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Self-Efficacy of Registered Nurse Faculty to Facilitate a Flipped Classroom Pedagogy

Sharmeta L. Gibbon
Walden University

Walden University

College of Education

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Sharmeta L. Gibbon

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Review Committee
Dr. Stacy Wahl, Committee Chairperson, Education Faculty
Dr. Carole Pearce, Committee Member, Education Faculty
Dr. Mary Givens, University Reviewer, Education Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Abstract

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MSN, The University of Toledo, 2007

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Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

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Abstract

Nurse educators struggle with developing innovative teaching strategies that improve learners' critical thinking, sound clinical judgment, and ability to provide safe patient care. In the local setting, nurse educators relied on passive teaching strategies. The purpose of this study was to explore the perceptions of nursing faculty members concerning their self-efficacy with implementation of a flipped classroom. The conceptual framework was transformative learning theory. The research question explored how nurse educators described their self-efficacy with implementing student-centered, active teaching methods. Participants included 9 experienced nursing faculty members at the local setting from the Associate Science of Nursing program. Data were collected through semi-structured interviews and analyzed by applying value coding to categorize the data and identify themes. The 4 themes include (a) assessment of student learning, (b) barriers for nurse educators, (c) perceptions, and (d) professional development. As a result of the findings from this study a 3-day professional development seminar was created to address the deficiencies in skills and knowledge regarding the implementation of the flipped classroom pedagogy. Implications for positive social change include (a) assisting nurse educators in making informed curriculum changes as they transition to an active pedagogy; (b) identifying teaching strategies that could help better prepare future nurses for clinical practice; and (c) assisting nurse educators to better understand the value of active, learner-centered pedagogical practices.

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Dedication

I would like to dedicate this project first to my Lord and Savior Jesus Christ without him I could have not made it through this journey. I would also like to dedicate this project to my beloved grandmother Anna B. Smith; she started this journey with me but sadly is no longer here. She was the first person to encourage me to go into the nursing profession, and I am grateful that she did.

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I would like to thank my mom, Amelia Gibbon, for her love and support throughout this journey. My mom's constant positivity and encouragement have kept me strong and motivated to continue this journey. I would also like to thank my friends and colleagues who offered support and wisdom as I worked on this project. To my dissertation coach, Dr. Russ Sprinkle, I thank you for your guidance and mentoring during this process. Lastly, I would like to acknowledge my dissertation committee: Dr. Stacy Wahl, Dr. Carole Pearce, and Dr. Mary Givens. I appreciate your patience, expertise, professionalism, and encouragement as I worked through this process.

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Section 1: The Problem

The Broader Problem

The healthcare environment is multifaceted and constantly evolving. The complexity and evolving nature of the healthcare environment demands that nursing programs place a greater emphasis on critical thinking (Perez et al., 2015). Critical thinking skills are crucial for processing information, solving problems, and making sound clinical decisions (Pitt, Powis, Levett-Jones, & Hunter, 2015). Critical thinking allows nurses to effectively manage patient problems while providing safe, high-quality care (Dehghanzadeh & Jafaraghaee, 2018). According to McCormick, Clark, and Raines (2015), critical thinking skills are developed when learners can reason for themselves rather than being passive through the learning process. Nurse educators struggle to develop innovative teaching strategies that incorporate critical thinking, clinical skills development, and promotion of safe patient care (O'Flaherty & Phillips, 2015), all of which are necessary in order to deliver learning experiences that prepare graduate nurses to function successfully within a complex healthcare system. To meet this objective, nurse educators need to design curricula and courses that use effective instructional strategies, such as the flipped classroom, to promote critical thinking (Dehghanzadeh & Jafaraghaee, 2018).

Researchers have suggested that nurse educators optimize their pedagogy by incorporating innovative active learning strategies, such as problem-solving and collaborative learning, as a way to help students develop and improve critical thinking skills (Njie-Carr et al., 2017). According to Pitt et al. (2015), nursing curriculums focus

primarily on passive learning (for example the compilation of knowledge) rather than on developing critical thinking and the application of knowledge to real-life scenarios. Because nursing curricula typically emphasize passive learning, graduate or novice nurses (i.e., nurses with less than one year of nursing experience) often lack the ability to think critically in clinical settings (Pitt et al., 2015).

One reason that graduate nurses often lack the ability to think critically in clinical settings is the absence of innovative teaching strategies. Educators who use active learning strategies, such as the flipped classroom, incorporate collaborative exercises that challenge learners to use higher-order thinking skills (Moraros, Islam, Yu, Banow, & Schindelka, 2015). Flipped classrooms require learners to view recorded multimedia lectures before class, and the class meeting time is used for applying the course content. The educator facilitates learning through collaborative activities that enhance student engagement and autonomous learning (Jensen, Holt, Sowards, Ogden, & West, 2018). Improved academic performance, increased learning, greater student engagement, and improved critical thinking skills are associated with the flipped classroom approach to knowledge transfer (Harrington, Bosch, Schoofs, Beel-Bates, & Anderson, 2015). Active learning promotes the notion of the instructor as a "facilitator of learning" who will assist students as they think critically and apply sound clinical judgment to solve problems (Dehghanzadeh & Jafaraghaee, 2018). Thus, as educators move towards the role of facilitator of learning, student engagement increases (Tanner & Scott, 2015). Active learning has the potential to increase critical thinking through application of content, thus improving the learning experiences of learners.

The Local Problem

Nurse educators are charged with developing students' critical thinking skills both within the classroom as well as in the clinical setting. A common problem in nursing education is a lack of training and skills related to active learning strategies among faculty members (Zhang, 2017). This is problematic because learning environments that incorporate an active pedagogy promote increased student achievement, student engagement, and critical thinking (Hood Cattaneo, 2017). Training and skills are necessary for nurse educators to successfully implement innovative teaching strategies, such as the flipped classroom (Betihavas, Bridgman, Kornhaber, & Cross, 2016). Although nurse educators in the local setting recognized the value of the flipped classroom, research suggests that traditional teacher-centered strategies remain the dominant teaching method (Burden, Carlton, Siktberg, & Pavlechko, 2015).

In the local setting, Bachelor of Science in Nursing (BSN) faculty members have transitioned their teaching practice to include active learning strategies, such as the flipped classroom. As a result, the National Council Licensure Examination (NCLEX) scores for BSN students reflected an increase in scores in 2017 while the Associate of Science of Nursing (ASN) board scores for Fall 2016 and Spring 2017 reflected a decrease in pass rates (The Ohio Board of Nursing, 2016, 2017; The Ohio Board of Nursing 2016). The ASN faculty members had not transitioned to an active pedagogy, even though the literature and the positive outcomes seen in the BSN program attest to the benefits of shifting from a teacher focused to a student focused environment.

In response to the 2003 Institute of Medicine (IOM) Health Professions Education report, educators of nursing, medicine, and other healthcare professions are challenged to improve the learning experiences of students. The IOM report emphasized the need for novice nurses to deliver patient-centered care as members of a multidisciplinary team while at the same time implementing evidence-based practice, providing quality care, and utilizing informatics (Cronenwett et al., 2007). The National Council of State Boards of Nursing recommended that to effectively assist graduates as they transition from education to practice, faculty members should incorporate the Quality and Safety Education for Nurses competencies into nursing curriculums, along with critical thinking skills, reflection, and the provision of constructive feedback (Spector, 2015). The Quality and Safety Education for Nurses initiatives address the challenges of preparing nurses with the skills necessary to provide quality patient care (Cronenwett et al., 2007) and include patient-centered care, teamwork, collaboration, evidence-based practice, quality improvement, safety, and informatics (Cronenwett et al., 2007).

Based on current trends in nursing education and healthcare, the nursing program at the local setting decided to implement changes that support the need for preparing graduates to meet the demands of a complex healthcare system, the director of nursing noted. The NCLEX scores for BSN students increased with the transition to an active pedagogy. For example, scores for the first cohort reported an increased pass rate of 91.49% in Spring 2017 as compared to a lower pass rate of 89.13% for the Spring 2016 cohort (The Ohio Board of Nursing, 2016, 2017). In contrast, ASN board scores reflected

a decrease in pass rates as evidenced in the 76.74% and 75.84% rates in Spring 2017 and Fall 2017, respectively.

Employer satisfaction scores and comments also indicated a need to improve critical thinking skills in the local setting. The hospital nurse managers were asked to add any comments they felt would be helpful in evaluating the nursing program. Examples of comments made by hospital-employed nurse managers included the following: “Student needs to grow his critical thinking,” “Student lacks critical thinking skills,” and “An area of concern is critical thinking skills” (College Employer Satisfaction Survey, 2016). Another reported area of concern was the declining NCLEX pass rates of ASN graduates from the local setting, which negatively impacted staffing and hiring practices because the supply of registered nurses (RNs) did not meet the demand (College Employer Satisfaction Survey, 2016).

The local setting is an affiliate of a large healthcare system. The college administrators and hospital managers met quarterly to discuss issues that impacted students in the clinical setting. Topics of discussion among administrators and hospital managers at the December 8, 2017, college nursing advisory meeting included curriculum changes and graduate performance. Participants also discussed NCLEX pass rates, specifically their concerns about the lower percentages of students passing the exam. They also discussed interventions to improve pass rates.

Many nursing students work as nursing assistants until they pass the NCLEX exam. When graduates are unsuccessful on state board exams, they cannot begin the hospital registered nursing residency program. The residency program orients students to

the facility and allows students to work with a preceptor on an assigned hospital unit. The low NCLEX pass rates adversely impacted the training and preparation of new nurses at the local healthcare institution.

Nursing faculty members who implemented the flipped classroom as a teaching strategy faced the challenge of evaluating the effectiveness of this strategy, the BSN program director stated. Another challenge was the limited classroom space. One BSN faculty member stated that "the classrooms at the local setting do not facilitate active learning; there simply is not enough space to have students work in small groups to solve case studies." Another BSN faculty member said that educators at the local setting realized the value of the flipped classroom, and some educators made the attempt to implement the flipped classroom approach by seeking help from leading experts. However, the degree to which nurse educators at the local setting perceived their self-efficacy to implement the flipped learning model had not been explored. In conducting this project study, I sought to address a gap in practice and determine if low self-efficacy in active learning pedagogy influences educators in transitioning from a passive pedagogy to an active pedagogy.

Rationale

The primary goal of a nursing program is to prepare students for state licensure success and entry into the profession. State and national boards regulate nursing programs. The National Council of State Boards of Nursing is a nonprofit group that consists of boards of nursing and serves to provide "regulatory excellence for public health, safety and welfare" (National Board of State of Nursing, 2017, p. 13). The council

is responsible for developing the rules and regulations for the NCLEX for RNs and every 3 years, evaluates the standards required to pass the NCLEX examination. In December 2018, the council voted to uphold the current NCLEX standards that were in effect since 2016 and will remain in effect through March 31, 2022. This change was initiated to meet the new challenges in healthcare delivery and nursing practice (National Council of State Boards of Nursing, 2018).

Because nurses care for higher-acuity patients, the National Council of State Boards of Nursing determined that "safe and effective entry level nurse practice requires a greater level of knowledge, skills and abilities" (National Council of State Boards of Nursing, 2016, p. 1). Pearson (2017) described patient acuity as "nursing intensity" in terms of patients' nursing care needs, the complexity of care that patients require, and the corresponding nursing workload that patients place on nurses (p. 16). As patients' acuity increases, graduate nurses must be prepared to provide safe care based on sound clinical judgment. As the nursing profession continues to evolve, the roles and responsibilities of nurses change and develop. Graduate nurses are responsible for the care of complex patients, and nurse educators are accountable for preparing nursing graduates to meet the challenges of a demanding healthcare system. Von Colin-Appling and Giuliano (2017) explained that the increasing needs of patients and the expanding roles of nurses require nursing graduates to be critical thinkers and self-directed learners. Therefore, critical thinking must be infused into nursing education curriculums. To this end, nurse educators need to develop students' critical thinking skills through varied and active teaching

strategies to ensure that they are ready to provide safe and competent patient care (Von Colin-Appling & Giuliano, 2017).

The Ohio Board of Nursing (2018) reported that nursing programs that fail to meet the national average of a 95% NCLEX pass rate for first-time test takers will be responsible for submitting a plan of action to meet the benchmark. The ASN program at the local setting did not meet this standard. The local setting's ASN program reported an NCLEX pass rate of 75.84% in Fall 2017 (The Ohio Board of Nursing, 2017). Therefore, the program director and nursing faculty members drafted an action plan to improve NCLEX pass rates. A low NCLEX pass rate is problematic for college administrators, faculty members, students, and local healthcare facilities. Although a low NCLEX pass rate was atypical in the local setting, the reported pass rate of 75.84% was a cause for concern because the graduates might not demonstrate safe and competent nursing care. The purpose of this study was to explore the perceptions of nurse educators in the local setting about their self-efficacy in facilitating a flipped classroom so that the development of critical thinking and clinical decision-making can be optimized for ASN nursing students.

Definition of Terms

The following terms and definitions informed this study:

Active learning: "Any instructional method that engages students in the learning process" (Presti, 2016, p. 252).

Active pedagogy: A pedagogy in which "The educator remains integral; however, the educator's role alternates between content expert, guide, and facilitator of learning"

(Hood Cattaneo, 2017, p. 146). With active pedagogy, learning rather teaching is the focal point (Hood Cattaneo, 2017).

Case study: An active learning strategy that "requires students to answer an open-ended question or develop a solution to an open-ended problem with multiple potential solutions" (McFarlane, 2015, p. 2).

Clinical decision-making: The ability of nurses to "differentiate between relevant and meaningless data, categorize the information by relevance and priority, and make the determination if additional data is required" (Von Colin-Appling & Giuliano, 2017, p. 107).

Collaborative learning: A teaching method that "requires working together toward a common goal" (Hatami, 2015, p. 2164). This learning process may include learners instructing one another, learners instructing teachers, and teachers instructing learners (Hatami, 2015).

Critical thinking: "The ability to apply higher-order cognitive skills (conceptualization, analysis, evaluation) and the disposition to be deliberate about thinking (being open-minded or intellectually honest) that lead to action that is logical and appropriate" (Von Colin-Appling & Giuliano, 2017, p. 106).

Flipped classroom: "An instructional strategy that reverses the traditional learning environment by delivering instructional content, often online, outside of the classroom to meet students' personalized ways of learning" (Suo & Hou, 2017, p. 62). The focus of class time is placed on learning experiences that help learners construct meaning and

engage with the course content rather than passively receive information from the teacher (Suo & Hou, 2017).

Pillars of flipped learning: The pillars of flipped learning provide a blueprint for implementing flipped learning in the classroom. The first pillar is a flexible learning environment; the second pillar is a culture of learning; the third pillar is the use of intentional content; and the fifth pillar is a qualified, caring, professional educator (Flipped Learning Network, 2014).

Self-efficacy: Individuals' "judgment of their capabilities to organize and execute courses of actions required to attain designated types of performances" (Bandura, 1986, p. 391).

Simulation: "A technique used to safely recreate the real world, with or without sophisticated technology, to educate, train, assess, and probe situations or conduct research" (Janse van Vuuren, Seekoe, & Goon, 2018, p. 2). Simulation promotes decision-making, critical thinking, and innovative teaching strategies required in nursing education (Janse van Vuuren et al., 2018).

Significance of the Study

Rapid advancement in technology and knowledge dramatically change the healthcare profession. These advancements led to the need for nurses to increasingly develop their critical thinking skills and improve their clinical judgment to meet the needs of patients (Azizi-Fini, Hajibagheri, & Adib-Hajbaghery, 2015). To develop these skills among nurses, it is essential to incorporate strategies that improve critical thinking throughout the nursing curricula. The flipped classroom is associated with improved

academic performance, increased learning, greater student engagement, and development of critical thinking skills (Harrington et al., 2015).

Nurse educators at the local setting recognized the benefits of the flipped classroom, but passive learning methods remained the standard way of knowledge transmission from teacher to student. It is not possible to address the concerns regarding the implementation of the flipped classroom without assessing faculty members' self-efficacy and skill level with transitioning to an active, student-centered learning strategy. The findings from this study informed interventions to help educators implement the flipped classroom. Successfully implementing the flipped classroom will prepare learners to perform successfully on the NCLEX and enter the nursing profession with a higher degree of competence. By successfully implementing the flipped classroom, graduates at the local setting will demonstrate critical thinking skills and clinical reasoning in the professional practice setting, which will positively affect patient outcomes (Von Colln-Appling & Giuliano, 2017).

Research Question

As detailed in the literature review section, there is a significant amount of research dedicated to the benefits of active learning in both nursing and higher education. What has not been thoroughly explored is the extent to which nurse educators understand and estimate their ability to implement the flipped classroom. There is also a gap in the literature that explored a model that is helpful in guiding the transition from a passive to active learning environment. An understanding of the nurse educator's experience and self-efficacy is vital to the success of implementing the flipped classroom. Therefore, the

qualitative research method aligned with exploring the experiences and attitudes of nurse educators. Qualitative researchers are interested in "understanding the meaning people have constructed" from an experience or phenomena (Merriam & Tisdell, 2016, p. 15). The overarching research question that guided this study is as follows:

RQ 1: How do nurse educators describe their self-efficacy with implementing active learning methods in the classroom?

Review of the Literature

The review of the literature focused on the flipped classroom in higher education. This section contains information about the conceptual framework, student outcomes, student satisfaction, faculty implementation of active learning, and perceptions of educators related to the flipped classroom as an instructional approach.

Conceptual Framework

The conceptual framework guiding this study is the transformative learning theory (Mezirow, 1997). The premise of transformative learning theory is that adult learners acquired and possess a reasonable amount of experiences, concepts, values, and knowledge as frames of reference that help to define their world (Mezirow, 1997). Mezirow (1997) suggested that a frame of reference includes cognitive, conative, and emotional components (Mezirow, 1997). These three components then formulate two dimensions: habits of mind and a point of view (Mezirow, 1997). A habit of mind is how learners think based on assumptions or life experiences, while a point of view is how learners articulate their thoughts based on those assumptions (Mezirow, 1997). The transformation process begins with critical reflection. Critical reflection challenges

learners to transform their frames of references by reflecting on their assumptions during collaborative learning and problem-solving activities.

During transformative learning, students become independent learners (Merriam, 2004). Independent learning is accomplished through creating a learner-centered environment that emphasizes autonomous thinking. Mezirow (1997) asserted that autonomous thinking is a key factor in making rational decisions during crucial situations. Students learn from experiences that transform and challenge their current frames of reference. Educators that apply transformative learning theory in their practice promote learning through discovery, and educators foster discovery through critically reflective and imaginative problem posing, group discussions, and simulation (Mezirow, 1997).

An important aspect of adult education includes recognizing and identifying learners' objectives and goals (Mezirow, 1997). Educators and learners must form a partnership through which educators help learners meet their learning goals and learners become engaged in the learning experience (Mezirow, 1997). Mezirow (1997) noted that the role of an educator is changed in a learner-centered environment. In a learner-centered environment, educators actively facilitate learning rather than attempting to transfer information to passive learners. After identifying the goals of learners, the role of educators is to assist learners in reaching their learning objectives in such a way that they can function as independent learners and become socially responsible thinkers (Mezirow, 1997).

Mezirow (1997) emphasized the importance of creating a student-centered classroom (as opposed to the more traditional teacher-centered environment) and suggested that learners learn best when they can construct meaning from a learning experience. The learning experience should include learner discovery activities that incorporate critical reflection, peer collaboration, and discourse (Mezirow, 1997). Mezirow (1997) explained that to construct meaning from learning experiences, learners must incorporate new information into an already structured frame of reference that involves thoughts, feelings, and disposition. Because adult learners typically acquire stronger and more established frames of reference than children, active learning is required in order to create new meaning. Thus, the transformative learning theory supports active pedagogies in nursing education, --one of which is the flipped classroom.

The flipped classroom has many benefits for learners. Research studies support the conclusion that there is no preferred method for implementing the flipped classroom (Kelly & Denson, 2017). However, Kelly and Denson (2017) suggested that the following factors influence implementation of the flipped classroom: (a) technology accessibility, (b) understanding of best practices related to classroom strategies, and (c) understanding of and comfort with the flipped classroom. The level of understanding and comfort with a new concept is called self-efficacy. Bandura (1986) described self-efficacy as one's beliefs or judgments about his or her abilities. The focus of my study was to explore the self-efficacy of nurse educators related to transitioning their practice from a teacher-centered pedagogy to a student-centered pedagogy. Exploring one's self efficacy occurs during the critical reflection phase of the transformative learning theory.

According to Mezirow (1997), critical reflection involves reflecting on a problem and developing solutions based on previous experience or assumptions. Educators become critically reflective by challenging their established definition of a problem or by developing new problem-solving techniques to address the problem (Mezirow, 1997). During this phase, educators can estimate their comfort level with the new strategy. Assessing one's self-efficacy during critical reflection is essential; otherwise, transformation cannot occur.

The key elements of the transformative learning theory include frame of reference, critical reflection, and independent learning (Mezirow, 1997). These elements connect to the research problem and research question as follows. First, the typical frame of reference for most nursing educators is their own experience. That is, their instructional approach is to teach in the same (or similar) manner in which they were taught. For many nurse educators this includes the passive learning model or a teacher-centered strategy (Burden et al., 2015). The second element, critical reflection occurs when a frame of references is challenged. For example, in the case of the nurse educators, critical reflection often occurs when there is a problem or issue that requires attention such as a decrease in NCLEX scores, (as seen at the local setting). Critical reflection also occurs when the student population evolves—for example, when teachers encounter traditional students or millennial students in contrast to adult learners. These millennial students learn differently and more independently, which may cause the nurse educators to transform their frame of references and reflect on how they might improve their practices (Sharma & Chowdhry, 2018). The final element of the transformative learning

theory is independent learning. As nurse educator's frames of reference are challenged, and they begin to critically reflect on this process, they engage in independent learning. For example, if NCLEX scores decline, nurse educators engage in independent learning by developing innovative teaching strategies that are effective. The research problem and the research question for this study both focused on helping nurse educators explore their self-efficacy in the flipped classroom. I sought to better understand the attitudes and abilities of nurse educators when developing innovative teaching strategies, like the flipped classroom, to improve student performance and learning in nursing education.

Review of the Broader Problem

The review of literature identified studies in which active learning strategies like the flipped classroom can be used in higher education. Scholarly and peer-reviewed articles from 2015 to the present were retrieved from the CINAHL, ERIC, OVID, and ProQuest online databases, which were accessed through the Walden University Library. If no current information within the past five years was found, the search was expanded to include older references. The search terms that were utilized for this study included *active learning, active learning in nursing education, flipped classroom, flipped learning,* and *flipped classroom in nursing education.*

Millennial students. Technology not only defines millennials, but it also shapes their expectations (Erlam, Smythe, & Wright-St. Clair, 2018). Sharma and Chowdhry (2018) stated that educators must adapt to the learning needs and preferences of millennial students in order to help them achieve their learning goals. Shatto and Erwin (2017) explained that if educators can understand basic generational differences, it is

possible to eliminate generational conflict and improve the learning experiences of millennial students. Generational conflict often arises in many nursing programs in part because most nursing faculty members were born during the baby boomer era (Shatto & Erwin, 2017). However, millennial students comprise most of the student population in higher education and will soon be the largest part of the labor force (Shatto & Erwin, 2017).

