A framework for a process-driven common foundation programme for graduates

MELANIE JASPER, B.Nurs., B.A., R.G.N., R.H.V., R.M.,
N.D.N. Cert., P.G.C.E.A.
Senior Lecturer,
School of Health Studies,
University of Portsmouth,
Portsmouth,
U.K.

GARY ROLFE, B.S.c., M.A., R.M.N., P.G.C.E.A.
Senior Lecturer,
School of Health Studies,
University of Portsmouth,
Portsmouth,
U.K.

Abstract—This paper discusses some of the problems encountered in writing a shortened Common Foundation Programme in nursing for graduates, and outlines a course which takes as its starting point the particular educational needs and requirements of the student group. Thus, the first question to be addressed by the curriculum writers when designing the course was “How can we teach these students?”, rather than “What can we teach them?”. The resulting process-driven course is heavily influenced by the student-centred philosophy of Carl Rogers, and utilizes a variety of large- and small-group methods to facilitate the students in gradually taking responsibility for, and making decisions about, their learning needs. The paper continues with some strategies for ensuring a smooth transition from a tutor-led, syllabus-driven start to the course, to a student-led, process-driven finish for both the theoretical and clinical components, and for the assessment schedule. Finally, a student-centred approach to evaluation is briefly outlined, and the paper concludes by suggesting that the principles employed in designing and implementing this course could be successfully transferred to a wide variety of other educational settings.
Introduction

Most Project 2000 nursing courses comprise an 18-month Common Foundation Programme (CFP) followed by an 18-month branch in a specific area of nursing. However, for students entering with a health-related degree, the ENB makes provision for reducing the CFP to a minimum of 6 months. This paper outlines a curriculum framework for a shortened Project 2000 CFP in nursing for graduate students, based on the philosophy of student-centred learning. Whereas it is not unusual for nursing courses to use student-centred methods, this programme is unusual in employing these methods and philosophy as the foundation for a whole course.

The first difficulty we encountered was in reducing the CFP to 6 months, since it was considered inappropriate to simply condense the existing course to one-third of its original length and still retain its integrity. Secondly, our experience of teaching mixed classes of graduates and non-graduate nursing students led us to conclude that graduates work at different speeds and in different ways from non-graduate students, and that the differences are not only quantitative, in that the graduates work faster and demand greater breadth and depth of subject matter, but also qualitative, in that the way they learn and the content they demand is fundamentally different.

Part of this difference can be accounted for developmentally by the fact that the post-graduate students entering nurse training tend to be on average about 5 years older than the non-graduate students. More importantly, however, we have observed a difference in the way that the two groups process the material they are taught, with the graduates spending more of their time operating at Bloom’s (1956) cognitive levels of analysis, synthesis and evaluation. In our experience, they are more able to make links between different subjects and disciplines, and have a greater ability to integrate material from a variety of sources, what Gibbs (1992) refers to as a “deep approach” to studying. Thus, any course designed for graduate students must take into account not only their cognitive abilities, but their particular strengths and weaknesses as adult learners, and it was therefore decided to re-design the course from first principles.

Course philosophy

Since graduate students were presented as a distinct group with different learning needs from the Diploma students, our starting point was to examine the educational needs of our students rather than what knowledge we felt they needed to acquire, and to ask ourselves the question “How can we teach these students?”, rather than “What should we teach them?” This led to the development of a process-driven course, a course influenced primarily by the learning needs of the student group rather than by the demands of the syllabus. By process driven, we mean that the teaching methods and strategies were in place before the content, and that the latter was moulded to fit the former rather than vice versa. That is not to say that the syllabus material is considered to be unimportant. Rather, it is to give equal importance to how that material is presented, in the belief that adult students, studying to be professional, autonomous practitioners, should be educated using methods which show acknowledgement and respect for their current status and future role.

Kelly (1989) argues that the development of process-led curricula should begin with a philosophy of education, and in taking the decision as to what methods to employ, we were greatly influenced by the writing of Carl Rogers (1969, 1983) and the andragogical approach
of Malcolm Knowles (1984). Rogers’ philosophy of student-centred learning derives from the humanistic school of psychology (Maslow, 1968), and argues that human beings have an innate tendency towards growth and development. He suggests that traditional teaching methods stifle this natural growth process, and that the role of the educator (Rogers does not like the word “teacher”) is to facilitate the learning process in his or her students. Knowles also addresses the need for facilitation of adult learners in his distinction between pedagogy and androgogy, and this is accomplished by creating a non-threatening environment in which the students are able to participate in their own learning of relevant material. The non-threatening environment is a function of the attitudes of the educator towards his or her students; participation can be facilitated by employing active group and individual learning techniques; and relevance is best ensured by encouraging students to reflect on their own learning needs and raise them in class. Thus, Rogers eschews the use of tutor-directed methods such as lecturing, in favour of allowing the students to set both the pace and, to a large extent, the content of the course.

