

**Introduction to Nursing**  
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**Hamilton, Ontario, Canada**

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**About the Instructor**

Pat Ellis, RN, MS is an associate professor in the School of Nursing, Faculty of Health Sciences at McMaster University (Hamilton, Ontario, Canada).

Ellis received her B.S. from Wagner College and her M.S. from the University of Maryland. She has 34 years of teaching experience in nursing education. Her clinical practice areas include general medicine, general surgery, recovery room, prenatal care, childbirth education and private practice.

Ellis has been involved in PBL since the early 1970's when it was first introduced into the School of Nursing and has been involved in its implementation until the present. Most recently, she was the Level 1 Consultant to the two community colleges partnered with McMaster University School of Nursing in offering the B.Sc.N. degree which is now the entry to practice requirement in the province of Ontario. This role included extensive participation in faculty development related to PBL for new faculty at all three sites. She has been and continues to be involved in the mentorship program for new faculty.

Ellis is a member of the Registered Nurses Association of Ontario and the Canadian Nurses Association and has been a member of many professional organizations, university committees and School of Nursing committees during her tenure at McMaster. Currently she chairs the Accreditation Committee for the B.Sc.N. Program. She has presented research and scholarly papers at the provincial, national and international levels and has publications on topics including computer assisted student clinical assignments, faculty and student learning styles, information management and self-directed learning.

Recent publications:

Bayley, L., Bhatnagar, N., & Ellis, P. (2001). Facilitating information management skills and dispositions. In E. Rideout, *Transforming Nursing Education Through Problem-Based Learning*. Mississauga, ON: Jones and Bartlett Publishers Canada.

Lunyk\_Child, O.I., Crooks, D., Ellis, P.J., Ofosu, C., O'Mara, L., & Rideout, E. (2001). Self-directed learning: Faculty and student perceptions. *Journal of Nursing Education*, 40, 116-123.

**Part 1: Introductory Information**

**Institutional**

Name of university: McMaster University  
Total enrollment: 14,000 full time students  
Is the university public or private? Public  
Carnegie Classification: Not listed as it is a Canadian university

**Individual**

Your school: Faculty of Health Sciences  
Your department/division: School of Nursing  
Your faculty rank: Associate Professor  
Highest degree earned: Master of Science

Number of years teaching at the college level: 30

Awards received for excellence in teaching: Nomination for The President's Award for Excellence in Teaching; Course or Resources Design; Nomination for the McMaster Student Union Teaching Award

### **Course**

Course name: Introduction to Nursing and Health I and II

Course abbreviation and Number: NURS 1F04 and NURS 1G04

Number of semester (circle one) credit hours: 4 per course

Other courses taken in Freshman year of nursing program: HTH SCI 1A06 (Human Biochemistry, HTH SCI 1H03 (Human Anatomy and Physiology I), HTH SCI 1HH3 (Human Anatomy and Physiology II), PSYCH 1A03 (Introduction to Experimental Psychology), PSYCH 1AA3 (The Psychology of Interpersonal Behavior), and six credits of electives

Catalog description: N1F04 - Introduction to Nursing and Health 1 - An introduction to definitions of nursing and health. Emphasis is on the relevance of context and on caring. Nursing process, beginning level skills in assessment, including physical assessment, and communication are stressed. A clinical practice component includes laboratory and community experience.

#### N1G04 - Introduction to Nursing and Health II

A continuation of Nursing 1F04. An introduction to reflective practice. Concepts and theories related to specific priority health issues are studied. There is a continued development of skills in health assessment and an introduction to health education. A clinical practice component includes laboratory and community experience.