Millennial students are individuals born between 1982 and 2002 (Sharma & Chowdhry, 2018) and are referred to as "digital natives." Digital natives, a term which includes most millennial students, have had access to technology since early childhood (Sharma & Chowdhry, 2018), and they prefer their content to be delivered quickly, to be relevant, and to be accessible (Stephens & Gunther, 2016). Shatto and Erwin (2017) stated that millennial students tend to multitask, which has been perceived by educators as the inability to focus. Pettit, McCoy, and Kinney (2017) characterized millennial students as attentive when learning is on their terms. Millennial students expect choice, adaptability, speed, and effectiveness when learning course content (Pettit et al., 2017).

Stephens and Gunther (2016) found that millennial students use technology in most aspects of their lives, and they expect to use multiple forms of technology to enhance their learning. Because millennial students rely heavily on technology, they prefer to self-study using electronic resources rather than didactic teaching (Ruzycki, Desy, Lachman, & Wolanskyj-Spinner, 2018). Access to technology enables millennial students to learn and process information differently. This resulted in the need for educators to adopt alternative and innovative teaching strategies to engage them more

effectively. Shatto and Erwin (2017) suggested that increasing student engagement requires innovative teaching strategies using different forms of technology.

According to Sharma and Chowdhry (2018), crucial learning skills needed for success in higher education programs include problem solving, critical thinking, creative thinking, communication, and collaboration. Developing these skills requires innovative teaching strategies that involve both technology and student engagement. According to Sharma and Chowdhry (2018), it is difficult for learners to develop these skills in the traditional teacher-centered classroom. These researchers explained that the teacher-centered model is an ineffective way for millennial students to develop higher-order thinking skills and learn how to apply problem-solving skills to real-world situations (Sharma & Chowdhry, 2018). Millennial students have a low tolerance for traditional pedagogy that is centered on simply transferring knowledge from educators to students; instead, they prefer learning environments that promote structure and provide frequent positive reinforcement (Toothaker & Taliaferro, 2017). Shatto and Erwin (2017) suggested that innovative teaching strategies using different forms of technology may be required to increase student engagement, and Ruzycki, Desy, Lachman, and Wolanskyj-Spinner (2018) explained that millennial students expect regular feedback and testing in their courses. These learners prefer to use constantly evolving technology in healthcare fields, such as nursing (Ruzycki, Desy, Lachman, & Wolanskyj-Spinner, 2018).

As reflected in the literature, the challenge for educators is to adjust their practices to meet the needs of learners (Burden et al.; Moffet, 2015). A paradigm shift is needed among educators that moves them from a traditional, teacher-centered approach to a

learner-centered approach in order to help millennial students develop their skills in problem solving, communication, creative thinking, and collaboration (Sharma & Chowdhry, 2018). One way that educators can adjust their practices to meet the needs of learners is by implementing active learning strategies. Active learning strategies encourage millennial students to develop a personal understanding of course material rather than simply memorizing concepts; it also encourages active participation through case studies, critical thinking assignments, and collaboration (Shatto & Erwin, 2017). Erlam, Smythe, and Wright-St. Clair (2018) suggested that millennial students prefer technology, experiential learning, and a focus on teamwork to help them achieve their learning goals.

Another way for educators to adjust their practices to meet the needs of learners is by implementing the flipped classroom. Sharma and Chowdhry (2018) suggested that teaching strategies such as the flipped classroom approach capture the attention of millennial students while also providing an enhanced learning experience. Sharma and Chowdhry (2018) explained there are several advantages to the flipped classroom for millennial students, including learners working at their own pace, frequent feedback while learners complete in-class assignments, and class time being used for more creative and effective assessments of learning (Sharma & Chowdhry, 2018). Ruzycki, Desy, Lachman, and Wolanskyj-Spinner, (2018) explored the five “R’s” for teaching millennial students in higher education. The five “R’s” include a relaxed environment, establishing a rapport with learners, highlighting the relevance and rationale for assignments, and adopting research-based practices in the learning objectives (Ruzycki, Desy, Lachman, &

Wolanskyj-Spinner, 2018). According to the research, active learning strategies, such as the flipped classroom, promote student engagement, autonomous learning, and incorporate technology for millennial learners (Sharma & Chowdhry, 2018).

Active Learning

A priority for many higher education institutions is enhancing the learners' higher-order thinking skills (Al-Zahrani, 2015). One method of fostering higher-order thinking is the use of active learning methods in the classroom. Mangram, Haddix, Ochanji, and Masingila (2015) explained that active participation of learners in the learning process is crucial to creating meaningful connections and understanding the course content. In contrast, the traditional teacher-centered model, or passive approach, involves distributing information directly from the educator to the student (Coorey, 2016). However, according to Hyun, Ediger, and Lee (2017), the role of teachers is transitioning from one of disseminating information to students to one of engaging them in the learning process.

During an active learning approach, learners are encouraged to search for and assess information themselves rather than rely on their educators for answers (LaCosse et al., 2017), but traditional, teacher-centered models fail to consider the differences among students' learning styles or the role of active learning (Coorey, 2016). Active learning consists of a variety of teaching strategies, including simulation, cooperative learning, collaborative learning, and case studies (LaCosse et al., 2017). These teaching strategies not only increase learner interest and engagement but also allow students to learn by

incorporating all the domains of learning. The domains of learning include cognitive, affective, and psychomotor dimensions.

Sezer (2017) reported that educators place a greater importance on active learning teaching strategies that emphasize the affective and psychomotor domains. However, educators also realize that emphasizing only cognitive skills in the classroom does not lead to academic success (Sezer, 2017). Active learning strategies allow learners to incorporate the psychomotor domain in simulation, and simulation encourages learners to practice technical skills in a controlled environment (Damewood, 2016). When educators utilize case studies, problem-based discussions, and essays, they foster learners' abilities to construct a deep approach to learning. This is an example of emphasizing the cognitive domain of learning in the classroom (Sezer, 2017).

The affective domain consists of several factors, including attitude, interest, motivation, self-efficacy, values, and beliefs (Sezer, 2017). Debriefing after a simulation experience encourages learners to question and reflect on their experience as well as explore their emotions, which aligns with the affective domain of learning (Abelsson & Bisholt 2017). Rotellar and Cain (2016) explained that nursing faculty members can emphasize the cognitive domain as well as the affective domain by facilitating learning experiences that increase learners' problem-solving skills and helping them apply their knowledge to real-life scenarios.

Simulation. Simulation is a growing trend within many disciplines of study (Damewood, 2016). The reasons for implementing simulated learning in nursing programs include limited traditional clinical experiences, variable patient census, and the

uncertainty that learners will encounter essential learning experiences (Damewood, 2016). Simulation utilizes technology to engage learners and encourages them to act and reflect on real-life conditions without the risk-taking consequences of an actual clinical scenario (Damewood, 2016). Educators can create scenarios for most medical conditions using high-fidelity mannequins that address each developmental stage of life.

In a qualitative study conducted by Kapucu (2017), a high-fidelity simulation was used as an interdisciplinary collaborative project. An emergency department doctor and nurse set up a thorax trauma scenario. The feedback from the nursing students was positive. The students stated that "they experienced excitement and anxiety during the simulation because the learning environment was very realistic" (Kapucu, 2017, p. 1069). Another student reported that "my confidence level has increased after participating in the simulation activity" (Kapucu, 2017, p. 1071). Simulation experiences can provide authentic and clinically relevant opportunities for experiential learning in nursing education. In another study, educators used simulation to teach spirometric abnormalities in the respiratory disease process. Jamison and Stewart (2015) conducted a pre-test and post-test experiment. Upon completing the simulation experience, the researchers noted a significant difference in the post-test scores of the students that completed the simulation (Jamison & Stewart, 2015). Jamison and Stewart found that learners' problem-solving skills improved significantly when they participated in a simulated mechanical ventilation scenario. Simulation offers learners opportunities to apply theory to practice and to learn in all the domains of learning.

Case studies. Case studies help faculty members transition from a teacher-

centered environment to a student-centered environment (McFarlane, 2015). Some benefits of using case studies as a teaching strategy are that it allows learners to apply what they have learned, it enhances communication when learners work in small groups, and it encourages learners to take responsibility for their learning (Kulak, Newton, & Sharma, 2017). Yew et al. (2016) explained that an active pedagogy requires faculty members to design learning activities that create an environment that encourages learners to construct meaning from their experience. Examples of these types of learning activities include case studies, problem-based scenarios, essays, and teaching and learning strategies. These types of learning activities facilitate conceptual and analytical forms of learning and allow learners to construct meaning from their learning experiences (Yew et al., 2016).

Kulak et al. (2017) conducted a study in an undergraduate biochemistry course. The researchers found that learners who were exposed to case studies in the biochemistry course achieved significantly higher scores on an exam than the learners who were not exposed to case studies. Yew et al. (2016) conducted a mixed-method study that revealed similar findings regarding knowledge application and retention as a result of using case studies and problem-based learning. Yew et al. (2016) reported the primary goal of the study was to create a classroom environment in which learners were inspired to engage in hands-on activities, collaborate with other learners, and reflect on their learning experiences. The learners and the educators that participated in the study reported positive experiences, particularly when learners actively engaged in activities such as case studies, small-group discussion, and problem-solving challenges (Yew et al., 2016).

Case studies can enhance the learning experiences of learners by encouraging them to construct a meaningful connection between content and application to practice.

Collaborative learning. Collaborative learning has been characterized as a set of instructional methods by which students are encouraged to work together to achieve their learning goals (Zhang & Cui, 2018). An advantage of collaborative learning is that it fosters autonomy (Larsen, 2015). Larsen (2015) explained learning environments that prioritize student engagement and collaborative learning contribute to autonomous learning. When implementing a collaborative learning strategy, educators ensure that the learners choose ways to interact and meet their learning needs. Another benefit of collaborative learning is that it prepares learners to enter the workforce by reinforcing an attitude of teamwork and collaboration, which is essential in the workplace (Hatami, 2015). Almajed, Skinner, Peterson, and Winning (2016) explained that collaborative learning is a core component of inquiry-based learning approaches and a strategy that is often used in professional education.

Learners who participate in collaborative learning gain experience resolving conflict, learn from shared experiences, and solve problems--skills that are not only helpful but also essential in the workplace (Almajed et al., 2016). In a study conducted by Retnowati, Ayres, and Sweller (2016), collaborative learning proved to facilitate learning in a math course. The students were either assigned to work independently or in a collaborative learning group to solve a set of algebra equations. The results revealed that the students who worked in a collaborative learning group were more successful in solving the algebra equations (Retnowati, Ayres, & Sweller, 2016). This study reinforced

the idea that collaborative learning can be beneficial as an active learning strategy (Retnowati, Ayres, & Sweller, 2016.)

Almajed et al. (2016) cautioned that as educators implement collaborative learning they need to adequately prepare learners to engage with their peers. These researchers conducted a qualitative study exploring student perspectives of how learning occurs (Almjed, Skinner, Peterson, & Winning, 2016). The researchers identified four themes related to the theoretical basis of collaborative learning. The themes included the context of collaborative learning, group/learning interactions, group and learning processes, and outcomes (Almajed et al., 2016). The implication for utilizing collaborative learning is learners must be supported in their learning interactions (Almajed et al., 2016). Educators can support student learning interactions by assisting learners while they develop skills through questioning and explaining concepts to each other as well as by helping learners manage conflicts in conceptual and analytical forms of thinking (Almajed et al., 2016). When learners are not properly supported, they fail to meet learning outcomes and experience frustration during the process.

Another challenge to active learning is lack of physical space. King (2016) emphasized the importance of space in a collaborative learning environment, but the traditional learning space of colleges and universities does not support a student-centered environment (King, 2016). The use of online platforms such as Blackboard and Moodle is one solution for encouraging collaboration between students (King, 2016). In an ethnography study King (2016) reported that there is a need for higher education programs to include dynamic spaces for completion of collaborative work.

The Flipped Classroom

The flipped classroom approach began in a secondary education setting and has since become increasingly common in post-secondary education. Originally, in order to provide course content for students who were absent from class, two high school chemistry teachers created PowerPoint presentations with voice-over audio (Njie-Carr, 2017). Educators quickly realized that the flipped classroom promotes student-centered learning as well as more efficient student-teacher interactions during class time (Chen, Lui, & Martinelli, 2017).

The primary benefit of the flipped classroom is that it promotes critical thinking and increases student engagement (Chen, Lui, & Martinelli, 2017). The goal of the class time is then to facilitate activities that enhance collaborative learning, and promote critical thinking through problem solving (Rotellar & Cain, 2016). Jensen et al. (2018) described class time as an opportunity to clarify concepts and assess student learning. When learners attend class, the educators promote student engagement through case studies, group discussions, simulations, and role-playing activities.

To participate in a flipped classroom, educators are not required to completely revise their curricula to increase student engagement (Hyun et al., 2017). Educators can partially flip their classrooms based on student learning outcomes. Hyun et al. (2017) explained that the decision to flip the classroom should be based on the course content and the learning objectives. Drake, Kayser, and Jacobowitz (2016) explained that the concept of a “partial flip” is important and emphasized that educators must identify the needs of their learners and then present the course content in a way that they understand

(Drake et al., 2016). Some course content allows for exploration and discovery through self-paced learning, while other course content requires guidance from the educator (Drake et al., 2016). Hyun et al., (2017) stated that educators who incorporate more active learning activities in the traditional classroom have higher student satisfaction levels. When educators transition from a passive pedagogy to an active pedagogy, they must spend more time preparing for class (Hyun et al., 2017). Therefore, a compromise for many educators is to partially flip the classroom as opposed to completely flipping the classroom.

Flipped classrooms and student perceptions and performance. One benefit of the flipped classroom is that learners assume responsibility and take ownership of their learning (O'Flaherty & Phillips, 2015). The interactive class assignments not only promote autonomous learning, but they also require that students use complex thinking and clinical reasoning (Long, Cummins, & Waugh, 2018). In a flipped classroom, learners first gain exposure to new material outside of class as they review pre-recorded lectures. The challenge for learners is then to construct meaning from the content through the process of solving problems, discussing the content, or debating the merits of various courses of action (Drake et al., 2016). The flipped classroom has practical implications for nursing education. Because patients often experience complex healthcare needs and multiple comorbidities, nursing students must be better prepared by developing sound clinical judgment and critical thinking skills (Njie-Carr, 2017). By incorporating the flipped classroom in nursing education, healthcare educators can move closer to achieving the goals set forth by the IOM report (Njie-Carr, 2017).

Despite initial resistance, learner perceptions of courses using the flipped classroom model appear to be positive overall. Yilmaz (2017) used the flipped classroom method with 236 undergraduate learners in a Computing I course and reported an increase in autonomous learning, motivation, and satisfaction in the flipped classroom. Tanner and Scott (2015) conducted a similar study and reported that the flipped classroom fosters a student-centered environment that encourages student engagement, increases critical thinking, and improves the learners' attitudes towards learning. Koo et al. (2016) used a pretest and posttest survey design to study students in a pharmacology course. The results indicated a statistically significant improvement among the learners who engaged in the flipped classroom; the mean examination score increased from 83.4% to 88.2% (Koo et al., 2016). The post-course evaluation tool revealed that 88% of the learners were satisfied with the flipped classroom strategy, stating that the benefits of the flipped classroom included flexibility of viewing class videos and applying knowledge during class time (Koo et al., 2016). In contrast, learners who did not prefer the flipped classroom reported that they disliked watching the videos because the process was too time-consuming (Koo et al., 2016).

In addition to increasing student engagement, McCallum, Schultz, Sellke, and Spartz (2015) discussed the improvements in peer collaboration when using the flipped classroom. According to the findings, learners believed that peer learning and meaningful interactions with educators are essential to the learning process (McCallum et al., 2015). During collaborative learning, learners are self-directed in their efforts to solve problems with their peers. Hatami (2015) found one benefit of using collaborative learning as a

teaching strategy is that it promotes critical thinking and student engagement in the flipped classroom. Hatami (2015) used collaborative learning and self-assessment in an entry-level math course, and the results indicated that the flipped classroom exerted a positive influence on student self-regulation and an increase in academic performance for the course. Peisachovich, Murtha, Phillips, and Messinger (2016) reported similar findings, concluding that the flipped classroom results in a joint effort of learners communicating and learning from shared experiences.

In a qualitative study conducted by Post, Deal, and Hermanns' (2015), learners reported that the flipped classroom allowed them to work at their own pace. Jensen et al. (2018) reported that the flipped classroom facilitates learner accountability--a characteristic that is often absent in passive learning environments. In addition to fostering independent learners, the flipped classroom also has been recognized as a valid method of helping learners develop meaningful connections by engaging prior knowledge as well as integrating new content (White et al., 2017). The principles of student engagement, critical thinking, and ownership of learning were promoted in nursing courses that utilized the flipped classroom (O'Flaherty & Phillips, 2015).

Not all learners react positively to the flipped classroom approach. Giest, Larimore, Rawiszer, and Al Sager (2015) reported that one of the reasons why learners resist the flipped classroom is because of the time required to review the recordings before attending class. According to Moraros et al. (2015), learners felt that the technology and their comfort level with technology were significant barriers. The results of their quasi-experimental study indicated that the learners who participated in the

flipped classroom were satisfied with their experience even though they experienced no significant increase in course grades. Learners reported that collaborative learning was beneficial to their learning experience. The researchers explained that learner satisfaction is not always an accurate indicator of learning course content (Moraros et al., 2015). According to Hanson (2016) learners reported that time constraints were a barrier to their engagement in the flipped classroom. DeRuisseau (2016) found learners in a flipped classroom experience a significant increase in performance on unit exams; however, low satisfaction scores were noted on the course evaluation. McCallum et al. (2015) reported that learners tended to rate educators lower when they used the flipped classroom compared to a traditional lecture style.

Regarding learner performance and flipped learning, findings from the research have ranged from neutral (Giest et al., 2015) to positive (Peisachovich et al., 2016). A quantitative study by Peisachovich et al., (2016) revealed the flipped classroom was positively associated with the grades of nursing students. These researchers compared grades from the previous year of the learners who experienced the flipped classroom and learners who did not experience the flipped classroom, and the researchers noted a significant increase in final course grades of 5.5% (Peisachovich et al., 2016). Della Ratta (2015) reported that the course evaluations indicated a moderate degree of satisfaction; however, learners' scores on the final exam improved significantly. Giest et al. (2015) conducted a quasi-experimental research project with nursing students enrolled in a pharmacology course and found no significant difference in course performance between learners who participated in the flipped classroom and learners who participated in a

traditional lecture style class. In a quantitative study of nursing students, Harrington et al. (2015) reported similar findings, showing no significant difference on any course exams between learners who participated in the flipped classroom and learners who participated in a traditional lecture style class (Harrington et al., 2015). However, Harrington et al. did report that learners were satisfied with the flipped classroom approach. These studies suggest that learner perception may not be an accurate indicator of performance.

Challenges for instructors using flipped classrooms. In a flipped classroom, traditional classroom activities, such as lectures, laboratory exercises, homework, and exams, can be created using a website or video, allowing learners the flexibility to access course content anywhere and at any time (Zainuddin, 2016). However, researchers have reported several challenges for educators as a result of implementing a flipped classroom, such as technological difficulties, lack of training, and time constraints (Betihavas et al., 2016). According to McCallum et al. (2015), these obstacles exist when transitioning from a traditional to active pedagogy, but these challenges are not unique to the flipped classroom. Long et al. (2018) explained that technology self-efficacy influences the decisions that educators make to integrate technology into their courses. In response, offering professional development opportunities to help integrate technology would be helpful.

Access to technology is a challenge when implementing the flipped classroom (Moraros et al., 2015). Drake et al. (2016), explained that the flipped classroom model is contingent on technology, and learners must have access to a computer and the Internet so they can view the recordings. Moraros et al. (2015) reported that learners have

difficulty accessing their resources. Another challenge for learners is the poor quality of instructional materials. Once the resources are identified and made available to learners through the curriculum, it is important for educators to review the recordings to make sure that they work properly and that learners are able to access these resources without difficulty (Mararos et al., 2015). Zainuddin (2017) noted that video recordings are the most important tool in the flipped classroom. Zainuddin (2017) also emphasized that educators should assess institutional resources as well as the quality of the lecture recording before students review the lecture.

Zainuddin (2017) affirmed that educators should create attractive videos that capture learners' attention and interest. One way to increase the likelihood that learners will view videos as part of a flipped classroom is to generate video recordings that present the course content in a clear and concise manner (Long, Logan, & Waugh, 2016). Sezer (2016) reported that learner success with the flipped classroom is influenced by access to technology. Learners who do not have access to technology outside of the classroom can benefit from using computers in the library or a college computer lab (Betihavas et al., 2016). The results of these research studies indicate that accessibility and creativity of video recordings in the flipped classroom influence learner success.

Lack of professional development opportunities. Lack of professional development is a challenge for educators as they try to adapt to the role of facilitator of learning. More specifically, lack of professional development and training related to the flipped classroom is a concern among educators. Educator readiness is an important factor in the success of a flipped classroom course (Moffet, 2015). If educators do not

feel skilled or enthusiastic about the transition to an active pedagogy, then the strategy will not work (Moffet, 2015). Moffet (2015) confirmed that the most crucial step in the process of transitioning to and implementing flipped learning is faculty development. Likewise, Tolks et al. (2016) reinforced the importance not only of incorporating active learning strategies, such as the flipped classroom, but also providing education about models for implementing the flipped classroom. Implementation models help nurse educators develop their plans to transition from a teacher-centered environment to a student-centered environment (Tolks et al., 2016).

Bethihavas et al. (2016) noted that operational challenges may influence the implementation of the flipped classroom; these operational challenges may include inadequate infrastructure, inefficient classroom setup, limited availability, and limited high-speed Internet access in rural communities. Damewood (2016) reported that as teaching and learning technology evolves, so does the role of the technicians who support this technology. Damewood (2016) emphasized the importance of having adequate technological support in order to provide accessibility both to the educators and learners. According to DeRuisseau (2016), it requires more than the educator to flip the classroom; rather, the transition also requires support from the information technology (IT) department as well as learner and administrative support. Post et al. (2015) agreed that collaboration among all stakeholders is essential to ensure the success of the flipped classroom.

Perhaps the biggest challenge for faculty members is time. Betihavas et al. (2016) claimed that additional preparation time is required to initiate the flipped classroom.

Moffett (2015) reported the main concerns for educators is the amount of time and work required to convert from a traditional lecture-based classroom to a flipped classroom. McCallum et al. (2015) explained that educators face three primary challenges when implementing the flipped classroom: creating a dynamic learning environment, finding time to prepare materials, and ensuring positive student evaluations. In a dynamic learning environment, educators must be skilled at addressing learner questions during class time (McCallum et al., 2015). Likewise, educators must find additional time to prepare material, record the content, and then also conduct the class (McCallum et al., 2015).

