



**National League  
for Nursing**

**NLN Townhall Webinar Talking Points: Meeting online teaching and learning challenges  
March 18, 2020  
Townhall Themes**

**Meeting requirements for graduation**

- Have conversations with your state Board of Nursing – How do programs help students meet the clinical requirements for a program of study in order to graduate.
- Know your state BON position on percentage of clinical that can be substituted for simulation. Give these extraordinary times, ask if there any ability to adjust the percentages.
  - Know whether your state Board of Nursing has a simulation position statement
- How does your Board of Nursing define simulation? Is the definition inclusive of virtual simulation? Given these extraordinary times, is there any ability to extend the definition to include virtual simulation? Virtual simulation to date, has not been approved as a mechanism for substitution.
- Resources to assist in these conversations:
  - NCSBN Guidelines <https://www.ncsbn.org/11494.htm>
  - INACSL Standards: <https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>
- Be familiar with your program’s accreditation requirements.
- Be familiar with your program’s curriculum map and your evaluation methods

**Literature Citations:**

Gu Y, Zou Z, Chen X. The effects of vSIM for nursing™ as a teaching strategy on fundamentals of nursing education in undergraduates. *Clin Simul Nurs* 2017;13(4):194–197.

Foronda, C.L., Fernandez-Burgos, M., Nadeau, C., Kelley, C.N., & Henry, M.N. (2020, February). Virtual Simulation in Nursing Education: A Systematic Review Spanning 1996-2018. *Simulation in Healthcare*, 15(1), p 46-54.

Sullivan, N., Swoboda, S. M., Breymier, T., Lucas, L., Sarasnick, J., Rutherford-Hemming, T., Budhathoki, C., & Kardong-Edgren, S. (S.) (2019, May). Emerging evidence toward a 2:1 clinical to simulation ratio: A study comparing the traditional clinical and simulation settings. *Clinical Simulation in Nursing*, 30(C), 34-41. <https://doi.org/10.1016/j.ecns.2019.03.003>.

## ✚ Securing testing methods

- Features to consider when using online testing
    - Prevent right clicking
    - Lockdown Browser
    - Forward navigation only
  - Virtual classrooms of 10-20 learners at a time with a proctor while the students takes the exam. Consideration should be given to the amount of learner band width required
    - Virtual procedures to minimize chances for cheating with other electronic devices, these include but are not limited to
      - No other individual in the room
      - No multiple screen use
      - Lighting for clear view of learning - not lighting from behind
      - Each learner has to use the camera to provide a scan of the desktop and seating area for the proctor immediately before the exam is turned on
        - Should be clear with only a white paper and a pencil
          - NOT ALLOWED
            - Books
            - Calculators
            - Textbooks
            - Notebooks
            - Phones
        - Camera stays on at all times
        - Microphone stays on at all times
- Always refer to Fair Testing Guidelines: <http://www.nln.org/docs/default-source/default-document-library/fairtestingguidelines.pdf?sfvrsn=2>
  - Specifically, if migrating to online testing, be sure that learners have an opportunity to trial online testing in a low stakes environment first (e.g. formative classroom assessment techniques, classroom group activity, prep quizzes, etc.). Get them familiar with the environment to minimize the level of anxiety when the stakes are higher for the testing outcome.

### TESTING PLATFORM RESOURCES PROVIDED BY MEMBERS DURING THE TOWNHALL:

| RESOURCE                   | WEBLINK   |
|----------------------------|---|
| Quality Matters            | <a href="https://www.qualitymatters.org/qa-resources/resource-center/articles-resources/ERI-Checklist">https://www.qualitymatters.org/qa-resources/resource-center/articles-resources/ERI-Checklist</a> |
| Respondus Lockdown Browser | <a href="https://web.respondus.com/he/lockdownbrowser/">https://web.respondus.com/he/lockdownbrowser/</a>   |
| Proctorio                  | <a href="https://proctorio.com/">https://proctorio.com/</a>   |
| ProctorU                   | <a href="https://www.proctoru.com/">https://www.proctoru.com/</a>   |

