

Sherri Melrose PhD, RN

Teaching Portfolio

Beginning with My Beliefs

I believe that the nurses and other practicing health professionals I teach are self-directed, reflective practitioners who are able to think critically. The innovative approaches I seek to implement, both in my clinical and online classrooms, extend and build on learners' strengths. These approaches affirm students' own efforts to learn and support them towards constructing relevant, meaningful new knowledge. Beyond my own classroom, I strive to make these innovative approaches available to an international audience of health educators.

Two of my peer-reviewed e-books describe a series of creative, student-centered activities that can be readily used in a variety of different clinical and academic settings. The activities are grounded in educational theory and developed through my ongoing program of educational research. *Creative Clinical Teaching in the Health Professions* (<http://epub-fhd.athabasca.ca/clinical-teaching/>) presents evidence-informed clinical teaching strategies that have been successfully implemented by health educators from across Canada. *Teaching Health Professionals Online: Frameworks and Strategies* (<http://www.aupress.ca/index.php/books/120234>) outlines online teaching strategies and situates each technique within the context of a particular theory of learning. These e-books are open educational resources that provide clinicians with the teaching tools they need to instruct their students from post-secondary programs of training in health disciplines.

Introduction and Context

Throughout my career as a clinical and academic educator of nurses and other health professionals, I have grounded my teaching in the assumption that learners bring valuable existing knowledge to any educational experience. I am interested in understanding how people learn and how I can best support them towards constructing the additional knowledge they need. I am a Registered Nurse and Associate Professor in the Faculty of Health Disciplines at Athabasca University, Canada's Open University. My faculty page (<http://fhd.athabasca.ca/faculty/smelrose/>) introduces my teaching interests and includes a short video in which I comment on my ongoing program of educational research.

In this portfolio I discuss innovative teaching approaches that invite teachers to listen to students and constructivist innovations that build on what students already know. I highlight how my process of disseminating these approaches through open educational resources (OER's) provides an international audience of post-secondary health educators with creative, evidence-based teaching tools that work.

Listening to Students

My teaching philosophy centers on the unwavering belief that learners bring experience, wisdom and passion to their learning. In my practice as a clinical instructor with undergraduate student nurses, and

as an online instructor with graduate students in the health disciplines, I enjoy daily reminders of the wisdom my students bring to their learning. As an educator, my goal is to implement teaching approaches that affirm students' own efforts to learn and to support them towards constructing relevant, meaningful new knowledge.

My health disciplines students may be novice practitioners who are just beginning to learn about their chosen profession, or they may be experienced clinicians continuing their education through graduate study. While their backgrounds, experiences and levels of knowledge may differ, my students all have personal goals they are striving to achieve and unique challenges they are overcoming. To translate my teaching philosophy into practice, I begin with the steps of listening carefully to students and inviting them to share what the experience of learning looks like through their own eyes.

Hearing the Voices of Student Nurses

Learning in Clinical Settings

In the following paragraphs, I outline educational research I conducted that was geared to listening to the voices of student nurses as they completed clinical or practicum experiences in health care settings. Hyperlinks to published studies are included, with complete references provided in the section below titled "Scholarly Publications Along the Pathway to My Teaching Innovations."

During one of their practicums, where Registered Nurse (RN) students worked with clients experiencing mental health issues, learners expressed how much they valued non-evaluated discussion time with their instructors (Melrose & Shapiro, 1999; <http://hdl.handle.net/2149/1365>). Opportunities for students to clarify their own personal and professional growth were particularly important to them (Melrose & Shapiro, 2001; <http://hdl.handle.net/2149/1502>). Knowing the importance students place on non-evaluated discussion time and conversations about how they view their learning, I was inspired to incorporate strategies to support these opportunities into my clinical teaching.

When I listened to the voices of Licensed Practical Nurse (LPN) students advancing their education to become RNs, I learned that they were seeking out mentors in their workplace to overcome barriers they were facing (Melrose & Gordon, 2011; <http://hdl.handle.net/2149/2877>). I also learned that they experienced feelings of loss as they transitioned into a new professional role (Melrose & Gordon, 2008; <http://hdl.handle.net/2149/1534>). Creating opportunities to articulate previous accomplishments bolstered their confidence (Melrose, 2010; <http://hdl.handle.net/2149/3109>). Feeling a sense of collegiality with staff during practicum experiences was especially valuable (Gordon, Melrose, Janzen & Miller, 2013; <http://hdl.handle.net/2149/3377>). For this group of learners, suggesting that they were 'becoming nurses' (when they felt their existing knowledge already legitimized their identity as nurses) was not helpful in socializing them towards a new professional role (Melrose, Miller, Gordon & Janzen, 2012; <http://hdl.handle.net/2149/3166>)

Developing independence was difficult for these students as they transitioned to a more complex nursing role (Melrose & Wishart, 2013; <http://hdl.handle.net/2149/3383>). In this area, instructors can expect that students may need additional support. Internationally, programs providing opportunities for LPNs to become RNs are limited. This educational research project used a grounded theory methodology to understand students' experiences in a unique and small group.

