How often have you said to or heard a faculty colleague say, “I want to use teaching strategies such as the flipped classroom or collaborative learning that engages students in their learning, but how do I hold students accountable for coming to class prepared?” One certainly can hear the frustration in this question. Recent publications (Benner, Sutphen, Leonard, & Day, 2010; McLaughlin et al., 2014) reinforced that educators need to change how they have approached teaching. Thus, faculty are challenged to implement strategies that will engage students in their learning. Changing teaching style requires a paradigmatic shift in how faculty approach learning to one that invites students to work collaboratively to learn not only the required knowledge but also the skills that will assist them when coping with complex clinical issues encountered in clinical practice. Meeting the challenge with success requires preparation on the part of the faculty, as well as the student, and calls for support from those in administrative positions not only relative to teaching strategies but also to the provision of new resources, such as technology and flexible facilities.

How can faculty be proactive in addressing the possibility that students may not do the necessary pre-work to enable them to participate in both face-to-face and online class activities? Success is enhanced when faculty, as a whole, endorse the use of student-centered learning activities. However, not having all faculty embrace these strategies does not preclude the individual faculty member from implementing them. Hawks (2014) suggested that preparing students for a different type of learning experience—one that requires students to be actively engaged in their learning—can be helpful in proactively addressing potential resistance to change. Thus, faculty may wish to share their evidence for its use, along with highlighting the desired outcome; that is, “the application, analysis, and synthesis of course content…rather than rote memorization” (Hawks, 2014, p. 267). Given that having students actively engaged in their learning calls for considerable collaboration, faculty may wish to spend some time initially helping students learn how to collaborate (White, 2011), as well as emphasizing the critical role that teamwork plays in health care.

Student preparation and participation also can be enhanced by having explicit and appropriate methods of assessment, based on individual and group efforts. For example, McLaughlin et al. (2014) indicated they used quizzes, student presentations, and examinations to evaluate student achievement of learning outcomes. Stiles (2006) provided several examples of peer evaluation forms that can be used to evaluate student contributions to group work, as well as an example of how to grade individual performance while accounting for the student’s group participation. Because quizzes are frequently used at the beginning of class, faculty may wish to introduce some randomness to their administration. Gooblar (2014) provided examples of how a roll of dice can be used to determine whether a quiz is given, what readings will be tested for, and what specific questions will be answered. Using such a strategy requires that students are provided with the questions before the class period and that they prepare responses to all questions, as they do not know which questions will be asked. The challenge for faculty is to generate questions that will prompt students to think critically about the material or reading that has been provided. A roll of the dice also can be used to determine which student or group will be called on to answer a question, thereby preventing any indication of not being fair. Finally, explicitly stating the consequences at the beginning of the course for students not being prepared and then adhering to those consequences later can enhance student preparation.

Although these strategies may enhance student preparation, it is equally important that faculty devote sufficient time to creating meaningful pre-class work. Doing so may require considerably more time and effort than required for traditional approaches to classroom design. Both Hawks (2014) and Stiles (2006) indicated that a comprehensive plan for pre-class and in-class activities, whether face-to-face or online, must be in place prior to undertaking strategies such as the flipped classroom and collaborative learning, as most of faculty’s time in-class will be spent on interacting with students, precluding time to “plan activities on a week-to-week basis” (Hawks, 2014, p. 268). McLaughlin et al. (2014) reported that “In 2012, faculty needed 127% more time to prepare the flipped classroom than they needed in 2011 to prepare the traditional classroom” (p. 239). However, those authors anticipated that less time would be required, as materials could be reused after being developed. Lage, Platt, and Treglia (2000) reported that it took approxi-
mately 4 hours to develop and record each video presentation.

Finally, fostering student accountability for learning requires not only faculty to be supportive of each other but also for academic administrators to be supportive of these efforts. Nothing is more discouraging to faculty who are attempting to implement new strategies than to have their colleagues not be supportive of their efforts. Faculty’s willingness to invest considerable time and energy, their willingness to incur student rancor consequent to introducing class activities that require student participation, and their persistence in continuing these practices all play a significant role in fostering student engagement in their learning. Given the complexities of health care, not addressing student accountability for learning does little to prepare the next generation of nurses to meet the health care needs of society and negates the impact that nurse educators can have.

Although certain foundational content is necessary, assuring student readiness and engagement in their own learning is essential to their development as lifelong learners. Thus, faculty must change the focus from learning to pass the examination to learning to learn. Given the complexity and uncertainty of health care, nurse educators have the responsibility to structure learning experiences and teach in ways that foster student responsibility and ownership of their learning, in partnership with faculty and their peers so that students are prepared to continue to be active learners after they graduate and enter clinical practice.

References

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The author has disclosed no potential conflicts of interest, financial or otherwise.
doi:10.3928/01484834-20140922-10