Number of students you typically teach in this course: approximately 100

In what year do students typically enroll in this course: Freshman

This course is best described as: Required course for majors

### **Problem-Based Learning**

What percent of this course uses Problem-Based Learning? 50%

How long have you been teaching the course using PBL? Since the mid 70s

Is the course designated as PBL in any official way: University calendar (i.e., catalog); admission publicity

## **Part II: Design of the Course**

### **A. Rationale**

In the mid seventies, the Faculty of Health Sciences was formed, nursing being one of the original disciplines along with medicine. The decision was made at that time to use problem-based learning (PBL) as well as small group and self-directed learning (SDL) in all the educational programs. Dr. Howard Barrows, a leader in PBL, was a member of the Faculty and was instrumental in introducing this method of instruction to the educational programs. At that time, there was no evidence of the results of PBL, but the nursing faculty believed that students would learn better starting with a problem to identify what knowledge is needed rather than the traditional approach of starting with the memorization of a body of knowledge. The decision made by the School of Nursing to adopt this teaching strategy was in some ways a "leap of faith."

Today, nurses need to be critical thinkers, problem-solvers, and self-directed, life-long learners in order to function in the challenging health care system. Nurse educators have the responsibility to prepare nurses to face these challenges, "and indeed the moral imperative, to graduate nurses who will be able to ask and seek to answer the questions that these challenges pose for their patients, their communities, their profession, as well as their own personal lives" (Tompkins, 2001, p.1). The nursing faculty at McMaster University continues to believe that PBL along with SDL and small group learning is the best

way to ensure that nurses have the skills they will need for practice. This has been somewhat supported by the literature although more work needs to be done.

One area that has concerned the faculty is the experience of students in a PBL curriculum, especially the SDL component. Students have not always expressed positive views. In order to understand these perceptions, the literature related to student satisfaction with the PBL model was reviewed. Many of the studies of medical students found that there was a positive perception of PBL despite some concerns about acquiring required knowledge (Clarke, Feletti, and Engel, 1984; Moore-West, Harrington, Messin, Kaufman, and Skipper, 1989; Bernstein, Tipping, Bercovitz, and Skinner, 1995; Stern, 1995; Kaufman and Mann, 1997). In the two studies that focused on nursing students, there were high overall satisfaction levels with senior students as compared to beginning students (Rideout, 1999, & Rideout, England-Oxford, Brown, Fothergill-Bourbonnais, Ingram, Benson, Ross, and Coates, 2001). Taylor (1986) studied entering graduate students using SDL for the first time and identified a common process that began with what she called a phase of disorientation in which "the learning process begins with the collapse of the learner's frame of reference or 'assumptive-world' as an adequate means of understanding his/her experience" (p.53). Solomon and Finch (1998) investigated the stressors that entering physiotherapy students experience in a fully integrated PBL program. The majority of the stressors related to the self-directed component of PBL. To understand what was happening with our own students, a study was undertaken at McMaster by Lunyk-Child, Crooks, Ellis, Ofofu, O'Mara, and Rideout (2001). Of the themes that emerged, two were significant in introducing PBL to first year students: 1) the development of skills in SDL [an essential component of PBL] can be a painful process and 2) there is a need for support and resources to succeed.

Because the faculty believes that the best way to prepare future nurses with the skills they will need is through PBL, and with the knowledge from the literature and our own study that entering students find PBL stressful, confusing and frustrating, I undertook the task of revising the two first year nursing courses. These courses have always been taught using PBL, small group learning and SDL. My goal was to make the introduction to these learning approaches a more positive experience for the students based on what had been learned through research.

## **B. Reflective Essay on the Content of the Course**

In the first year of the four year baccalaureate nursing program at McMaster University, students begin their nursing education with two nursing courses, Introduction to Nursing and Health I and II. Although these courses have been part of the curriculum for many years, the current content reflects the decisions made by the faculty when the philosophy and objectives of the Program were revised and implemented four years ago, the point at which I became the Level I Chair. My role, in addition to administrative responsibilities, was to lead the development of course content of the two first year courses in accordance with the new philosophy and objectives. What follows is the result of these revisions.

Nursing 1F04, the first of the two courses, introduces the students to health, nursing, the nursing process, and the McMaster Model of Nursing. Students focus on the skills of communication and health assessment with an emphasis on history-taking and physical assessment within the context of health. The second course, Nursing 1G04, introduces the students to health promotion and health teaching while continuing to increase their knowledge and skills of assessment.