Hearing the Voices of Students in Online Graduate Programs

Learning in Asynchronous Settings

In my practice as an online educator, I also developed educational research projects that explored graduate students' perceptions of their learning experiences. As with my work listening to students in clinical settings, my intention with online graduate learners is always to listen carefully to my students and then respond with teaching approaches that support their needs and efforts. Two areas that I investigated in depth were how online graduate students seek help when they are struggling, and the kinds of instructional behaviours that communicate immediacy or friendliness.

Help-seeking. One study investigated online graduate students' activities related to help-seeking. This study revealed that a primary source of help for them was fellow students in their classes (Melrose, Shapiro & LaVallie, 2005; <http://hdl.handle.net/2149/1371>). Similarly, participating in discussion groups helped them feel successful (LaVallie & Melrose, 2005; <http://hdl.handle.net/2149/1370>). Creating these student-to-student connections became an important aspect of my teaching.

The importance of instructional immediacy. We explored online graduate students' perceptions of instructional immediacy. Most prominent was the importance to students of observing their instructors demonstrating and modeling the kinds of interactions expected in classes (Melrose & Bergeron, 2006; <http://hdl.handle.net/2149/1368>). While teachers in face-to-face classrooms often demonstrate immediacy non-verbally through facial expressions and body language, teachers in text-based online learning environments can usually only project immediacy through written messages (Melrose, 2009; <http://hdl.handle.net/2149/2316>). In responses, I make every effort to avoid short terse comments and to ensure that the language in my written messages communicates friendliness.

Constructivist Approaches That Build on What Students Already Know

As the preceding discussion illustrates, my approach to creating educational innovations for my own use or use by other teachers begins by listening to students. Next, equipped with a beginning understanding of what students already know, I imagine and develop strategies that will fit well with their circumstances, their needs, and the autonomous learning activities they may already be engaged in.

Undergraduate Teaching Strategies Clinical Teaching Innovations

Clinical Teaching Innovations

After learning how much my undergraduate nursing students valued non-evaluated discussion time with their instructors and opportunities to clarify their own growth during their practicums, I developed a clinical teaching guide for other teachers (Melrose, 2002; <http://hdl.handle.net/2149/1358>). Examples of strategies suggested in the guide include

- phoning students before the course begins
- co-constructing personal learning plans
- posting sign-up sheets for talk-time appointments
- framing evaluative comments positively

- closing the course by identifying unanswered questions.

After reading the guide, a new instructor thanked me for providing *“simple suggestions that help me become a more caring teacher.”*

In another publication sharing clinical teaching strategies that ‘work,’ I also encourage instructors to initiate discussions about the individual barriers their students are facing (Melrose, 2004; <http://hdl.handle.net/2149/1367>). Sharing with their teachers how they are coping with traveling significant distances to attend practicums and balancing their work, family and study commitments can feel affirming to students. At a national conference for nurse educators, a participant showed me an in-service manual from her institution. She pointed out that my article had been included in this manual and that she and her colleagues found it useful.

An additional approach that I find helpful in building on what students already know is to use advance organizers such as mind maps and concept maps as demonstration and evaluation tools (Melrose, 2013; <http://hdl.handle.net/2149/3387>). Mapping information can help students visualize priorities. Maps can be used by teachers and clinicians as demonstration tools when explaining aspects of patient care. They can also be used by students as evaluation tools to showcase their understanding of a topic. If critical information has not been included on a student’s concept or mind map, teachers can see at a glance areas needing remediation. Both teachers and students have commented that this publication provides an easy-to-understand explanation of mapping. This publication has been cited by authors as far away as Iran and China.

Further, after learning that developing independence was particularly difficult for LPN nurses transitioning to the role of RN, I developed a portfolio assignment as another evaluation tool (Melrose, 2006a; <http://hdl.handle.net/2149/1362>). Suggestions from this publication were later referenced in the British textbook *Study Skills for Nursing and Midwifery Students*.

One artefact in the portfolio assignment required students to collaborate with health care staff and construct a case study. Directions led students to begin their work with a staff member but to complete the case with minimal, if any, further staff input. Another artefact had students imagine they were having lunch with theorists they had learned about in the course (Melrose, 2006b; <http://hdl.handle.net/2149/1385>). This activity invited them to use their own words to describe the advice and direction that theorists might provide. Feedback from students, instructors and clinical staff has been positive with this portfolio activity. Authors citing this publication include two from the field of business and three from the field of nursing education.

The following comments, from anonymous end-of-course student evaluations of clinical courses I taught, reflect the positive reception of my innovations by my undergraduate students.

