Written by luminaries in the field of nursing education, this is the only current and comprehensive compendium of important topics in nursing education. It contains more than 175 detailed entries, and will be a valuable reference text for doctoral- and master’s-level nursing students, nursing faculty, university and hospital libraries worldwide, and hospital nursing departments and schools.

The listing of entries has been carefully culled from recent nursing literature and six volumes of the *Annual Review of Nursing Education*. Each entry follows a standard template that includes definition, application in nursing education, a synopsis including a brief summary of what is in the literature on the topic, and a concluding summary discussing future development in nursing education.

**Key Features:**
- The only current compendium of important topics in nursing education
- Includes all topics relevant to nursing education based on a review of the literature
- Alphabetized and consistently formatted for easy access to information
- Includes comprehensive reference lists per topic
- Written by expert nurse educators
- A listing of teaching topics compiled by the editors is available to instructors
Encyclopedia of Nursing Education
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Encyclopedia of Nursing Education

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To Ursula Springer, president of Springer Publishing Company from 1970 to 2004, for her unfailing support of nursing education, research, and professional practice. And for her continued investment in new and experienced nurse authors.

Dr. Springer has left a legacy for nurse educators throughout the world, in her commitment to advancing the profession through dissemination of the best work available, and for her risk-taking and cutting-edge ideas about what nursing could be and what nurses might provide to their patients and communities.

Dr. Springer was the exemplary educator, striving for excellence, and pushing the boundaries open for nurses, nurse scientists, and especially nurse educators.

With gratitude…
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Preface

The growing demand for well-prepared nurse educators was a key factor in our decision to launch this first edition of the Encyclopedia of Nursing Education. Furthermore, we were aware of the success of the Encyclopedia of Nursing Research (now in its third edition) and the use of encyclopedias in other academic disciplines. We believe that this compilation of the key content will provide a valuable reference and source of important information for nurse educators.

To prepare this work, we reviewed all six volumes of the Annual Review of Nursing Education (ARNE; published by Springer, 2003–2008) and the three most recent years of the two leading nursing education journals: Journal of Nursing Education JNE and Nursing Education Perspectives NEP. These reviews were used to compile a list of topics and potential authors. Then, colleague recommendations were solicited for additional topics and potential authors.

The book will be most useful to new nurse educators and to students in graduate programs in nursing education, either at the master’s or doctoral level. In addition, the encyclopedia will serve as a resource for all levels of faculty in schools of nursing. For each entry, the reader will have a beginning introduction to a topic along with both the most recent and the classic references relevant to nursing education. The alphabetical ordering of entries offers the reader ease in locating a topic. For consistency and comparison, each topic is organized using the following headings: Definition, Application, Synopsis, and Recommendations. This consistent format for all entries gives the reader focused information on the topic and facilitates understandings across topics, particularly when there are related topics in large content areas such as simulation and mentoring.

The Editors
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ACADEMIC ADVISING

DEFINITION

Academic advising is a dynamic process that is executed in order to facilitate student development and assist in the formulation of long-term professional goals. The primary purpose of academic advising is to guide students in developing educational goals that will further enable them to achieve life aspirations (Harrison, 2009a). Academic advising is an important faculty role that is an integral part of the student experience where choices are made about personal and career goals (Schultz, 1998). Students are navigated through the experience of developing a meaningful program of study, becoming informed of administrative procedures of the institution, promoting the development of long-term personal and professional aspirations, and providing students with referrals when deemed necessary (Harrison, 2009a).

APPLICATION

Effective academic advising is central to the success of the nursing student in order to gain foundational knowledge of the degree program and other general education requirements of the institution. The roles and duties of the academic adviser have often been viewed as bureaucratic, involving tedious record keeping and ensuring that students have fulfilled major requirements for graduation (Harrison, 2009b). In contrast, advisers play a significant role in student development and academic success, which makes effective advising a well-paying investment for the student and the institution (Harrison, 2009b).

There are several models used as frameworks to guide the advising of practice and research. One model is the prescriptive model in which the adviser relationship is used as a means of control for dispensing information on technical matters. Another model is customer service where students’ needs are met by providing responsive services and support (Schultz, 1998). Advising has also been used as a model of teaching where all of the characteristics that make an exemplary teacher are put into practice for effective advising. Developmental advising, based on developmental principles, is a goal-directed and continuous process (Schultz, 1998). Schultz (1998), in the theory of modeling and role modeling, offers an effective framework to practice academic advising. In modeling, the adviser seeks understanding of the student’s view of the world and then frames advising issues from the student’s perspective.

Harrison (2009a) notes that advising interventions should be aimed at building trust, encouraging positive orientation, promoting control, acknowledging strengths, and setting mutual goals for success. In addition, the adviser needs to be: accessible, knowledgeable, focused on academic requirements, reliable, and one who shows respect for the learner (Kearney, 1994). Advising of a nursing student presents challenges based on: course sequence for the major, designation of course sections, and frequency of visits by the student to the adviser. The role of the academic adviser is a complex one, requiring a certain degree of clinical and academic competence, as well as personal qualities of creativity, flexibility, and good communication skills (Sobralske & Naegele, 2001).
SYNOPSIS

Literature shows that advising needs of students who hold a degree and are advancing toward a higher degree differ from those of traditional students entering a college/university for a first professional degree (Wendler, Fyans, & Kirkbride, 2013). Trent (1997) recommends that academic advising for adult students should follow constructs of adult learning encompassing a caring attitude, problem-solving strategies, attentiveness to student issues, and realistic expectations. Few studies in the nursing literature have addressed the unique needs of career-oriented nurses who are seeking a higher degree.

RECOMMENDATIONS

Research on the nature of the adviser–advisee relationship is at an early stage (Harrison, 2009b). There is a definite need to revitalize and redefine academic advisement. Ongoing research studies are needed to increase knowledge and awareness of the issues and needs of nursing students at all phases of their educational and career development. Harrison (2009a) recommends that undergraduate academic advising responsibilities can be shared with teaching assistants. This incorporation of peer advising could be a course requirement for graduate students and may assist in preparing nurse educators for an essential component of the role. However, there are privacy and confidentiality issues with peer advising. Academic advisers should continue to develop knowledge and self-awareness about the advising process in relation to the adviser–student relationship (Harrison, 2009a).

Harrison, E. (2009b). Faculty perceptions of academic advising: “I don't get no respect.” Nursing Education Perspectives, 30(1), 229–233.

Julie C. Lehrer
Mary T. Quinn Griffin

ACADEMIC DISHONESTY

DEFINITION

Academic dishonesty (AD) refers to “students giving or receiving unauthorized assistance in an academic exercise (all forms or work submitted for credit hours) or receiving credit for work that is not their own” (Kibler, Nuss, Patterson, & Pavela, 1988, p. 1). In contrast, academic integrity (AI) is “a commitment, even in the face of adversity, to five fundamental values; honor, trust, fairness, respect and responsibility” (Centre for Academic Integrity, 2014).

Common forms of AD that can occur together or alone include plagiarism (using another’s words or ideas without appropriate recognition of the source); fabrication (making up data or information); falsification (falsely manipulating and reporting data or results); misrepresentation (falsifying
personal identity, paying for someone to complete assignments, and/or purchasing papers or projects; and cheating (using or attempting to use unauthorized methods or information). Common forms of “e-cheating” (Rogers, 2006) include collusion (the most common form of online cheating) and technology manipulation (citing untrue technology problems).

APPLICATION

All forms of AD are universally recognized and common across all levels of education worldwide. While online courses have increased in popularity and have become a valid means of formal education, research indicates that online courses do not yield higher rates of AD (Spaulding, 2009). Faculty and students both admit that AD occurs and agree that some types are more serious than others. Each form of AD represents a serious breach in ethical behavior that many faculty members are reluctant to deal with; however, many students believe that it is acceptable. Damaged school reputations, unfair advantage for dishonest students, repeat cheating, and backlash to honest students are immediate and delayed concerns (Josien & Broderick, 2013).

The rate at which AD occurs across all levels of nursing education (70%–95%) is disheartening (Kolanko et al., 2006; LaDuke, 2013). McCabe (2009) reported higher rates among nursing undergraduates than those in other disciplines, with highest rates among accelerated bachelor of science in nursing (BSN) students—77% versus 58% for all nursing undergraduates. A major concern for nursing is that dishonesty will transcend into unethical clinical practice (LaDuke, 2013) where dishonest behaviors can have “potentially dire consequences” (DiBartolo, 2010, p. 543). Jeffreys and Stier (1995) developed a conceptual model to assist nurse educators define, prevent, and confront AD. An updated version illustrates the interaction among predisposing factors, student and educator behaviors, and potential outcomes impacting the profession (Jeffreys & Stier, 2004). Whatever the cause, circumstance, rate, or setting, it is incumbent to develop proactive approaches to AD.

SYNOPSIS

The following main assumptions about student AD (SAD) provide a framework for understanding complexities, issues, and guidance for faculty action (Jeffreys & Stier, 1995, 2004). SAD is a widespread problem affecting all disciplines including nursing; it can be damaging to future professional development; it may adversely affect client care; AI, professionalism, and quality health care are important values to the nursing profession and society; and PROACTIVE communication is the key strategy to prevent and confront dishonest behavior.

