

Writing in the Disciplines Portfolio

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General Reflective Writing

Around 27 years ago, I, a fourteen-year-old girl, boarded a plane at the international airport in El Salvador and left behind memories of a country involved in a cruel civil war. The decision was made for me to immigrate to United States for my safety after seeing numerous neighbors, friends and family members fall victim to the war.

I was scared and anxious about the unknown. However, I kept the memories of happier days when I climbed mango trees and played hide and seek with my friends, surrounded by the smell of basil and begonias in my grandparents' home.

As the plane descended into Washington International airport, I was impressed by the lights and view of the modern city of Washington, DC, my destination. I was received by family members who anxiously waited my arrival. My family had arrived not long before me, and as recent immigrants, they were struggling to survive in a new society. They spoke little English, had low-paying jobs, and worked long, hard hours. The culture shock I felt began quickly and hit me hard.

The first decision to be made was whether I should attend school or find a position as a domestic worker to help earn money for my family. My family discussed the situation, and then asked my opinion. It was difficult for me to understand the whole picture; I was in shock from moving from girl's private school and middle class environment into a completely different society in which my family was scraping by. Since I loved reading and the greater part of my short life had been spent in the school library, I told them that I wanted to go to school.

Although I attended school, I was not excused from working. After school, I worked to help to pay the rent and put food on the table. Because I did not speak a word of English, the only jobs available were in cleaning; I held a cleaning position until my English was better. Surrounded by Spanish-speaking family members, TV, and radio, language acquisition was difficult for me. My new school helped me to learn English, but I found it was not easy, as writing was extremely difficult.

High school graduation came, but I had not planned for college since I knew my family had no money. Sometimes at night I would dream that I could go to college. I worked a couple of minimum wage jobs, but I soon realized they were not enough to enable me to earn a living. A friend told me that Montgomery College was not very expensive and had a nursing program, which would allow me to achieve my dream of becoming a registered nurse. I enrolled at the college and took the required entrance exams. I scored poorly on the Math and English placement tests; consequently, I started at the lowest level.

My family and friends told me many times to stop dreaming and wasting time and money. Several times, they made comments in a low voice to try to keep me from hearing them: "She can never become a registered nurse—it is impossible for a poor Salvadoran woman." I did not listen and continued. I was accepted to the nursing program, but managing school and work became extremely difficult. I worked as nursing assistant, a waitress, and as a cashier to survive during my college years.

I finally graduated and took the NCLEX exam in nursing and passed. My life completely changed, I had a job that I loved, and I earned a decent living. I married a wonderful man who supported my decision to continue my education.

I still struggled with writing and tried to avoid it. I was told I was not a good writer. During graduate school a professor remarked that I “could not speak English”. These comments were very hurtful and devastated my morale, specifically because the comments did not provide specific suggestions for how I could improve; they were critical and degrading.

After earning my Masters degree, I continued my education and I hope nowadays to earn my PhD. I became a critical care nurse. I always remembered the small community college that opened its doors to me and changed my life. I love working at the patient’s bedside, but I also enjoy teaching; I was made a preceptor and mentor in the clinical area. I also began teaching part-time in a community college and was later offered a part-time position at Montgomery College, where I began my nursing studies. In 2000, I became a full-time faculty member.

Since I had attended Montgomery, the nursing program changed; the student body at the college is now more diverse, which makes me very happy. As a faculty member, I found that student diversity uncovered certain issues which negatively affect the nursing program. Specifically, a large number of ESL students were failing the program, costing them and the college time and money. Many students I spoke to who were not successful were economically and emotionally drained after failing. As I taught the first-year Health Assessment course, I started to notice that regular conversational English was fine with the students. In other words, the ESL students in the nursing program could carry a regular conversation, but when asked to read and write academic English related to the nursing discipline, they were unable to abstract the main ideas and apply the knowledge to practice and in their writing.

Critical thinking is difficult to teach since the nursing process is the most important tool used in nursing care and the students have difficulty learning the nursing process. Many of the foreign students expected tests to be based on memorization instead of application, analyses, and evaluation. I also taught second-year students and noticed some of the same issues presenting themselves as in the first year. In addition, the second-year Medical Surgical course required students to use their knowledge of biological science, the humanities, social science, and previous nursing courses to develop a plan of care for patients with complex health problems.

