate program. It builds upon students' foundational knowledge of the physical and social sciences, human development across the life span, and medical-surgical, obstetric, pediatric, and psychiatric nursing of individuals. The course is often part of a capstone senior-year experience designed to expand the notion of "client" to include families, aggregates, and communities, while synthesizing relevant scientific and clinical information and applying it in practice. Clinical practice enable students to identify challenges faced by community health agencies, explore their assessment methods for quantifying health issues, and learn their intervention and evaluation approaches.

The Essentials of Baccalaureate Education for Professional Nursing Practice, published by the American Association of Colleges of Nursing (AACN) in 2008, specifies new competency standards to guide curriculum design and enhance the ability of baccalaureate-prepared nurses to provide safe, high quality patient care within complex health care systems. Nine essentials set forth the outcomes expected of graduates of baccalaureate nursing programs (American Association of Colleges of Nursing, 2008). Essential VI stipulates fostering students' development in the areas of inter- and intraprofessional communication and collaboration as well as translation of current evidence into practice, competencies that seem particularly amenable to a collaborative learning approach.

The purpose of this paper is to describe the collaborative learning experience that we implemented in our community health nursing course to address Essential VI. Specifically, we describe how the faculty structured the experience and how students and faculty responded to our approach. This project received approval by the University of Pittsburgh Institutional Review Board and focused on the following research questions:

Among students with prior experience with group work in other courses:

- What was most and least favorable about those experiences? What obstacles were encountered? What was considered key to a successful group project?

Based on the collaborative learning experience in our course:

- How did students rate peers in terms of team spirit, interpersonal dynamics, meeting attendance, and participation in discussion?
- How did students rate other groups in terms of the organization, clarity, and aesthetic appeal of their presentations and their responsiveness to questions?
- How did the faculty rate the quality of each group's presentation in terms of the evidence provided and the proposed intervention and evaluation plan?
- What did students like most and least about their group project? What major obstacles did they encounter and what solutions did they try? What would improve the collaborative learning experience?

## Methods

The University of Pittsburgh School of Nursing requires all senior-level students to take a community health nursing course as part of the Baccalaureate Program. Though the number of clinical hours varies based on the student's academic track (i.e., traditional, second degree, and RN-BSN or RN-MSN), all students attend the same weekly didactic session. Except for RNs with prior community health nursing experience, all students engage in a clinical practicum that includes placement with a community agency, disaster management training, and health promotion activities. Students have the opportunity to work alongside a preceptor in one of several community-based settings: schools, public health programs, home care and hospice, ambulatory care, community-based health and social service agencies, or health education and outreach. Successful completion of the course requires passing examinations, performing clinical activities satisfactorily, and completing a collaborative learning experience.

In April of 2008 we established two objectives for a group project to enable collaborative learning: helping students synthesize course content by focusing on a public health issue, and producing an evidence-based, aggregate-level plan for community health nursing intervention and evaluation. Since Summer Term 2008, we incorporated the group project among our course requirements. Using numbers generated by computer, we randomly assigned students to groups of four. We identified a public health issue for each group to address and provided a rubric to guide their work. Public health issues included infectious disease control, immunizations, teen pregnancy, cancer screening, addiction, environmental contaminants, healthy lifestyle, and injury prevention.

Students focused on their assigned public health issue as it related to at least one group member's clinical site or population. For example, group members addressing control of environmental contaminants might choose to focus their efforts on mold prevention in communities prone to flooding. Each student was required to gather primary data by conducting interviews with health professionals and other personnel at their clinical site to learn the relevance of their group's public health issue in that setting. These interviews involved nurses and nurse practitioners, dentists, physicians, epidemiologists, teachers and their aides, coaches, public health administrators, food safety inspectors, and food service personnel, among others. In addition, students in each group gathered publicly available secondary data related to their assigned issue, including agency reports as well as local, regional, and national surveillance summaries.

Students met with their groups during class on four to six occasions over a two-month period. During each meeting, the group designated a facilitator, a recorder, and a time keeper, with each member expected to assume these various roles at least once. For each meeting our faculty stipulated a task: identifying the topic and the population of interest; setting at least one goal and corresponding objective; developing a plan for gathering primary and secondary data; reviewing pertinent clinical and research literature; or proposing strategies for intervention and evaluation. Specific guidelines for the group work were provided, with each group required to specify an accessible population for their planned intervention; how, when, where, and by whom the intervention would be implemented; and how formative and summative evaluation of the intervention would occur. Students recorded meeting notes in a notebook provided by faculty, summarizing their discussion and the resulting action plan. Our faculty reviewed these notes and provided feedback before the next class session.

One week after the final group meeting, students made a formal presentation of their evidence-based project to classmates and

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