Learners who have participated in a flipped classroom tend to rate their satisfaction with the course lower compared to learners who have attended courses in which lecture is the primary teaching strategy (McCallum et al., 2015). One reason for lower scores on course evaluations in a flipped classroom is that many learners do not like the high demands that the learning method places on them (McCallum et al., 2015). McLaren and Kenny (2015) reported that educators face academic pressure and time pressure to be innovative and conduct research. In short, faculty time constraints have been identified as barriers to implementing the flipped classroom. As a result, while research has indicated that active learning benefits learners, McLaren and Kenny (2015) reported that it is easier for educators to continue to use the traditional methods of teaching because these methods require less time from educators.

Implications

Higher education institutions are responsible for preparing students to meet the demands of the 21st century (Al-Zahrani, 2015), particularly in nursing education, and educators must find innovative and effective methods to engage millennial students. Nurse educators are challenged to facilitate learning experiences that promote higher-order thinking in the classroom, and research studies have emphasized the importance of implementing an active pedagogy to meet the needs of learners (O'Flaherty & Phillips, 2015). The results of these studies provided educators with a framework to guide the transition from a passive approach to an active approach.

A review of research studies conducted on this topic revealed a gap in the practice, knowledge, understanding, and skills of nursing faculty members related to implementing the flipped classroom (Hessler, 2016). Minimal research has been conducted on the effectiveness of a conceptual framework such as the FLIP Learning Model and how it can be used as a guide for educators to help them transition into a flipped classroom (Yarbro et al., 2014). This study explored the readiness of nurse educators in the local setting to transform their practice from a teacher-centered focus to a student-centered focus using principles of active learning.

Implications for positive social change as a result of this study included more informed curriculum planning by faculty members and administrators, greater assistance to educators in designing learning activities, and the promotion of the flipped classroom for nursing students at the local setting. Additionally, learners will benefit from this study

as the findings inform interventions that promote best practices and lead to increased learner success within a learning environment.

Summary

This section provided a definition of flipped learning, summarized research findings on the perceptions of educators and learners about the flipped classroom, and reviewed research on the relationship between the flipped classroom and student performance. Existing research (a) supports the need for active pedagogies that challenge millennial students and adult learners and (b) supports using the flipped classroom as a way of creating more active classrooms that reach millennial students and adult learners. The flipped classroom has been associated with increased learning, the promotion of critical thinking, and increased student engagement.

Section 2 of this project study provides information on the qualitative research methodology, collection of data, and discussion of the emerging themes. Section 2 concludes with a discussion of how the findings align with the conceptual framework that is used to guide this project study. Section 3 of this project study includes a proposal for a 3-day professional development seminar that was developed to increase the self-efficacy of the nurse educators at the local setting (see also Appendix A). The topics that will be discussed during the seminar align with the findings of the project study. Section 4 of this project study includes a self-reflection, summary, conclusions, and suggestions for future scholarly work.

Section 2: The Methodology

Research Design and Approach

The purpose of this study was to explore the perceptions of nurse educators concerning their self-efficacy to facilitate an instructional method referred to as the "flipped classroom or inverted classroom" (Long et al., 2018, p. 1). I used a qualitative phenomenological approach to examine nurse educators' perceptions of the study phenomenon. Researchers have suggested that qualitative research, especially phenomenological research, is best suited for searching for meaning and understanding individuals' lived experiences (Merriam & Tisdell, 2016). The initial phase of any qualitative phenomenological process begins by acknowledging the desire to understand the essence of lived experiences (Ellis, 2016) of a certain group (Merriam & Tisdell, 2016), in this case, nurse educators.

I considered but opted against using a quantitative approach. Although there are many advantages to quantitative research methods, there are also two specific disadvantages. First, quantitative researchers assign precise measurements to the data that they collect (Creswell, 2012). This is an important characteristic of quantitative analysis; however, when researchers seek to identify and understand the lived experiences of participants, quantifying data is less useful. A second disadvantage of using a quantitative research method for this study is that it would have limited the responses from participants (e.g., forcing them to use a Likert-scale response). Thus, a quantitative approach would not have enabled me to develop an in-depth understanding of the problem and answer the research question. A qualitative approach provides participants

with opportunities to share their insights, thoughts, opinions, feelings, and experiences at a deeper level (Merriam & Tisdell, 2016); thus, a qualitative approach best suited the intention of this study.

I served as the primary instrument of data collection and analysis, which is consistent with Merriam and Tisdell's (2016) observations about the role of the qualitative researcher. I used a semi-structured interview protocol (see Appendix B) to gather data about the self-efficacy of nurse educators to implement the flipped classroom. According to Merriam and Tisdell, the product of a phenomenological study is a "composite description that represents the essence of the phenomenon" (p. 27). As a result, a phenomenological approach provided a better understanding of the participants' lived experiences.

Participants

According to Merriam and Tisdell (2016), the sample size should be large enough to gain insight regarding the phenomenon of interest. The sample for this study consisted of nine nursing faculty members from the ASN nursing program. The sample size must meet the goal of providing adequate depth in terms of perspectives or attitudes of participants to sufficiently answer the research question (Lodico, Spaulding, & Voegtle, 2010). Qualitative researchers strive to obtain a deeper understanding of a phenomenon rather than to generalize findings to a population (Merriam & Tisdell, 2016). I employed a purposeful sampling strategy for this study. According to Lodico et al. (2010), purposeful sampling means that the participants have specific knowledge regarding the

topic of interest, Purposeful sampling is the most common sampling strategy used among qualitative researchers (Merriam & Tisdell, 2016).

Participant recruitment did not begin until I gained approval from Walden's Institutional Review Board (IRB). Once IRB approval was established, I contacted the dean of the nursing program to gain access to the nurse educators. The dean of the nursing program was considered the gatekeeper, or the individual who controls access to the site, consistent with Lodico et al.'s (2010) framework. Because the objective of this study was to explore the self-efficacy that nurse educators possessed regarding the implementation of the flipped classroom teaching strategy, I recruited full-time nurse educators from the ASN program who had taught for a minimum of two years within a classroom environment. It was also essential to select educators with classroom experience because they most likely had an interest in the flipped classroom and/or experience with it, or both. I excluded nurse educators who taught exclusively in the nursing skills setting or the clinical setting because flipped-classroom concepts do not apply to their areas of teaching.

I composed an email (see Appendix C) in which I explained the study to the potential participants. I also posted fliers (see Appendix D) in the faculty conference rooms to help with recruiting potential participants. Once potential participants expressed interest in the study, I scheduled a time to further explain the study and address any concerns that the participants had.

In these meetings, I reminded potential participants that I held no supervisory authority over them. Therefore, their responses would not influence or jeopardize their

position at the local setting. One way to establish a relationship with participants is to spend time getting to know them through small talk before conducting the interview (Bogdan & Biklen, 2007). An advantage of building a relationship with participants is that it helps to alleviate any of their worries or fears regarding the interview process (Bogdan & Biklen, 2007). I reminded the participants that their involvement in this study was voluntary and that they could withdraw from the study at any time and for any reason without fear of reprisal.

Once the participants were selected, I met with each participant and obtained a signed informed consent form. An informed consent document is required to ensure that the research is conducted ethically; it also assures that participants understand the purpose of the study and the role they will play in the study (Merriam & Tisdell, 2016). Key elements that were included in the informed consent agreement included (a) the purpose of the study, (b) the procedures of the study, (c) the risks and benefits of the study, (d) the procedures used to protect participants' confidentiality, (e) each interview will be audio recorded for accuracy, and (f) a statement indicating that the study is voluntary and that participants could withdraw at any time and for any reason (Merriam & Tisdell, 2016). Each participant was given an opportunity to ask questions or express any concerns before signing the informed consent form. After the informed consent forms were signed and collected, I securely stored all informed consent forms and data in my home office in a locked file cabinet to which only I have the key. I assigned the participants a numeric code to protect the confidentiality of their identities and data.

Data Collection

The semi-structured interviews were 45 to 60 minutes in length and were conducted in a one-on-one, distraction-free setting. Interviews are the most common strategy used in phenomenological research because interviews can provide rich experiential details regarding the phenomenon of interest (Adams & Anders van Manen, 2017). In order to identify these experiences and describe these lived experiences, a critical element during the semi-structured interview process is to gather descriptive data in the participants' own words, which allows the researcher to identify and describe participants' lived experiences (Bodgan & Biklen, 2007). The advantage of using a semi-structured interview protocol is that it provides the autonomy and flexibility to pursue a range of topics that allow participants to shape and guide the content of the interview (Bodgan & Biklen, 2007). Although a rigid or structured interview protocol allows participants to share insights in their own words, it does not provide the interviewer with opportunities to ask probing or follow-up questions, thereby limiting the ability to collect in-depth information (Bodgan & Bilken, 2007).

I asked appropriate probing questions that encouraged participants to share their experiences in order to increase the richness of the data (Bodgan & Bilken, 2007). Probing questions provide a method of exploring participants' experiences more deeply. By using conversation probes, such as "What do you mean?" or "Would you explain that?," participants are able to guide the interview process and provide responses that describe their perceptions of the phenomenon of interest. Ellis (2016) also encouraged the

use of conversation probes, suggesting that probed responses provide a fuller understanding of how participants view their experience.

The research question for this study was as follows: How do nurse educators describe their self-efficacy with implementing the flipped classroom? To answer this research question, I developed a semi-structured interview protocol (see Appendix B) by consulting with my doctoral committee members as well as by following recommendations and strategies covered in the advanced research courses that I completed throughout Walden's curriculum.

The interviews were 45 to 60 minutes in length and conducted in a one-on-one, distraction-free conference room at the local setting during a mutually convenient time for the participants and myself. Each interview was audio recorded for accuracy. I explained why the interviews had to be recorded and gained the participants' permission before recording. The audio recording equipment was tested first to assess the sound quality. I conducted nine interviews, and at that point, data saturation was reached. It was evident that data saturation had been met in the research process because no new information was discovered. After each interview was conducted, I had the recordings transcribed into text by a professional transcription service. The professional transcription service signed a confidentiality agreement before starting the transcription process (see Appendix E).

Preconceptions can influence how the data are collected and interpreted. In qualitative research, a close relationship often exists between the researcher and the research topic, and this relationship can sometimes interfere with how the researcher

interacts with the participants and the data (Tufford & Newman, 2016). Bracketing throughout the research process allows for in-depth reflection, which enhances the acuity and accuracy of the data. I used bracketing to enhance my objectivity during the data collection phase. According to Tufford and Newman (2016), bracketing is a method used in qualitative research "to mitigate the potentially deleterious effects of preconceptions that may taint the research process" (p. 1). One method of bracketing is writing memos throughout the data collection and data analysis processes (Tufford & Newman, 2016). I wrote down observational comments during and after each interview. The observational notes detailed my thoughts, feelings, and dominant impressions of each interview.

I gained access to the participants through the gatekeeper at the local setting. The gatekeeper at the local setting was the Dean of the College of Nursing. Once the participants were identified, I addressed any concerns before collecting the informed consent agreement. I reiterated to the participants that they could withdraw from the study at any time without fear of reprisal. I also reminded the participants that their responses would be kept confidential and that their responses would not pose a threat to their position of employment at the local setting. If there were no questions or concerns, I collected the signed informed consent agreement.

For several years, I was a nurse educator at the local setting. During my employment, I taught in the baccalaureate science of nursing (BSN) program. I sought to explore the perceptions and self-efficacy with implementing the flipped classroom from the ASN nurse educators. When I was a BSN faculty member, I rarely interacted with the ASN nurse educators, and I did not have any supervisory authority over any nurse

educators. I am no longer an employee of the local setting. I believed researcher bias was minimized by using the bracketing technique as I collected the data.

Data Analysis

Analyzing data collected from several interviews can be a daunting task (Merriam & Tisdell, 2016). I used a qualitative data analysis software (QDAS) application to assist in organizing and analyzing the data. Qualitative data analysis software (QDAS) is helpful for efficiently storing, organizing, and managing the data (Saldana, 2011). I analyzed one transcript at a time carefully and thoroughly. The next step was coding the data. Codes are labels used to describe a segment of text (Creswell, 2012). During the first cycle of coding, I utilized value coding. According to Saldana (2011), value coding in qualitative research reflects participants' values, attitudes, and beliefs, which represent their world views. Value coding aligned with the research question because I was interested in the participants' perceived self-efficacy with implementing the flipped classroom. In the second round of coding, I classified and prioritized the lists of codes. Next, I grouped the codes together to form categories or themes. At this point in the data analysis process, no discrepant cases were identified. A discrepant or negative case is one in which the participant's experiences or viewpoints differ from the main themes found in the study (Creswell, 2012). Creswell (2012) cautioned researchers not to over code the data because the goal is to identify five to seven themes in qualitative research. Themes are comprised of similar codes that are combined to form a major idea (Creswell, 2012). The 4 themes are the most frequently discussed ideas or thoughts that pertain to the phenomenon of interest. The 4 themes revealed in this study include (a) assessment of

student learning, (b) barriers for nurse educators, (c) perceptions, and (d) professional development. Next, I wrote a detailed description about the themes found in the study.

Data Analysis Results

The purpose of this qualitative study was to explore the perceptions of nurse educators concerning their self-efficacy to transition to the flipped classroom teaching pedagogy. By using semi-structured interviews as a data collection strategy, my goal was to gain an understanding of the attitudes and beliefs that influence nurse educators as they reflect on their experiences facilitating the flipped classroom. The research question that guided this study was as follows: How do nurse educators describe their self-efficacy with implementing the flipped classroom?

I interviewed each of the nine participants face-to-face in a distraction-free setting. Each participant was employed as a full-time nurse educator in the ASN program at the local setting. The participants included both women (n = 8) and a man (n = 1), The ages of participants were between 36 and 61 years, and their nursing experience ranged from 3 years to 10 years (see Table 1).

Table 1

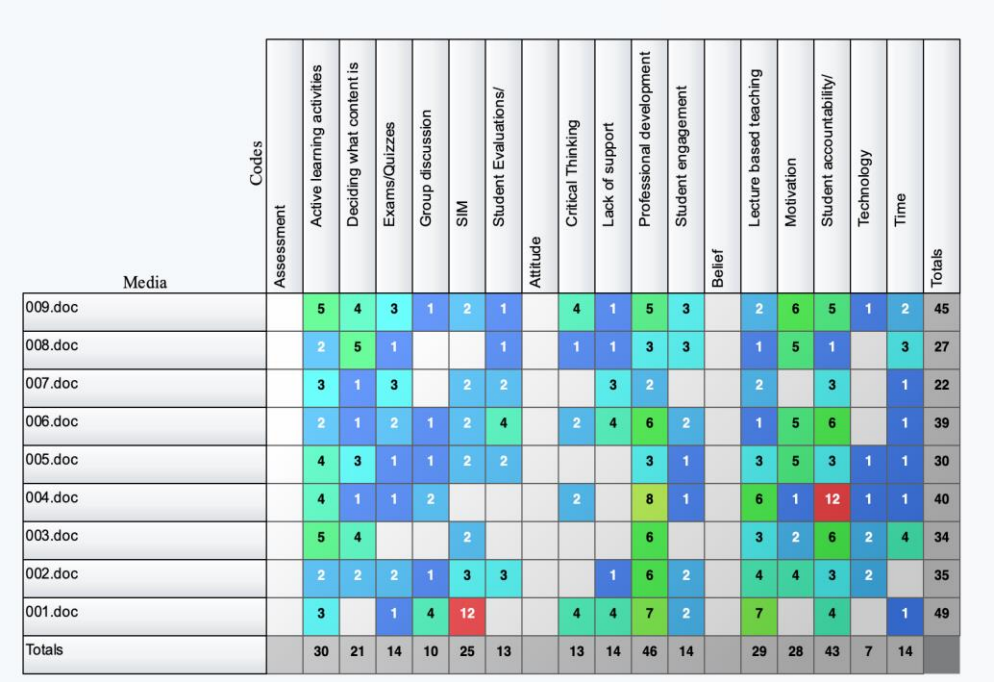
Gender, Years of Teaching Experience, and Age of Participants

Participant Number	Gender	Years of Teaching Experience	Age
001	F	6	41-45
002	M	4	56-60
003	F	10	56-60
004	F	5	46-50
005	F	10	61+
006	F	4	36-40
007	F	8	41-45

008	F	3	46-50
009	F	4	46-50

I selected the sample using a purposeful sampling technique, which resulted in nine individual nurse educators who responded to my recruitment email (see Appendix C). All nine of the nurse educators met the inclusion criteria. After they expressed interest in participating in the study, we scheduled an interview via email to be conducted at a mutually convenient time and location. Each participant was provided with an approved informed consent form to review. Once participants reviewed and signed the informed consent form, they provided a copy for me and I kept a copy for their records. With permission from each participant, I audio-recorded each semi-structured interview. I used the interview guide that was approved by Walden's IRB (see Appendix B) to guide the interviews, and each interview required approximately 45 to 60 minutes.

This research study was guided by the following research question: How do nurse educators describe their self-efficacy with implementing active learning methods in the classroom? Data were coded using open coding as well as values coding. Values coding in this research study reflects the attitudes and beliefs of nurse educators concerning their self-efficacy in transitioning to the flipped classroom teaching strategy. Fifteen different codes were applied to the data, resulting in the emergence of 4 themes. The fifteen codes were evenly applied throughout the transcripts of all participants (see Figure 1). I have accounted for all coded data, as shown in Figure 1, and there were no discrepant cases to report for this study.



Media	Assessment	Active learning activities	Deciding what content is	Exams/Quizzes	Group discussion	SIM	Student Evaluations/	Attitude	Critical Thinking	Lack of support	Professional development	Student engagement	Belief	Lecture based teaching	Motivation	Student accountability/	Technology	Time	Totals
009.doc		5	4	3	1	2	1		4	1	5	3		2	6	5	1	2	45
008.doc		2	5	1			1		1	1	3	3		1	5	1		3	27
007.doc		3	1	3		2	2			3	2			2		3		1	22
006.doc		2	1	2	1	2	4		2	4	6	2		1	5	6		1	39
005.doc		4	3	1	1	2	2				3	1		3	5	3	1	1	30
004.doc		4	1	1	2				2		8	1		6	1	12	1	1	40
003.doc		5	4			2					6			3	2	6	2	4	34
002.doc		2	2	2	1	3	3			1	6	2		4	4	3	2		35
001.doc		3		1	4	12			4	4	7	2		7		4		1	49
Totals		30	21	14	10	25	13		13	14	46	14		29	28	43	7	14	

Figure 1. Coding categories applied to participant transcripts. The coding categories are at the top of the figure, and the participant transcripts on the left. The cells show the number of codes per category for each participant.

Following are four themes that reflect the findings of the data analysis.

Theme 1: Assessment of Student Learning

This theme reflects the nurse educators' self-efficacy as they determine how to effectively use class time to assess student learning.

Active learning. The most commonly mentioned active learning strategy used to assess student learning was the case study. Case studies have been frequently used as a classroom strategy to evaluate students' ability to think critically, solve real-world problems, and identify salient contextual issues. Participants reported three problematic concerns that resulted from using case studies as in-class assignments to assess student

learning. The first problematic concern the difficulty of creating a case study with sufficient detail to foster and promote critical thinking among students. One participant reported that creating detailed case studies “would mean more work… coming up with a really good activity that's making them [students] kind of critically think with this.”

A second problematic concern is the difficulty of ensuring that students come to class prepared to complete the case study. One participant stated that “students don't come prepared to class but when using active learning strategies, like case studies, they [students] would have to come ready and prepared to participate in class.” In many instances, teachers rely on students’ preparation as part of the lesson planning for a particular class period. If students attend class unprepared, this can negatively affect the learning outcomes for other class members as well as disrupt the overall course curriculum and pacing.

The third problematic concern is the degree to which emphasis should be placed on evaluating students’ performance on an in-class case study assignment. The purpose of case study pedagogy is to help students understand and resolve complex real-world problems that do not always lend themselves to easy answers. One participant reported that “I feel attaching a grade to it [the case study assignment] will make them take it more seriously, whereas if there's no grade attached to the active learning in class, they're not gonna come prepared.”

Exams and quizzes. Another commonly mentioned active learning strategy used to assess student learning was exams and quizzes. There were two major concerns with assessing student learning using this method. All the participants stated that they measure

student learning by using exams, quizzes, and the Assessment Technologies Institute (ATI which is a standardized testing product that helps students prepare for the state licensure exam known as the NCLEX exam). Participants reported that in order to prepare students for the NCLEX exam, students should complete multiple exams and quizzes throughout the semester. One participant explained that "I would not take the exam part of that away. As nurse educators, we must present exams because we are getting students ready for the NCLEX exam."

Another concern with the use of exams and quizzes is figuring out how to prevent grade inflation, which could occur if students are required to submit weekly in-class assessments for points towards their course grade. At this local setting, the students had to achieve a minimum of 80% on course exams and quizzes before any other assignment could be added to their course grade. As a result of this policy, another participant reported that "we have a lot of issues with how points for assignments can be distributed in each course legally while maintaining the 80% rule." Therefore, addressing the requirements and the manner in which points can be consistently distributed in each course is a major concern. This concern would have to be addressed prior to implementing the flipped classroom.

Group activities or discussions. A third commonly mentioned active learning strategy used to assess student learning was group activities or discussions. Some participants reported that their students benefit from interacting with each other because they can explain concepts differently than the teacher. One participant explained that "students can talk to each other in more understandable terms than what we [nurse

educators] tend to use." A barrier preventing the use of group activities in class is that the students strongly dislike working in groups. The most common complaint from students is that some members of the group do not equally contribute to the assignment. One participant reported that "we need more group discussions in class, but they [students] hate to break off into groups." Another participant reported that "students don't typically love group work, and I see their point but also see there are two sides to that." Even though students benefit from engaging in group activities as a way to collaborate and problem solve, participants generally reported that some guidelines must be implemented governing how the group members should communicate and contribute to the assignment.

Simulation. A final commonly mentioned active learning strategy used to assess student learning was simulation (SIM). Simulation allows for students to practice technical skills and critical thinking without the real-life consequences of making an error. Simulation also helps kinesthetic learners, who learn skills by touching, feeling, and operating the equipment needed to care for patients. One participant explained that most nurses adopt a kinesthetic learning style to some extent: "We're nurses; we're kinesthetic, and that's how we learn our skills… by practice." Participants reported that students enjoy hands-on learning because they get to apply concepts, tasks, and procedures they are learning. One participant stated that "SIM is a different way of introducing a little bit of content, and I think they [students] like that because it relates to their wanting to do what a nurse does." Simulation is an excellent learning strategy that encourages students to develop their teamwork skills and to solve real-life problems. One

participant explained that she developed an interprofessional simulation experience (IPE) for her class. The nursing students worked with other healthcare providers, such as a radiology technician and an emergency medical technician (EMT). The experience not only enhanced student learning and student engagement, but it also helped increase and improve communication among the interdisciplinary team. The participant reported, "The IPE was well received by the students, and the comments on the evaluation were very positive." According to participants, simulation as an active learning strategy in the flipped classroom promotes critical thinking, student engagement, collaboration, and professional communication skills.