- **Hands on skills**
- Ability for students to use vendor videos or homemade videos to watch and learn
  - Use of lab/skills kits to then practice (consider mobile skill kits contain supplies for 1 person – kit contains necessary supplies for 1 simulated skill administration (e.g. dressing change kit, foley kit, etc.) and can be used repeatedly
  - Learners practice and then upload a video of themselves performing a skill
  - Peer checkoffs using videos
- If the learner is earlier in the program of study, can you readjust the timing of skill checkoff to the next semester as a curriculum prioritization measure
- **Enhancing Critical thinking**
- Create a community of learning in your online classrooms – be transparent with learners about both the benefits and challenges of working together in a virtual classroom – generate a positive for attitude.
- Try to avoid videotaping a “2-hour lecture” and posting, instead consider “chunking” small bits of information in 10-15 min segments separated with learning activities using the features in the LMS (i.e. short quiz, case study, team work using chatroom features whereby the learners have to do something with the content just reviewed and upload it for another group to review and provide feedback). The key is to “chunk and then use “check-in” activities.
- Involve your IT department. Know what resources and support you can count on.
- Don’t be afraid to try things! But be realistic. Your goal is to provide experiences that will help learners meet course objectives in an emergency situation. You are NOT creating a new innovative online course. You can do that after the crisis is over and incorporate all you have learned about online teaching and learning during this time.
- -IDEA: Be the online simulated “Hands of the nurse” – the learner logs in and through group dialogue, direct the instructor on next steps. The instructor does not guide the conversation, instead acts at the command of the learner. Additional features such as a vitals screen monitor can be used to communicate physiologic metrics or changes in physiologic metrics as a result of learner decision and direction for next steps. The learners have to critically reason through the encounter to provide the direction needed.
- IDEA: online escape room to work in small groups
- Provide opportunities for learners to engage in a dialogue where the learner provides their thinking, their rationale, etc. Getting them in touch with the knowledge guiding their thinking, active conversations in small groups challenging each other’s thinking with evidence to support decision making

- **Teaching in the community**
- Consider engaging learners in simulated telehealth learning activities – use faculty learners are not familiar with or nursing program alumni to place the role of a simulated patient for online assessment and patient education; simulated provider to engage in simulated care conferences
- **Solutions for remote simulation**

For any simulation, remote or face-to-face, be sure to **incorporate the INACSL standards** <https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>

- Consider using previously recorded simulations for remote learning
  - Obtain permission from your learners for use for time limited posting
  - Create guided reflection questions to accompany the learning
  - Create paired learning or team learning to run the simulation and provide rationale for action taken, not taken, other interventions that could or should have been taken and rationale for action
  - Learners can still be assigned as the role of the nurse and role of the observer
  - Debriefing can be both active discussion boards followed by live small group webinars
- Videotape the run of a simulation with just the mannikin and the monitor displaying physiologic metrics. Use the recording as an unfolding case. Run the video virtually with small student groups who provide next steps.
- Create opportunities for multi-patient simulations using 3-4 virtual simulations and running them simultaneously creating opportunities for small learner groups to make decisions on prioritization of patient care, delegation of care, etc.

Literature citations:

O'Regan, S., Molloy, E., Watterson, L, & Nestel, D. (2016). Observer roles that optimize learning in healthcare simulation education: A Systematic Review. *Advances in Simulation*, 1(4), 1-10.

**RESOURCES:** See attached Town Hall website document entitled Virtual Simulation Option

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|  Evaluation of learning online |
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- Always begin with the end in mind – go back to the course learning outcomes and your program outcomes – be familiar with your program’s curriculum map
  - Determine individual course needs and stick to objectives. Students have already completed some objectives. What’s left to do in the semester? Think out of the box on how to accomplish them and DOCUMENT how

whatever they select to do helps to determine achievement of the objective. You will very likely need documentation and rationales for your approaches to both teaching and testing,

- Don't forget the basics
  - Writing and journaling assignments; other ways learners can demonstrate what they know
  - Don't limit yourself to just the new things – consider what has worked in the past
- Be mindful of the stress level with the learners. Now is not the time to add a lot of really new things – give learners the opportunity to show their best work
- Review your course outcomes and determine key performance measures that would best illustrate achievement of that course outcome
- Be familiar with your institutions credit load allocations and the ratio of lab time to class time, field experience to class time. As you think about remote learning and lesson plans, the amount of time you would take to conduct a live class or lab, should be a guideline for online learning activities
- Check out discussion boards and forums, such as the Open Discussion on the Society for Simulation in Healthcare (ssih.org) to see what others have done
- Buddy-up. Faculty could work in pairs – link faculty with good tech skills with those who are novices
- Assemble a team with a variety of skills and delegate responsibility to investigate your options
- COLLABORATE, COLLABORATE, COLLABORATE

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- If you have seen products that you think may help, contact the vendor and negotiate free or low-cost trials. Be mindful of not burdening students with additional costs.

 **FINAL THOUGHTS:**

- Your course outcomes and objectives are your map to guide outcomes
- Get faculty buy-in for plans
- Keep it simple and adhere to published standards
- Be creative – it's a perfect time to try something new
- Time short, but if you can, do a quick pilot
- Don't expect perfection
- THANK YOU for all you do to prepare our next generation of professional nurses