- *I really feel that I have a better, and definitely bigger, picture of what the world of mental health looks like. The learning strategies and assignments touched on all the major areas of mental health which helped me to broaden my view.*
- *I had fun with the activities in this course. Thank you for taking the extra time to get to know me Sherri.*
- *One day I would be extremely proud if anyone ever held me in the same esteem as I see you.*

Graduate Teaching Strategies

Connecting Asynchronous Learners

Following through with my research findings that other students in their classes are a primary source of help for online graduate students in asynchronous learning environments, I developed innovations to create connections among learners. For example, at the curricular level, I called for allocating participation marks to students who discuss course topics in forums (Melrose, 2006c; <http://hdl.handle.net/2149/1361>).

At the instructional level, at the beginning of each class, I collate students' introductory postings and pictures into a 'Yearbook.' At a glance, students find information about who their classmates are, where they come from and what their interests are. The following comments from recent anonymous course evaluation data are typical of how this innovation is consistently appreciated by online graduate students:

- *I liked the yearbook strategy which captured everyone's pictures and introductions, as this helped us to better get to know one another and be aware of each other's respective backgrounds.*
- *[Sherri's] use of the yearbook was neat, it was nice to see each individuals faces and a brief description about them.*

As a way of connecting asynchronous online learners with like-minded others who share similar clinical interests, I worked with faculty colleagues to create virtual spaces where students could gather outside of their classes (Getzlaf, et al., 2012; <http://hdl.handle.net/2149/3351>). While university students in brick and mortar learning environments usually have communal spaces where they can gather and enjoy informal conversation, students in online programs typically do not have access to casual gathering spaces.

Our faculty group participated in the gathering spaces and we assigned student facilitators to support the discussions. We surveyed participants to evaluate the innovation. Responses indicated that although busy health care practitioners had only minimal time to devote to optional program activities, those able to take part in online discussions found the innovation very valuable. The impact was reflected in survey response comments such as *"I enjoyed the opportunity to connect with other clinicians across the country;"* and *"the space was a safe comfortable place to get to know other graduate students."* Another survey response indicated that the participant *"felt open to be very honest"* when sharing experiences with other graduate students and faculty members. The virtual gathering spaces provided program-wide opportunities for student-to-student interactions that would otherwise be missed in online courses.

Another innovation that I designed to connect asynchronous learners with one another invited alumni or senior students to dictate audio messages of encouragement to junior students or those just beginning their studies (Gordon & Melrose, 2011; <http://hdl.handle.net/2149/3138>). The dictated audio files were subsequently embedded in an orientation manual for undergraduates in a post-licensure program for nursing students at Athabasca University. Whenever students accessed their online course, they could literally listen to the voices of fellow students who had successfully completed most or all of their program. Although data measuring student satisfaction with the orientation manual was not collected, anecdotal comments indicate that this innovation is an excellent fit for this specific group of

busy adult learners, who may want to listen to the experiences of fellow students but have limited time and opportunity to do so. One student stated that listening to the messages helped her connect to classmates *“without having to spend time I don’t have.”*

This innovation was so well received by undergraduate students that it was incorporated into an orientation manual used in an Athabasca University graduate program as well (Melrose & Swettenham, 2012; <http://hdl.handle.net/2149/3332>). While I also include in my asynchronous online classes my own ‘me-to-you’ video messages and a variety of online multimedia presentations developed by experts, students have commented that these simple messages from successful peers have been especially inspirational. In a class posting, one student wrote that she *“would absolutely [implement a particular strategy].”* Another student extended the discussion by commenting that she valued *“just knowing they [the senior students] wanted to give us suggestions.”*

Modeling Immediacy

Findings from another of my educational research projects revealed that when learners work collaboratively in small groups, they progress through predictable stages. Student participants in this study consistently reported that an instructor’s facilitation comments such as *“I’m here if you need me”* communicate immediacy, presence and a willingness to help (Melrose & Bergeron, 2007; <http://hdl.handle.net/2149/1369>). When I present the importance of this one-line message at conferences, attendees express appreciation for how this strategy is so easy to use and yet can be so impactful to learners.

The following comments, from anonymous end-of-course student evaluations of my online graduate courses, illustrate how students feel about the innovative strategies I integrate into my teaching.

