Creative Teaching Strategies for Pre-Licensure Nursing Curricula

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Edited by

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This book is dedicated to all nursing faculty.

Teaching is more than imparting knowledge; it is inspiring change.
Learning is more than absorbing facts; it is acquiring understanding.
—William Arthur Ward

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FOREWORD

JULIETTE GRETZLER

I would like to take you on a short trip in the way-way-back-machine. I want you to think back to your experience in nursing school. What do you see? Is it an auditorium-style room? Maybe you envision a large hall or a large classroom. Is the room full of eager nursing students? Is there a professor standing at the front of the room? Maybe the nursing professor is pacing back and forth across the front of the room. Is the professor reading from the notes on the lectern without an ounce of emotion or pointing to some Microsoft PowerPoint© slide with the laser pointer? Maybe the professor is telling a story of an experience had with a patient. The story may or may not be relevant to the content being learned but the professor seems excited to be in the front of the room with all your attention directly on them.

Depending on how long you have been a nurse, this is probably a very accurate description of many, if not all, of your classroom experiences. The "sage on the stage" is how we now refer to nurse faculty that teach this way. This is a passive form of learning for the nursing student and the evidence shows it is not an effective method to help them prepare for the next generation NCLEX. On top of this change, the nursing student experience has not changed much since I was in nursing school. I have students now that are in similar situations to myself when I was in their shoes! It seems like every new cohort has challenges that are new and unique to not only them but us as faculty.

The next generation NCLEX was released in the second quarter of 2023; it uses the National Council of State Boards of Nursing's (NCSBN's) Clinical Judgment Measurement Model (NCJMM), which is meant to test your nursing student's ability to not only think critically but also use clinical reasoning and clinical judgment. Now, how do you get your students to start using the NCJMM—recognizing cues, analyzing those cues, prioritizing hypotheses based on those cues, generating solutions based on the hypotheses made, take actions based on the solutions generated and then evaluate the outcomes of the actions taken? It's easy—make them the center

of the learning experience. Put them in the middle of a "safe" scenario, have them take a walk through an art gallery to learn to recognize and analyze items, have them watch short video pieces and talk through what they would do before continuing to care for the client. These activities will not only help your students be better prepared to take and pass your content exams and potentially the NCLEX, but it will also help to prepare them to be better prepared in the clinical setting. By putting our students into safe situations, they can process the "whole" picture and not just signs and symptoms. It forces them to think, "What do I need to do? What are my priorities? What can I do right now to help my patient?" Isn't this the end goal for every nursing professor…to get our students to think like a nurse? I know it's my end goal and I teach one of the hardest nursing courses…pharmacology!

Evidence-based practice is the pillar upon which the nursing profession has been built. The research is rich with reasons that using creative teaching strategies are more effective for the students. The research tells us that creative teaching strategies are more innovative, invigorating, and interesting for the student; it helps them to attach meaning to concepts they may otherwise be unfamiliar with. For many of us it is not the implementation of these creative strategies, but the creativeness and time required to create these strategies. This book will help with this process by providing creative teaching strategies you can and should use in your classrooms to engage your students in the learning process. Trying to make the learning experience rich and vibrant seems like a monumental task that will take too much time (that I don't have to give) and won't be appreciated (because the students believe they learn better through lecture).

The implementation of active classroom teaching-learning strategies happens to be my specialty. I am one of those crazy professors that enjoys spending some of the free time allotted to me through life in creating new and innovative ways to engage my students. Knowing not everyone has the time, energy, or creativity needed to get started on this journey, a few creative and experienced nurse faculty have decided to come together to help others out. These nurse faculty have taken on writing comprehensive instructions on several different active classroom teaching-learning strategies to, in earnest, help fellow nurse faculty take a more active approach to teaching and learning. Take a few moments and peruse the table of contents…the innovative and creative teaching-learning strategies contained within will help you to engage and even entertain your students during your next classroom experience.

I implore you to just try it! These ideas have already been crafted together, explaining to you how and why they are useful in the classroom setting. Each chapter will begin with an introduction to the strategy, why it is needed in a specific type of classroom setting (fundamentals for instance), the intended audience (again telling you where in the nursing program the students should be to get the most out of the experience), some of the literature available to support the use of the particular creative lesson, how to implement the activity, the activity benefits for the student, followed by the intended outcomes and recommendations (which is related to the implementation of the activity). This book is set up to help you succeed in getting your students to critically think about each question and scenario they are put into. Using these skills will help them to build confidence in themselves which will foster clinical reasoning skill and the use of clinical judgment.

