Why do you cry at movies? You know those are actors and it’s not real, right? Why do you yell at the football team on the television? They can’t hear you. Why do you change the channel when the TV commercial about the abused dogs begins to play? It’s still there even if you’re not watching.

You’ll find the answer in neuroscience.

Published research shows us that the brain values experiences. When our students have an experience that generates an emotional response, oxytocin is released. The oxytocin helps tag the experience as important and causes the brain to store the information in a way that makes it easily accessible.

And you thought oxytocin was just for childbirth.

Ok. So did I. But it turns out that oxytocin is one of the new frontiers in research related to how the brain learns. For example, one clinical trial at UCLA, “Oxytocin for Learning and Teaching”, https://clinicaltrials.gov/ct2/show/NCT02393443 is looking at achievement based on one of two conditions.

1. **Learning the information for a test.** A traditional approach.
2. **Learning the information to teach it to others.** A more social, experiential approach.

Investigators expect the learning-for-teaching group to retain more information than the testing group. Do you think they’re right?

What does that have to do with Health Science Education?

I think it tells us that your healthcare experiences have a place in teaching. A lecture about recognizing the symptoms of a stroke might be informative, but sharing a story of a time when you recognized and responded to those symptoms, and the positive patient outcome that resulted, may help your students remember the content just a little bit better.
Healthcare Communication Systems

We recently reviewed a health science instructional unit that included information on answering the telephone and how to respond when the patient rings the call bell, either by using the intercom at the nurse’s station or by going to the patient’s room.

Is this what you’re teaching?

Healthcare Communication Systems are Changing

How many different patient communication systems are available today? Hundreds? Exactly. And you certainly can’t teach them all in your classroom. What you can do is encourage your students to accept three important responsibilities.

1. Take responsibility for learning how to effectively operate the system that is used in your healthcare facility.
2. Assure that your patients understand how and when to use the system.
3. IF, for whatever reason, you have a patient who is unable to effectively use the system, figure out an alternative.

There are many different new systems your students might encounter. Some of the systems:

- Can be clipped as a tiny communication device on the caregiver’s scrubs.
- Have different buttons for the patient to press, such as routine or emergency.
- Allow continuous display of the nurse/assistant location.
- Allow secure transmission of text, videos and photos to the patient’s family or loved ones.
- And much more!

A good way to introduce students to the future of patient call light systems is by showing them a short video on YouTube at https://youtu.be/TRz5sh-yg5s. The video, MedTV: Patient Experience on Demand, introduces students to the possibilities they might encounter in their future careers.

Lights, Camera, Teach?

Remember how challenging it was those first few weeks when you started teaching? Eventually, being face-to-face in front of a classroom of students was your comfort zone.

Developing a similar level of comfort with online learning depends a lot on your ability to create a safe and comfortable environment that is conducive to learning. If you don’t feel confident, your students won’t either.

Here are some tips to build your confidence.

1. Take pride in your personal appearance. Experts tell us there is a direct correlation between your appearance and how you think, feel and teach.
2. Teach from a lectern. What?! That may seem weird but it will project expertise to your students and help you feel more confident.
3. Limit your camera time. Full screen illustrations work well, or bullet points. A talking head for 55 minutes is usually less effective.
4. Control your background. You can blur the background in a Teams meeting. Keep the focus on you and not what is going on behind you.
There are many games in *Learning Games: Leadership* that can be adapted for the virtual classroom. One of our favorites is Four Corners.

Start by creating a screen with the four corners.

Explain to students that you will share a statement. They should type their opinion about the statement in the chat function and be prepared to press enter on your signal.

After all students respond on your signal, call on specific students to unmute their microphones and explain their position.

**What are the statements?**

You will create statements based on your unit of study. For example, if you are teaching communication you might pose this opinion:

*Patients should be encouraged to record conversations with their doctors on their cell phones.* That should produce a lively discussion.

Or perhaps you are teaching a unit on body mechanics. Your statement might be: **If you see a fellow care team member NOT using correct body mechanics, you should tell him or her how to do it correctly.**

**Why is this game a good way to learn?**

1. It’s engaging and encourages all students to actively respond. (If they don’t respond on cue, you might guess they aren’t paying attention or maybe left their computer.)
2. It forces students to think about the content they should be learning. Thinking is essential for learning.
3. It’s fun. The more creative you are with your statements, the more fun your students will have with the game.
4. It’s safe. Students can choose the neutral zone if they don’t want to respond. *We usually don’t call on someone in the neutral zone, although it is OK to ask if anyone in the neutral zone wants to unmute and explain their position.*
The face-to-face classroom is good. The virtual classroom is bad. Right?

It depends.

Is every teacher in your school a great teacher? Probably not. Our experience from many years of school visits tells us that health science teachers are always among the best, but that isn’t true of all teachers in other content areas.

The truth is, a good classroom teacher is probably a good virtual teacher because the good teacher figures out how to create a successful virtual learning environment. They just do.

Students in a virtual classroom can learn at their own pace, speeding up and slowing down as desired.

When students watch an instructional video on their computers, they can stop and go back to review anything they missed.

Missed instruction (when a student is absent) in a virtual classroom really isn’t missed, especially if you record your online lesson, it’s still there for the student to complete.

Virtual learning has it’s challenges. Health Science teachers find ways to make virtual learning – good learning.

Another GREAT Strategy for improving virtual instruction!

We call it the empathy strategy. Learn how it feels to be on the receiving end of virtual learning by registering for the Virtual National Health Science conference. You will:

• Have access to great health science content.
• Gain first-hand experience of virtual teaching formats and strategies that are most effective.
• Network (virtually, of course) with your colleagues from across the United States.

The Health Science Educator, published by CreativEd Services in collaboration with NCHSE, is a free monthly newsletter for health science professionals at the middle school, high school and collegiate levels.

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We’d love to hear from you! Send us an email and share your experience with using the ideas in this newsletter or let us know what you would like to see in future issues.