For bringing the outsiders in: inspiring multi-campus regional and remote students in the nursing capstone to learn, connect and succeed

OVERVIEW: SUMMARY OF CONTRIBUTION AND CONTEXT

Multi-campus operations in higher education challenge the provision of efficient and effective delivery of learning activities and assessment to meet the needs of diverse learners. This is particularly challenging over videoconference, which is often used as a tool for multi-campus teaching. The primary objective of videoconference should always be to diminish remote students' isolation and remove geographical distance. However, priority in the use of video-conferencing is often on the need to distribute information to students at remote sites rather than enrichment of the educational experience.

I have been associated with James Cook University Nursing, Midwifery and Nutrition since 2009, firstly as a sessional staff member, commencing my current position as Lecturer in Clinical Skills in January 2012. I coordinate the Bachelor of Nursing Science capstone subject, which is delivered largely via videoconferencing across multiple regional and remote campuses (Figure 1). In this role I have implemented exemplary **teaching and assessment** practices to ensure that the subject is engaging, comprising active, authentic learning activities that incorporate on and off campus resources across physical and virtual environments, while supporting differing learning and cultural needs of all students.

Figure 1: Campus locations

The nursing capstone subject is delivered across four teaching sites in the final year of the three-year Bachelor of Nursing Science course. The core principles of capstone subjects are transition, integration, diversity, engagement, assessment and evaluation[2]. I have worked to meticulously implement these principles in the nursing capstone subject. The aim of the capstone is to promote a smooth transition for the students into their new role as registered nurses; therefore it has an emphasis on the assessment, implementation and collaborative management of persons with complex health care needs. I introduce students to basic principles of management and leadership; they explore concepts of accountability, responsibility, change and influence within organisations. I have designed the subject to encourage students to apply and reflect critically upon discipline knowledge, skills, attitudes and the nursing culture in an authentic, yet scaffolded and safe context. A student's ability to exercise clinical and professional judgment is critical to the capstone subject. I provide students with the opportunity to apply clinical knowledge within a nursing model of care framework. While the subject is delivered through video conferenced lectures, it is supported by an extensive program of workshops and

Figure 2: Enrolments by Campus

seminars. Students also undertake 240 hours of professional experience placement before returning for a one-week compressed block during which further learning and assessments are undertaken. Student enrolments have increased over the last 5 years (Figure 2) with 257 in 2015, 93% of which are female, 25% are from a low SES background, 51% are aged 24 years or less and 62% are first in family to attend higher education. I recognise diversity of student backgrounds and the value of peer education and matching expectation to reality by enhancing the curriculum through delivery of authentic learning opportunities across multi-campus. My approach to teaching and assessment, the challenging delivery environment and capstone design ensure high levels of graduate employability, strong partnerships with industry and highly satisfied students.
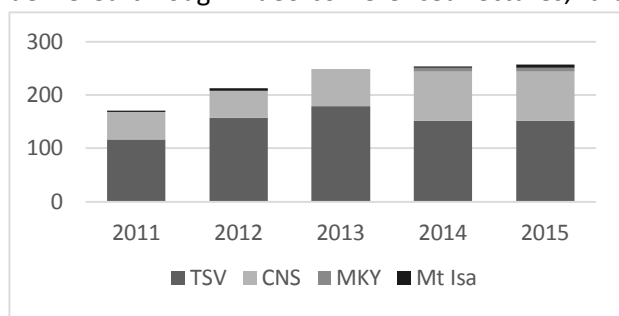
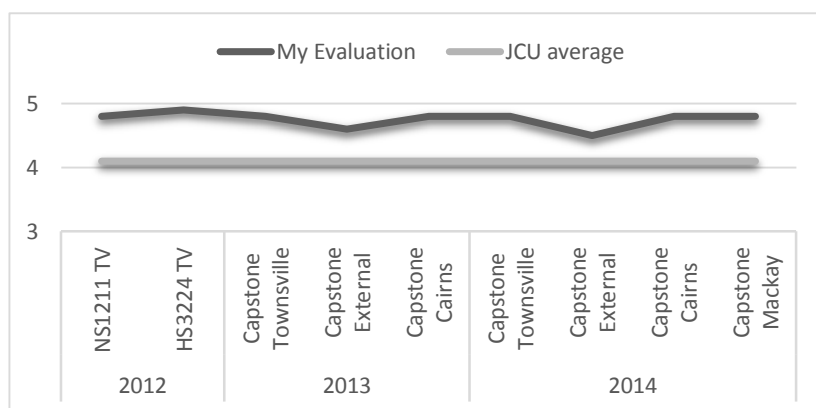## CRITERION 1: APPROACHES TO TEACHING AND THE SUPPORT OF LEARNING THAT INFLUENCE, MOTIVATE AND INSPIRE STUDENTS TO LEARN