Following an orientation to Nursing 1F04, the students learn about the concept of learning as it relates to them personally. This is a major change from the former curriculum. Now learning is not only a process experienced by the students, but is presented as content and the related skills are taught explicitly before the students have to use them in the problem-based tutorials.

A workshop format is used in the first of two classes that focus on learning. Students are divided into small working groups. Each group is given a task such as define PBL and SDL or identify changes they will personally have to make in their approach to learning. They report back to the large group, sharing

and comparing the work they did in the small groups. This is the last time that students meet in a large group.

Learning styles, learning plans, portfolios and reflection are the topics addressed in the next class. Students learn about differences in learning styles and have the opportunity in class to identify their own learning style and practice writing a learning plan. They are introduced to the use of portfolios and reflection as these relate to the student as a learner and ultimately as a professional.

The focus of the next three classes is on basic nursing content needed to work on the upcoming problems. The content includes the concepts of nursing and health, the nursing process, a model of nursing and communication theory and practice.

In addition to the learning process and the basic nursing content, information management skills are introduced. Faculty members assist the students with these skills by acting as mentors. They use a variety of methods such as organizing sessions with a librarian or using a portion of class time for students to seek resources in the library followed by a discussion on the process and the quality of the resources found.

The research literature plus our own study concerning the introduction of PBL was the basis for the curriculum change. Instead of challenging students with a new approach to learning before they are ready, students are gradually introduced to PBL, SDL and learning in groups. Information management skills are introduced. Even the assignments and examinations are designed to reflect not only the required nursing content but also the process of PBL and SDL, challenging the students to relate these to professional nursing practice. Faculty development of those who teach in Level 1 focuses on mentorship and support, using experienced faculty members in one to one relationships or in cluster groups.

The two first year nursing courses have become more than an introduction to the study of nursing. They have also become the basis for change in approaches to learning needed in the professional practice of nursing. By using the concept of readiness to learn, the stressors related to PBL identified through research may be reduced. The formula for success seems to be: relevant knowledge, both discipline-related content and content about PBL and SDL, plus information management skills plus related assignments plus supportive faculty equal success.

### **C. Reflective Essay on Instructional Practice**

Adult learning principles, student-centered learning, and problem solving are the basis of the methods of instruction throughout the nursing program at McMaster University. This approach begins in the first year nursing courses. Learning is facilitated through self-directed study, large group sessions, small group sessions, problem-based tutorials, community visits, written assignments and clinical experience in the nursing laboratory and the community.

In the first year, unlike the subsequent three years, more guidance is given as to both content and process in order to help the students gain the skills needed to function in a PBL curriculum. There are class outlines for the first five classes; each one includes the focus and class objectives, suggested learning activities, key terms, and suggested resources (books, articles, audiovisual, online, people). Students then know what generic content they need plus are introduced to the variety of resources needed to be successful when they start working on the selected problems. Only two classes are taught in a large group. The first is an orientation class that introduces the students to the course combining some lecture with an interactive component in which they write their philosophy of nursing. The second large group class is conducted using a workshop format. From then on, students work in groups of nine or ten and are assigned a faculty member with whom they remain for both of the first year courses. This introduces them to small group learning and enables them to practice PBL and SDL skills before working on the first problem. This is a change from the past. Introduction to the problems is now delayed until the fourth week of the course. From this point on, the students spend 2 1/2 hours in PBL and 4 hours in

clinical practice each week for the remainder of first semester nursing course and the entire second semester nursing course.

Assignments are designed to help the students learn both the nursing content and the learning process. In the first nursing course, students write a scholarly paper early in the semester. The choice of topics reflects the learning process and asks the students to relate these to nursing practice. Students also develop a learning plan based on their individual learning needs for the problem being studied (see Appendix A). Both of these are graded assignments. Students are also evaluated on their tutorial performance and must achieve a PASS to pass the course. There are other assignments that assess their clinical knowledge and skill. The clinical component of the course is designed to relate to the problems being studied.

