

## **Distance Learning in Nursing Education: The Good, The Bad, and The Ugly**

Thomas Wenzka, Lynn Rhyne, and Kathleen Upham  
Coastal Georgia Community College

The restructuring of the University system and the growth and development of Georgia Academic and Medical System (GSAMS) in the past five years has led to the implementation of distance learning for the Associate Degree in Nursing at Coastal Georgia Community College (CGCC). The current system has classrooms on the main campus in Brunswick, Georgia, and remote sites on the Armstrong Atlantic State University (AASU), and Savannah State University (SSU) in Savannah, as well as the Camden Center in St. Mary's, and the campus of Georgia Southern University (GSU) in Statesboro, Georgia. Courses leading to baccalaureate and master's degrees have been offered through Distance Learning on the Brunswick site since 1992. Through a collaborative agreement with AASU and GSU, courses leading to the baccalaureate and masters' degrees in nursing are offered through Distance Learning at the Brunswick site. Plans are underway for the development of a CGCC campus in St. Mary's Georgia, to replace the current Camden Center. Included in the plans for the building is the upgrading of the technology for GSAMS. The implications for CGCC and other colleges in the southern portion of the state are endless. The restructuring of the University System to eliminate associate degree programs from four-year colleges has created an underserved population of students. There are no associate of nursing programs from Beaufort, South Carolina to Jacksonville, Florida to the north and south, and from Coastal Georgia to Waycross and Macon, Georgia to the west and north. There is certainly a likelihood that nursing courses will be taught in the distance learning format for the residents of Camden County, as well as other counties in Georgia and northern portions of Florida. The implementation of distance learning has yielded many benefits and a few problems. The faculty at CGCC is committed to the distance learning method of instruction despite the changes that were necessitated by the implementation. We would like to share our successes as well as our frustrations as a means to ease the transition to distance

learning for our colleagues in nursing education in the state.

Distance learning was initiated in the CGCC nursing program in the fall quarter of 1997. The enrollment in Savannah was limited to 20 students due to space limitations at the remote site. It was also felt that larger classes would be a detriment to the learning process. The system is a synchronous, interactive video system, which allows real time two-way feedback, with a two-second delay. Students at remote sites can communicate with the instructors and their classmates during class, and are active participants in the learning process. It was felt that students on the Brunswick campus would benefit as well by the exposure to the advanced technology that will be essential in future health care practice. Students were introduced to distance learning in the first nursing course. They were informed that a distance learning student must be well motivated and mature in order to benefit from the experience. The class in Brunswick was also divided in half, so the home site classroom was also smaller in size. Students at the remote site were given the option to attend classes in Brunswick should they desire to do so. Students who were in academic difficulty were strongly advised to attend classes on the main campus as a method of remediation.

Booklets and pamphlets from the Office of Information and Instructional Technology, and guidance from facilitators and faculty from several other sites were instrumental in preparing the faculty for this experience. There were still moments when the technology was overwhelming.

During the fall of the first year of courses, several problems were addressed and corrected. The classroom at the home site was equipped with overhead microphones and the static and background noises were very distracting. During the summer, between courses, the microphones were converted to desktop, except in the nursing laboratory, and as a result, the number of complaints relative to background noise in the classroom have decreased. Faculty and students

were initially reluctant to use the microphones and were very self-conscious about how they appeared on camera. As the program has evolved, so has our level of comfort.

We have conducted evaluations since the implementation of the program and that data has been placed in the categories of Good, Bad, and Ugly.

### **The Good**

Two years of evaluative data have yielded the following positive information: Faculty have seen an enrollment increase across the northeastern tier of the state. Despite the fact that the program has not been publicized, inquiries are up every year. We are pleased that the increase in enrollment also contains a significant increase in our minority student population as well. We feel that we serve a population of students who may not be academically qualified for a baccalaureate program and who would, therefore, not be able to realize their ambition to become nurses. The faculty has become much more technically proficient, as have the students. We have been able to video classes, when necessary, in times of student need. Many students felt that their needs were adequately met by faculty, despite the 70-mile separation. They were very happy not to have to commute to Brunswick, and several felt that their grades were higher than they would have been if the commute had been necessary.

### **The Bad**

We categorized “the Bad,” as those factors which, though annoying, could either be dealt with or changed. Faculty and students were generally in agreement on the items in this category. Faculty felt that even with guidance, they were not adequately prepared for the challenge of a distance learning classroom. We were unfamiliar with the equipment and were naive about the amount of time required to successfully teach a course on camera. The technical glitches were very troublesome; during bad weather, computer or video down times, etc., faculty were required to video the class, or repeat it for the students at the remote site. The camera angles are narrow, and some students are able to “hide” from the cameras. Because reception is somewhat fuzzy, it is difficult to recognize students at the remote site. The two-second delay also presented a distraction for students and faculty, as did the constant need to remind us to use the microphone.

