Implementing Technology in the Nursing Curriculum

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Teaching in the Nursing Program, where the curriculum consists of an overwhelming amount of essential learning material one would think there is little room for creativity. In order to graduate as a professional Registered Nurse, the student must have the advanced knowledge and critical thinking skills necessary to act with accuracy in life-and-death situations. As a nurse educator, the pressure is on me to provide adequate and up-to-date information within the curriculum.

With the rapid advances in medical technology, there is also pressure within the health science disciplines to integrate technology into our pedagogy. Within nursing education the reliance on technology is rapidly increasing without a guiding educational philosophy. Values, communication, and social processes need to be examined when assessing technological choices for use in curriculum. Nursing faculty need to be mindful of particular values of importance to the nursing profession. In 1999, The American Association of Colleges of Nursing (AACN) identified essential values for the profession of nursing as altruism, aesthetics, dignity, respect, freedom, equity, and truth (Mallow and Gilje 249).

Obviously, there is a great deal for nursing faculty to consider as they teach and as they plan future courses. I am considering this question: How is it possible to use technology in the nursing classroom without diminishing the essential values of the nursing profession?

In a recent pediatric lecture I prepared on death and dying, nursing values and technological approaches were successfully integrated. The students had to prepare for the class by reading relevant up-to-date material on the subject provided on Blackboard. This included updated hyperlinks to websites on therapeutic communication, the grieving process, and ethical decisions. The first part of the lecture included a short video with scenarios reflecting ineffective communication to parents of dying children. Utilizing critical thinking skills, the students had to analyze the video and correct the non-therapeutic communication in a role-play for the class. During the follow-up class discussion, I presented several case studies from my experience as a Nurse Practitioner working with children dying from cancer. I used a PowerPoint presentation with relevant websites. Following a discussion prompted by my lecture, questions related to values and ethics were posted on the Blackboard discussion board.

Using these approaches, I integrated technology in a constructivist’s classroom (“Constructing Knowledge” 3). Students analyzed the video clip and had a chance to use intuition and critical thinking skills in their role-play. During the lecture, I asked open-ended questions and encouraged students to reflect on personal experiences relevant to the topic.

In this example, multiple modalities, including technology, encouraged higher-level thinking. I asked students to summarize and connect concepts by defining, analyzing, predicting, and justifying their ideas. The online discussion board was used to expand on the in-class lecture material, giving the students a chance to digest all the information provided and to further research the topic.

The art of communication was also emphasized in this lecture on death and dying. Communication is a cornerstone of the nursing profession and technology can support communication both in the classroom and in the nursing profession. In the nurse-patient relationship, an effective and trusting therapeutic relationship is formed. While face-to-face communication is most valued in the nurse-patient relationship, technology can support this communication. Within the interdisciplinary health care team, online discussion and e-mail can be effective communication tools. In addition, electronic patient charting is replacing the old hardcopy method, while pharmacy orders are
communicated electronically. When translating these forms of communication tools into the classroom, some students seem to respond better to an online communication approach because they are better able to plan and organize their thoughts. In addition, they have a choice to be anonymous which can allow for greater honesty, especially with a charged topic such as the dying process.

Social processes also need to be considered with the use of technology. Social processes are essential to learning, especially in the human science of nursing. These processes are the foundations for openness, self-disclosure, self-discovery, and exploration. Socialization of nursing students into the profession of nursing involves interaction, engagement, and role modeling in the teacher-student relationship. Such social processes in nursing education contribute to the development of reflective and critical thinkers (Mallow and Gilje 248). In order to emphasize critical thinking in the social process, nurse educators traditionally have used personal experiences such as case studies and role-play in order to foster dialogue. As discussed earlier, it is possible to integrate technology into lessons that reinforce the values of the nursing profession.

There are potential disadvantages to the implementation of technology within the nursing classroom. Students of a lower socio-economic status may not be able to afford computers at home. Those students will have difficulties in completing assignments and will not benefit from Blackboard. Another disadvantage is the expense of a technology-based education system (Chaffin and Maddux 135). Perhaps of greatest concern to nursing faculty is the possibility that technology can reduce, even eliminate face-to-face, teacher-student contact. When the teacher is a real person, entering into a genuine face-to-face relationship with students, the modeling of behaviors that place value on the essential values of the nursing profession is more likely to be effective. A real person with feelings can be supported by technology. A real person with feelings cannot be replaced by technology (Epling, Timmons and Wharrad 416).

In terms of evaluating the effectiveness of including technology in pedagogy, there are several methods available. Perhaps the most commonly used is the formal student evaluation. However, since student evaluations are administered at the end of the semester, they do not allow the instructor to receive feedback and make changes as a course is in progress. Ongoing and frequent assessment is key. I have found that having small group discussions and using anonymous assessment tools upon the completion of projects can be effective.

Although there are mixed feelings in nursing education regarding the use of technology, I believe it can be successfully implemented into instruction that reflects the essential values of the profession. In addition to a strong value system, nursing requires extensive knowledge, effective communications skills, and critical thinking. As shown, I have implemented technology covering all of these areas. I have received positive feedback on the implementations of technology from students. My question now is not whether to use technology in the nursing classroom but rather how to use technology in the nursing classroom.
Works Cited


