Curriculum Design and Development to Promote Best Teaching Practice

Kimberly Silver Dunker DNP, MSN, RN, CNE, CNEcl
1. Facilitate Learning
2. Facilitate Learner Development & Socialization
3. Use Assessment & Evaluation Strategies
4. Participate in curriculum Design and Evaluate Program Outcomes
5. Function as a Change Agent and Leader
6. Pursue Continue Quality Improvement in Nursing Educator
7. Engage in Scholarship
8. Function within the Education Environment
Objectives

Describe the ways students show readiness to learn.

Discuss the difference between short term and long-term memory.

Understand how students process information.

Discuss the various types of learning styles and the faculty role teaching generational and culturally diverse students.

Determine the difference between the baby boomer, Generation X, and Generation Y or Millennial learner.
Competency I and II. Focus on Teaching and Learning
Characteristics of Today’s Learners

• Have diverse learning style preferences based on senses:
  – V = Visual
  – A = Auditory
  – R = Read/write
  – K = Kinesthetic
Paradigm Shift

• What factors are contributing in how we educate nursing students?
• — Knowledge explosion of the 21st Century resulting in content overload.
  — Higher order thinking skills required to practice in complex healthcare environments. — Millennials learn and communicate differently from past generations of students.
  — Increasing diversity brings more ESL students into the learning environment.
Active learning strategies are being integrated into more and more classrooms to “shift the focus from covering decontextualized knowledge to teaching for a sense of salience and situated cognition” (Benner, 2010, p. 82).
• One in which direct instruction, in the form of lecture, is provided by an educator in a group learning space (Talbert, 2014).

• Lectures are valuable in presenting information and providing explanations that support understanding (Bligh, 2000; Brown & Minogue, 2001).

• Can be used in large and small classrooms and helps students discern what is relevant knowledge.

• Student engagement alternates between shorter and shorter cycles as lecture continues over time (Bunce, Flens, & Neiles, 2010).
• The flipped classroom has been promoted as one solution to teaching for a sense of salience and situated cognition.
• The execution of a flipped classroom has been met with opposing views by both students and faculty.
• “Scrambling the classroom” instead of flipping in its pure sense allows both lecture and active learning strategies (ALS) to be used in a complementary manner (Barnett, 2014).
• Pedagogical model in which the typical lecture and homework elements of a course are reversed (Educause, 2012).

• Employs a variety of in-class active learning strategies that build on pre-class activities completed prior to class.

• Classroom time is then “repurposed” to allow students “heads on” and “hands on” time.

• Used by other disciplines for decades, science, technology, engineering, and mathematics (STEM) classes (Mazur, 2009).
Curriculum Standards and Development

Factors Shaping Nursing Curriculum

- Needs of nursing profession
- Student demographics
- Trends in nursing
- Trends in nursing education

What’s New?

- Simulation
- Web-based or online learning
- Flipped classroom

Traditional Classroom Format

- Lecture
- Homework activity

Flipped Classroom

- Homework activity
- Classroom discussion

Common Themes

- Evidence-based research
- Quality
- Cost-effective nursing care
- Enhanced leadership skills
- Health promotion / Disease prevention
- Culturally sensitive, Community based
Traditional Learning
- Told what we need to know
- Memorize it
- Problem assigned to illustrate how to use it

Problem-Based Learning
- Problem Assigned
- Identify what we need to know
- Learn & apply to solve the problem
Characteristics of Today’s Learners

• Have diverse learning style preferences based on how information is processed (Kolb & Kolb, 2005):
  – Convergers (abstract, hands-on)
  – Divergers (concrete, reflective)
  – Assimilators (abstract, use inductive reasoning)
  – Accommodators (concrete, hands-on)
Characteristics of Today’s Learners

• Are of diverse generations:
  – Generation X (1965-late1970s)
    • Latchkey kids, so learned to manage time, set limits, get work done
    • Work-life balance
    • Tolerate change and are into tech
Characteristics of Today’s Learners

— Millennials (Gen Y) (late 1970s-mid-to-late 1990s)
  - Digital natives who are high achievers, need feedback, and most diverse
  - Team-oriented
Characteristics of Today’s Learners: Gen Z (Gen Next) (late 1990s-present)
Tips for ESL/ELL Student Learning

