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## Teaching Strategies in Community Health Nursing for Undergraduate Nursing Student: An Integrative Literature Review

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### ABSTRACT

This paper identified and analyzed available evidence in the literature for effective teaching strategies in Community Health Nursing (CHN) for the undergraduate nursing students. This integrative literature review was conducted in CINAHL and Google Scholar databases between August 2016 and September 2016. Since there is a paucity of articles on the area of teaching strategies for Community Health Nursing (CHN) course, inclusion criteria was liberal. Research and non-research articles published in English from 2013 to 2017 were included in the integrative literature review. Sample articles composed of one research articles and five non-research articles published between 2013 and 2017. One consistent finding in the literature is that nurse educators use simulation as a teaching strategy in CHN course. Nurse educators have used simulations with or without technology enhancement in CHN course for undergraduate nursing students. Sample articles provide benefits of using simulation, and benefits include enhancing self-confidence and competence of nursing students, providing the active-learning environment and addressing the problem of finding secured community-based sites for CHN course. Further studies with strong level of evidence on teaching strategies in CHN course for the undergraduate nursing student is recommended.

**Keywords:** Teaching strategies, Community health nursing, Undergraduate nursing students

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### INTRODUCTION

#### Background

Courses in the nursing program are usually delivered through classroom lecture, clinical laboratory sessions, and clinical experiences in the real-life settings. Recently, with the focus on program outcomes and the advent of technology, the emphasis changed to learner-centered education. And teacher's role changed. Instead of the transmitter of knowledge, the teacher's role turns out to be an expert, a mentor, and a coach. In effect, students became active participants in learning activities instead of passive receivers of knowledge<sup>(1)</sup>. In other words, nursing education is shifting from teacher-centered to student-centered practice<sup>(2,3)</sup>.

Teaching strategies can engage students in an active learning process. The vital responsibility of nurse educator is to select appropriate teaching strategies to provide quality education to nursing students. Xu conducted a review of the literature and was able to identify a variety of teaching strategies nurse educators can utilize to enhance the learning of the nursing students<sup>(4)</sup>. These teaching strategies include lecture, high-fidelity simulation, concept mapping, online course, games, role playing, jigsaw classroom, and case study. Rajesh's article identified various instructional strategies for classroom and clinical practice. Some teaching strategies in the article that have been used to improve students' psychomotor and communication skills include simulation, case-based learning, problem-based learning, and video conferencing and web-based conferencing (e.g. e-learning, teleteaching, blackboard learn or web-based learning, use of multimedia in the classroom, and active learning classroom)<sup>(3)</sup>.

Theories and principles of teaching strategies were considered in assessing the characteristics of the learners to address the needs of the learners<sup>(1)</sup>. Nurse educators need to accommodate the 21<sup>st</sup>-century tech-savvy learners<sup>(5)</sup>. Considering the uniqueness of nontraditional learners, most nurse educators recognized that a variety of teaching strategies which involve visual, auditory, and kinesthetic means may be utilized to attract the students' learning needs<sup>(5)</sup>.

In the Philippines, Bachelor of Science in Nursing (BSN), a four-year degree course offering, is the single nursing program consisting of general education and professional courses. The teaching-learning process utilized in the courses offered in this degree is composed of theoretical/didactic and experiential/Related Learning Experience (RLE). The RLE is composed of clinical and skills laboratory. RLE is simultaneously or immediately provided after the lecture. Teaching pedagogies also utilize close coordination and collaboration between the teacher teaching the professional course and the clinical faculty and the nursing students. In the teaching-learning process, the teacher teaching the professional courses at all times supervise the students for the RLE. Educational institutions offering BSN degree program are encouraged to put up virtual skills laboratory to supplement and complement the RLE prior to actual experiences<sup>(6)</sup>.

Teaching process evolves over time. Because of this evolution, there are anticipated concerns that are taking place from time to time. These anticipated concerns enumerated and discussed in detail below.

**Preparation for ASEAN integration.** Nursing program in the country supports the regional platform on innovations in education and human resource development towards an Integrated ASEAN Community (SEAMEO)<sup>(7)</sup>. Furthermore, “intra-regional among professionals is one of the anticipated concerns of ASEAN integration. ASEAN professionals may soon be able to practice anywhere within the region. This trend poses a great challenge to the nursing profession”<sup>(8)</sup>. Likewise, this anticipated concern brings some changes in the nursing education.

**Community-focused interdisciplinary approaches.** These approaches challenge nursing educators to prepare nursing students for a wide spectrum of nursing practice that depends on competencies such as clinical decision making, communication, collaboration, and leadership. Nursing students need to learn how to manage illness, provide critical care to hospital patients who desire immediate discharge from the hospital and stay for full recovery at home and educate diverse clients about preventive health care throughout the community<sup>(5)</sup>.

