Some Strategies for Curriculum Development in Nurse Education

Gary Rolfe and Melanie Jasper
University of Portsmouth

Abstract
The increasing demand on nurses to adopt the roles and responsibilities of full professional status have been reflected in nurse training by the move into higher education. However, while there are undoubted benefits to this move, the authors believe that it has been at the expense of student involvement in their courses and a widening of the gap between theory and practice.

This paper presents three strategies for addressing those problems. Firstly, the authors argue for a student-centred humanistic approach to education within the constraints of a curriculum for professional training. Secondly, they present a strategy for narrowing the theory practice gap through the use of reflective practice. Finally, they outline an approach to continuous and ongoing course evaluation in which findings are immediately applied to produce a flexible and responsive curriculum. The paper concludes by arguing that this broad approach could be successfully employed in any professional training within the further and higher education framework.

Introduction
As nursing strives to assert itself as a profession in its own right, nurses are finding that their roles are undergoing a fundamental change from being ‘doctors’ handmaidens’ to becoming autonomous, decision making managers and practitioners. This changing role requires a similar change in the way that nursing students are educated, and the profession has responded with the introduction of Project 2000,¹ which brought nurse training into the sphere of higher education.

Project 2000 divided nursing courses into two eighteen-month parts. Students all follow a Common Foundation Programme (CFP) regardless of their specialism, followed by one of four branch programmes in Adult, Child, Mental Health or Mental Handicap nursing. Provision was also made for nursing students who already possessed health-related degrees to follow shortened CFP courses of as little as six months duration. One such course is the nine-month shortened CFP for 24 graduates, launched by the School of Health Studies of the University of Portsmouth in January 1991.

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During the first intake to the course, which was designed and taught along traditional lines, it became increasingly obvious that it was failing to serve the needs of either the students or the curriculum. The reduced time scale (nine months), and the breadth of the material (the whole CFP curriculum), combined with the pressure to acquire practical skills to a satisfactory standard, resulted in students and staff who were increasingly stressed and failing to achieve the desired outcomes of the course.

Furthermore, the students were demotivated by an over-taught programme which was fragmented and superficial. There was insufficient time for students to explore subjects to the depth they required, and their prior knowledge and skills as graduates and adult learners were not recognised. It was thus decided to completely revise the course in terms of philosophy, teaching/learning styles and organisation, if it was to produce patient-centred nurses for the future, capable of developing nursing into the next century.

We have responded to these problems with a course which seeks to integrate theory and practice by combining a student-centred approach to learning\textsuperscript{2} with theories of reflective practice\textsuperscript{3} within the constraints of a syllabus for professional training. There are many innovations within the course on which we could focus, but we have chosen three areas that we feel are fundamental to the theory and practice of nurse education, namely:

i) a philosophy of student-centred teaching and learning strategies which recognises the students as equal partners in the learning process, and involves them actively in decisions about the content, structure and learning methods of the course;

ii) the integration of nursing theory and practice into a meaningful whole through the philosophy and techniques of reflective practice;

iii) an ongoing programme of course evaluation owned and directed by the students, in which recommendations can be swiftly implemented during the lifetime of the course intake of which they are members.

Education is essentially a practical discipline, but practice without theory is merely random and purposeless behaviour. Therefore, in what follows, as much attention has been given to the theory and philosophy that underpins the course as to the structure and learning methods, since we believe that the mechanics of the course must be located in a theoretical context in order to be fully understandable. With this in mind, we will now examine each of the above three issues in turn.

**Educational Philosophy of the Course**

As course tutors, we subscribe to the humanistic school of education\textsuperscript{2,4} which argues that traditional, teacher-centred courses stifle the natural desire of people to grow and develop. Rather than trying to control the learning...
of students, Rogers suggests that the role of the educator is one of enabling by stimulating their natural motivation and developing their learning skills.

However, this is more than simply an ideological stance — rather, it is a response to the development of the nursing profession with its demands for nurse practitioners, holistic practice and professional autonomy. We believe that thinking, decision making, problem solving, autonomous nurses will never result from courses where the thinking, decision making, problem solving and autonomy are mainly the responsibility of the course planners and teachers. Autonomous practitioners grow from autonomous students, and autonomous students are students who have a major part to play in what and how they are to learn.