Theme 2: Barriers for Nurse Educators

This theme reflects the perceived barriers that influence the self-efficacy of nurse educators in implementing the flipped classroom. Technology is identified as a perceived barrier that influences the self-efficacy of nurse educators in implementing the flipped classroom. Research literature supports that technology can be a barrier; therefore, identifying problematic issues and working to resolve them before starting the transition from a traditional classroom format to a flipped classroom would be beneficial both for faculty members and students (Long et al., 2018).

Technology. Participants reported two primary concerns related to technology: (a) student access to technology, and (b) faculty access to supportive IT and distance education (DE) departments. One participant reported that "I have had some students that were not computer literate." At the local setting, the population of students includes both traditional and nontraditional students. In some cases, nontraditional students become

frustrated because they have difficulty utilizing technology in the classroom and in the clinical setting. Another participant reported that “some of them [students] don't own computers, and some of them [students] I don't think can use technology. Because of this, I know we have had students leave the program.” If students do not have their own electronic device or know how to access the learning management system (LMS) used by the college, they will not be able to adequately prepare for class.

Another participant emphasized the importance of maintaining adequate resources on campus to help troubleshoot technical issues. Research studies support the importance of including IT and DE departments in discussions about making the transition to the flipped classroom (Tolks et al., 2016). The success of this transition often relies on ensuring that the LMS and college intranet can support the recordings and other active learning methods that educators may require for their courses. For example, one participant stated, “I think if… we must have good distance education people who would be able to assist with the transition… that would make it easier for faculty.” Participants’ responses suggested that collaboration and training with the college IT and DE departments should be a part of the professional development training for educators using the flipped classroom.

Time. Participants identified time as a second perceived barrier that influences the self-efficacy of nurse educators in implementing the flipped classroom. During each interview, when asked about the first thing that came to mind when the flipped classroom is mentioned, most participants indicated the amount of time required to prepare for the flipped classroom. One participant reported that “I think initially, there would be

significant preparation if you were to put all your lectures on tape and everything." A second participant stated that "it requires me to be very organized before I write the syllabus so that what's on the syllabus feeds the entire process. You can't do things at the last minute."

Another concern related to time constraints was that workload would include conceptualizing and designing in-class assignments that would benefit students. This participant explained that this "would mean more work… coming up with a really good activity that will make the students critically think." Working with faculty to help them plan the transition so that they are not overwhelmed would be helpful. The literature supported the idea of using an implementation model to help with planning and organizing the transition from a teacher-centered to a student-centered model (Tolks et al., 2016).

Lecture-based teaching strategy. Participants identified lectured-based teaching (teacher-centered approach) as a third perceived barrier that influences the self-efficacy of nurse educators in implementing the flipped classroom. There are several reasons why lecture-based teaching continues to be the dominant teaching style in nursing education. The first reason is that many educators teach the way they were taught. One participant stated that "that's the way I was taught, so that's how I'm going to teach." A second reason is that there is a large amount of content that educators believe that they have to teach, and lecturing is the most effective way to make sure that happens. One participant explained that "in fundamentals, we're trying to deliver to them [students] a large amount of material, and so lecture still seems to be a way to provide a large amount of material in

a short period of time." Another participant stated that as the teacher, "I know what they need to know, and I have to get from them what they already know." As a result, this participant did not see a problem with her teaching style being more teacher-centered than student-centered.

A third reason is that using a lecture-based teaching style does not require as much preparation as the flipped classroom. One participant reported that "I've been given all the PowerPoints, and I review all of my PowerPoints obviously before class, and I use the book as a guide." As previously noted, implementing the flipped classroom with in-class activities requires a substantial amount of preparation. Additional instruction about the effectiveness of a student-centered environment is needed as a component of professional development. Decisions about how to make curricular and course development revisions should be guided by evidence-based practice. The professional development opportunity should include evidence-based practice examples for the nurse educators.

Student evaluation/feedback. Participants identified Student evaluation/feedback as a fourth perceived barrier that influences the self-efficacy of nurse educators in implementing the flipped classroom. Students are given the opportunity to evaluate the course and course faculty at the end of each semester. A common barrier that prevents transitioning to the flipped classroom is the threat of negative student feedback. One participant reported that "obviously, their [students'] evaluations will show, for sure, positive or negative thoughts and feedback." Another participant reported that "I really enjoy the active learning pieces that I put into the class, but I've had lots and lots of

pushback from students." She further indicated that a common response from students is that they do not feel that they should take ownership for learning. In other words, the expectation is that they are paying for their instructors to teach them what they need to know, so the students refuse to actively participate in learning.

One participant explained that the students expect the PowerPoints to have every little detail on there. "When I take some [details] off and I say now you've got to listen and write it down yourself," they freak out, like… I have to write that down? I'm like, yeah. It's also in your book." Another participant described a conversation she engaged in with a displeased student: "I had one student tell me… she goes, 'I pay to come here for you to teach me, and this is my second career; I do not have time for this.'" While the literature supports that active learning methods, such as the flipped classroom, benefit students, it is necessary to explain this to students to prepare them (Njie-Carr et al., 2017). It is also important to show students positive results from research studies that support the transition to a student-centered environment.

Lack of Support. Participants identified the lack of support from the administrators at the local setting as the final perceived barrier that influences the self-efficacy of nurse educators in implementing the flipped classroom. One participant reported that "support from the program director, the dean, [and] other faculty members has to be there." Many participants expressed concern that if students resisted the flipped classroom or if their grades declined, the administration would not support the flipped classroom. Another participant reported that "there's a fear that students don't do well, and it's our responsibility, our fault, and ultimately, it's my job. It's my family and it

comes back to all that eventually." Another participant stated that "student resistance does tie into your evaluations, and if you get a class that hates what you're doing, that could eventually affect your evaluation."

Even though the faculty at the local setting understand the benefits of transitioning to the flipped classroom, barriers such as lack of support from administration do impact their ability to move forward. In addition to obtaining support from students for transitioning to the flipped classroom, support should also be elicited from the dean, program directors, and other administrators at the local setting. Perhaps including all the administrators in the professional development opportunity could help explain the benefits of the transition from a teacher-centered environment to a student-centered environment.

Theme 3: Perceptions

This theme reflects the beliefs and attitudes that nurse educators reported would motivate them to transition to the flipped classroom.

Student accountability. Participants reported that a lack of student accountability as a belief or attitude impacts their motivation in transitioning to the flipped classroom. The flipped classroom requires that students assume responsibility for their learning. The student responsibility for learning happens both inside and outside of the classroom. One participant stated that "students would have a higher responsibility to prepare for class in the flipped classroom," which might include reviewing pre-recorded lectures, PowerPoint presentations, and assigned readings. Once the preparatory work has been completed, students attend class, where they are expected to make connections between theory and

practice. If students fail to assume the responsibility for preparing outside of class, it is difficult for them to apply the material in class when the instructor implements active learning strategies, such as case studies. One participant reported that “the students expect it [class] to be teacher led.” She further stated that

> any time you want engagement from a student-led perspective, you'll have some… that will go along with it, but… a lot of the eyerolls with huffing and puffing or just not doing it. I think that's… ultimately as an educator… and I think everybody's goal is you want them to learn.

If students do not prepare for class, then class time becomes less meaningful for them.

Another participant reported that “some barriers that would affect my ability to incorporate the flipped classroom [include] pushback from the students, students not being engaged, and the lack of preparedness from the students.” Many participants expressed curiosity about how to motivate students to engage in active learning and ultimately the flipped classroom. One participant expressed concern about the possibility that learning outcomes may be compromised if students do not prepare for class:

> I just worry about the students that don't do the up-front work, like the prep work, and then they come to class, and now we're doing this active learning. Are they really getting anything out of it if they haven't prepared for the class beforehand?

Helping students understand the benefits of transitioning from a teacher-centered environment to a student-centered environment is important. For example, informing students that using class time to apply theory to practice has been linked to NCLEX success (Njie-Carr et al., 2017).

Motivation. Participants identified motivation as a belief or attitude that influences their self-efficacy in transitioning to the flipped classroom. Motivation is a factor that plays an important role in transitioning from a teacher-centered environment to a student-centered environment. If educators are forced to make this transition with little to no support, this influences their ability to complete the transition. One participant explained that after learning about the flipped classroom in graduate school that he became motivated to make this transition. This participant explained that the flipped classroom seemed suitable to his teaching style and he eagerly anticipated using it:

> I thought that it [the flipped classroom] was one of the teaching strategies that I would prefer employing in my classroom compared to other ones… and I'm definitely interested in doing it, excited about the fact that it could be the future of my classroom.

Another participant reported initiating the transition to the flipped classroom:

> I would like to do more active learning, because the students are just sitting there for two hours, so I bought this one[textbook] on my own, and I turned right to flipping the classroom, and it goes over how to implement the strategy and why to do it.

Several participants were concerned about students' attitude as well as participation levels in the flipped classroom. These barriers negatively influence their motivation to transition to the flipped classroom. One participant reported that "it's like, that's a great idea, but that's not going to work for us, and are the students really going to do it?" Another participant reported she was also concerned about the lack of student

accountability. She reported that students “just want to sit there, and they want you to teach.” Another participant revealed that she had tried the flipped classroom, but it was unsuccessful due to student resistance. The participant stated that “well, the other barrier I think is me in that I've had some unsuccessful times. I can't lose a whole class to an unsuccessful attempt.” Motivation plays a role in adopting the flipped classroom and having the students participate in class. Motivation is also key in determining one’s self-efficacy to make the transition from a teacher-centered environment to a student-centered environment.

Theme 4: Professional Development

This theme reflects some key elements that nurse educators require in order to increase their self-efficacy to transition from a teacher-centered environment to a student-centered environment.

Technology. Participants identified challenges with technology as a belief or attitude that influences their self-efficacy in transitioning to the flipped classroom. Participants reported one specific challenge that aligns with professional development training--i.e., learning how to use technology to record and post content. One participant reported that “I am 58 years old, and it takes me a while with technology.” Another participant reported that “there are technology things that we would have to learn for the implementation of the flipped classroom.” Although age is not necessarily a factor that determines whether technology is used effectively, having an instructor, trainer, or IT expert explain and demonstrate the use of technology features and applications would be helpful when transitioning to the flipped classroom. Technology is an area in which

educators need assistance so that they are able to gain the confidence required to employ the flipped classroom.

How to decide what content can be flipped. Participants identified challenges with how to decide what content can be flipped as a belief or attitude that influences their self-efficacy in transitioning to the flipped classroom. Most of the participants reported that using summative or formative evaluations help in deciding what content is appropriate for the flipped classroom. In addition to using summative and formative evaluation tools, some participants reported that their experience with teaching has helped them decide what content is appropriate for students to learn on their own. For example, one participant reported that "There is a lot of material out there that I don't think could be flipped. Because it [material] was muddy for me to learn and relearn myself, then it would be muddy for the student as well." Another participant reported that using intuition to determine appropriate content: "So it's by my gut, I think, more than anything."

Some participants reiterated that student accountability is essential if the flipped classroom is to be successful. As a result, students must be held accountable for previously learned material, such as pathophysiology. Therefore, in the flipped classroom, educators would not spend time reviewing content that students already should know. One participant reported that students should be held accountable for information that they have learned in prior classes and that instructors should "present the new information in class." It is critical that educators spend time thinking about their course content and how to help the students meet their learning objectives. In summary,

not all course content has to be flipped, but rather it is up to nurse educators to make that decision.

Critical thinking. Participants identified challenges with promoting critical thinking as a belief or attitude that influences their self-efficacy in transitioning to the flipped classroom. Critical thinking is key in preparing nurses who are able to navigate successfully today's complex healthcare system. Unfortunately, traditional teacher-centered environments have not promoted critical thinking. One participant pointed out that it is not easy to create a "spirit of inquiry in a teacher-centered environment." When students are engaged in passive learning, they focus on memorizing content as opposed to applying content. On the other hand, when students are engaged in active learning, they are encouraged to rely on and employ their previously learned skills, knowledge, and experience to solve problems. Another participant stated that clinical judgment is an essential goal of nursing education: "Nursing is all about this clinical judgment, which is what we should be going towards, and I feel like that's really hard to do with a lecture style." Therefore, using activities like case studies, SIM, or group discussions could help students think critically and develop clinical judgment which is needed for the real-world of nursing.

Student Engagement. Participants identified challenges with promoting student engagement as a belief or attitude that influences their self-efficacy in transitioning to the flipped classroom. Student engagement implies that students come to class prepared to take ownership of their learning. In student-centered learning environments, students' learning experiences are the focus. One participant reported that if the "class is student

led, that obviously means they're [students] putting in something." Another participant reported that if "the students are engaged in the flipped class; they would be getting more out of the class time."

Using active learning strategies, such as case studies or simulation, requires that the students prepare prior to class. Class time becomes meaningless for students if they have not completed the preparatory work. One participant reported that she gauges student engagement by "their questions or their input… I can usually tell when their interest is piqued and when the lightbulbs are on." Providing creative ways to promote critical thinking and increase student engagement is crucial for the success of the flipped classroom. Helping nurse educators develop methods to foster critical thinking and student engagement is essential for increasing their self-efficacy so that they can transition their teaching practice from a teacher-centered environment to a student-centered environment.

Evidence of Quality

Trustworthiness of the data is crucial to the process of evaluating qualitative data (Connelly, 2016). The trustworthiness of the data includes credibility, transferability, dependability, and confirmability. Credibility was accomplished by using consistent interview questions for each participant (Connelly, 2016). I also used probing questions in the interviews to facilitate honest responses that added richness to the data. Each interview was conducted in a mutually convenient but also a private location so that the participants felt comfortable in answering the questions honestly. I assured each participant that his/her responses were kept anonymous and that if he/she felt

uncomfortable at any time they could withdraw from the study. The interview guide was reviewed and approved by Walden University's IRB.

Transferability or external validity indicates that the findings can be generalized (Connelly, 2016). I achieved transferability through careful data analysis and interpretation as well as recommendations for how findings should be considered. I used a qualitative data analysis software (QDAS) application to assist in organizing and analyzing the data. In order to transfer the results of this study to another setting, understanding of the data analysis procedures and themes will result in the ability replicate this study in a similar population that seeks to understand the nurse educator's self-efficacy related to the facilitation of a flipped classroom. Dependability was accomplished through the clear description of the target population, employment of consistent strategies in recruiting, interviewing, and coding, and careful clarification of information in order to correctly describe the phenomenon of nurse educators' self-efficacy related to the facilitation of a flipped classroom (Connelly, 2016). Confirmability was established by writing reflective memos during the data collection and analysis phase. After each interview, I made observational notes that described my attitude, feelings, and dominant thoughts about the interview. Evidence of quality and integrity are demonstrated by this description of credibility, transferability, dependability, and confirmability.

Summary of Findings

The first significant finding was that nurse educators at the local setting struggle with the assessment of student learning in the flipped classroom. While nurse educators

understand the term “active learning,” they lack the self-efficacy to create and implement in-class active learning strategies, such as case studies, simulation scenarios, and collaborative learning projects. Self-efficacy has been defined as an individual's confidence in his or her ability to execute a task (Bandura, 1986). According to Tolks et al. (2016), in-class assignments should be designed to provide immediate feedback to students about their knowledge and learning performance. These in-class assignments also should promote application of theory to practice (Tolks et al., 2016). Perhaps professional development opportunities can assist nurse educators by providing resources to help them create and implement in-class assignments.

Another concern related to the assessment of student learning in the flipped classroom is how to consistently incentivize students to complete assignments without causing grade inflation. Tolks et al. (2016) noted that an incentive in the form of a grade or points must be in place to encourage students to prepare for class and then complete the in-class assignments. While the research literature supports the idea of incentivizing students to complete assignments, the nurse educators at the local setting require guidance about how to award points or grades for students who complete in-class assignments without compromising their current grading policy.

The second significant finding was that while the lecture-based teaching strategy continued to be the primary instructional method at the local setting, most of the nurse educators reported that they were motivated to transition to a student-centered environment. According to the transformative learning theory, during the critical reflection phase, nurse educators may question their current practices as the group of

students evolve or when a challenge arises with the curriculum (Burden et al., 2015). The problem at the local setting was a decrease in NCLEX (state licensure exam) scores and a student population consisting of millennials being taught mostly by educators of a different generation. Millennial students have grown up with technology, and they expect technology to play a major role in their learning experiences (Stephens & Gunther, 2016). The nurse educators at the local setting realize that there are benefits to fostering a student-centered environment, which includes the enhancement of student learning, the promotion of critical thinking, preparation for the state licensure exam, and increased student engagement (Njie-Carr et al., 2015). Some of the nurse educators researched the flipped classroom, and some nurse educators attempted to introduce this strategy into their courses. However, barriers such as time limitations, lack of student accountability, and inadequate technical support have presented challenges for those nurse educators.

The third and final significant finding was the need to increase the self-efficacy of nurse educators in facilitating the flipped classroom by providing professional development opportunities. Because most of the nurse educators at the local setting were eager to make the transition to a student-centered environment, providing an implementation plan or model could help these educators begin (or successfully complete) the process of transitioning to the flipped classroom (Long et al., 2018). Another way to assist the nurse educator is to have experts available to consult with nurse educators. These experts could share their insights, ideas, and experiences during their implementation process. In addition to having experts available for the nurse educators, the IT and DE departments could also work with nurse educators and assist them with

technical support and accessibility. This concludes Section 2, and the next section will describe the project based on these findings.

Section 3: The Project

Introduction

The purpose of the study was to explore the perceptions of nursing faculty members concerning their self-efficacy with implementation of the flipped classroom pedagogy. Based on the results of my study, I developed a 3-day professional development seminar with 8 consecutive hours of training each day. The seminar was designed to increase the self-efficacy of nurse educators to implement and facilitate a flipped classroom pedagogy. As an adjunct to the 3-day professional development seminar, I plan to establish a virtual professional learning community (PLC) for nurse educators at the local setting.

Rationale

The findings of the study revealed identified three major barriers that impact the self-efficacy of nurse educators at the local setting: (a) the difficulty of assessing student learning in a flipped classroom, (b) little or no access to an implementation framework that assists in transitioning from a teacher-centered environment to a student-centered environment, and (c) the absence of collaboration with experienced experts who possess insight into the process of implementing a flipped classroom pedagogy. The seminar is designed to address these barriers.

The purpose of the virtual PLC is to (a) help sustain and augment the knowledge of educators about active pedagogical approaches and to (b) encourage them to consistently participate in peer collaboration activities. The nurse educators will have access to the virtual PLC through the LMS at their institution. The PLC will include

access to a website where resources such as handouts, articles on best practices in nursing education, and URL links to helpful tutorials can be shared and discussed. Finally, I will provide discussion forums to promote and encourage faculty members to discuss their experiences, successes, and challenges.

Review of the Literature

The findings from the qualitative data analysis indicated the need for professional development opportunities to increase the self-efficacy of nurse educators so that they can successfully implement and facilitate a flipped classroom pedagogy. I retrieved scholarly and peer-reviewed articles published between 2015 and 2020 were retrieved from the CINAHL, ERIC, OVID, and ProQuest online databases, which I accessed through the Walden University Library. For each individual search, if no relevant research information was available the past 5 years, the search was expanded to include older references. The search terms that were used for this literature review included *professional development for college professors, professional development for nurse educators, the importance of professional development, professional development and self-efficacy, perspective of professional development, professional learning communities for nurse educators, professional development and job satisfaction,* and *professional learning communities for college professors.*

Recent changes in healthcare have affected nursing education. The Institute of Medicine (IOM) proposed that transforming nursing education is critical to equip nurses with the necessary skills they require to deliver competent, safe, evidence-based, and patient-centered care (Phillips, Bassell, & Fillmore, 2017). Nurse educators are

responsible for preparing nurses to be successful in a challenging healthcare environment. To advance nursing education, nurse educators must continually increase their knowledge about pedagogical approaches if they want to help students develop not only effective critical thinking skills but also sound clinical reasoning skills that address the realities of today's nursing environment (Phillips et al., 2017).

The changing roles of teachers, the growing expectations of society, and the uncertainties within the policy-making environment all express the need for high-quality education and professional development (Mohammadi & Moradi, 2017). Researchers have noted that many educators, scholars, and policy makers consider professional development important in enhancing teaching and learning (Carpenter, 2015). In today's evolving healthcare environment, transformation is fundamental for nursing and nursing education (Phillips et al., 2017). The transformation of nursing education begins with professional development and is important for educators because it provides both the individual and collective improvement required to adequately address expectations within the healthcare environment (Mohammadi & Moradi, 2017). Educators need opportunities to update their professional knowledge and skills. If educators are not provided opportunities to learn new skills and pedagogical approaches, then nursing education will become stagnant, which will negatively impact future nurses and the patients they serve.

The research literature revealed several descriptions of professional development. For example, Othman and Masum (2017) defined professional development as a series of programs and activities created to enhance the professionalism of teachers in terms of teaching, knowledge, skills, and attitude--all of which result in the improvement of

student outcomes. Avidov-Ungar (2016) noted that professional development offers the opportunity to increase a teacher's understanding of the process of teaching and learning. The research literature also noted that professional development should be ongoing; it should begin with training for the role of an educator and then continue throughout the duration of every teacher's career (Avidov-Ungar, 2016). Mohammadi and Moradi (2017) described professional development as a planned, continuous, lifelong process whereby teachers try to develop their personal and professional skills to help them improve their teaching practice. Gosselin et al. (2016) suggested that professional development in higher education should provide authentic and relevant training that promotes the improvement of learning and the integration of skills into the classroom. Nyunt and Ye (2016) reported that professional development leads to better instruction and the enhancement of student learning. Even though professional development can be described in a variety of ways, a common theme is that professional development focuses on preparing educators to assist students in best meeting their learning goals.

Professional Development and Self-Efficacy

A reasonable amount of research has been dedicated to the impact of self-efficacy beliefs on teachers' professional development and professional well-being. Petridou, Nicolaidou, and Karagiorgi (2017) explained that self-efficacy can increase confidence in the ability of individuals to achieve their goals. Bandura (1986) described self-efficacy as one's beliefs or judgments about his or her abilities. Petridou et al. (2017) discussed self-efficacy as a behavior, as a self-construct, as a self-management skill, and as a motivating factor that is required to complete a task. Voelkel and Chrispeels (2017) described

teacher self-efficacy as the extent to which teachers believe they can influence student performance. Yoo (2016) described the concept of teacher self-efficacy simply as what teachers believe they can do.

Educators play a key role in implementing and designing learning strategies. Researchers have indicated that an educator's feelings of self-efficacy greatly influence their ability to implement and transition to new pedagogical approaches (Carney et al., 2016). Troesch and Bauer (2017) suggested that the best way to learn a skill or improve performance is by practice. According to these researchers, the reason that practice is effective is because it results in acquiring and assimilating new skills into one's pedagogy. Mastery experiences are an important component in developing self-efficacy, and these mastery experiences can be achieved through professional development opportunities. Carney et al. (2016) explained that the goal of professional development is to intentionally influence and improve teachers' self-efficacy in terms of implementing and reforming instructional practices.

