

The Significance of Preplanning and Faculty Engagement in Curriculum Change

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Abstract

The challenge of curriculum renewal in nursing is ensuring a balance of rigor with a flexible, robust, evidence-informed curriculum. The Dalhousie University School of Nursing faculty used a unique and creative approach to develop a new nursing curriculum to achieve this. Extensive preplanning, utilization of small working groups, working through consensus building, and utilizing a project plan engaged faculty in all facets of the curriculum development. Draft plans were developed, reviewed, and revised by all faculty through multiple creative planning events. This process allowed consensus around key decisions such as the philosophical underpinning of the curriculum, core themes, and new educational approaches. This framework, coupled with preplanning and data collection before starting the curriculum revision process, allowed faculty to have a Senate-approved new nursing curriculum in about 18 months from initial discussions, resulting in high levels of faculty engagement.

Keywords: *Curriculum development framework, Faculty engagement, Preplanning, Renewal*

1. Introduction

McCoy and Anema's framework was adapted to guide the curriculum process [1]. Calls for a radical transformation in nursing education to focus on people-centered care while integrating social, economic, and technological forces have been suggested as essential to maintaining relevance in the 21st century [2]. One university's curriculum framework guides the development of a new nursing curriculum that responds to this call. Pre-planning guidelines and specific strategies developed to maintain momentum and creativity are presented to assist other nursing schools as they ponder their response to transformation in nursing education.

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2. Background

With the current knowledge explosion, it is simply impossible to teach students everything in micro detail they need to know [3]. The issue of being responsive to the current healthcare environment and proactively engaging students in the journey to become professional nurses is not our unique experience [4]. The curriculum revision process in nursing has been noted as laborious and time-intensive, involving reviewing existing data, gaining faculty and stakeholder support, and navigating internal and external approvals [5]. In addition to these aspects of curriculum development, we had unique internal and external pressures to have our curriculum designed, approved, and implemented within two years. This paper will share our journey to help inform other nursing faculties contemplating curriculum revision and development.

3. Our journey

3.1. The beginning

In keeping with our maritime location and identity, we used an ocean voyage metaphor to frame the journey. We could only set sail once we had a sound navigational plan to guide decisions while maintaining individuality as a school and capitalizing on the faculty's creativity and expertise. Thus, we began with a data collection phase to inform the approach and enable us to delineate our curriculum development framework, which was completed with a project plan. Our data collection included several sources [Table 1].

Table 1. Summary of preplanning data collection

Source of Data	Method of Data Collection	Salient Points
Students (Past and Current)	Program and Exit Student Surveys (2002-2012)	More focused clinical opportunities; desire for specialization within a generalist curriculum; elimination of perceived repetition with reinforcement of concepts throughout the curriculum; more apparent linkages between theory and practice; flexible course scheduling and delivery; smaller class sizes; engagement with research-intensive faculty; greater emphasis on research and leadership in practice; and, more opportunities for clinical service learning.
Practising Registered Nurses, patients, and caregivers	Town Hall Meetings and Focus Groups	Strong theory to practice connections, communication, and time and organizational management skills. Patients/caregivers wanted nurses to focus on what matters most and see them as people, not a "disease or condition."
International Nursing Think Tank on Future Directions for Undergraduate Nursing Education	Invitational Think Tank at the University (2012)	Development of formal, structured partnerships between service and education to address quality and relevance of clinical practica and transition to practice; creation of an inventory of innovations in nursing pedagogy for local application and testing; and a need to create opportunities for students to specialize in a selected area of practice while retaining generalist preparation.
Curriculum Experts Current Program Review	Two clinical experts conducted an onsite program review.	Undertake a deliberate curriculum revision that sets the vision, philosophy, and framework for the 21st century for the nurse you want you graduate to become; align revision with the future directions of health care and the role of 21st-century nursing; encourage the infusion of both the formal and informal curriculum with opportunities for faculty/students to discuss existing and emerging nursing science as it impacts care; pay particular attention to the quality of student