ESL students had a difficult time drawing on previous knowledge and applying it to new lessons. They had extreme difficulty prioritizing nursing interventions and diagnoses. Much of the prioritization in nursing is based on scientific knowledge, or knowledge from previous courses. ESL students’ writing in English in their first and second years was full of spelling errors, poor mechanics, and grammar problems. Even though writing was not my strong point, I knew it is essential to the nursing discipline and that we had a problem with it. I discovered that simple charting in the first-year Health Assessment course was a problem for some because technical and descriptive writing are used for charting; they had difficulty documenting a simple nursing note that described an action such as wound care or a dressing change.

I decided to do something to help with the problem of decreased retention. In the spring of 2007, I started a tutorial for nursing students using different teaching strategies. I felt that at the end of the

tutorial experience I had a pretty good idea what is needed. Therefore, I applied for a small grant. The other step that I took was to apply to Writing in the Discipline fellowship; the fellowship mission is to incorporate writing across the curriculum. The following are some of the activities resulting from the fellowship some are new and some are revisions existing assignments.

I. Mini Tasks

The purpose of the mini tasks is to facilitate critical thinking, a major issue for ESL students. The nursing program has around 60-65% of ESL students. The emphasis is on cognitive skills (see italic). Two tasks have been modified to stress more cognitive skills: a pathophysiology write-up condensing a large amount of biological and physiological information, and weekly written questions.

Weekly Anecdotal with modifications

This can serve many purposes. Rather than simply giving a synopsis of your clinical experience, I want these to be an *evaluation of your performance*. Two or three *learning goals* are to be constructed. These should be individualized to your patient assignment and *your own learning needs*. These are not clinical objectives; they should be brief statements of what you intend to learn through your care of these specific patients. *Some focus should be placed on your stated learning goals and whether or not they have been met (tell me why or why not). These entries can be quite subjective, so do not be afraid to praise yourself for a job well done or be self-critical when the situation warrants it.*

Pathophysiology with modifications

The student is required to write a brief overview of the relevant pathophysiology for each of their patients (three or four sentences is usually adequate). *Do not copy the exact words from the textbook, but rather show me that you really understand the subject.* Pathophysiology overviews and learning goals (discussed under the Weekly Anecdotal) are due at the start of the clinical on Thursday; they can be informal.

Weekly Questions

The third mini task was posting questions on discussion board of a Web CT supplemental site. The questions were related to topics covered during lecture week. The anecdotal and pathophysiology mini tasks existed previously, but no clear idea of their purpose and expectations was given to the students.

Web CT was added because the tutorial group became too large, and it is easier to reach a large number of students with technology. Web CT gives instructors the ability to post weekly discussion questions, provide assignments such case scenarios, access PowerPoint lectures with illustrations, outline self-study guidelines that will help students concentrate on important concepts, and provide complementary material for lectures such graphic organizers. In addition, students will have the ability to take mock quizzes that might help assess their ability to understand the material and guide them through concepts that are not clear.

Informal assignments include discussion questions related to weekly theory topics, questions posted by students, and weekly, hour-long live chats with the instructor. Sample of discussion questions posted by instructor (questions were adapted from *Brunner and Suddarth's Textbook of Medical-Surgical Nursing 2008*):

You are a new nurse working in a hematology unit. The laboratory personnel called to report a critical lab value for one of your patients. The WBC count is $1000/\text{mm}^3$ with a neutrophil count of 20%.

- What is the patient absolute neutrophil count? Show calculation.
- What other laboratory results will be important to review? List them in order of priority.
- What observations will you include in your assessment?
- What medical and nursing treatment will you anticipate?
- How would you educate your patient and his/her family about neutropenic precautions?

A 40-year-old-woman complains of alopecia, butterfly skin rash, joint pain, weight loss, and fatigue. Her family states that she does not "seem like herself" lately. A diagnosis of SLE is made. What can you explain about her disease process and the treatment options available to her? Please provide this information as though you are actually teaching and talking with this patient.

Miss Mizrachi, a 25-year-old patient, is newly diagnosed with type 1 diabetes. Miss Mizrachi speaks very little English since she has been in the United States less than a year. Please list the major nursing assessments:

- List nursing diagnoses in order of priority.
- List nursing interventions in order of priority for the two most important nursing diagnoses.

Students' Questions:

"Could you clarify the different in the nursing care between patients with acute and chronic renal failure?"