PROACTIVE communication focuses on Policy, Responsibility, Ongoing action, Accountability, Commitment, Trust, Initiative, Values, and Expectations, and is aimed at creating a culture of AI. This is the core of the solution. Clearly communicating what constitutes AD and ways to avoid it include clear-cut and accessible definitions and policies in syllabi and handbooks, required tutorials and orientations, self-assessment quizzes, case examples of workplace dishonesty, AI peer educators, posters and slogans, hyperlinks to AI websites and resources, honor codes, anti-plagiarism software, online passwords, and just-in-time reminders (beginning of test or online submission of an assignment; Gallant, 2011; Griffith, 2013; McGee, 2013). Incorporating learner-centered education and varying methods of student evaluation also discourage AD. Institutionalizing AI through centralized organizational structures and processes that support a culture of AI and address AD incidents is essential (Gallant, 2011).

RECOMMENDATIONS

Administrators need to take the lead by recognizing that AD is a serious problem and make a commitment to foster a culture of AI.
Schools should aim to infuse the values of AI into the structures, processes, and culture of the organization so that ethical behavior is supported (Gallant, 2011). Faculty members must acknowledge their role in promoting AI and be supported by their administrators and peers. Resources such as an Office for Academic Integrity and a designated administrator send a message that AI is a priority (Griffith, 2013).

Administrators, faculty, and students share the responsibility of fostering AI and must work together to achieve it. Students need to be inducted into the larger academic and professional community that expects integrity and appeal to peer disapproval of AD (McGee, 2013). This necessitates a proactive, publicized pedagogical approach that values AI over a punitive (after-the-fact) approach.

If AD occurs, faculty needs to act swiftly and consistently, match the response to the violation within the institutional policies and guidelines, and gather data to determine what may have led to the AD incident. Resources such as the International Centre for Academic Integrity, Plagiarismadvice.org, Impact of Policies for Plagiarism in Higher Education across Europe (IPPHAE) project (Glendenning, 2012), outside experts and consultants, and scholarly multidisciplinary literature can be used to design, implement, and evaluate evidence-based strategies that fit within the organizational culture. Additional research is required to inform the broader academic community about strategies that work best.

ACADEMIC FAILURE

DEFINITION

Academic failure in nursing education occurs when there is involuntary attrition of a student due to academic reasons such as course failure, resulting in withdrawal or dismissal from the program (Jeffreys, 2012). This is closely tied with failure to meet the institutional academic progression outcomes as measured by nursing course grade, cumulative grade point average (GPA) in nursing courses, and overall GPA. It is a result of the interplay of many factors: inadequate knowledge base from prerequisites; inappropriate perception of the rigors of nursing upper-division curricula; and personal issues concerning financial needs, family demands, and health.

APPLICATION

Academic failure in nursing education impacts the student’s psychological and financial well-being with lifelong effects. It is costly to the academic institutions given the current limited financial resources and nursing faculty shortage. Furthermore, it perpetuates the national nursing shortage.

The literature reveals many factors that contribute to academic failure. These factors have been classified under personal, academic, and environmental categories (Igbo et al., 2011; Jeffreys, 2012; Kuh, Kinzie, Buckley, Bridges, & Hayek, 2006; Williams, 2010). Personal factors identified include financial and family commitments, failure to assume responsibility for the outcome, and inadequate language skills. Academic factors include unrealistic perception of academic rigor, transitional shock (Igbo, Landson, & Straker, in press), and inadequate pre-nursing academic preparation. The environmental factors include fit with nursing major, inclusive of institutional learning environment, mentoring, student engagement, supportive institutional resources, and appropriate interventions.

While there are issues that affect all nursing students, the nontraditional student has certain characteristics that put him or her at higher risk of academic failure (Igbo et al., 2011). These factors include being older, nursing as a second degree, increased family responsibilities, English as a second language, and first generation attending college. The Nursing Undergraduate Retention and Success (NURS) model (Jeffreys, 2012) proposes that decisions preventing academic failure should be based on the following multidimensional factors: student affect, the environment, professional integration, academic outcomes, and psychological outcomes. These factors must be considered when addressing the matter of student academic failure (Igbo et al., 2011).

SYNOPSIS

Academic failure has personal, institutional, and larger societal implications. Academic failure can slow the rate at which graduates enter the workforce. A literature review has revealed models addressing nursing student success, thus preventing academic failure. These models have been tested in different student populations and are focused on decreasing barriers to academic success (Dapremont, 2013). The results of this review indicate that successful models included various combinations of academic support, mentoring, student financial support, and community partnerships that were
effective in recruiting, retaining, and graduating minority students in nursing education (Dapremont, 2013). Student engagement (McCarthy & Kuh, 2006) has also been identified as an important strategy in preventing academic failure and increasing retention.

RECOMMENDATIONS

Increased nursing student retention and prevention of academic failure are key to addressing the national nursing shortage. It is important to target students from minority backgrounds who are at higher risk of academic failure.

To address the problem of academic failure and increase nursing student retention, it is recommended that every nursing program should create a model that best fits the student population characteristics; embark on training faculty to empower students and embrace cultural diversity; and provide a supportive campus climate and available resources to increase student engagement.


Immaculata N. Igbo

ACADEMIC INTEGRITY

DEFINITION

Academic integrity is defined as a commitment to six fundamental values: honesty, trust, fairness, respect, responsibility, and courage in scholarship and research (International Center for Academic Integrity, 2013). Without these fundamental values, teaching and research lose credibility, leading to a questioning of personal and professional integrity.

APPLICATION

Academic integrity rests on the foundations of personal accountability. Upholding academic integrity is reflective of a person's personal integrity, ethical principles, and moral character. Accountability also extends to the academic institution to address academic infractions and take action when necessary (International Center for Academic Integrity, 2013).

Nursing has a long history of being regarded by the public as a profession that
is ethical and trustworthy (Fontana, 2009; Tippitt et al., 2009). Hence, personal integrity and ethical principles are essential for all nurses and student nurses to embrace. Research shows that students who do not possess academic integrity will likely engage in unethical or even illegal activities, both as students and as professional nurses (Balik, Sharon, Kelishek, & Tabak, 2010; Fontana, 2009; LaDuke, 2013; Tippitt et al., 2009).

Nursing educators serve as the gatekeepers of the nursing profession (Fontana, 2009). They are given the task of preparing students intellectually and developmentally with personal and academic integrity (Tsokris & Struminger, 2013). Throughout the curriculum, nurse educators model these behaviors through their own actions. Furthermore, the importance of professional standards can be taught by guiding students to practice following the American Nurses Association (ANA) Code of Ethics (ANA, 2001; Tippitt et al., 2009). Nurse educators must also address academic integrity infractions to assure that the students who progress through the program are ethical in practice and well versed in the course material.

SYNOPSIS

Greater access to online resources may put academic and personal integrity at risk of being compromised. The Internet offers an abundance of information on numerous scholarly topics and therefore may pose a temptation for students to plagiarize. With a simple click of a mouse, sections of an author’s work can be copied and pasted into a student’s paper without giving proper citation of the source (Mohr, Ingram, Fell, & Mabey, 2011). Furthermore, the perception of academic transgressions by students differs from that of faculty. Students may believe that cheating in an examination, buying papers, and plagiarizing are acceptable (Mohr et al., 2011; Tsokris & Struminger, 2013).

Technology is a welcome addition to most classrooms but poses a serious threat to maintaining academic integrity. Handheld devices and laptops accepted in classrooms can be misused to photograph and transmit examinations. Mobile phones, never far from students’ hands, can be used to send text-messaged answers (Mohr et al., 2011). Strict technological policies must be developed to govern proper use to maintain academic integrity.

Maintaining academic integrity in an online environment has also been called into question. Researchers examined the levels of academic integrity violations in both online and face-to-face classes, and reported higher rates of academic dishonesty in face-to-face classes than in online counterparts (Miller & Young-Jones, 2012; Watson & Sottile, 2010). Having student and faculty conversations about academic integrity as well as formal instruction has been noted to improve students’ understanding of what constitutes academic integrity violations. Therefore, discussions about academic integrity should be incorporated in all courses (Piascik & Brazeau, 2010). Morgan and Hart (2013) in their quasi-experimental study examined ways to promote academic integrity in an online RN-BSN program. The standard academic integrity policy and student handbook was given to the control group, and the treatment group received a faculty-designed program including discussion and instruction. The students in both groups reported low levels of academic dishonesty. However, the treatment group reported higher levels of faculty and student support for academic integrity policies and perceived these policies to be more effective.

RECOMMENDATIONS

It is essential that institutional standards, policies, and procedures are aligned with the fundamental values of honesty, trust, fairness, respect, responsibility, and courage for academic integrity to be supported and upheld (International Center for Academic Integrity, 2013). The principles of professional behavior and academic integrity must start from day 1 (Piascik & Brazeau, 2010; Tippitt et al., 2009). It is essential that
students be provided with a formal orientation. The orientation should include approved resources, student handbook, and information on academic integrity (Tippitt et al., 2009). Policies regarding the misuse of technology in classrooms should also be reviewed at the beginning of each course outlining expectations and defining violation consequences.

Nurse educators must model professionalism and academic integrity and uphold the standards of academic integrity in their practice and teaching (Eby et al., 2013). Modeling these behaviors has been found to be the most successful method to promote academic honesty and integrity among students. Finally, nurse educators need to be supported in their efforts to promote in-class and online environments that maintain academic integrity, as well as address issues related to breaches in academic integrity. As gatekeepers of the profession, educators assure that those entering into practice demonstrate not only exceptional knowledge and skill, but also personal and academic integrity.