It is difficult for faculty to move about the classroom and often facilitators cannot adjust cameras smoothly and quickly during discussions. Faculty feel a loss of spontaneity and creativeness in the classroom. Nursing faculty at CGCC are active facilitators who utilize many strategies in the teaching-learning context. Many of our creative avenues have been quieted because they do not translate well to real-time classes.

Students at the remote sites are frustrated in their attempts to participate in games and activities. There is an inequality of services at the remote site that students found unacceptable. Handouts, articles, videos, and CAI's are not consistent at the remote sites. Students are required to come to Brunswick for these activities, or utilize comparable materials at the remote site. The microphones are voice activated at the remote sites, and side conversations are frequent.

Students at the remote site felt that faculty were not utilizing the human resources which were available to them by beaming more activities and speakers from the hospitals and agencies in Savannah. For faculty, one of the greatest headaches was testing. A faculty from the home site would go to Savannah to proctor the examination and conduct a test review after class, but the experience was not satisfying to the students or the faculty.

### **The Ugly**

These are factors that the faculty felt were not easily correctable and would probably continue to haunt us! Computer glitches and down time are inevitable when technology is utilized. In a tightly time-controlled situation such as a nursing classroom, finding time to reconvene and meet objectives was often difficult. During the first year, the time factor for pre- and post-class discussions was not an issue. During the past year however, the number of distance learning courses has increased significantly, so rather than a 30 minute open period between classes, there is less than 10 minutes. This cuts down significantly on student-faculty interaction after class. We have an indirect communication route between faculty and the distance learning coordinator. This is problematic when changes are needed or problems arise. In addition, the facilitators at the remote site are college work-study students who are occasionally late or inattentive. The distance learning classrooms are kept locked and faculty have no access, so if the facilitator cannot make

it to class on time the faculty and students are left no recourse but to stand in the hall. The faculty have not been given additional preparatory time for distance learning. It is suggested that prep time be considered when planning to provide distance learning to students.

### **Improvements**

While evaluation is on-going, we feel we have come a long way. In the two years since the inception of distance learning, we have added more faculty presence at remote sites. We are not at the site for every class. This would defeat the purpose of having a remote site to begin with. We feel it is vital at the beginning of the courses however, to help set the pace and the standard for the course. We have attempted to include more faculty preparatory time, and now that we have completed a full cycle with distance learning we feel that we are adjusting well. It has been difficult ascertaining whether some of the faculty concerns have stemmed from the inception of distance learning, semester conversion, or curriculum revision which was initiated the second year of the project. More data will be needed to see if the impact from semester conversion and curriculum revision should be considered significant. Faculty have become more proficient at technical skills such as the use of ELMO and PowerPoint in presentations. We are considering a revamping of our course syllabi to bind the material and include many of the handouts and PowerPoint presentation materials for students to avoid the problems associated with handouts. A member of the faculty has devised a distance learning newsletter to inform students of how to best utilize the resources available to them and to include a contractual agreement relative to classroom etiquette.

The statistical data acquired thus far indicates that distance learning in the Associate Degree Program at CGCC has been successful. Faculty suppositions included: there would be an increase in retention from Savannah area students because of distance learning and that there would be no significant change in the NCLEX exam rate for our graduates. The retention rate for Savannah students enrolled the program in the year before distance learning was 63%. The retention rate in 1998 was 94% and 1999 was 93%. These are significant changes. Student data indicates that many Savannah students felt that they would not have been able to complete the program if they had needed to

commute. The retention rate for the class of 2000 was 50%. In previous years there have been advance placement students whose numbers have had a decidedly positive impact on retention. With the advent of the revised curriculum, semester conversion, and distance learning, this class did not have the additional students, which might explain the sudden drop. The pass rate for graduates of the ADN program at CGCC on NCLEX-RN examination is traditionally high. Indeed, the average for the whole class remains at 93-94% in the last 3 years. The first time pass rate for Savannah students has increased from 89% to 95%.

### **Implications**

More data is needed to survey the impact of other factors on distance learning students. Overall, it appears that distance is not a factor in meeting student needs. It remains to be seen if retention rates will rise and NCLEX-RN pass rates will remain high with distance learning students. The technology will improve throughout the next few years and our expertise will also improve. Distance learning in an Associate of Nursing program is not an easy task. The benefits to students and faculty, however, make it a worthwhile effort. Faculty need to be aware that distance learning is not a quick fix for admission, retention, and completion. It requires more investment of time and resources than other methods and is very labor intensive for faculty and student alike. Students who are not highly motivated may not be able to make the adjustment to the distance learning classroom. Faculty and students must be flexible and retain a good sense of humor when involved in distance learning. The nursing faculty at CGCC feel the result is worth the effort.