- Mix ESL/ELL student with native speaking students in group activities (Olsen, 2012).
- Allow students to audio tape classes to replay later.
- Provide copies of class materials either in print or online.
- Create a climate of openness, value, and respect for all students.
Point to Ponder

• Today’s freshman college student entered kindergarten in the year 2003
Tool Genres for Nursing Education

- **Student Learning**
  - Nearpod
  - Clickers
  - Virtual Reality
  - Concept Map Tools
  - Wordcloud
  - Google Hangouts on Air
  - 3D Gamelab

- **Classroom Management**
  - Remind
  - Sign up Genius
  - Class Dojo
  - Vlingo

- **Simulation**
  - Google forms
  - QR Codes
  - Virtual Simulation

- **Professional Practice**
  - RSS Feeds
  - PaperPile
  - Zoterra
  - Diigo
  - ePortfolios
Educating Nurses

➢ Simulation & Technology ➔

Higher levels of EXPERIENTIAL LEARNING
INTERPROFESSIONAL opportunities

FOCUS ON PROFESSIONAL IDENTITY

Educating Nurses: A Call for Radical Transformation (2010)

QUALITY, SAFETY, & INNOVATION
Curriculum Building in Nursing

Curriculum is the formal and informal **content** and **process** by which learners gain knowledge and understanding, develop skills, and alter attitudes, appreciations, and values to meet student learning and program outcomes.

The overall purpose of the nursing curriculum is to present a cohesive body of knowledge, attitudes and skills necessary for students to become well-prepared nurses.
Curriculum Objectives

Describe professional entities from which nurse educators can obtain content for course curriculum development.

Discuss curriculum organization, framework, and outcomes for the nursing program.

Describe the process of overall systematic program evaluation.

Understand the faculty role when participating in nursing committees and the barriers of curriculum change.
Curriculum Standards and Development

Curriculum

- Definition?
- Purpose?
- Contributing Theorists:
  - Nightingale
  - Watson
  - Benner

Bevis' 4 Curricula Types

- ILLEGITIMATE
- OPERATIONAL
- HIDDEN
- OFFICIAL

Operational curricula:
Taught and evaluated content, such as knowledge and skills
Bevis’s description of curriculum

Illegitimate curricula: taught but not evaluated, such as caring, empathy, and compassion.
Operational curricula: content such as knowledge and skills that is actually taught and evaluated
Hidden Curriculum: Taught unconsciously through modeling, such as values interactions, and beliefs.
Null curricula: Behaviors, skills, and content that are not taught, such as critical thinking, even though instructors may believe they are taught.
Official Curricula: Based off of an organized and communicated framework, usually including a philosophy, mission, objectives, teaching strategies, and outcomes.
You are building a curriculum around the concept of caring. Which theorist would be expected to provide a framework to help you?

- □ Nightingale
- □ Bevis
- □ Benner
- □ Watson
Curriculum Standards and Development

...learners gain knowledge, develop skills, and alter attitudes, appreciations, and values to meet student learning and program outcomes.

Late 1800s
The idea of Higher Education was introduced. Nurses had short apprenticeships, (sometimes without supervision)

Florence Nightingale
argued for standards of practice, her theories founded in holistic nursing, student-centered learning, and learning outcomes addressing health, nature, sickness, and disease.

Em Olivia Bevis
defined curriculum as transactions between teachers and students. She authored *Curriculum Building in Nursing: A Process*

Jean A. Watson
authored *Toward a Caring Curriculum: A New Pedagogy for Nursing.* She developed a trans-discipline out of the philosophy and science of Caring.

