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Adams, Karen and Johnson, Claire

Blended learning: combining action learning and virtual learning to facilitate independent and collaborative learning for post-graduate Specialist Community Public Health Nursing (SCPHN) students

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Blended learning in Post-Graduate SCPHN Education

Karen Adams
Claire Johnson
Introduction & background

• MSc Public Health Nursing Practice new course in 2006
• Afforded the opportunity to look at potential benefits of developing a blended approach
• Considered appropriate as Students are Part – time & Post-graduate
Context

- Age profile of students
- 40+ - 5, 30+ - 10, 20+ - 3
- Nursing/midwifery backgrounds include paediatric ICU, midwifery & cardiology
- Academic background: 7 BSc, 1 MSc, 7 Dip HE and 3 RGN + level 3 credits (& other evidence)
Themes informing the approach

- Lack IT literacy / skills & technical difficulties (Farrell 2006)
- Anxieties about being exposed to scrutiny by sharing ideas on-line (Sharpe & Benfield 2005)
- Level of motivation impacts on student engagement in on-line activities (Fox & MacKeough 2003)
Themes informing the approach

- Students need to commit sufficient time for E learning (Sharpe & Benfield 2005)
- Students need to understand the teaching & learning process (Sharpe & Benfield 2005)
- Part-time students valued web-based learning as supporting shared learning, resources & peer communication (Cook et al 2005)
Themes informing the approach

- Supports application of theory to practice (Heidari & Galvin 2003)
- Promotes development of supportive relationships (Heidari & Galvin 2003)
- Risks of eroding the principle ‘voluntariness’ of participating in ALS when it is a prescribed component (McCormack et al 2008)
Implementing the approach

- The use of E-learning (BlackBoard) in conjunction with Action Learning Sets to support classroom based teaching
- Groups asked to work together, on-line & face to face, on assigned tasks
- Outcomes are presented online to the student group and tutor for feedback
Action Learning Sets

- Typically small groups of 5-6 students
- Work together on assigned tasks, sharing ideas & experiences

Students were allocated to groups on the basis of:

- Specialist area of practice and
- Placement base (to facilitate ease of contact)
Tasks (examples)

- On-line / face-to-face activities
- Develop guidelines to signpost PH practitioners to HNA data
- Produce a handout for your peers on how education / housing / employment / nutrition impact on health
- Undertake Myers Briggs test & reflect on findings & apply to a change management scenario in ALS
- PBL activity & presentation to peers to develop knowledge & understanding of clinical governance in relation to PH practice
Student Experience Cohort 2006-2008

• Simple evaluation questionnaire using Likert scale and open questions
• Objective was to obtain both process & outcome data
• Formative - for us – how does this approach work & do we need to change it?
• Summative – for students – was it effective?
• Despite its problems, 62% of students perceived it as both a learning and communication tool
• 77% of students felt that their levels of IT literacy were sufficient to enable them to participate in on-line activities
• 62% of students allocated themselves sufficient time to participate in on-line activities
BlackBoard

- Students comments……
- ‘sharing research/knowledge/information was good’ - reduced my workload & covered a large area of work’
- Enabled me to ‘work independently’
- ‘Developed my IT skills’
- Several students described problems ‘logging on’ & technical difficulties.
Action Learning Sets

• Students comments……………
• ‘A good way to learn. Having to find out the information for myself was more beneficial than sitting in a lecture for 2 hours’
• ‘Promoted team working and sharing of knowledge’
• But………
• Group dynamics impacts upon successful functioning of the group
Action Learning Sets

• 84% of students agreed that the ALS tasks promoted specialist application to practice
• 61% agreed that membership of the ALS group itself helped them relate theory to practice
• 54% agreed that ALS group membership promoted the development of relationships within the group but only 38% thought that it was supportive and helped them cope with the course
Comparing our outcomes with previous evaluations

Where did we concur?

• Time management issues – life/work balance
• PT students valuing web-based learning
• Sharing knowledge
• Action learning facilitating students in relating theory to practice
Continues..

• Technical difficulties in accessing web-based learning was a barrier sometimes for some students

• Group dynamics impacting on the success of ALS eg unequal commitment to the task!
Comparing our outcomes with previous evaluations

Where did we differ?

• Regarding lack of IT skills – 77% of students did have the skills. This is a higher % than some other studies Farrell 2006
• 84% of students highlighted a specific positive regarding the enabling effect of the ALS tasks on promoting specialist application in practice
Comparing our outcomes with previous evaluations

Where did we differ continued:

• This evaluation did not identify any issues regarding the lack of voluntariness in having ALS participation prescribed - this application is different to that of other colleagues eg Douglas & Machin 2004
Future evaluations need to consider whether..........

• A blended approach is more or less effective than a face to face taught session in facilitating learning?
• A blended approach facilitates deep learning?
• We need to design an evaluation tool which is less subjective eg. Measures knowledge and skills development
Future developments

• Preparing students during selection process – make sure that they have realistic expectations of the T&L strategies used.
• Additional support to overcome technical difficulties required at the beginning of the course
• Work on establishing more effective working principles for the ALS eg a contract between group members
References


References

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Thank you