

## Just Five Questions – A Learner-Centered Activity for NP Students

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### Abstract

Nursing educators continue to move toward implementing teaching strategies and approaches developed with and for adult learners an andragogy approach to learning versus the typical pedagogy. As a result, *teacher*-centered classrooms, in which the student is seen as an empty vessel and passive recipient of information, are disappearing. Instead, today's classrooms, whether they are onsite, virtual, synchronous or asynchronous, are increasingly learner-centered. In these classrooms, students are transformed from passive recipients of knowledge to active participants in the learning process. In this paper, we focus on the development of one such learner-centered activity developed for pediatric and family nurse practitioner students. The activity is called '*Just five questions*'. In the following paragraphs, we share its origins, implementation, and evaluation.

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**E**ric Mazur (1997), a Harvard physics professor, has long suggested that students be more accountable and participatory in their own learning, relocating faculty from the traditional 'sage on the stage' to being a 'guide on the side' by increasing peer engagement and instruction. Long before Mazur, Philip Jackson (1986) warned faculty that their teaching was becoming increasingly mimetic and, correspondingly, less transformative. Teaching in the *mimetic* tradition focuses on students learning something that is already known. Knowledge is presented to learners, rather than discovered by them. The learner is thought of as a vessel into which knowledge is poured and/or stored. With or without its contents, the vessel (or learner) remains the same. In the *transformative* tradition, the learner is actively engaged in knowledge formation, placed in the position of discovery, and connected to or transformed by it. Patricia Benner and colleagues (2010) describe transformative learning as a process that requires skilled know-how that is embodied with the abilities to act in practice situations. Maryellen Weimer (2002) refers to this embodied approach as *learner-centered* teaching, or tying teaching to the process of learning rather than to content delivery alone. Weimer highlights that when using learner-centered approaches, even for a brief in-class

activity, the responsibility for learning is shifted to the learner. This approach does not dismiss the active role of the faculty member or the value of expert knowledge, it just modifies it.

Today, the role of nursing faculty across curricula is shifting toward cultivating, scaffolding, and guiding student learning. However, this shift is not easy and there are few real-world examples of what classroom activities might look like, especially in the education of nurse practitioners. As advanced practice nursing education transitions to doctoral education, one of the many challenges for nurse practitioner faculty is finding room for the expansive breadth of content to be delivered. In our sometimes frenetic pace to ensure students are exposed to the necessary content to meet national educational and practice standards, it can be only too easy to forget about how learning occurs and how best to scaffold such learning.

Perhaps most important at these times is to remember that broad knowledge about many things is never adequate (Egan, 2010). Students need to learn 'how to' learn. This type of learning is typically attained by the process of learning *in depth*. Learning in depth requires learners to develop their own expertise, rather than relying only on the expertise of others, which seems almost counter-intuitive amidst the current emphasis on evidence-based practice. The question we asked was, "How do you create a learner-centered activity with a 'learning in depth' component, while continuing to emphasize the importance of evidence-based practice?" We present the development of one such learner-centered activity - '*Just five questions*' - developed for pediatric and family nurse practitioner students.

### **Origins**

As faculty, I was supervising a 2-week well-child visit being conducted by a pediatric nurse practitioner student. As we were just about to leave the examination room, the mother asked "What do you think about pacifiers?" The student said she would be right back in to discuss it. As we entered the hallway, the student turned to me asking "What should I tell her?" Without thinking, I said "It needs to be easy to understand, empowering to the mother, and evidence-based". The student just stared back at me for a while and then said, "I get that, but what do I tell her?" While, the student understood the concept of evidence-based practice, patient/family literacy and empowerment principles in terms of decision-making and self-management, s/he was not yet able to pull that content together.

What I discovered in that interaction was that my teaching could be suffering from a little mimetic drift. In other words, I probably was worrying too much about content and too little about the learning process resulting in students who knew what they were to say in concept, but could not adapt it in practice.

I consulted a faculty peer who had a special interest in developing learner-centered teaching strategies. We chose Lev Vygotsky's (1978) *Sociocultural Development Theory* as a guide because of the emphasis on cognitive structuring, which is 'how' learners organize information in memory for use in future thinking and action (Sanders & Sugg Welk, 2005). Vygotsky's theory emphasizes that learning is a developmental process and the role of the educator is to stimulate and support the student toward higher levels of learning through the use of scaffolding techniques. These scaffolding techniques, which include modeling, feedback, instructing, questioning, and cognitive structuring, are gradually diminished over time (Kozulin, Gindis, Ageyev, & Miller, 2003). Debra Sanders and Dorette Sugg Welk (2005) outline the four stages of learning and transformation that occur in what Vygotsky refers to as the Zone of Proximal Development (ZPD), or scaffolded learning experience. In Stage 1, learning is 'other' assisted. Stage 2 marks the beginning shift to 'self' assisted learning, as control is passed from other(s) and the responsibility for learning becomes increasingly self-directed until assistance from others is no longer required. By Stage 3, learning is internalized and assistance from others is no longer required. Of note is that Stage 4 represents questioning of what is known, which triggers new learning. Within these four stages, the role of the teacher is to construct, reframe, and gradually remove scaffolds so the learner can move toward independence.

### **Implementation**

What emerged from this consultation was an activity with an embedded learning-in-depth component, a nod to evidence-based practice, and scaffolding. My goal was to transition students from *other*-assisted learning to *self*-assisted learning over the course of the semester. Drawing on my earlier clinical interaction with a student, we centered the activity on parent questions. Over the course of the semester, students were to be presented with a series of five deceptively straightforward 'parent' questions (Box 1). With the first question, I not only provided the question but I also provided the scaffolding – a sequence of queries, activities, and content that incorporated modeling, feedback, instructing, questioning, and cognitive structuring. However, with each of the four subsequent parent questions there was less faculty scaffolding and by the fifth parent question activity, students were given the question alone and instead of receiving feedback from faculty, were instead in small group 'practice' sessions that simulated a clinical peer group, sharing and critiquing each other's resources and responses. I called the activity 'Just five questions'.

