

Evaluation of a concept-based curriculum: A tool and process



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Abstract

Nursing education has heeded the calls of health experts, revising nursing curricula to move from a content focus to a conceptual model that emphasizes the learning process and evidence-based pedagogy. Little has been published about processes appropriate for evaluation of this new curriculum model. This paper describes the comprehensive evaluation process of a concept-based, pre-licensure nursing curriculum and the tool used for documentation. Benefits and drawbacks of the process and tool are shared.

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1. Introduction: Development of a Concept-Based Curriculum

In response to the call from healthcare experts to address content saturation (Giddens & Brady, 2007; Institute of Medicine, 2003; National League for Nursing, 2003, 2005), the North Carolina Board of Nursing revised the Administrative Code (2005) outlining the curriculum for pre-licensure programs. As a result of the revisions, nursing programs no longer were constrained by the structure and historical application of the traditional curriculum: fundamentals, medical-surgical, psychiatric and maternal/child nursing. The new curriculum topics of informatics, evidence-based practice, client-centered care, leadership, management, health promotion, interdisciplinary collaboration, and quality improvement, allowed for a more creative, unique approach to curriculum revision.

1.1. Curriculum Description

The faculty of a nursing program located in the southeastern US introduced the topic of concept-based curriculum in a Curriculum Committee meeting. The community college system was shifting in to this approach and this faculty, valuing innovation and evidence-based practice in nursing education, voted to revise the curriculum (Lewis, 2014). The curriculum shifted from a medical model to a concept-based curriculum using 14 foundational concepts (professional integrity, comfort, nutrition/metabolism, elimination, mobility, safety, infection control, homeostasis, cardiac perfusion, tissue perfusion/integrity, oxygenation, neurological changes, psychosocial integrity, and health promotion) to guide content structure.

The curriculum consists of four semester-long courses. Each concept is introduced in the first semester course, which focuses on assessment and basic nursing care across the lifespan. Content exemplars are used to elaborate on the foundational concepts as a student progresses through the remainder of the courses. The second semester course, which focuses on health promotion and

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chronic health issues, is followed by the third semester, a focus on acute health issues, and the fourth semester course, which covers life-threatening healthcare concerns. The curriculum reflects a progression from simple to complex with a continuous application across the lifespan. As the curriculum was planned, a concept-content matrix (see [Appendix A](#) for an excerpt) identified which aspects of the concepts (e.g. oxygenation assessment, treatment of the hypoxic client) and which content exemplars (e.g. asthma) would be taught in each course. Due to the significance of the curriculum revision, faculty acknowledged the need to plan for ongoing, comprehensive curriculum evaluation to ensure positive program outcomes.

2. Review of the Literature: Evaluation of Concept-Based Curricula

The increasing complexity of the healthcare arena demands that nursing programs equip graduates with the ability to provide quality care to the public. Curriculum review and evaluation have become increasingly emphasized as a means of ensuring program quality. The U.S. Department of Education, by way of regulations enforced by accrediting agencies, requires that institutions of higher education demonstrate the tracking of trends in key performance indicators ([Heydman & Sargent, 2011](#)). Accreditation provides an episodic mechanism to ensure that educational programs are setting and meeting appropriate outcomes. However, some programs do not fully engage in self-assessment until the time for external review draws near, increasing the likelihood that accreditation standards serve as the sole means of program evaluation. In the intervening years between accreditation visits, it is possible that teaching and learning practices may creep away from learning objectives and program outcomes in a process termed “curriculum drift” ([van de Mortel & Bird, 2010](#)).

In order to identify opportunities for improvement before graduation or NCLEX-RN pass rates are affected, program and curriculum evaluation should be implemented as a continuous activity to address the elements that influence program success as well as accreditation standards ([Sauter, Johnson, & Gillespie, 2009](#)). After a thorough search of CINAHL and ERIC databases for journal articles related to curriculum evaluation in concept-based, pre-licensure nursing programs, these authors found several examples of methods to evaluate a few aspects of the concept-based curriculum ([Davis, 2011](#); [Heinrich, Karner, Gaglione, & Lambert, 2002](#)) and to elicit opinions from one to two groups of stakeholders ([Lee-Hsieh, Kao, Kuo, & Tseng, 2003](#)) in addition to several articles offering general discussion of curriculum evaluation methods in concept-based nursing programs ([Giddens & Morton, 2010](#); [Miller, Koyanagi, & Morgan, 2005](#)). However, the literature is lacking a specific template for evaluating a concept-based, pre-licensure nursing curriculum on a continual basis, reinforcing the findings of [Davenport, Spath, and Blauvelt \(2009\)](#) that little has been published in the nursing and education literature about the specific evaluation processes

undertaken by schools that educate healthcare providers. Furthermore, the literature offers no discussion of direct observation as a means of evaluating the actual versus intended curriculum in order to minimize curriculum drift.

3. Evaluation Tool Development

The nursing literature was lacking in a specific tool to assist in curriculum evaluation and experts in conceptual curricula were unable to provide specific, concrete examples of evaluation tools. Faculty did discover a table developed by a department of a university health system which outlined 14 program evaluation strategies and further detailed the method, advantages, disadvantages, and evaluation purpose of each ([Leist, 1997](#)). Using this table and combining it with the evaluation methods found in the nursing literature as a foundation, faculty created two items: a detailed plan for curriculum evaluation (Curriculum Evaluation Plan- [Appendix B](#)) and a documentation tool (Curriculum Evaluation Checklist- [Appendix C](#)). Faculty planned to evaluate the curriculum using nine methods: multiple choice exam review, documents review, student project review, observation of learners, observation of instruction, survey regarding clinical sites, survey of stakeholders (students, faculty, alumni, and employers), NCLEX-RN results, and student results on a commercially-available exit exam.

The Curriculum Evaluation Checklist was developed to ensure follow through and documentation of the results of the evaluation. On this checklist, a specific evaluation statement was identified for each of the nine evaluation methods identified in the Curriculum Evaluation Plan. For example, to evaluate multiple choice tests, the specific statement identified on the checklist was “test blueprints include questions reflecting NCLEX test plan categories, Bloom’s taxonomy, nursing process”. To document on the checklist, evaluators indicated yes, no, or not applicable (NA) in the box provided. To ensure a systematic, comprehensive evaluation, the checklist prompted the evaluator to answer this question for each of the four courses in the curriculum. In the comments section, rationale for a no or NA response was expected to facilitate review by the Curriculum Committee.

4. Evaluation Process

Using the described evaluation plan and checklist, Curriculum Committee members were charged with leading the curriculum evaluation. This committee implemented a curriculum evaluation as soon as the initial cohort of students entered the revised curriculum.

As the first cohort of students completed each course in the revised curriculum, the committee carried out the curriculum evaluation process using evaluation methods indicated with a single asterisk in [Appendix B](#). As areas for improvement were noted, the committee made recommendations for change and followed up with the next cohort of students. Each semester, recommendations made by the committee were shared,

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