Are two heads better than one?

Students and educators explore dyad testing

By Sharon A. Vinten and Marsha L. Ellett

As nurse educators learn the advantages of cooperative learning from other disciplines, many have begun to incorporate these concepts into their teaching. Dyad testing, one form of cooperative effort, consists of two or more students taking an examination together—discussing questions and answers before submitting final responses for faculty evaluation. As nursing education continues to shift to a student-centered, active learning paradigm, testing students as part of a group enhances the cooperative effort and initiates the collaborative decision-making situations students will encounter in the nursing world.

Johnson, Johnson (1989) and Bruffee (1999) have used cooperative and collaborative learning extensively in education since the 1970s when it was introduced. Group learning has worked well in laboratory settings in the sciences and is used from kindergarten through the collegiate level. Learning in this manner addresses interdependence, socialization, individual accountability, group processing and group skills (Johnson & Johnson 1989).

Student reaction to dyad testing

We have found that dyad testing accomplished several outcomes, some purposeful, others unintentional. Based on written and verbal evaluation after testing, students reported reduced levels of anxiety during the examinations, a sense that discussions promoted teaching and learning while being tested, and that teamwork and communication were enhanced, as found in the work environment. Students appreciated the feedback provided by partners when providing a rationale for one response over another. These critical-thinking skills allowed students to critique answers from a different (partner) perspective and validated that “two heads are better than one.”

Testing in groups was not problem-free. Additional faculty to proctor examinations was necessary as students were placed in several rooms during the examinations to reduce noise distractions. Additional testing time was necessary to allow students to collaboratively review, provide rationale for responses and revise test responses as necessary. Students feared the unprepared partner, being slow in comparison to their dyad test mate and raised concerns that the chosen student “might not want me as a partner.”

Implementing a dyad testing option

Partner or dyad testing was established with the following ground rules. It had to meet the outcomes of the course, program and the student's individual learning principles of the university. As faculty, we wanted to continue to evaluate students individually to be certain they had the knowledge to be safe practitioners. Thus, dyad testing was used for only one of four examinations for the course.

Dyad testing was implemented in this manner. Students were exposed to dyad testing the first day of classes, and the process was reviewed again several days prior to the examination. Each student was given the choice of testing individually or in a dyad. A faculty member in the usual testing situation monitored those choosing to test individually. Students electing to dyad testing put their names into a “hat” and then randomly selected their partners’ names. Partners moved to rooms that contained only pairs testing in dyads. Each dyad determined how they would complete the examination. Some chose to complete the examination individually first and then collaborate; others began working together immediately. As faculty we had determined that each student would have his or her own computer score sheet, and answers between partners did not have to agree. We had also predetermined that 25 percent additional time would be given as time for collaboration and discussion between the partners.

The same examination was given to those who dyad and individually tested. Discussions were encouraged but at a pitch that would not disturb others in the room. We also allowed the termination of the dyad during the exam if students felt the partnership was not working. This never occurred.

Examination scores have been consistent. In an associate nursing course, scores remained approximately 6 percent above the other examination scores in the course. In a baccalaureate nursing course, students who dyad tested scored 5 percent higher.

Is dyad testing for you?

We found dyad testing being used in nursing settings throughout the country. Two studies have been completed and published in nursing at this point (Durrant, Pierson, & Allen, 1985, Phillips, 1988). No one has yet studied issues dealing with learning disabled students or those with English as a second language in relation to dyad testing. As with any other assessment and learning strategy, dyad testing time was necessary to determine its most appropriate use.

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References


Academic catalogs, often a prospective student’s first experience with the nursing education process, have been shown to be uninformative and confusing.

Improving nursing’s first impression
Study finds course catalogs likely turnoff for prospective nurses

By Jennifer L. Hobbs and Melodie Daniels

What does it take to be a nurse? As students ponder the possibilities, many become acquainted with nursing’s course requirements by navigating their school’s academic catalog. Unfortunately, many prospective students are discovering that maneuvering through catalogs is no walk in the park.

Initially, a review of nursing program catalogs was completed in order to design a tool that would help nurse managers properly place new graduates based on the educational focus of the students’ nursing programs. However, the investigational study returned findings that were unexpected and alarming given the current need to attract the best and brightest students into nursing.

