Blackboard Training Manual

PART II
Audio/Video Adjuncts
  *
  Blogs
  *
  Discussion Boards
  *
  Podcasts
  *
  Wikis
  *
  Wimba

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The purpose of this section of the Blackboard Manual is to focus on some of the "beyond the basics" features of Blackboard. We have included ways in which to "enrich" your courses and, of course, to get the maximum amount of interaction from and among our learners. There are other ways; however, these features are the simplest and most direct ways to get up and running with a course that is above average in delivery. Some of the areas are introduced but not detailed, for such detail can be obtained by visiting the host site, JEFFLINE, AISR-sponsored sites and the like. If we have not provided enough detail, and you need to find out more about it, call the office and we can direct you toward the proper source. We hope you enjoy PART II and that you will look forward to receiving PART III when it is completed.

An Introduction…

Hi! Remember me? I am BB, your sometimes guide through the sections. I will try to point out the very important concepts that you really need to know to become proficient at Blackboard. I hope I can help make your course the very best!

<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion Boards</td>
<td>3</td>
</tr>
<tr>
<td>Blogs</td>
<td>18</td>
</tr>
<tr>
<td>Wikis</td>
<td>27</td>
</tr>
<tr>
<td>Podcasts</td>
<td>40</td>
</tr>
<tr>
<td>Wimba</td>
<td>46</td>
</tr>
</tbody>
</table>
DISCUSSION BOARDS: A discussion board is an important tool in online learning. Discussion boards allow classroom “discussions” to occur electronically through a popular Blackboard feature. It is the most often used effective online learning tool that allows facilitators and learners to communicate.

Learners and facilitators can initiate or respond to comments and questions as many times and at any time. For example, a facilitator may post a question and each learner can respond to the facilitator’s question and to comments made by others. In short, it allows for an open free discussion between learners and facilitators.

An important aspect of this tool is the “thread” of conversation. When there is a back and forth conversation that occurs among a few individuals, a thread is created. For example, if Learner A posts a comment, and Learner B, C, and D respond, they can be viewed by looking at Learner A’s thread. If Learner C and D also responded separately to B’s post, they can be viewed by looking at Learner B’s thread. This allows for multiple conversations to occur at any given moment.

In order for the threads to expand into a dynamic and interesting discussion board, it is the facilitator’s responsibility to encourage an open atmosphere. Sufficient time should be allotted to add to the board; for open-based items, there should be no right or wrong answers, external resources should be encouraged, and all appropriate comments should be welcome. Remember, online discussions could be as good, if not better, than typical in-class discussions.

Discussion Board Tips to Remember

• **Build a Learning Community:** Be sure to welcome all learners and provide them with a “WHO ALL” section to allow everyone to get to know each other through introductions. You may choose to use an icebreaker or encourage learners to upload a picture in order to create a sense of community and open the lines of communication in your online classroom.

• **Proper language/etiquette:** Expectations should be set for the discussion board. Learners may need to be reminded that abbreviations and jargon that have become the norm in online conversation is not appropriate for a discussion board (e.g.: typing “u” rather than “you”). This is a place for learners and the facilitator to communicate in an online learning community, so professional language is required. It is not text messaging!

• **Instructor Presence:** Monitor your discussion board frequently! You should be occasionally commenting in order to provide feedback; however, try not to make your presence overwhelming. Take note of each learner’s comments and make sure that you are keeping up with the flow of conversation even though you are not necessarily actively commenting on each post. The learners are the ones driving the discussion; the facilitator is just “facilitating.” Tell the group in the beginning that you will not respond to all posts. However, everything will be read and you will join in at some point.

• **Post Meaningful Questions:** It cannot be stressed enough that your questions must be well thought out and have the potential to provoke high levels of thought and/or debate between learners.

• **Grading:** Clear expectations should be set in the beginning of the course. Be prompt with your grading so that the learners have feedback as to whether they are meeting expectations. You may want to recognize exceptionally good posts in order to encourage a high level of participation from all learners. Provide this feedback by utilizing the “reply” feature.

• **Deadlines:** Deadlines should be set realistically. Give the learners enough time to create a quality discussion and, as well, allow you enough time to review these conversations.

• **Avoid Plagiarism:** The use of citations still apply to Discussion Boards and other online leaning tools. Learners need to know that any ideas or information taken from another source must always be properly cited in order to avoid plagiarism. Notify them of this fact and check for plagiarism when reading through the discussions. You can use Safe Assign to submit a post that you paste into a Word Document if you are skeptical.
The following section will guide you in developing your online classroom discussion board. You may create as many discussion topics as you would like by following the steps below.

First, click the Control Panel tab on your course homepage (see PART I for details on how to access the Control Panel) and then click on “Discussion Board” under “Course Tools.”

Click here to create, view, and/or edit your classroom DB forum. If there are no open forums, this is where you add one.
After clicking on “Forum” you may now create your discussion topic as well as forum settings. Create a name and insert a description that provides your learners with enough guidance to stimulate a rich and interactive discussion environment. However, be careful not to give too many guidelines. It is important to remember that this is a place for learners to interact and share ideas and opinions freely and openly.

Remember, there are often two major types of Boards—opinion Boards and content Boards. If you are seeking opinions from the learners, your evaluation standards must be adjusted accordingly. I will remind you of this fact when we get to rubrics! Let’s build a board now!
Once you click “Submit,” your forum will be available for viewing by the learners. They now are able to begin their postings. You, as the facilitator, are able to view the forum and are encouraged to read and comment on the ongoing postings; however, you may want to think about the best way to get your thoughts in without “dominating” the thread. Sometimes, learners will wait for the facilitator to comment on someone’s post before they venture in. You will need to assess your group(s) before you decide. You may wish to establish a general pattern of only responding to selected posts, and then providing a summary post of your observations. A good way to see how things are unfolding is to collect the responses and view everyone’s posts at once.
You can do this by following the example below:

First, click on the title of the forum you would like to view

This forum instructs learners to go on a “field trip” to see applications of technology in a large urban hospital. Responses should show their ability to observe and to isolate something that is interesting! The thought process looks like this:

- Go to the hospital! They might not let me in!
- Take my ID badge…look professional!
- Observe uses of technology…now what might that be?
- There’s a REWALK device; I’m going to talk about that!
- My post is done; that was fun—I’m going back next week.