Students are expected to demonstrate increasing process skills in the second nursing course. In addition to developing a learning plan for each problem studied, students must complete a portfolio of their learning that contains a reflective component. They must also demonstrate increasing knowledge and skill in information management by completing worksheets that demonstrate their ability to ask learning questions, critique resources, summarize information and reflect on the applicability of the information to the problem being studied (**see Appendix B**). There continues to be evaluation of the students' performance in the tutorial groups as well as assessment of their clinical skills.

Final 8/20/02

**Appendix B**

*BScN Programme*

*N1F04/1G04 Introduction to Nursing & Health I & III*

*2000/2001*

**WORKSHEET FOR THE EVALUATION  
OF INFORMATION RESOURCES: N1F04**

Student Name: XXXXXXXX Date: January 26<sup>th</sup>, 2001  
Student #: XXXXXXXXXX

**Learning question** What role does a nurse play in a smoking cessation clinic?

**Type of Resource**

General Textbook  
Book

Specialized Textbook

Encyclopedia

Dictionary

Directory

**X** Journal Article: type of article Research article (Study based on interviews and written surveys)

Web Page(s): URL:

Other (please specify), e.g., people:

**Resource** (complete reference using APA format) Clark, J.M., Haverty, S., & Kendall, S. (1990). Helping people to stop smoking: A study of the nurse's role. *Journal of Advanced Nursing*, 16(3), 357-363.

<b>Critique of Resource</b>	
1. Authority, for example: Who wrote it? Published it? Mounted it on the Web? What are their credentials?	Three registered nurses who also have a background in the field of education wrote this article. All three have personal experience in the delivery of education, and therefore have an understanding of the effectiveness of various teaching patterns.
2. Content, for example: Is it an appropriate level? What audience is it aimed at? How detailed is it? Is it an appropriate type of source?	Text is clear and at a level a university student can understand. Content provides a clear understanding of the importance of nurses becoming involved, but fails to identify what that role entails, and therefore does not answer the original learning question.
3. Currency, for example: When was it published? Is this a rapidly changing subject area?	This article was published in 1990, however, upon closer inspection, it is revealed that the article was originally set for publication early 1989 but was delayed. Many of the resources are also out of date, as attitudes towards smoking and smoking cessation have changes drastically in the last few years.
4. Objectivity/disclosure, for example: Who published it? Who funded it? What was the aim of the author? Does the author or sponsor have a vested interest or possible bias?	Research was backed up by a number of references however, the majority of this list can be credited to the variation of four different authors. This takes away from the creditability of the article as the same small ground of people are reinforcing the information presented.
5. Organization/layout, for example: Is the order of the material clear and logical? Is there a good index? Table of contents Is material easy to find?	Article is presented in an organized fashion. Diagrams and tables are used in an appropriate manner to enhance the text. Subtitles are clearly labelled and identified and references are visibly cited.

**Brief summary of the information found:**

The involvement of nurses in a patient's plan to quit smoking has had a considerable impact on the overall success rate. In cases in which the minimal involvement was provided, such as providing leaflets, and general advice or warnings increased the success of the patient to cut down on smoking habits or quit smoking altogether.

This study focuses on the importance and power of education, and thus began with the educating of nurses. They provided the nurses involved in the study with a 'framework' or model, which follows the basic principles of nursing process. This four-staged process involved assessment, planning, implementation and evaluation. Assessment gauges the patient's motivation, beliefs, worries and attitudes towards smoking. Planning involves deciding on a course of action (decided *with* the patient), and the development of coping strategies. Implementation stage is conducted by the client; it is important for the client to initiate this stage, and for the nurse to remain supportive. The last stage is evaluation. This stage involves an evaluation of the nurse's approach, the client's attitude and behaviour towards the approach and an examination of the success or failure.