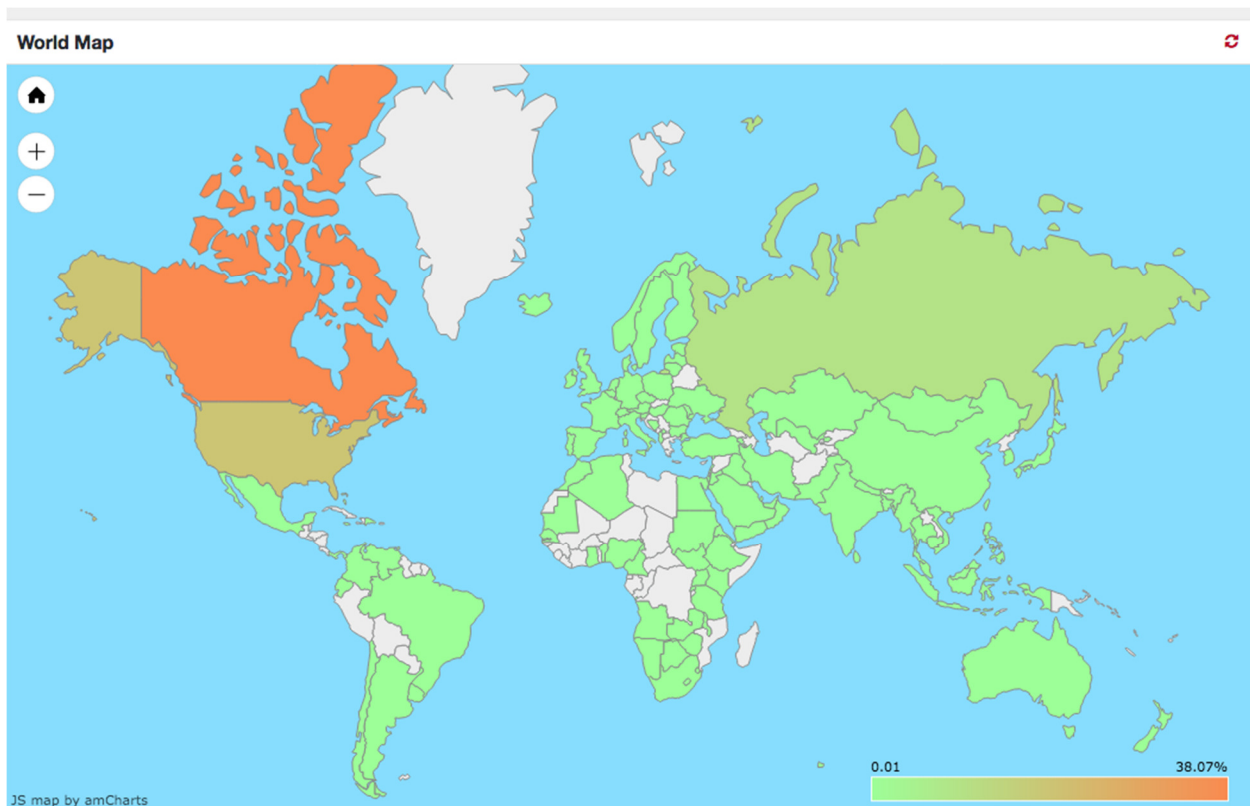
- I very much enjoyed how Sherri created a warm, welcoming online learning environment. One of the strategies used to create this type of environment which I liked, was Sherri’s video introduction which not only gave us the opportunity to see her as she warmly welcomed us, but it also gave us insight on the direction of the course. I feel that this helped decrease any anxieties that some may have had at the beginning of the course. I also very much appreciated the example assignments as well as the additional resources provided that were not included in the course content.(i.e. puzzles, journals, youtube videos, etc.)”*
- Sherri is an exceptional instructor, one of the best I have had in post-secondary*
- My instructor this term was Sherri Melrose. I do not feel I can put into words how excellent I think she is as an online educator. She is absolutely fabulous. There is something very humble about her, she loves sharing her personal experience and past stories. She makes a point to grade each student fairly and treat them equally. She helps me make connections between previously learned material and new material. In her assignment feedback to students, she is very thorough, making sure to not only tell you areas you need to work on but the areas you did really great in as well. She has a great way of opening each of the discussion units and summarizes each unit very well. I can honestly say she has had such a positive influence on me as an adult learners. How I wish she could teach all of my remaining courses!!*

As a more quantitative example, all 16 students in the one session of my online graduate *course* Nursing 625 (Personalizing Learning through Collaborating and Mentoring in Health Care Environments) rated my instruction overall as *Excellent*.

Open Access E-Books to Share Innovations

As I continued to receive positive feedback on my innovations from students, colleagues and those reading my peer-reviewed publications, I decided that it was important to organize the approaches and make them freely available to international audiences. Working with colleagues who shared my passion for innovative teaching, I created a series of open access e-books for health educators.

One of these peer-reviewed e-books, *Creative Clinical Teaching in the Health Professions* presents evidence informed clinical teaching strategies that health educators from across Canada have successfully implemented (Melrose, Park & Perry, 2015; <http://epub-fhd.athabascau.ca/clinical-teaching/>). One measure of this e-book's impact is the numbers of page views and downloads. In one 90 day period, (2016-10-28 to 2017-01-25), the book had 16,563 page views by humans from 2,940 unique IP addresses, with 485 downloads of the ebook file. This map, with non-access areas in grey, illustrates how the information is reaching people around the world.