This post addressed planning, professionalism, confidence building and observation all in one Discussion Board. Not bad, eh? Take a few minutes to think about your Board before you write it out and launch it for everyone to see and say.
Once you choose an open forum that you would like to view, threads will appear on the screen. They are arranged according to the date of posting and can be viewed individually by clicking on the thread titles. However, in order to view all at once, you should go to the bottom of the page and click “Select All” and then “Go.”

This is an example of a page of threads:
A green check will appear to the left of each thread. You may now collect them by clicking on the “Collect” box at the top of the screen:

Once you collect all your threads, you may view what each learner posted in response to your question as well as what each learner posted in response to other learners’ responses. This is a good way to observe your classroom dynamic and see how each person is participating. We recommend viewing all posts according to thread from first to last. You can do this by clicking on “Thread Order” and “Ascending” from the two drop-down boxes and then “Go.” By reading all of the posts, you will be able to get a sense of the quality of the responses prior to grading. See “Grading a Forum.”
Now that your threads are in order, you may begin to view your classroom discussion! We have provided two discussion forums for you to observe what a good discussion board should look like. Notice the in depth classroom interaction between learners and periodic comments from the facilitator (J.L.) which provide feedback and reinforcement to the learners.

The direction for the first forum that is being presented is as follows:

*Our topic (in general) is how technology helps us be better practitioners and administrators; however, before we get too specific, we should see what other areas are doing. SO, in an effort to accomplish a wider view of health care and technology, you are asked to put on your ID card, and go for a walk over at the hospital and related areas. Look for something (beyond computers at desks, of course) that enables clinicians and others to provide and assure better care. Areas relating to records, materials management, imaging, laboratory testing, communication, patient assessment and resultant treatment are all fodder for your choice. Don’t be shy; if someone questions you, tell them about this assignment. You are looking for technology—my bet is, it will jump out and shout at you! Write 2-3 paragraphs about what you have observed in your response.*

*Remember that you, as facilitator of this board, are not asking for a research paper, you are looking for their ability to see technology in action, not determine its effectiveness!*
The legitimate use of cell phones for communication has been a great help in communicating on a floor or among units. Good pickup to mention that aspect of technology!!!

I often hear complaints from patients about our doctors and administrators using cell phones and blackberry devices, I understand that this can be distracting but also value the technology for the advances to communications that it brings to the table. Perhaps we should all try to practice etiquette when using this technology!

Hi L., I understand your point that maybe the doctor should step out of the patient room before using their cell phones. There is email etiquette and there should be cell phone etiquette as well. However, the use is most likely patient related. Possibly to schedules future appointments, medication teachings, etc. If it is for personal use and most of society views the cell phone as a personal item, then yes 100% inappropriate. Maybe try to view this in another scenario, have you ever experienced a nurse walking in a patient room with a wireless desktop? Instead of a 4” heavy file they we now just roll in the computer and everything is documented right there and if any questions are asked we can look it up on the spot. The cell phones today are mini computers, we can access word documents, power points, internet access, etc. I even have my textbook for class on my phone at the click of a button.

AND SO IT GOES..........................

Let’s Listen in on Another Discussion:

Below is another example of a different discussion forum from the same course. This is included to as another example of a good discussion board that is full of interaction and rich conversation regarding the sometimes controversial topic of telemedicine. The learners are responding to an article that had been posted in the BOOKSHELF regarding the concept. These were the exact instructions given:

Item 5 in Course Documents is an excellent resource regarding the concept of "Telemedicine." You are asked to read it, and then think and write in your response about how this kind of technology applies to the practice of OT (or your discipline) as you see it now.
Think for a couple of days about the concept. Mention what you think is the strongest point in the whole idea, and try to think of any possible disadvantages. Make this a true interactive discussion by responding to at least 3 other members of our group.

Part of the discussion that followed is below:

**Thread: Telemedicine**
**Post: Telemedicine**
**Author: L.M.**

Posted Date: January 27, 2010 3:57 PM
Status: Published

After reading this article, it can be seen that telemedicine benefits patients and healthcare workers all around the world. One of the strongest points discussed in this article is the benefit of nurses in Canada being able to check the health and vitals of their patients from their office and even their home, without having to do a home visit. Due to this new form of technology, it was stated that nurses are now able to see twice the amount of patients per day, resulting in more care for others. Other benefits of this concept include nurses saving money on travel time and having less paper work due to the results being electronically transferred directly to them. Not only is this telemedicine concept beneficial for nurses, but also for patients. Because they are able to monitor their vitals on their home television via wireless health monitoring kits, they no longer have to receive healthcare outside of their homes. This monitoring advancement has also led to less hospital referrals.

Even though there were several beneficial ideas dealing with telemedicine in this article, there are also some disadvantages and things that need to be worked on. One thing that needs to be worked on is the compatibility throughout the world so that all patients are able to receive the same type of care and so that information can be transmitted from any area in the world. One disadvantage of telemedicine can include the decrease in healthcare-patient contact. With the abundance of new technology available and the technology to come, the communication and contact between a patient and their healthcare professional may decrease. In the point stated above, yes, a patient being able to monitor their vitals at home is beneficial, but it takes away from the relationship between the patient and the nurse. The typical hour that a nurse spends in the home, treating the patient and gaining their trust is now cut in half, resulting in less time to get to know the patient and less time to build a relationship.

Another disadvantage of telemedicine is system failure. Because information is stored on the computer and transferred electronically, the question lies: what if the system crashes? Will information be lost? Will patients still be able to get the same type of care? Will there be a backup system that allows us to continue what we’ve been doing?

One more disadvantage and one of the most important ones is the concept of security. As many of us know from having computers of our own, nothing is 100% safe on a computer. There are several ways people can illegally access the information on your computer and there are many accidental errors that can occur. Having advanced computer technology where patient information is transferred from person to person is a big liability. Security issues are and will continue to be in the forefront.
person puts confidentiality at risk. Security is a very important issue when in the healthcare field and needs to be taken into consideration with all of the technological advancements.