Early results surprising
The study began when we, as senior nursing students at San Diego State University, reviewed catalogs from every nursing program in the state of California. This included programs that offer a two-year degree, RN-to-BSN program and four-year degree. Seventy-five out of 104 programs agreed to participate in the study.

The catalogs proved to be difficult to read, prerequisites were not clear, admission criteria were ambiguous or missing, course content was poorly defined, and program focus and graduation qualifications were often not mention. Several catalogs contained language difficult for even the educated nurse to understand. Many school and university catalogs were unappealing and confusing for a student choosing a career. As the nation faces a nursing shortage, this is critical to all the investigators that a catalog rating system was needed.

Study focus shifts
The rating system developed was designed to illustrate to each school their catalog’s ability to attract the best and the brightest to nursing. The rating tool examined prerequisites, admission criteria, course content and readability. The presence of a clearly defined outline, which stated the focus of the program, opportunities available and qualifications of graduates, was also included in the rating tool. The investigators rated each catalog separately on a scale of 1 (lowest) to 16 (highest) based on the tool and then calculated an averaged overall score for each catalog. The catalogs were then categorized, according to their overall score, as either poor (1-4), needs improvement (5-8), average (9-12) or best (13-16).

As expected, the majority of the catalogs fell into the average range. The breakdown of all 75 catalogs rated showed 10.6 percent (8 of 75) best, 54.6 percent (41 of 75) average, 30.6 percent (23 of 75) needs improvement and 4 percent (3 of 75) poor. The catalogs were not separated by two-year versus four-year programs, and only catalogs that had submitted complete information about their programs were included. Only one catalog was rated a perfect score. There were three catalogs rated in the poor category, each with a score of four.

The catalog that was rated highest by both investigators was from Samuel Merritt College in Oakland, California, and stood out among the rest as an example of promoting and marketing nursing as an excellent choice for the serious student. The opportunities for careers in nursing shown were diverse and detailed, and the characterization of nursing as a profession was clear. The students entering this program would know the expectations, program track and the qualifications of the graduates. This catalog was written to make the applicant look forward to a bright and promising future in nursing and was aimed at attracting young students interested in utilizing technology, as well as the returning student looking to be challenged. The three catalogs receiving a rating of poor were lacking in basic information. They failed to provide potential students with the necessary tools to apply for and seek the degree offered by the school. One school failed to explain their RN program in terms of qualifications and described it only as units needed to complete a degree (which degree was not specified), leaving the reader wondering what the course of study would offer in terms of future potential. In addition, the information was poorly organized. The student would not know, for example, what the track included, the amount of time spent in lab versus lecture and what the courses covered.

Other study findings
In addition to the information obtained by individual catalogs, the investigators were surprised at some overall findings. For instance, of the 75 catalogs submitted, 12 of the schools used a lottery system. A lottery system does not allow the highest academically qualified person to be selected first. A second finding concerned the readability of the catalogs. Even when a catalog met the basic information criteria and received an average rating, the readability of the catalog was poor. Some of the catalogs listed classes and course content as if written for experienced and educated nurses. For example, the use of nursing theories to describe the philosophy of the nursing program doesn’t fit students who aren’t yet acquainted with the models. In one catalog, the reader is left to decipher what it means to follow the Neuman System model in the study of medical surgical nursing. This does not communicate well to the student who is interested in nursing and trying to choose the best school to fit his or her needs.

In conclusion, we find that it would be difficult to use these catalogs as informative tools to attract and guide prospective students toward nursing. The academic catalogs do not truly give a perspective of what nursing is like, what the classes contain, nor a comparison of one campus to another. For the nursing managers who wanted the material for placement insight, they were also of little value. All schools that provided material to the investigation received their score and a copy of the tool. Recommendations for improvement include putting students on the committee that prepares the catalog for production, enhancing readability and presentation, and including descriptive, accurate content. For further discussion about recommendations, please contact us via e-mail: Jennifer L. Hobbs at HobbsJRNBSN@aol.com or Melodie Daniels at Mbegnaud@aol.com.

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