**Global informatics as main part of education and practice.** The trend in education today is highly influenced by technology. Nursing students today is highly computer and digital literate, and this literacy plays a great role to a more fruitful and efficient means of their educational endeavor. To keep in touch with this trend, nursing students and nurse professionals should be up-to-date about nursing informatics and information technology. In addition to that, nurse educators should also consider issues in selecting the most effective electronic and technology preferences<sup>(9)</sup>.

**Millennial learners.** Nursing students currently enrolled in undergraduate nursing programs are part of the Millennial Generation with a unique characteristic. This generation desires immediate feedback, and they are tied up with technology<sup>(10)</sup>. Therefore, nurse educators should develop innovative teaching strategies and are required to learn to incorporate the use of technology in their teaching strategy.

**Paradigm shift from education to lifelong learning.** This aspect of teaching strategy has shifted from teacher/expert-centered to learner-centered education. This means that learning utilizes strategies from knowledge as input to learning competencies as outcomes; from institutional inputs to institutional outcomes (e.g., efficiency; effectiveness); from inputs-based to learner outcomes-based evaluation<sup>(5)</sup>.

## Purpose

Owing to several challenges and trends aforementioned, the paucity of studies conducted at the international level and absence of published studies on the national level for teaching strategies in community health nursing has been the challenge faced by nursing educators at present in the Philippines. Henceforth, this integrative literature review was conducted with an objective to identify and analyze available evidence in the articles on teaching strategies in community health nursing for undergraduate nursing students.

## METHOD

Souza, Silva, and Carvalho recommended six stages in conducting an integrative literature review. These stages include preparation of guide question, searching or sampling the literature, data collection, critical analysis of the studies, discussion of the results, and presentation of the result<sup>(11)</sup>. In this integrative literature review, the following stages are followed as they are presented in detail in the following sections.

The guiding question is: *What are the pieces of evidence available in the literature on teaching strategies in community health nursing for undergraduate nursing students?* The guiding question assists in determining studies to be included for review and identification of the sample articles.

Searching for samples in databases has been conducted. Given that little research has been conducted in the area of teaching strategies in community health nursing course, inclusion criteria for this integrative literature review were liberal. Data collection included research and non-research articles that contained the words teaching strategies AND community health nursing were considered. A separate search including the words teaching strategies AND a community health nursing AND undergraduate nursing student was also conducted.

The search for sample literature was carried out between the third week of August and the first week of September 2017. The Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Google Scholar databases were accessed for literature selection. The descriptors (community health nursing, nursing education, undergraduate nursing students and teaching strategies) were combined in different ways to ensure a broad search. Studies included in the review were published in English from 2013 to 2017.

Upon entering the descriptors teaching strategies AND community health nursing AND undergraduate nursing students, the CINAHL database identified 2,622 matches. The outcome of this search led to five articles. The remaining 2,617 resources were excluded due to duplication of articles and failure to meet the inclusion criteria of the integrative literature review. Back-checking was conducted on CINAHL articles to identify additional relevant resources, but no additional literature was identified. The second search in Google Scholar using descriptors teaching strategies AND community health nursing led to 3,600 matches but only one article met the inclusion criteria. The remaining 3,599 were excluded due to duplication and failure to meet the inclusion criteria. Back-checking was performed on Google Scholar to identify additional pertinent resources, but none of the documents met the inclusion criteria.

Several steps were undertaken in determining literature to be included in the integrative literature review. First, 6,122 literature were excluded and removed due to duplicates those were not specific to teaching strategies in CHN. Second, 100 papers were retrieved for detailed examination. Third, 71 pieces of literature were excluded because those were not published in full text. Fourth, 29 literature were assessed based on the inclusion criteria. Fifth, 23 literature were excluded because those studies did not meet the objective of the study. Finally, six literatures were included in the integrative literature review and pertinent data were recorded.