I beseech you to go forth and make your nursing students momentarily uncomfortable—they will be better for it and you, you will be remembered for it. Don't teach through traditional methods; nursing is not traditional. We are members of an evidence-based profession that incorporates changes with new findings. Think of this as a "new" finding and implement it with fervor and grace! You will not be disappointed.

PREFACE

There are a lot of books and articles touting the advantages of using creating teaching and learning strategies in higher education, but very few contain information on how to create these strategies and integrate them into the course syllabi, outlines and outcomes. *Creative Teaching Strategies for Pre-Licensure Nursing Curricula* is a collection of published, revised and new teaching strategies for pre-licensure nursing curricula. This book provides creative ideas for faculty who are tired of using slide-guided lectures. These alternate teaching-learning strategies appeal to students who want to engage in the learning process, rather than listen to lectures.

These teaching-learning strategies incorporate the sciences, arts and humanities to provide a more holistic approach to learning and to facilitate the students' understanding of the broad scope of nursing. These strategies are applicable for the beginning nursing student and the student nearing graduation and licensure, regardless of their learning style and preferences.

Each chapter focuses on a different teaching-learning strategy and includes support from current literature and suggested guidelines for implementation. Each teaching-learning strategy is also linked to suggested outcome measurements, so they can be used as a stand-alone activity, as part of a quality improvement project, or as an intervention for a research study. Integrating these strategies into the curricula not only enhances student learning and improves programmatic outcomes, but can also improve student satisfaction with courses and instructors.

The contributors of this book would like to acknowledge Felicia Ryan and Jim Scheers for their behind-the-scenes work to make this book possible.

CHAPTER ONE

ART GALLERY GRAND ROUNDS

JOYCE VICTOR & JUDITH WILLIAMS

Introduction

In fundamental nursing courses, such as physical assessment and principles of nursing, it is important to find original ways for students to develop noticing and holistic caring skills.[1] These skills link to theoretical models that can be difficult for beginner students to understand without immersion in hands-on activities. Since assessment and principles courses are the first courses nursing students take after or with their general education courses, building on general education courses reinforces the importance of non-nursing content in the development of thinking, reasoning, and judgment skills.[2]

Needs Assessment

In assessment and principles of nursing courses, content focuses on concepts such as the theories of nursing, holism, and noticing skills. Didactic approaches to these philosophical topics do not adequately develop thinking, reasoning, and noticing skill sets. Also, as nursing students enter their first clinical course, they are often intimidated when interacting with physicians and other health professionals. Much of this is due to their lack of knowledge and inexperience with their expected roles in patient management. Faculty may find it difficult to find ways to better prepare students for interdisciplinary activities, such as grand rounds, since there is no access to patients at this point in the curriculum, and interdisciplinary

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1 American Association of Colleges of Nursing. The essentials: Core competencies for professional nursing education. 2021.
https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf
2 Victor, Joyce. "Art gallery grand rounds." Nurse Educator 46, no. 3 (2021): 140-142.

teams are not readily available on all college campuses. Even in institutions that have students from other healthcare-related fields on their campus, coordination of interdisciplinary schedules can make the group activities burdensome. In light of this, the course instructor can use pieces of art as patients.

Intended Audience

This activity is designed for first-clinical-semester nursing students. Assessment skills and fundamental principles of holism should be covered in class content prior to the activity. Completion of a fine arts course is preferred, but not required.