Technology today is definitely involved before, during, and after an OT session. In many hospitals and rehab centers, documentation is now performed on the computer which can lead to many benefits and disadvantages. Instead of an OT writing a SOAP note from scratch, it is now laid out for them in different headings on the computer. Also from clinical experience, I noticed that OT’s and other healthcare professionals are able to view patient vitals via computers. The computer system lets the therapist know if certain vitals and clinical data are too low or too high, which indicates that they are not able to attend therapy. Technology such as automatic blood pressure and heart rate machines are beneficial to OTs because they give a more accurate reading of the results. Years ago, to check a patient’s oxygen level an ABG (arterial blood gas) was given where the patient was stuck with a needle. Technology with this concept became beneficial because it now consists of a simple machine that the patient places their finger on and results are given within seconds. As of now, technology has not taken away the relationship between the therapist and the patient which is a very important factor for OT. Even though new technological advancements are continuously coming to use, we still need to remember to continue the patient-therapist interactional experience.

According to the journal Nursing Times, the future of technology is growing faster and faster and giving patients the ability to access and participate in things like never before. This article discusses different ways telemedicine is used and will be used in the future. Electronic patient records are one example of telemedicine and are just one way to improve patient care by allowing healthcare professionals to view and document patient information in a more effective way than before (Sarhan, 2009). Another example discussed in this article from Nursing Times, is that patients will be able to access their own medical records through a program called HealthSpace (Sarhan, 2009). One of the most interesting things that I read from this article were the four levels of telemedicine. These levels include: level 1- using technology (e-mail, faxing, etc) to transmit medical data from one place to the next; level 2- transmitting still images such as ECG strips, X-rays, and pathology slides; level 3-transmitting audio-visual communications; level 4-remote palpation and robotic surgery (Sarhan, 2009). These levels of telemedicine are classified by the type of interaction and information transmitted between patients and health professionals (Sarhan, 2009). There are many other interesting points in this article, as only a few were mentioned above. I recommend reading or skimming this article to find out a lot more about telemedicine!


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**Thread: Telemedicine**  
**Post: RE: Telemedicine**  
**Author: J.R.**  
**Posted Date:** January 31, 2010 8:21 PM  
**Status:** Published

L., Great response! It was very informative and well written! I agree that telemedicine has some advantages for nurses such as less travel time, financial benefits, and the ability to treat more patients daily. However, I do not think this form of technology should replace home visits from nurses or seeing patients at a doctors office. I totally agree with your statement about how important the interpersonal interaction between the patient and the healthcare provider is. This point you brought up reflects our learning in school about interpersonal relationships. This form of telemedicine inhibits the ability to build rapport with the patients and in my opinion totally depersonalizes the patient's healthcare experience. We also learned about "therapeutic use of self" such things as a simple hand shake, a gentle shoulder rub, or a quick high-five could go a long way with a client and can not be carried out using this idea of telemedicine. Although, I must admit, it is certainly amazing how far technology has come!

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**Thread: Telemedicine**  
**Post: RE: Telemedicine**  
**Author: C.C.**  
**Posted Date:** February 6, 2010 11:14 AM  
**Status:** Published

I agree that vital sign monitoring via Telemedicine can really revolutionize preventative medicine. Not only will it allow health care providers to be prompted when there is a problem but it will also allow them to be know when patients are experiencing minor disturbances in vitals so that they can get checked out before problems arise.

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**Thread: Telemedicine**  
**Post: RE: Telemedicine**  
**Author: A.S.**  
**Posted Date:** February 6, 2010 11:43 AM  
**Status:** Published

Hi L.!

Your posting was very insightful and allowed the reader to see a variety of pros and cons. You stated how telemedicine has both advantages and disadvantages and one
key point that you made was that telemedicine decreases the healthcare-patient contact. I agree with this statement and feel that the personal interaction exchanged between a health care professional and their client is essential. Therefore by using the telemedicine system via satellite, computer, and/or phone would decrease this personal contact and relationship. Another concept you pointed out that I wanted to highlight was that when using the computer or other forms of technology none of the information is a 100% safe. Other people can illegally access the information and creating a security issue. This is a major dilemma considering HIPPA and the all the personal medical information that could be access. Since reading this I feel that personal information could not be discussed using this system only basic instructions, protocols, precautions, and home education programs could be conversed (similar to youtube videos such as the ones we watch for splinting.)

A.S.

Great post. I thought of the same disadvantages as the ones in your post. I also thought of great questions regarding if the system crashes. Will all the information be lost? This is also something that I thought of as well. I agree that security is very important when it comes to all this private and personal information.

Bear in mind that grammar and spelling may not be 100% correct and you may want to address that; however, concrete thinking and ability to interact is what you are seeking—know what you want the group to do well ahead of their responses.

Grading a forum? See the following page for guidelines!
**Discussion Board Rubric**

It may help to follow a rubric when you are grading a discussion board. By making a rubric available for your students, you are setting the stage for what you are looking for in a discussion board. This practice will allow students to understand what rich posts should sound like resulting in an interactive and interesting academic online discussion. Remember: this is a tool to help make your grading easier! By utilizing a rubric it allows for you to be sure that you are fairly and objectively grading your discussion board. We suggest that you consider the rubric below:

