



Promoting Authentic Learning for Our Students

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Probably more than any other profession, nursing has recognized that “learning by doing” is one of the most effective ways to learn. Historically, educating nurses was accomplished through highly structured apprenticeship models at training schools. Fortunately, we have moved away from that model, and nursing education is now appropriately situated in colleges and graduate schools. Yet we have not lost sight of the value of learning by doing, and largely thanks to the Internet, we now have at our disposal a variety of communication, visualization, and simulation technologies that provide students with authentic learning experiences that promote creativity, experimentation, and real-world problem solving.

So what is meant by authentic learning? Essentially, authentic learning is a process that focuses on real-world, complex problems and potential solutions, utilizing role-playing exercises, alternative thinking, case presentations, and participation in both virtual and real communities of practice. In nurse practitioner education, we see the trajectory of these types of experiences that start out in the classroom (while building on the past life experiences that students bring with them) and continue through seminars, labs, simulated exercises, and precepted clinical experiences. In particular, through simulation, interprofessional learning, and clinical rotations, students also learn about the more subtle, social, interpersonal, and unwritten ways of knowing about how members of a community of practice interact. Isolated facts and formulae that are learned out of a book or in a lecture begin to take on meaning and relevance as students learn what these tools can do for them, their practice, and their patients.

What are the results of such authentic learning in participatory cultures? According to Jenkins et al. (2009), students who are immersed in authentic learning activities develop several kinds of “portable skills” that they otherwise may have difficulty developing on their own. These skills include:

Judgment: The ability to distinguish reliable from unreliable information

Patience: To hear alternative viewpoints

Synthetic ability: To recognize relevant patterns in unfamiliar contexts

Flexibility: To work across disciplinary and cultural boundaries to generate innovative solutions

Even with these new modes of teaching and learning, interestingly, there still seems to be a heavy reliance on traditional modes of education. Most of us as who are expert clinicians may also be faculty who have received little or no training in instruction, and many of us still tend to rely on our intuition and methods because we’ve “always done it that way.” The longer we are in the role, the further removed we become from the perspective of the novice. Traditional instruction may also be a preference of beginning students who want to see things as black and white, or right and wrong, rather than be challenged by uncertainty, ambiguity, and differing perspectives.

In sum, authentic learning exposes the “messiness” of real-life situations and challenges in the clinical arena. Such learning is not reserved just for health professional students but is a life-long process. In partnership with our clinical preceptors, the more we continue to expose our students to authentic interprofessional practice communities, the better they will be able analyze and participate in the type of complex decision making that will be required of them as leaders and professionals.

J Pediatr Health Care. (2016) 30, 405.

0891-5245/\$36.00

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<http://dx.doi.org/10.1016/j.pedhc.2016.06.003>

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