

Editorial

Disciplined Disruption in Nursing Education

Michael Ackerman, PhD, RN, FCCM, FNAP, FAANP, FAAN

Corresponding authors Michael Ackerman at Ackerman.249@osu.edu

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In 2022, The American Nurses Foundation launched the Reimagining Nursing Initiative. It was a call for bold, disruptive proposals to address three main areas: Practice Ready Graduate Nurses, Technology Enabled Nursing Practice, and Direct-Reimbursement Nursing Models. Teams had to decide on one area that was their primary focus. The team at The Ohio State College of Nursing selected the Practice Ready Graduate Nurse focus. We were fortunate to have been selected as one of the ten recipients of the grant. Our objectives were to develop and implement a competency-based undergraduate curriculum augmented by the integration of (x)tended into our entire prelicensure curriculum. In this issue, there is a nicely done review of (x)tended reality co-authored by Drs. Stephanie Justice and Kelly Sullivan. They are both members of our Ohio State Team. In this article, they provide a high-level overview of the use of (x)tended reality in education, serving as a baseline for others who are looking to integrate more education technology into their education, whether it be in the practice or academic area.

The time for disciplined disruption in nursing education is now. Let's start with utilising an andragogical approach versus a pedagogical approach. Nursing students and practicing nurses are adult learners. As such, educators must utilise approaches appropriate for adult learners. The days of do the reading, come to class, and get Powerpointed, take a test, and repeat for the next chapter, need to end. Don't get me wrong, there is value in each; however, there are better ways. Those in the nursing education business need to be comfortable with being uncomfortable, which requires the acquisition of new teaching skills as well as methods of evaluation. There is so much evolving in the educational technology space that we must challenge ourselves and use it.

In preparing for a recent talk, I had to give, I did a review of medical-surgical textbooks. The average page number for these textbooks was about 1200 pages. In my opinion, half (or more) of the content was not relevant to our prelicensure students. Yet many faculty feel obligated to make sure much of



the chapters are covered in our medical-surgical courses (I was once one of those). Honestly, does a prelicensure student, or a practicing nurse for that matter, need to know the difference between a macule and a papule? I know this may seem like heresy to some, but change has to happen, and we, as facilitators of the educational process, must drive the change.

So, try some new things. Virtual, augmented, and mixed reality are developing at a very rapid pace. The educational outcome data is very promising, and like most technology, the price will come down. There are some great stand-alone, off-the-shelf, software available. What is very exciting are the companies that are developing software development kits that require very little or no coding expertise, so faculty can develop their own simulations. The hardware to support these various technologies will also come down in price.

Artificial intelligence and machine learning are here to stay. As educators, we need to embrace this technology to enhance our learning. Whether we use large language models to support decision-making, enhance writing skills, or support better information searching, will be up to each individual, but we must embrace the technology and teach our learners how to use it properly.

Finally, the use of the metaverse, as well as digital environments, is a must. I just taught part of a sepsis lecture from inside a blood vessel, where I utilised 3D models of white blood cells and bacteria to demonstrate the sepsis response. It sounds far-fetched, but it is really not.

So, I want to close with a challenge. Be bold and disruptive, try new things that have been demonstrated to work, and then disseminate your wonderful work. I would love to see it!

Author Bios:

Michael Ackerman, PhD, RN, FCCM, FNAP, FAANP, FAAN, the Director of the Master in Healthcare Innovation Program, Director for the Center for Healthcare Innovation and Leadership, and a Clinical Professor at the College of Nursing, The Ohio State University, located in Rochester, New York.

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