"I do not understand glomerionephritis. Can you go over this material?"

"What is the difference between the causes of acute renal failure? For example how is 'prerenal' different from 'intrarenal' and 'postrenal'?"

II. Formal Assignment

The Concept Map is the formal assignment in the school of nursing. It is a picture of a care plan, showing various parts of the nursing process and how they relate to one another. The fellowship didactics helped me to clarify the map. I clarified the "remediation" and instructions to the rubric, following the idea that ESL students need specific instructions related to their assignment (it is not enough to put it in the course guidelines), and that there is virtue in repeating the information (say it once and say it again).

In addition, I posted formal assignment on Web CT chat includes case scenarios with questions, self-study guides, and quizzes. The live sessions of the tutorial are still ongoing, and the recommendation is for them to continue since they provide extremely useful support to the vulnerable ESL student. Face-to-face interaction lets students clarify concepts and receive quick feedback. Moreover, face-to-face interaction is valuable because it helps to cement the relationship between faculty and students, consequently resulting in a better learning experience for the student. To promote retention of nursing

students, it is not enough to just teach; faculty need to provide a caring environment and direct assistance and guidance to facilitate student learning (Shelton, 2001). It is not enough to be an educator; one must also become a mentor.

III. Peer Review

The final piece came by writing a peer review document that students could use prior to submitting the formal assignment (Concept Map). See Appendix E. The basic peer review idea is to have students review the written work of their classmates and make suggestions for improvement. Peer review provides benefits for both the student and instructor. It gives the chance to provide frequent student writing assignments without overloading the instructor with papers to grade. It also helps students to develop key skills such as abstracting, criticizing, analyzing, and assessing. Students learn skills that are essential to the critical thinking process (Traultment et al, 2003).

IV. Rubric

The Concept Map rubric was revised to fit the need of ESL students. See below:

“You will care for the patient for two days of your clinical experience. The following week, you will give the oral presentation on the first day of clinical. On the second day, all paperwork will be handed in. This includes all data bases, complete nursing diagnosis lists in priority order, and the top three nursing diagnoses with the plan of care.”

Remediation policy was clarified to fit the student population.

V. Remediation policy for concept map

If your score for the concept map is less than 75%, you will be required to redo the assignment until you obtain the passing mark of 75%, in order to pass the clinical portion of this course. However, the original score achieved for the first assignment will stay for the purpose of calculating the final grade.

Failure to obtain 75% will result in a failure in ‘clinical’ and consequently a failure of NU 230.

Each time you are required to submit a care map you must have a complete assignment, i.e.:

- A complete database
- A nursing diagnosis list in priority order
- The top three nursing diagnoses with care plan and pictorial care map

Late or incomplete assignments will not be accepted and could result in a failure in ‘clinical’. In case of extenuating circumstances, such as medical or legal appointments, the faculty reserves the right to ask for supporting documentation (doctors’ notes, etc.).

VI. Annotated Recommended Sources for Nursing Faculty

1. Abriam- Yago, K., Yoder, M., & Kataoka-Yahiro, M. (1999). The Cummins Model. *Journal of Transcultural Nursing*, 10(2), 143-149.

As the population in the United States becomes more diverse, health care professionals are required to have the cultural competency and language ability to meet the healthcare needs of a multicultural population. The careful recruitment, admission, retention and graduation of ESL students are necessary if nursing is to meet the demands of the multicultural society of the 21st century. However, the academic success of this particular group of students has proven difficult to achieve due to language difficulties. The implementation of the Cummins Model of language proficiency is discussed in this paper. The Cummins Model provides a framework for nursing faculty to provide educational support that can help them meet the learning needs of ESL students.

2. Williams, R. (2002). Maximizing Learning among Students from Culturally Diverse Backgrounds. *Nurse Educator* 27(5);222-226

This article discussed the present diversity in the classroom and the need for faculty to use a variety of teaching methods and strategies. The author discussed the concept of diversity and how these multiple factors impact learning. A model was proposed to view diversity that incorporates specific learning strategies to maximize success among culturally diverse students.

3. Flinn, J. (2007). Teaching Strategies Used With Success in a Multicultural Classroom. *Nurse Educator*. Vol. 29 (1). 10-12.