Patricia Benner
developed a framework for professional growth in nursing (Novice to Expert).
Curriculum Standards and Development

Curriculum Development

MISSION & PHILOSOPHY

FACULTY HELP DEVELOP CURRICULUM:

- Design
- Organizational framework/structure
- End-of-program outcomes/competencies

Program Review

Mission

Philosophy

Objectives

Learning Activities

Learning Outcomes/Competencies

K nowledge
S kills
A ttitudes
Curriculum Standards and Development

Organizational Structure

➢ Roadmap to learning
➢ Easily evaluate and manage curriculum

Approaches to Curriculum Organization

➢ Blocked
➢ Concept-Based
➢ Competency-Based

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Name</th>
<th>Credits</th>
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<tbody>
<tr>
<td>EN101</td>
<td>English Comp I</td>
<td>3</td>
</tr>
<tr>
<td>BI166</td>
<td>A&amp;P I</td>
<td>4</td>
</tr>
<tr>
<td>CH112</td>
<td>Survey of Chemistry</td>
<td>4</td>
</tr>
<tr>
<td>FY3</td>
<td>Freshman Seminar</td>
<td>3</td>
</tr>
</tbody>
</table>

Semester Subtotal: 14
Curriculum Standards and Development

Factors Shaping Nursing Curriculum

- Needs of nursing profession
- Student demographics
- Current trends

COMMON THEMES

- Evidence-based research
- Quality
- Cost-effective nursing care
- Enhanced Leadership skills
- Health promotion / Disease prevention
- Culturally sensitive, Community based
Professional Organizations

PROFESSIONAL RESOURCES

National Council State Boards of Nursing
National League of Nursing
American Association of Colleges of Nursing
American Nurses Association
National Academy of Medicine Reports
Quality and Safety Education in Nursing
Student Learning outcomes

**Student Learning Outcomes** = Expectations of students during the learning process (KSA expectations):

- New Graduate SLOs (aka PLOs/POs)
- Course SLOs
- Weekly/unit SLOs
# Leveling Competencies

<table>
<thead>
<tr>
<th>End of Program Competency:</th>
<th>SEMESTER 1</th>
<th>SEMESTER 2</th>
<th>SEMESTER 3</th>
<th>SEMESTER 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assess own communication style (verbal, written, and via technology) to evaluate strengths and weaknesses in sending and receiving information accurately.</td>
<td>Access and appraise the quality and appropriateness of information retrieved via information technology sources for professional communication and client education uses.</td>
<td>Use principles of effective interpersonal communication theories to enact goal-directed communications with individuals and groups.</td>
<td>Express oneself effectively in a variety of media and contexts to educate, influence, and collaborate with others.</td>
</tr>
</tbody>
</table>
QUESTIONS TO ASK:

What is the overall framework of the curriculum?

How will courses be sequenced and how will course sequencing be documented?

Is course content integrated across all populations or separated by special populations?

How are specialty courses organized within the program (E.g. Pediatrics, Gerontology, Maternal Health, and Mental Health)?
CURRICULUM STANDARDS AND DEVELOPMENT

Developing a Curriculum

QUESTIONS TO ASK:

What is the overall framework of the curriculum?

It is a concept-based curriculum. There are strong influences of Jean Watson’s Concept of Caring as well as
Concept Based Curriculum

- The curriculum is structured by concept, rather than being a block or competency-based curriculum. There are strong influences of theorist Jean Watson’s Concept of Caring.
- The courses in the curriculum are mapped to a specific concept and are, therefore, organized within a concept map.
- The concept of oxygenation, as an example, is common to all populations: infants, children, adults, elderly, maternal, community and psychiatric specialties.
- The curriculum teaches specialty content sequentially beginning with healthy populations, such as maternal health, and moving to more complex specialties including mental health and community.
## Sample Lesson Plan

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Content Matter</th>
<th>Learning Activity</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define myocardial infarction (MI).</td>
<td>Myocardial Infarction (MI) is the leading cause of sudden death in men and women. It is caused by an obstruction in a coronary artery resulting in necrosis of tissues supplied by the artery. The obstruction is usually due to atherosclerotic plaque, a thrombus, or an embolism. The area most affected is the left ventricle.</td>
<td>The student teacher defines MI verbally</td>
<td>What do you mean by myocardial infarction?</td>
</tr>
<tr>
<td>List the risk factors of myocardial infarction.</td>
<td>Risk Factors (Modifiable): high blood pressure, high cholesterol, high blood sugar, obesity, diabetes, smoking Risk Factors (Non-modifiable): family history, age, ethnicity</td>
<td>The student teacher enumerates the risk factors of MI verbally, on PowerPoint presentation, and handouts.</td>
<td>List the risk factors of MI.</td>
</tr>
</tbody>
</table>
Student Learning Outcomes (objectives)

- Importance of weekly or unit SLOs (see lesson plan handout)
  - Guide the delivery of instruction (method)
  - Direct learning activities
  - Direct assessment/evaluation method
Student Learning Outcomes: What Learning Domain?