The principal feature of a student-centred approach to learning is that the students exert a degree of influence over both the content of the course and the methods by which the material will be learnt. However, although student-centred approaches have been successfully applied in non-vocational courses, they have been criticised as inappropriate for professional education where prescribed outcomes are expected to be met. We have attempted to overcome this problem by providing the students with a list of theoretical and clinical objectives which have to be accomplished, whilst the route to achieving these is negotiated by the student. The structure of the course has been designed specifically to facilitate this individualised approach to learning, and includes the following elements:

1. A weekly, add-on workbook which the students use to achieve the objectives in both theory and practice. This includes the identification of existing knowledge and skills, action planning for how the week's objectives are to be met, critical incident analysis, reflection on the week's learning and identification of objectives still to be achieved.

2. Portfolio workshops to actively engage the students in reflecting on practice and theory.

3. The use of learning teams both formally and informally to maximise time, knowledge and skill resources.

4. Monthly tutorials with the academic tutor to reflect on progress and negotiate the process for achieving the next month's objectives.

5. Didactic teaching limited to one hour per week.

Thus, although all students will meet the course objectives for the CFP, they will each plan and negotiate their individual route for achieving them, depending on their prior knowledge and experience, the clinical area they are based in, and their particular learning needs and wishes.
The Integration of Theory and Practice

A continuing cause for concern in nursing is the lack of correspondence between textbook theory and real-life practice. This theory-practice gap is probably felt most acutely by student nurses, who are often torn between the conflicting demands of the classroom and the clinical placement.

We recognise that it is often inappropriate to attempt to apply textbook theory directly and indiscriminately to clinical situations, but as we pointed out earlier, practice without a firm grounding in theory is merely random behaviour. We therefore subscribe to the notion of reflective practice, in which theory is generated out of practice by the process of critical reflection on one's own actions in clinical situations. Kolb describes this process as an experiential learning cycle, in which critical incidents are consciously examined in order to identify learning experiences and to provide a repertoire of alternative strategies for future use. In this way, mistakes can be rectified and responses fine-tuned. Furthermore, the nurse builds up a situational repertoire of paradigm cases, and an almost intuitive, expert knowledge which is embedded firmly in practice. Benner suggests that paradigm cases represent significant experiences which are acknowledged by the nurse as facilitating a deeper understanding of situations which informs her future nursing care. These are often recognised as 'never again stories' which, if actively reflected upon as learning experiences, become part of the working, everyday knowledge base for practice. Whilst it is accepted that these experiences are unique to the individual, and to some extent idiosyncratic, they do provide a valuable source of innovative and progressive ideas which maintains a dynamic and advancing knowledge base.

The structure of the course reflects this philosophy by firmly linking theory and practice in a number of ways. Firstly, the students are introduced into practical clinical environments from very early in the course. Rather than equip them with a body of nursing knowledge that they are then expected to apply in practice, the students are facilitated to generate their own knowledge base directly from real-life situations. The emphasis is thus on 'knowing how' rather than 'knowing that'. The course is divided into a number of themes such as 'communication' and 'maintaining a safe environment', each of which lasts for one week. Within each theme, the student will spend two days in a clinical area and two days in formal timetabled study. The theoretical and practical objectives for each week will reflect the theme, and theory and practice are further brought together through the portfolio and workbook. The portfolio is a record of the clinical work undertaken by the student, and includes nursing notes, assessments and other clinical details, while the workbook includes space for a reflective diary and critical incident analysis.
Each week, the timetable includes a portfolio workshop which provides the students with an opportunity to share their diaries and critical incidents, reflect on their practice and perhaps role play difficult situations in a warm and supportive learning environment. The students also attend case-study workshops in which they examine and analyse thematically linked cases, firstly on their own, then in small work groups, and finally in a large group.

We believe that the weakness of this model of the integration of theoretical and practical knowledge is also its strength. Clearly, much of what we consider to be of value to the nursing student can only be obtained by continued exposure to real-life practical situations and experiences, and thus, becoming a competent practitioner is a time consuming business that continues long after the course is over. Clearly also, experience itself is not enough. The students must be able to reflect critically on their experiences and use them to modify their future practice. Thus, although the students leave the course with much work still to do, we believe that we have instilled in them the prerequisites necessary for lifelong professional learning, namely analytic skills and the ability to reflect on their nursing practice.