The author describes the techniques used in a multicultural classroom such as outlines, visual organizers, questioning, cultural study of specific diseases, note taking guides and language issues. The author describes how educators must adapt to different audiences and how to alter strategies to reach these audiences. The article highlights the responsibility of the students as well as that of faculty to create a learning environment and to reach this goal, which translates into graduation and competent clinical practice.

4. Malu, K. (1998). Enhancing the Language Development of Immigrant ESL Nursing Students: A Case Study With Recommendations for Action. Vol. 23 (2). 43-46.

Nursing students who use English as a Second Language (ESL) are increasing in number and represent a significant population in nursing education classrooms today. Frequently, nursing educators feel powerless as they struggle to educate and help students achieve their academic goals. The author offers an analysis of one of the problems nursing educators and ESL nursing students face: Language development. A case study that has as its theme the problem of language development is presented. A review of relevant second language acquisition research findings are outlined and appropriate teaching techniques and practices are suggested. This research and these practices are used to identify actions that nursing educators and their students can incorporate to enhance and improve the language development of immigrant ESL nursing students.

5. Amaro, D., Abriam-Yago, K & Yoder, M. (2006). Perceived Barriers for Ethnically Diverse Students in Nursing Programs. *Nursing Education*, 45(7).

The articles described the specific needs of ethnically diverse students and examined the barriers and factors that prevent their success. The author used a qualitative approach and Ground theory methodology. The article not only identifies the barriers of ethnically diverse students, but it also offers specific ways to deal with these hindrances and points to a number of factors and strategies to assist this population.

6. Shelton, E. (2003). Faculty Support and Student Retention. *Nursing Education*, 42(2)

The article discussed the role of faculty in student retention. It looks at student success and how faculty support and involvement with the students may be integral to their achievements. The article concludes by recommending that faculty provide a considerate environment of mentorship and direct guidance to facilitate student learning and success.

VII. Conclusion

At the present time, the nursing program has doubled in size. The program is experiencing some growing pains but continues to move forward and open the door to a great number of students. The college represents the American dream because it gives students a chance to have a better tomorrow. Giving students writing skills across the curriculum is a must if we want them to succeed in the future.

IIX. Appendix A**Pathophysiology and clinical anecdotal/informal assignment for NU 230****MONTGOMERY COLLEGE****Takoma Park Campus****NU 230 Weekly Clinical Anecdotal Form**

Student _____

Date _____

	S	U	EXAMPLES
I. ASSESSMENT Makes appropriate observations. Determines NANDA nursing diagnosis. Prioritizes needs of patients. Determines holistic variables. Determines health teaching needs.			
II. PLANS Determines goals. Explains pathophysiology.			
III. IMPLEMENTS Selects appropriate nursing actions; prioritizes care. Demonstrates procedures. Uses safety rules. Seeks help. Organizes care. Communicates effectively with patients. Communicates effectively with staff.			
IV. EVALUATES CARE			
V. ACCOUNTABILITY Follows policies. Respects confidentiality. Reports appropriately. Is prepared. Documents correctly.			

Brief overview of pt. history and admitting diagnosis, surgeries, etc.

Synopsis of pathophysiology:

Abnormal lab and test results:

Standing Medication and rationale:

STUDENT COMMENTS:

Signature _____

FACULTY COMMENTS:

Signature _____

STUDENT GOAL, NEED OR PLAN FOR UPCOMING WEEKS

Modifications Made as a Result of WID Fellowship--

Weekly Anecdotal

This can serve many purposes. Rather than simply giving a synopsis of your clinical experience, I want these to be an *evaluation of your performance*. Two or three *learning goals* are to be constructed. These should be individualized to your patient assignment and *your own learning needs*. These are not clinical objectives; they should be brief statements of what you intend to learn through your care of these specific patients. *Some focus should be placed on your stated learning goals and whether or not they have been met (tell me why or why not). These entries can be quite subjective, so do not be afraid to praise yourself for a job well done or be self-critical when the situation warrants it.*

Pathophysiology

The student is required to write a brief overview of the relevant pathophysiology for each of their patients (three or four sentences is usually adequate). *Do not copy the exact words from the textbook, but rather show me that you really understand the subject.* Pathophysiology overviews and learning goals (discussed under the Weekly Anecdotal) are due at the start of the clinical on Thursday.