• Perform a head-to-toe assessment.
• Analyze current evidence to determine best practices for treating pre-eclampsia.
• Use ethical principles to care for dying clients.
• Apply knowledge of pathophysiology to determine common assessment findings of COPD.
Examples of Common Learning Assessment Methods: Need to be Varied

- Written/online tests**
- Clinical evaluation tools**
- Clinical paperwork (e.g., concept maps, care plans, assessments)
- Discussion forums/boards
- Projects, papers, and presentations
Curriculum Evaluation and Improvement

Admission Policies

- Should support the Nursing Program goals
- Criteria should NOT discriminate

Admission Criteria for Nursing Program ≠ Admission Criteria for the Institution

DATA:

- Supports variance in admission standards
  - historic attrition rates
  - NCLEX-RN passing rates
- Drives admission criteria
  - GPA
  - science grades
  - reading scores
  - standardized tests (ACT / TEAS)
  - other predictors

WELL-QUALIFIED GRADUATES

ATTRITION
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>POSSIBLE POINTS</th>
<th>TOTAL POINTS</th>
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</thead>
<tbody>
<tr>
<td>Minimum TEAS Reading Score Required to Apply = 55</td>
<td>NA</td>
<td>Eligible to apply? Yes No</td>
</tr>
<tr>
<td>Highest score of ATI Test of Essential Academic skills (TEAS) (Adjusted Individual Total Score)</td>
<td>90% or greater = 20 80-89% = 16 70-79% = 12 60-69% = 8 Less than 59% = 0 points</td>
<td>(Total Possible = 20)</td>
</tr>
<tr>
<td>Academic Degrees</td>
<td>Allied Health Cert = 1  Associate = 2  Bachelor’s or higher = 3</td>
<td>(Total Possible = 3)</td>
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<tr>
<td>Anatomy &amp; Physiology I</td>
<td>For each course completed: A = 5; A- = 4.5; B+ = 4; B = 3.5; B- = 3</td>
<td>(Total Possible = 20)</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
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<tr>
<td>Microbiology</td>
<td></td>
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<tr>
<td>Intermediate Algebra or higher</td>
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<tr>
<td>Principles of Sociology</td>
<td>For each course completed: A = 5; A- = 4.5; B+ = 4; B = 3.5; B- = 3</td>
<td>(Total Possible = 25)</td>
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<tr>
<td>General Psychology</td>
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<td></td>
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<tr>
<td>Human Growth and Development</td>
<td></td>
<td></td>
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<tr>
<td>English Comp I and II</td>
<td></td>
<td></td>
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<tr>
<td>English Comp II</td>
<td></td>
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<tr>
<td>Earned 8 or more science credits at Community College (B- or higher)</td>
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<td>(Total Possible = 2)</td>
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<tr>
<td>Personal statement letter</td>
<td>See Letter Rubric</td>
<td>(Total Possible = 6)</td>
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<tr>
<td>Letter of recommendation</td>
<td>Submitted = 1</td>
<td>(Total Possible = 1)</td>
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<tr>
<td>Information Session Attendance</td>
<td>Attended = 1</td>
<td>(Total Possible = 1)</td>
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# Associate of Science in Nursing

**NURSING ADMISSION RUBRIC**

**Traditional Track**

<table>
<thead>
<tr>
<th>Applicants Name:</th>
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<tr>
<td>Application Date:</td>
<td>Semester 20</td>
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Delta Admission Requirements met (Check)  

Completed Application Packet (Check)  

**Overall Grade Point Average (minimum of 2.5 required)**  
(Repeat/delete allowed)  

<table>
<thead>
<tr>
<th>Overall GPA</th>
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**Pre-Nursing Curriculum Courses:**  
(ENGL 101, MATH 108 or 110, BIOL 221/223 and PSYC 201)

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Minimum 2.7 is required for eligibility. GPA will be calculated to nearest 10th and rounded to the nearest 1/5th.  