**Ongoing Evaluation**

Our experiences of course evaluation, both as teachers and students, have generally been disappointing. Most evaluations utilise tools constructed or supplied by the teacher, which effectively ignore the students’ agenda. The information generated is often of little practical use, with the focus being either too general or too specific, and students are usually not briefed to write constructive and useful criticism.

Further, response rates are often disappointing low, reflecting both a lack of ownership of the findings, and the belief that whatever feedback the students give will not be acted upon. And since evaluations usually occur at the end of courses, students often feel that even if action is taken, it will be too late to be of benefit to them. In attempting to rectify some of these problems, the evaluation strategy for the course was founded on several principles:

1. Evaluation should be an ongoing, integral part of the course, and not just a retrospective exercise.
2. Curriculum planning should likewise continue throughout, based on findings from regular evaluation sessions. In this way, the course will retain its flexibility and respond to the needs of the students.
3. The students should play an active role in the process of evaluation. Course evaluation is part of the education process, and the students can learn and practice high level cognitive skills through participation in the evaluation of their course.
All evaluation is by definition subjective, and so there is little point in searching for objective methods or bringing in external evaluators. Rather, we should embrace the subjectivity of the evaluation process, and collect a variety of perceptions of the course, not just those prescribed by the teacher.

An evaluation strategy based on the above principles was devised, combining elements of new paradigm methodology and action research. This approach implies that the findings from the research are immediately acted upon, thus bringing about rapid change in the organisation or process under investigation. Thus, the students are seen as equal partners in, and joint owners of, the project, with the aim that the material generated should be of direct benefit to the people who provide it.

During the first term of the course, evaluation took place in large group meetings on a monthly basis. Recommendations from these meetings were implemented immediately and then re-evaluated at the following meeting. In the second term, the students formed small groups to focus on issues of particular interest to themselves, for example, effectiveness of student-centred learning, communication and the use of groupwork. The material generated from these groups provided important information about the subjective perceptions of the students, which was probed at a deeper level in a series of interviews with the teachers. The results of this stage of the evaluation have been used in ongoing course development. Furthermore, this process provided a forum for the students to check out their thoughts and feelings about the course with their colleagues in a constructive way.

The role of the teacher in this evaluation is of enabling the students by constructing a framework in which the process can evolve. In psychological terms, this involves adopting an attitude of permissiveness and non-judgementalism, acknowledging the importance of evaluation and ensuring that the students understand its purpose. In practical terms it requires the provision of space in the timetable for the evaluation to take place, and ensuring that the students have the necessary evaluative skills for the task.

**Discussion**

The development of nurse education into the higher education framework and the introduction of Project 2000 courses has provided many challenges to traditional forms of nurse education. Issues such as large student intakes, reduction of the teaching year and the need for academic staff to engage in scholarly activities other than teaching means alternative teaching/learning methods need to be sought. Moreover, these must maintain the quality of learning, produce competent practitioners and develop independent learning skills in the students in order to be cost effective.
The variety of strategies developed in this shortened CFP could be utilised efficiently with larger group numbers, whilst making more economic use of teacher time. Although the initial preparation of materials is time consuming, this frees teacher time during the course as the materials guide student self-direction. There is also an increase in individual tutorial time, which has the positive effects of increased quality time between student and tutor, and the more effective use of time in terms of identifying learning needs and setting objectives.

An added bonus for supervisors in practical placements is that students have predetermined objectives to achieve weekly, which reduces the time necessary for direction and organisation of clinical experience. The workbook format also provides the opportunity for continuous formative assessment, so that both students and teachers know immediately if problems occur, and students have immediate feedback on their progress.

In conclusion, we have attempted to produce a progressive, humanistic nurse training course which treats the students as intelligent adults capable of making decisions both about learning strategies and content, within the constraints of a professional curriculum. Furthermore, we believe that the outline described above is adaptable to any professional training course located in a further or higher education framework, where the aim is to bring together theory and practice and produce competent, autonomous practitioners capable of lifelong learning.

References
2. Rogers, C. (1983), Freedom to Learn for the '80s, Merrill, Columbus.