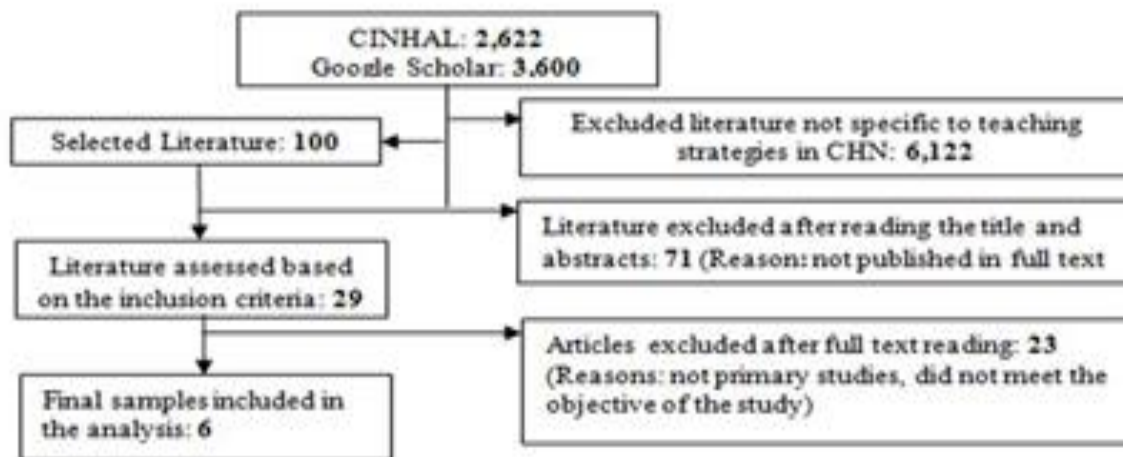


Figure 1. Flowchart on determining primary samples based on the inclusion criteria<sup>(12)</sup>.

Data have been extracted using an instrument validated by Ursi for recording the relevant data, for ensuring accuracy in transcription, and for checking and extracting of relevant data<sup>(11)</sup>. The relevant data of interest listed in the instrument include the title of the article, name of the journal, publication year, database, author's name, language, objective/purpose, method, findings, conclusion, and levels of evidence. Level of evidence refers to the ranking of evidence by the type of design or research methodology that would answer the question with the least amount of error and provide the most reliable findings<sup>(13)</sup>.

Looking closely at the levels of evidence, Melnyk and Fineout-Overholt enumerate seven levels of evidence, and they are as follows. Level I evidence: Evidence that is produced from systematic reviews or meta-analyses of all relevant randomized controlled trials or evidence-based clinical practice guidelines based on systematic reviews of randomized controlled trials. Level I evidence is the strongest level of evidence to guide clinical practice. Level II evidence: Evidence generated from at least one well-designed randomized clinical trial (i.e., a true experiment). Level III evidence: Evidence obtained from well-designed controlled trials without randomization. Level IV evidence: Evidence from well-designed case-control and cohort studies. Level V evidence: Evidence from systematic reviews of descriptive and qualitative studies. Level VI evidence: Evidence from a single descriptive or qualitative study. Level VII evidence: Evidence from the opinion of authorities and/or reports of expert committees. This evidence can include the highest level of evidence, and that is systematic reviews of RCTs, and the lowest level of evidence which is an expert opinion and consensus statements<sup>(13)</sup>.

## RESULTS

The final sample is composed of six literature published in the English language in international journals with the oldest articles published in 2014 and the most recent in 2017. All (100%) authors of the sample articles are nurse professionals. Moreover, six sample literatures were accomplished from different countries. Four (66.6%) studies were conducted in the United States of America, one (16. %) in United Kingdom, and one (16.7%) literature has no location indicated. The preponderance of articles reviewed revealed that five (83.33%) were reports of the implementation of the innovative teaching strategies. Only one (16.67%) study was conducted which utilized the mixed method. For that reason, five (83.33%) articles that report on experience were classified under “Level 7 Evidence” and one (16.67%) study was classified under “Level 6 Evidence”<sup>(13)</sup>.

Articles included for this review utilized simulation as a teaching strategy to enhance the knowledge of the undergraduate nursing students in CHN course. Innovative designs for simulations include: role-play simulation of a community-based home visit<sup>(14)</sup>, simulation in a teaching house with simulation scenarios<sup>(15)</sup>; “SimWars,” an innovative simulation competition using human-patient simulators<sup>(10)</sup>; simulation using scripted scenarios for the actors/participants<sup>(16)</sup>; “serious gaming” using two web-based gamed simulation<sup>(17)</sup>; conducting a community assessment windshield survey in a virtual environment<sup>(18)</sup>. All articles describe specific simulation design as an innovative teaching strategy in CHN course for undergraduate nursing students based on their experiences. However, only one article conducted a study using the mixed method with a purpose to describe the perceptions of the undergraduate nursing students on using simulation as a teaching strategy<sup>(14)</sup>.

Research methodology is the approach used in probing or searching research problem. However, appropriate research methodology is important to find the accurate data or evidence. In this sense, only one sample literature addressed it. Wheeler and McNelis provide an account of research methodology in their study<sup>(14)</sup>.

The study of Wheeler and McNelis utilized both quantitative and qualitative designs. Further, it was based on the foundational framework of Jeffries Simulation Model. The model was developed from the theoretical and empirical literature related to community-based home visit simulation and identifies the vital aspect of the simulation design that reinforces nursing student’s learning<sup>(14)</sup>.