Yoo (2016) conducted a mixed study featuring analysis of teachers' efficacy after participating in professional development. Each participant completed The Teachers Self-Efficacy Scale (TSES) inventory assessment before and after the online professional development course, which consisted of four modules that were aligned with Bandura's self-efficacy theory (Yoo, 2016). The course was designed to help educators incorporate motivation theories and concepts into their teaching practices. The results of the study indicated that teachers' self-efficacy increased because of the new learning and

knowledge acquisition that resulted from the online professional development course (Yoo, 2016).

De Lima Ferriera and Bertoti (2016) conducted a qualitative study with participants who were professionals within the fields of nursing, education, medicine, and accounting. The purpose of the study was to determine whether continuing education courses could deepen knowledge in their area of expertise and improved teaching practices. Each participant attended three specialization courses and then completed an open- and closed-ended questionnaire. The results of the study indicated that the continuing education courses helped participants develop the ability to apply theory to practice with greater self-efficacy (De Lima Ferriera & Bertoti, 2016).

A third study was conducted within the context of a state mandate requiring K-12 math teachers to attend a professional development math course focusing on knowledge and self-efficacy as a condition of maintaining their teaching certification (Carney et al., 2016). Each participant completed a pre-assessment, attended the required mathematical thinking for instruction (MTI) course, and then completed a post-assessment. The assessments measured math knowledge, self-efficacy, and beliefs. The results from this study indicated that the MTI course positively influenced and improved participants' math knowledge and self-efficacy (Carney et al., 2016). It is evident from these studies that self-efficacy improves after professional development opportunities.

Another component that impacts self-efficacy is job satisfaction. Troesch and Bauer (2017) reported that a correlation exists between self-efficacy and perceptions of teacher job satisfaction. Job satisfaction was defined as "the extent to which people like

or dislike their jobs" (Troesch & Bauer, 2017, p. 390). Wu and Ye (2016) explained job satisfaction as the amount of positive feeling that employees experience toward their job, while Nyunt and Ye (2016) described job satisfaction as the level of commitment that individuals feel toward their job. Teachers who have higher self-efficacy persist in the face of challenges and usually do not leave the teaching profession (Troesch & Bauer, 2017). Wu and Ye (2016), stated that teachers who feel they are a part of an organization that cares about them experience stronger motivation to produce good results.

Turkoglu, Cansoy, and Parlar (2017), surveyed 295 teachers across the Istanbul school district to determine whether a relationship existed between teacher self-efficacy and job satisfaction. Most of the sample consisted of women (61%), the average age was 34, and the years of teaching experience ranged from 1 to 29. The researchers administered a job satisfaction and self-efficacy assessment tool. Two factors that influenced the teachers job satisfaction included professional development opportunities and job advancement. The results revealed a significantly positive relationship between teacher self-efficacy and job satisfaction (Turkoglu et al., 2017). The results of this study suggest that when teachers' perceptions of self-efficacy increase, their job satisfaction will also increase (Turkoglu et al., 2017). Teachers with greater self-efficacy achieve higher educational outcomes (Turkoglu et al., 2017).

Wu and Ye (2016) conducted a study that measured teachers' perceptions of professional development and their job satisfaction. The results indicated that there is a positive relationship between teachers' perceptions of professional development and job satisfaction (Wu & Ye, 2016). The teachers in this study reported that they were satisfied

with their jobs and that they valued the professional development opportunities at their university. In a similar study, Aung Po and Vinitwatanakhun (2019), explored how job satisfaction influences the perception of professional development. These researchers conducted a quantitative study to determine whether a statistically significant relationship existed between job satisfaction and perceptions of professional development. The results revealed that a positive relationship existed between high levels of job satisfaction and teachers' perceptions about professional development (Aung Po & Vinitwatanakhun, 2019). The teachers in this study indicated that the professional development programs improved their pedagogical knowledge.

In another quantitative study, Nyunt and Ye (2016) explored teachers' perceptions about professional development and their level of job satisfaction. The study revealed that there was no statistically significant relationship between job satisfaction and teachers' perceptions related to professional development (Nyunt & Ye, 2016). However, the study did indicate that the teachers valued professional development activities because these activities helped to increase their knowledge and skills (Nyunt & Ye, 2016). Based on the results of the studies in this section of the literature review, job satisfaction influences the self-efficacy of teachers as well as their perceptions of professional development opportunities.

Professional Learning Communities

Nursing is a profession that requires its members to engage in professional development opportunities. The research literature supports the conclusion that all faculty members--regardless of their rank, position, or teaching ability--require professional

development in the areas of teaching and learning (Yonge & Davidson, 2017). The research literature further supports the conclusion that when administrators provide teachers with the tools and opportunities for growth, student outcomes improve (Shoshni & Eldor, 2016). However, recent studies have indicated that teachers may perceive formal learning as ineffective (Shoshani & Eldor, 2016). Carpenter (2016) stated that even though researchers suggested that professional development results in improved student outcomes, some teachers criticize traditional professional development approaches.

The primary focus of a traditional professional development day is to transmit knowledge (Carpenter, 2016). During a traditional professional development day, an expert (or team of experts) provides teachers with new tools and strategies and assumes that they will be able to incorporate the new knowledge into their practice. Utami, Prestridge, Saukah, and Hamied (2019) explained (a) that the knowledge gained during a professional development session does not automatically equate to changes in the practices of teachers and, (b) that ongoing professional development support is needed. Instead of the traditional professional development approach, most teachers prefer a more informal learning strategy that is continuous, less structured, and collaborative (Shoshani & Eldor, 2016).

One strategy that promotes informal learning among teachers is a faculty learning community (FLC) also referred to as a PLC. An FLC engages faculty members in active, collaborative, and continuous programming that enhances teaching and learning (Younge & Davidson, 2017). Dogan, Pringle, and Mesa (2015) described a PLC as compromised

of teachers who are committed to a common vision of improving student learning; that is, they collaborate to find solutions to problems related to professional practice, and evaluate the success of their efforts to improve their pedagogical practices based on student achievement. Schapp and Bruijn (2018) noted that effective PLCs can influence both professional learning as well as the morale of teachers and school leaders; most importantly, these learning communities are able to improve student learning outcomes. Shoshani and Eldor (2016) explained that a PLC involves providing continuous learning opportunities, promoting inquiry and dialogue, building teamwork, cultivating a collective vision, and mentoring.

Zhang and Pang (2016) conducted a mixed-methods study that explored the characteristics of a PLC. They administered a questionnaire to 175 teachers across 7 schools in Shanghai and conducted 27 follow-up interviews. The results from the questionnaire indicated that the participants believed that the characteristics of an effective PLC should include collaborative learning, professional competency, facilitative leadership, and structural support (Zhang & Pang, 2016). The findings from the interviews aligned with the questionnaire results. One participant stated that the PLC allowed for deep and meaningful interactions among faculty members, which was helpful as they completed lesson planning. Another participant reported valuing the experience and opportunity to learn from each other within the learning community.

PLCs are designed with the assumption that pedagogy comprehension is deepened through social interactions and peer discourse (Popp & Goldman, 2016). Merrillat and Scheibmeir (2016) created a PLC that was embedded into their university's LMS. The

online PLC included instructional expert support, peer support, and tutorials about active learning to increase the self-efficacy of nurse educators. These nurse educators reported that the learning community was useful, engaging, and learner centered (Merrillat & Scheibmier, 2016).

Voelkel and Chrispeels (2017) noted that teacher efficacy is predictive of teacher collaboration and participation in PLCs. The researchers conducted a study that explored the relationship between PLCs and teachers' collective efficacy. They collected questionnaire responses from 16 schools in 1 district. The results indicated that a positive and strong correlation existed between implementing PLCs and teachers' collective efficacy (Voelkel & Chrispeels, 2017). This study suggested that teachers' engagement in PLCs can positively influence teachers' beliefs about their ability to accomplish their educational goals.

Carpenter (2016) sought to explore the perceptions of teachers who participated in an Edcamp. An Edcamp, like a PLC, is an informal and voluntary forum where educators can gain new knowledge and skills. Carpenter conducted a quantitative study with 95 teachers who joined an Edcamp that focused on technology across the United States (U.S.). The participants completed an anonymous online questionnaire after attending the Edcamp. The results indicated that participants rated the experiences favorably and that they would attend another similar event (Carpenter, 2016). The participants also shared areas in which they believed the Edcamp could improve, and some of the comments were related to topics of discussion and access to technology (Carpenter, 2016).

The IOM recommended that nursing programs and healthcare organizations facilitate interprofessional education initiatives to instill collaborative practice skills in nursing students (McMorrow, DeCleene Huber, & Wiley, 2017). McMorrow et al. (2017) used a FLC to build relationships for future interprofessional collaborative activities, to formulate plans for health-related research, and to form collegial relationships. At the end of the semester, 15 participants from the fields of nursing, occupational therapy, physical therapy, public health, social work, and psychology completed a qualitative evaluation. The results indicated (a) that the FLC helped break down perceived barriers to implementing interprofessional education and, (b) that encouraging faculty members to collaborate provided the momentum required to start interprofessional education initiatives that are linked to teaching and scholarship (McMorrow et al., 2017). These researchers further reported that FLCs help with sustained interprofessional education at the university because the university promoted peer learning and collaboration that extended beyond the time frame of this study (McMorrow et al., 2017).

Prenger, Poortman, and Handelzalts (2019) conducted a mixed-methods study that explored the effects of PLCs. The researchers designed 23 PLCs in 11 different regions in the Netherlands. A questionnaire was administered 6 to 12 months after the teachers participated in the study. Following the completion of the questionnaire, 4 participants were interviewed. The results of the study indicated that teachers' perceived satisfaction with the new knowledge and skills that they acquired from the PLC. The results also revealed that the teachers achieved higher self-efficacy, which allowed them to apply what they learned into their teaching practices (Prenger, Porrtman, &

Handelzalts, 2019). Participants reported that they were excited to participate in the PLC and that they enjoyed collaborating with other teachers to plan lessons and design courses.

Shoshani and Eldor (2016) established a FLC that focused on enhancing teaching strategies and improving student outcomes. The data were collected from 23 schools and 273 teachers. After participating in the FLC, each participant completed a questionnaire. The purpose of the questionnaire was to determine whether a relationship existed between teachers' perceptions of the FLC and job satisfaction. The results indicated that a positive relationship did exist between teachers' perceptions of the FLC and job satisfaction (Shoshani & Eldor, 2016). These research studies suggest that PLCs can be used effectively to foster team building, scholarly inquiry, dialogue, and collective efficacy.

Summary

The research literature supports that professional development is a critical process for improving teaching. Professional development is critical because (a) the world of academia continues to evolve and professional development opportunities assist nurse educators in keeping up with the current trends, (b) professional development helps educators acquire new knowledge and skills, and (c) professional development helps educators better understand how students learn. In short, the literature review indicated that professional development exerts a positive influence on the self-efficacy of nurse educators.

One barrier to professional development is that once the training has been completed, there is no follow-up with the educator to determine how well they adopt the new teaching strategies. One solution to this problem is the utilization of a PLC. A PLC allows for continuous, unstructured collaboration and support among educators. The educators can access a designated website to find resources or to request information about teaching strategies or topics. The benefits of the PLC is that it (a) provides ongoing support for educators, (b) promotes collaboration and problem solving among educators, and (c) fosters improved teaching practices that enhance student learning. The research literature confirms that a three-day professional development seminar with a virtual PLC as a follow-up for nurse educators could positively impact participants' self-efficacy as they transition to the flipped classroom pedagogy.

Project Description

The three-day professional development seminar is designed to be delivered to groups of nurse educators in eight-hour sessions during three consecutive days. As an adjunct to the 3-day professional development training, I will establish a virtual PLC in the LMS at the local setting. It is highly recommended that the seminar is scheduled during non-teaching periods near the beginning or the ending of the semester. Both time frames are frequently used for teaching, planning, and professional development activities. The design of the seminar is suitable for groups varying in size from 10 to 30 educators. Groups smaller or larger in number could negatively impact some of the techniques and activities used in delivering this content. The seminar should take place in a well-equipped classroom that includes audio/visual projection capabilities, Internet

access, and tables and chairs that can be arranged to facilitate group discussions. The PLC will serve as an informal continuous communication and collaboration tool for faculty members as they explore and integrate active learning strategies and the flipped classroom into their teaching practices.

Two potential barriers for the three-day professional development seminar include (a) the number of participants and, (b) reluctance to participate in the seminar. I would like to limit each table at the seminar to no more than 5 individuals. If more than 5 individuals are seated at a table, some individuals may not fully engage in the group activities. If the total number of participants exceeds 30 nurse educators, I will request that the total number of nurse educators divide into 2 groups so that a second three-day professional development seminar can be offered later in the semester.

Based on the results of this study, most of the nurse educators at the local setting expressed interest in learning how to implement active learning strategies and the flipped classroom pedagogy. Since the professional development seminar is a part of the nurse educators' academic calendar, they are being paid to attend the training. During the professional development seminar, I will stress the importance and value of improving student outcomes and provide examples of evidence-based teaching practices. I will also ensure that the training is engaging by offering collaborative activities, encouraging inquiry from the nurse educators, and presenting content that is relevant to nursing education.

The two potential barriers for the virtual PLC include (a) lack of skills with accessing the institution's LMS, and (b) reluctance of the nurse educators to utilize the

PLC. I plan to request that the distance education specialist at the local setting offer a presentation during Day 3 of the professional development seminar. The specialist will teach the nurse educators how to navigate through their LMS. With regards to the second barrier, I will continuously update the resources for the PLC. I will also enable the discussion forum feature of the LMS to facilitate the sharing of the nurse educators' insights and experiences with transitioning to the flipped classroom strategy.

Higher education is demanding. Educators shoulder many responsibilities, including planning courses, designing courses, participating in service projects, and participating in scholarly activities. The goal of this professional development seminar is to provide training that is applicable, engaging, and informative for the nurse educators at the local setting. As evidenced in my study findings, the nurse educators at the local setting realize that there are benefits to fostering a student-centered environment but may lack the knowledge and experience to transition to a flipped learning pedagogy.

A significant finding from the qualitative study that I conducted was that the nurse educators struggle with implementing active learning strategies such as the flipped classroom. One of the reasons that the nurse educators struggle is that they do not have a road map or guidelines to follow when implementing active learning strategies. The purpose of the first day of the professional development seminar focus provide a brief introduction to active learning teaching strategies and discusses how they can be applied in nursing education. The next step is to introduce the 4 pillars of FLIP learning as an implementation model for the flipped classroom. I will use collaborative discussion and case studies to help reinforce the content that is being discussed.

Another significant finding from the qualitative study that I conducted was that the nurse educators at the local setting were asking for recommendations about how to assess student learning in flipped classroom. The concern related to the assessment of student learning in the flipped classroom is how to consistently incentivize students to complete assignments without causing grade inflation. I will address assessment of student learning in the flipped classroom and incentivizing students' performance on Day 2 of the professional development seminar. I will spend time discussing barriers to the assessment of student learning in the flipped classroom and provide some solutions for overcoming these barriers. I will lead a discussion on how to incentivize student assessments consistently and fairly throughout the nursing program.

The last significant finding from the qualitative study that would increase the nurse educators' self-efficacy to facilitate the flipped classroom pedagogy is using the local setting technology to assist with the transition. While collecting data during the study, I noted that many of the nurse educators expressed concern about their lack of knowledge, skill, and training with the institution's LMS. This finding aligns with the material that will be presented on Day 3 of the professional development seminar. The focus of Day 3 of the professional development seminar is working with the DE and IT specialist to help train the nurse educators to use the LMS. We will also discuss which recording and interactive learning tools are compatible with the institution's LMS. I will demonstrate for the nurse educator's how they can access the PLC that I will provide a demonstration for the nurse educators to illustrate how they can access the PLC.

Project Evaluation Plan

Program goals are a key component of planning a successful educational program. The educational program goals reflect what an individual learns by attending a specific training program (Caffarella & Daffron, 2013). The appropriate evaluation measure for this project is a goal-based evaluation. A goal-based evaluation assessment will allow the program developer to determine the effectiveness of the three-day professional development seminar. I developed an online evaluation tool through SurveyMonkey that addresses all nine program goals. Nurse educator will determine whether they met each program goal using a 5-point Likert scale. The program evaluation tool link will be provided on Day 3 of the professional development seminar. I will use that data from the survey to evaluate and revise the seminar and I plan on offering this seminar annually to nurse educators. The key stakeholders for this program include the nurse educators, the program directors, the dean of the nursing program, the vice president of academic affairs, and the president of college.

Project Implications

The healthcare environment is challenging and constantly evolving. Nurse educators are responsible for preparing nurses to meet the demands of the challenging healthcare environment. One way to accomplish this is to promote critical thinking in nursing education by using active learning strategies like the flipped classroom (Saunders, Green, & Cross, 2017). The results of my project study indicated that nurse educators can benefit from professional development opportunities that increase their self-efficacy with implementing the flipped classroom pedagogy. Positive social change

implications include (a) increased self-efficacy of the nurse educators at the local setting, (b) improved design of curricula teaching pedagogy, and (c) improved student learning outcomes. Outcome measures include: (a) students performing better on the state licensure exam, (b) improved student evaluations of courses, (c) and positive feedback from the healthcare organizations who employ the nurses. Ultimately, if students are best prepared to care for hospitalized patients as well as those needing care outside the hospital setting, positive social change will be reflected in optimal patient outcomes.

Stakeholders are invested in making sure the students are successful in their nursing courses and ultimately on their state licensure exams. Stakeholders are also responsible for monitoring job placement and employer satisfaction of the new graduate nurses. If the local setting has a decrease in first-time pass rate exam scores, then the nursing program must complete an action plan that includes ways to increase their pass rate scores (Hanson-Zalot, Gerolamo, & Ward, 2019). Every year, the local setting requests that employers complete a questionnaire that measures their satisfaction with new graduate nurses. The results from the questionnaire provides information to administrators on how well the graduates are performing in the health care environment. The results from both the state licensure exam and employer satisfaction questionnaire help the stakeholders make decisions about the nursing program's curriculum. Therefore, it is beneficial that the stakeholders support this three-day professional development seminar as an effort to help faculty increase their knowledge and skills.

Summary

In Section 3 of this project study, I presented a rationale, a description, and an implementation protocol for the delivery of a three-day professional development seminar. The research literature supports the conclusion that professional development leads to an increase in self-efficacy, which aligns with the purpose of this study (Othman & Masum, 2017). The research literature also revealed virtual PLCs offer ongoing support and collaboration among teachers in various educational settings (Popp & Goldman, 2016). Some of the benefits of a virtual PLC is that it (a) allows educators to share their knowledge and experiences, (b) assists in creating assignments that enhance student learning, and (c) and encourage evidence-based practices in nursing education. Also included in Section 3 is information identifying the stakeholders, potential barriers to the project, and a detailed plan for evaluating the three-day professional development seminar. The next chapter will present my reflections and conclusions related to this study.

Section 4: Reflections and Conclusions

Project Strengths and Limitations

I designed this doctoral study to explore the self-efficacy of nurse educators in implementing the flipped classroom pedagogy. The overarching research question that guided this qualitative study was, how do nurse educators describe their self-efficacy with implementing active learning methods in the classroom? The data analysis revealed three significant findings: (a) nurse educators lack the self-efficacy to implement the flipped classroom, (b) nurse educators struggle with assessing student learning in a flipped classroom, and (c) nurse educators need information with accessing technology to assist them in recording lectures and making classroom activities more interactive for their students. I developed a proposal for a 3-day professional development seminar to be delivered to nurse educators. I designed this professional development seminar to address specific the areas of concern identified by the nurse educators. In addition, a virtual PLC offers an ongoing collaborative and unstructured tool that the nurse educators can use to adopt the flipped classroom after completing the 3-day professional development seminar.

One of the strengths of this 3-day professional development seminar and subsequent virtual PLC is that they are informed by the findings of my research study. The seminar addresses the perceived barriers that diminish nurse educators' self- efficacy in facilitating the flipped classroom pedagogy at the local setting. I designed Day 1 of the seminar to focus on implementing active learning strategies like the flipped classroom. Day 2 was designed to focus on developing and assessing student learning and Day 3 on

accessing the technology utilized at the local setting and then effectively using that technology to improve the learning experiences of the students.

Although the seminar is based on research conducted at one school of nursing using a sample size of nine nurse educators, I believe that the program can be implemented at other schools of nursing. One reason I believe this is because the academic and educational struggles identified in Section 1 are not unique to the research site. Other educators at schools of nursing also struggle (a) to improve first-time state licensure pass rates, (b) to increase students' critical thinking in the classroom, and (c) to prepare students for the demands of the healthcare arena.

A limitation of the project is the extended length of time required for the professional development seminar. Although I believe that 8-hour sessions during 3 consecutive days are necessary to meet the needs of the nurse educators at the local setting, the local setting may require that I condense the seminar to accommodate their time constraints. I will ask to meet with the nurse educators during nonteaching times during the semester, which usually occur at the beginning or end of each semester. Typically, during these nonteaching times, nurse educators are planning for the next semester or completing tasks from the previous semester and participating in professional development activities. I may not be provided with the opportunity to conduct 8-hour sessions during 3 consecutive days to go over everything as planned. I may need to condense the presentation by removing some of the activities and discussions, which could render the presentation less engaging for the nurse educators.

Recommendations for Alternative Approaches

An alternative approach for implementing this project is to use the virtual PLC strategy as the primary content delivery method. If administrators provide me a few hours to present information about the flipped classroom to the nurse educators during their non-teaching time in the semester, I can use that time to (a) demonstrate how to access technology useful for recording lectures, (b) teach the nurse educators how to use the institution's LMS, and (c) demonstrate how to use technology tools to enhance student learning. I will continue to implement the collaborative exercises as planned.

I will request that the institution's DE and IT experts assist in the training. The nurse educators will have their personal electronic devices, which will allow them to access the various technologies under discussion right along with the facilitator. At the end of the program, I will demonstrate to the nurse educators how to access the virtual PLC. The virtual PLC will be populated with two tutorials in advance. The tutorials will include the information that I could not share during the face-to-face professional development seminar due to time constraints. The nurse educators can learn about implementing a flipped classroom and assessing students in the flipped classroom. I will also open discussion forums in connection with each tutorial to address any questions or concerns the nurse educators may have regarding the tutorials. There will also be resources such as pdfs and URL links to assist the nurse educators in their transition to the flipped classroom pedagogy.

Scholarship, Project Development and Evaluation, and Leadership and Change

The following sections include information related to scholarship, project development and evaluation, and leadership change.

Scholarship

One of my areas of weakness as a student is writing, which is one of the reasons I took a long break before starting my doctoral program. However, I feel since embarking on this doctoral journey, I have improved significantly in the area of scholarly writing. In the beginning of my journey, it was frustrating becoming reacquainted with American Psychological Association formatting guidelines and using the correct verb tense when referring to prior research; however, with guidance I conquered these challenges. I am grateful to the Walden Writing Center and the resources that it offers. I believe that the Writing Center, course faculty, and my dissertation committee have helped me to grow as writer.

Conducting a thorough literature search for a project study is a very daunting task. I struggled with searching the literature to find recent and relevant articles to include in my project study. In my previous programs of study, I had trouble locating current and relevant articles, but I could never figure out what I was doing wrong. I now have a better understanding of how to correctly enter key words and phrases that will narrow down my search for relevant literature. As a result of learning how to properly conduct a literature search, I no longer feel frustrated or overwhelmed by the results of the searches that I conduct. I also learned that it not simply enough to conduct a proper literature search, as you must organize your articles in a way that you can utilize them for your project study.