Deborah Mandel

ACADEMIC LEADERSHIP

DEFINITION

The National Academy for Academic Leadership (2014) defines leadership as
helping people identify, confront, and solve problems that require adaptation to new realities for which there are no routine solutions. Leadership involves a willingness to modify or change values, beliefs, and behaviors in the academic environment. Academic leadership is the practical and everyday process of supporting, managing, developing, and inspiring academic colleagues (Ramsden, 1998). Furthermore, academic leadership positions include managers of personnel and managers of programs (Ramsden, 1998).

APPLICATION

In 1965, the American Nurses Association (ANA) issued its First Position on Education for Nursing. The central tenet of the position statement was that the education for all those who are licensed to practice nursing should take place in institutions of higher education (ANA, 1965). Today, the nursing profession has arrived at a place in history where the expectation of faculty and leaders are in alignment with expectations of the academy. Academic leaders in nursing are those who provide leadership of baccalaureate and higher nursing programs in the academic setting. Although terminology differs across institutions, common titles that embody the role of academic leadership in nursing education include dean, director, department chair, and coordinator.

Formal leadership development programs in nursing share the common mission of developing, supporting, and reenergizing nurse leaders across all settings. Robert Wood Johnson Foundation (RWJF) Executive Nurse Fellows program is a 3-year advanced leadership program for nurses who aspire to lead and shape health care locally and nationally. Fellows strengthen leadership capacity and improve abilities to lead teams and organizations in improving health and health care (RWJF, 2014). The National League for Nursing (NLN) Leadership Institute is comprised of three full-year programs that help nurse faculty develop strong leadership skills. Programs within the Nursing Leadership Institute are designed for nurse educators who have experienced a rapid transition to leadership, those who wish to assume a leadership role in simulation, and senior deans and directors (NLN, 2013). The American Association of Colleges of Nursing (AACN) sponsors an executive leadership fellowship specifically for those aspiring for leadership positions in nursing. This professional development experience includes assessment and evaluation of leadership skills, opportunities for networking, and consultation to achieve long-term goals (AACN, 2014).

SYNOPSIS

Multiple responsibilities (Minnick, Norman, Donaghey, Fisher, & McKirgan, 2010); leadership development (Broome, 2013; Minnick et al., 2010); and lack of succession planning (Broome, 2013; McNamara, 2009; Minnick et al., 2010) have been identified as challenges to the role of academic leadership in nursing. Minnick, Norman, Donaghey, Fisher, and McKirgan (2010) found that directors of doctoral nursing programs carried multiple responsibilities in addition to the role of director. Effort allocation, multiple responsibilities, lack of stability, rotating directorships, workload, and tenure contribute to academic planning.

Over the past decade there has been a lack of attention paid to developing strong academic leaders (Broome, 2013). The academic work environment is extremely challenging and requires a comprehensive skill set that allows leaders to recognize new opportunities, mobilize and motivate faculty, and secure opportunities. It is equally important that leaders stay focused on priorities and initiatives (Broome, 2013). Although formal leadership development programs in nursing exist (RWJF, NLN, and Commission on Collegiate Nursing Education [CCNE]), these programs tend to be selective. The most common mechanism for leadership training may be informal mentorship followed by
internal leadership development (Minnick et al., 2010).

Many deans of schools of nursing are approaching an age at which retirement may be expected (Minnick et al., 2010). Given the demographics of deans in nursing, there is a critical need for succession planning and for the development of emerging academic leaders (Broome, 2013). Minnick et al. found that the majority of schools in their survey of doctoral nursing programs reported no succession plan. Academic leaders can ensure succession planning through recruitment and development programs for the next generation of leaders.

RECOMMENDATIONS

Since the time of the Crimean War, nursing has gone through many stages in search for a professional identity and devoted time to defining its domain of knowledge and practice (Meleis, 2012). In the early stage of practice, the mission of nursing was defined as providing care and comfort to enhance healing and a sense of well-being (Meleis, 2012). Amid the complexity of academic systems, there is a need for leadership that appreciates and supports the basic values that have historically sustained the profession (Moody, Horton-Deutsch, & Pesut, 2007). Academic leaders in nursing need to be mindful that whatever the landscape and architecture of health care will be in the future, the mission and values of nursing should remain clear and constant (Graham, 2010).

Leaders need to pay close attention to reaching out to younger academic nurses who have potential to become academic leaders in the future (Broome, 2013). The significance of leadership development and succession planning cannot be underestimated. Goodrich (2014) found that nurse educators with greater than 5 years in the role demonstrated high levels of personal control and intended to stay in the role of an academic nurse educator. Therefore, existing processes that support academic nurse educators need to be reexamined and enhanced.

Academic nursing leadership in the context of the complex academic setting requires a discussion on leadership styles, priorities, activities, and the future of the profession. Leadership in academic settings is not a solo activity. Transformative behaviors on the part of a leader require reciprocity between the leader and other members of the organization (Broome, 2013). Knowledge related to finances, resource acquisition, interprofessional collaboration, development, and advancement is critical (Broome, 2013).


ACADEMIC MISCONDUCT

DEFINITION

Academic misconduct is “intentional participation in deceptive practices regarding one’s academic work” that can occur in the classroom and clinical setting (Gaberson, 1997, p. 14). Students frequently define academic misconduct as things that they should not do, such as “do not cheat on exams” (Woith, Jenkins, & Kerber, 2012).

APPLICATION

The incidence of academic dishonesty among undergraduate nursing students has ranged from 58% to 94% (McCabe, 2009; Roberson, 2009). Academic dishonesty has been reported by 77% of students in accelerated programs, 57% of master’s candidates with a non-nursing baccalaureate degree, 48% of all graduate nursing students, 37% of RN to BSN students, and 25% of doctoral students (McCabe, 2009).

Similar forms of academic misconduct occur in both graduate and undergraduate nursing students (McCabe, 2009). The six most frequently self-reported examples of academic misconduct in undergraduate students include: collaborating with others on individual assignments (38%), copying sentences from the Internet (28%) or published text (24%) without citing the reference, receiving assistance on an assignment that is not permitted (19%), getting answers to an examination from someone who took it previously (18%), and using a false or forged excuse to delay an examination or assignment (10%; McCabe, 2009). Other less commonly self-reported instances of academic misconduct are copying from someone else in an examination with or without his or her knowledge, assisting someone to cheat in an examination, turning a paper in copied from another student, copying most or part of a paper from a written or Web source, using cheat notes in an examination, turning in an assignment completed by someone else, or purchasing papers from online services (McCabe, 2009).

Unfortunately, students do not view academic misconduct as unethical. Undergraduate nursing students believe that working with another student on an assignment (22%), getting answers to examination questions from another student (19%), and paraphrasing or copying material from a reference without an appropriate citation (17%) are not unethical behaviors (McCrink, 2010). “Students rationalize their behavior by denying wrongdoing, pleading time constraints, citing unfair course requirements forcing them to cheat or shifting the blame for their behaviors onto nurse educators” (McCrink, 2010, p. 654). Students cite competition to achieve high grades (Gaberson, 1997; Kolanko et al., 2006; Roberson, 2009; Woith et al., 2012); perfectionism; impaired morals; and inadequate role models (Gaberson, 1997) as reasons for academic misconduct.

The use of high-tech cheating is rapidly increasing. High-tech academic misconduct occurs when copies of examinations or test banks are purchased online, handheld devices are used to text answers or access the Internet for answers during the examination, or by taking photos of examination pages to share with others (Arhin, 2009; Kolanko...
et al., 2006). Additionally, high-tech cheating can occur with use of micro-recorders; still cameras that are concealed in wristwatches, cigarette lighters, or campaign buttons; audio or video transmitters that are no larger than the size of a quarter; and ultraviolet pens (Kolanko et al., 2006).

SYNOPSIS

Research has shown that students who engage in academic misconduct are more likely to become professionals who engage in unethical behaviors in the clinical setting (Baxter & Boblin, 2007; Roberson, 2009; Tippitt et al., 2009). Clinical misconduct may negatively impact patient outcomes and violate national practice standards (McCrink, 2010). Thirty-five percent of nursing students reported discussing patients in public places or with nonmedical personnel, thus breeching patient confidentiality (McCrink, 2010). Nursing students self-reporting clinical misconduct acknowledged that they reported or recorded vital signs that were either not taken or accurately recalled (13%), treatments that were not performed or observed (9%), patient responses to treatments or medications that were not assessed (7%), or recorded medications that were not administered (2%; McCrink, 2010). Less frequently reported unethical clinical behaviors included failing to report errors and failing to question incorrect provider orders (Baxter & Boblin, 2007).

RECOMMENDATIONS

“Faculty need to create an ethical community that clearly communicates expectations of academic integrity and penalties for cheating” (Morgan & Hart, 2013, p. 240). It is imperative that nursing faculty model ethical behavior, show accountability, and confront students in a discrete manner when episodes of academic misconduct occur. The nursing program should clearly define academic misconduct and post the statements in every syllabus and on the online course management system (Bristol, 2011). The statement should be reviewed at the beginning of every course and periodically throughout the semester.

Nursing faculty is more likely to use different versions of the examination, more closely monitor students during examination, and remind students of the university’s policy regarding academic misconduct more frequently than non-nursing faculty (McCabe, 2009). Strategies to minimize academic dishonesty include using honor codes, assigning seats or moving seats farther apart during examinations, requiring students to leave all personal belongings at the front of the room, using at least two proctors who walk around the room during examinations, placing time limits on examinations (Arhin, 2009; Kolanko et al., 2006; McCabe, 2009; Roberson, 2009; Tippitt et al., 2009). Students should not be allowed to leave the classroom during the examination and should provide proof prior to making up a missed examination (Kolanko et al., 2006). The use of plagiarism detection software (Bristol, 2011) and computerized examination programs that allows for password protection and requires the proctor to start the examination for every student is an additional strategy that can minimize academic misconduct (Woith et al., 2012).