Appendix B-1 Rubric, Original

NU230 -Nursing in Health and Illness II Critical Thinking Concept Map Grading Criteria

STUDENT: _____ DATE _____

Criteria	Points	Faculty Comments
<p>*Essential Information: (1 point)</p> <ol style="list-style-type: none"> 1. Identify patient by initials only. 2. State patient's age, gender, race, ethnicity, culture, marital status, date of admission, current diagnosis, medical history, social history, occupation and any other significant issues (i.e. psychological, financial, spiritual) 3. Pathophysiology: include in written work only not in oral report. 		
<p>*Assessment/Analysis/Nursing Diagnosis: (2.5 points)</p> <ol style="list-style-type: none"> 1. Assess all dimensions and develop 3 most critical nursing diagnoses and prioritize. 2. Provide data to support all nursing diagnoses. 3. Each diagnosis must be written in the correct format. 4. Identifies meaningful relationships between nursing diagnoses. 		
<p>Patient Outcomes: (0.5 points)</p> <ol style="list-style-type: none"> 1. Patient outcomes are measurable and attainable. 		
<p>Implementation: (2.5 points)</p> <ol style="list-style-type: none"> 1. Identify specific individualized nursing interventions related to outcomes. 2. Include the specific steps needed to accomplish them. 		
<p>Rationale: (1 point)</p> <ol style="list-style-type: none"> 1. Include the key rationales for patient care identified. (Be clear and concise) 		

<p><u>Evaluation:</u> (1.5 point)</p> <p>*1. Evaluate and state why the outcome was met or unmet.</p> <p>2. Give examples of clinical data showing changes or lack of changes for each intervention.</p> <p>3. Replanning: Identify any revisions in the plan of care.</p> <p>*4. Evaluate patient teaching.</p>		
<p><u>Patient Teaching Needs:</u> (1 point)</p> <p>1. Assess patient need for teaching: disease process, medication, diet, exercise/activity, equipment, treatment, prevention, hygiene, discharge plan.</p> <p>*2. Identify topic, teaching method, patient response to teaching.</p>		

Format: Creative, organized and easy to follow. Free of grammar and spelling errors. Concept Map plus prioritized list of Nursing Diagnoses must be turned in along with a completed Database (in Course Guide) 1 week after you have taken care of the patient.

Oral Patient Report: Items on this grading criteria indicated with an * need to be addressed in the Oral Patient Report. A score of 75% must be achieved in order to successfully pass.

TOTAL POINTS (10) _____

FACULTY COMMENTS:

Database:

Concept Map:

Oral Report:

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

This grading criteria must be returned to your clinical faculty when signed.

Revised rubric and directions
NU230 -Nursing in Health and Illness II
Critical Thinking
Concept Map Grading Criteria

STUDENT: _____

DATE: _____

<p><u>*Essential Information:</u> (1 point)</p> <ol style="list-style-type: none"> 1. Identify patient by initials only. 2. State patient's age, gender, race, ethnicity, culture, marital status, date of admission, current diagnosis, medical history, social history, occupation and any other significant issues (e.g. psychological, financial, spiritual). 3. Pathophysiology: include in written work only, not in oral report. 		
<p><u>*Assessment/Analysis/Nursing Diagnosis:</u> (2.5 points)</p> <ol style="list-style-type: none"> 1. Assess all dimensions; develop and prioritize the three most critical nursing diagnoses. 2. Provide data to support all nursing diagnoses. 3. Each diagnosis must be written in the correct format. 4. Identify meaningful relationships between nursing diagnoses. <p><i>Database must be complete and accurate</i></p>		
<p><u>Patient Outcomes:</u> (0.5 points)</p> <ol style="list-style-type: none"> 1. Patient outcomes are measurable and attainable. 		
<p><u>Implementation:</u> (2.5 points)</p> <ol style="list-style-type: none"> 1. Identify specific individualized nursing interventions related to outcomes. 2. Include the specific steps needed to accomplish them. 		
<p><u>Rationale:</u> (1 point)</p> <ol style="list-style-type: none"> 1. Include the key rationales for identified patient care. (Be clear and concise.) 		