**Curriculum framework**

Any course in professional education has, by necessity, prescribed learning outcomes that have to be achieved by the student, which Jarvis (1983) suggests are related to the knowledge, skills and attitudes appropriate to that profession. In the shortened CFP for graduates, these are determined by the syllabus for the standard 18-month CFP. As already described, this course makes assumptions about the students’ previous skills and knowledge, and expresses a commitment to a process-driven curriculum and the philosophy of student-centred learning. Thus, it was necessary to integrate the demands of the syllabus with a philosophy that is, to some extent, “anti-syllabus”. This integration was achieved through the application of two principles. Firstly, that theory should be firmly linked to, and grow out of, practice; and secondly, that there should be a gradual transition from tutor-directed content to student-centred material.

In the time available for the shortened CFP, the students must achieve not only the learning outcomes required of any other student completing a CFP, but also gain self-confidence in their knowledge and level of expertise. Thus, in designing the teaching and learning strategies for the course, it has been essential to facilitate the use of the students’ practical experience in classroom-based sessions by exploring the theory behind their clinical experiences. In this way, the students to some extent determine the content of their course based on their own needs.

It is recognized, however, that at first the students will have difficulty in identifying relevant course material and learning needs. Thus, initial content is prescribed, and much of the core syllabus material is covered early in the course. As the students begin to experience clinical situations, they will be encouraged to reflect on those experiences and bring issues and problems arising from them into the classroom to be addressed in a group setting by a variety of interactive teaching methods such as role-play, buzz groups, brainstorming and critical incident work. Course content therefore progresses from being prescribed by the tutor during the initial stages of the course, to becoming more and more student-centred as the course continues. By the end of the course, the students are dictating all the content, based on their clinical needs.
Learning strategies

We have proposed a process-driven course which places as much importance on the methods employed as on the syllabus content. Furthermore, the philosophy of student-centred learning claims that the content should be prescribed largely by the students, based on their particular learning needs. Clearly, however, the constraints of a professional training place limitations on the degree to which nursing students can determine their own syllabus material. Nevertheless, we have argued that, as the course progresses, it is possible to give them more and more control over what they learn and how they learn it. Thus, discussion will focus not on what syllabus material is appropriate for graduate nursing students, but rather on some of the methods and techniques that can be employed to drive that material through the curriculum.

Taught component

One method has been to identify core material relevant to all branches, and to focus on this in large group sessions. In the first part of the course, the content of these sessions is directed by the tutors, on the basis that the beginning students will not have the experience to know what they need to know. Examples of this are such topics as communication skills, nursing theories and practical skills, which all nurses will require for safe and competent practice. As the course progresses into the second term, it is expected that some of the material will be generated by the students through the identification of their own knowledge deficit. By the end of the course, the sessions are completely student led, with material coming from the portfolios of practical, ward-based experience.

In this way, issues that are generic to nursing can be made specific to each student’s learning needs by relating them not only to the current practical placement, but also to the branch that they are intending to follow. It also facilitates the students’ learning from theory to practice and from practice to theory. As a result, the traditional theory–practice divide is eroded as students see the generation of theory from practice, and are encouraged to try out their new learning on their next practical day. These sessions direct the theme for the next 10 days’ work, which operates through small-group work, directed study, practical placements and independent study.

For the remaining taught component of the course, the large group is split into three small groups, each facilitated by a group tutor, and time is spent in seminar presentations generated from the large group work, free group discussion arising from these and from issues in practice, and T-groups. Seminar papers in the first part of the course are tutor directed. This enables the student to identify relevant sources of nursing knowledge, and provides a reliable (and time-efficient!) way of introducing the students to current research-based practice.

The technique of free group discussion was developed by Abercrombie (1960) initially as a method for teaching anatomy to medical students. It involves presenting a small group of eight to ten students with written, audio or visual material, which they work on individually for a set period of time before coming together to discuss it. It is a particularly useful technique when there is core syllabus material which must be covered, since it combines the advantages of the student-centred philosophy of Rogers with those of the more directed lecture method. Furthermore, students can draw material from all placements and make the connection to their own branch specialisms. The advantage of multi-disciplinary groups of this sort is that the breadth of each student’s experience will be expanded.
by sharing the perspectives of the other students in their group. In the planning of this course, it has been considered absolutely essential to facilitate this cross-fertilization of experience to ensure that students benefit not only from their own practical experience and self-directed work, but also from that of their fellow students. As the course progresses, the direction by the tutors decreases and students are asked to research problems which are practice-based.