Faculty should discuss the importance of integrity, personal accountability, and time management skills with students (Dibartolo & Walsh, 2010; Tippitt et al., 2009). Only meaningful assignments that include a rationale for the assignment with written objectives should be given to students. The dates for examinations and assignments should be provided to students at the beginning of the semester and coordinated with other courses.


nursing students: Understanding unethical behavior in classroom and clinical settings. *Journal of Nursing Education, 46*(1), 20–27.


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**ACADEMIC PARTNERSHIPS**

**DEFINITION**

Academic partnerships are formalized relationships between an academic nursing program and a care setting, which may include other professionals, corporations, government entities, and foundations (AACN, 2010). Academic partnerships provide an organizational association between academia and service that propose to share a common vision and collaboration to advance nursing practice and health of the public.

**APPLICATION**

Academic practice partnerships exist in all types of care settings and academic programs. Based on recommendations of the Institute of Medicine (IOM), greater emphasis has been placed on the development of sustained partnerships between academia and nursing service to improve student transition to practice, clinical environments, and patient outcomes. Crucial principles guiding an intentional relationship between academia and practice include mutual trust, respect, shared vision and goals, commitment to the partnership, and transparent, sustained communication (Beal, 2012).

One exemplar of an academic partnership is a collaborative clinical model called dedicated education unit (DEU), an innovative approach to clinical teaching/learning with an intentional emphasis on systems-thinking, clinical reasoning, accountability, and collaboration. Nurses selected to work on a DEU take on the role of a clinical teacher, establishing a one-to-one relationship with the student while in clinical practice. These nurses are prepared for this role by faculty who serve as coach to facilitate teaching strategies, enable the transfer of classroom learning to practice, assure achievement of expected learning outcomes, and assist with the resolution of problems that may arise.
The faculty member establishes a collaborative working relationship with the nurse manager, charge nurses, and DEU nurses to facilitate an optimal clinical environment for student learning.

Other academic partnerships involve dual enrollment affiliation agreements between universities and community colleges to provide a seamless transition between programs. Opportunities for students to enroll in classes at a 4-year university, while enrolled at a community college, offer students the opportunity to become familiar with academic expectations while creating an effective educational pathway for academic advancement.

Additional types of academic partnerships include statewide workforce coalitions, nurse residency programs, clinical nurse leader initiatives, interprofessional educational opportunities, graduate nurse education, clinical faculty boot camps, partnerships with free clinics, school-based health center partnerships, and collaborations and exchange of faculty between nursing programs.

SYNOPSIS

Academic partnerships are essential to nursing practice for positioning leaders to advance health care outcomes; however, the challenges to establish effective and sustained relationships are many. In an effort to promote effective partnerships, the American Association of Colleges of Nursing (AACN) and American Organization of Nurse Executives (AONE) collaborated to create the Task Force of Academic Practice Partnerships. This task force identified barriers and developed guidelines to cultivate and sustain effective academic partnerships (AACN, 2010). Barriers to successful partnerships include reduction in funding for education and health care; lack of financial support from universities; and increased faculty workloads. Successful partnerships between academia and practice are sustained through formal affiliations established at the senior leadership level and replicated at all levels of the management team. A common vision with clear expectations and mutually established goals with a systematic plan for evaluation are essential to the partnership. The foundation of a partnership includes respect, trust, transparent communication, shared commitment, and persistence in achieving established goals (AACN, 2010).

Research on academic partnerships has shown that these models can be effective in reducing health care costs, improving patient outcomes, improving quality and safety, and providing opportunities for staff development. For the academy, these partnerships have increased enrollment capacity within schools of nursing, enhanced research and evidence-based practice opportunities, improved transition to the clinical setting, and increased opportunities for employment (Lindahl, Dagborn, & Nilsson, 2009; Lovecchio, DiMattio, & Hudacek, 2012; Moore & Nahigian, 2013; Springer et al., 2012).

Springer et al. (2012) found that a DEU model resulted in significantly lower expenses incurred by the health care agency and school than traditional clinical models, while reaping higher student satisfaction and outcomes. Lovecchio et al. (2012) used clinical liaison faculty to facilitate student learning in a community hospital. This partnership improved students’ perceptions of the clinical learning environment. A collaboration between a school of nursing and hospital system resulted in student-initiated quality improvement (QI) projects being implemented on nursing units with positive quality outcomes (Flores, Hickenlooper, & Saxton, 2013). Finally, a cooperative partnership between schools of nursing and hospitals documented the use and advancement of clinical nursing research (Boland, Kamikawa, Inouye, Latimer, & Marshall, 2010).

Academic practice partnerships provide an opportunity for academia and practice to share a common vision in a framework that optimizes health system performance. Initiating and sustaining effectively focused partnerships improve
patient outcomes and reduce costs, while facilitating student transition to practice. Providing better care at lower cost requires application of the best evidence available. Academic partnerships that facilitate the generation of new evidence for practice will foster goal attainment for the academy and the health care agency.

**RECOMMENDATIONS**

It is essential that nursing leaders in practice and education continue to design and develop new approaches to solve the challenges of clinical education. These challenges include problems related to the lack of clinical faculty and clinical placements; costs associated with orientation, quality, and safety initiatives; and transition to practice issues. Nurse educators need to become attentive to establishing partnerships that facilitate transfer of relevant knowledge, improve student outcomes, and maximize enrollment capacity. Academic partnerships must be sensitive to transition issues and the need for health systems to improve quality while reducing costs. Effective partnerships can provide for outcomes that support both agendas.

There are numerous studies and explanations of academic partnerships that provide anecdotal evidence of success. However, because there is insufficient objective evidence to provide support for the positive patient and student outcomes of these relationships, the ability to generalize the research published to date is limited. Academic partnerships are a promising area for rigorous inquiry that distinguishes quantifiable and achievable outcomes.


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**ACADEMIC PROGRESSION: ARTICULATION**

**DEFINITION**

Academic progression refers to articulation models that promote lifelong learning through the addition of academic credentials (National League for Nursing [NLN], 2011).
APPLICATION

In 2010, the Institute of Medicine (IOM) in the Future of Nursing Report advocated for changes in nursing education (IOM, 2010). In addition, the IOM (2010) recommended that educational programs should be structured to enable the learner to progress from basic to advanced education with minimal disruption. Nursing continues to have multiple entry options (Raines & Taglaireni, 2008). These entry options include bachelor of science in nursing (BSN) completion programs for registered nurses (RNs), baccalaureate to master’s programs, and BSN to research or clinical doctorate programs. Some individuals first enter nursing through associate degree programs and then advance with the achievement of higher degrees (Raines & Taglaireni, 2008). In order to implement the IOM recommendation, nurse education programs need to develop and implement innovative approaches to prepare nurses needed for the future. The report emphasized that flexibility will be needed in both delivery and scheduling of courses on the part of academic institutions. Examples of flexibility include online distance programs, hybrid courses, virtual learning, and nontraditional hours for course offerings such as weekends and late evenings.

SYNOPSIS

In 2010, the United States Health Resources and Services Administration (HRSA) published the results of the 2008 national sample of RN survey and reported that 32% of RNs with a baccalaureate or higher degree entered the profession with a diploma or associate degree. However, in this report, it was stated that many nurses continue to pursue advanced degrees after attaining initial licensure (HRSA, 2010). Munkvold, Tanner, and Herinckx (2012) studied the graduates from an associate degree program who were eligible to obtain a bachelor’s degree with 1 year additional study and chose not to advance. The top three factors that influenced these associate degree graduates to not pursue further nursing education were financial concerns, work, and family issues. Jeffreys (2007) identified several important trends that may influence nursing student progress and graduation. Students entering nursing exhibit diversity in age, ethnicity, and prior academic experience (Jeffreys, 2007). Students at highest risk of either dropping out or taking breaks in their program were older, female, and belonged to a minority group (Jeffreys, 2007). Awareness of these diverse student characteristics highlights the need for and implementation of culturally diverse academic advisement and mentoring. Nurse administrators need to provide additional resources so that nurse educators may develop and implement innovative teaching strategies and evaluation measures that are culturally congruent (Jeffreys, 2007). These students also took longer to complete their degrees.

RECOMMENDATIONS

The Tri-Council for Nursing (2010), a coalition of American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), NLN, and American Organization of Nurse Executives (AONE), issued a consensus statement calling for all RNs to advance their education in the interest of offering patients the best possible care. The Tri-Council ends its statement with a twofold call to action for nurses to understand the importance of academic progression and embrace lifelong learning; and for policy makers at all levels to provide funding and to develop and implement collaborative initiatives that facilitate nurses obtaining advanced education (Tri-Council for Nursing, 2010). They emphasized that not only should graduates of associates degree in nursing (ADN) programs advance to the BSN, but also that the BSN and master of science in nursing (MSN) graduates should advance to the doctoral level in order to meet the need for educators and leaders (Tri-Council for Nursing, 2010).