I have learned several ways to categorize my articles so that I can effectively read and then include them in my project study.

The last area that I have shown improvement in is data analysis. Initially, I wanted to conduct a quantitative research study because I understand the quantitative data analysis process. However, I decided on a project that required qualitative research. I was extremely nervous about qualitative data analysis because of the time it would take to go through each transcript, decide which code to apply, and then identify the emerging themes. Although it was a time-consuming process, I am grateful for the new knowledge and skills that I have acquired. I enjoyed exploring the perceptions of the nurse educators at the local setting. I was able to gather rich descriptions about their attitudes toward active learning and the flipped classroom.

Project Development and Evaluation

The findings of this research study informed the development of the project. The research question suggested the organization for the professional development seminar, and the findings provided a focus for the topics to be presented. The next step in planning the project was making an outline. The outline helped me to stay organized and focused on the key topics that were required components of the seminar. I approached creating each professional development day as if I were designing a module for my nursing students. I started with a lesson plan that included the learning objectives, the topics, and the in-class activities. After creating the lesson plan, I added the course content. Once the content was added, I thought that because I was presenting on the topic of active learning, I should incorporate active learning strategies into the seminar to make the presentation

more engaging for the nurse educators. In other words, I felt an obligation to practice what I was teaching. As a result, I was able to create original activities as well as borrow some collaborative activities that I found through my research. Once I created all the professional development presentations, the next step was to design a method of evaluating the nurse educators. I chose an online summative evaluation tool for this project because I wanted immediate feedback from the nurse educators. I also chose an online evaluation tool because it is usually more convenient for participants to complete an online questionnaire at the end of a seminar. Overall, I believe that the process of planning the project and evaluation went well due to my experience with designing nursing courses and curricula.

Leadership and Change

I became a nurse educator because I love the nursing profession. What I enjoy most about being a nurse educator is sharing my knowledge and experiences with students in the hope that they will apply the information and become great nurses. For many years, I was content with teaching my assigned course workload. As the nursing profession evolved and the student population changed, it became evident that nurse educators could no longer maintain the status quo. The lecture-based teaching strategy is no longer effective in isolation, as indicated in the literature (Persky & McLaughlin, 2017). The students want more technology used in the classroom to enhance their learning (Persky & McLaughlin, 2017). To adjust to the demands of the healthcare environment and the changes in the student population, I realized that I would have to become an agent for change at my institution. I credit my success with implementing the

flipped classroom to the work that I was doing for this project study. As I read the literature and spoke to experts, I gained the knowledge and confidence required to implement the flipped classroom. While it has been a big adjustment, I believe that the transition has been successful as evidenced by (a) increased student engagement, (b) higher performance on course exams, and (c) better class attendance. Since making these changes, I have been able to help other nurse educators as they consider making the transition to the flipped classroom. I share resources with the other nurse educators as well as my experiences regarding which strategies have been effective or have not been effective with my students. This project has taught me that leadership and change go together. In nursing education, one cannot be an effective leader without being open to change.

Reflection on Importance of the Work

This project study afforded me an opportunity to discover several things about myself as a scholar, researcher, and nurse educator. Before entering this doctoral program, I had no desire to conduct scholarly research. I did not feel that I possessed the skills or confidence to accomplish such a task. However, once I discovered a topic of interest and a research plan was developed, I became far more engaged in the process. As the project developed, I began to see the possibilities for exploring and addressing problems in nursing education. Throughout the course of this project, I saw what I perceived as a problem in nursing education verified by the literature and that offered viable interventions to affect positive social change. While I was not the first person to explore the self-efficacy of nurse educators to facilitate the flipped classroom pedagogy, I

believe that my study can contribute to the advancement of nursing education and the improvement of student learning. I feel that this study is just the beginning for me in my role as a researcher. My current position does require that faculty members become active in research and publishing, and I look forward to making additional scholarly contributions to the field of nursing education.

Implications, Applications, and Directions for Future Research

The healthcare industry demands that nurses enter the profession prepared to care for high-acuity patients (Phillips et al., 2017). The problem discussed in Section 1 of this study is that nursing educators are responsible for facilitating learning experiences that promote critical thinking, sound clinical reasoning skills, and increased student engagement (Persky & McLaughlin, 2017). Nurse educators agree that it is crucial to prepare future the nurses. However, there is a lack of self-efficacy among nurse educators in facilitating those learning experiences. This project study explored the factors that impact the self-efficacy related to nurse educators' ability to implement the flipped classroom. By addressing the barriers that prevent the flipped classroom from being implemented, the nurse educators can increase their self-efficacy, increase their knowledge and skills, and improve academic outcomes for their nursing students as well affect positive outcomes in the patient care.

The findings of this project study agree with several previous studies that established that increased self-efficacy contributes to the application of new knowledge and skills in one's teaching practice. Direction for future research should include a follow-up investigation of the nurse educators at the local setting to evaluate the

effectiveness of the virtual PLC. Another future study could explore the attitudes of nurse educators after implementing the flipped classroom pedagogy at the local setting. I would also like to conduct a quantitative study to determine whether a significant correlation exists between student performance on the student licensure exam and the use of the flipped classroom pedagogy at the research site.

Conclusion

The literature has shown that nursing education is most effective when learners are engaging in their learning, thinking critically, participating in collaborative activities, and using interactive learning tools. This research study has identified barriers that prevent nurse educators from incorporating these strategies into their teaching practices. The project resulting from this research study was designed to help remedy these barriers. The overall goals of this project were to (a) contribute to body of knowledge drawn upon by nurse educators, (b) inform nursing curricula decisions, and (c) improve student learning outcomes. Nursing education is fundamental to the delivery of quality healthcare. The nursing profession is continuously evolving due to technological advances, current trends, and societal needs. As nurse educators, we have an obligation to our students to prepare them for the demands of the nursing profession.

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Appendix A: The Project

Schedule for Seminar Day 1

Learning Objectives--Participants will:

- Discuss how active learning strategies can contribute to academic success.
- Discuss how the flipped classroom pedagogy can contribute to academic success.
- Identify the key concepts of FLIP learning.

8:30am-9:00am

Registration

9:00am-9:30am

Introduction of facilitator, review of learning objectives, and description of schedule.

9:30am-10:30am

Overview: What is active learning? What is the flipped classroom?

10:30am-10:45am

Break

10:45am-11:30am

Group Discussion/Activity-Case Study on implementing the Flipped Classroom.

11:30am-11:45am

Groups will report out on case study

11:45am-12:30pm

Overview of the Four Pillars of the FLIP model (Flexible environment, Learning culture, Intentional culture, Professional educator)

12:30pm-1:15pm

Lunch

1:15pm-1:45pm

Group Discussion/Activity-Self Inventory

1:45pm-2:00pm

Groups will report out on group activity

2:00pm-2:30pm

How to create a flexible environment.

2:30pm-2:45pm

Break

2:45pm-3:15pm

How to create a learning culture.

3:15pm-3:45pm

What is intentional content?

3:45pm-4:15pm

What is the role of a professional educator?

4:15pm-4:30pm

Summary and closing remarks

Facilitating a Flipped Classroom

PROFESSIONAL DEVELOPMENT DAY 1

Welcome to Day 1 of this professional development day that will focus on implementing active learning strategies-specifically implementing the flipped classroom.

Nursing Philosophy

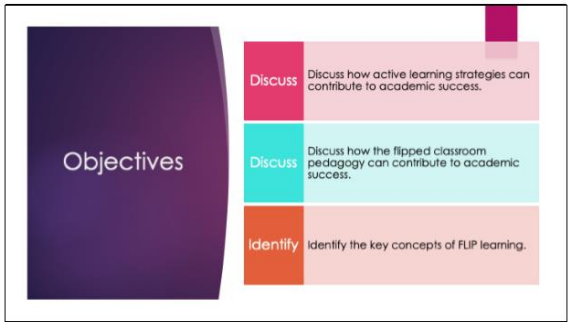
My personal nursing philosophy is based on providing competent, empathetic, compassionate and holistic care to the best of my ability.

I want to first start by sharing my personal nursing philosophy about the nursing profession.
My philosophy is one which I will stand by for the duration of my nursing profession. This philosophy stems from the values and beliefs instilled in me during my childhood. These values and beliefs are accompanied by trustworthiness, and respect, and that is what drove me to this profession and is currently driving me as I continue to provide care to my patients, and members of my community. I simply can not imagine a time when I did not want to be apart of this amazing but challenging profession!

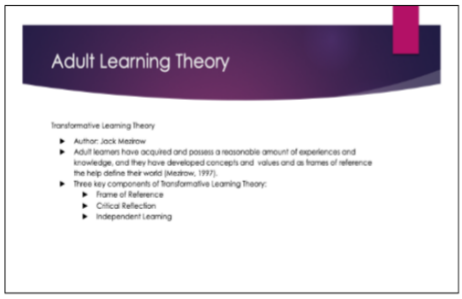
Next here is my nurse educator philosophy.
Why teaching…I discovered early on my career that I loved working with students and mentoring new nurses.
Some benefits of being an educator include Shaping future generation of nurses, sharing my knowledge and expertise, encouraging professional growth in a safe environment and promoting safe and knowledgeable nursing.

Ways that I incorporate my philosophy
(a) Encourage critical thinking (b) to facilitate the acquisition of lifelong learning skills; (c) to help students develop evidence-based clinical problem-solving strategies; and (d) to prepare students to function as highly skilled and competent nurses in a complex health care environment

My name is Sharmeta Gibbon and I will be your faciliator for the 3 days.



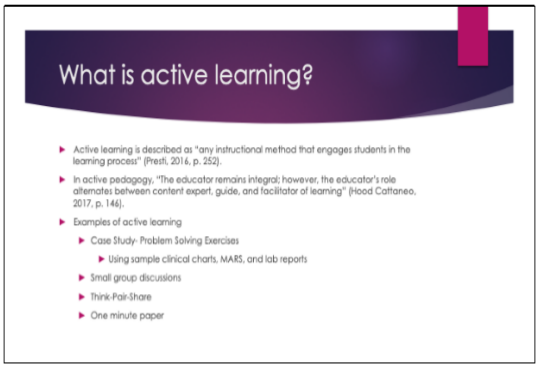
The objectives for today include the following.



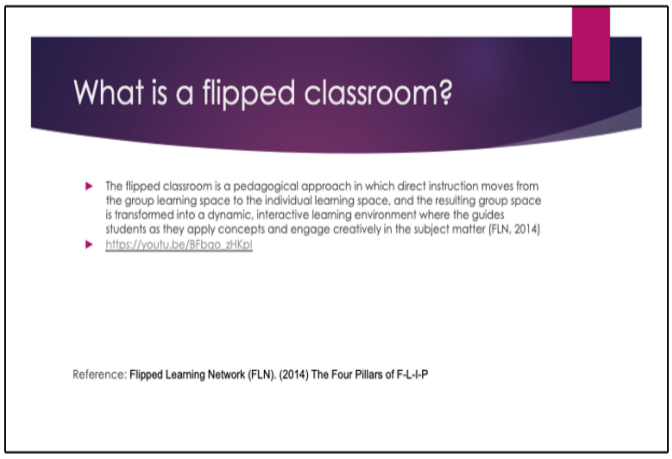
Why is this information relevant.

There are 3 key elements of the transformative learning theory the frame of reference, critical reflection, and independent learning (Mezirow, 1997). These elements connect to the research problem and research question as follows. First, the typical frame of reference for most nurse educators is their own experience. Meaning that their instructional approach is to teach in a similar style in which they were taught. For many nurse educators this includes the passive learning model or a teacher-centered strategy (Burden, Carlton, Siktberg, & Pavlechko, 2015). The second element, critical reflection occurs when a frame of references is challenged. For example, in the case of the nurse educators, critical reflection often occurs when there is a problem or issue that requires attention such as a decrease in NCLEX scores, (as seen at the local setting). Critical reflection also occurs when the student population evolves—for example, when the teacher encounters millennial students. The millennial student learns differently and more independently, which may cause the nurse educators to transform their frame of references and reflect on how they might improve their practices (Sharma & Chowdhry, 2018).

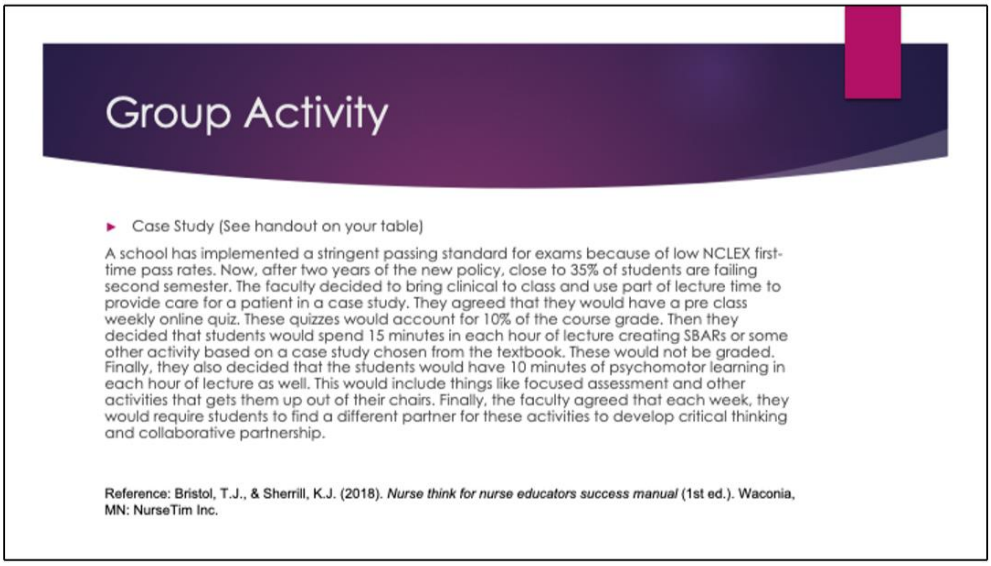
The last element of the transformative learning theory is independent learning. As nurse educator's frames of reference are challenged, and they begin to critically reflect on this process, they engage in independent learning. For example, if NCLEX scores decline, nurse educator engages in independent learning by developing innovative teaching strategies that are effective.

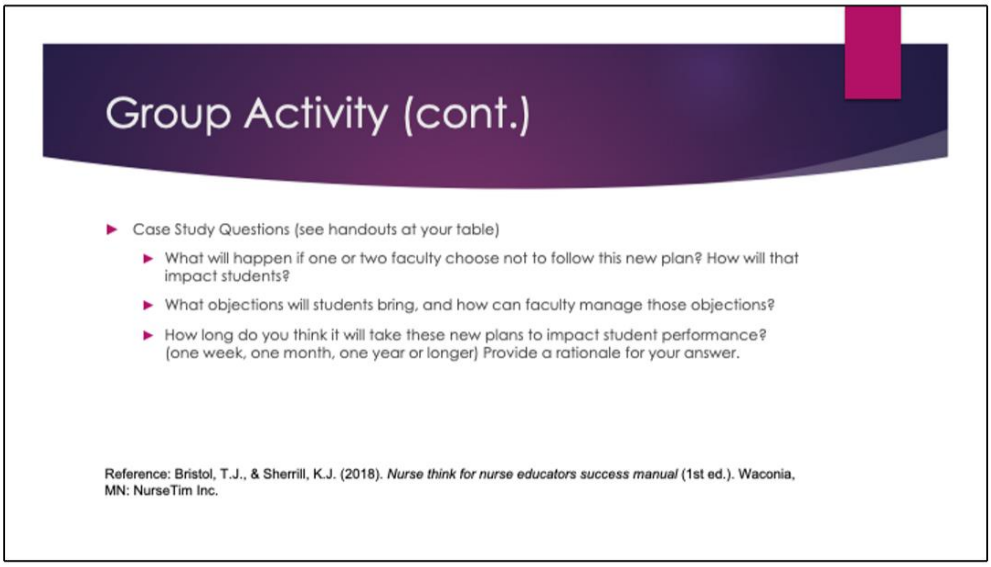


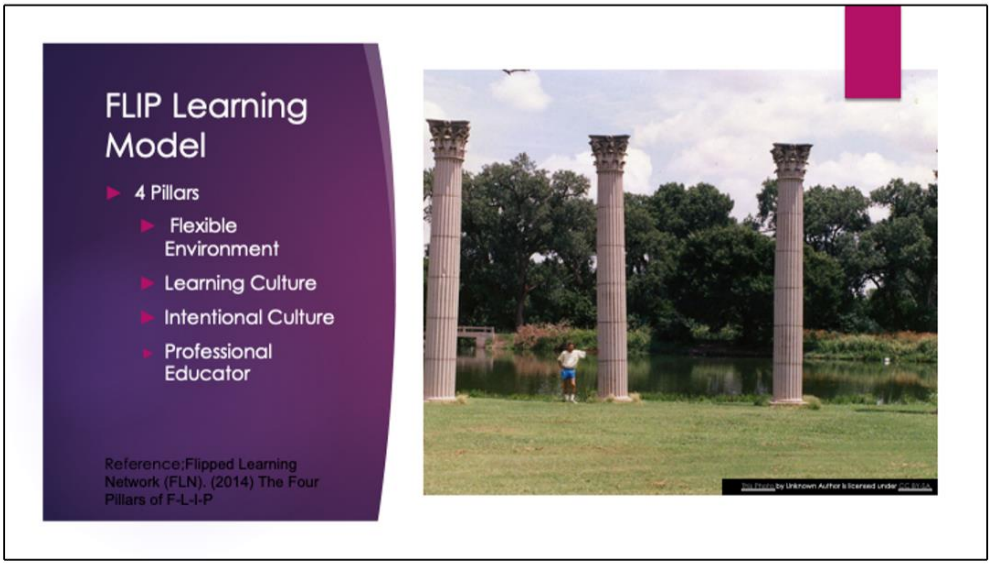
The healthcare environment is multifaceted and constantly evolving. The complexity and evolving nature of the healthcare environment demands that nursing programs place a greater emphasis on critical thinking (Perez et al., 2015). Critical thinking skills are crucial for processing information, solving problems, and making sound clinical decisions (Pitt, Powis, Levett-Jones, & Hunter, 2015). Critical thinking allows nurses to effectively manage patient problems while providing safe, high-quality care (Dehghanzadeh & Jafaraghaee, 2018). To meet this objective, nurse educators need to design curricula and courses that use effective instructional strategies, such as the flipped classroom, to promote critical thinking (Dehghanzadeh & Jafaraghaee, 2018).



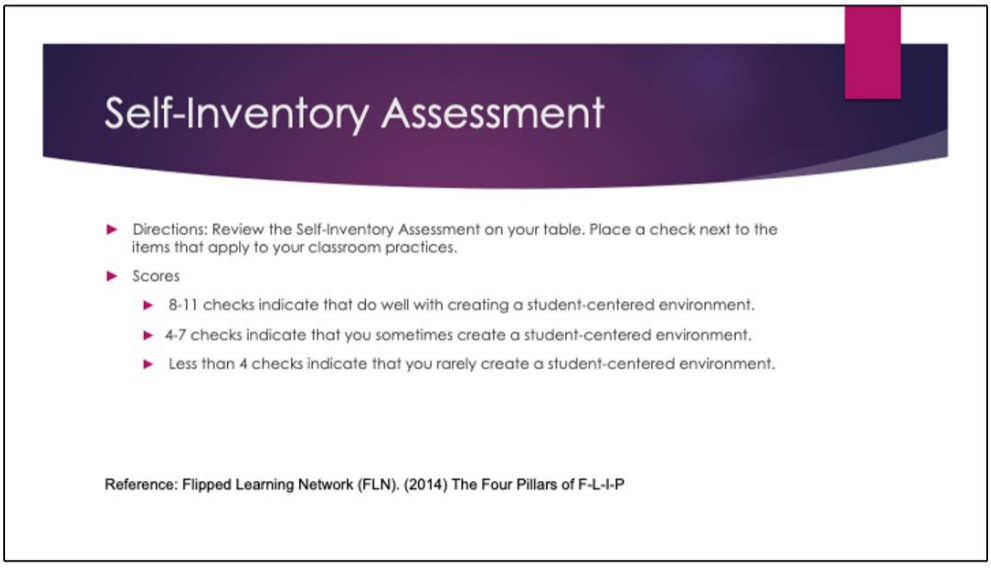
While often defined simplistically as "school work at home and home work at school," Flipped Learning is an approach that allows teachers to implement a methodology, or various methodologies, in their classrooms.
These Flipped Learning leaders also distinguish between a Flipped Classroom and Flipped Learning. These terms are not interchangeable. Flipping a class can, but does not necessarily, lead to Flipped Learning. Many teachers may already flip their classes by having students read text outside of class, watch supplemental videos, or solve additional problems, but to engage in Flipped Learning, teachers must incorporate the following four pillars into their practice.

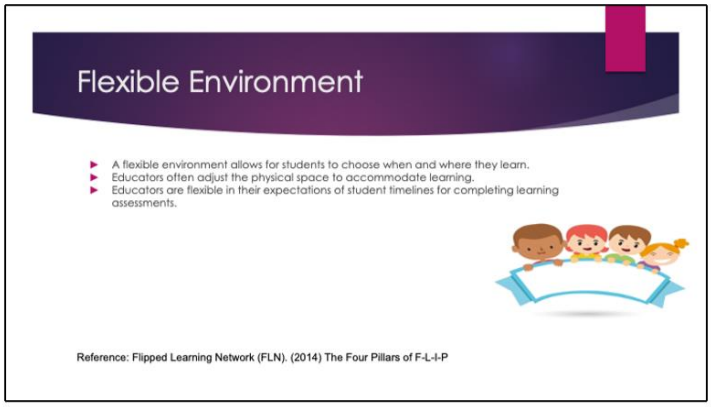

Group Activity
Case Study (See handout on your table)
A school has implemented a stringent passing standard for exams because of low NCLEX first-time pass rates. Now, after two years of the new policy, close to 35% of students are failing second semester. The faculty decided to bring clinical to class and use part of lecture time to provide care for a patient in a case study. They agreed that they would have a pre class weekly online quiz. These quizzes would account for 10% of the course grade. Then they decided that students would spend 15 minutes in each hour of lecture creating SBARs or some other activity based on a case study chosen from the textbook. These would not be graded. Finally, they also decided that the students would have 10 minutes of psychomotor learning in each hour of lecture as well. This would include things like focused assessment and other activities that gets them up out of their chairs. Finally, the faculty agreed that each week, they would require students to find a different partner for these activities to develop critical thinking and collaborative partnership.
Reference: Bristol, T.J., & Sherrill, K.J. (2018). Nurse think for nurse educators success manual (1st ed.). Waconia, MN: NurseTim Inc.


Group Activity (cont.)
Case Study Questions (see handouts at your table)
What will happen if one or two faculty choose not to follow this new plan? How will that impact students?
What objections will students bring, and how can faculty manage those objections?
How long do you think it will take these new plans to impact student performance? (one week, one month, one year or longer) Provide a rationale for your answer.
Reference: Bristol, T.J., & Sherrill, K.J. (2018). Nurse think for nurse educators success manual (1st ed.). Waconia, MN: NurseTim Inc.

