Title:
Concept-Based Curriculum in Texas: What, Why, When, and Where?

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Session Title:
Curriculum Development
Slot:
H 09: Monday, 30 October 2017: 2:45 PM-3:30 PM
Scheduled Time:
3:05 PM

Keywords:
concept-based curriculum, concept-based curriculum outcomes and curriculum development

References:
Bloom’s Taxonomy of Learning (2015). Retrieved from:
http://www.nwlink.com/~donclark/hrd/learning/id/bloom_taxonomy.jpg


Texas APIN Grant Proposal (2012) Texas Nurses Association/Texas Nurses Foundation, Austin, TX.

Abstract Summary:
With the push for academic progression following “The Future of Nursing” report, Texas educators developed a concept-based curricula. The result enhances critical thinking/reasoning to apply and analyze learning. Learners group material in coherent ways across systems and lifespan, apply new knowledge within the frame of the concept, and analyze information.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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</thead>
<tbody>
<tr>
<td>The learner will be able to identify strengths of using concept-based curriculum, over traditional, medical-model nursing curriculum.</td>
<td>Health care concepts courses and professional nursing concepts courses are integrated into each semester.</td>
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<td>The learner will be able to gain knowledge regarding development of concept-based curriculum, syllabi, and resources.</td>
<td>The structure for concept based curriculum can allow for opportunities and barriers for faculty encountering change.</td>
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Abstract Text:

Purpose:
Concept-Based Curriculum (CBC) is currently implemented in some nursing education programs across the United States. Prior to 2011, CBC had not been proposed for Texas. Nursing curriculum is often based on a traditional systems approach that focuses on pathophysiology, and the nursing process. Learners memorize information to demonstrate understanding and appease instructors. However, to enhance critical thinking/reasoning learners need to apply and analyze learning. By using concepts, learners can group material in coherent ways across systems and the lifespan, apply new knowledge within the frame of the concept, and analyze information in present and future applications. Exemplars are used to explain concepts, examples of ideas or notions, which learners rely on when information is presented, thus, enabling the association of gained information to apply to broader understandings. These links connect learning to real-life situations, where learning is retained, retrievable and applicable. Exemplars are an excellent means of presenting course content, creating a broad, cohesive grouping of information, which is applied to a variety of scenarios. Therefore, the purpose of this session is to describe the Texas CBC development, curricular resources, and outcomes of demonstration projects.

Methods:

The Texas Consortium (TC) aimed to reduce duplication of content in the Associate Degree Nursing (ADN) and the Registered Nurse (RN)-to-Bachelor of Science in Nursing (BSN) curricula. In conjunction with the development of a concept-based curriculum, the TC created a seamless RN-to-BSN articulation plan for a BSN program curriculum model with an ADN opt-out. Using a 1+2+1 model, year 1 focuses on general education courses, years 2 and 3 centers on ADN courses at the community college, and year 4 consists of RN-to-BSN courses at the upper division university level.

TC members included ADN and BSN representatives, and an education consultant from the Texas Board of Nursing (BON), who met monthly in Austin from 2011 – 2012 to lay the preliminary groundwork. Led by a full-time project manager, 80 faculty from 28 nursing programs worked in small groups on assigned concepts based on their expertise. From the Academic Progression in Nursing (APIN) grant, Texas Concepts Health & Alterations (2014) was developed, which is a list of concepts and definitions for inclusion in CBC. Courses based on health care and professional nursing concepts were created for each semester, which included definitions, key exemplars, course descriptions, and outcomes. In preparation for the continued development of the curriculum, the committee created a template for syllabi and resources for each concept. Concept analysis diagrams (CADs), which would allow faculty and students to operationalize the curriculum, were included. Along with clinical courses, a simple conceptual framework of a Venn diagram with 3 circles was created—health care concepts, professional nursing concepts, and clinical judgment.

Results:

The first year was devoted to preparing detailed syllabi, and CADs, and identifying resources needed to implement CBC. All curriculum materials and resources were loaded to an on-line learning platform that was available to all Texas nursing education programs. The initial 51 concepts were changed to 43 after a decision was made for all concepts to be “positive”, which supports the tenets of a culture of health. Comfort is used instead of pain. Coping is used instead of stress and anxiety. When assigning concepts across curricula, it was discovered that some only need to be included once while others progress, necessitating changing and advancing the exemplars. For example, diversity was a one-semester concept with exemplars, which included: Hispanic traditions; curandero; Native American traditions: herbs, sweat lodges, healers; Jehovah’s Witnesses and use of blood products; complementary and alternative treatments; spirituality; and sexual orientation: gay, lesbian, transgender, bisexual. Ethics and Legal Precepts, on the other hand, spanned 4 semesters with the exemplars beginning with criminal law, civil law, and American Nurses Association Code of Ethics and advancing to whistle blowing, Safe Harbor, obligation to report, risk management, and Advance Directives. Each of the courses in the ADN-to-BSN and Masters of Science in Nursing (MSN) curricula have been placed on a curriculum matrix to crosswalk the outcomes with Commission in Collegiate Nursing Education (CCNE) BSN Essentials.
Differentiated Essential Competencies (DECs), and Quality and Safety Education for Nurses (QSEN) competencies.

During the second year, the 60 credit-hour curriculum was implemented at six community colleges. Curriculum change proposals were submitted as an Innovative Pilot Project to the BON in January 2013, and each accredited program submitted a substantive change proposal to the Accrediting Commission for Education in Nursing (ACEN). By the end of the second year, 13 programs adopted the curriculum and, by the fall of 2016, this number increased to 17. Concerns regarding sustainability resulted in the creation of the Texas Nursing Concept-Based Curriculum (TxNCBC) Consortium, which developed by-laws and procedures for curriculum revisions, regular review, and updating of resources.

Another outcome was the creation of the Consortium for Advancing Baccalaureate Nursing Education in Texas (CABNET), along with establishing articulation agreements, which provide clear pathways for students to achieve a BSN. These agreements became the cornerstone of the APIN (2012) grant funded by the Robert Woods Johnson Foundation from 2012 to 2016 to meet the Institute of Medicine (IOM) Future of Nursing recommendation that 80% of nurses have a BSN or higher degree by 2020. The APIN grant also enabled the continuation of the concept-based curriculum to the RN-to-BSN and MSN levels. Baccalaureate and Master’s level faculty were chosen to develop the courses building on the concepts used in the ADN programs. The APIN program funded webinars for faculty addressing the concept-based strategies and resources. Faculty in-service and sharing of ideas for adapting courses to concept-based can be a satisfying and creative process.

Implications:

Transitioning from traditional content intensive curricula to concept based is not an easy process. Many faculty have years of experience with traditional curricula, which is based on the medical model. Major curriculum and teaching strategy changes have never been easy. Traditional faculty are known to step aside rather than learn new approaches to teaching. Considerations for nurse educator leaders are to determine if this will be an issue when implementing CBC, or whether current faculty can be retained as the steps to transition are undertaken.

The benefits for a program to transition to concept-based teaching outweigh the barriers. First, the volume of content using concepts is more reasonable for available class time. Second, faculty identify concepts that progress and adapt throughout the curriculum to build on increasing complexities of clinical situations. Third, students are better prepared for critical reasoning and able to transfer learning to new situations. Fourth, the concept-based approach better prepares the graduates for the ever-changing world where knowledge and evidenced-based practice are dynamic and evolving. Fifth, the transition to concept-based learning provides an opportunity for faculty to be innovators and front-runners with the changes in nursing education proposed in the IOM’s Future of Nursing.