Peer reviewers, commissioned pre-publication by the Canadian Association of Schools of Nursing (CASN), provided the following comments:

- *The text is easy to read and follow and would be a great addition to the course on Clinical Instruction that CASN hosts. There are great hands-on examples and templates and is great to see the sections that include the input from the interest group members. It's also interesting that the title is broader than nursing. We had a lab tech join the course because she couldn't find a course in her field and I think she is finding it useful, so this text can also be used by any clinical instructor in the health field, which is great.*
- *A great and necessary addition to the resources for clinical teachers. Very practical examples are helpful and relevant. The Canadian perspective is welcomed.*
- *The approach to learning on which the book is based is clearly articulated and reflects a current and a forward thinking view. This perspective is unique to books for health care educators, but especially as it relates to clinical teaching.*
- *The topics covered are reasonable and it's a good "quick" read or perhaps overview of important considerations as a Clinical Instructor.*

This e-text was selected for inclusion in the BCcampus OpenEd textbook project and currently has an overall online rating of 4.6 out of 5. Faculty reviews included the following comments:

- *The amount of information provided is enough to give the reader a quick understanding of each topic that is just enough to make the practical tips offered comprehensible and situated within their proper context.*
- *The text covers relevant concepts applicable to the clinical teaching environment and contains helpful "From the Field" ideas for bringing innovation and creativity to the process of providing orientation to the clinical area. The provided review of theoretical foundations of clinical learning was applicable to clinical teaching and succinct. This is a welcome resource for novice educators.*

A second peer-reviewed e-book, *Teaching Health Professionals Online: Frameworks and Strategies*, outlines online teaching strategies and situates each technique within the context of a particular theory of learning (Melrose, Park & Perry, 2013; <http://www.aupress.ca/index.php/books/120234>).

Peer reviews of this book, commissioned pre-publication by the publisher, included the following comments:

- *The [e-book] makes a very important contribution in two ways. First, teaching strategies presented in the book are aligned clearly with the theories that underpin them. One of the weaknesses in the field of higher education teaching is that strategies are presented as atheoretical; thus, educators do not make the link between theories and strategies, which can lead to a lack of coherence in teaching. The other significant contribution that the book makes is to show how a potpourri of theories and strategies can be used to guide teaching. Often in the field, one theory is presented as being the answer to teaching and learning when in practice it takes a range of theoretical perspectives to work in such a complex context as health education.*
- *This is a fabulous book, one that we so need in my teaching unit. Publish it soon please!*

Both these two peer-reviewed e-books have been adopted as course texts in three online graduate teaching courses at Athabasca University. Students can access these e-books, at no cost, online and on Smartphones, tablets and e-readers. Previous teaching texts were costly and dominated by American content. In course evaluation surveys, students express appreciation that their texts are free and rich in Canadian content. As open educational resources, these e-books provide clinicians with the teaching tools they need to instruct students in post-secondary health disciplines programs.

Finally, *Open Educational Resources* is a compendium of interactive online activities that can assist health educators in learning more about educational terminology (Melrose & Swettenham, 2016; <http://epub-fhd.athabascau.ca/oer/>). The activities include interactive mind maps, puzzles, case studies and visual aids. As *CC-BY-NC-SA 4.0 international* licensed resources, all the resources included in the e-book are freely available for educators to use. All source files have been included with the activities so they can be modified and adapted.

Conclusion

This portfolio discussed teaching approaches that students, fellow teachers and readers of my published works have viewed as innovative. I emphasize that none of the innovations described are my creations alone. I listened to students and learned with and from them. I also listened to and observed exemplary educators, and they inspired and influenced my work.

Through a process of hearing the voices of health professions students in clinical and online learning environments, I developed constructivist teaching approaches that extend and build on what learners already know. The approaches are student-centered and illustrate practical strategies that teachers can use to enhance learning for students in both undergraduate and graduate programs.

The innovations were organized into a series of e-books, which are available as open educational resources. Reading the e-books will support health educators towards making more informed decisions in their teaching practice. The e-books are currently being used as course texts in graduate teaching courses at Athabasca University, Canada's Open University.

Making required course texts available to students online and at no cost has the potential to impact post-secondary education in several ways. Benefits for students include easy access and saving money. Benefits for faculty include capacity building. For example, reading an OER ebook may cue faculty to create their own e-book course text. Beyond the academic community, e-books such as those I co-created offer resources to an international audience of health educators who might not otherwise have access to current and innovative practices. That access is crucial because many of these health educators do not have formal training as educators. They are often the health practitioners who are tasked with training new generations of health professionals.

Scholarly Publications Along the Pathway to My Teaching Innovations

Getzlaf, B., Melrose, S., Moore, S., Ewing, H. L., Fedorchuk, J. & Troute-Wood, T. (2012). Online Interest Groups: Virtual Gathering Spaces to Promote Graduate Student Interaction. *International Journal of Online Pedagogy and Course Design* (IJOPCD), 2(4), 63–76. doi:10.4018/ijopcd.2012100105. <http://hdl.handle.net/2149/3351>