TAKING UP THE CHALLENGE OF MULTI-CAMPUS VIDEOCONFERENCING

I started lecturing in videoconferencing mode in 2012 identifying the issue of isolation with this mode of delivery. Initially, I focused on strong content coverage – aiming to match content to learning objectives

rather than attend specifically to student learning. Upon later reflection I asked: were students actually engaging with content or demonstrating deep learning? My teaching focus then shifted to enabling students to learn rather than transmission of content. I realised I could be more effective in my pedagogical approach to enable and sustain learning for them. As a result of my active interest in improving the experience of videoconference for students, in 2014 I was invited to be part of an OLT Extension Grant COAL FACE project for *Developing **C**ommunities **o**f **A**ctive **L**earners that are **F**lexible, **A**daptive, **C**onnected and **E**ngaged across multi-campus, regional, remote and virtual learning environments*. The COALFACE project further inspired my already developed interest in improving teaching via videoconference through offering focused professional learning of evidence-based pedagogical strategies.

Although some commentators suggest that the future of video conferencing is obsolete, it is remains vital for sites without broadband or technological innovations. The method offers synchronous interaction making learning more personal by providing a close approximation of the human, one-on-one experience[1].

Figure 3: Student feedback scores significantly higher than JCU average

I provide carefully scaffolded authentic activities to create a supportive multi-campus learning environment. Designed to be flexible, the purpose of any learning cycle is to push students beyond the mere memorisation of facts, and to help them incorporate their learning into their professional lives. I ensure that the videoconference classes are collaborative, as I purposefully integrate face-to-face and online learning activities and use authentic assessments[3]. The consistently high scores on my teaching evaluations across all campuses (Figure 3) reflect the sustained success of my approach to teaching, particularly in the nursing capstone subject.

MAXIMISING STUDENT ENGAGEMENT WITH MULTI-CAMPUS VIDEOCONFERENCING

My approach to teaching in videoconference mode moves far beyond merely trying to maintain student attention. I strive to effectively promote and facilitate active thinking and learning. In doing so I ensure that rather than just receiving information, memorising it, and regurgitating it, students become involved in the learning process and ultimately take responsibility for their own learning. I couple learning with prior knowledge and the immediate previous content to create a predictable learning cycle for students. I focus on the consolidation of learning and create a learning life cycle for a topic area. The learning cycle begins with a preparatory task before content delivery and extends past the actual content delivery to post content tasks to reinforce the most critical concept(s). This is then followed up in the subsequent videoconference to promote engagement with the post-learning activity.

This addressed a major issue highlighted previously in student evaluations with the nursing capstone subject that videoconferencing across the multiple sites was used ineffectively, with little opportunity for students to engage with the content or develop real knowledge acquisition. Therefore, since taking over the coordination of the subject, I have purposefully redesigned the pedagogy to maximise student engagement during the videoconferencing. I use a variety of methods to maintain student interest and involvement, and I start by building rapport with students. I do this by displaying photos of the work students have been doing each week at each site. This recognises the students' efforts, and reminds students of their own learning accomplishments in the past week, it ties the group together as a stronger cohort and personalises the event for those in attendance. When planning a videoconference, I clearly identify the critical learning elements and then assign teaching slots of no longer than 20 minutes for each element.   This is accompanied by an associated activity such as a case study, group discussion, brainstorming, or use of the document camera to create 'live' content jointly with the students as active participants[5]. I also encourage student interaction by holding debates, discussions and quizzes in class, by presenting problems and inviting students to share examples from their own experiences. As the majority of my teaching is in large classes, these interactive techniques make for noisy lecture theatres and a bit of