<p><u>Evaluation:</u> (1.5 point)</p> <p>*1. Evaluate and state whether the outcome was met or unmet. 2. Give examples of clinical data showing changes or lack of changes for each intervention. 3. Re-planning: Identify any revisions in the plan of care. *4. Evaluate patient teaching.</p>		
<p><u>Patient Teaching Needs:</u> (1 point)</p> <p>1. Assess need for patient teaching, including: disease process, medication, diet, exercise/activity, equipment, treatment, prevention, hygiene, discharge plan. *2. Identify topic, teaching method, patient response to teaching.</p>		

**You will care for the patient for two days of your clinical experience. The following week, you will give the oral presentation on the first day of clinical. On the second day, all paperwork will be handed in. This includes all data bases, complete nursing diagnosis lists in priority order, and the top three nursing diagnoses with the plan of care*

Format: Creative, organized and easy to follow. Free of grammar and spelling errors.

Concept Map plus prioritized list of nursing diagnoses must be submitted, along with a completed database (see Course Guide) covering the first week after your care of the patient.

Oral Patient Report: Items on this grading criteria indicated with an * need to be addressed in the Oral Patient Report.

A score of 75% must be achieved in order to pass this assignment successfully and to succeed in the clinical section of this course. (Please refer to policy for remediation if your grade is below 75%.)

TOTAL POINTS /10 _____

FACULTY COMMENTS

Database:

Concept Map:

Oral Report:

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

These grading criteria must be returned to your clinical faculty when signed.

***Instructions added during the fellowship**

Instructions added during the fellowship:**Remediation policy for concept map**

If your score for the concept map is less than 75%, you will be required to redo the assignment until you obtain the passing mark of 75%, in order to pass the clinical portion of this course. However, the original score achieved for the first assignment will stay for the purpose of calculating the final grade.

Failure to obtain 75% will result in a failure in 'clinical' and consequently a failure of NU 230.

Each time you are required to submit a care map you must have a complete assignment, i.e.:

- *A complete database*
- *A nursing diagnosis list in priority order*
- *The top three nursing diagnoses with care plan and pictorial care map*

Late or incomplete assignments will not be accepted and could result in a failure in 'clinical'. In case of extenuating circumstances, such as medical or legal appointments, the faculty reserves the right to ask for supporting documentation (doctors' notes, etc.).

Appendix C

NU230 -Nursing in Health and Illness II

PEER REVIEW

Author_____ Reviewer_____

The goals of peer review are:

- 1) To improve your classmate's concept map by pointing out strengths and weaknesses that may not be apparent to the author
- 2) To develop critical thinking skills

INSTRUCTIONS

Read the paper(s) assigned to you twice; once to get an overview of the content, and a second time to provide constructive criticism to help the author revise his/my paper.

Answer the questions below. Please place an X next to the category you believe best represents the concept map you are reviewing.

Missing/ Not present	Present but not complete	Present and complete	CRITERIA	READER'S COMMENTS
			Is the essential information present? (Identify patient by initials only)	
			Does the report include: A. Assessment of all dimensions and development of the 3 most critical nursing diagnoses in priority order? B. Data to support all nursing diagnoses? C. Each Nursing diagnosis written in the correct format? D. Meaningful relationships identified between nursing diagnoses?	

Missing/ Not present	Present but not complete	Present and complete	CRITERIA	READER'S COMMENTS
			<p>Implementation</p> <p>A. Are specific individualized nursing interventions identified and related to outcomes?</p> <p>B. Are specific steps to accomplish them included?</p>	
			<p>Does the concept map include the key rationales for patient care identified in a clear and concise manner?</p>	
			<p>Evaluation: Does it include:</p> <p>A. Statement of to what extent each outcome was met?</p> <p>B. Examples of clinical data showing changes or lack of changes for each intervention?</p> <p>C. Identification of any necessary revisions in the plan of care (Re-planning)?</p> <p>D. Patient teaching?</p>	
			<p>Did the student include the following elements in the patient teaching plan?</p> <ul style="list-style-type: none"> • Assessment of the patient's need for teaching with regard to: disease process, medication, diet, exercise/activity, equipment, treatment, prevention, hygiene, discharge plan <p>Identification of required topic(s), teaching method, and describe patient response to teaching</p>	

Appendix D

Web CT prototype for proposed tutorial project for next semester

It consists of:

- Introduction
- Orientation activities
- Informal writing assignment on the discussion board such questions posted by instructor

Students are able to post questions for the faculty.
Faculty provides weekly online time.

The site provides:

- PowerPoint presentations of the weekly lecture
- Case scenarios presenting clinical issues and solutions using the nursing process as critical thinking tool
- Self-study guides
- Web sites that provide community support for particular health disorders
- Quizzes at the end of each learning module

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