**Discussion Board Criteria (Factual or Content-based Responses Desired)**

<table>
<thead>
<tr>
<th>Post Evaluation</th>
<th>Points</th>
<th>Actions by Facilitator</th>
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<tbody>
<tr>
<td>Responds to the question, issue or purpose of discussion in an <strong>exemplary</strong> manner with sufficient detail; presents personal observations or comments, includes citations or attachments from sources beyond text. Grammatically accurate; no spelling errors. Sourced material appropriately referenced in APA format.</td>
<td>Full credit (e.g. 5)</td>
<td>Citation provided becomes part of course materials for subsequent use; dialogue with facilitator, responses urged from fellow members of discussion.</td>
</tr>
<tr>
<td>Responds to the question, issue or other challenge in an <strong>effective</strong> manner with sufficient detail. Includes citations from sources beyond text. Spelling and grammar are accurate. Sourced material appropriately referenced in APA format.</td>
<td>Partial credit (e.g. 4)</td>
<td>Citation provided may become part of course materials for subsequent use; dialogue with Facilitator, responses urged from fellow members of discussion.</td>
</tr>
<tr>
<td>Responds to the question, issue or other challenge in an <strong>acceptable</strong> manner with some detail. Spelling and grammar are accurate. No citations or observable personal insight. Text sources appropriately documented.</td>
<td>Partial credit (e.g. 3)</td>
<td>Response from facilitator acknowledges post and suggests ways to improve or augment the submission</td>
</tr>
<tr>
<td>Meaningless response; minimal performance; may contain spelling or grammar errors. Failure to cite references.</td>
<td>Partial credit (e.g. 2)</td>
<td>Open suggestion by Facilitator to improve post in a specific manner; may require off-line response</td>
</tr>
<tr>
<td>Meaningless response; grammar and spelling errors abound. Inaccurate or incorrect citations. Submitted pro-forma.</td>
<td>Partial credit (e.g. 1)</td>
<td>Facilitator may or may not respond on the Board; suggestion for off-line communication with recommendation that the learner re-post the response</td>
</tr>
<tr>
<td>Failure to post or post received considerably after the deadline for submission. Late post is sketchy or meaningless.</td>
<td>No credit (e.g. 0)</td>
<td>No response by Facilitator</td>
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Notes:

1. Values provided may be equated to percentages; the sample assumes 5 points for each submission.

2. Value of participant’s responses to other posts is taken into consideration on an individual basis that may or may not affect the total grade for the post. Frequent submission to others while one’s own post is inadequate will not carry very much value.
3. Use of the post for personal promotion of causes results in awarding of no credit; Facilitator may remove the post if deemed offensive or totally erroneous.

4. **Opinion-based boards should not be subjected to a strict rubric if you want to encourage participation. In this case, there may be no right or wrong answers.**

**Take Home Message for Discussion Boards**

After reading this section, you should now have a much better understanding of the purpose and mechanics of an online discussion board. Discussion boards are intended to create an open network of conversation between all learners in an online classroom. By proposing thought provoking and educational questions and topics to your learners, different threads of conversations will be created resulting in a rich and interactive online classroom.

These conversations should be monitored by the facilitators on a regular basis. Although the learners are the ones leading the conversations, the facilitators should frequently check on the conversations to make sure they are remaining professional and appropriate. Also, facilitators should be providing positive feedback to learners when warranted. Feedback and grades should be given in a timely manner!

By following the suggestions given about creating and maintaining discussion forums, you can now successfully create an interactive learning community for your online course!
BLOGS

Blogging is a very useful way for facilitators to create an interactive online classroom environment. It provides a convenient way of enlarging upon a concept with both factual and opinion based material in an effort to encourage participation and obtain a broad view created by participants in the learning community. Blogging differs from discussion boards because they are developed around a particular theme.

Blogs can revolve around any topic. You, as the facilitator, may choose the title and description of your blog. You can present a scenario, ask questions, facilitate article reviews, and so on. The important thing to remember is to keep this online forum open to new ideas, theories, and opinions. This is an excellent way for your learners to share their individual ideas and experiences with each other!

In most cases, there are no right or wrong answers when it comes to blogging. The purpose of this online tool is to create an inviting, creative and sometimes even controversial environment for learners. The goal is to promote open and candid posts while still keeping it tasteful. There is nothing wrong with disagreeing! This is meant to be a place for learners to constructively express their visions and opinions as well as share knowledge. No two people have the same exact thoughts and this is a place for everyone to express their individuality.

Blogging is more commonly known in a social networking context, but it is a great tool for instruction as well!

To get started, enter the control panel of your course and click on “Course Documents:”
In the top right corner (see next figure), click on the drop-down menu and choose “Campus Pack Blog” and then “Go.” This will allow you to create a new blog for your online class.

You will be brought to a screen that allows you to create a new blog or add onto a blog that has previously been established. The example below displays how to set up a new blog. You can do this by clicking on the circle to the left of “New” and then “Submit.”
Now you can enter your blog title and description:

Once you have entered your title and description and clicked "Create," you will be brought to the actual blog page. At this point your learners will be able to access and add to the blog. You can change the settings, monitor and read what people are posting, and submit your own posts.

We recommend not creating a grade book for your classroom blog until you have practiced at least one!

Click on "Create Blog" to proceed.

Once you have entered your title and description and clicked "Create," you will be brought to the actual blog page. At this point your learners will be able to access and add to the blog. You can change the settings, monitor and read what people are posting, and submit your own posts.
Below is an example of how to access and change your blog settings:

Click here to access settings
While you are adjusting your blog settings, you will have the opportunity to change the blog image or color scheme. This is also where you can edit the title or description of your blog.

Here you may choose to change the color and blog image icon. We kept the original icon but chose sky blue as a color scheme.
Let’s listen in to a blog that has previously been created. The topic of discussion went like this:

_Yesterday, I was in the elevator in a hospital (not ours), and heard this statement: Well, now with the job market being rotten, we are probably going to see some "economy nurses" who get their R.N. only because they can't get employed somewhere else. They are not going to be as good as the regulars—they won't care about the patients!"

What do you have to say about that? Are there any evidences of faulty thinking in that statement?

**Post on March 20 2009**

_3/20/2009 at 2:30 PM, EDT._

**Wow! We are going to hear that kind of thing a lot if the current situation prevails. What do you think about how the speaker is perceiving nurses--and the economy? What is coloring her thoughts?**

Add Comment

_3/20/2009 at 6:00 PM, EDT._

Wow that's pretty harsh. First of all do they not remember what you have to go through to even get your RN license. School alone is draining and if you fail short in grades your done. Then lets think about the sleepless nights studying for NCLEX. Talk about shot nerves. Why would you put yourself through that? Secondly, the statement "not as good as what we already have" isn't exactly fair. As we graduate of course we will still be learning and growing as nurses. Having said that, there are already some nurses that I have seen in action that made me wonder what their motivation is because it sure wasn't patients needs.

The economy is a bit scary right now and I can see everyone getting frustrated and scared. However, to make statements like that are even scarier. I would like to think people really want to help and not pick this profession because they can't go anywhere else. An expectation like that only makes for low moral if it is brought "back to the troops".