Supporting Literature

Knowledge of fundamental nursing concepts can be improved through the use of experiential learning strategies, such as grand rounds.[3] Articles and books on grand rounds in nursing report it is an effective clinical teaching strategy for nursing students.[4,5] Grand rounds provide an opportunity for students to apply knowledge from the classroom to a simulated clinical experience.[6] In the literature, there is evidence for using grand rounds to develop scientific processes and interdisciplinary collaboration.[7] Grand rounds are a form of simulation-based experience (SBE)[8] that has been shown to improve learning and increase confidence in nursing students.[9]

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3 Morris, Thomas Howard. "Experiential learning–a systematic review and revision of Kolb's model." Interactive learning environments 28, no. 8 (2020): 1064-1077.
4 Lanham, Janice G. "Nursing grand rounds as a clinical teaching strategy." Journal of Nursing Education 50, no. 3 (2011): 176-176.
5 Valizadeh, Leila, Vahid Zamanzadeh, Maryam Namadi, and Samaneh Alizadeh. "Nursing grand rounds: an integrative review." Medical-Surgical Nursing Journal 8, no. 3 (2019).
6 Lanham, Janice., idib.
7 Poore, Julie A., Evelyn Stephenson, Douglas Jerolimov, and Patricia J. Scott. "Development of an interprofessional teaching grand rounds." Nurse Educator 42, no. 4 (2017): 164-167.
8 INACSL Standards Committee. Standards of Best Practice, 4th Edition. (2021) https://www.nursingsimulation.org/article/S1876-1399(21)00093-1/fulltext
9 Preheim, Gayle J., Gail E. Armstrong, and Amy J. Barton. "The new fundamentals in nursing: introducing beginning quality and safety education for nurses' competencies." Journal of Nursing Education 48, no. 12 (2009): 694-697.

Implementation

1. Choose a 20-30 minute block of class time. Placement of the activity in the course outline should follow the introduction of basic course content, particularly the discussion of holism in nursing theories and nursing assessment. If class time is limited, the activity can be assigned as an independent group project.

2. Schedule the visit. This project requires the cooperation of a campus-based or local community-based art gallery. If no specific gallery exists, the instructor can use artwork around the campus, projections of artwork within the classroom setting, or coffee table art books. Other ideas that do not require a trip to a gallery are artwork postcards, such as those in the game Masterpiece© or those available for purchase in art gallery gift shops. A curated gallery show is best, since it fosters interdisciplinary relationships and encourages an appreciation of community assets. If a curated show is available, the instructor must work with the gallery director to schedule the visit. For large classes, the activity may need to be broken down into more than one session if the gallery cannot accommodate a large group.

3. The instructor separates the enrolled students into groups of three or four, deliberately splitting students who tend to work in partnerships in the classroom. This fosters peer relationships, team building, and socialization skills. If visiting a gallery, the instructor creates a rotation schedule in which each group of students visits three different pieces of art from the exhibit. If using art books or postcards, the instructor would assign specific pages in the book or distribute a set of three postcards to each group.

4. Before visiting an art gallery, students should first gather in a designated area at the start of their scheduled class time. While in this area, the instructor explains the grand round instructions, organizes the assigned groups, and provides each group with its rotation schedule and written directions. If students are visiting a gallery independently, the instructor can either distribute the group assignments and directions at the end of a class or can post them in the learning management system (LMS). If the activity is planned for the classroom, the directions can be projected onto a screen or distributed as a paper copy.

5. The students view the art. This should take no more than 15 minutes. Give the following general directions:

    - Examine the first piece of artwork on your assigned list individually, for one minute, without discussing it.
    - At the end of the first minute, begin discussing what you see. No detail is too small. As a group, discuss the following:
        - ✓ *What do you see?*
        - ✓ *What similarities does the group see?*
        - ✓ *What differences do the individuals in the group see?*
    - Take notes on your answers.
    - Select a group member to present your group's answers to the three questions to the class.
    - Be prepared to present your answers and actively participate in the class[2].

6. When all students have completed Step 5, the instructor facilitates discussion in the classroom. Each chosen group representative gives a report on one piece of art. Each report is limited to one minute or less. If class time is limited, students can post their reports on a discussion board in the LMS. If using discussion boards, be sure to place a due date for the posting with the directions.

7. Once all reports are given or posted, the instructor uses the following prompts to initiate discussion. The instructor can use these prompts in the classroom or on the LMS, or both.

    - *Why do you think we went to the art gallery? (or why do you think you were evaluating art pieces?)*
    - *What did you learn from the experience?*

    This provides an opportunity for the students to reflect on the experience as a way to develop their affective domain and self-evaluation skills.

8. A physical visit to an art gallery is strongly recommended. Regardless of the format used to conduct the activity, the instructor summarizes the self-reflection responses and discusses them with the class.