		engagement as opposed to time-intensive engagement [e.g., quality and progression of clinical vs. hours of clinical]; make room in the curriculum for creative engagement and activity of faculty and students as the 'energy source' for innovation; and, find ways for the tenure track faculty to more meaningfully engage with undergraduates, especially as role models for research and practice.
National Environmental Scan	Website review and survey of Schools of Nursing in Canada (n=12)	Some schools of nursing have already developed and are implementing an integrated BScN Curriculum, most in partnership with the service sector; others offer an exclusively six-semester, two-calendar year model; broad uptake of simulation learning in almost all nursing programs, especially since the release of the landmark NCSBN Simulation Study (REF) which found that up to 50% of clinical practice within a nursing program could be replaced with clinical simulation learning with no differences in student learning outcomes nor any noted differences in graduates at six months of employment; and, over 96% of nursing programs in Canada utilize innovation clinical placements (ICPs) and 63% of schools indicated that their use of ICPs have increased over the past five years (REF) noting that ICPs promote student initiative, engagement, creativity in decision-making, critical thinking and professional relationships with communities.
Consultation with Two Canadian Universities	Face-to-face meetings and onsite visits	Integration of classroom teaching with clinical practice; move from decontextualized knowledge to teaching for a sense of salience, from critical thinking to clinical reasoning and multiple ways of knowing, and from socialization and role taking to professional transformation; undergraduate nursing education is to prepare a generalist with opportunities for focused areas of practice.
Provincial Registered Nurse Education Review (government agencies, all provincial university SON, service sector, RNs, stakeholders)	Face-to-face meetings, synthesis review, the resulting report	Offer a rich mix of shared (standard) services, resources and talents to students at each school while also providing specialized skills, programs and talents that are unique to each school; provide a level playing field for students across the province while meeting regional and local needs; improve the student experience within and across schools of nursing and in transition from student to professional; meet the needs of employers in the service sector, including the knowledge and skill of generalist baccalaureate graduates entering highly specialized practice settings; scale up access to distance education learning and a range of programs at each site; reduce costs and duplication of effort and improve efficiency and effectiveness through shared purchasing and deployment of human and other resources; clinical partners' expression of saturation of clinical learning placements; two graduation dates rather than what occurs now when all nursing students all graduate in May; shorter time frame from admission to graduation; reduced attrition rates; more focused, concentrated clinical placement rotations at specific points in the semesters to ease student placement load and increase continuity of student experience; offer specialty focus learning opportunities; respond to global nursing faculty shortage through better utilization of current faculty expertise; and, achieve smoother transition to practice for graduates.
University's Centre for Learning and Teaching	Face-to-face meetings, professional development, and feedback sessions	Enhanced focus on the science of learning and teaching, including strategies for assessment and evaluation and invaluable feedback to assist us in planning for developing a new curriculum.

Provincial, National, and International initiatives	Key documents were reviewed.	Informed the planning and development of a new highly integrated curriculum; greater emphasis on situational learning and cognition translated as the acquisition of comprehension through exposure to knowledge and concept application in the relevant practice environment.
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There were similarities between the internal data and what was reflected in seminal publications on changes needed in professional nursing education for the 21st century [2][6]. Students and stakeholders echoed the call to action clearly articulated in the nursing literature. We also commissioned an external review of the undergraduate curriculum with two acknowledged leaders in nursing education – one from the United States and one from our region. Investing in this thorough review allowed us to begin with an evidence-informed approach. It later supported changes at the approval level within the school and the broader university community.

Findings from this review were presented to the faculty. Following these discussions, decisions were confirmed regarding the curriculum leadership team from within the governance structure. The recently reviewed mission and vision for the school provided a basis for the planning. Questions related to "Where do we start?" and "How will we navigate this mammoth change?" emerged after our school decided that a simple curriculum revision would not address the changes needed in nursing education. The curriculum development model and project plan were formed using the underlying premise that the process must be interactive, engaging, stimulating, transparent, creative, and exciting faculty.

