Chapter 5. Teaching methods and techniques in Advanced Practice Nursing education

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Introduction

APN education requires pedagogical approaches that support deep understanding of the advanced nurse role, critical reasoning, and the ability to act autonomously in complex clinical settings. Contemporary higher education emphasises learner-centred approaches, positioning students as active participants in knowledge creation. In APN education, this orientation is closely linked to the development of advanced clinical competence, reflective practice, interprofessional collaboration, and professional identity.

This chapter offers a theory-informed and practice-oriented overview of key teaching methods in APN programmes. It introduces core principles of learner-centred and active learning and focuses on three central strategies: simulation-based learning (including the Objective Structured Clinical Examination, OSCE), virtual reflection groups, and structured self- and peer reflection. Each method is discussed in relation to educational theory, with examples and considerations of strengths and limitations. While these approaches are widely used, they represent only a selection of relevant pedagogical strategies within APN education.

Keywords: active learning, simulation-based learning, reflective practice, objective structured clinical examination (OSCE)

Foundational concepts in learning-centred higher education

Learner-centred approaches recognise that students arrive with diverse professional backgrounds, experiences, and expectations. Teaching in this tradition emphasises autonomy, critical engagement, and responsibility for learning. Learners are encouraged to construct meaning and integrate theoretical insights with their expanding clinical expertise (Berg & Lepp, 2023; Oyelana et al., 2018).

Active learning strengthens this orientation by situating students in processes that require analysis, discussion, and application. Rather than absorbing information, learners must engage with problems, interrogate evidence, and evaluate competing interpretations (Biggs & Tang, 2011; Oyelana et al., 2022). Situated learning theory further supports APN pedagogy by recognising that professional knowledge develops through participation in authentic contexts (Lave & Wenger, 1991). As APN students engage in clinical reasoning, simulation, and collaborative reflection, they become members of a "community of practice", gradually acquiring the norms, values, and competencies of advanced practitioners (Wenger, 1998).

Finally, reflective practice (Schön, 1983) and experiential learning theory (Kolb, 1984) provide essential frameworks for understanding the learning processes that underpin clinical decision-making. Reflection transforms experience into insight, enabling APN students to refine their judgment and integrate professional knowledge with personal and contextual understanding.

Simulation-based learning in Advanced Practice Nursing education

Simulation-based learning (SBL) has become a central pillar of APN education because it provides structured, immersive experiences that replicate the complexity of clinical practice. Through simulated encounters, students learn to navigate uncertainty, exercise clinical reasoning, and act with professional confidence before entering real patient settings (Hussein & Favell, 2022). High-fidelity simulation supports the development of advanced assessment skills by offering realistic physiological cues and dynamic patient responses (Onello & Regan, 2013; Warren et al., 2016). However, simulation is not only a technical exercise; it is a pedagogical design grounded in experiential and situated learning. Students engage in the full cycle of preparation, experiential participation, structured debriefing, and conceptual consolidation.

Reflection plays a particularly significant role in APN education. Drawing on Schön's (1983) notion of reflection-on-action, debriefing enables students to examine their responses, articulate their clinical reasoning, and identify alternative strategies. It also provides the space for educators to guide students toward deeper understanding, refine clinical priorities, and integrate research evidence into their interpretations.

The Objective Structured Clinical Examination (OSCE): A structured assessment within a reflective pedagogy

Although often viewed primarily as an assessment method, the OSCE plays a dual role in APN education. It functions both as a measure of competence and as a pedagogical tool that shapes students' understanding of what constitutes advanced nursing practice. The OSCE's structured nature – using standardised scenarios, trained assessors, and explicit criteria – supports fairness and reliability while also reinforcing professional norms (Biggs & Tang, 2011). Based on Foucault's (1977) insights into the examination as a mechanism of professional discipline, the OSCE can be understood as a site where expectations of APN behaviour, reasoning, and competence are articulated and normalised. Yet, far from being merely a controlling mechanism, the OSCE provides meaningful learning opportunities when integrated with preparation, simulation practice, and reflective feedback.

In APN degree programmes, OSCEs often assess complex clinical encounters that require more than technical proficiency. Students must demonstrate the ability to synthesise patient information, make evidence-informed decisions, communicate clearly with colleagues, and assume leadership when necessary. The combination of simulation practice and OSCE performance thus forms a coherent pedagogical strategy that links experiential learning with formal assessment.