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</tr>
</tbody>
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Curriculum Evaluation and Improvement

Applicant Ranking

89

97

APPLICANT RANKING CRITERIA

- GPA
- Preadmission test scores
- Previous work experience in healthcare
- Attainment of certification in
  - Nursing
  - other areas of healthcare
  - PCA
  - LPN
  - EMT
  - Paramedic license
- Currently working in healthcare
Curriculum Evaluation and Improvement

Overall Program Evaluation

☐ MISSION & PHILOSOPHY
☐ CURRICULUM DESIGN
☐ PROGRAM OUTCOMES

Outcomes Should...
- Reflect healthcare trends
- Prepare graduates
- Incorporate expected KSAs
- Be measured by data to address quality

Program Outcomes Data

1. Program completion rates
2. NCLEX pass rates
3. Employer satisfaction survey
4. Graduate satisfaction survey
Curriculum Evaluation and Improvement

*Benchmarks/ ELAs*
- Expected level of achievement
- Data-driven and realistic
- Both PROGRAM and COURSE LEVEL

"Seventy percent (70%) of students in each cohort will graduate within 6 semesters after admission."

"Eighty-five percent of those enrolled in the Health Assessment course will perform a head-to-toe assessment at a proficiency level using a rubric."

"Ninety-five percent of students enrolled in their Mental Health/Psychology course will score a Level 2 on the Mental Health ATI exam."

POSSIBLE DATA-DRIVEN REQUIREMENTS
- Graduation timeframe
- Proficiency level of assessment
- C+ in all nursing & science courses
- Minimum ATI or HESI scores
Curriculum Evaluation and Improvement

*Evaluation Methods*

- Reviewed for **VALIDITY & RELIABILITY**
- Reflect progressive levels of program difficulty

**PROGRAM-WIDE PROCESSES**

- Standardized testing across the program
- Faculty training in NCLEX-style testing
- Specific and consistent policies for clinical evaluation

**DOCUMENT METHODS USED**
Curriculum Standards and Development

Mission & Philosophy

- COMPETENCY of TASK & SKILL
- EVIDENCE-BASED PRACTICE & CRITICAL THINKING

Philosophy Statements

WE BELIEVE...

- that professional caring is a function of a whole person
- that caring involves learning and understanding human needs.
- it is important for the nurse to engage in critical thinking and decision-making.
- it is important to know how to seek and find health information and resources.
- it is important for nurses to know how to communicate effectively with clients, health professionals and members of the community concerning health-related issues.
Curriculum Evaluation and Improvement

Overall Program Review
- Consensus on VISION, VALUES, & BELIEFS
- Alignment with those of the University
- Periodic review of related publications

TRAINING?  REVISION?

Delphi Technique
- Helps to FACILITATE A CONSENSUS
- Anonymity & flexibility are main advantages

The facilitator...
1. distributes the questionnaire,
2. obtains anonymous responses,
3. summarizes the responses.
4. Then repeats steps 1-3.

Responses will have less and less variability each round.
Curriculum Evaluation and Improvement

Focus Groups

- QUALITATIVE assessment of the program
  - Teaching strategies & effectiveness
  - Faculty may invite students & graduates
  - STUDENT PERSPECTIVE gained
Accreditation Standards and Assessment

*Systematic Evaluation*

- All components analyzed in a structured way
- In accordance with regulatory guidelines
- Evidence-based

**STANDARD COMPLIANCE**

- State Board of Nursing
- Accrediting agencies
- Internal program review by Dean & Faculty

**MISSION & PHILOSOPHY**

- [ ] CURRICULUM DESIGN
- [ ] PROGRAM OUTCOMES
- [ ] FACULTY DEVELOPMENT
- [ ] EVALUATION PROCESS ITSELF
Systematic Evaluation Models

1950s
Deming’s Continuous Quality Improvement (CQI) Model

1967
Stake’s Countenance Model

1980s
Chen’s Theory-Driven Evaluation Model

1940s
Tyler’s Behavioral Model

1960s
Stufflebeam’s CIPP Model

1970s
Scriven’s Goal-Free Evaluation Model
Curriculum Standards and Development

Course Development

- Congruency between program elements
- Break it down into **INDIVIDUAL COURSES**
  - **WEEKLY** content & **LESSON PLANS**
  - **DOMAIN** of learning