3.2. Preplanning decisions

3.2.1. Consensus

There are many ways to implement a consensus-building decision-making process. Consensus is defined as a *general agreement; judgment arrived at by most of those concerned* [7]. Our focus was on reaching a consensus through open, honest, transparent discussion and respectful debate. The theoretical aim for our consensus-making process included an inclusive and participatory egalitarian approach grounded in collaboration and cooperation [8].

It was acknowledged that group decisions are effective through consensus, and although all faculty members may not be in 100 percent agreement, they can accept the group's decision. This acknowledgment enabled the faculty to implement the change collectively, knowing the overall goal was to offer a high-standard, current nursing curriculum. This consensus-making process allowed for better decisions fostered greater group cohesion and set the stage for cooperative and successful implementation. The level of agreement necessary to finalize a decision is known as a decision rule [8][9]. At the onset of curriculum development, the faculty passed a decision rule for consensus. They set as much agreement as possible (objectively, a minimum of 75 % agreement of faculty attending the meeting). Ultimately, voting was optional for any change because the deal was reached through consensus.

3.2.2. Meetings and working groups

Considering how to move forward effectively was necessary, as well as recognizing that there are different strategies regarding curriculum and faculty members, which have a variety of theoretical and practical approaches of equal importance. Working groups were formed to utilize the content expertise of all faculty and maximize efficiencies. These groups focused on

distributed learning, technology in education, the program's philosophy, communication, and curriculum.

There is much debate in the literature surrounding the *ideal* number of people for the effective functioning of working groups. There is a need to balance having sufficient, diverse input for informed decision-making while limiting the group size to allow effective group dynamics and efficient use of human resources. Our experience demonstrated that a core group (5-6 people), including faculty and students, allowed for timely responses and adequate representation. Although "content experts" were within the working group, the group identified its initial role as facilitating a strategic process and preparing draft curriculum documents for discussion and revision with faculty.

3.3. Curriculum development framework

The systems framework from McCoy and Anema [1] [Figure 1] was modified to guide our curriculum development for our context so that we could start near the end, i.e., "Who do we want our graduate to be?" The framework included the integration of the mission, vision, and values of the school and the faculty members' philosophies of nursing teaching and learning into preparation for curriculum development. A project plan was created that engaged patients and their families, faculty, students, practicing Registered Nurses, service sector agencies, regulatory bodies, and the University Centre for Learning and Teaching in our curriculum development ([Table 2]: Template for Project Plan).

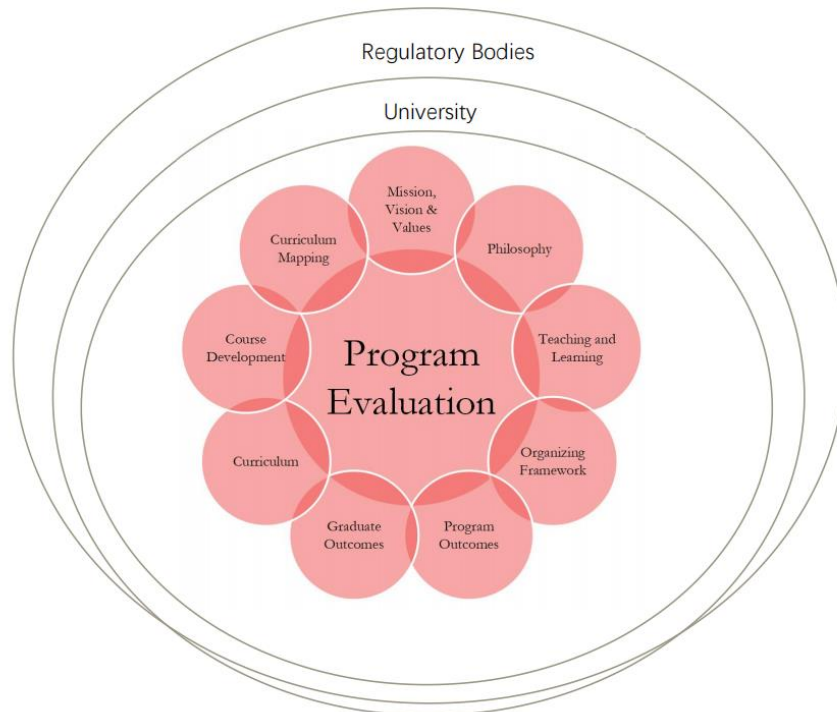


Figure 1. Curriculum development framework (Adapted from [1])