An example from APN teaching illustrates this integration: students receive a scenario involving an unconscious patient encountered during a home visit. Before entering the simulation room, they review relevant assessment checklists and analyse the information provided. During the OSCE, the student must conduct a structured physical assessment, verbalise clinical reasoning, plan appropriate interventions, and address the ethical and relational aspects of teamwork – such as negotiating with a

colleague who minimises the situation. Following the performance, a reflective conversation invites reflection on clinical priorities, decision-making, collaboration, and potential alternative actions. In this way, the OSCE becomes not merely a final test but an extension of the learning process.

Virtual Reflection Groups (VRGs): developing analytical thinking and professional identity

VRGs provide a structured environment for students, supervisors, and educators to analyse complex clinical experiences collaboratively. They reflect the social nature of learning that Wenger (1998) describes: participants engage in collective meaning-making, negotiate different perspectives, and challenge assumptions through shared dialogue. VRGs have proven especially valuable in APN programmes, where students must integrate theory and practice across diverse settings. Research demonstrates that well-structured VRGs enhance students' critical thinking, promote responsibility for leading professional discussions, and cultivate a sense of belonging within the clinical learning environment (Solberg et al., 2022; 2023). Over time, students assume increasing responsibility for shaping these sessions. Early in their practice placements, educators typically facilitate discussion and guide reflection. As students' confidence and competence grow, they lead the sessions themselves, formulate analytical questions, select relevant research literature, and moderate professional dialogue. This gradual shift supports the development of leadership – a key APN competency – and strengthens students' capacity to articulate clinical reasoning with clarity and authority.

Self-Reflection and the development of Advanced Practice Nursing competency

Self-reflection is indispensable in APN education because it supports metacognitive awareness, promotes lifelong learning, and enhances the integration of professional knowledge with personal values and experiences. Drawing on Schön (1983), self-reflection deepens students' capacity to evaluate their actions, question routine practices, and recognise how they respond to uncertainty or complexity.

However, research shows that reflection cannot be taken for granted. For many students, particularly those with prior training grounded in biomedical or task-oriented traditions, reflective thinking may feel unfamiliar or challenging (Emery et al., 2022). Educators therefore play a crucial role in scaffolding reflective practice by modelling it, clarifying expectations, and selecting evidence-based approaches (Lim et al., 2022). Different reflective modalities such as written portfolios, guided debriefing, narrative approaches offer varying benefits. What matters most is that reflection is implemented intentionally and consistently, aligned with the competencies of advanced practice and supported by an environment that values honesty, uncertainty, and intellectual curiosity.

Peer Assessment as collaborative inquiry and professional formation

Peer assessment extends self-reflection by asking students to evaluate each other's work based on agreed criteria. When implemented well, peer assessment becomes a collaborative learning process that strengthens critical thinking and fosters evaluative judgement. These have been found to be an essential capability for advanced practitioners who must routinely appraise clinical evidence, decisions, and teamwork (Høybakk et al., 2022).

Peer assessment is grounded in social constructivism and communities of practice: through dialogue and feedback, students negotiate shared understandings of quality, professional behaviour, and clinical reasoning (Wenger, 1998). It also resonates with Foucault's (1977) argument that professional norms are constructed through shared practices of observation and evaluation. In APN programmes, peer assessment may be used in simulation rehearsals, written reflections, or collaborative case analysis. When students articulate constructive feedback, they refine their own understanding of advanced practice. However, peer assessment requires careful preparation. Without clear expectations, training, and support, students may offer overly cautious feedback or feel insecure about evaluating peers. When structured intentionally, however, peer assessment promotes accountability, strengthens learning communities, and cultivates leadership.

Beyond the methods discussed

Although this chapter has focused on simulation, OSCEs, VRGs, self-reflection, and peer assessment, APN education encompasses a broad range of methods that can be combined to create coherent and meaningful learning experiences. Problem-based learning, flipped classroom approaches, team-based learning, and digital simulation each offer distinct contributions to the development of advanced competencies. The choice of method should be guided by constructive alignment, the complexity of learning outcomes, and the characteristics of students and clinical contexts.

Conclusion

Effective APN education requires pedagogical approaches that cultivate advanced reasoning, reflective capacity, and professional identity. The methods discussed in this chapter share a commitment to active, situated, and collaborative learning. Simulation, particularly when integrated with OSCEs, offers authentic experiences that mirror the complexities of advanced clinical practice. Virtual reflection groups promote in-depth analysis and professional dialogue. Structured self-reflection and peer reflection, in turn, strengthen metacognition, feedback literacy, and evaluative judgement. When combined within a coherent curriculum, these approaches support APN students in becoming competent, confident, and reflective practitioners capable of leading and advancing nursing practice.

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