The NLN, AACN, American Association of Community Colleges, Associations of Community College Trustees, and the
National Organization for Associate Degree Nursing are the authors of a position statement endorsing the academic progression of nursing students and graduates through partnership and collaboration with the goal of a “well educated diverse workforce to advance the nation’s health” (NLN, 2011, p. 1). This group has developed the NLN Education Competencies Model, a model that embraces all types of nursing and identifies the graduate competencies for each program along with articulation of each program to the other (NLN, 2011). This model ensures that the core competencies are present in basic programs and that all graduates are educated to care for increasingly complex patients in a safe and competent manner.

There is a need for research in the area of academic progression to identify the best approaches to achieve the IOM recommendation of a seamless transition for nurses seeking to advance education. Pittman, Kurtzman, and Johnson (2014) examined the design and implementation of alternative pathways for academic progression. They conducted interviews with 31 educational leaders in the United States and developed four case studies representing different design approaches, such as sharing faculty, provision of online courses, and recognition of previous work experience as part of the admission criteria. There is a need for additional research, including evaluation of outcomes of models in current use. Academic progression is a multifaceted topic that needs to be carefully addressed to create a diverse well-educated nursing workforce ready to meet the nursing needs of an increasingly complex patient population.


Mary T. Quinn Griffin
Ellen Pokorny

ACADEMIC RETENTION

DEFINITION

Academic retention is defined as the number of nursing students enrolled in a specific program who are tracked to graduation (Baker, 2010). On the other hand, attrition is defined as the number of students who enter a program without progressing to graduation.
APPLICATION

The impact of academic retention is far reaching for the student, faculty, college or university, and community. Students have mounting costs in loans and tuition fees as well as possible lost wages from lack of progression to graduation. Student retention is essential for an institution in carrying out its purpose and mission. Retention is associated with students of traditional age, full-time status, and residing in campus. Retention rates in nursing programs may be as low as 50% (McLaughlin, 2008). Therefore, retention of nursing students is a key factor in nursing education.

The retention rate for U.S. higher education is 50% to 70% (O’Keeffe, 2013). Risk factors for noncompletion are related to mental health issues, disability, socioeconomic status, and ethnicity. Furthermore, a disconnection of students with the college, lack of a caring and supportive environment, and poor student–faculty relationships can also affect college retention.

In nursing, retention of students is often hard to predict due to students attending part-time, withdrawing for personal or financial reasons, and changing majors. Dropout, withdrawal, and loss of students within the first year of nursing are issues affecting academic retention. Students may drop out due to poor academic performance, motivation, and stress. Self-perception and past academic performance have been listed as the two most important predictors of success (Peterson, 2009). Selecting qualified applicants, identifying at-risk students, and implementing strategies to promote student success are efforts to increase student retention. Faculty are encouraged to identify program characteristics that describe a clear picture of what constitutes academic success as well as what contributes to risk of academic failure (Jeffreys, 2006).

Low academic retention rates have been associated with minority students, and are linked to poor academic preparation, financial need, ineffective study habits, and poor English-language skills. Faculty team support has been effective in providing study skills, test-taking and critical thinking seminars, career coaching, and social interaction activities (Igbo et al., 2011). Baker (2010) sampled faculty at various nursing programs across 16 states to investigate the types of retention strategies used for retaining minority students. Retention strategies ranged over seminars, tutors, mentoring, study groups, financial aid, timely feedback, and faculty availability. Direct interaction between nursing faculty and students and timely feedback were rated by faculty as the most effective strategies.

Persistence is an emerging theme in retention climates with many key players. The institution plays a significant role in setting the tone for retention possibilities. The student’s academic preparation as well as the student’s peers can influence persistence. A student’s persistence is also influenced by socioeconomic status and financial concerns (Oseguera & Rhee, 2009).

SYNOPSIS

Research has been conducted to identify factors impacting student academic performance and retention. Pitt, Powis, Levett-Jones, and Hunter (2012) conducted an integrative literature review and found that multiple factors can have an impact on student’s academic performance. These factors are English as a second language, employment status, preadmission and in-school performance, social engagement, and support systems.

Research studies suggest that academic retention can be improved through assisting students with persistence and understanding of the importance of prerequisites required for entering nursing education. In addition, early identification of at-risk students should include setting specific goals and providing opportunities for socialization (McLaughlin, 2008). Other retention strategies that have been found to influence persistence include four themes as researched by Williams (2010). The themes are “keeping up” with the rigor of nursing, “not giving up” by having a clear vision and self-determination, “doing
“Strive for success” with a positive mind-set, and “connecting” in order to make use of all available resources for success.

The research continues to support pre-nursing experiences, advisement, peer tutoring, mentoring, financial assistance, and connection to the educational environment in providing positive strategies for success in nursing programs. These strategies can be applied with traditional and nontraditional undergraduate nursing students in a culturally diverse population (Jeffreys, 2012; Valencia-Go, 2005).

**RECOMMENDATIONS**

Successful retention programs must focus on providing stipends, scholarships, and seminars to increase academic retention. Key components of a strong retention plan for success should focus on developing and maintaining partnerships, counseling, tutoring, and social networking (Melillo, Dowling, Abdallah, Findeisen, & Knight, 2013).

Efforts should be centered on recruitment, retention, and graduation of minority nursing students. Reaching out to these students through pre-nursing activities in middle and high school offers potential for preparing them for success in an academic nursing program. Further research is needed to validate successful strategies for recruiting students early so that they can relate to the rigor of nursing education and the preparation required for program completion.

Faculty support to students has been described as a cornerstone of academic retention (Ramsburg, 2007). Faculty support includes creating a sense of community, ongoing advisement, conducting success seminars, and providing opportunities for social interaction.


ACADEMIC STRESSORS

DEFINITION

Academic stress includes actual and perceived stressors within the occupational environment. Compensation, role expectations, and job satisfaction have been found to be stress inducers (Whalen, 2009). Time constraints are a significant academic stressor (Hendel & Horn, 2008). Sources of stress for nurse educators include workload, lack of student achievement, and clinical supervision. Female gender and working in a public institution (Hendel & Horn, 2008), as well as technology are related to increased stress in academia (Burke, 2009).

APPLICATION

Finding balance among teaching, clinical assignments, and research obligations is challenging, yet may lead to lower levels of stress in nursing faculty. Clinical workload has been identified as the most significant issue for some nurse educator groups (Kaufman, 2007). Stressors experienced by clinical faculty may include challenges in meeting job expectations, energy depletion from work, imbalance between work and other responsibilities, and handling the needs of students who may not be well prepared (Oermann, 1998). Personnel shortages and continual change, which can be outcomes of dysfunctional and unhealthy work environments, may also contribute to stress in academia (Rudy, 2001).

Nursing faculty may be a vulnerable population (DalPezzo & Jett, 2010). Issues such as incivility, horizontal violence, and administrative power as potential sources of harm and stress for nursing faculty have been described (Clark, 2008; Clark & Springer, 2010; DalPezzo & Jett, 2010). Additional stressors for nurse educators include burnout related to demands within the work environment, clinical responsibilities, turnover, and role stress.

SYNOPSIS

Academic stress is experienced by nursing faculty. Workload, clinical supervision, role expectations, personnel shortages, lack of student preparation, technology, and poor coping skills have been identified as stressors for nurse educators.

RECOMMENDATIONS

Incorporating new support mechanisms within academic nursing environments may reduce stress for faculty and students. Chung and Kowalski (2012) studied mentor relationships, salary, tenure status, psychological empowerment, and job stress and found that all influenced job satisfaction. Nurses in mentoring relationships had higher job satisfaction. Mentoring would be particularly helpful for new faculty and may help establish a base, which could strengthen the ability to cope with stress.

Exploration of the working lives of part-time clinical faculty was advised by Whalen (2009) to encourage retention of those valuable clinicians. Whalen suggested development of an orientation program for faculty with inclusion of a mentoring program, maintenance of competitive salaries, open lines of communication, and keeping up-to-date on best practices.

Creation of positive academic environments for faculty includes structures that facilitate faculty choice and support faculty independence. Leadership influences work
environment by utilization of excellent communication, celebration of success, and support of faculty decisions. Nursing faculty must realize the responsibility that all bear to create healthy work environments (Rudy, 2001). Healthy work environments facilitate the provision of quality nursing education (National League for Nursing [NLN], 2006). Brady (2010) identified the NLN’s toolkit as the guiding framework for healthy work environments. The NLN Healthful Work Environment Tool Kit (NLN, 2006) presents a structured method for academic administrators to evaluate the current environment of a school.

Fostering civility among faculty in nursing is a method to enhance collegial relationships and decrease stress in the working environment (Clark & Springer, 2010). The impact of leaders in forming the culture and climate of an organization is critical. Stress can be decreased and performance among academicians enhanced when civil work environments are established. Additional suggestions include stress management sessions for faculty, counseling, and integration of civility training.


Elizabeth R. Click

**ACADEMIC SUCCESS**

**DEFINITION**

Success is the achievement of desired results. Therefore, academic success is defined as the ability of a student to achieve a desired academic outcome.
APPLICATION

Within the scope of nursing education and nursing practice, success in the National Council Licensure Examination-Registered Nurse (NCLEX-RN) is directly related to success in the nursing program. One hundred percent success by students in the NCLEX-RN is a benchmark that nursing programs strive to meet. However, more than 20% of nursing students from 4-year institutions and more than 30% of students from 2-year institutions withdraw from the program within 1 year (National League for Nursing, 2008). In addition, students who are unsuccessful in nursing programs drain institutional resources, costing more than $750,000 per year, per institution. Because personal success in an academic program is related to a program’s student retention rate, efforts to understand factors and create programs that evoke academic success have turned out to be of paramount importance to nursing institutions.

