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WE CAN'T GIVE AN ENEMA ONLINE!: STRATEGIES FOR MOVING YOUR NURSING FACULTY TO ONLINE PROGRAMMING

"But we've always done it this way. Our pass rates are good on our state board exam, so why start teaching nursing online?"

Perhaps you have heard this statement, or something similar, from your faculty who are hesitant to get "on board" with "online programming." Over the past year, we have planned our first online Associate Degree Nursing Program, to be implemented January 2010. This planning phase required moving the nursing faculty from "but we've always done it this way" to being ready and excited to teach in our first online nursing program. Strategies for moving faculty toward this challenging and exciting delivery system follow the nursing process:

- Assessment (History)
- Nursing Diagnosis (What are the problems?)
- Plan (What can be done to solve these problems?)
- Implementation (Steps to take)
- Evaluation (Did the plan work? If not, what else should be done?)

Assessment

The first step in the nursing process is assessment usually a "nursing history" where one asks the patient/ client about what illnesses he has had, what chronic conditions he deals with, etc. As Interim Director of Nursing, I was not familiar with the "history" of online programming at Rend Lake College. During my orientation, I began to ask questions about courses being taught online and found out that a few nursing courses (geriatrics and nutrition) were taught on Blackboard, as were a few select nursing assignments. Also, I asked about campuswide efforts and identified a campus "online committee" charged with examining strategies to provide more online programming in various courses. No entire programs were being delivered online.

In addition to identifying online nursing efforts and campuswide support for online programming, discussing attitudes toward online programming is essential during this assessment phase. Some nursing faculty had completed their Master of Science degree online, so I encouraged them to share their learning experiences. As online learners, they shared the convenience of completing assignments without attending a scheduled class and the importance of receiving feedback from their online instructors. Other nursing faculty never had taught any online courses, nor had they been online learners. They shared their concerns during individual and group meetings. Fear of failure was the biggest issue for most faculty. Our college decided to pay any faculty extra money to convert any course from classroom to online or hybrid format. This financial support demonstrated that our college supported the time and effort needed to convert these courses.

Nursing Diagnosis

The second step of the nursing process is using assessment data to create a nursing diagnosis. The term "nursing diagnosis" is our way of identifying the problem, using a common nursing vocabulary. This problem-identification strategy helps nurses plan and implement nursing interventions for the patient/client. In this instance, the nursing diagnosis or problem is: *Fear of failure related to lack of experience with online programming, as evidenced by a history of classroom lectures.*

Perhaps your assessment would identify other problems: e.g., lack of campuswide support, reward, or IT support for online programming. Whatever the problems on your campus, a thorough assessment will help you identify the real problems, and then you can plan your strategies based on those problems.

The Plan

Now that the problem had been identified, I needed to find ways to boost the confidence of many of the nursing faculty who had never taught online. My



plan was to get faculty who expressed fears/concerns involved in some online teaching while providing support (challenge-with-support method). Second, I planned to provide these faculty with as many oncampus and off-campus resources as possible. Third, I wanted to identify any rewards available for faculty willing to try online teaching.

Implementation

Several strategies were utilized:

- 1. Mentoring by pairing inexperienced faculty with those faculty who were teaching online
- 2. Sharing and discussing articles about teaching online
- 3. Easing faculty into teaching online by assigning faculty to teach one course on Blackboard with another faculty who had taught previously
- 4. Counseling faculty individually who felt hesitant, encouraging and prodding
- 5. Sending some selected faculty to off-campus conferences/workshops to help them develop new skills
- 6. Encouraging faculty to convert their current course to online format and receive compensation (according to faculty contract).

Evaluation

Since our new online associate degree nursing program will not begin until January 2010, we have not yet evaluated these strategies. However, our campus has identified a strategy to evaluate online faculty, using Zoomerang (an online survey resource to which we have subscribed). This method will facilitate online course and instructor evaluation. Additionally, our nursing faculty has advanced to the point of embracing the online program and identifying software to use in the program. Also, they have identified the need to meet on campus (eight hours per month) with these nursing students to "facilitate" nursing clinical skills (e.g., administering blood, participating in a code, etc.). Nursing always will be "hands-on," with many manual skills built into the curriculum.

Additionally, our public relations office has submitted articles to local newspapers, resulting in clinical nurses calling to see if they can teach part-time in our new online program. This online teaching opportunity should bring new ideas and clinical experiences to our students.

Summary

Using the nursing process helped our nursing faculty move through the change from classroom to online teaching. The nursing process is familiar and can be used to facilitate any change. Any community college faculty can implement this systematic approach to learn new skills as they are challenged with new technology.

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