- Gordon, K. & Melrose, S. (2011). Peer E-Mentoring Podcasts in a Self-Paced Course. *Academic Exchange Quarterly*, 15(3), 145-149. <http://hdl.handle.net/2149/3138>
- Gordon, K., Melrose, S. Janzen, K. & Miller, J. (2013). Licensed Practical Nurses becoming Registered Nurses: Conflicts and responses that can help. *Clinical Nursing Studies*, 1(4), 1–8. <http://hdl.handle.net/2149/3377>
- LaVallie, C. & Melrose, S. (2005). Skills for Succeeding in Online Graduate Study. *Academic Quarterly*, 9(3), 176–181. <http://hdl.handle.net/2149/1370>
- Melrose, S. (2002). A clinical teaching guide for psychiatric mental health nursing: A qualitative outcome analysis project. *The Journal of Psychiatric and Mental Health Nursing*, 9(4), 381–389. <http://hdl.handle.net/2149/1358>
- Melrose, S. (2004). What works? A personal account of clinical teaching strategies in nursing. *Education for Health*, 17 (2), 236–239. <http://hdl.handle.net/2149/1367>
- Melrose, S. (2006a). Creating a psychiatric mental health portfolio: An assignment activity that works. *Nurse Education in Practice*, 6, 288–294. <http://hdl.handle.net/2149/1362>
- Melrose, S. (2006b). Lunch with the theorists: A clinical learning activity. *Nurse Educator*, 31(4), 147–148. <http://hdl.handle.net/2149/1385>
- Melrose, S. (2006c). Facilitating help-seeking through student interactions in a WebCT online graduate study program. *Nursing and Health Sciences*, 8, 175–178. <http://hdl.handle.net/2149/1361>
- Melrose, S. (2009, January). Instructional immediacy online. In P. Rogers, G. Berg, J. Boettcher, C. Howard, L. Justice & K. Schenk (Eds.). *Encyclopedia of Distance Learning*, 2nd ed., Vol. III (pp. P1212–1215). Hershey, PA: Information Science Reference. <http://hdl.handle.net/2149/2316>
- Melrose, S. (2010). From vocational college to university: How one group of nurses experienced the transition. *Journal for the Advancement of Educational Research*, 6(1), 88–97. <http://hdl.handle.net/2149/3109>
- Melrose, S. (2013). Facilitating constructivist learning environments using mind maps and concept maps as advance organizers. *JPACTe Journal for the Practical Application of Constructivist Theory in Education*, 7(1). <http://hdl.handle.net/2149/3387>
- Melrose, S. & Bergeron, K. (2006). Online healthcare graduate study learners' perceptions of instructional immediacy. *International Review of Research In Open and Distance Learning*, 7(1). <http://hdl.handle.net/2149/1368>
- Melrose, S. & Bergeron, K. (2007). Instructor immediacy strategies to facilitate group work in online graduate study. *Australasian Journal of Educational Technology*, 23(1), 132– 148. <http://hdl.handle.net/2149/1369>

- Melrose, S. & Gordon, K. (2008). Online Post LPN to BN Students' Views of Transitioning to a New Nursing Role. *International Journal of Nursing Education Scholarship*, 5(1), Article 14. <http://hdl.handle.net/2149/1534>
- Melrose, S. & Gordon, K. (2011). Overcoming barriers to role transition during an online Post LPN to BN program. *Nurse Education in Practice*, 11(1), 31–35. <http://hdl.handle.net/2149/2877>
- Melrose, S., Miller, J., Gordon, K. & Janzen, K. (2012). Becoming socialized into a new professional role: LPN to BN student nurses' experiences with legitimation. *Nursing Research and Practice*. vol. 2012, Article ID 946063, 8 pages. doi: 10.1155/2012/946063. <http://hdl.handle.net/2149/3166>
- Melrose, S., Park, C. & Perry, B. (2013). *Teaching Health Professionals Online: Frameworks and Strategies*. doi:10.15215/aupress/9781927356654.01 Available at <http://www.aupress.ca/index.php/books/120234>
- Melrose, S., Park, C. & Perry, B. (2015). *Creative Clinical Teaching in the Health Professions*. Available at <http://epub-fhd.athabascau.ca/clinical-teaching/>
- Melrose, S. & Shapiro, B. (1999) Students' perceptions of their psychiatric mental health clinical nursing experience: A personal construct theory exploration. *The Journal of Advanced Nursing*, (30)6, 1451–1458. <http://hdl.handle.net/2149/1365>
- Melrose, S. & Shapiro, B. (2001). Learning psychiatric mental health nursing: One student's experience. *Partners in Psychiatric Health Care Journal*, (3)2, 23–32. <http://hdl.handle.net/2149/1502>
- Melrose, S., Shapiro, B. & LaVallie, C. (2005). Help seeking experiences of health care learners in a WebCT online graduate study program. *Canadian Journal of Learning and Technology*, 31(2), 5–21. <http://hdl.handle.net/2149/1371>
- Melrose, S. & Swettenham, S. (2012) Asynchronous online peer assistance: Telephone messages of encouragement in post licensure nursing programs. *Journal of Peer Learning*, 5(1), 1–5. <http://hdl.handle.net/2149/3332>
- Melrose, S. & Swettenham, S. (2016). *Open Educational Resources*. Available at <http://epubfhd.athabascau.ca/oer/>
- Melrose, S. & Wishart, P. (2013). Resisting, reaching out and re-imagining to independence: LPN's transitioning towards BNs and beyond. *International Journal of Nursing Education Scholarship*, 10(1), 1–7. <http://hdl.handle.net/2149/3383>

