

Philosophy of Education, *Niki Eisenmann, PhD, RN*

Preparing nurses is a very rewarding experience for me. I truly enjoy developing confidence in practice and fostering a spirit of inquiry and the desire to improve nursing interventions and patient outcomes. My aim is to develop passion and enthusiasm for nursing practice and nursing science and provide students with a good understanding of the essence of nursing practice however they desire to use it. To meet these goals, I strive to make an inviting learning environment open to inquiry and application.

I grew up in a family of teachers and coaches, so it was a natural to gravitate to educating others. In my undergraduate nursing program, I was the tutor for all the nursing courses and found joy in helping others learn. I found creative, unique ways of linking nursing concepts to long-term understanding. While working for the Nebraska Board of Nursing, I was inspired by one of the founders of the NCLEX computer adaptive exam, Shelia Exstrom, the board's education consultant. Working with and learning more about NCLEX along with the practice issues, I found a desire to develop critical thinking. I am constantly seeking to solve challenges and finding ways to improve practice. With my background in nursing practice and policy, my passion lies in the translation of evidence to the passionate, inquisitive, evolving minds that are the future of our profession: nursing students and new graduate nurses.

I believe nursing practice is a human experience, and the foundation of critical thinking and approach to nursing care is shaped by a nurse's own lived experiences. Learners use previous experiences to link and learn new information. I leverage students' similar and unique life experiences to apply nursing practice concepts for better understanding and retrieval. Constructivism is the main learning theory that describes my teaching style. I use the nursing process beginning with assessment to apply to practice, adapted for the content to be learned. Social interactions and collaboration in nursing experiences or in the classroom, using real or inferred situations makes for rich, applicable learning experiences.

One example I developed in an evidence-based nursing course is to have students do a qualitative research study on themselves, with questions about their experiences of being a nursing student. Groups of students interview each other, then share to a larger group. Following data collection, discussion consists of coding of answers in groups, data saturation as a class and what defines high quality qualitative research studies, how to critically appraise and apply this research in practice. Students enjoy the active learning of qualitative research methods using their own lived experiences and have done better with exams in delineating qualitative methods and concepts from other research methods.

Another example of a teaching strategy is scaffolding previous learning from nursing foundations, pathophysiology, and assessment to critically analyze and evaluate new course content. I use a case study as the framework to deliver new content to elicit critical thinking development to an undergraduate classroom. I develop lectures based on curricular content that begins with assessment. As a class students identify what concerns them or stands out about the patient's complaint, assessment, history, and labs, just as the case would unfold in a real situation. As the students discuss the nursing assessment of the patient they critically think and anticipate and prioritize necessary interventions as we work through what is going on. Their "lecture" on content is embedded as we identify the critical differences and similarities of the correct and incorrect nursing priority and why. The discussion evolves to expected and unexpected outcomes and evaluation of interventions and ongoing assessment. The textbook information is threaded into the delivery. Quality learning is developed in the discussion of assessment and remediation and delineation of similar problems. The students enjoy this active learning and express their understanding of the care of the patients is much more thorough as demonstrated with evaluation scores versus traditional lectures and teaching methods. This moves students from the understanding level of Bloom's Taxonomy to analyzing and evaluating and prevents passive learning of content.

In the current healthcare environment, there is an immense amount of data and information. I believe there is often so much information for students to evaluate, leading to cognitive overload and impairing the development of clinical judgment. This happens in clinical practice and distraction with excess information can be detrimental to patient care. One of my most prized examples of clinical education is the development of my clinical concept map, helping students identify important, necessary, and critical clinical information in a one-page care plan. In my first clinical adjunct role I encountered 10 plus page care plans and noticed my students were unable to verbalize the priorities and their necessary interventions and what they would be assessing and evaluating. The students did so much work in their care plan, they lost sight of what was important. In developing a one-page plan of care, students can verbalize and visualize the care plan of their patient and apply classroom knowledge to clinical care. This example has since been published and used by multiple educators across the US.