**Reflection:** *(What did I learn? How does this relate to the problem/objective? Did this resource help me answer my learning question? Why or why not? What further learning questions has this resource stimulated?)*

This article reinforces and outlines the stages of the nursing process that were implemented in the caring of Beth Reid. It provided clarification of each stage and placed importance of the role of the nurse and the role of the client. It is always important to remember that the steps involved in quitting smoking can be facilitated by nurses and other health care professionals, but the steps must be taken by the client. To implement a care plan without a shared understanding with the client would be pushing a client into a situation they are either not ready or willing to handle and will most likely result in failure, which will only add to the doubts and misgivings of the client.

In reference to answering the learning question, this article failed to provide the specific data I was hoping to obtain. I was looking for specific strategies and techniques to present to a client and this article provided an overview. Issues in the currency of this article also made it a poor choice and therefore something to look out for in the future.

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#### **D. PBL Context and Application**

Problems in the two first year nursing courses are the vehicles used to introduce students to knowledge and skills needed by professional nurses. Students begin working on the first problem after their introduction to relevant nursing content needed to understand and solve nursing problems plus the introduction to PBL and SDL. As previously discussed, this content includes the concepts of nursing and health, the nursing process, a model of nursing and communication theory and practice.

There are five problems used, two in the first course and three in the second. Problems are selected to reflect the context of the course which is health, the client focus which is the individual, priority health issues in the region, and the knowledge and skills identified by the curriculum to be taught in the first year which include growth and development across the lifespan, the nursing role, health promotion, teaching/learning, assessment through history and physical, and communication.

All classes are taught in small groups of not more than ten students. The faculty member assigned to teach each group introduces the problems by having the students read the scenario in class and facilitates the process of hypothesis generation. Students are encouraged to identify their hypotheses based on the data presented in the problem. Following this, students identify what their learning needs are based on the data and the hypotheses generated. The group members decide on how they will acquire the knowledge and skills needed and prepare to research these following the class. When the group meets again, the students share what they have learned as well as the resources they have used. Their individual learning needs for the problems are met not only in the class but also through the completion of a learning plan for each of the problems except the first (**see Appendix A**). The faculty member encourages them to apply their learning to the problem. Having the students interview a simulated patient if the problem has been designed to include this teaching strategy enhances application.

The students are encouraged to seek out their own resources based on their personal learning style at the start of each problem. Once the problem is begun, a resource handout is given to them either during the second or third class to augment what they have discovered for themselves. The faculty also helps the students acquire information management skills. These are phased in with each problem so that by the end of the first year, students are able to use both print and electronic databases as well as the Internet and have learned how to critique these resources.

In the first year nursing courses, each problem is studied for four weeks in a 2 1/2 hour weekly class. The students also attend a 4 hour clinical lab per week. The learning that takes place in the lab compliments what they need to know to assist them with understanding the problem.

By the end of the first year, students have developed the basic skills required to practice professional nursing. They are able to identify their own learning needs, use a variety of resources to meet these needs, critique the resources selected, and apply what they have learned in order to solve nursing problems. Through the help of the faculty who facilitate the PBL process as well as mentor the students in information management, and by working in small groups, the students change from being passive learners to becoming critical thinkers. This entire process has been made less stressful by introducing the students to PBL and SDL in a gradual way based on the evidence found in the literature and the McMaster study.

### **Part III: Student Understanding**

#### **A. Evidence of Students Meeting the Learning Objectives**

There are a variety of assignments and evaluations done that provide evidence of the students meeting the learning objectives throughout the two first year nursing courses. Examples of a student learning plan and a completed critique worksheet are included (see Appendices A & B). The end of term reflection that students write in which they review the learning achieved best illustrates how their introduction to PBL and SDL through the changes made to the content and the course activities have influenced their perception of these teaching strategies (**see Appendix C**). The examples included are typical of what the better students produce but are not exceptional given that due to the nature of acceptance into the nursing program, only strong students are admitted.

To help the students develop the skill of reflection, one class at the beginning of the year introduces them to the process. The LEARN Model of Reflection is introduced and the students use this as a guide (College of Nurses of Ontario, 1996). The acronym LEARN represents the reflective practice steps that include: 1) look back, 2) elaborate and describe, 3) analyze outcomes, 4) revise approach and 5) new trial/learning identified. Students then write reflections following completion of their learning plans. They also reflect on how the resources used for preparation help them understand each problem being studied. These activities are done throughout the year and the students receive formative evaluation to help them improve their ability to reflect.