Also of note in the feedback (Figure 1) is modeling how to own the evidence you present as professionals. For example, the suggestion is to move away from what "the literature says..." to "I want to share what we know about...". With each subsequent parent question activity, there

was progressive elimination of faculty scaffolding from the assignment and a shift away from faculty to peer review and feedback. The final assignment was the question alone and it was up to the students to find and present the evidence. The goal of 'Just five questions' was to facilitate the transition of students to being independently proficient at what was initially a jointly accomplished task. In each activity, the learning in depth opportunity was both the five focused topic and more importantly the process. The thought was that students needed to learn the process, not only content, as content was constantly evolving. We felt this learning activity provided that. Figure 1 is the feedback given to the students as a group following their first assignment. The feedback was presented to provide a model for transforming students' responses to parents.

### **Evaluation**

After the course, we reviewed the student evaluations ( $n=19$ ). The parent question activities were spontaneously and repeatedly mentioned ( $n=17$ ), not only because of what the students relayed that they learned in the process of constructing their answers, but also because the students felt this series increased their self-confidence as health care providers. One year later, after this group of students had been in practice, I was contacted by one of the students. I asked him if he still remembered the series of parent question activities. He said yes, so I asked if he would take time out to send me what he remembered about the activity. My thought was to see if I could gain some insight into the long-term effect of the activity. He agreed and took the initiative to contact the other pediatric nurse practitioner students from the class ( $n=6$ ).

Each of us felt that the parent question assignments served as a catalyst in developing our ability to provide parents with evidence-based answers to *any* question that could arise. We remember these assignments quite well, including the topics addressed and the answers we each had formed individually. As we recalled the assignment, we all recalled initially noting how the questions seemed quite simple at the surface. But, as we began to discover the evidence and formulate our responses, the true depth of the questions became apparent. Many of the question topics were surrounded by a great amount of public opinion and debate. Rather than allowing opinion to influence our answer, our goal with each of these questions was to formulate evidence-based answers for parents. This process of formulating evidence-based answers taught us not only where and how to obtain and evaluate the evidence, but also how to present information in a manner where parents could be empowered to understand and apply the answers.

The parent questions were presented to us as students in a manner that allowed us to develop more independence with answering each question. This resultant independence is now

a necessary part of our ability to provide evidence-based answers to our patients in our various clinical settings. Throughout this process of developing independence, we were provided with guidance and feedback from our instructor. One student stated that this method of slowly being offered less assistance was very important to the learning process. The guidance, evaluation and feedback provided by the instructor supported our growth and was instrumental in our learning of “how” to answer the questions rather than merely “what to do”. By learning how to independently appraise the evidence and formulate answers to parent questions, each of us has been able to more effectively address parent concerns in our clinical practices.

### **Conclusion**

In this article, we present one learner-centered activity - ‘Just five questions’ - for pediatric and family nurse practitioner students. The activity was developed in response to the current shift toward more transformative learning experiences and emphasis on evidence-based practice. As faculty transition to student-centered learning, intentional use of transformative experiences, such as the one presented in this article, illustrate how faculty can promote student growth, self-confidence and movement toward autonomy in their professional role as a nurse practitioner.

### **Key Words:**

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Table 1

*Just five questions' assignments*

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1. What do you think about pacifiers?
  2. How do I know if my baby can hear me?
  3. My 3 ½-year-old son got all his shots and now I just heard that the shots may have set him up for getting autism. How will I know if he has autism?
  4. I was told my 12-year-old child suffered a 'little' concussion yesterday during his soccer game. He can still play in the regional championships next week, right?
  5. You just recommended an 11-year-old female patient receive the HPV series. The patient's mother says no, because her child is NOT sexually active AND because she (Mom) does not want to give her child the message that sexual activity is ok, which is exactly what this will do. What is your response?
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Provides the five questions posed to the students. The first question -"What do you think about pacifiers?"- was drawn directly from the clinical interaction shared earlier. The questions have a developmental progression (infant → adolescent), which paralleled the progression of didactic content in the primary care pediatrics course.

Table 2

*Parent Question #1: What do you think about pacifiers?*

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1. What do you think?
    - a. Make a note to yourself. What is your gut response? Do you have any biases? Be honest here, it's important to know them.
  2. Go to at least one store and look at pacifiers.
    - a. Make a note of the choices available and product placement
    - b. What are the different sizes and shapes?
    - c. Which 'appeals' to you and why?
  3. Read these articles (and any others you might come across.)
    - Cornelius, A.B. et al. (2008). Pacifier use: A systematic review of selected parenting websites. *Journal of Pediatric Health Care*, 22(3), 160-165.
    - Marter, A. et al. (2007). Pacifiers: An update on use and misuse. *Journal for Specialists in Pediatric Nursing*, 12(4), 278-285.
    - AAP Policy Statement. The changing concept of sudden infant death syndrome: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*, 116(5), 1245-1255.
    - Sexton, S. & Natale, R. (2009). Risks and benefits of Pacifiers. *American Family Physician*, 79(8), 681-685.
  4. Write out a very brief response to the parent's question. Make sure that your response is both:
    - a. easy to understand,
    - b. empowering to parent(s), and
    - c. evidence-based
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Presents the faculty scaffolding provided for the first parent question, including the related activities and references.

Figure 1. Feedback to students for Question #1: What do you think about pacifiers?