chaos at times, but they are appreciated by the students: *"Pete is a very encouraging teacher. His teaching method is motivating, productive and organised"* (Teaching Evaluation, Townsville student, 2012); *"Pete generated excellent interest in the material, gave a lighter side to learning and broke it down so it was much easier to understand the content which seemed overwhelming at first glance"* (Teaching Evaluation, Townsville student, 2013); *"Peter is such an animated and enthusiastic teacher who obviously loves nursing and it shows when he teaches. Even over videoconference Peter was an engaging lecturer who kept your attention and spoke with passion. A great teacher who has inspired me and my future career and learning"* (Teaching Evaluation, Mackay student, 2014).

Another challenge was that **question time** over the videoconference medium had previously been ineffective. Even when audience microphones were used to try to actively engage students on remote sites the process was slow and few students participated. The development of a more effective feedback and follow-up process was needed. In response, I removed the question time from the videoconference and instead use this time to introduce more varied learning activities. Moving questions out gave me the opportunity to encourage active learning outside of the classroom and into the online environment. I replaced the question time with weekly online discussion boards where students posted questions and student peers were encouraged to respond. Students engaged with these discussion boards, and the student-generated answers were meaningful to their peers. Instead of answering questions, my responsibility was to direct students to relevant resources and to endorse responses generated by student peers. To make strategic use of the discussion board I bring the learning in the online and classroom environments together by discussing the most critical or interesting questions from the online discussion boards in the following week's videoconference before commencing a new topic[6]. The success of the interactive, integrated and collaborative learning environment is evidenced in the following student quotes: *"Pete is a great subject co-ordinator. Delivers videoconferences in an engaging way. Explains everything and then uses the tutorials and workshops to clarify this. This subject has made me more prepared for my first year as an RN"* (Teaching Evaluation, Townsville student, 2014); **"Looking back even just to the start of this semester I feel much more capable. This is probably due to the increased face time in a clinical lab setting that we had with this subject. Also the 'quick fire' and 'make you think' teaching techniques were an excellent addition. I strongly suggest that these teaching practices be introduced sooner"** (COALFACE survey, 2014).

INTEGRATED PRACTICAL AND AUTHENTIC ASSESSMENT

Authentic integrated assessment is critical to the success of any capstone subject. I have designed authentic assessment with a strong component of reflective practice that integrates theory and practice. This includes the use of: Objective Structured Clinical Examinations (OSCEs); professional experience placement; an e-portfolio; and a written examination based on authentic case studies.

I use OSCEs to assess developing clinical competence. The primary advantage of OSCEs is the ability to control the variables within the testing environment. The ability to standardise the assessment format ensures equity for students and a safe and supportive context for assessment. The OSCE also enables the assessment of a large number of clinical behaviours in a relatively short period of time. I design the OSCE for use both as a formative tool (informing the learning process) and a summative technique (to determine outcomes). Students then undertake 240 hours of professional experience placement. This provides the context in which students are presented opportunities to bridge the gap between knowledge and practice through supervised, applied and experiential learning.

During placement, the e-portfolio used in this subject effectively records growth and development of the nursing graduate. The e-portfolio has been designed as a space for personal learning that belongs to the individual student. Students are asked to integrate items from their e-portfolio into their written work, which will identify their capacity for advocacy, responsibility, accountability and preparation for practice. The e-portfolio demonstrates the students' capacity to operate successfully in a demanding environment and to meet industry demands for work ready graduates.