Looking at the quantitative design in the study mentioned participants of their study evaluated the simulation teaching method using three instruments developed by the National League for Nursing (NLN): the 13-item Student Satisfaction and Self-Confidence Scale (SSSC), the 16-item Educational Practice Scale for Simulation Design Scale (SDS). Another major strength in their study was the validity and reliability of the instruments developed by the NLN to measure community-based home visit role-play simulation. The instrument was a reliable instrument to measure the perception of the undergraduate nursing students because it was developed by experts in the nursing profession with Cronbach’s alphas ranged from 0.86 to 0.96 indicating reliability. The instrument measured self-confidence and competence, which are the major outcomes of interest throughout the community-based home visit role-play simulation found in the sample literature.

On the other hand, the qualitative design in the study of Wheeler and McNelis used semi-structured audio-taped interviews in a focus group setting and field notes to allow the discovery of meaning<sup>(14)</sup>. However, interview protocols were not mentioned in the article, such as, conducting a pilot interview which examined the content and clarity of the questions and by providing the interviewers with an opportunity to become comfortable with the protocol, to obtain feedback from pilot interviews to be able to modify the protocol questions which in turn, the final protocol will contain a standard set of questions<sup>(19)</sup>.

Additional strength in their study was employing multiple measures. For instance, the researchers used an evaluation tool through a questionnaire in quantitative method and conducted semi-structured audio-taped interviews in a focus group setting and field notes to establish confidence. Subsequently, consistent results were obtained during data gathering. Their study utilized convenience sample (N = 144) of baccalaureate nursing students as participants who were enrolled in two schools of nursing in the Midwest. The results were obtained from a large sample. Convenience sampling is a quick and easy way of choosing participants (advantage), but may not provide a representative sample, and could be biased (disadvantage). According to Venzon and Venzon, convenience sampling is the weakest form of sampling<sup>(20)</sup>.

Only three sample literatures provided theoretical references. One of the sample literatures uses adult learning approach that provides participants context-dependent and experiential learning in simulation competition a team-based simulation<sup>(10)</sup>. In addition sample literature utilizes the concept of instructional scaffolding web-based game simulation. According to Fish, in scaffolding teaching strategy, the games provided feedback in a form of learning material to enhance the nursing student’s learning process. The advancement of learning that happens overtime in the course of the gaming is the same with the educational technique of “scaffolding”<sup>(17)</sup>. Likewise work of Wheeler and McNelis was grounded on the Jeffries Simulation Model which provided the foundational framework for their study as mentioned earlier<sup>(14)</sup>.

This review noted that two sample literatures address the ethical issues in collecting the data. The study of Wheeler and McNelis was approved by the institutional review board and nursing students who volunteered to participate in the study who signed an informed consent<sup>(14)</sup>. In the work of Gibson and colleagues, although ethical approval was not required because it was an educational evaluation, a detachable form was provided to nursing

students to voluntarily give their consent for the results to be documented and disseminated for educational purposes. From the results, only the feedbacks from completed permission slip of the nursing students were used in the evaluation<sup>(16)</sup>.

Table 1. Summary of Literatures Reviewed

Author	Purpose	Design	Sample/ Setting	Method	Describing Simulation as Teaching Strategy in CHN
Wheeler & McNelis (2014)	To describe the perceptions of pre-licensure nursing students about the design and effectiveness of a community-based home visit simulation.	Descriptive mixed-method study using both quantitative and qualitative methods for data collection.	Convenience sample (N = 144) baccalaureate nursing students enrolled in two schools of nursing in the Midwest.	<i>Quantitative:</i> Students evaluated the role-play simulation using three instruments developed by the NLN. <i>Qualitative:</i> Semi-structured audiotaped interviews	Students assumed roles (actors) of family members or nurses or served as observers. Empirical findings show that simulation experience provided active learning. Qualitative results complemented empirical findings by substantiating two of the themes: learning was fun and being forced to think outside the box.
Greaves (2015)	To create a package that taught the holistic assessment skills necessary to identify patients' need while they were still at home.				The virtual simulation takes place in the teaching house; involves students acting as community nurse' and mannequin as patient.
Montgomery et al., (2015).	To assess students' knowledge of pediatric, OB, & community health course content and to foster team-based attitudes toward patient care.				"SimWars" provided students opportunity to learn in a controlled environment; utilizing human-patient simulator.
Gibson et al., (2015)	This article reports on the scenario development and student evaluation of the simulation.				Students considered the scenarios to be realistic and perceived that their confidence increased.
Day-Black et al., (2015)	To describe the implementation & analysis of an innovative learning strategy within an undergraduate CHN course				"Serious gaming" enhanced student recall & ability to apply knowledge-critical thinking.
Thomas (2017)	To describe how immersive virtual environment was integrated into a community health nursing course.				Immersive learning in a virtual environment using windshield survey in conducting community assessment.

