

How a Pandemic-Inspired Video-Based Assignment Made Me a Better Teacher

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Abstract: I wrote this reflection in response to the whirlwind of stress and emotion I felt as I started a new teaching job and simultaneously rode the waves of clinical and academic turmoil at the beginning stages of the pandemic. Writing the initial reflection was a way for me to process what I was experiencing; bringing my insights to the literature base allowed me to see a more universal version of my ideas. Finally, consolidating my experiences into the more aspirational notion that what was happening within the health care system was ultimately a crucible for change was transformative for me as an educator and a person.

Keywords: online learning, psychomotor skills, teaching and learning, learning communities, faculty development

Last winter I made the big leap from working as a clinical nurse practitioner to teaching. The first year of a new job is always destabilizing to one's former sense of mastery, and I foresaw that challenge. My assigned mentor was three doors down and readily accessible to grab lunch or answer a quick question; my colleagues were assuring and welcoming. My institution enrolled me in a foundational course to learn how to use educational theories and approaches in my own classroom. After a month of settling into my new office, COVID-19 (COVID) hit, and I proceeded to pack everything back up and return home. There was a steep curve of learning not just for me, but for my very experienced colleagues as we all transitioned to teaching mostly online. I had some advantage over veteran faculty members, as I lacked deeply ingrained habits and course designs that I would need to re-envision. Nevertheless, we all needed to pivot and adapt as we hunkered down into our home offices and taught over Zoom.

The pandemic year has simultaneously expanded and contracted our sense of time and connection and has disrupted almost every aspect of our lives. With some hindsight, this year of pandemic teaching has immersed me in teaching and learning principles that have applicability both in and outside of pandemic times. I have emerged enlightened by and with a taste for what I am striving toward. In one class and one recurring assignment, I experienced themes of teaching in the health professions as the pandemic acted as a "crucible" (Barton et al., 2020, p. 183), bringing to light critical aspects of teaching. First, it highlighted unique challenges of teaching health professions students during the pandemic. Second, it underscored the central salience of the faculty-student relationship and its foundational role as a basis for a safe learning community. Third, the pandemic accelerated adoption of online teaching methods that were previously considered second-rate to the sacred face-to-face classroom experience.

Many of us who teach in the health professions felt the whiplash of the pandemic lockdown in several dimensions. For those of us who work clinically, we faced our own vulnerabilities and challenges as we negotiated scarce resources, new and rapidly changing policies, and redeployments or adaptations of virtual practices at the speed of light. For faculty, it was the sense of stopping in our tracks and pivoting to a mostly or entirely new way of teaching (King &

Nininger, 2019). My Teaching and Learning Foundations course taught me concepts I had only minimally considered: the functions of content, how to cultivate deep and transformational learning, and building and sustaining an inclusive and power-balanced classroom. I devoured Maryellen Weimer's (2013) *Learner-Centered Teaching* with both awe and gusto. Many of our students were unmoored by loss of clinical placements and seeing their graduation plans dissolve into the abyss of the pandemic's swallow of predictability.

Last fall, I was assigned to teach nurse practitioner students to perform physical exams in a course called Advanced Health Assessment and Diagnostic Reasoning. Together with my four-person teaching team, we fretted about how to teach skills that included a psychomotor component over Zoom. Multiple planning meetings later, we redesigned the course and launched it in September with a plan to use strategic technology platforms and three in-person skills labs. Health professions educational institutions across the globe made difficult and thoughtful decisions about how to weigh the risks of students joining the frontlines (Dewart et al., 2020). The irony of being physically distanced from those we actively trained to join the risks on the front lines was not lost on us. At times, it felt ludicrous to bridle our students with "nursing is a hands-on and clinically focused profession" (Luckett, 2020, p. 95) and many students were eager to join the frontlines.

One of the focal points of the course was student demonstrations on video of physical examination skills. Some students live alone, and all had varied access to another person on whom to practice, so we designed in flexibility but also did require that their final assignments involved an actual human being as their patient. At least for me, at this stage of redesigning our course I was more focused on how to ensure rigor in the name of setting students up for success. Past models of education suggested that "academic success was solely the student's responsibility. Now, academic success is considered a shared responsibility as more diverse student populations enter into post-secondary studies" (Seery et al., 2021, p. 73). Neither the teaching team nor our students recognized at the outset of the semester how much time and effort it would require to secure volunteers for these home-based demonstrations. Some students posted videos of them examining their dogs or stuffed animals, which was an indication that finding someone was sometimes problematic. As faculty, we needed to "demonstrate flexibility, adaptability, and kindness as we shift[ed] the curriculum to virtual environments" (Barton et al., 2020, p. 183) and to open our narrow view of "acceptable" to what was possible. Our clinical colleagues in hospitals and nursing facilities were wearing trash bags as personal protective equipment in COVID units and were heralded as heroes making the best of what they had. Traditional rigor was giving way to "respond[ing] quickly and constructively to a crisis" (Barton et al., 2020, p. 183). I began to understand that students demonstrating the abdominal exam on their splayed family dog was in fact adaptation to crisis conditions.