The statement could have been made also because of the people joining the profession for the money. Again I go back to the schooling. If they make it past the professors and NCLEX then have at it.
24

Comment Made on 2/2/2009 at 3:40 AM, EDT.

CVPCHi! That is quite a harsh comment, "economy sucks". After all, I will be graduating in May. Will they see our class as "economy success"? That is certainly not the case. When the economy takes a downturn you often hear of people who lost their jobs returning to school. I don't think this is necessarily a bad thing, if you're smart. Say you have been working on Wall Street for 10 years, but hated your job and secretly always wanted to quit and go to school to become a nurse. Now you have that chance and you are being judged before you even step foot in the door??

Like everything else in this world, things have a way of working themselves out. I have found that if you are meant to do something it will happen. If you are not, something else will come along. I know some people may enter nursing school simply as a way to make money, but will soon find out that if their heart is not in it, they will not make it. On the positive side, some of those students may find that they do love nursing and that would in turn help with the nursing shortage.

There are tons of ways to take a comment like that, but I firmly believe that there will never be a student who graduates that doesn't love the field of nursing and who won't care about their patients.

Comment Made on 2/2/2009 at 3:24 PM, EDT.

First of all, I'm not the confrontational sort so I would just keep my mouth shut and think that that person was a total jerk! If I would reply to that statement, I would explain to them that although I am currently a nursing student, it had nothing to do with the current state of the economy. For me there were 3 reasons why I chose to go back to school. I had always wanted to be a nurse and had originally started out as a nursing student in college. Secondly, my kids were of an age that I could return to school and be able to fully immerse myself in the education. And lastly, now was an excellent time to return to nursing when there is a shortage of nurses.

I also have faith that the people who are recruiting students into the nursing programs are setting the standards at a high enough level that not "just anyone" will be qualifying for the program.

I also agree with Sara's comment that even if someone does go into nursing for the money and the job security, if their heart isn't in it, then surely somewhere along the way they will fail. The only thing that is the "love of money" is a powerful thing for some people and may be enough of a motivator for them to succeed. Maybe somewhere in that process they will come to love nursing.

I also could add that I've seen more than my share of nurses that really shouldn't be nurses. Or at least they should diversify and work in a different area for some time. Those nurses certainly don't encourage people to become nurses.

It's a shame that such a comment like that is made but I think that right now it's a reflection of our economy.

Comment Made on 2/2/2009 at 3:26 PM, EDT.

Whoops! Sorry, the above comment is mine. I forgot to add my name.

Comment Made on 2/2/2009 at 7:39 PM, EDT.

I think comments such as this have probably been made longer than we think...not just in today's current economic situation. Let's face the fact that the majority of our nurses are overworked, and overwhelmed with more work, and instead of taking a breather when feeling over consumed they just blurt out what they are feeling at that particular
I think the most important thing for us to take out of this is, as future nurses we MUST remember what it was like to be a student, and how awful we as students have felt when nurses make "soriented comments," or treat us like we are simply in the way of them performing their job. As future nurses we must also break the saying that, "nurses eat their young."

Really this is a VERY true statement, many older/later on a latter term) nurses absolutely don't want to hear what not only a student, but a graduate nurse, or even a nurse has to say. Back to the comment in the elevator, scary I left side tracked easily, as Jill, Sara, and LeaAnn have previously mentioned if people are in nursing for the money it will show, and they will probably look the compassion that you MUST have in order to be a TRUE advocate for your patients and their families. Nursing isn't something just any person can succeed in, and believe goodness for that, otherwise we may see the expansion in nursing that's currently facing many future BSN programs. As for the particular people who made this statement how can they generalize and say that, "they're people are eating?" Really are they eating if they're looking to judge people who decide to further their education and choose to be in a profession of helping others? If I were an outsider who wasn't about to graduate and become a nurse, I would be absolutely disgusted with these remarks, further more, if you want to be a REAL nurse nurses make not only in regards to their patients, patients families, other nurses, but also about the profession itself. By no means do I claim to have never said anything about anyone, however when I'm in a profession such as this where caring is KEY and understanding is the LOOK, I can only hope that what I've seen and heard will help me keep the wrong thoughts out of my mind, and furthermore out of the work place!!

Comment Made by: 3/25/2009 at 4:01 PM. EDIT

For quite sometime there has been a nursing shortage. People are recruiting in high schools, community groups, health fairs, online, television, everywhere under the sun. Don't they think it is a little obvious that nursing comes to mind if someone is considering a career change? Although there is a lot of recruitment, there are so many people who know that nursing is not cut out for them. I think that it would take a lot for an individual to leave nursing school and be a nurse if they don't like what will be doing. Nursing is a very intimate line of work and at times sometimes downright dirty and dangerous. Engaging yourself to all we get exposed too, taking grief from people who look down upon us and so on. Even if they chose to become an "economy nurse" I don't think they would last long. Better yet, I don't believe they would even get through school. You truly have to have the drive to get through the exhaustion and pain of school.

I do agree with you that nurses need to stop eating their young. For some reason there is this competition among nurses and they don't want to let new into their loop. I think more than anything, preventative education and team building should be instituted at all hospitals every year to help with the transition, increase weak links in their own team, and build a stronger team to help alleviate the stresses of the job (but that's just my thought). I also think with the economy change, that schools should be selective and choose program candidates for the right reasons...because they really want to become a nurse. With the shortage of instructors and long waiting lists, I think that there will be more people leaning toward health care. I also think that the people accepted into the school positions will be people who want to achieve the goal for the right reasons.

If I heard that conversation going on in the elevator, I would interject and explain that maybe now people who have always wanted a career change to nursing will have an opportunity to achieve their goal, which would be an asset to our shortage. Why are nurses so afraid and judgmental toward new nurses? I would also remind them that getting to the NCLEX and beyond is not a cake walk and most fail.

Comment Made by: 3/24/2009 at 7:37 PM. EDIT

WOW! I could see how some people might think that others may be looking in markets that have jobs, but let's face it not everyone is into the 3 P's of nursing (you could handle cleaning them up). Nursing isn't a field you can just jump into because the pay may be great and there may be positions open. There is a lot of time and effort that...
AND SO IT GOES……….