- Learning Outcomes
- Learning Activities
- Objectives
Accreditation Standards and Assessment

**Systematic Evaluation**

- All components analyzed in a structured way
- In accordance with regulatory guidelines
- Evidence-based

**STANDARD COMPLIANCE**

- State Board of Nursing
- Accrediting agencies
- Internal program review by Dean & Faculty

**MISSION & PHILOSOPHY**

**CURRICULUM DESIGN**

**PROGRAM OUTCOMES**

**FACULTY DEVELOPMENT**

**EVALUATION PROCESS ITSELF**
Accreditation Standards and Assessment

Accreditation Process

- Voluntary self-regulatory peer-review process
- Efforts in continuous quality improvement

ACCREDITATING AGENCIES REQUIRE:

- Systematic PROGRAM EVALUATION PLAN
- Self-study report with supportive data
- On-site visits and interviews
- Accuracy of promotional material

ACEN vs CCNE

NON-GOVERNMENTAL APPROVED BY THE U.S. DOE

Accredits **ALL** levels

Accredits **BSN** level **AND ABOVE**
ACEN ACCREDITATION STANDARDS

STANDARD 1
Mission and Administrative Capacity
The nursing education unit’s mission reflects the governing organization’s core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

STANDARD 2
Faculty and Staff
Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

STANDARD 3
Students
Student policies, development, and services support the goals and outcomes of the nursing education unit.

STANDARD 4
Curriculum
The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

STANDARD 5
Resources
Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

STANDARD 6
Outcomes
Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.
Accreditation Standards and Assessment

Data-Driven Evaluation Questions

WHAT kind of data?
HOW MUCH data is needed?
WHEN is data collected? HOW OFTEN?
HOW is data gathered & interpreted?
Team Approach to Curricular Design

*Change*

- Potentiates achievement of program outcomes
- Change in one part effects other parts
- Lack of **CHANGE CULTURE** does not allow for:
  - NEW, more experiential learning
  - **UP-TO-DATE** curriculum
  - Keeping up with healthcare **TRENDS**
  - Living up to **CURRENT** nursing standards
Team Approach to Curricular Design

*Four Cs of Active Curriculum Development*

- Compatibility
- Commitment
- Communication
- Contribution
Which of the following questions would help facilitate an evaluation process that will support the validity and reliability of a nursing program’s components? (Select all that apply)

- What standards does the program need to enforce for how data is documented and/or interpreted?
- How much time does the program have before the accreditation term expires?
- Where should the nursing program advisory board convene?
- What kind of data do faculty collect and analyze?
### 2012-2016 NCLEX Pass Rates of 4-Year BSN Graduates

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th># Graduates taking NCLEX-RN for First Time</th>
<th>% Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>59</td>
<td>94.92%</td>
</tr>
<tr>
<td>2015</td>
<td>41</td>
<td>100%</td>
</tr>
<tr>
<td>2014</td>
<td>38</td>
<td>97.44%</td>
</tr>
<tr>
<td>2013</td>
<td>47</td>
<td>97.87%</td>
</tr>
<tr>
<td>2012</td>
<td>37</td>
<td>91.89%</td>
</tr>
</tbody>
</table>
Accreditation Standards and Assessment

Lewin’s Change Theory

- Unfreeze
- Change
- Refreeze

Examine status quo, driving forces, and resistant forces; Constantly communicate upcoming opportunities; Create the series of urgency toward a vision
Community Role in Curriculum Design

Community Partnerships

CLINICAL AGENCY

NURSING SCHOOL

Clinical Agency
Student
Nursing School
Drag and drop the responsibility or contribution (purple box) to the appropriate role.

<table>
<thead>
<tr>
<th>contribution</th>
<th>responsibility</th>
<th>contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>contribution</td>
<td>responsibility</td>
<td>contribution</td>
</tr>
</tbody>
</table>

Current Student  
Nurse Faculty  
Hospital Administrator
Community Role in Curriculum Design

Community Partnerships

- Committee or advisory board
- Preceptorship, dedicated units, placement
- Funding for scholarships & research days
- 1 articulation agreement per partnership

1 FACULTY MEMBER: 5-8 STUDENTS

1 STUDENT: 1 PATIENT
“So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.”

-Florence Nightingale
Tools

• QSEN.org
References