SYNOPSIS

Evidence supports the notion that higher grade point average (GPA), excelling in nursing courses, and above-average scores on standardized tests provide a reliable predictor of the likelihood of success in the NCLEX-RN. Sayles, Shelton, and Powell (2003) evaluated the relationship between scores in the Nurse Entrance Test (NET) and the Comprehensive Achievement Profiles, Exit/Mobility Test. While success in the NET and Pre-RN Examinations was positively correlated with success in the NCLEX-RN, Sayles et al. (2003) emphasized the need to understand the significance of a student’s learning style in his or her success. Such learning styles include visual, oral dependent, writing dependent, tactile, and kinesthetic (Sayles & Shelton, 2005; Sayles et al., 2003). Further understanding of these learning styles allows for implementation of various academic instruction methods that are compatible with a student’s unique learning style.

In addition to learning style, subsequent studies have evaluated the effect of cognitive disposition on academic success. Wood, Saylor, and Cohen (2009) recognized that locus of control (LOC), an internal and external continuum of recognized factors that contribute to a particular outcome, influences nursing student academic success. Moreover, nursing students with a stronger external LOC orientation, which is a belief that outcomes are related to circumstances outside one’s control, had a lower propensity for academic success. Furthermore, Peterson (2009) identified that although self-esteem and self-efficacy are positively correlated, neither variable was significantly related to academic success.

Another way to support students is to develop intranstitutional programming to perpetuate success. Findings from Robinson and Niemer (2010) align with findings from previous studies that identify the merit of a peer tutor program for students who are at risk of nonsuccess in a nursing major. Mentees in this program were shown to score higher in examinations and earn a higher GPA than students who were not a part of the mentoring program. Also, a review of the literature by Weaver (2011) revealed that the use of high-fidelity patient simulation (HFPS) increased the overall knowledge of nursing students. However, the impact on knowledge transfer and confidence was inconclusive. Furthermore, Sportsman, Schumacker, and Hamilton (2011) emphasized the need for further evaluation of the relationship between HFPS and indicators of academic success and success in the NCLEX-RN.

RECOMMENDATIONS

Promoting academic success in nursing programs serves the dual purposes of promoting the efficient use of administrative expenditures and perpetuating the likelihood for success on the NCLEX-RN. Further research should be devoted to understanding and implementing educational programs that facilitate learning for students of various learning styles. Furthermore, research is needed to assess the relationship between student characteristics and academic success.
ACCELERATED NURSING PROGRAMS

DEFINITION

Accelerated nursing (fast-track) programs have evolved to hasten the time in which nursing students can complete the bachelor of science nursing degree (BSN). The goal of an accelerated nursing program is to develop baccalaureate (BSN)-prepared graduates who are qualified to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) licensing examination in a shorter period of time than the typical 4-year nursing program (Penprase & Koczara, 2009).

APPLICATION

Accelerated nursing programs offer an innovative solution to the nursing shortage that is expected to grow from 2.74 million in 2010 to 3.45 million in 2020, an increase of 712,000 or 26% (American Association of Colleges of Nursing [AACN], 2014b). These programs focus on attracting potential adult candidates who have already completed a bachelor degree in another discipline. Accelerated degree nursing programs afford non-nursing

between HFPS and academic success. In addition, evidence supports the benefits of implementing a peer-tutoring program with conclusions that such programming will promote academic success and contribute to higher student retention rates. Further research is needed to evaluate the impact of psychosocial factors, such as self-confidence and self-efficacy, on academic success. Finally, it is important to consider the rapidly evolving demographics of the college student. These students are characterized by technological competence, propensity for multitasking, inability to communicate through traditional channels, distaste for reading and writing, and expression of self-doubt regarding academic abilities and readiness for college (Pardue & Morgan, 2008). Therefore, it is imperative to include interventions and programs designed to promote academic success for this unique and diverse cohort.

Grant A. Pignatiello
Ronald L. Hickman

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APPLICATION

Accelerated nursing programs offer an innovative solution to the nursing shortage that is expected to grow from 2.74 million in 2010 to 3.45 million in 2020, an increase of 712,000 or 26% (American Association of Colleges of Nursing [AACN], 2014b). These programs focus on attracting potential adult candidates who have already completed a bachelor degree in another discipline. Accelerated degree nursing programs afford non-nursing
college graduates the opportunity to earn a BSN with a rapid transition into nursing practice. These programs hold that accelerated nursing students are adult learners, have already proven that they can complete the rigor of upper-level education through the first degree, and can transition through the accelerated program because of experience in education and previous employment.

Adults who have science degrees tend to be better prepared to enter the accelerated programs because they need fewer prerequisites in science-related courses such as pathophysiology, biology, and chemistry. Students generally can earn a BSN in 12 to 18 months. The time frame of the program completion varies related to what courses are considered prerequisites. Thus, the 12-month accelerated program may have more prerequisites, whereas the 18-month program integrates several prerequisites into the nursing curriculum.

Accelerated nursing programs have grown rapidly over the past three decades to more than 232 accelerated baccalaureate programs (AACN, 2014a). Associate of science degree in nursing (ASDN) programs attract new, previously untapped students to nursing, including professionals and mature individuals from a variety of educational fields seeking a second career (Cangelosi, 2008). Because ASDN programs are rigorous and intense, admission standards are high, typically requiring a minimum 3.0 grade point average (GPA) from the bachelor degree.

SYNOPSIS

Reasons for adults being attracted to accelerated nursing programs as a second degree include shifts in the U.S. economy, secure employment, steady income, recognition of the prior degree(s), and the desire to make a difference in other people’s lives. Accelerated nursing students perform better than traditional students, as measured between NCLEX-RN first-time pass rates and other pass rates in the nursing program. Generally, attrition rates of accelerated nursing studies are much lower than those of traditional nursing students (Penprase & Harris, 2013). Highest attrition is noted in the first semester either for academic reason or a mismatch with nursing practice. Accelerated nursing students are at academic risk related to personal background preparation, pre-entrance examinations, GPA in nursing programs, and NCLEX-RN preparation examinations (Bentley, 2006; Penprase, Harris, & Qu, 2013). Accelerated nursing students are successful in the fast-past curriculum because they are college graduates who have already completed many of the science and liberal arts requirements (Rico, Beal, & Davies, 2010). These students tend to be highly motivated and excel academically (Seldomridge & DiBartolo, 2005). They are mature and understand the commitment required to succeed based on past experiences. Accelerated nursing students are older than traditional nursing students, predominately female and Caucasian, and more diverse than traditional students (Penprase et al., 2013). The proportion of men in the programs is notably higher than the national average of traditional nursing programs (AACN, 2014c; Penprase et al., 2013).

RECOMMENDATIONS

Accelerated nursing program curricula must cover the same content as a traditional nursing program; however, the content may be altered in delivery. Because the pace of information is accelerated, creative ways are used to deliver content in an accelerated format. In addition, an accelerated student is an adult learner who needs to be motivated differently from the traditional nursing student. Acknowledgment of the diverse knowledge and experience these unique students bring to the nursing classes is necessary. A variety of teaching modalities offers engagement of the student with less emphasis on passive-learning and more focus on active-learning methods.

Accelerated nursing programs are for mature, highly motivated students who have
already demonstrated success in earning an undergraduate degree. The program is intensive during the 12 to 18 months in which it is offered. It is best that students do not work and plan for the lack of income during this period. Some students report being highly stressed during the program; thus, accelerated nursing programs are not for all adults. Consideration of other life commitments, time pressures, and financial security must be assessed before entering an accelerated nursing program.


**ACTIVE LEARNING**

**DEFINITION**

Active learning includes several models of instruction that put the responsibility of learning on the learner. This approach to instruction was popularized in the 1990s and a key report was published by the Association for the Study of Higher Education (ASHE; Bonwell & Eison, 1991). This report detailed various methods used to promote active learning. The report indicated that to learn, students must do more than just listen. They must read, write, discuss, and be engaged in solving problems. This type of instruction relates to the domains of learning referred to as knowledge, skills, and attitudes. In order to learn, students must engage in higher-order thinking tasks such as analysis, synthesis, and evaluation. Active learning engages students in two crucial aspects. These are doing things, and thinking about the things they are doing (Bonwell & Eison, 1991).

**APPLICATION**

Active learning involves the learner engaging in activities and reflecting. Some activities include learner engagement in debates, simulations, guided design, small group
problem solving, and case studies. The classic example of passive learning is seen when a learner is listening to a lecture. To make learning more active, experiential learning and opportunities for reflective dialogue need to be included.

When educators prepare a teaching session, they need to design learning activities that involve reading, writing, discussion, and active engagement in solving problems. In order to create substantial learning, tools and innovative methods of teaching and learning are needed. It is necessary to understand how to incorporate more active learning in the teaching session.

Learning is not a passive spectator sport, and the more actively engaged learners are, the more learning and retention take place. Evidence shows that different instructional methods have greater rates of retention (Kolb, Boyatzis, & Mainemelis, 1999). Most people learn best when actively involved in the learning process.

There are several strategies to consider depending on the level of the audience and the purpose of the educational offering. Some strategies are particularly relevant for diverse audiences. For example, role-playing could be incorporated by having participants practice talking to a clinical preceptor, patient, or family about noncompliance with hand washing. Other active learning strategies include quizzes, games, brainstorming, problem solving, case studies, and simulation.