Having carefully considered and synthesized the literatures on the topic of teaching strategies in CHN course, this review takes account for the following benefits from using simulation as a teaching strategy. These benefits are the following: (1) simulation excellently addresses the problem of finding secured and appropriate

community-based sites for CHN course. Consequently, it provides safe standardized environment for the nursing students to learn how to conduct community survey and home visits; (2) provides nursing students with an active-learning environment where they can learn more about community health nursing; (3) reinforces learning and improving nursing students' ability to remember and apply knowledge learned from different concepts in CHN course; (4) develops critical thinking; (5) increases student engagement in learning, subsequently increases nursing student's motivation to learn; (6) increases nursing student awareness to monitor their own learning; (7) allays feeling of anxiety experienced by the nursing student during home-visit, thus allowing them to gain confidence; (8) increases nursing student's skills to work with other team members; (9) promotes reflection and reasoning skills; and finally, (10) effectively evaluates nursing student clinical competence in CHN course.

## DISCUSSION

All literature reviewed provided remarkable contribution to CHN course. From 2013 to 2017, one consistent finding in the literature is that nurse educators use simulation as a teaching strategy in CHN course. All literature highlights the benefits of utilizing simulations with or without technology enhancements.

The use of simulation to train students prior to the immersion experience or RLE in the community enhances readiness, increases self-confidence, and competence of the nursing students. It also provides an idea on what to expect in the real community setting. Smith and colleagues argued that simulations provide a more realistic experience by creating a "live" experience using simulation manikins<sup>(5)</sup>. The earlier report from the study of Wheeler and McNelis emphasized that employing role-play simulations without technology enhancement ensures that nursing students have the same experiential learning or RLE, an alternative if a nursing student is unable to gain experience in the real community setting<sup>(14)</sup>.

Simulation competition as teaching strategy uses adult learning principles and also encourages the deliberate practice of psychomotor skills<sup>(5)</sup>. Utilizing an adult teaching strategy team-based simulation provides participants context-dependent and experiential learning. The design of the competition permitted nursing students to perform the work more independently. Likewise, this design empowers and trains the students to assume the leadership role in addressing the need for the individual, family, and community as a whole.

Serious games as teaching strategy appropriate for active-learning, effective reinforcements for learning and better student learning outcomes support student learning through the concept of instructional scaffolding, a procedure of controlling task elements that are initially beyond the learners' capacity, anchored on the concept of the Zone of Proximal Development introduced by a Russian Psychologist Lev Vygotsky in 1978. The zone of proximal development is explained as the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem-solving under the guidance of the adult, or in the group effort with more proficient peers<sup>(21)</sup>. The advancement of the learning of the nursing student that takes place over time throughout the period of game simulation is equivalent to the instructional scaffolding<sup>(1)</sup>.

Integrating case scenarios with mechanical simulation enhances student's skills for actual care of the patient<sup>(5)</sup>. The seminal work of Wheeler and McNelis described role-play simulation as an effective teaching strategy in community-based home visit experience wherein nursing students perceived realism in the scenario<sup>(14)</sup>. The latter bears greater advantage because it is affordable and encourages careful enactment, creativity, and brainstorming of the scenario by the participants involved in the role-play. Scenarios were designed to develop and enhance team interaction giving the nursing students the opportunity to improve communication and decision-making skills and team discipline. The more the students actively engage, the more the learning and retention would take place. Nursing students learn best when they are actively involved in the learning process<sup>(5)</sup>, and they are more receptive when experiential learning takes place in a low-stress environment<sup>(21)</sup>.

Literature included for this review reported that CHN concepts were incorporated in the simulation. Furthermore, simulations in CHN course in this review were classified into two types: simulations with technology enhancements and simulations without technology enhancements. The first type, simulations with technology enhancements include simulation with the scenario using the computer-based simulator or web-based game simulation and simulation scenario using manikin as the patient or human-patient simulator or remotely controlled medium-fidelity manikin. The second type consists of simulations without technology enhancements. This type includes simulation with scenarios intended for role-playing where students assumed roles (actors) of family members or nurses and simulation scenario where academic staff and clinicians or nursing student played the role of simulated patients.

Additionally, pieces of evidence in the activities for simulation identified in the sample literature<sup>(10,14,16,17,18)</sup> suggest integrating several activities in the simulation. Subsequently, this integrative literature review grouped these activities under the three general stages in the simulation. And, these are the three general stages of the simulation. Stage 1: Pre-simulation, Stage 2: Simulation proper and Stage 3: Post simulation. Tables 2 and 3 below show an outline of the activities in the simulation.