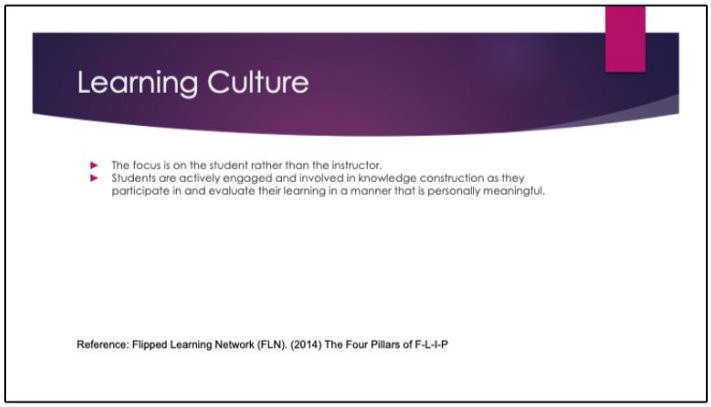


The 4 pillars of FLIP learning include

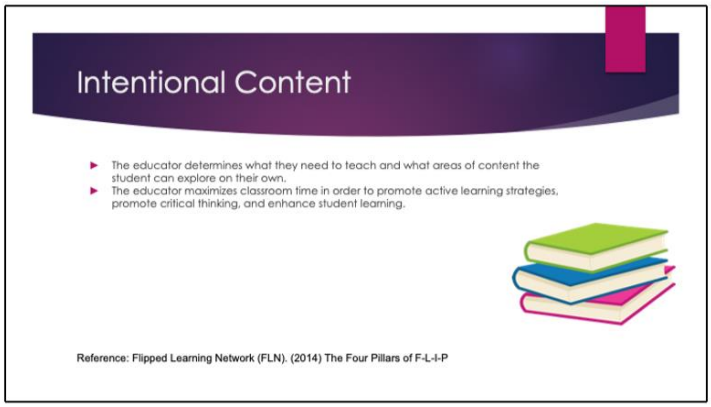




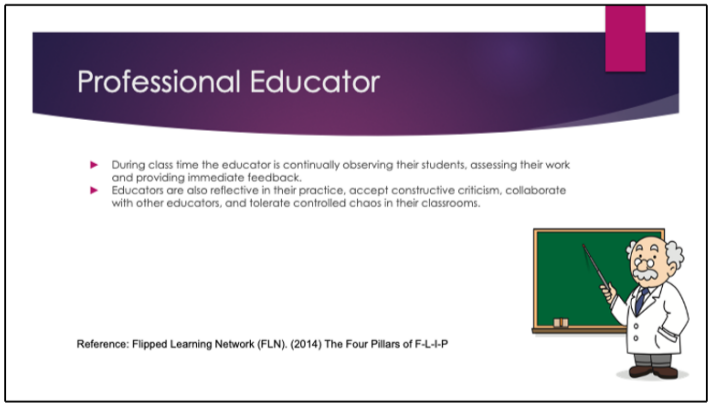
Flipped Learning allows for a variety of learning modes; educators often physically rearrange their learning spaces to accommodate a lesson or unit, to support either group work or independent study. They create flexible spaces in which students choose when and where they learn. Furthermore, educators who flip their classes are flexible in their expectations of student timelines for learning and in their assessments of student learning.
The



In the traditional teacher-centered model, the teacher is the primary source of information. By contrast, the Flipped Learning model deliberately shifts instruction to a learner-centered approach, where in-class time is dedicated to exploring topics in greater depth and creating rich learning opportunities. As a result, students are actively involved in knowledge construction as they participate in and evaluate their learning in a manner that is personally meaningful.



Flipped Learning Educators continually think about how they can use the Flipped Learning model to help students develop conceptual understanding, as well as procedural fluency. They determine what they need to teach and what materials students should explore on their own. Educators use Intentional Content to maximize classroom time in order to adopt methods of student-centered, active learning strategies, depending on grade level and subject matter



The role of a Professional Educator is even more important, and often more demanding, in a Flipped Classroom than in a traditional one. During class time, they continually observe their students, providing them with feedback relevant in the moment, and assessing their work. Professional Educators are reflective in their practice, connect with each other to improve their instruction, accept constructive criticism, and tolerate controlled chaos in their classrooms. While Professional Educators take on less visibly prominent roles in a flipped classroom, they remain the essential ingredient that enables Flipped Learning to occur.

Consistent-in implementing active learning in the classroom. Use the same strategy in the same way weekly. Then after a few weeks, start to introduce another strategy or two. Strive for consistency across the curriculum. If possible partner with other faculty members to try a similar strategy in both classes at the same time. For example, try using the SBAR during OB and Med Surg, this assures the students that the new format for class is not one instructor's random idea.
Communication-explain why active learning is so important.. May have to do this more than once.
Rationale for flipped classroom-just a reminder, class time is now clinical time is now spent applying what you are learning. We will be use patient scenarios to help with clinical decision making and prioritization.
Clarity-be clear with our instructions and expectations. Select activities that focus on key elements that the students will be evaluated on.

References

- Bristol, T.J., & Sherrill, K.J. (2018). *Nurse think for nurse educators success manual* (1st ed.). Waconia, MN: NurseTim Inc.
- Hood Cattaneo, K. (2017). Telling active learning pedagogies apart: From theory to practice. *Journal of New Approaches in Educational Research*, 6(2), 144-12. doi: 10.7821/near.2017.7.237
- Flipped Learning Network (FLN). (2014) The Four Pillars of F-L-I-P
- Mezirow, J. (1997). Transformative Learning: Theory to practice. *New Directions for Adult and Continuing Education, 74*, 5-12. doi:10.1002/ace.7401
- Presti, C. R. (2016). The flipped learning approach in nursing education: A literature review. *Journal of Nursing Education, 55*(5), 252-257.

Case Study 1 Professional Development Day 1

Directions: Please read the scenario below. Then address the following questions. A school has implemented a stringent passing standard for exams because of low NCLEX first-time pass rates. Now, after two years of the new policy, close to 35% of students are failing second semester. The faculty decided to bring clinical to class and use part of lecture time to provide care for a patient in a case study. They agreed that they would have a pre class weekly online quiz. These quizzes would account for 10% of the course grade. Then they decided that students would spend 15 minutes in each hour of lecture creating SBARs or some other activity based on a case study chosen from the textbook. These would not be graded. Finally, they also decided that the students would have 10 minutes of psychomotor learning in each hour of lecture as well. This would include things like focused assessment and other activities that gets them up out of their chairs. Finally, the faculty agreed that each week, they would require students to find a different partner for these activities to develop critical thinking and collaborative partnership.

Discussion Questions

1. What will happen if one or two faculty choose not to follow this new plan? How will that impact students?

2. What objections will students bring, and how can faculty manage those objections?

3. How long do you think it will take these new plans to impact student performance? (one week, one month, one year or longer) Provide a rationale for your answer.

Reference: Bristol, T.J., & Sherrill, K.J. (2018). *Nurse think for nurse educators success manual* (1st ed.). Waconia, MN: NurseTim Inc.

Self-Inventory Assessment

Directions: Review the Self-Inventory Assessment on your table. Place a check next to the items that apply to your classroom practices.

Scores 8-11 checks indicate that do well with creating a student-centered environment.

4-7 checks indicate that you sometimes create a student-centered environment.

Less than 4 checks indicate that you rarely create a student-centered environment.

1. I establish spaces and time frames that permit students to interact and reflect on their learning as needed.
2. I continually observe and monitor students to make adjustments as appropriate.
3. I provide students with different ways to learn content and demonstrate mastery.
4. I give students opportunities to engage in meaningful activities without the teacher being central.
5. I scaffold these activities and make them accessible to all students through differentiation and feedback.
6. I prioritize concepts used in direct instruction for learners to access on their own.
7. I create and/or curate relevant content to my students.
8. I differentiate to make content accessible and relevant to all students.
9. I make myself available to all students for individual, small group, and class feedback in real time as needed.

10. I conduct ongoing formative assessments during class time through observation and by recording data to inform future instruction.
11. I collaborate and reflect with other educators and take responsibility for transforming my practice.

Reference: Flipped Learning Network (FLN). (2014) The Four Pillars of F-L-I-P

Schedule for Seminar Day 2

Learning Objectives--Participants will:

- Discuss the key components of lesson plan development.
- Identify at least 3 active learning strategies to use in the classroom.
- Compare and contrast how assessment of student learning is evaluated in a teacher-centered environment versus in a student-centered environment.
- Discuss ways to incentivize assessments for students.

8:30am-9:00am

Registration

9:00am-10:00am

Discussion on Lesson Planning--The purpose of lesson planning. The key components of a lesson plan. Examples of lesson plans.

10:00am-10:15am

Break

10:15am-11:00am

Group Activity-Case study/with discussion questions. How to create a lesson plan.

11:00am-11:30am

Group Report out on Lesson Planning.

11:30am-12:15pm

Discussion on assessment of student learning. What are examples of assessment? How to create assessments. What resources are available for assessment?

12:15pm-1:00pm

Lunch

1:00pm-1:30pm

Group Discussion--What are some challenges to assessing student learning?

1:30pm-2:00pm

Groups Report Out

2:00pm-2:45pm

Discussion--How to overcome some of the barriers to assessing student learning.

2:45pm-3:00pm

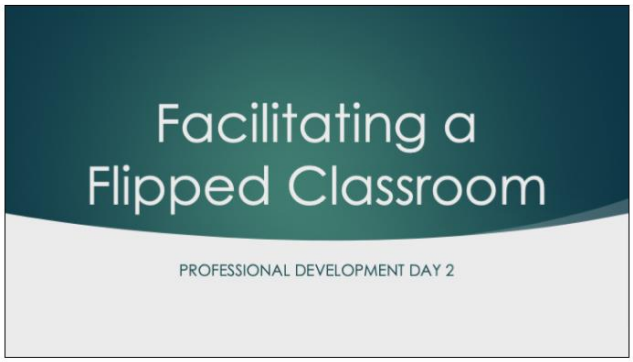
Break

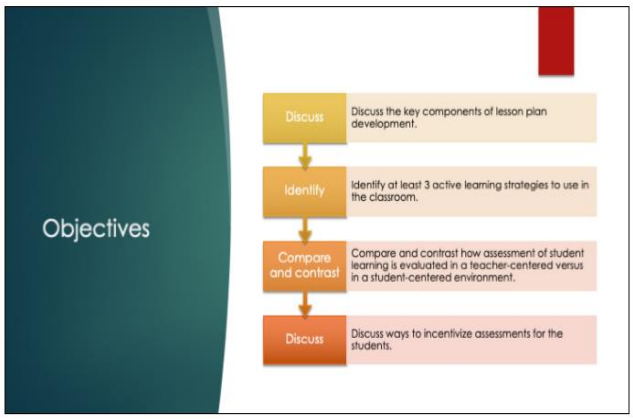
3:00pm-3:30pm

Discussion--How to incentivize assessments for students.

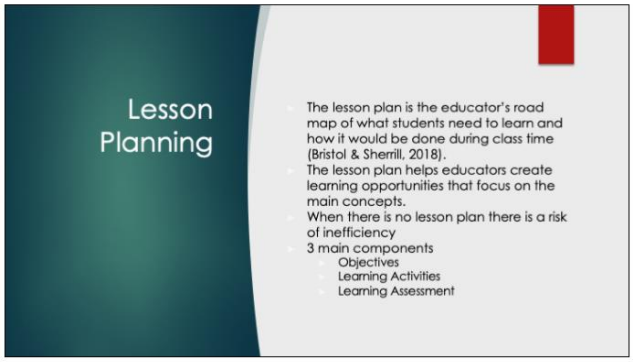
3:30pm-4:00pm

Summary and Closing Remarks

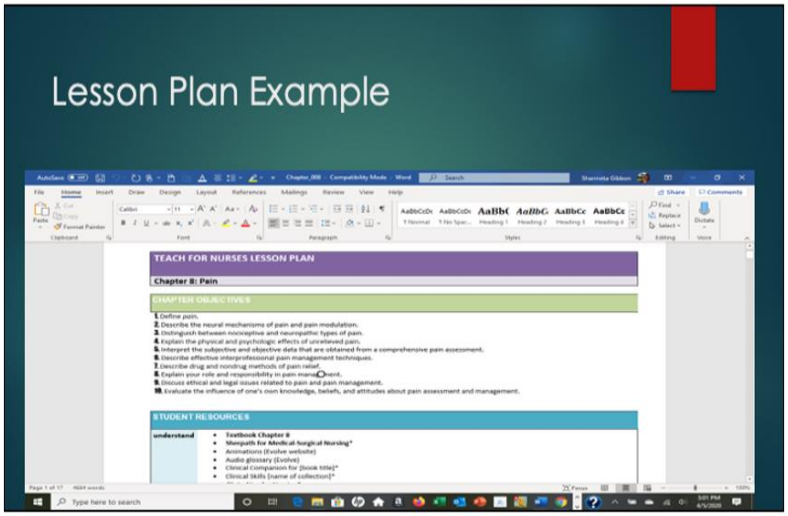




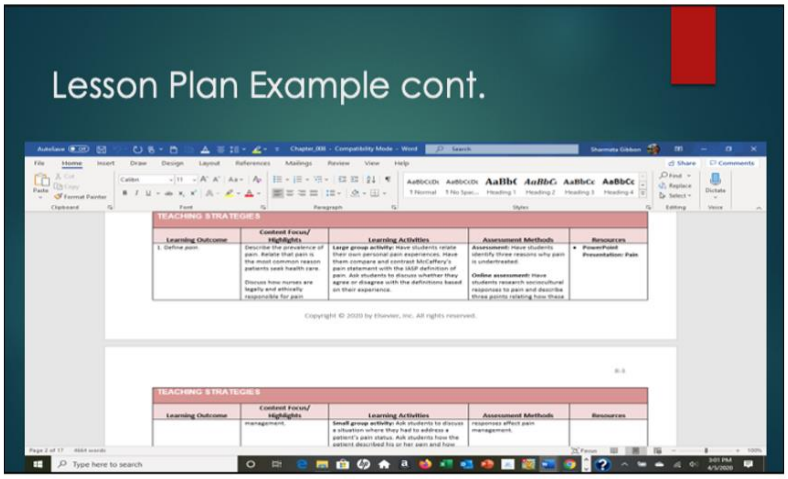
The objectives for today include



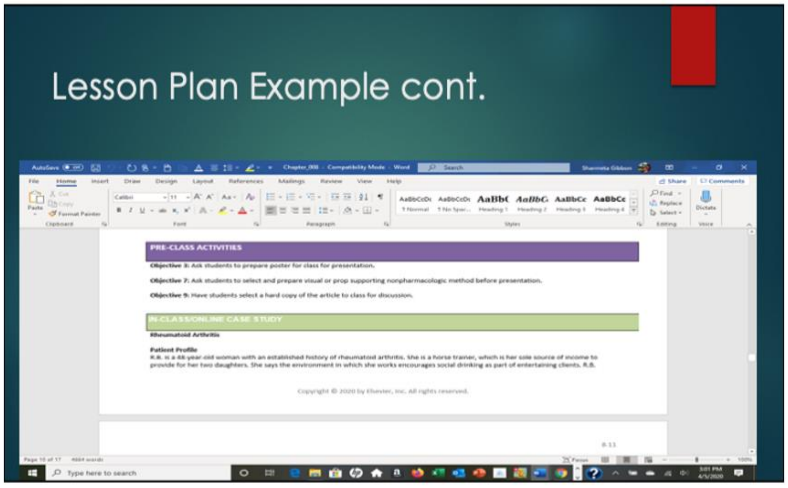
Why is lesson planning so important it keeps us organized, allows to focus on what is important, everyone is on the same page, we all have the same expectations.
In nursing education there is very little research or literature that supports lesson planning
Very few faculty members use this strategy
Most faculty use powerpoint slides to talk through their content for the day
With a lesson plan the objectives are identified for the learning experience.
Learning activities are chosen to help address the desired objectives in the alloted time.
How the learner is assessed for understanding of the learning experience



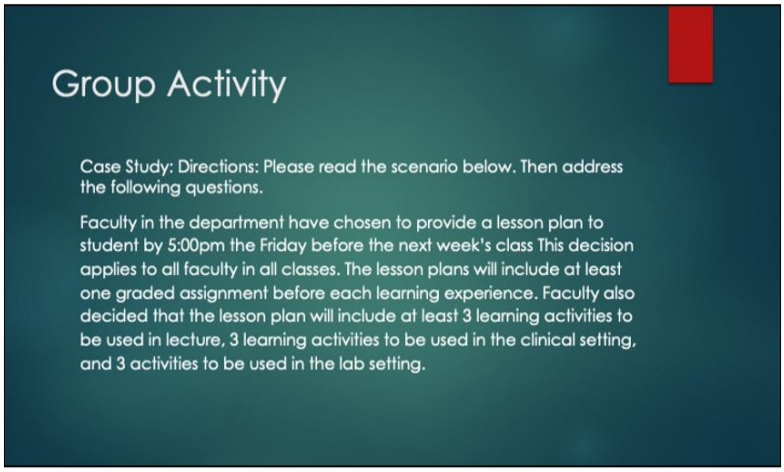
Your textbooks (Elseiver site) may already have lesson plan available as a faculty resources.
The first screen shot includes the objectives for concept or topic

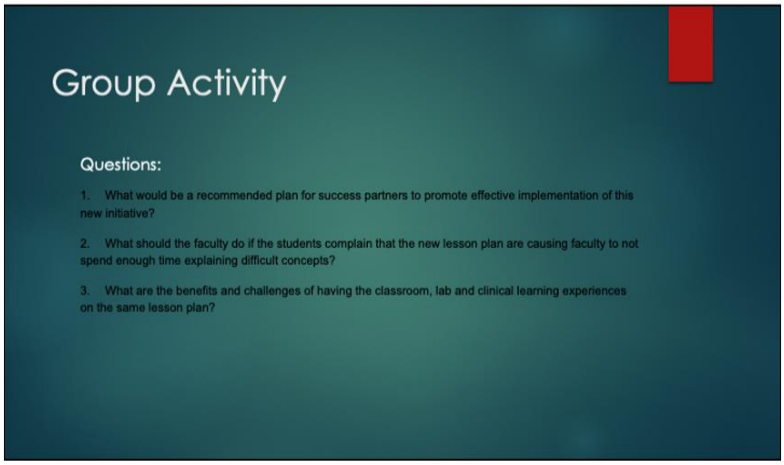


The second sceen shot shows how the learning objectives will be met b doing learning activities and then a learning assessment

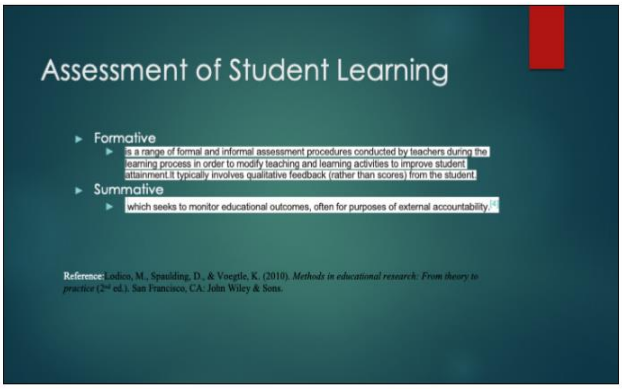


The final screen shot discusses pre and in class assignments. So you could assign one of the suggested pre-class assignments or use quiz as a ticket into class.
The in class assignment is a case study.

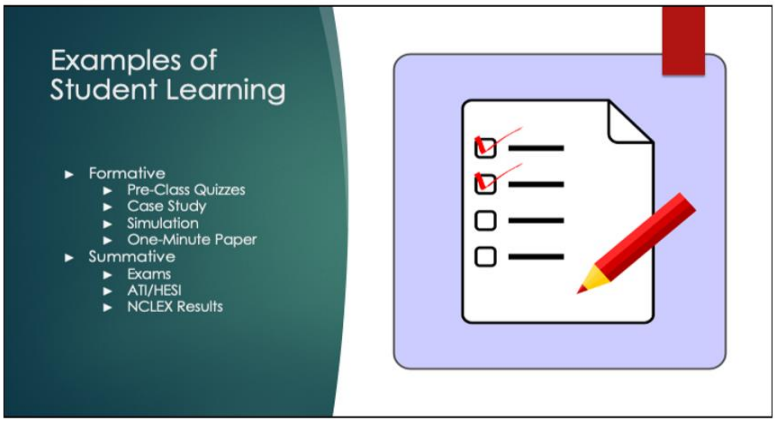


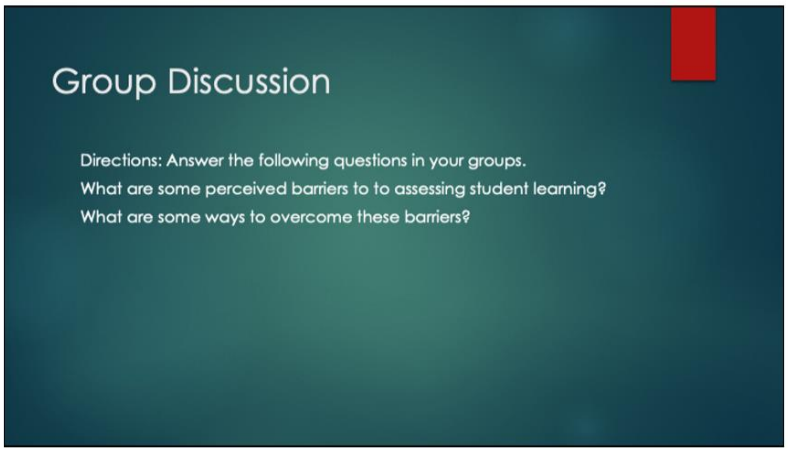


Review the case study and then answer the following questions in your groups.