SYNOPSIS

Active learning is an influential model that emerged in the literature on teaching and learning in the 1990s. Research supports the concept of active learning. Many studies show that learners retain learning longer when instructional methods used were active rather than passive (Anderson, Mitchell, & Osgood, 2005; Armbruster, Patel, Johnson, & Weiss, 2009; Freeman et al., 2007; Smith, Wood, Krauter, & Knight, 2011).

Research has also shown that the use of a wide assortment of active-learning strategies to reach nursing students in a holistic manner promotes learning (Ulrich & Glendon, 2005). As adult learners, nursing students learn through all senses, including vision, hearing, smell, touch, taste, and emotional connections.

RECOMMENDATIONS

Students learn more effectively if they are active rather than passive during the learning process. Learning by doing is generally more effective than learning by listening or reading. Experiential learning is more effective. When students engage in active participation in the learning process, they are more likely to remember what they have learned and to process the learning in a meaningful way. Providing incentives for learning is important.

Numerous studies have pointed to the success of active-learning strategies in nursing education. Additional research including systematic studies is needed to augment and broaden the knowledge base of active learning in nursing education. Studies of specific teaching methods that fully maximize student competencies in the clinical setting are needed.


Irena L. Kenneley

ADULT LEARNING

DEFINITION

Adult learning is also known as andragogy. Andragogy emphasizes the process of learning through approaches that are problem oriented and collaborative. It is defined as principles and processes that help adults learn (Utley, 2011). Knowles identified six principles of adult learning. Adults are internally motivated and self-directed, bring life experiences and knowledge to learning experiences, are goal oriented, are relevancy oriented, are practical, and want to be respected (Knowles, 1984).

APPLICATION

The use of adult learning principles is recommended in the nursing classroom, lab, and simulation and clinical settings. Nurse educators who teach nursing students should utilize the principles of andragogy. Nursing students who are adults and have practice experience can build their nursing skills either in a lab or a clinical setting.

SYNOPSIS

Nursing research linked to adult learning principles has been implemented in a variety of nursing classroom and clinical settings, which include facilitating graduate students’ knowledge and development in science and theory; application of a new graduate transition model to clinical practice (Schoessler & Waldo, 2006); breastfeeding workshops (Noel-Weiss, Rupp, Cragg, Bassett, & Woodend, 2006); development of professionalism in registered nurse-bachelor of science in nursing (RN-BSN) students (Morris & Faulk, 2007); and growing leaders in an organization (Shekleton, Preston, & Good, 2010).

RECOMMENDATIONS

Nurse educators should liberate students from the traditional process of nursing education through lecture. Innovative and effective educators create conditions where students can test new knowledge to gain clinical competence, which will foster lifelong learning. Themes emerging from the literature include problem-solving methodology and student-centered and self-directed learning to foster professional knowledge and growth. Adult learning principles should be applied across the nursing curriculum. Principles of adult learning should be used to teach both students and adult patients. Teaching practices should migrate from a parochial methodology to a collaborative learner-centered teaching style.
ART AND REFLECTION

DEFINITION

Art has various definitions including: the expression or application of human creative skill and imagination used in the creation of aesthetic objects, environments, or experiences that can be shared with others. Art is further described in the field of aesthetics as a branch of philosophy that includes the critical reflection on art, nature, and culture.

Reflection is giving something serious thought. Self-reflection is an inner awareness of thoughts, feelings, beliefs, judgments, and perceptions. Both the creation of art and the experience of viewing art enhance the reflective process and support both knowing and healing. In viewing art one recreates a vision, similar to the creator of the piece, as the details are gathered into an expression of the whole.

APPLICATION

The practice of art and reflection, initially used by art therapists, is increasingly being used in the education of students. Art media, the creative process, and the resulting artwork can be used to facilitate student learning on interventions to promote client well-being. Reflecting on art can assist clients explore feelings, resolve emotional conflicts, increase self-awareness and self-esteem, manage behavior and addictions, reduce anxiety, and develop social skills (American Art Therapy Association [AATA], 2014).

The benefit of art in the patient care setting occurs through the professional relationship, artistic self-expression, communication, and reflection for individuals who experience illness, trauma, and developmental, social, or psychological impairment.

Reflecting on art may also be used to improve interpersonal skills, manage problematic behaviors, reduce negative stress, and achieve personal insight (AATA, 2014).

Initiatives such as the inclusion of art and reflection in curriculum, workshops, and training programs (O’Donnell, Rabow, & Remen, 2007) are providing experiences for nurses and physicians with various forms of art, including reflection, imagery, ritual, poetry, writing, and journaling. When programs are conducted with a spirit of discovery and recognition of the collective wisdom of the group, outcomes include increased group cohesiveness, increased meaning in work, tools to maintain personal and professional satisfaction, validation of self-care and self-reflection, increased empathy, and the exploration of difficult concepts such as suffering and healing (Kearsley & Lobb, 2014).
Students viewing art in a gallery, often with a prompt, followed by group debriefing have cultivated emotional self-awareness and empathetic responses to particular health care situations. Works of art may communicate a broad range of human experience and thoughts, and thus are useful in studying interpersonal and social situations (Wikstrom, 2000). Drama performances and visual arts seminars also allow students to increase visual observation and develop empathetic understanding. The use of drama skills in patient communication courses, as opposed to role-play, allows students to portray the role of patient, physician, and nurse, for the purpose of enhancing empathy. Other forms of art such as drawing, storytelling, poetry, collages, and photographic imagery have increased understanding and uncovered students’ emotions with agonizing and traumatic clinical encounters. Drawing, in many forms, focused on images, nature, abstract thoughts, or mandala have also been used to increase self-awareness through both self- and critical reflection.

SYNOPSIS

Creative and expressive art is used in various patient populations and different environments by health care professionals ranging from art therapists to physicians and nurses. The use in nursing education is increasing with the goal of assisting student development in various areas such as self-awareness, empathy, critical thinking, and socialization. In addition, peer-to-peer, interprofessional team, and student-faculty relationships may benefit from expressive art. Through these approaches, understanding is enhanced, thus transcending the limits of language and capturing what cannot be articulated (Barone & Eisner, 2012).

RECOMMENDATIONS

The value of art and reflection in education and practice is grounded in the expression of personal philosophy, spirituality, self-awareness, and nonverbal communication. The process aids in the development of a holistic perspective of health and healing, patient-centered care, and increased interprofessional collaboration. In addition, personal reflections and experiences are shared in a safe setting.

Teaching and learning strategies are needed to support learner-centered curricula and prepare nurses and physicians for today’s challenging health care environments. Innovative approaches are needed to support discussion, debate, critical reflection, and lifelong learning. Involving the arts in learning is one strategy with a potential to engage learners while fostering understanding of multiple perspectives (Rieger & Chernomas, 2013). An increased use of these modalities as well as research supporting these efforts is needed. Research studies may be designed around art that represents specific medical conditions, patient or social issues, cultural diversity, and population health, and involve both quantitative and qualitative designs as new rubrics are established.


Deborah McElligott
ART OF NURSING

DEFINITION

The art of nursing verbally and/or non-verbally conveys caring, an interpersonal connection, human touch, a presence that calms the fears and soothes the soul of a hurting person. "(T)he art of nursing is the intentional creative use of oneself, based upon skill and expertise, to transmit emotion and meaning to another" (Jenner, 1997, p. 5). "The art of nursing is the expert use and adaptation of empirical and metaphysical knowledge and values. It involves sensitively adapting care to meet the needs of individual patients, and in the face of uncertainty, the discretionary use of creativity" (Finfgeld-Connett, 2008a, p. 387).

APPLICATION

The art of nursing is more complex and difficult to teach than psychomotor skills or scientific facts. It involves knowledge, skills, attitudes, and values. Role modeling allows faculty to teach by example through interactions with patients and their families, and also students, other faculty, nursing staff, and other health care providers. Role modeling should occur in all interactions both in and out of the classroom or clinical arena. Students can use other nurses as role models with reading assignments from the Journal of Holistic Nursing or American Journal of Nursing’s feature called Reflections.

Most students have laboratory experiences teaching them psychomotor skills. Often they are so focused on the skill that they say nothing. Faculty can help them talk to the simulated patient and learn the process of building a nurse–patient relationship. Some techniques that can be used include: giving each mannequin a name and using narrative pedagogy to tell a story about who he or she is, providing a context for why the skill needs to be performed.

Recording the interaction can help students see themselves as others see them. Many are uncomfortable watching and hearing themselves, but it is a valuable teaching/learning modality. Also asking the student how it might feel to be the patient in each situation is helpful. For example, ask: “Is that the way you would want it done for you or a family member?”

Use case studies to add the person to the medication or procedure scenario. The National League for Nursing has several unfolding case studies in its Advancing Care Excellence for Seniors (ACES) Program (www.nln.org/facultyprograms/facultyresources/ACES/index.htm). The Julia Morales/Lucy Grey case has been used as the narrative pedagogical background for a simulated patient encounter.

The fine arts, both visual and written, convey powerful emotions. Students could be asked to reflect on a painting or poem. Freda Kahlo is one artist who might be used. Blogs are used by some patients and families to share their lived experiences and some can be accessed.