Table 2. Simulation with Technology Enhancement

Stage 1: Pre-simulation	Stage 2: Simulation proper	Stage 3: Post simulation
<ul style="list-style-type: none"> <li>Completed required CHN course content</li> <li>Viewed video demonstration</li> <li>Reviewed CHN concepts</li> <li>Availability of internet connection</li> <li>Prepared the script for the scenario</li> <li>Ask nursing student to sign the consent form for documentation and evaluation purposes</li> <li>Prepare video recorder and forms for documentation and evaluation</li> </ul>	<p><i>For role play simulation in the virtual laboratory or teaching house</i></p> <ul style="list-style-type: none"> <li>Provide instructions</li> <li>Group nursing students by team</li> <li>Provide script to the participating teams</li> <li>Nursing student assumed roles or assigned as observer in the simulation scenario</li> </ul> <p><i>For web-based simulation</i></p> <ul style="list-style-type: none"> <li>Provide nursing students a short video presentation on how to navigate the specific games or conduct a windshield survey</li> <li>Instruct nursing students to log into the virtual environment to play the game or conduct a community assessment using Windshield Survey</li> </ul>	<ul style="list-style-type: none"> <li>View documented episode of simulation</li> <li>Peer evaluation</li> <li>Give feedback and conduct debriefing</li> <li>Submitted filled-up evaluation form/checklist and reflective assessment form</li> <li>Synthesize the result of the evaluation and reflective assessment and make a report to the member of the nursing faculty during meeting.</li> </ul>

Table 2 outlines the activities for simulation with technology enhancement. During pre-simulation, the nurse educator prepares and assesses whether nursing students had completed the required CHN course content to successfully compete in the game or apply appropriate knowledge in the simulation; prepares the technology/simulator/ manikin to enhance the simulation experience; prepares the script for the scenario (for role-play simulation); checks internet services (for web-based simulation); and makes sure that the nursing student has signed the inform consent for documentation; and finally, prepares the video recorder and evaluation tool/checklist for documentation.

During the simulation proper, that is where the role play simulation takes place either in virtual laboratory or in a “teaching house”. The nurse educator provides instructions for simulation; groups nursing students by teams; provides script to the participating teams; and assigns nursing student to assumed roles or assigns nursing student as observer in the simulation scenario. Those nursing students assigned as observers will be instructed to take down notes for peer evaluation. While in the web-based simulation, the nurse educator provides nursing students a short video presentation on how to navigate the specific games or orients the student how to conduct a “Windshield Survey”, and finally, instructs or guides the student to log into the virtual environment to play the game.

On the post stage of the simulation, the following activities are carried out by the nurse educator: presenting the documented episode of simulation to the class for constructive peer evaluation, evaluating whether nursing students were able to apply creative and critical thinking, apply knowledge and skills learned from the course content, determining other discomforts or anxieties felt during the simulation experience through the use of simulation competence rubric, and conducting peer observation which enables the nursing students learn from errors and valuable teachings points. In addition, peer-and-faculty-led debriefing also is done to discover issues reported as students are known to value feedback from different perspectives, submitting filled-up evaluation form/checklist and reflective assessment form to the simulation coordinator for record purposes, synthesizing the result of the evaluation, giving feedback from peer evaluation and debriefing, finally, the making of a report to be presented to the members of the school of nursing faculty during meeting.

Table 3. Simulation without Technology Enhancement

Stage 1: Pre-simulation	Stage 2: Simulation proper	Stage 3: Post simulation
<ul style="list-style-type: none"> <li>Completed required CHN course content</li> <li>Viewed video demonstration</li> <li>Reviewed CHN concepts</li> <li>Prepared script for the scenario</li> <li>Ask nursing student to sign the consent form for documentation and evaluation purposes</li> <li>Prepare video recorder and forms for documentation and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Provide instructions</li> <li>Group nursing students by team</li> <li>Provide script to the participating teams</li> <li>Nursing student assumed roles or assigned as observer in the simulation scenario</li> </ul>	<ul style="list-style-type: none"> <li>View documented episode of simulation</li> <li>Peer evaluation</li> <li>Give feedback and conduct debriefing</li> <li>Submitted filled-up evaluation form/checklist and reflective assessment form</li> <li>Synthesize the result of the evaluation and reflective assessment and make a report to the member of the nursing faculty during meeting.</li> </ul>

Table 3 provides the sequence of the activities for simulation without technology enhancement. During pre-simulation, the nurse educator prepares and assesses whether nursing students had completed the required CHN course content to successfully apply appropriate knowledge for role-play simulation; makes sure that the nursing student signed the inform consent for documentation; and finally, prepares the video recorder and evaluation tool/checklist for documentation. During the simulation proper, role-play simulation either takes place in the virtual laboratory or in a “teaching house”. The nurse educator provides instructions for simulation; groups nursing students by teams; provides script to the participating teams; and assigns nursing student to assumed roles or assigns nursing student as observer in the Simulation Scenario. Those nursing students assigned as observers will be instructed to take down notes for peer evaluation. Detailed discussion of the activities for post simulation is the same with the activities discussed in simulation with technology enhancement which was presented earlier.

Careful planning and preparation encourages nursing student’s participation in the simulation. For that reason, nurse educators that facilitate the simulation should prepare the following: equipment for documentation, rubric for debriefing, evaluation form to be administered after each simulation episode, student reflective assessment form, scripted scenario, consent form for evaluation/permission slip for evaluation. Finally, the nurse educator also prepares and sets up equipment and materials for simulation.