Student Benefits of Activity

Based on over seven years of implementation, the students report consistent benefits after completion of the Art Gallery Grand Rounds assignment. Each time the activity is completed, students also report different and new advantages of engagement in the activity.

Improved confidence

Almost all students report feelings of anxiety and discomfort when they first enter the art gallery and begin interacting with classmates they do not know well. Even students who have had an ART 101 course often state they feel uneasy talking about art. Despite this, when engaged in the post-activity discussion, students state they feel more confident and less discomfort by the end of the activity.

The instructor should make a point to discuss how feelings of anxiety and nervousness can be transformed into confidence with experience. The instructor should relate this transformation to how confidence will begin to develop the first time the students enter the clinical environment, the first time they have a patient encounter, and the first time they participate in an interdisciplinary activity. By linking the emotions to future experiences, students can begin to trust themselves and understand how their experiences will build confidence over time.

Noticing Skills

Depending on the students' individual beliefs, values, and past experiences, they will notice different things about the art. Some students focus on the art piece as a whole. Some students focus on small details. Some focus on the use of color. Some focus on landscapes, others on interactions of the subjects, others on the way the subjects are dressed. Without realizing it, students use their assessment or observation skills. These assessment skills rely heavily on the act of noticing, which is the first step of clinical judgment development.[2] By observing, students are practicing noticing skills, thus, the activity is stimulating the beginning phase of their clinical nursing judgment development.

Exposure to both similar and different observations by others also plays a fundamental role in understanding how noticing skills differ based on an individual's past experiences and frames of reference. When discussing students' noticing skills, the instructor should stress how no detail is too small. This concept not only applies to the art, but it will apply when

observing patients as well. Instructors should make students aware that what they notice will change as a result of their personal and professional experiences. Practicing noticing skills improves overall assessment and helps students to develop their clinical nursing judgment.

Holism
The concept of holism is best demonstrated when students complete the activity in a curated art gallery. Using a book purchased at an art museum gift shop can also work for demonstrating holism. To facilitate conversation about holism, the students need to look not only at each piece of art as a whole, they also need to read the placards next to the pieces, or the narrative in an art book, to understand how the one piece of art fits into the curated exhibit or book theme. Students should also note how an artist's work reflects the artist's life experiences.

The instructor should facilitate conversation of the interrelationship between the works in the gallery and between the works and the artist. This activity demonstrates the concept of holism within the individual. More importantly the instructor can discuss the interconnectedness between all things. This will help the students understand the concept of holism.

Team Building
In discussing the similarities and differences in observations, students learn how each person looks at the world (and the patients) through a different lens. The instructor should point out that no one person's observations were right or wrong, but rather each person's observations add to the conversation. As a result, students feel more comfortable expressing their views with team members and are more open to the views and opinions of others. This enhances team-building skills and lends confidence to the students as they prepare to be part of an interdisciplinary team.

Another benefit of Art Gallery Ground Rounds is the understanding of roles within a team. As students complete the assignment, a leader will often emerge within each assigned group. The instructor should help the students explore the processes that led to the leadership position. In some groups, the leader is decided upon before beginning the assignment. In others, a person volunteers to take notes and give the report. The instructor should encourage the students to discuss how the leaders emerged and to identify the characteristics of the person who took on the leadership position. This helps students understand the characteristics of a (good or bad) leader.

Overall, the activity lays the foundations for the students to be part of an interdisciplinary team. This includes understanding of team dynamics, team member roles, and leadership potential.

Intended Outcomes

In the course syllabus, the Art Gallery Grand Rounds activity can be linked to the following outcomes:

- Knowledge of the concept of holism
- Nursing process: assessment
- Interdisciplinary communication and collaboration skills
- Clinical nursing judgment development through noticing, interpreting, responding and reflecting
- Individual development through increased confidence

Recommendations

Instructors do not need to invest large amounts of human resources, equipment or supplies to execute this activity.[10] Although using a campus-based art gallery has added benefits, the activity can be completed without a physical trip to a gallery, since art books, postcards and slides can be used as alternatives.

Student evaluation related to Art Gallery Grand Rounds must be linked to specific course outcomes. In upper-level students, Art Gallery Grand Rounds can be repeated with other disciplines involved to further enhance team-building skills.