The T-groups complete the approaches in the small-group work by focusing on the individual experiences of the student. T (training)-groups are concerned with learning about the inner, rather than the outer world of the student, and include the goals of “developing new insights about oneself as a person, analysing behaviour and its effect on others, understanding better the impact one has on groups and organizations, and so forth” (Blumberg and Golembiewski, 1975). Bion (1961) proposed that the group could be regarded as an individual entity with its own conscious and unconscious life quite separate from the conscious and unconscious lives of its members. This theory has implications for education which go beyond the content of what is being taught, to examine the unconscious process of the learning group (Bramley, 1979; Ruddock, 1980).

Furthermore, individual students will bring their own emotional agenda to the group. In order to assimilate new learning, the student must re-structure what is already there, and may have to review the validity of previously treasured beliefs. Abercrombie (1979) claims that this is an emotional experience, often requiring attitude change, while Alan Rogers (1986) believes that, if not dealt with, it can lead to anxiety and other emotional disturbances which can in turn block new learning.

Practical placements

There are four distinct phases to the practical experience. Initially, all students gain basic skills in a ward in the Elderly Services Unit of a hospital for people with mental health problems. In this placement, the student works closely with a supervisor who is a registered nurse to achieve set objectives. In addition, further objectives are generated weekly from the large group sessions in relation to the current theme.

The second placement is chosen by the student. Most students choose a placement which is branch-specific, e.g. Adult Branch students want to gain experience in a general hospital, although there is no compulsion for the students to do this. This suggests that the students have internalized the function of the Common Foundation Programme as being a preparation for specific branch study, and that they need to acquire certain skills and experience before proceeding to branch.

For the students in some branches, specific requirements in terms of hours in different nursing fields are prescribed by the E.N.B. Thus, the Adult and Child Branch students have to complete taster placements in psychiatry, paediatrics and maternity. In addition, students on the standard 18-month CFP also spend part of their time working and studying in the community. It was decided to offer all students the opportunity of experiencing all of these areas as 1-week placements, with the addition of a week in a Mental Handicap area as well. As can be imagined, the logistics of the combinations of these placements for 24 students were extremely complex. However, to be true to the philosophy of the course in enabling the students to fulfil their own learning needs, placements were arranged for each student as requested, and in compliance with the needs of each branch.

The final placement for the students—4 weeks during which there is no formally taught
time—is totally student led. Because the CFP is rather longer than the prescribed minimum of 6 months, the students were able to supplement their practical experience with a placement that does not have to comply with any official regulations. As a result, students can choose to complement the placements provided during the course with those in which they have a particular interest. Some students, particularly those in the Adult and Child branches, have chosen to consolidate their experience with another placement on a general ward. Past experience of the tutors has shown that students from these branches felt particularly vulnerable in relation to their practical skills compared to students on the 18-month course, when moving into the branch programme. Thus, the students have an opportunity to develop their skills in relation to their colleagues in their respective branches. However, many of the students have chosen to use this placement to broaden their experience of nursing care in a variety of settings by visiting other health authorities, by volunteering for work abroad or for going to charitable institutions such as hospices and continuing care organizations. In preparation for this placement, the students are required to set their own objectives, and this enables them to identify and fulfill their own learning needs, whilst at the same time completing the requirements of the curriculum.

Directed individual work

Each week the students have specific objectives to fulfil in their practical placement, to research and bring to the seminars. In addition, a programme of subjects which underpin nursing—life science, behavioural sciences and social sciences—is provided on a self-directed basis, supported by optional seminars. This enables the students to opt out of a subject depending on their previous learning. Tutorial guidance is obviously available to help the student with these decisions.

Each week the students are also guided in terms of the specific nursing material that needs to be covered. This will be reinforced not only by the practice objectives for the theme, but also through the seminars, portfolio and reflective diary components of the course. Reflective diaries are a requirement of the standard course and are used to record practical experience. This course has a firm commitment to reflective practice and from the outset the diaries have been an important part of the learning experience of the students. Initially, they were used as an outlet for “making sense” of the students’ experiences on the wards. The students were also encouraged to bring issues arising from the diaries to the T-groups for discussion.

In the second term of the course, the concept of the diary is integrated into a portfolio. The portfolio is a formal record by the students showing progress in the development of nursing skill. Initially, the requirements for the weekly portfolio content is suggested by the tutors. As the term progresses this is increasingly student directed as the portfolio develops into an in-depth study of one client’s needs. The students choose which aspects of the client’s care to develop, and choose in what way to do this. This progression in professional development is reflected in the assessment schedule.