The preliminary work led to adopting a pedagogical educational framework to guide detailed curriculum development and the identification of core themes. This reflection against

a backdrop of the school's strategic plan and research pillars created a new organizing framework for the undergraduate program. A review of the draft program and graduate outcomes was completed to maintain unity with legislative changes for the practice of the Registered Nurse, Provincial Approval Regulations, National Accreditation Standards, and University Policies and Procedures. Once we were satisfied that regulatory requirements could be met within our vision and obtained confirmation from faculty that the outcomes addressed who we wanted our nursing graduate to be upon exiting our program, our task was to design a new curriculum to achieve the conceptualization.

Table 2. Project plan template with primary task entry example

Curriculum Development Project Plan					
PURPOSE: The purpose of the Curriculum Development Group is to develop a new, highly integrated curriculum and prepare for implementation in September 2016.					
Major Task	Sub Tasks	Project Plan	Resources	Responsibility	Timeline
Required curriculum applications and approvals	List required approval bodies for the new curriculum	Compile a list of internal, provincial, and Atlantic approval requirements	Faculty of Health Professions (FHP)- Dean's Office University Senate committee	Co-Chairs	July 20, 2014
-	Concept paper approval process	Prepare concept paper for submission to compiled list from above	FHP- Dean's Office University Senate committee SON faculty	SON Director & Co-Chairs	September 18, 2014
-	Curriculum approval process	Complete application for approval of new BScN curriculum	Obtain proposal templates specific to each approval body	Co-Chairs, Development Team	March 2015
-	Academic regulation changes	Revise applicable regulations for congruency with the new curriculum	Review current academic regulations (FHP and Registrar's Office)	Co-Chairs	November 2015
-	SON policy changes	Revise applicable policies required for the implementation of the new curriculum.	Review current SON policies to assess their applicability within the new curriculum.	Undergraduate Student Affairs Committee	March 2016

The guiding principle for working groups and curriculum development meetings was a supportive, spirited, intellectual environment that embraces respect for all. The environment created valued deference for the group through thinking, listening, and a spirit of inquiry, using this energy to explore the possibilities of what the 21st century holds for nursing education; the debate focused on ideas, not specific areas of nursing or people, to further nurture curriculum cohesiveness. The timeliness of individual faculty participation is vital to developing and implementing a new curriculum- all hands needed to be on deck!

3.4. We have a plan - time to launch our ship

Once our curriculum development framework and project plan were created, our navigational course was mapped, and it was time to leave the comfort and security of our home port! The Curriculum Planning Group took this task on with enormous energy and enthusiasm. Four faculty-style sessions were held. Each began with a short presentation outlining the logistics of the session and the anticipated outcome. It was more time adequate for faculty to react and critique documents rather than create them, so the planning group drafted templates in six key areas: current program changes (pilot projects which were designed as proof of concepts for some proposed changes), envisioning graduate outcomes (i.e., answering: "Who do you want our graduate to be"); our philosophy of nursing; drivers for change; the proposed curriculum concept framework; and "what are your dreams and fears." These six areas became "ports of call."

