

An Overview of Active Learning Strategies

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Active learning (AL) strategies have been utilized in different areas of study and across different countries with reported positive outcomes, in domains such as critical thinking, information processing and retaining knowledge. AL is a student centered approach in which the responsibility for learning is placed upon the student, often working in collaboration with classmates (Bonwell & Eison, 1991). A shift in education is underway, moving from traditional lecture style to the use of more AL; which requires students to be actively engaged in the classroom. With this teaching method, instructors are facilitators rather than one way providers of information. Strategies, such as faculty role modeling, student interactive group learning, and group testing within a didactic learning environment are employed in AL (Toole, Stichler, Ecoff, & Kath, 2013).

It is increasingly necessary for nursing schools to implement AL to engage and educate their students. AL is rooted in teaching critical thinking skills, which is necessary and valuable for reinforcing classroom-acquired knowledge (Hoke & Robbins, 2005), and uses creative teaching strategies to improve critical thinking. AL also facilitates stimulation of higher order cognitive functions associated with critical thinking and analysis (Bevis, 1989). These are all skills and habits required of professional nurses (Kearney-Nunnery, 2016).

AL encourages expressing ideas through writing, exploring personal attitudes and values, giving and receiving feedback, and reflecting on the learning process. Students can complete these instructional strategies either in-class or out-of-class, working either as individuals or in a group. AL has multiple modes and activities of

teaching, making it more versatile and adaptable to the learning needs of many students, with no one specific mode more effective than another but with all forms of AL seen as more beneficial than lecture alone.

Three specific studies assessed the impact of active learning on knowledge retention. Hoke, & Robbins (2005) found the combination of active learning and didactic learning had a 2.84% improvement in the average clinical grade (87.03%) in comparison to the average clinical grade for students taught using only a lecture approach (84.19%). Middleton (2013) described the effectiveness of AL in an undergraduate curriculum for developing health professionals capable of integrating knowledge, theory, and leadership in a classroom setting. According to Wonder & Otte (2015) benefits of using AL include that it

- Creates greater student interest and motivation than traditional lecture.
- Involves students in learning-process activities rather than passive listening.
- Provides more frequent and immediate feedback to students.
- Promotes development of student skills in critical thinking.
- Improves writing and speaking skills.
- Increases individual accountability.
- Promotes greater academic achievement (breadth and depth); students learn to think deeply about a subject/topic.
- Provides students with an opportunity to think about, talk about, and process course material.
- Improves recall of information.
- Contributes to more favorable attitudes toward learning.

- Places more emphasis on the teacher becoming a designer and facilitator of learning experiences rather than an imparter of knowledge.

Nursing education continues to strive to include AL in the courses, as these teaching strategies are linked to easier transition and application of information into clinical settings (Benner, Sutphen, Leonard, & Day, 2010). Students who experienced active learning as a mode of education strategy report positive perception of active learning strategies, and negative perception for traditional learning strategies (lecture). Evidence demonstrates a need for increased use of AL in all aspects of nursing education.

References

- Benner, P., Sutphen, M. Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. Stanford, CA: Jossey Bass.
- Bevis, E. O., & Watson, J. (1989). *Toward a caring curriculum: A new pedagogy for nursing*. New York, NY: National League for Nursing.
- Bonwell, C., & Eison, J. (1991). Active learning: Creating excitement in the classroom (ASHE-ERIC Higher Education Report No. 1). Washington, DC: George Washington University. Abstract online at http://www.ed.gov/databases/ERIC_Digests/ed340272.html
- Hoke, M. M., & Robbins, L. K. (2005). The impact of active learning on nursing students' clinical success. *Journal of Holistic Nursing, 23*, 348-355.
- Kearney-Nunnery, R. (2016). *Advancing your career: Concepts of Professional Nursing* (6th ed.) Philadelphia PA: F.A. Davis.

Middleton, R. (2013). Active learning and leadership in an undergraduate curriculum:

How effective is it for student learning and transition to practice? *Nurse*

Education in Practice, 13(2), 83-88,

<https://doi.org/http://dx.doi.org/10.1016/j.nepr.2012.07.012>

Toole, B. M., Stichler, J. F., Ecoff, L., & Kath, L. (2013). Promoting nurses' knowledge in

evidence-based practice: Do educational methods matter? *Journal for Nurses in*

Professional Development, 29, 173–181.

Wonder, A. H., & Otte, J. L. (2015). Active learning strategies to teach undergraduate

nursing statistics: Connecting class and clinical to prepare students for Evidence-

Based practice. *Worldviews on Evidence Based Nursing*, 12, 126-127.

[doi:10.1111/wvn.12075](https://doi.org/10.1111/wvn.12075)