Reflection helps nursing artistry grow. It puts an experience into context for a greater understanding of what occurred by reflecting on both the patient and self. Ask students to write their thoughts and feelings about illness and nursing. For self-evaluation, ask: “What did I do well?” and “What could I have done better?” More detailed questions might be: Did I do everything I could to make the patient comfortable? Was my teaching understood? Did I prepare the patient adequately for the procedure? How did the patient feel before, during, and after the procedure? How did I feel? It can include an examination of values, beliefs, and assumptions that came into play during the encounter. This can occur individually or in groups, verbally or written. Journaling may help the student grow in nursing artistry. Warn students about digital blogs as they could violate patient confidentiality. Reflection can move a nurse toward a humanistic, holistic nursing practice that actualizes the art of nursing.
SYNOPSIS

Florence Nightingale (1868) said that nursing is an art that requires devotion and preparation. Both Nightingale (1868) and Donahue (1985) consider nursing the finest art. For decades, students have been told that nursing is both an art and a science (Potter & Perry, 2009; Stewart, 1929). The science provides the knowledge base, but the art is the core of how that knowledge is applied and truly what nursing is (Tarnow & Butcher, 2005). Jacobs-Kramer and Chinn (1988) indicated that “empirical, ethical, and personal knowledge to bring about a harmonious and pleasing whole—an artful nursing act” (p. 137). The art of nursing is not merely the knowing, but the act, the intervention, the application of nursing care in an artful manner.

There is concern about technology becoming too prominent in nursing. “The real essence of nursing, as of any fine art, lies not in the mechanical details of execution, nor yet in the dexterity of the performer, but in the creative imagination, the sensitive spirit, and the intelligent understanding lying back of these techniques and skills” (Smith, 1930). Technology can provide valuable information, but cannot replace listening to the patient and being with the patient, which is the art of nursing.

RECOMMENDATIONS

Nursing has advanced the profession through research. Yet, there is limited research centered on the art of nursing. Finfgeld-Connett’s (2008a) review of the literature from 1982 to 2006 revealed varying interpretations and implementation of the art of nursing. They found that not only the patients but also the nurses benefited from implementing the art of nursing; nurses had more professional and personal satisfaction and growth. Her qualitative study examining the concepts of art of nursing, caring, and presence in the literature concluded that there is a need to “substantiate core elements of nursing practice and to provide a better understanding of the discipline” (Finfgeld-Connett, 2008b, p. 534).

Gramling’s (2004) qualitative study from conversations with patients identified these elements of artful care: perpetual presence, knowing the other, intimacy in agony, deep detail, and honoring the body (p. 387). These patients/subjects said, “... the presence or absence of nursing art...becomes a healing force or a cause of further suffering” (p. 394).

In summary, the study, education, and practice of the art of nursing is important for both patient and nurse satisfaction with nursing.


ATTRITION

DEFINITION
The California Postsecondary Education Commission (2003) defines attrition as “departure from a nursing program without successful completion of the program; but can also be defined to include students who are delayed in their progress toward program completion” (p. 12).

APPLICATION
Attrition is a serious concern in nursing education. As the profession struggles to remedy the current and projected nursing shortage, there is a strong and urgent need to understand factors that influence attrition. In addition, the problem of attrition in nursing education hampers efforts to efficiently manage education-related resources.

SYNOPSIS
There have been many nursing education studies that explore factors that contribute to attrition among nursing students. These factors can be divided into two major factors: intrinsic and extrinsic. Intrinsic factors influencing attrition include demographic variables such as age, gender, and ethnicity. Results of several studies show that younger students and those with English as a second language are more likely to leave a nursing program (Higgins, 2005; Jeffreys, 2007; Pitt, Powis, Levett-Jones, & Hunter, 2012). Various personal, academic, and psychosocial attributes have also been found to significantly influence attrition. These attributes are: critical-thinking ability, self-efficacy, level of acculturation, self-determination, prerequisite and preexamination performance, anxiety, support-seeking behaviors, financial burden, and health-related issues (Higgins, 2005; Jeffreys, 2007; McLaughlin, Moutray, & Muldoon, 2007; Pitt et al., 2012; Rouse & Rooda, 2010; Williams, 2010). In addition, perception of burn out and dissonance between theory and practice has been found to impact the decision to leave a nursing school (O’Donnell, 2010; Williams, 2010).

External factors that influence the decision to leave a nursing program include: support from family, significant others, peers, friends, and other social systems such as faith-based organizations. Other external factors are academic assistance, orientation program, motivational and morale-boosting workshops, time management, test-taking, stress relief, anxiety management, tutoring, library and laboratory services, support from faculty and counselors, and remediation and mentoring programs (Higgins, 2005; Jeffreys, 2007; Pitt et al., 2012; Rudel, 2006). These intrinsic and extrinsic factors have universal relevance for baccalaureate, associate degree, and traditional, nontraditional, and accelerated programs.

RECOMMENDATION
Studies that explore nursing student attrition have recommended several strategies to address this serious nursing education issue that include: (a) the need to closely examine the variables that predict attrition, (b) establishing a set of criteria and methods to identify students at risk early in the program, (c) offering programs and workshops shown to increase student retention, (d) constantly evaluating the curriculum and program outcomes to ensure that they produce nurses who have the competency and skills needed to practice in a complex health care environment, (e) developing a culture of openness and support, (f) establishing a structured advisement program to

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AUDIENCE RESPONSE SYSTEM

DEFINITION

The Audience Response System (ARS) is an active learning and teaching strategy that utilizes computer software and a handheld remote control device also termed a clicker to wirelessly communicate with a receiver connected to a universal serial bus (USB) port on the computer (Vana, Silva, Muzyka, & Hirani, 2011). The ARS transmits question responses for display using graphics and frequency distributions to provide instant feedback for both the lecturer and students (Vana et al., 2011).

APPLICATION

Traditional lecture is widely used in nursing education, although it has been identified as passive, with student learning often disconnected from knowledge application (Johnson & Mighten, 2005). Nursing lectures often include a great deal of information covering


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new and often complex topics. The ARS allows the instructor to present a question to students. Then students use their handheld device clickers to select the correct answers and the instructor can display the aggregate student responses anonymously in real time (Clauson, Alkhateeb, & Singh-Franco, 2012). The utilization of the ARS in the nursing classroom can transform a traditional passive lecture into a multidimensional active learning environment.

ARS questions can be embedded into PowerPoint presentations to assess student learning. When used in this format, the educator must prepare ARS questions prior to class; however, preconstructed questions may be readily available from the textbook publisher. It is beneficial to space the questions in the lecture, about 1 question every 15 to 20 minutes or 3 to 4 questions per hour to prevent overloading. When the question appears on the slide students are given a specified time to provide an answer. One minute is usually sufficient for the length of the question. During this time, students read the question and provide an answer using their clicker devices. At the conclusion of the specified time, polling is closed. The instructor can then view results, which are instantly tabulated and displayed. Next, students are queried to share which answer they chose, the rationale, and how other choices were eliminated. This usually leads to a discussion among students who either respectfully agree or disagree with peers. During this time, students discover and learn from peers. After discussion of the question, the educator can: display the correct answer, identify correct decisions by students, clarify any misconceptions, and reteach any content that was not fully understood. Therefore, when ARS responses are polled the educator must be flexible, prepared, and feel comfortable engaging in open discussion with students. The discussion that follows an ARS question can help students think like a nurse (Russell, McWilliams, Chasen, & Farley, 2011) and to improve test-taking skills (Stein, Challman, & Brueckner, 2006). The educator can serve as the moderator during discussions and support, correct, and clarify misconceptions. At the conclusion of each lecture the educator can save all student responses for further review and analysis.

**SYNOPSIS**

The practice of nursing education requires students to bring together content learned in the classroom for application in clinical practice. The ability to think critically and make accurate and appropriate decisions aimed at providing safe patient care is imperative. When using the ARS in the classroom setting the lecturer can present questions and case studies to students using the ARS to bridge the gap between classroom and clinical practice. This teaching strategy has been found to be effective in both small and large classes (Stein et al., 2006; Thomas, Monturo, & Conroy, 2011; Vana et al., 2011).

There are several benefits to utilizing the ARS in nursing education, which includes the ability to reinforce student learning, increase student participation, improve student engagement and active learning, and identify misconceptions for clarification (Efstathiou & Bailey, 2012; Stein et al., 2006). These benefits are increasingly valuable as nursing-class sizes steadily increase making it difficult to discern whether students understand information taught (Russell et al., 2011). In addition to the increased benefit of active student learning, research finding demonstrates that student satisfaction with the ARS system combined with lecture is higher than that with lecture alone (Lee & Dapremont, 2012; Stein et al., 2006).

**RECOMMENDATIONS**

Nurse educators are challenged to teach students how to provide patient care in an increasingly complex health care system. Although, the impact of ARS usage on examination scores is inconclusive (Vana et al., 2011), overall student satisfaction is high. The ARS system provides prompt feedback for both students and faculty to improve student learning.
The educator must be prepared to integrate ARS questions into lecture and plan ahead accordingly. Time must be allowed to present and discuss the question and reteach content if necessary (Vana et al., 2011). Although, time must be allotted to prepare the ARS questions (Stein et al., 2006; Vana et al., 2011), many textbook publishers have begun to provide preconstructed ARS questions with resources that are readily available for faculty use.

The ARS system increases student participation, interaction, and engagement in the classroom (Stein et al., 2006). The anonymity of ARS responses also decreases student apprehension about answering questions in class. Although, preparation time for educators can be a slight drawback, the technology is easy to use, and requires minimal training (Efstathiou & Bailey, 2012). The pedagogical benefits support the use of this active learning technology (Thomas et al., 2011).


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