Based on the nursing process, evaluation of the Art Gallery Grand Rounds activity might involve obtaining feedback surveys from the students attending clinical rotations. The feedback can be used to determine the level of improvement in assessment skills, and confidence and communication in interactions with healthcare personnel, persons, families and communities.

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10 Victor, Joyce. "Art gallery grand rounds." Ibid.

CHAPTER TWO

DEI DISCUSSION BOARDS

JOYCE VICTOR & JUDITH WILLIAMS

Introduction

Self-awareness is a key element of practice-readiness in nursing. Self-assessment is critical in the development of cultural awareness and cultural competency. According to the American Association of Colleges of Nursing (AACN),[1] the components of diversity, equity and inclusion (DEI) represent the application of specific individualized constructs to evidence-based nursing practice. *Diversity* includes considerations such as age, gender identity, race and ethnicity, and sexual orientation, as well as the influences of language, religious practices and socioeconomic status. *Equity* recognizes societal differences in the distribution of resources and addresses justice and fairness. *Inclusion* represents the characteristics of the environment and culture within organizations.

Needs Assessment

Guidelines for how to address DEI in practice must be introduced early in nursing curricula and be carried through as an essential skill set for practice-readiness. Academic institutions are required to address DEI in their mission, values, hiring practices, and admission policies. Institution-wide DEI efforts, however, are not adequate in preparing practice-ready nurses. Self-awareness is necessary for cultural awareness, which is the first step in the development of cultural competence.

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1 American Association of Colleges of Nursing. The essentials: Core competencies for professional nursing education. 2021.
https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

Intended Audience

This activity is designed for first-clinical-semester nursing students, enrolled in a Fundamentals or Principles of Nursing course. Completion of a 100-level sociology or anthropology course is preferred, but not required.

Supporting Literature

There is a plethora of information in current literature identifying a need to develop DEI-related skills in nurses.[2] One framework that provides a model and tool kit for planning and incorporating DEI-related activities is the Cultural Humility Framework.[3] This framework has been applied in pre-licensure nursing curricula to develop DEI-related skills.[4]

Faculty should build on their existing syllabi and thread DEI-related activities into all courses as a best effort to develop cultural competence.[5] Achievement of cultural competence, however, has to start with the development of cultural awareness and an assessment of one's own beliefs and biases.[6]

Implementation

Since the literature consistently suggests cultural awareness begin with an evaluation of one's own beliefs and biases, this teaching strategy provides opportunities for nursing students to self-reflect. This can best be accomplished through the use of discussion boards found within learning management systems (LMS) such as Blackboard® or Desire-2-Learn®. If an

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2 Morrison, Valerie, Rodney R. Hauch, Edith Perez, Melissa Bates, Paulette Sepe, and Maricon Dans. "Diversity, equity, and inclusion in nursing: the pathway to excellence framework alignment." Nursing Administration Quarterly 45, no. 4 (2021): 311-323.

3 Foronda, Cynthia, Susan Prather, Diana-Lyn Baptiste, and Marian Luctkar-Flude. "Cultural humility toolkit." Nurse educator 47, no. 5 (2022): 267-271.

4 Wright, Rebecca, Diana-Lyn Baptiste, Ashley Booth, Helena Addison, Martha Abshire, Daisy Alvarez, Megan Barrett et al. "Compelling voices of diversity, equity, and inclusion in prelicensure nursing students: application of the cultural humility framework." Nurse educator 46, no. 5 (2021): E90-E94.

5 Charania, Nadia Ali Muhammad Ali, and Rushika Patel. "Diversity, equity, and inclusion in nursing education: strategies and processes to support inclusive teaching." Journal of Professional Nursing 42 (2022): 67-72.

6 Lyman B. Parchment J, and George KC. Diversity, Equity, Inclusion: Crucial for Organizational Learning and Health Equity. Nurs Lead, 2022. 20(2): 193-196.

LMS is not used in a course, the same activity can be accomplished using journals or notebooks. Allowing students to reflect on and share individual beliefs and biases using discussion boards or journals extends immersion in DEI content beyond those who regularly participate in class discussions, and allows time for self-reflection outside of the classroom.