You should be able to see how a blog differs from a discussion board. Some of you might choose to think of a “group stream of consciousness”—you get the idea!
WIKIS

Most people associate the work “wiki” with the very popular (not-always-academic) Wikipedia (www.wikipedia.com). Yes, the popular online go-to encyclopedia is in fact a wiki; however, online (Blackboard-based) wikis go much further. The wiki tool is able to be quickly updated, enabling groups of people to work on developing one concept together without the delay of e-mail or meeting in person. This tool is used very quickly and simply. A page is created, and all members of the group are able to add contributions. Group members can also delete their own posts and other people’s contributions. By adding and modifying this one page, a group can work together to form one final project that was created by all contributing members.

*It must be noted that even when you delete something from a wiki, it is never permanently deleted. It will be stored under the “history” tab. This feature prevents the loss of any information that may have been accidentally or unjustly deleted. Also, in addition to contributing to the final page, people in the group can add comments about the page in order to discuss ideas before or after modifying the page itself.*

Anything can be added to a wiki: text, Excel sheets, web sites, attachments, Word documents, images, etc. Both learners and facilitators have the freedom to make their collaborative project as creative as they please. The take-home message remains that this is a collaborative online tool used to facilitate the creation of work of many!

This is an excellent tool for online education! Imagine how great this is for all learners to work together in a group without worrying about meeting times and places or the time-consuming tracking of e-mails. Wikis enable both small and large groups to work together from their own computer, at any time of the day or night, and still come up with a great final project!

This is also a good tool for facilitators to use when evaluating group projects. By viewing the page, with its comments and history, they are able to see how the group is working together, along with how and when each person is contributed.

This set of features gives facilitators more insight into the dynamics of their online classroom—not too shabby!
In order to set up your online wiki, follow the directions below:
Once in Course Documents, you can begin to set up your classroom wiki by going to the drop-down menu on the right side of the screen and clicking on “Campus Pack Wiki.”

This next screen will allow you to either create a new wiki or add to an already existing one that you have previously created:

1. Click on circle next to “New” to begin a wiki
2. Click “Submit” to move to the next step
3. Click here to configure your wiki tool
After clicking, “Submit” you can now click on the Wiki icon in order to open a completely blank new wiki:

**Wiki**
A completely blank wiki

Enter Chosen Wiki Title

Add clear and concise description for the learners to follow

We do not recommend creating a grade book entry unless you have practiced and become familiar with it as the wiki develops.
Below is an example of a wiki that was created in order for a few learners to collaborate and create a definition for occupational therapy. The description that was created by the facilitator appears below along with the final product:

*You may use any means necessary to explain your definition of occupational therapy. Some examples may include:

- post about experiences you have had or heard about
- form a narrative that explains how occupational therapy is accomplished
- discuss the significance of occupational therapy in the grand field of healthcare
- what are some techniques, tools, interventions, etc. of OT
- the OT position within the continuum of care

In order to post you may: choose to create your own page under the toolbox link, edit pages posted by others under the page link, or comment on pages.

Good Luck!
Definition: OT is therapy that helps people to perform their everyday occupations. OT is administered to those with various disabilities (physical, mental, emotional) that prevent the person from taking part in their activities of daily living (ADLS). Basic ADLS include: hygiene, dressing, eating, toileting, transferring from bed to chair and maintaining mobility. Examples of Instrumental ADLS (IADLS) include activities such as housework, shopping, managing money, caring for others, and participating in the community.

Occupational therapy is based on engagement in meaningful activities of daily life, especially to enable or encourage participation in such activities in spite of impairments or limitations in physical or mental functions. An occupational therapist works to identify a client's goals using collected information from his or her social history and intervention stages, then works to implement a treatment plan that is specific to that individual person continuing both a procedural and interactive approach. It is important for an occupational therapist to identify the client's goal, and what is important to him/her. Keeping in mind that what is important for some people, may not be important to another.

Occupational Therapy Sessions: In order to help people with disabilities, OTs create unique therapy sessions for their patients in order to help patients reach their goals. Depending upon the goals set, therapy sessions can vary greatly. Here are some examples:

- Work on range of motion with a person who has had a stroke.
- Create social groups for children or adults with autism and aspergers.
- Splinting a person with a hand injury such as trigger finger or swan neck deformity.
- Work on hand dressing skills for a child with a learning disability or a sensory integration deficit.
- Order adaptive equipment for a person who has had a spinal cord injury.

Occupational Therapy Tools: Occupational therapists use varying tools when administering therapy. Often, adaptive
Occupational Therapy (OT): Occupational therapists are experts in helping people maintain and improve their health. They use specialized equipment is needed in order to allow a person to modify how they go about performing their occupations. Examples include:

- Toilet eases
- Tongs, button hooks, and shoe horns for dressing
- Wash mitt or long handled brush for grooming
- Plate guard, long spoons, utensil cuff, and non-slip bowls for feeding
- Sock Aid to assist a person in putting on their socks independently
- Leg lift to help a person raise their leg in and out of bed to assist with bed mobility
- Wheel chair, cane, and walkers to assist with overall mobility

OT Specialties:

- Sensory Integration
- NDT (Neuro-Developmental Treatment)
- Certified Hand Therapy
- Environmental Modification
- Feeding, Eating, and Swallowing
- Low Vision
- Early Intervention
- Work Hardening

Useful Links:

http://www.anta.org/

Comments (Open) (0)
It should be noted that there is a difference between adding comments and editing a page. When the facilitator or student chooses to make a comment but does not wish to edit the actual page being worked on, they click on “Open Comments,” and then “Add Comments.” The comments that are added will remain in a separate section below the page. This allows people to discuss ideas before actually editing the wiki.

As you can see, by clicking on “Open Comments,” you now have the opportunity to view what others have said or to add your own comment:

On the other hand, if you feel like you want to edit the content of the actual wiki page, you may do so by following the directions below.