For the final reflection that is done, students receive specific criteria that will be used for grading. There are four and include: 1) Learning that occurred is described and analyzed; 2) Learning goals not achieved are described and analyzed; 3) Identification of how the learning can be used is included; and 4) Based on the learning, further learning questions are identified. The faculty member reviews the criteria with the students and reminds them to look back over the entire course when summarizing their learning. Because this is done in small groups, the students are able to discuss and clarify the expectations.

Students are also asked to evaluate the course. Through the questions that are included on the course evaluation form, feedback about the students' experience with PBL and SDL is obtained. With a return rate of 72 out of a possible 96 from the course offering just completed, there were no unfavorable comments about the teaching strategies. Repeatedly, students state that what they liked about the course were the PBL problems because as one student stated, it helped her "[work] through real situations to learn the basics of [the] nursing role." Students also consistently referred to SDL and small group classes as a positive experience.

## Appendix C

### N1G04 PBL Binder – Reflection on Learning [edited for portfolio]

This past term has been a time of development for myself...I have come to realize, through my own eyes and the help of others, what is expected for success in PBL classes....

I have gained experience in balancing my own personal expectations and what is needed for class...Spontaneously participating in class, rather than waiting for others, has increased my confidence and well being within the group. Working [in] a group... has made me more relaxed and has allowed me to realize that I am not responsible for all the work for our problems. I believe I am comprehending, and enjoying, the process of problem-based learning at a new level.

...I have learned a great deal from my learning plans. My learning plan of enhancing my search skills and making better learning questions to find articles...has greatly decreased my frustrations. I believe the knowledge and efficiency I have gained will... progress throughout my years of university schooling. My learning plan for Kevin [Problem #4] allowed me to learn about proper nutrition and in what forms school aged children can be educated about eating properly. These learning questions were very significant in helping to realize how I could be eating a more proper [diet] and sparked my beginnings of a personal nutrition diary. For my Anna Petit [Problem # 5] learning plan, I was interested in analyzing what web-site resources were legitimate, what the audience level was, and who produced or supported them. I combined this information with trying to find resources and treatments for eating disorders...on the Internet. I was also able to locate several community resources...Overall, I feel that I learned the most from my learning plans likely because of the time and effort I put into each one.

Learning goals I have not yet achieved is a difficult subject for me. This time last [semester] I could have described many goals I had not completed. Now, I only have a few. I hope to continue enhancing my research skills...Continuing to be a "critical thinker" and challenge my fellow group members with questions in regards to their information is a task I must work on. Also, broadening my forms of resources other than written materials to experts, videos, presentations, etc. will be important....

I feel I have learned a great deal about myself... through PBL. My interview [of] Beth Reid [a simulated patient] was a wonderful experience and got me thinking about clinic setting nursing. In terms of Kevin, I learned a great deal but have a couple more learning questions. How is an interview with a child different than an adult? How can you educate parents...family about the importance of proper nutrition? What tasks are involved as a community nurse? This problem especially heightened my interest in community nursing that I had never thought of before. For Anna Petit further questions include: What is the role of a psychiatric nurse? How can early warning signs of an eating disorder be noticed by a nurse? How can a nurse with an eating disordered patient be non-judgmental?

PBL...has truly shown how nursing in my next years of university life will evolve. I have begun...to take on tasks in a problem-based manner. I am collecting data, forming **plans, carrying it out and analyzing the outcomes**. The best reflective comment I can state is: "I am understanding the purpose of PBL and I am able to apply it, not only to nursing problems, but life in general. For that I am thankful.

#### **B. Reflection on the Evidence of Student Learning**

The examples of reflection and course evaluation provided above confirm that the changes presented in this portfolio on how students are introduced to PBL and SDL have worked. Students are more positive by the end of the first year than had been identified through the research done earlier where these teaching strategies were not valued until later on in their education. (Lunyk-Child, et al., 2001).