After watching my students' video demonstrations of the first four body systems I began seeing psychomotor fluency start to take hold. As Seymour-Walsh and colleagues (2020) explain, "neuroplastic and myoplastic development occurs over time with intentional, reflective and guided practice to build corporeal literacy: a bodily knowledge possessed by a health professional" (para. 6). Week after week, repeating the tasks for their video submissions moved them towards this target of health professions training. The hours of methodically evaluating

each person's technique, their recall of innumerable details, and an explanation of what they were doing led me to feel that the students were actually learning! Just as it would have been in person, there was variability: Some needed to redo and redo again their demos; others slammed the assignment. Later, many students would share their perspective: keep the format even post-pandemic. The students felt it was arduous and effective. From casual feedback and more formal course evaluations we came to understand that the video demonstrations were logistically difficult yet worthwhile: "That was really hard," the students said, "but it helped me learn the skills." My veteran colleagues noted that on average the students were better prepared for their practical exams this year, presumably from all the efforts of the at-home weekly video demonstrations.

After many hours of listening to and watching the students in their home environments, I began to notice not just the skills on my checkoff sheet, but them, as people. Our physical distance, once an impenetrable barrier impeding connection, grew less formidable. After some time and repetition, I found myself also noticing their subjects. As Barton and colleagues share in their open letter to the nursing community, "while nursing faculty across the country are working tirelessly and with haste to transform their courses into remotely accessible formats, we are also presented with an opportunity to learn from this natural experiment in which we are all participants" (Barton et al., 2020, p. 183). I felt, incrementally and then all at once, that I was, indeed, a part of this experiment; with this new sense of myself came reverence for my seat at the table and passion for giving our students the best experience possible.

Recognizable among the students' subjects for their demonstration exams were classmates. Others may have been boyfriends, fathers, mothers, roommates, and siblings. These people gave my students their time—sometimes again and again, as we moved from head to toe in our systematic approach. Like a mirror, the subjects' expressions reflected back at me my students' efforts to master unfamiliar content and skills, and I felt deep gratitude toward these people I would never meet. I was moved as I noticed these volunteers offering up their bodies for practice. Truly seeing my students' subjects dimensionalized my students to me (Klemm et al., 2020). If the goal is to cultivate a relationship in service of seeing one another's humanity, these videos were evidence of my students' lives and their personhood.

A few examples: One student's roommate consistently showed up week after week which I read as investment in her friend's success. During the breast exam week, another student's very muscular, tattooed subject raised his arms with great seriousness so that a proper exam could be demonstrated. Often, classmates could be seen resisting the urge to give hints; their eyes revealed the plea to remember the next step. Another student's squirmy younger brother could be seen stifling his restlessness as the student's methodical approach to the exam tested his patience. I saw friends giggling through the strange intimacy of the exam and another subject trying to reckon what the student reported about his heart sounds meant. Poignantly, one father, week after week seemed to view his daughter's growing advancing skills with wonderment, and I imagine, relished the chance to be such an integral part of her education. These portraits were incredibly moving and were transformational in my own eagerness for student success.

If faculty investment in students as people is a requisite to authentic connection, these videos worked in service of that goal.

The relationship between faculty and ... students ... found [faculty-student] connections were forces for growth and forward movement. Students felt energized by their connections, had boosts in self-esteem, increased their knowledge, improved their ability to take action, and desired more connection. (Schroeder et al., 2021, p. 332)

My students' subjects were more than mere props. Their investment in each student's progress was unmistakable. Many of my students have shared with me their guilt about asking their friends and family again and again for this favor. I wish I could have shifted the burden, but I could not. The students could not have progressed without practicing on another body and sometimes taking risks to be in close contact with one another.

The hours spent squinting into my computer screen last fall brought to life what I have begun to learn about optimal teaching and learning approaches. My own perspective opened toward "pedagogical caring" (Hawk & Lyons, 2008, p. 317), which is that faculty should be focused on "the development of the student as a caring human being and the student as learner and performer, that is, one who needs to attain particular knowledge, gain skills, develop attitudes and dispositions, and demonstrate competence" (p. 322). We were gifted access to dimensions of our students that would have been out of reach in the traditional face-to-face format. This pandemic brought some challenges that may not recur identically next time but may show up as iterations in future public health crises. Stresses abounded in the face of the need for a hasty transition to online learning, especially within the health professions where psychomotor skills are a large component of the curriculum. Some students came up short because we were not able to physically guide their hands to the correct position or to model techniques standing shoulder-to-shoulder with them. Video was only a decent replacement for teaching psychomotor skills; some students needed closer physical counsel to succeed, but that was on us as faculty to provide to those who needed it. The assignment was imperfect—demanded exceptions, perseverance, and accommodations. The tenets of the pivotal Community of Inquiry Model, namely cognitive presence, social presence, and teaching presence (Garrison et al., 1999) were revealed to all of us as we negotiated the conditions of the assignment and our course.

Born from the challenges were further obstacles and also unexpected successes. Making human-to-human connections, in person or online, consistently remains a key to the retention of students and the prevention of faculty burnout and is always the "holy grail" of educational pursuits. Mirroring events in the larger societal context, the prospect of teaching health professions students to skillfully master psychomotor skills in a mostly virtual format brought both challenges and blessings. For a first-time faculty member, I was thrust into some uncomfortable realities of inequities on display within the classroom and how striving for each student's success demanded flexibility, perseverance, and intentional community-building. The inner work that transformed me as a teacher, sparked by an invitation into the private lives of my students (Weiss & Li, 2020), was the catalyst for a surprising and potent metamorphosis in myself. The initially vexing logistical hurdle of how to teach students the physical exam during

a pandemic lockdown opened a window into my students' layered lives reminding me, once again, how much we all need each other—now more than ever.

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