Nursing students gained knowledge in the classroom to prepare themselves for independent learning activities in RLE first in skills laboratory that is using simulation as a teaching strategy and then in real community setting. Oermann & Gaberson argued that simulation is not only effective for instruction in nursing but also useful in conducting evaluation of knowledge and skills<sup>(21)</sup>.

Aside from simulation, there are many teaching strategies that can be employed to engage the younger generations of learners<sup>(20)</sup>. However, for the past five years only role play simulation as a teaching strategy in CHN course for undergraduate nursing students was measured both quantitatively and qualitatively. Results revealed that it is effective because it provides nursing students opportunities to learn in safe and standardized environment<sup>(14)</sup>.

Developing a variety of teaching strategies to complement student learning styles is necessary to enhance this development. Students in health professions are usually practice oriented and want to “do something” which relates to the adult learning principles of Knowles for recognizing the meaning or usefulness of the information learned<sup>(20)</sup>.

Knowing the characteristics of the present-day learners is important in utilizing strategies in teaching CHN course. Sample literatures reported that students lose interest in CHN course because it is boring. Enjoyable and exciting teaching strategies provide diversion and enjoyable class breaks. Different learning styles warrant varying teaching strategies<sup>(20)</sup>. However, innovative teaching strategies that allow for the greatest sensory stimulation may be the most effective. Several of these strategies involve more than one sense, allowing different learners to learn on their own pace. Generally, 80 percent of learners are believed to be visual, 10 percent to be auditory and 10 percent to be kinesthetic<sup>(22)</sup>.

Recent issues and challenges are the demands of the unique group of learners entering the higher educational institutions and traditional classroom teaching is no longer effective with this type of students. Hence, it is important for nurse educators to communicate with students to receive feedback to devise learning activities that align with their learning styles and expectations. In addition, nurse educators should try to figure out what type of simulation appropriate for the nursing students to raise their learning motivation.

Finally, Herrman argued that the nurse educator who responds to the needs of the student, assesses groups for learning and styles, and demonstrates a sincere attitude of caring and desire to teach will have the greatest success with innovative teaching strategies. Creative teaching strategies can enhance an already fertile ground for learning and may be interlaced with lecture and other strategies. Today’s students are consumers with high standards for teachers, sometimes pose a challenge even to the most accomplished and seasoned nurse educators. By increasing the level of enjoyment in learning, creative teaching strategies will motivate students to attend the class for CHN course<sup>(22)</sup>.

## CONCLUSION

Although there is abundance of research on teaching strategies for nursing professional courses, very little research to date addresses the challenges faced by faculty teaching CHN course. In an array of previous studies, researchers have convincingly documented that simulation is an effective teaching strategies over the other teaching strategies. One consistent finding in the literature is that nurse educators use simulation as a teaching strategy in CHN course. However, only role-play simulation based on research within the past five years provided evidence that it is effective as a teaching strategy in CHN course for undergraduate nursing students.

Even though sample literatures reported that using game simulation as a teaching strategy in CHN course was effective, yet, more work need to be done to provide access to these games and to conduct study to evaluate its effectiveness in enhancing the knowledge of the nursing students in CHN course.



This integrative literature noticed the absence of national studies conducted on the related to this present study as there were none found conducted. Further studies with stronger level of evidence are needed to explore more benefits of simulation and to identify other effective teaching strategies in CHN course.