Additional Scholarly Activities Related to Teaching Innovations

(selected items only)

Peer-Reviewed Publications

Full list available at <http://auspace.athabascau.ca/handle/2149/1357>

- Bergeron, K. & Melrose, S. (2006). Online graduate study health care learners' perceptions of group work and helpful instructional behaviors. *Journal of Educational Technology*, 3(1) 74-80. <http://hdl.handle.net/2149/1503>.
- Gordon, K. & Melrose, S. (2011). Self-Mentoring: 5 practical strategies to improve retention of long-term care nurses, *Canadian Nursing Home*, 22(2), 14-19.
- Gordon, K. & Melrose, S. (2011). LPN to BN nurses: Introducing a new group of potential health care leaders, *e-Journal of Organizational Learning and Leadership*, 9(1), 121128. <http://hdl.handle.net/2149/2894>.
- Janzen, K., Melrose, S., Gordon, K & Miller, J. (2013). "RN means "Real" Nurse in a Post LPNBN bridging program. *Nursing Forum*, 48(3), 165-173. <https://www.ncbi.nlm.nih.gov/pubmed/23889195>.
- Lister, T. & Melrose, S. (2005, Summer). Practical teaching strategies for diabetes educators. *Diabetic Quarterly*, p 5. <http://hdl.handle.net/2149/1364>.
- Melrose, S. (2006). Mentoring online graduate students: Partners in scholarship. *Education for Primary Care*, 17(1), 57-62. <http://hdl.handle.net/2149/1363>
- Melrose, S. (2017). Pass/Fail and discretionary grading: A snapshot of their influences on learning. *Open Journal of Nursing*, 7(2), 185-192. http://file.scirp.org/pdf/OJN_2017021414432121.pdf
- Melrose, S. (1998). *An exploration of students' personal constructs: Implications for clinical teaching in psychiatric mental health nursing*. Unpublished PhD dissertation, 1998, University of Calgary, Alberta, Canada. <http://hdl.handle.net/2149/1377>
- Melrose, S. & Gordon, K. (2011). Overcoming barriers to role transition during an online Post LPN to BN program. *Nurse Education in Practice*, 11(1), 31-35. <http://hdl.handle.net/2149/2877>.
- Nevers, S. & Melrose, S. (2016). Posing questions to support and challenge: A guide for mentoring staff. *Internet Journal of Allied Health Sciences and Practice*, 14(3), Article 2. <http://nsuworks.nova.edu/ijahsp/vol14/iss3/2/>.
- Petillion, W., Melrose, S., Moore, S. & Nuttgens, S. (2016). Graduate students' experiences with research ethics in conducting health research. *Research Ethics*, 1-16. <http://journals.sagepub.com/doi/10.1177/1747016116677635>

Book Chapters

- Melrose, S. (2017 in press). Understanding and supporting professionals' own efforts to learn in online health disciplines courses. In B. Shapiro (Ed.), *Actions of their own to learn*. Dordrecht, Netherlands: Sense.
- Melrose, S., Moore, S. & Ewing, H. (2013). Chapter 5: Online interest groups for graduate students: Benefit or burden? In V. Wang (Ed.), *Advanced research in adult learning and professional development: Tools, trends, and methodologies*. Hershey, PA: IGI Global.

Funding Held

2016–2017 \$10,000 from Alberta Open Educational Resources OER Project for “Championing OER’s with Educators in the Health Professions: A Model Online Graduate Course.”

2014–2015 \$15,000 from Alberta Open Educational Resources OER Project for “Creative Clinical Teaching in Health Disciplines” e-textbook.

2014–2015 \$6,000 from Mission Critical Research fund, Athabasca University, for project titled: “Mentoring Post LPN to BN Students in Clinical Practicums: Instructional Approaches That Work.”

2014–2015 \$10,000 from BCCampus Open Access Textbook Publishing for textbook titled: “Supporting Individuals with Intellectual Disabilities and Mental Illness: What Caregivers Need to Know.”

2014–2015 \$2,000 from Collaborative Research Grant Initiative on Mental Wellness in Seniors and Persons with Disabilities to fund editorial support for online open access textbook project titled: “Supporting Individuals with Intellectual Disabilities and Mental Illness: What Caregivers Need to Know.”

2013–2014 \$6,000 from Academic Research Fund, Athabasca University, for project titled: “Supporting Persons with Developmental Disabilities and Mental Illness: Creating an Online Resource.”

2011–2013 \$24,975 from Collaborative Research Grant Initiative on Mental Wellness in Seniors and Persons with Disabilities for project titled: “Creating a Client Self Managing Plan for Mental Wellness: Strengthening Quality of Life for Persons with Cognitive Disabilities and Complex Needs.”

2011–2012 \$5,938 from Academic Research Fund, Athabasca University, for project titled: “This Worked for Me! Podcast Messages of Encouragement in Asynchronous Online Graduate Courses.”