Useful Links:
http://www.aota.org/
http://www.ctworks.ca/ctworks_page.asp?pageID=757
First, choose the page you would like to edit and click on it in the right column:

Once you are directed to the page, click on the “Edit” button in the top right corner:
Now you can go in and make any changes that you like. This includes font change, adding attachments, spelling corrections, adding/deleting info, etc. As mentioned previously, although you are making changes in the hope of improving a final product, previous versions of the page will not be lost. This is important to remember in order to avoid accidental changes or incorrect information making it to the final product. This way, if you would like to revert to a previous page, it is always possible to retrieve information.

Feel free to edit your Wiki in order to create an interesting and creative product!!

Click "Save and Exit" to return to previous page.

Definition: OT is therapy that helps people to perform their everyday occupations. OT is administered to those with various disabilities (physical, mental, emotional) that prevent the person from taking part in their activities of daily living (ADLS). Basic ADLS include hygiene, dressing, eating, toileting, transferring from bed to chair and maintaining mobility. Examples of Instrumental ADLS (IADLS) include activities such as housework, shopping, managing money, caring for others, and participating in the community.

Occupational therapy is based on engagement in meaningful activities of daily life, especially to enable or encourage
If at any point you would like to revert to a previous page before some of the changes have been made, you can view all versions of the wiki by clicking on the “History” button on the wiki page you are viewing:
Once in the page history section, you may choose to view or revert back to any version of the wiki or compare to versions:

**FIRST**, choose a version that you would like to see

**SECOND**, choose whether you would like to View, Revert, or Compare

---

In Summary, adapted from: [http://www.udel.edu/sakai/training/printable/wiki/Wikis_in_Higher_Education_UD.pdf](http://www.udel.edu/sakai/training/printable/wiki/Wikis_in_Higher_Education_UD.pdf)
Audio and video supplements can be a very integral part of online learning. Since online classes do usually not allow learners and the facilitator to meet face to face, hearing or seeing one another can provide a more personal environment. By utilizing tools such as podcasts, you can upload audio or video recordings of your choice in order to facilitate a very interactive way of teaching.

You may upload recordings by using the Campus Pack Podcast. By definition, a podcast is: “a digital audio or video file that is episodic; downloadable; program-driven, mainly with a host and/or theme; and convenient, usually via an automated feed with computer software” (Gil de Zúñiga, 2010). In order to get started, you will need a computer with a microphone and/or camera depending on whether you choose to post an audio recording or a video. You can use these tools to record a lecture, interview, etc. which can later be uploaded for the intent of learner viewings. However, if you don’t have these tools, you can upload other audio or videos that you have downloaded from other sites and sources, such as YouTube. *Always remember to avoid plagiarism and properly cite the sources, such as YouTube, that you choose to share!*

You can utilize Wimba in order to interact with learners. Wimba is “a real-time collaboration tool that allows groups to meet online for lectures, virtual office hours, review sessions, meetings, interviews, and more.” Again, a solid internet connection, speakers, and a microphone are needed in order to successfully utilize Wimba in your online classroom. You can communicate with your learners via the audio or video options which will be explained in the following section.

Both these tools allow for a more interactive online classroom. By speaking face to face with students, allowing the student to hear your voice, and sharing videos and recordings, you can provide a more open feel to your classroom.

Jefferson also has resources that you may use to create podcasts—check with your department chair for the procedure.

References

Podcasts

We will begin this section by setting up a podcast. In order to get started, open the Course Document section in your Control Panel. Click on the drop-down menu in the to right corner, just as you did for wikis and blogs. However, this time click on “Campus Pack Podcast,” and then “Go.”

After clicking “GO”, the next screen will allow you to either create a new podcast or link to an existing podcast. The following is an example of how to create a new podcast:

1. Click the “New” circle
2. Click “Submit” to move to next screen
OnLine Teaching and Learning (IB500)

Add Content

Podcast
A completely blank podcast.

Title
Insert Title
This will be used to generate the URL e.g., http://jefferson.compuscheduler/groups/OnLine_Teaching_and_LearningMy_Content

Description
Insert your podcast description here...

Create Podcast

Cancel
Once you click on “Create Podcast”, you will be brought to a page that will allow you to add a new episode, add attachments and adjust settings. We will begin by adding a new episode. You may choose to add a personal podcast that you have created or you can use one from and outside source:

There are no episodes in this podcast.

You can customize the appearance under Settings, above.

This podcast is shared with OnLine Teaching and Learning (O365). You can change this under Permissions, above.

Before adding the episode, you must create a title and then click “Continue”:

Click here to add your chosen episode
As mentioned before, you may choose to upload a media file that you have created or downloaded or you may add a link to an external URL as your podcast. You may add a description on this page also. For example, if you would like to give the class a Learning Product related to the podcast you can add it here:

Please note: we do not recommend a time frame to display the podcast episode (Keep it simple unless you have a specific reason to date it.)
**Tips for Podcasting:**

Below are some Easy Steps to Making a Personal Podcast: (digitaltrends.com)

1. **Be inspired and Make It Your Own.** If you want to make a Podcast then you obviously must have some notion or idea about what you want it be about. It’s usually a good idea to know what you want to say before going on the air so make an outline of the session’s topic and prep yourself before recording.

2. **Record and Tag.** Try using Audacity, which is free, to record your show, and don’t forget to label and save your information. You can download Audacity at http://audacity.sourceforge.net/.

3. **Save and Edit.** Save your audio file (in MP3 format) to your computer desktop and edit out extra background noise or long periods of silence.

4. **Make an Intro.** You can spice your Podcasts by adding an intro like some “lead-in” music or something else that you think people will find appealing.

5. **Create your RSS Podcast feed.** The feed must meet all industry standards for a valid 2.0 feed with enclosures. Use a free service such as Apply Tools. Starting a blog is probably the easiest thing you could do, so start a blog for your Podcast but don’t post anything on it yet.

6. **Put your RSS Podcast feed on the Internet.** Go to Feedburner and type in the URL of your blog and click “I am a Podcaster!” Configure your Podcast on the next screen. Only add elements that directly relate to you Podcast. Your feedburner feed is your Podcast.

7. **Go to OurMedia.org and sign-up there.** Then go to your files, and upload your MP3 file.