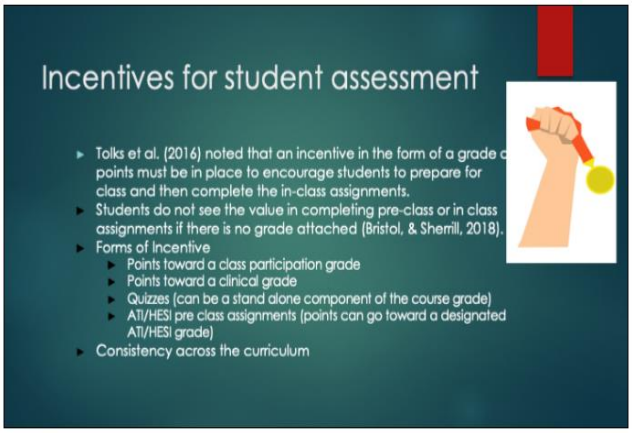


How do we know if the students are meeting the our objectives? So we have designed our lesson plan which includes objectives and learning activities. The next step would be assessing student learning. Which will would include in the lesson plan how.
There are 2 types of assessment/evaluation of student learning.
Formative-happens as the student is learning (during class time) there is still an opportunity to make changes based on student feedback
Summative-happens at the end of a course or program (NCLEX)
At this time with planning active learning and using the flipped classroom we are more focused in immediate feedback which would be formative evaluation





Barriers: grade inflation, getting students to see the value in the assignments, consistency across the curriculum
Strategies to overcome the barriers, communication within the program and levels, consistency once there has been a decision made, make sure the expectation are clear in the course syllabi



A concern related to assessment of student learning in the flipped classroom is how to consistently incentivize students to complete assignments without causing grade inflation. While the research literature supports the idea of incentivizing students to complete assignments, the nurse educators at the local setting require guidance about how to award points or grades for students who complete in-class assignments without compromising their current grading policy.
It is important to have consistency across the curriculum before putting out your syllabus.
Come up with how many points or what percentage can go toward class particticaption, Quizzes, or ATI/HESI

Summary

- Collaborate with a Peer
- Prioritize items to be included in the lesson plan.
- Keep in mind that too many interventions or strategies can be overwhelming.
- Create clear expectations for pre and in class assignments
- Provide formative evaluation
- Consistency across the curriculum

Lesson plan is our road map. It helps us be on the same page as our students.
Collaboration-try out a certain lesson plan format with another instructor and commit to using if for a few weeks. Then meet with your partner to discuss success and challenges with the lesson plan.Then consider revisions in the lesson and then share with other faculty members.
Prioritize do no overload the lesson plan it can frustrate faculty and the students causing them to abandon this strategy.
Keep in mind that too many interventions/strategies can frustrate learners. While variety is great too much can cause confusion.
Create clear expectations for assignments in the syllabus this will prevent confusion
Formative assessment or evaluation gives you immediate feedback. You can make changes right away if the students are not meeting the objectives.
Communicate across your program and levels about how you are assessing student learning. If there is a set benchmark about grades ie 80% must be achieved before other components can be added make sure everyone is following that. Also communicate what those other components can be and how much can they weigh

References

- Bristol, T.J., & Sherrill, K.J. (2018). *Nurse think for nurse educators success manual* (1st ed.). Waconia, MN: NurseTim Inc.
- Flipped Learning Network (FLN). (2014) The Four Pillars of F-L-I-P
- Lodico, M., Spaulding, D., & Voegtle, K. (2010). *Methods in educational research: From theory to practice* (2nd ed.). San Francisco, CA: John Wiley & Sons.
- Tolks, D., Schafer, C., Raupach, T., Kruse, L., Sarikas, A., Gerhardt-Szep, S.,...Hege, I. (2016). *GMS Journal for Medical Education, 33*(3), 1-23.

Case Study 1 Professional Development Day 2

Directions: Please read the scenario below. Then address the following questions. Faculty in the department have chosen to provide a lesson plan to student by 5:00pm the Friday before the next week's class This decision applies to all faculty in all classes. The lesson plans will include at least one graded assignment before each learning experience. Faculty also decided that the lesson plan will include at least 3 learning activities to be used in lecture, 3 learning activities to be used in the clinical setting, and 3 activities to be used in the lab setting.

Discussion Questions

1. What would be a recommended plan for success partners to promote effective implementation of this new initiative?

2. What should the faculty do if the students complain that the new lesson plan are causing faculty to not spend enough time explaining difficult concepts?

3. What are the benefits and challenges of having the classroom, lab, and clinical learning experiences on the same lesson plan?

Reference: Bristol, T.J., & Sherrill, K.J. (2018). *Nurse think for nurse educators success manual* (1st ed.). Waconia, MN: NurseTim Inc.

Group Discussion 1 Professional Development Day 2

Answer the following questions in your groups.

What are some perceived barriers to assessing student learning?

What are some ways to overcome these barriers?

Schedule for Seminar Day 3 (Laptops Required)

Learning Objectives--Participants will:

- Identify at least 2 interactive tools to enhance student learning in a flipped classroom.
- Explore their learning management systems (LMS) online recording tools.

8:30am-9:00am

Registration

9:00am-9:30am

Discussion--What online tools are available to use for assessment of student learning? Examples include polling, gaming, and simulation.

9:30am-10:30am

Discussion--What tools are available through the college's LMS? Use laptops to explore the tools that can be used to record lectures, and conduct synchronous class, and post online discussion.

10:30am-10:45am

Break

10:45am-11:30am

Group Discussion--Case study/questions about how to adapt to an online format.

11:30am-12:00pm

Groups report out on case study

12:00pm-12:45pm

Lunch

12:45pm-1:30pm

Discussion--Challenges with technology facilitated by the distance education (DE) department.

1:30pm-2:15pm

Discussion--Challenges with implementing the flipped classroom from the expert.

2:15pm-2:30pm

Break

2:30pm-3:00pm

Group Activity--Come up with 1-2 questions that you would like to ask the expert. Write them on the index card provided at your table.

3:00pm-3:30pm

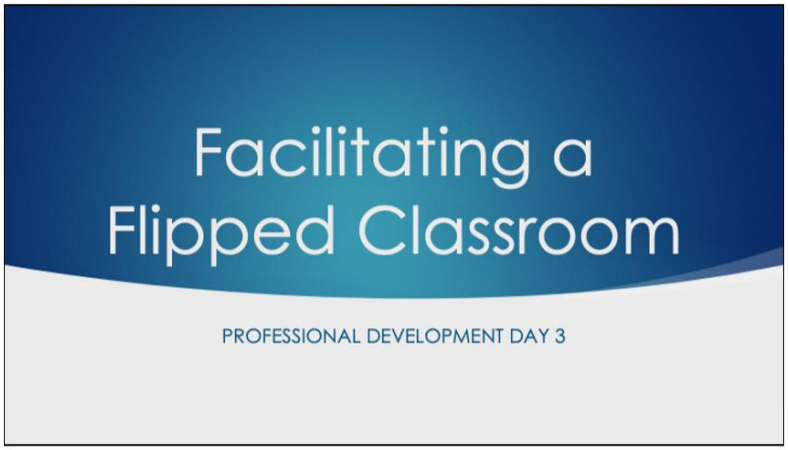
Groups share 1 of their questions with all the participants.

3:30pm-3:45pm

Summary

3:45pm-4:00pm

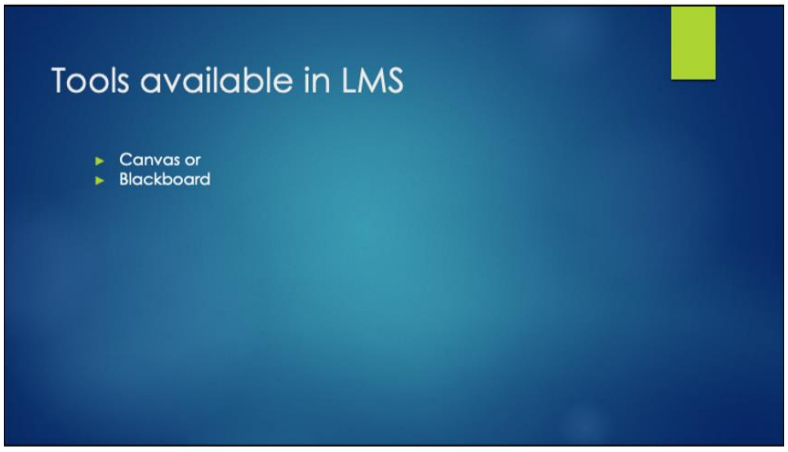
Complete program evaluation.



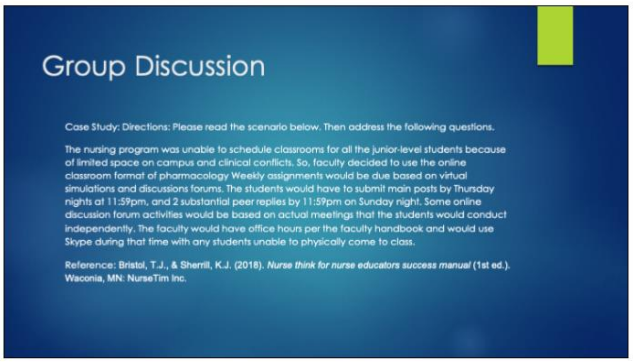
The objectives for today include

Why do we need interactive tools?
Millennials make up most of our student population. These individuals are accustomed to technology. Millennials expect technology to be a part of their learning experiences. Millennials also expect immediate feedback so finding tools that allow for you to give comments or using online quizzing that allow them to see their results right away is crucial for millennials.
Having a pre recorded lecture is not enough. There are multiple tools available. No matter which technologies are selected they should be used in a meaningful way.

Free Interactive Tools that are available for assessing student learning, these apps make learning fun, they engage students and they are free. Quizlet/Quizlet live provides a platform for students and teachers to create and share their own learning materials, including flashcards and diagrams. Quizlet Live is the free in-class quiz game, produced by Quizlet, that can then bring these learning materials to life. In this engaging and interactive game, students must all contribute, stay focused and communicate well to win. Quizlet consistently receives excellent reviews and is a great way to bring study notes to into the 21st century.
Khan academy-With Khan Academy you can literally learn anything; all for free. Lessons are presented by way of videos, interactive activities, and challenges. Learners also earn badges in line with their achievements and can save their progress to their own profile. Khan Academy is a great way to supplement your teaching, provide extra work to your gifted and talented students or help those who are struggling with certain content.
Google classroom-is a powerful community based social tool for learning. It allows students to post questions and receive answers from their teachers and fellow students. Furthermore, teachers can post



I am not sure what LMS they are using...nor can I access it since I am not a faculty member. I will have to collaborate with the the IT and DE departments for this part of the presentation.
I would like for faculty to have their devices and follow along with this part of the presentation.



Group Discussion

Case Study Questions:

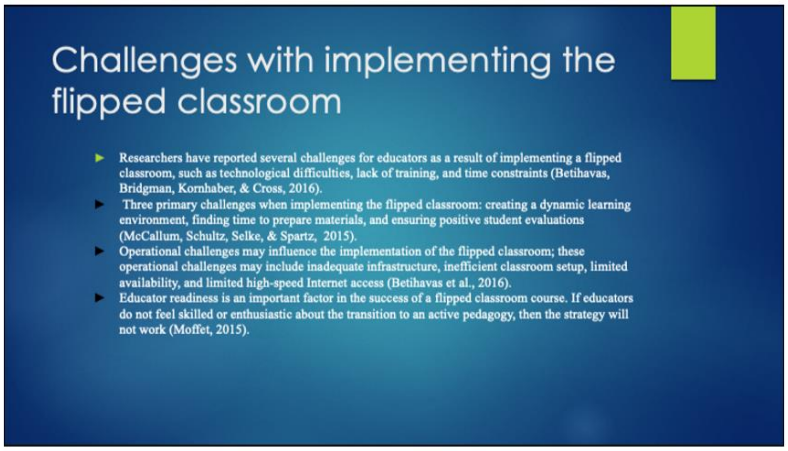
1. What will be some problems for students and faculty in this new online classroom format?
2. What will be some benefits to learners in this new online classroom format?
3. What policies should be created before initiating this online classroom format?

Reference: Bristol, T.J., & Sherrill, K.J. (2018). *Nurse think for nurse educators success manual* (1st ed.). Waconia, MN: NurseTim Inc.

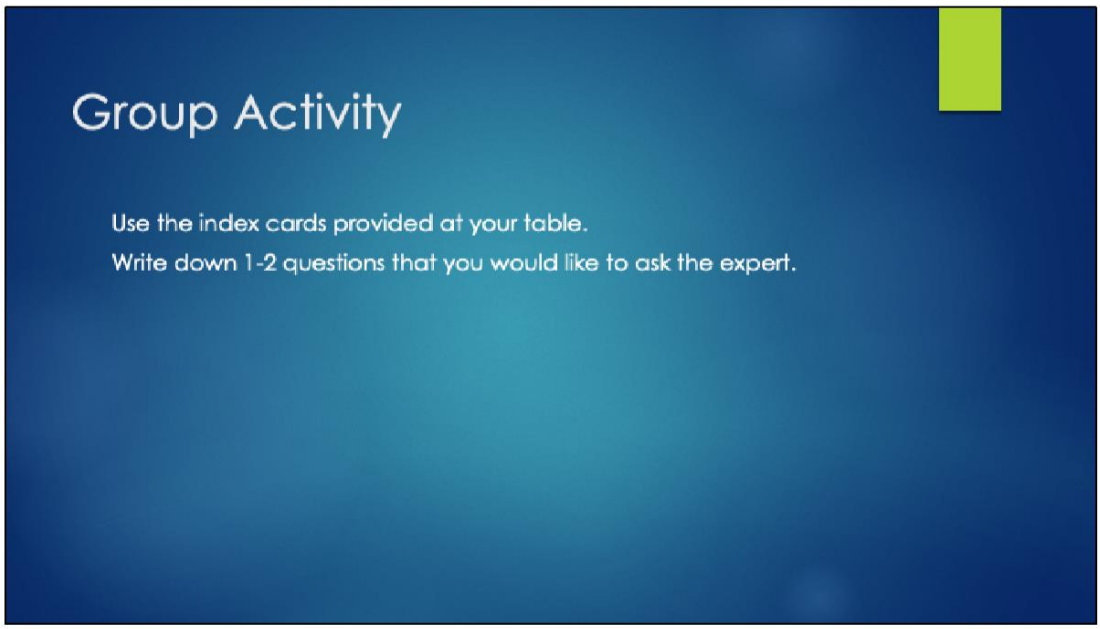
Challenges with Technology

- Accessibility
- Support from IT and DE teams
- Time constraints
- Cost

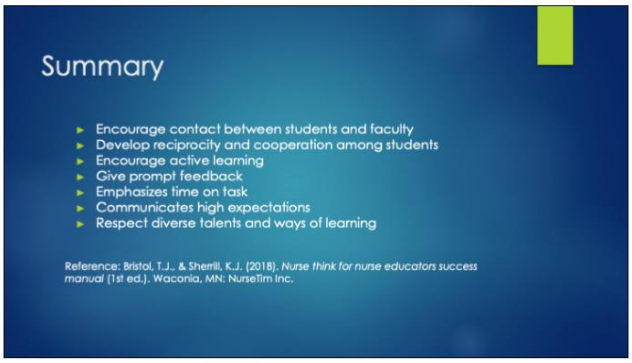
Making sure the high speed internet is available on campus. Making that students know when they enter the programs that they will need reliable technology to access their course work and interact in class.
Know how to connect with your support staff. Also use online tutorials they are very helpful and usually apart of the LMS.
Make a plan and give your deadlines. I believe the DE department has checklist that you can use to organize what needs to be done so that it does not become overwhelming. Collaborate with each other discuss or demonstrate tools that you are using and having success or failures with.
Cost find free interactive tools. You can use your LMS or even Microsoft word to record your lectures. If you find a software application that you like have discussion with your program directors about making purchase if it is in the budget.



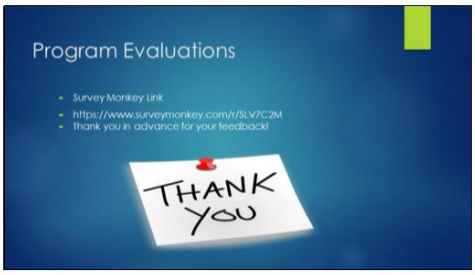
Just to name a few, technology, time, negative feedback from students, motivation and lack of support from peers and administrators.
Something else I found in the literature was that even though active learning and the flipped classroom were associated with improved academic success. Student feedback was still negative. So the student can still be resistant to the change even when there are positive indicators such as increased exams.



I started the transition over christmas break. I did everything for each unit before moving on. So I did my lesson plan for one unit. Then I did my recordings and posted the recordings and assignments
On day 1 I explained to the students how the flipped classroom would work and why based on EBP we were using it in my course.
Detailed syllabus with consequences
Class is either started with key points of that week's content 20-30 minutes, then they go into their groups to complete 2-3 activities. Then we go over 5-6 NCLEX practice questions, and if there is time I go over the answers of the group activities. The students also have weekly online quizzes that they must do. I drop the lowest scoring quiz at the end of the semester.
ATI practice quizzes are done throughout the semester as well.
Fewer course failures, better exam grades, and more attendance and participation in class.
Some resistance with working in groups even though they select their group members at the beginning of the semester. Attendance is taken each week if group member is missing then they do not get credit for the assignment.



Effective learning necessitates that learners stay in touch with the educator
Assignments and discussions should encourage students to engage in multiple peers often
The benefits of active learning are well known, and strategies should be included in online platforms. Suggestions include virtual posters, community studies or individual field trips.
In the online environment assignments should be created so that students can receive feedback from peers and learning objectives.
Give students due dates that make sense and encourage them to make progress. Instead of doing a huge 10 page paper, have the students submit the assignments in parts over the semester.
Some people still consider online learning as easy, communicate to the students that they will be challenged to think at a higher level as if they were in a face to face class
Encourage respectful discourse, use discussion forums or asynchronous class to allow students to debate or problem solve. Even though we all process things differently or have differing opinions we can still learn from each other.



One of the reasons that I asked everyone to bring their devices was so that you can complete the program evaluation tool online.
At this time I ask that each individual complete the program evaluation tool by going to the link provided.

References

- Betihavas, V., Bridgman, H., Kornhaber, R., & Cross, M. (2016). The evidence for 'flipping out': A systematic review of the flipped classroom in nursing education. *Nurse Education Today, 38*, 15-21. doi:10.1016/j.nedt.2015.12.010
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Case Study 1 Professional Development Day 3

Directions: Please read the scenario below. Then address the following questions. The nursing program was unable to schedule classrooms for all the junior-level students because of limited space on campus and clinical conflicts. So, faculty decided to use the online classroom format of pharmacology Weekly assignments would be due based on virtual simulations and discussions forums. The students would have to submit main posts by Thursday nights at 11:59pm, and 2 substantial peer replies by 11:59pm on Sunday night. Some online discussion forum activities would be based on actual meetings that the students would conduct independently. The faculty would have office hours per the faculty handbook and would use Skype during that time with any students unable to physically come to class.

Discussion Questions

1. What will be some problems for students and faculty in this new online classroom format?

2. What will be some benefits to learners in this new online classroom format?

3. What policies should be created before initiating this online classroom format?

Reference: Bristol, T.J., & Sherrill, K.J. (2018). *Nurse think for nurse educators success manual* (1st ed.). Waconia, MN: NurseTim Inc.

Group Discussion 1 Professional Development Day 3

Use the index cards provided at your table.

Write down 1-2 questions that you would like to ask the expert.

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Appendix B: Faculty Interview Protocol

The interview will be guided by the following questions using a semi-structured format.

Research Question

RQ1: How do nurse educators describe their self-efficacy with implementing active learning methods in the classroom?

Semi-Structured Interview Questions

1. Tell me about your experience as a nurse educator as related to classroom teaching?
    - Question prompt: Take me through your daily experience as a nurse educator.
2. How would you compare a teacher-centered learning environment to a student-centered learning environment?
    - Question prompt: In your opinion what does a student-centered learning environment look like to you?
3. How would you create a student-centered learning environment?
    - Question prompt: Explain how you would facilitate a student-centered environment?
4. How has your experience and training prepared you to incorporate active learning teaching strategies?
    - Question prompt: Have you had any professional development training that has prepared you for incorporating active learning teaching strategies into your practice?
5. What comes to mind when hear about the flipped classroom teaching strategy?
    - Question prompt: Please explain your thoughts or ideas concerning the flipped classroom.
6. How has your training and experience prepared you to implement the flipped classroom teaching strategy?
    - Question prompts: Walk me through how you would implement the flipped classroom.
7. What content is appropriate for the flipped classroom?
    - Question prompt: How would you decide on how which content is appropriate for flipped learning.
8. How would you compare student assessment methods in a teacher-centered environment to a student-centered environment?
    - Question prompts: How do you observe and assess students in a flipped classroom. What are some examples of assessment?
9. What barriers would affect your ability to incorporate the flipped classroom?
    - Question prompts: How can the barriers you described be remedied or eliminated?

10. What are your suggestions for faculty development opportunities that promote active learning and/or the flipped classroom?
    - Question prompt: What kind of assistance do you need to help with the transition to the flipped classroom?

Appendix C: Recruitment Email to Participants

Hello:

My name is Sharmeta Gibbon, and I am conducting my dissertation research at your institution with permission from the Dean of the College of Nursing. This study is designed to explore the perceptions of nursing faculty members concerning their self-efficacy with implementation of the flipped classroom. This study may help nurse educators successfully transition to a student-centered learning environment, such as the flipped classroom, which will allow faculty members to better meet the needs of students. I will interview 8 to 10 Associate of Nursing Science (ASN) faculty members who possess a minimum of two years of experience teaching in the classroom. Each interview will take place in a distraction-free area that is conveniently located for both myself and the participant. The interview will require approximately 1 hour of your time. I will audio record the interviews for accuracy. If you are interested in participating in the study, please review the attached consent form and, if you agree, sign the form and return it to me. If you are interested in participating in the study but have some questions, please feel free to contact me by responding to this email or calling my office number listed below. You may also contact Walden University's Institutional Review Board with your concerns at_____. Once, I have obtained consent then we will set up a time to conduct the interview. Thank you for your time and consideration. I look forward to hearing from you soon.

Sincerely,

Sharmeta Gibbon MSN, RN, CNE
Doctoral Candidate at Walden University
[telephone number redacted]

Appendix D: Recruitment Flyer

Participants Needed for Doctoral Dissertation Research

Are you interested in sharing your thoughts and ideas about active learning? If so, then you may be eligible to participate in the following qualitative research study:

"Self-Efficacy of Registered Nurse Faculty to Facilitate a Flipped Classroom Pedagogy"

What are the eligibility requirements?

- Associate of Science Nursing (ASN) faculty member.
- A minimum of 2 years of experience teaching in the classroom.

What does the study involve?

- A 1-hour audio-recorded interview.

For more information about participating in this study, please contact:

Sharmeta Gibbon MSN, RN, CNE

sharmeta.gibbon@waldenu.edu

[telephone number redacted]

Appendix E: Confidentiality Agreement for Use With Transcription Service

Self-Efficacy of Registered Nurse Faculty to Facilitate a Flipped Classroom Pedagogy

1. I, _____ transcriptionist, agree to maintain full confidentiality of all research data received from the researcher related to this research study.

2. I will hold in strictest confidence the identity of any individual that may be revealed during the transcription of interviews or in any associated documents.

3. I will not make copies of any audio-recordings, or other research data, unless specifically requested to do so by the researcher.

4. I will not provide the research data to any third parties without the client's consent.

5. I will store all study-related data in a safe, secure location as long as they are in my possession. All audio recordings will be stored in an encrypted format.

6. All data provided or created for purposes of this agreement, including any back-up records, will be returned to the researcher or permanently deleted. When I have received confirmation that the transcription work, I performed has been satisfactorily completed, any of the research data that remains with me will be returned to the researcher or destroyed, pursuant to the instructions of the researcher.

7. I understand that Walden University has the right to take legal action against any breach of confidentiality that occurs in my handling of the research data.

Transcriber’s name (printed) _______

Transcriber's signature _____

Date _____