Each port had a means for all faculty members to provide feedback and edit the draft documents. Approximately 85% of the faculty attended these sessions, and all materials were circulated electronically to ensure everyone could participate. Suggestions from faculty were incorporated into the final curriculum concept paper. Next, a faculty meeting (95% of faculty attended) and a summary of the feedback from the café sessions were presented with a plan for ongoing faculty participation and consultation as the curriculum concept paper came to life. Faculty members requested two additional open-space feedback sessions during this meeting to provide a further opportunity for discussion and critique of our evolving conceptual basis for the curriculum. Approximately 90% of the faculty was represented at these four-hour sessions. Feedback and input (verbal and written) were integrated into the next version of the curriculum framework.

The resulting feedback caused the Planning Group to consider framing the curriculum using a single unifying theoretical model and a specific delivery strategy. The original version considered a concept-based curriculum and a single nursing theory as a basis for the curriculum. However, the faculty asked that other options be considered for various pedagogical reasons. In addition, faculty feedback revealed commonality across several themes, such as our curriculum must be people-centered, equip students to provide culturally competent care and promote health, enact care that provides for diversity within populations, utilize knowledge of the social determinants of health, and focus care on vulnerable populations, including those approaching end of life. We agreed on a crucial element of curriculum development: rather than attempting to adapt existing nursing curricula models, we should map our course into new and uncharted territories. This realization was a fundamental turning point and caused a change in our course: to contemplate the development of a people-centered, highly integrated, vertically and horizontally fused curriculum; this was a new course in a unique direction. The Planning Group was energized by this directional change and realized that traditional nursing curricula assumptions need not direct our development. We moved from asking ourselves, "Why can't that be done?" to "Let's figure out a way to achieve what we want to accomplish." At this point, we knew who we wanted our nursing graduate to be; now, we were charged with how we would get there.

It is often challenging to obtain consensus in a large faculty, especially regarding a singular theoretical underpinning for curricular development. After discussions of several approaches and points of view, the Curriculum Planning Group suggested that the main theoretical underpinning of our new curriculum be a pedagogical one based upon the science of learning and teaching that will direct our curriculum decisions. At the same time, our program foundation, or our beach, would be the 'critical analysis of diverse theories'. The acceptance

of this direction in our journey marked another landmark turning point. Exposing students to diverse theories, rather than basing the entire nursing program on a sole theorist, will enable students to have a repertoire of frameworks to work within, shifting their frame of reference as required, leading to flexibility in situated cognition.

The pedagogical underpinning chosen to guide curriculum development became a merger of two theories for learning and teaching, Gardner's Five Minds for the Future [10] and Fink's Interactive Nature of Significant Learning Model [11]. Basing curriculum development on the science of learning and teaching directed us to value active learning and student engagement. It assisted us with curriculum decision points related to the content, theory, classroom and clinical education, assessment, evaluation, and inclusion. A detailed discussion of the pedagogical underpinnings of the developed curriculum is beyond the scope of this paper.

4. Conclusion

Key to the success of our curriculum planning was adopting a curriculum framework, having a faculty-approved Curriculum Planning Group charged with incorporating ideas from other working groups into the new curriculum, and having multiple opportunities and venues for faculty to discuss, debate, and edit draft documents. The empowerment of the Planning Group allowed a small group of individuals to create draft documents for critique by faculty and opened discussion of the underlying framework and theory. Creating a project plan was also instrumental in achieving transparency with the requirements for approvals based on specific timelines, which enabled us to chart our navigational course. While the timetable created a sense of urgency, it also made expectations clear and enabled everyone to be responsible for participating in the process.

Developing new nursing curricula is often seen as an overwhelming and impossible undertaking. In sharing our pre-planning experiences, we hope we have sparked enthusiasm and instilled the belief that curriculum development need not be onerous. Setting the stage for curriculum development to be creative, exciting, fun, and engaging helps mitigate the commitment, long hours, and hard work required to embark on such a journey. Using the analogy of curriculum development (in our case, a voyage) and mapping our navigational course (our project plan) sparked interest and a genuine desire for faculty engagement. This interest led to creativity becoming the norm and generated excitement for change - we thrived on the energy that this spawned and the resulting direction that it was not only acceptable but encouraged us to look at things differently.

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