8. **Wait a little bit.** In a few minutes, you’ll have an episode! Now you will be able to upload your own personal Podcast to Blackboard for your classroom to tune into!

This is really a qualitative add-on to your course; try it!
**Example of outside Podcast Source:**

*Mayo Clinic*

The Mayo Clinic Medical Edge Radio Podcast brings together the daily, one-minute Mayo Clinic health news updates covering a wide variety of topics that are broadcast on radio stations throughout the United States and Canada.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Released</th>
<th>Price</th>
<th>View In iTunes</th>
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<td>MCI Exercise and Computer Use</td>
<td>8/16/10</td>
<td>Free</td>
<td></td>
</tr>
<tr>
<td>Refractive Error</td>
<td>Refractive Error</td>
<td>8/13/10</td>
<td>Free</td>
<td></td>
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<tr>
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<td>8/13/10</td>
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<td>8/11/10</td>
<td>Free</td>
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<tr>
<td>Preeclampsia</td>
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<td>8/10/10</td>
<td>Free</td>
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<tr>
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<td>8/9/10</td>
<td>Free</td>
<td></td>
</tr>
<tr>
<td>Renal Cell Carcinoma</td>
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<td>8/6/10</td>
<td>Free</td>
<td></td>
</tr>
<tr>
<td>Cataract Surgery</td>
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<td>8/5/10</td>
<td>Free</td>
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<tr>
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<td>8/4/10</td>
<td>Free</td>
<td></td>
</tr>
<tr>
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<td>Preventing Spinal Cord Injuries</td>
<td>8/3/10</td>
<td>Free</td>
<td></td>
</tr>
</tbody>
</table>

Total: 10 Episodes
Webcasting/Wimba Live Classroom

AISR can enhance the learning experience of remote learners with webcasting and video teleconferencing technologies. Many online learners have been "joining" their on-campus classmates via webcasting. This allows them to sit at their computers and both hear the facilitator and see the presentation being given to the class. They are also able to send their questions and comments back to their facilitator using a chat window. For classes that require learner presentations, remote participants can be enabled temporarily to speak to the whole class electronically.

The "Wimba Live Classroom" webcasting tool can be added to any course in Blackboard. In addition to the blended synchronous approach described above, facilitators teaching in a totally distance learning format or in traditional campus courses can take advantage of Wimba for activities like online office hours and review sessions. Wimba sessions can easily be recorded and the archives can be made available from within the Blackboard course.

If your class takes place in a traditional classroom, but includes remote learners as well, we strongly encourage you to work with Medical Media Services. Our media support staff will help coordinate the interactions of the remote students so you can focus on teaching. Please contact Medical Media Services at 215-503-7841 or admin.mms@jefferson.edu for more information.

If you only teach learners remotely from your office or home, AISR Education Services can provide an orientation to the Wimba technology and can help you become comfortable using the application before your first session with the students. Contact Education Services at edservices@lists.jefferson.edu.

Accessing Wimba in Your Course:

Log into Pulse and go to the course that is using the Wimba Live Classroom application. Click on the Wimba link in the course menu.
Next, select the Wimba Live Classroom Session you want to join.

If this is your first time using Wimba, first go through the Setup Wizard. If the Setup Wizard completes properly, continue below. If the Setup Wizard fails, contact Wimba Support at 1-866-350-4978. Support is available 24/7 to make sure you can use the Wimba Live Classroom.

Next, click on the Enter Room button.
After clicking on the Enter Room Link you’ll see this window appear:

Click on the text, "click here" to open the room. You only need to run the Setup Wizard once. (Unless you are using a different computer.)

**Getting Started and System Requirements:**

**Webcasting with Wimba Live Classroom**

Using Wimba your instructor can extend the classroom with live, online meetings. The Wimba live classroom supports audio, video, PowerPoint and application sharing.

**What you need to get started...**

1. **Assess your computer – Wimba system requirements for participants:**
   - Windows 2000+, Mac OS X 10.2+ or Linux
   - 128 MB RAM (256 MB recommended)
   - IE 5.0+, Netscape 7.0+, Mozilla 1.0+, Safari 1.1+
     (Browser must be Java and JavaScript enabled)
   - Internet access at 56k or above
     (Cable modem/DSL?FiOS recommended)

2. **Use a headset with a microphone (for best results)** - Wimba recommends Logitech or Plantronic brands

**Getting help with Wimba...**

Telephone 24/7 Support: (866) 350-4978

Wimba Support Center and Knowledge Base: http://www.wimba.com/technicalsupport/

Email Support: technicalsupport@wimba.com

At least 48 hours before your first session, run the Wimba Wizard which is available from your Wimba Classroom link. The Wizard checks for the correct Java version and the presence of pop-up blockers:

- If you successfully run the wizard, you are prepared to use Wimba Classroom.
- If you cannot complete the wizard, see *Getting help with Wimba*, above.

4. Visit the Support Organization in Pulse – anyone can enroll: “Wimba Launch site”

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**The Wimba Interface**

1. **Content Frame**: Slides, pictures or shared applications appear in this section of the screen.

2. **Media Bar**:
   - **Talk**: click and hold the talk button to speak to everyone in the classroom.
   - **Video**: click the video camera icon for video set-up.
   - **Telephone**: instead of a microphone, click the phone icon for telephone audio support.

3. **Text Chat Area**: Enter questions, comments, or other text messages to the class, in this area. Remember you can always ‘chat’ using the text chat window instead of using a microphone.

4. **Participant Area**: This section identifies who else is in the classroom.
A Final Note

As with any document that reflects this type of content, updates to procedure and practices, new software and even errors of fact may be encountered. All readers are encouraged to contact the author and call attention to areas of concern.

Great appreciation is extended to the production staff of Kassandra Monatalbano and Alison Perry, our Graduate Assistants who acquired endless screen grabs, revised incessant paragraphs and discussion boards that ultimately led to the final product. They are to be especially thanked for their willingness to tolerate the constant changes and additions suggested by the Department Chair.

It is hoped that this document will provide valuable assistance to those involved in the delivery of courses of all types at the University.

And, don’t forget me! I am at 215-503-6936 if you have questions or ideas on how to improve Blackboard courses!

--BB