Addressing DEI-related topics using discussion boards or journals is an ideal way to begin self-reflection. This activity, therefore, is best for first clinical semester nursing students. Both discussion boards and journals can be used in either the classroom or the online venue.

1. Link discussion boards or journals to specific modules of the fundamental nursing course outline, such as content on cultural competence and health beliefs. Three discussion boards or journal entries is adequate without being overwhelming. To prevent the assignment from being viewed as "busy work," it is not recommended to exceed five self-reflective journal boards in one course.

2. Suggested content areas for DEI-related topics are 1) personal biases leading to ethical dilemmas, 2) family, cultural and community values influencing personal health and healthcare decisions, and 3) religious and spiritual beliefs influencing personal health and healthcare decisions.

3. For each discussion board or journal entry, provide a prompt.

   a. *Identify a personality trait you have that has the potential to create an ethical dilemma.*
   b. *Identify a personal cultural, family or community value, which has the potential to affect your own healthcare choices.*
   c. *Identify a personal religious or spiritual belief, which has the potential to affect your own healthcare choices.*

4. Once all students make their initial post on their own belief or value system, peers read each other's posts and offer evidence from the literature for best practices specific to the individual's post. If using journals, students would swap journals with classmates for this next part of the activity. Students receive points in the gradebook for their initial post and their response posts. The points can tie into attendance and participation grades or into a grade category for assignments. Provide prompts for peer responses.

a. *Using your book to support diversity, inclusivity and cultural awareness, address your peers' ethical dilemmas as if they were your coworker.*
b. *Using your book to support diversity, inclusivity and cultural awareness, address your peers' cultural, family or community beliefs as if they were those of your patient.*
c. *Using your book to support diversity, inclusivity and cultural awareness, address your peers' religious or spiritual belief, as if they were those of your patient.*

5. After each discussion or journal entry, the instructor should allow 5-15 minutes of class time for students to further discuss the module topic, focusing on what they learned about themselves and about other belief and value systems. If done electronically, the instructor can create *word clouds* to help guide the conversation and to provide a visual reference for the students during the class discussion time.

Student Benefits of Activity

Analysis of post-course surveys shows students find self-awareness discussion boards and journals to be effective ways for them to explore their personal beliefs and values and to learn more about the values and beliefs of others. Students report perceived increases in awareness, sensitivity, competence and holism.[7]

Awareness
Reading about and discussing different religions, values and cultures increases knowledge of DEI. Participation in discussion boards and journals increases awareness of personal beliefs and beliefs of others. The activity helps students become aware of both differences and similarities among individual belief and value systems.

Sensitivity
Students who participate in self-reflection and open discussion become more sensitive to other's cultural and religious beliefs. This sensitivity is transferred into nursing practice. Students are encouraged to ask their patients about their specific beliefs. Although patients do not always provide detailed information on beliefs, the openness of the student to individualizing

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7 Victor, Joyce, Ashley Gangaware, and Jacob Siek. "Strategies for Teaching Diversity, Equity, and Inclusion in Principles of Nursing." Nurse Educator 49, no. 2 (2024): E88-E91.

care to accommodate patient values shows respect and creates a strong foundation for the nurse-patient relationship.

Competence

Participating in discussions of DEI-related topics using self-reflection increases self-awareness. This increases confidence in DEI-related skill sets and prepares the conditions for the development of competency in DEI-related skills for nursing practice.

Holism

DEI skills are an essential component of holistic patient care. When students examine how their own cultural values and beliefs relate to their overall state of health, they begin to realize how these attributes contribute to the wholeness of the patient. Realizing the impact of personal values on decision-making makes the student more empathetic to their patient's decisions. Awareness of differences in beliefs and values allows for a more holistic approach to patient care.

Intended Outcomes

Adding self-reflective discussion boards or journals addressing DEI to the syllabi for a *Principles of Nursing* course can have many positive outcomes. Students who engage in the activities report increases in self-awareness, cultural sensitivity, and knowledge of cultural and religious belief systems. These students also report feeling more competent in addressing DEI-related topics in the provision of holistic nursing care.