Assessment

As with the other components of the course, the assessment schedule moves from a largely generic focus to one which is specific to the needs of the student. In both theory and practice, each student has to complete an initial generic assessment. This takes the form of
a basic skills assessment and an essay relating to community care. The second practical assessment is related to the development of skills specific to the practice area which has been chosen by the student. The second written assignment is chosen by the student from three available topics. The second-term written assessments focus even more closely on the experience of each individual student, and include the portfolio which reflects the individual interests of the student. The examination complies with the E.N.B. requirements in that it is a formal, unseen paper with all students answering the same questions, but the students answer these in relation to their client studied in the portfolio.

Evaluation

The evaluation of the shortened CFP is in keeping with the overall philosophy of the course, and is based on three principles. Firstly, evaluation should be an active process throughout the course, and not just retrospective. Secondly, curriculum planning should continue through the course, based on the findings from the evaluation. This will ensure that the course is flexible enough to respond to the needs of the students as it progresses. Thirdly, the students should participate fully in the ongoing evaluation as equal partners with the course tutors, and should retain ownership of the findings and control over how they are used. Furthermore, the process of evaluation is part of the overall educational philosophy of the course, and the students will learn valuable skills through participation in the evaluation exercise.

The evaluation can thus be seen as a piece of action research, in which the findings can be immediately implemented into the curriculum. The so-called "new paradigm" (Reason and Rowan, 1981) methods are employed, whereby the research subjects, in this case the students, are seen as partners in the process with a vested interest in the findings. Thus, the division between researcher and subject is rejected along with the notion of objective externally imposed evaluation. It is considered, then, that the students themselves are best suited to evaluating their own course under supervision from the course tutors. The students will study themselves, their peers and their tutors, and will at the same time be researchers and subjects, in keeping with the student-centred, process-driven nature of the course.

Discussion

At the time of writing, the first cohort has just completed the course, and evaluation is ongoing and will be presented in a separate paper. Preliminary findings suggest that the overall structure of the course is sound, but that there are areas where fine tuning is required. Several of the identified limitations of the course are discussed briefly below.

Currently, the course is running with a group of 24 students, but in light of recent developments in higher education to increase student numbers, we are aware that our present student–staff ratio is something of a luxury. As there is a gradual transition within the course from tutor-led to student-centred activity, we are currently looking at ways in which tutor input can be decreased. These include a greater focus on individual learning contracts and the use of student-facilitated seminar and small-group work, and it is envisaged that these measures will allow for increased student–staff ratios.

However, although this might be financially desirable, we need to recognize the different nature of the learning outcomes required of a professional course compared to non-vocational education. Whereas non-vocational courses are concerned primarily with cog-
nitive objectives, in professional education equal attention must be given to the skills and affective domains (Jarvis, 1983). Skills and attitudes are best addressed through a variety of small-group techniques such as role-play, T-groups, games and simulations, and whereas some of these activities lend themselves to larger student numbers, most are best conducted in groups of 10 or less. Thus, although the student–staff ratio might be increased by the introduction of learning contracts and tutorless seminars, there will always be some areas in any professional course which will require intensive tutor input.

The constraints imposed by professional training were also felt in the assessment of the course, which required the students to sit a formal, unseen examination. Despite our best intentions to produce a student-friendly examination based on their individual clinical casework, many students nevertheless saw the examination as a sword of Damocles hanging over them, and directed their study accordingly. Gibbs (1992) points out that the key to the success of a student-centred course is that the assessment should be determined by the course content, rather than the content being directed towards passing the assessments. However, it would appear that many students, particularly graduates, have been conditioned by years of working towards passing examinations. Thus, although they grasped the concept of an examination reflecting the work that they as individuals had been engaged in, they simply did not believe that it would actually happen! There was thus the usual pre-examination panic, with students wanting to know which books they needed to read in order to pass, which no amount of counselling seemed to dispel. It is hoped that this particular problem will resolve itself as the course becomes established, and the notion of individualized assessment becomes the norm.

Conclusion

The aim of this paper has been to describe the development of a common foundation course for post-graduate students. Our starting point was with the needs of the students rather than the demands of the curriculum, and in this way we feel we have designed a framework which has not only accommodated our beliefs in student-centred learning, but also the demands of a curriculum for professional education. The course aims to facilitate student choice, control and responsibility for their own learning and for their clinical practice, which entails a major shift in attitude for students and tutors alike. Despite some minor problems, we feel that the first intake to the course has been successful, with only one student failing to proceed to branch. Furthermore, although the focus of this paper has been on a shortened CFP for graduates, we believe that the framework has universal application, and could be effectively employed in any professional training.

References


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