2010–2011 \$28,434 SSHRC funding for project titled: “From Licensed Practical Nurse to Registered Nurse: Easing the Transition.”

2010–2011 \$5,816 from Academic Research Fund, Athabasca University, for project titled: Post LPN to BN Students’ Perceptions of their Professional socialization experiences.”

2008–2009 \$5,000 from Academic Research Fund, Athabasca University, for project titled: “Exploring Post-LPN to BN Learners’ Personal Constructions of the Registered Nurse Role: Phase Three.”

2007–2008 Application for SSHRC New Scholar funding for project titled: “From LPN to BN: How can online education ease the transition?” was not approved but was rated 4A, which means that if money became available, the project might be funded. This rating also entitled me to \$4000 from the Academic Research Fund, Athabasca University. Funds were used for the project titled: “Exploring PostLPN to BN Learners’ Personal Constructions of the Registered Nurse Role: Phase Two.”

2006–2007 \$4,432 from Academic Research Fund, Athabasca University, for project titled: “Exploring Post-LPN to BN Learners' Personal Constructions of the Registered Nurse Role: Phase One.”

2006 - \$4883 from Mission Critical Research Fund, Athabasca University, for project titled: “Graduate Students’ Perceptions of Participation in Online Clinical Interest Groups.” Research team included Dr. Bev Getzlaf, Dr. Helen Ewing, Dr. Sharon Moore and James Fedorchuk, Instructional Media analyst.

2005–2006 \$4,877 from Mission Critical Research Fund, Athabasca University, for project titled: “Exploring Online Graduate Study Learners’ Perceptions of Instructional Immediacy.”

2004–2005 \$1,900 from Mission Critical Research Fund, Athabasca University, for project titled: “Exploring Help-Seeking Experiences Among Health Care Learners in an Online Graduate Study Program.”

Awards and Nominations

Brightspace, nominated for the Brightspace innovation in Teaching and Learning award, 2017.

Canadian Association of University Teachers, nominated for the Distinguished Academic Award, 2015

Canadian Association of Schools of Nursing Award for Excellence in Nursing Education, 2011

Canadian Association of Schools of Nursing, nominated for the Pat Griffin Nursing Education Research Scholar award in 2011, 2012 and 2013

Western Region Canadian Association of Schools of Nursing 2009 Educational Innovation Award for project titled: “This Worked for Me! Audio Messages of Encouragement in an Online Course.”

Post-Secondary Teaching

Athabasca University, Calgary, Alberta

Assistant/Associate Professor, 2001 to Present

Course development and on-line distance instruction to graduate & undergraduate students

Authoring leadership and instruction in the following clinical and online courses:

- MHST 623 ‘Clinical Teaching and Learning’
- MHST 624 ‘Teaching in Health Disciplines’
- MHST 625 ‘Personalizing Learning through Collaborating and Mentoring in Health Care Environments’
- NURS 435 ‘Professional Practice in Community Mental Health Promotion’ Course Leader (tutor orientation/evaluation & on-line course maintenance)
- NURS 432 ‘Management and Leadership in Nursing Practice’ Instructor

Grant MacEwan College, Calgary, Alberta

Nursing Refresher Program Tutor, 2001 to 2002

Mentor Registered Nurses returning to practice

Mount Royal College, Calgary, Alberta

Sessional Nurse Educator, 1995 to 2000

Formal lecturing to eighty students

Facilitating psychiatric tutorial and clinical groups in the healthcare workplace

Foothills Hospital School of Nursing, Calgary, Alberta

Nurse Educator 1986 to 1995

Substituting "on call" to First, Second and Third Year Students on a daily or complete course basis

Grace Hospital Calgary, Alberta

Childbirth Education Instructor, 1986 to 1994

Independent contract to develop and implement programs for expectant parents, grandparents and siblings

Foothills Hospital School of Nursing, Calgary, Alberta

Nurse Educator 1980 to 1986

Formal lecturing to over one hundred students

Planning and implementing psychiatric rotation courses

Clinically supervising students in psychiatry and med-surgery

Athabasca University Professional Service

- Past Chair Athabasca University Ethics Review Board
- Past Chair, Centre for Nursing and Health Studies Expedited Ethics Review Committee
- Past Chair, Centre for Nursing and Health Studies Research Committee

Professional and Community Involvement

- Chair, CASN Canadian Nurse Educator Interest Group on Clinical Instruction
- Member, Canadian Association of Schools of Nursing Nurse Educator Certificate Exam Committee
- Member, Calgary Nursing Council
- Program Reviewer, SIAST psychiatric nursing degree program
- Member, CRNE Blueprint Committee (2008) for 2010-2015 Cycle
- Centre Representative, Western Region Canadian Association University Schools of Nursing
- Board Member, Calgary Community Kitchen Program
- Board Member, St David's United Church, Calgary

Editorial Contributions

- Feature Editor, Academic Exchange Quarterly AEQ Educating Healthcare Professionals
- Editorial Board Member, Nurse Education in Practice
- Editorial Board Member, i-manager's Journal on Nursing