In the course syllabus, the DEI Discussion Boards or Journals activities can be linked to the following outcomes:

- Knowledge of the concepts of DEI
- Nursing process: assessment
- Provision of holistic nursing care, including cultural sensitivity
- Communication skills related to establishing the nurse-patient relationship
- Clinical nursing judgment development through reflecting
- Individual development through self-awareness

Recommendations

Self-reflective discussion boards and journals do not require a large amount of human resources, equipment or supplies. Since students complete the discussion boards and journals on their own time, class time was only used for discussion of the topics, as they tied into the related module on the syllabus. While these discussion boards and journals focused on DEI-related topics, the same process can be used to help students self-reflect on any topic. DEI concepts can also be reinforced in clinical and simulation settings by requiring that students implement DEI principles as part of their assessment and provision of holistic care.

CHAPTER THREE

COACH-LED GAMIFICATION

CATHY HAUZE & JOYCE VICTOR

Introduction

Exposure to questions that mimic the style of the Next Generation National Council Licensure Exam (NGN) is important. Repeated exposure to NGN-style questions can lessen student anxiety when preparing for the exam and improve test-taking skills. It is important for educators to find creative ways to actively engage students in the NGN preparatory process.

Needs Assessment

In addition to designing content-based exams to simulate the NGN, most pre-licensure nursing programs require students to independently practice answering questions designed in the style of the NGN questions. These questions are usually part of a commercially prepared National Council Licensure Exam (NCLEX) preparatory package. This process can become tedious and students may focus more on the number of questions they complete than on the content meant to be reviewed and reinforced through the questions and subsequent remediation. Also, pre-licensure nursing students may not yet have fully developed their ability to independently and accurately assess their strengths and weaknesses. This can lead to gaps in content review and remediation.

Intended Audience

This activity can be used with any level of student if content is tailored to the appropriate cognitive level. This specific activity is designed for final-semester, pre-licensure students, who have already completed classes focusing on content from the NGN blueprint.

Supporting Literature

Gamification is a popular educational strategy, which uses elements of game designs to motivate and engage participants in the learning process.[1] Games aligning with nursing content promote learning and increase the long-term memory of course content.[2] Students view NGN-style questions adapted to games such as Jeopardy® to be both fun and beneficial.[3] For games to most effectively engage students and enhance learning, a variety of games need to be implemented.

Social interaction, competition and collaboration are all important elements of gamification.[4] Findings in the literature suggest that coaching is an effective strategy for fostering collaboration. Those in the coaching role can effectively promote persistence towards career goals.[5] Career goals can include obtaining licensure.

Implementation

This active learning strategy combines coaching and gamification to provide opportunities for students to become more familiar with the NGN blueprint and content. This coach-led gamification was specifically designed to assess knowledge deficits by body system. This activity works best when integrated into a course in the final semester of a pre-licensure nursing program.

The activity includes five gaming days spread out over a 15-week semester. Each gaming day lasts 90 minutes. This allows for a 10-minute introduction to the games and distribution of schedules, 10 minutes for

1 Dichev, Christo, and Darina Dicheva. "Gamifying education: what is known, what is believed and what remains uncertain: a critical review." International journal of educational technology in higher education 14 (2017): 1-36.
2 Pront, Leeanne, Amanda Müller, Adam Koschade, and Alison Hutton. "Gaming in nursing education: a literature review." Nursing education perspectives 39, no. 1 (2018): 23-28.
3 Shellenbarger, Teresa, and Meigan Robb. "Technology-based strategies for promoting clinical reasoning skills in nursing education." Nurse educator 40, no. 2 (2015): 79-82.
4 Sailer, Michael, and Lisa Homner. "The gamification of learning: A meta-analysis." Educational Psychology Review 32, no. 1 (2020): 77-112.
5 Williams, Simon N., Bhoomi K. Thakore, and Richard McGee. "Coaching to augment mentoring to achieve faculty diversity: a randomized controlled trial." Academic Medicine 91, no. 8 (2016): 1128-1135.

teams to discuss strategies and review content, 20 minutes for each game (15 minutes in the game and five minutes between games to change rooms), and 10 minutes to announce scores and standings.[6]

Complete the following prior to the start of the semester.