The limitation of this evidence is that it is anecdotal and not based on rigorous study. More research needs to be done to confirm what has been identified as a positive change. There has been some formal evaluation of the method in which information management is introduced to the students as one factor in decreasing the negative perceptions students have had in the past when participating in a PBL curriculum. Much more needs to be done about the other changes that were introduced. Until this is done, the course will remain as is based on the best evidence obtained thus far.

#### **IV. Reflective Summary of the Course**

The McMaster University School of Nursing introduced PBL to its curriculum in the early 70s based on the influence of Dr. Howard Barrows, a leader in this approach to education and a member of the Faculty of Health Sciences, McMaster University, at the time. I was fortunate to be a member of the nursing faculty when PBL was introduced, learning about the principles and practice of PBL from Dr. Barrows.

The School of Nursing developed a curriculum using PBL in all of the nursing courses throughout the four-year baccalaureate program and continues to use this teaching strategy. The graduates are sought after by employers because of their ability to be critical thinkers and problem-solvers. I have always strongly supported using PBL in nursing because of the outcomes. What had always concerned me was how long it took the students to recognize the value of the education they were receiving. It wasn't until their fourth and final year in the program that students were able to voice positive views about the PBL curriculum and the value this teaching strategy would have on their professional nursing practice. Students in the earlier years were often stressed and frustrated about how the nursing classes were being taught.

Although research had been done exploring medical students' perceptions of PBL, it wasn't until 1986 that Taylor studied the process experienced by students when first introduced to SDL, an integral component of PBL. She presented data to indicate that when students first encounter this approach to learning, they become disoriented and frustrated. Several other studies, including three done at McMaster University with the nursing students, indicated the same phenomenon.

I was appointed to be the Level 1 Chair of the nursing program at McMaster in 1996. Along with my administrative responsibilities, I was charged with the task of revising the content of the two first year nursing courses but keeping the PBL, SDL, and small group teaching strategies. Being aware of the research findings about the stress and frustration experienced by students when being introduced to a PBL curriculum plus my own personal experience in teaching, I began to explore how I could make the process a more positive one. Based on my belief that PBL is the best way to prepare nurses for professional practice and the knowledge I had about introducing PBL to first year students, I undertook the revision of the two courses to address this problem.

The two revised courses now gradually introduce the students to PBL. Before working on the first problem, students are introduced to the learning approaches used in the nursing program and learn about the concepts of nursing and health, the nursing process, a model of nursing and communication theory and practice in order to deal with nursing problems. The faculty member acts as a mentor to help students develop proficient information management skills. Assignments in the courses have been designed to promote PBL related skills, including the writing of learning plans, the searching for and critiquing of resources, and the ability to use reflection. Faculty development focuses on helping new professors learn how to be supportive by providing a mentorship program, workshops and working sessions.

The evidence thus far indicates that the revisions to the first year nursing courses have achieved the goal of reducing stress and frustration. Students wrote in their end of course reflections about their positive experiences with learning. There were also no negative comments about PBL or SDL in the course evaluations most recently done. In fact, students singled out working on problems as one of the most valuable ways to learn.

Based on the anecdotal evidence obtained so far following the course revisions, I believe I have achieved success. This, however, needs to be more rigorously studied. Presently, the only aspect of the revisions to undergo such study is the introduction the students receive to information management. The original study done by Lunyk-Child et al (2001) should be repeated to see if there is a change in the first year students' perception of PBL and SDL following the course revisions. The use of learning plans and reflection in the first year and their impact on the students' use of these throughout the program is another area requiring closer scrutiny. It is my hope that there will be the opportunity to focus on these and other study questions about the revisions in the near future.