## REFERENCES

1. Keating SB. Curriculum Development and Evaluation in Nursing. 3rd ed. New York. Springer Publishing Company. 2015. p. 250
2. Robb MK, Self-Regulated Learning: Examining the Baccalaureate Millennial Nursing Student's Approach. Nursing Education Perspective. 2016. [cited 2017 Aug 10]. p. 162 -164. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27405198>
3. Sharma RK. Emerging Innovative Teaching Strategies in Nursing. JOJ Nurse Health Care. 2017. [cited 2017 Sept 8]. p. 1 – 3. Available from: <https://juniperpublishers.com/jojnhc/pdf/JOJNHC.MS.ID.555558.pdf>
4. Xu J. Toolbox of teaching strategies in nurse education. Chinese Nursing Research. 2016. [cited 2017 Sept 8]. p. 54 -57. Available from: <http://www.sciencedirect.com/science/article/pii/S2095771816300482>
5. Smith, M. J., Carpenter, R., & Fitzpatrick, J. Encyclopedia of nursing education. New York: Springer Publishing Company. . 2015. p. 84 – 87.
6. CHED. CHED MEMORANDUM ORDER (CMO). No. 14. CHED CMO. 2009. [cited 2017 Sept 8]. Available from: <http://www.ched.gov.ph/wp-content/uploads/2013/07/CMO-No.14-s2009.pdf>
7. South East Asian Ministers of Education Organization (SEAMEO). SEAMEO College Module 2: High Officials Country Case Study (HOCCS). SEAMEO TROPED NETWORK.2016. [cited 2017 Sept 10]. p. 8 – 10. Available from: [http://seameotropednetwork.org/Documents/troped\\_network/linkages/HOCCS2016/Research%20on%20Nursing%20Education%20in%20SEA\\_%20final%20version.pdf](http://seameotropednetwork.org/Documents/troped_network/linkages/HOCCS2016/Research%20on%20Nursing%20Education%20in%20SEA_%20final%20version.pdf)
8. ASEAN. Economic Community 2025 Consolidated Strategic Action Plan. 2017. [cited 2017 Sept 10]. p. 1 – 2. Available from: <http://asean.org/storage/2012/05/Consolidated-Strategic-Action-Plan-endorsed-060217rev.pdf>
9. Gullede ED. Current Trends in Nursing and Care: Status of the Profession. Journal of Nursing Care. 2012. [cited 2017 Sept 11]. p. 1- 2. Available from: <https://www.omicsonline.org/open-access/current-trends-in-nursing-and-care-status-of-the-profession-2167-1168.1000e107.php?aid=6561>
10. Montgomery M, Johnson P, Graves A, May O, Hoggle J, Booth L, Kelley MA. “Simwars”: A multispecialty simulation competition to improve learning. Clinical Simulation in Nursing. 2015. [cited 2017 Aug 23]. p. 421 -424. Available from: <http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=10&sid=19438e3f-3fd9-4dae-bdefb7c0b19ea0e9%40sessionmgr4007>
11. Souza MT, Silva MD, Carvalho R. Integrative review: what is it? How to do it? Einstein (Sao Paulo). 2010. [cited 2017 Aug 21]. p. 102 – 106. Available from: <http://dx.doi.org/10.1590/s1679-45082010rw1134>.
12. Mesquita AC, Zamarioli CM, Fulquini FL, Carvalho EC, Angerami ELS. Social networks in nursing work processes: An integrative literature review. Rev Esc Enferm USP. 2017. [cited 2017 Aug 23]. p. 1–7. Available from: DOI: <http://dx.doi.org/10.1590/S1980-220X2016021603219>
13. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing and healthcare: A guide to best practices. 2nd. Edition. Philadelphia : Wolters Kluwer/Lippincott Williams & Wilkins. 2011. p. 577 – 578.
14. Wheeler CA, McNelis AM. Nursing student perceptions of a community-based home visit experienced by a role-play simulation. Nursing Education Perspectives. 2014. [cited 2017 Aug 24]. p. 259 -269. Available from: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=14&sid=1240bda1-70d3-4f62-84b99a776ed33c61%40sessionmgr103>
15. Greaves C. Virtual reality. Journal of Community Nursing. 2015. [cited 2017 Aug 23]. p. 16 – 18. Available from: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=14&sid=1240bda1-70d3-4f6284b99a776ed33c61%40sessionmgr103>
16. Gibson CE, Dickson C, Lawson B, Kelly H, Mcmillan A. Learning to deal with crisis in the home: Part 2 – preparing preregistration students. British Journal of Community Nursing. 2015. [cited 2017 Sept 4]. P. 594 – 599. Available from: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=14&sid=1240bda1-70d3-4f62-84b99a776ed33c61%40sessionmgr103>
17. Day-Black C, Merrill E, Konzelman L, Williams T, Hart N. Gamification: An Innovative Teaching-Learning Strategy for the Digital Nursing Students in a Community Health Nursing Course. 2015. [cited 2017 Sept 1]. p. 90 – 94. Available from <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=16&sid=1240bda1-70d3-4f62-84b9-9a776ed33c61%40sessionmgr103>
18. Thomas EC. Teaching RN-BSN students community health using an immersive virtual environment. International Journal on Innovation in Online Education. 2017. [cited 2017 Aug 29]. P. -12. Available from: <http://onlineinnovationsjournal.com/streams/nursing/661fab3032c0ce3c.html>
19. Venzon LM, Venzon RM. Introduction to nursing research: The quest for quality nursing through evidence-based practice. 3rd ed. Quezon City. C & E Publishing, Inc. 2010. p. 46

20. Bradshaw, M. J., & Lowenstein, A. J. Innovative teaching strategies in nursing and related health professions. (5th Ed.). Sudbury, Massachusetts. Jones and Barlett Publishers. 2011. p. 173–207
21. Oermann MH, Gaberson KB. Evaluation and testing in nursing education. 4th ed. New York. Springer Publishing Company. 2014. p. 23–249.
22. Herrman JW. Creative teaching strategies for the nurse educator. 2nd ed. Philadelphia. F. A. Davis Company. 2016. p. 32 –324.