1. Identify a gamification coordinator and three gamification emcees.

   a. The coordinator should be the instructor of the course to which gamification is tied-in or a simulation specialist. The coordinator is responsible for:
      - identifying the gamification day themes
      - choosing games and designing gaming activities
      - scheduling rotations on gamification days, and
      - keeping track of team scores throughout the semester
   b. The emcees could be clinical instructors, adjunct faculty, or simulation center staff. Emcees must be nurses so they can adequately address content when students have questions. The emcees are responsible for:
      - setting up their games and gaming rooms
      - keeping the games running on schedule
      - enforcing game rules, and
      - reporting scores to the gamification coordinator
   c. Divide the student cohort into an even number of teams. For large classes, this activity can have 8, 10 or 12 teams. For smaller classes, two to six teams work well. (Note: Each additional team requires an additional faculty coach and additional emcees.) Students can be divided into teams randomly or by GPA.
   d. Identify faculty members to serve as coaches. The time commitment of the coach can be recognized in several ways. Coaches can count hours spent in the coaching role toward advising, mentoring or service requirements. Coaching can be incorporated into faculty credit-loading, or coaches can be paid a stipend. Coaches will spend between 15-20 hours in the coaching role.
      This will include:
      - one hour to prepare the students before each gaming day
      - two hours participating in the gaming day, and

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6 Victor, Joyce, Emily Havrilla, and Deborah A. Zbegner. "Game Show–Themed Games for NCLEX-RN Preparation." Nurse Educator 44, no. 5 (2019): 232-234.

- several hours to follow up with their team members until all have successfully passed their licensure exam.

e. Each coach meets with the assigned team members and guides them to choose a team color and a name for their team. Examples of team names are *Hungry, Hungry HIPAAs; The Arrhythmics, I.V. League, Bed Baths & Beyond, Thoracic Park,* and *Goal Diggers.*

Complete the following on the first day or in the first week of the semester.

1. The coordinator provides the schedule for the semester. This schedule includes the dates and times for each gaming day, as well as the content that will be used in the games for each session.

2. The coach assigns preparatory requirements. These may include assigned textbook readings, completion of topic-related questions in NGN-review materials, or face-to-face meetings as a team to practice topic-related questions using flash cards or interactive teaching-learning strategies.

On the first four gamification days*:*

1. On scheduled gamification days, teams report to an assigned classroom, where the gamification coordinator announces the games for the day and explains the rules for each game. The coordinator distributes rotation schedules and scoring sheets to coaches.

2. Teams proceed to each of the gaming stations, as scheduled. Each team rotates through every station during the scheduled time frames, competing against a different team at each station, if possible. (This may not be feasible when you have two to four teams.)

3. At each station, the emcee runs the assigned game. Each station is run as many times as necessary to ensure all teams get a chance to play. The emcee records each team's score at the end of each game.

4. Once all teams complete each of the stations:

   a. Emcees turn in their scoring sheets to the coordinator.
   b. The coordinator compiles scores for each game and for each team and logs them in a master score sheet.

    c. All teams and their coaches report back to the classroom.

    d. The coordinator announces the winners of each game, as well as the winner for each gamification day. The coordinator also reports the cumulative scores for each team.

On the final (fifth) gamification day:

1. The coordinator creates a ranked bracket for the teams. Depending on the number of teams and the type of buzzing system being used, ranking can be done differently. With larger groups ranking can be done to create a playoff bracket. For small groups, when everyone will be playing at the same time, rankings can use a bonus system in which top teams begin with an extra bonus point or two.

    a. On the final gaming day, teams compete in NCLEX Challenge Games, modeled like a *College Bowl*.

    b. This is played in rounds of 10 questions. If using a playoff bracket, it is best to use nine questions for the competition and one tie-breaker question, if needed.

    c. If using a playoff bracket, teams are eliminated after a loss. In the case of an odd number of teams in a round, a wild card team can be chosen. This team would be the eliminated team with the highest cumulative score.

    d. The final round is a 15-question round.

    e. Points are awarded to each team who buzzes in with a correct answer.

    f. The winning team is the team with the most accumulated points on the final gaming day.

Games

Three games are played on each gamification day. One game which is played consistently each week is the NCLEX Challenge. The other two games vary. On the final gaming day, only the NCLEX Challenge is played. All games on a gamification day are based on predetermined content areas. These can include:

- Lifespan & Behavioral Health
- Body Systems
- Pharmacology
- Fundamentals