### Appendix A N1G04 Learning Plan

Learning Goal	Learning Questions (objectives)	Learning Resources & Strategies	Success Indicators (Evidence & Evaluation)	Target Date
<b>What area do I want to focus on?</b>	<b>What questions do I have related to my goal?</b> <b>What knowledge do I need?</b> <b>What skills do I want to develop?</b> <b>What attitudes/values are important to understand?</b>	<b>What will I use to help learn what I want to learn?</b> <b>Must include academic literature</b> <b>Refer to your learning style to select other resources/strategies</b>	<b>How will I demonstrate what I have learned?</b> <b>Based on what criteria?</b> <b>Who will evaluate my learning?</b>	<b>Must be completed by the end of the term. Can have earlier target dates.</b>
To increase knowledge and understanding of the role of the Public Health Nurse in Kevin's situation.	How does the PHN conduct a nutritional assessment? How much knowledge does Kevin's family have on proper nutrition? How does the PHN detect this? What constitutes a nutrition care plan? What must be taught to Kevin and Kevin's parents regarding nutrition? What resources will be provided for Kevin and his parents in order they are further educated on nutritional information? What strategies will help teach proper nutrition to Kevin's family? What factors may be affecting proper nutrition of Kevin's family? What resources should be provided regarding external factors affecting adequate nutritional diet? I would like to develop the skills required of a PHN. In doing so, I would like to create a health care plan for Kevin's family as a means to teach them proper nutritional values. I will do this with the help of my classmate Melissa. It is important to fully assess the situation before making assumptions; specifically regarding Kevin's parents The PHN must also be patient	I will use various resources to meet my objective Camelon, K.M., Hdell, K., James, P.T., Ketonen, K. J., Kohtmaki, H.M., Makimatilla, S. Tormala, M., & Valve, R.H. (1998). The plate model: A visual method of teaching and planning. <u>Journal of the American Dietetic Association</u> , 98, (10), 1155-1158. City of Hamilton and Region of Hamilton-Wentworth Social and Public Health Services Division, Health Lifestyles & Disease Prevention Branch, Nutrition and Physical Activity Promotion Program. (2000). <u>How to save money on food</u> . [brochure] Health Canada (n.d.). <u>Using the food guide</u> . Retrieved March 4, 2001, from the Wide web: <a href="http://www.hcsc.gc.ca/hppb/nutrition/pube/foodguide.html">http://www.hcsc.gc.ca/hppb/nutrition/pube/foodguide.html</a> Jarvis, C. (2000). <u>Physical examination and health assessment</u> (3 <sup>rd</sup> ed.). Toronto, ON: W. B. Saunders Company. Nutrition & Physical Activity Promotion Program, Hamilton-Wentworth Regional Public Health Department (1999). <u>Good buys in Canada's food guide to healthy eating</u> . [brochure] Potter, P.A., & Perry, A.G. (1997). <u>Canadian fundamentals of nursing</u> . Toronto, ON: Mosby. Rice, P.F. (1997). <u>Child and adolescent development</u> . New Jersey: Prentice Hall. Seley, J.J. (1994). 10 strategies for successful patient teaching. <u>American Journal of Nursing</u> , 94 (11), 63-65 Web MD: The American Dietetic Association (2001). <u>Children nutrition and health: food to grow on</u> . Retrieved March 4, 2001, from the World Wide Web: <a href="http://my.webmd.com/content/article/3234.2179">http://my.webmd.com/content/article/3234.2179</a> . By using these resources, I will be initiating my own learning style. However, going out and getting brochures is something that would not fall under my learning style, therefore, I am also including a more active approach to my learning style.	Evidence A copy of nutritional assessment to be used to evaluate Kevin's family's nutritional knowledge. Jarvis (2000) will provide this. Melissa and I will create a nutritional care plan for Kevin and his family to utilize to improve their nutritional intake. The references described will help us to create it. Additional resources for Kevin and family to learn about proper nutrition. Resources such as games, to increase nutritional knowledge and fill in my knowledge gaps regarding nutrition. Games can be used to make learning creative and fun. Evaluation: I will use my resource evaluation critiques as method of evaluation I will use the feedback provided by classmates regarding the nutritional health care plan.	March 5, 2001

	when assessing and implementing nutritional strategies because every situation is different and every family's knowledge base is different.			
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