Finally, I designed the written examination utilising authentic case studies that have undergone peer review, to develop student reasoning, problem-solving and decision-making skills. Case studies are effective in the examination because they encourage clinical and professional reasoning and higher order thinking, facilitate creative problem solving and the application of different problem-solving theories and allow students to develop realistic solutions to complex problems. The success of these methods is best captured

in the words of the students: *"The OSCE's were more relevant and the medication calculation put into the OSCE for our final year was great"* (Teaching Evaluation, Townsville student, 2013); *"Just wanted to say that the exam was amazing! It was very challenging but really worked well with pulling things together"* (Teaching Evaluation, Mt Isa student, 2014).

My philosophy is that it is not my job to teach students everything they need to know. Rather, my job is to motivate them, giving them enough confidence to keep their personal learning process active and enough drive to do their own research to find out what they need to know to provide safe and effective healthcare in clinical practice. The following student comment indicates that these learning and teaching strategies have been successful: *"You have been such an amazing teacher and we appreciate everything you have done for us. We can see how much work you put in to deliver such amazing videoconferences. And honestly we wish we could have you taking all our subjects :) you have made us feel more ready to be amazing nurses from being so honest about your experiences"* (Mackay Graduate, 2014).
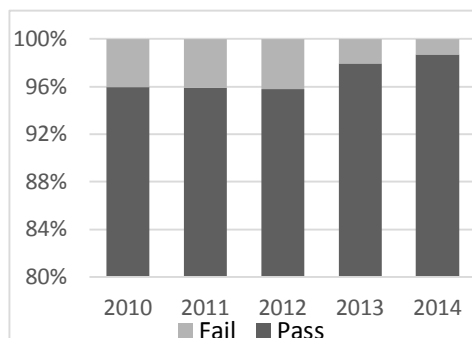

Figure 4: Enrolments by Success

RECOGNITION AND SUSTAINED IMPACT ON STUDENT LEARNING

My recognition and sustained impact on student learning over three consecutive years as an early career academic is reflected in the high student evaluation scores for both subjects and teaching across multiple sites. Student assessment performance has also increased since subject redevelopment in 2013 (Figure 4). I am consistently rated above the JCU averages and in 2015 have been awarded a *JCU Citation for Outstanding Contributions to Student Learning*. My inspiring student learning practices have also been recognised by the wider university as evidenced by my recent invitation to take part in the ***Active Learning SNAPSHOTs Project***: *"After seeing Pete's deep pedagogical reflections and commitment to improving his teaching in video conferenced classes in our OLT COAL FACE Project, I asked him to share these for the Active Learning SNAPSHOTS' Video Project. Students interviewed in the SNAPSHOTs project overwhelmingly endorse Pete's engaging teaching style, his ability to make the content relevant and that; "he cares about the personal education experience of each and every student"* (JCU Project Design and Lead, Dr Janet Buchan, 2014).

I regularly engage with industry partners and have introduced a suite of employment focused topics for students, including an information session on resume compilation, interview techniques and what to expect in their first year of practice, delivered by industry partners. Industry feedback demonstrates external recognition of the value of my contribution to student learning and reinforces the value of the curriculum I have developed, as noted in the following quote from a local industry partner: "Feedback for both experiences [graduate interviews and student placement] is that the quality and standard was the best it has been for a long while. Their professionalism, manner, care and passion were excellent. Well done to whatever JCU has done to achieve this" (Debbie McCarthy, Nurse Unit Manager, Emergency Department, The Townsville Hospital, 2014).

CONCLUSION

By redesigning assessment and addressing the challenges of active learning in a multi-campus environment I have dramatically improved student satisfaction. My contribution to student learning has received praise from peers and students and it is well demonstrated by my sustained high scores in teaching evaluations. The use of authentic learning experiences during videoconferencing engages students and encourages them to stretch themselves in a safe environment. I have had the opportunity to improve student satisfaction and enhance their learning experience. The evidence of my success also ensures that students achieve graduate outcomes and demonstrate professional competency that will facilitate transition to the professional role. I have ensured the 'outsiders' across multi-campus locations connect and succeed.

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