



Implications of accreditation criteria when transforming a traditional nursing curriculum to a competency-based curriculum



Yvonne Botma ^{*,1}

School of Nursing, University of the Free State, P.O. Box 339, Bloemfontein 9300, South Africa

ARTICLE INFO

Article history:

Received 13 March 2014

Received in revised form 7 June 2014

Accepted 13 June 2014

Available online 23 June 2014

Keywords:

Competency-based curriculum

Rapid assessment

Nursing education

ABSTRACT

Nurse educators in a resource-poor country have identified the need to change from content-driven curriculum to a competency-based curriculum. A rapid assessment was done to determine the standing of nursing education in the country. Structured interviews were conducted with educational and administrative staff as well as students at all six nursing schools in Lesotho. Programme design, human resources, teaching and learning, physical resources, and programme accreditation were addressed during the rapid assessment. The results were uniform due to the country being small and four nursing schools forming a consortium. A traditional content-driven three-year diploma programme that renders a single-qualified nurse is being offered. A five-year degree programme in nursing is being offered by the only university in the country. Nursing schools are resource-poor with limited or no external funding sources. Changing to and sustaining a competency-based curriculum will require extensive empowerment of nurse educators. Professional governing bodies should produce supporting rules and regulations.

© 2014 The Author. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-SA license (<http://creativecommons.org/licenses/by-nc-sa/3.0/>).

1. Introduction

Transforming nursing education in many developing countries in Africa is long overdue and is driven by a number of factors, for example the high HIV and TB prevalence. Due to the high burden of communicable diseases, the life expectancy at birth for the region is 54 years. Seventy-three per cent of the population in Lesotho lives in the mountainous rural areas (WHO, 2012). Furthermore, Lesotho is disproportionately affected by the combination of the shortage of health care workers, high maternal mortality (620 per 100,000 live births), and the communicable disease burden. It is calculated that an additional 2625 general and midwifery-trained professionals are needed to meet the aggregated nurse/midwifery density of 1.73 per 1000 population by 2015 (PEPFAR n.d.).

In 1979, primary health care as the strategy for health service provision was adopted. However, to date, nursing education remains hospital-oriented with the bulk of work-integrated learning occurring in hospitals and not in primary health care facilities. According to the World Health Organisation Country Cooperation Strategy 2008–2013 (WHO, 2009), Strategic Priority 4 aims to

strengthen the health system capacities and performance. A pertinent focus is to scale up the training of nurses, midwives, health technologists and community health care workers. Training of more and better-qualified nurses and midwives is being supported by the Nursing Education Partnership Initiative (NEPI). NEPI supports the goal of the USA President's Emergency Plan for AIDS Relief (PEPFAR) to strengthen the quality and capacity of nursing and midwifery education institutions and to support innovative nursing retention strategies in African countries (PEPFAR n.d.).

In line with the WHO Country Cooperation Strategy 2008–2013, plans to enhance the capacity of professional regulatory bodies and associations involved in improving the quality of education and practice in partnership with the national network of public health education institutes are being implemented. In 2004, the Lesotho Council on Higher Education (CHE) was established to monitor higher education and to maintain quality standards. However, the CHE faces many challenges, for example an unclear legal and policy framework, inadequate operationalisation, conflicting roles with regard to governance and limited resources to support development in higher education, to name but a few (Lesotho, 2010).

The Lesotho Nursing Council (LNC), as stated in the Nurses and Midwives Act No. 12 of 1998, advises the health training institutions in Lesotho on matters pertaining to the form of the qualification, issuing of duplicates and certified copies of qualifications, requirements, which institutions and candidates have to meet, and the conduct of examinations (Lesotho, Act No. 12 of 1998).

* Tel.: +27 51 401 3476.

E-mail address: Botmay@ufs.ac.za

¹ The author was appointed to conduct the rapid assessment of nursing in the country.

It is evident from the literature that globalisation plays a significant role in curriculum development and that uniform and comparable systems for external quality assurance in higher education become paramount. Although co-operation between countries and institutions is required to increase the mobility of students and staff, each region or country is influenced by its own culture and economic situation and should therefore have its own standards (Bureau of the Committee of Ministers of Education of the African Union, 2007; Hernes & Martin, 2008; Martin & Stella, 2007). Currently, there are no in-country guiding documents available in Lesotho.

The NEPI partnership with Lesotho was launched in August 2011, and offers an opportunity to benchmark nursing education with other countries. It provides a unique opportunity to focus on developing and improving quality in nursing education institutions in Lesotho. The nurse educator fraternity in Lesotho decided to address the health care needs of the Basotho through the development and implementation of a competency-based curriculum with the assistance of NEPI. This article reports on the rapid assessment of the current status of nursing education in Lesotho.

2. Literature review

In order to determine the aspects that should be addressed in the rapid situational analysis the researcher reviewed the criteria for accreditation of a programme in higher education locally and internationally. Accreditation refers to a process whereby organisations or programmes are recognised as meeting minimum acceptable criteria (Di Nauta, Omar, Schade, & Scheele, 2004; Hernes & Martin, 2008). These criteria are usually set by accreditation bodies such as councils of higher education or professional regulatory bodies, and published as guidelines or manuals. The WHO (2009) recommends that nursing or midwifery schools should be an integral part of a higher education institution that meets internal standards, recognised accreditation and/or governing body requirements. Furthermore, nursing schools should have criteria in place that meet accreditation standards for work-integrated learning, academic content, and demonstration of professional competencies. Relevant credible professional and academic bodies should recognise or accredit the schools and their programmes. Salmi and Hopper (2002) recommend that trends should be noted and compared with comparable institutions in the same segment of the tertiary education system when considering accreditation. Table 1 shows the criteria that are commonly applied by accreditation bodies and which were used during the

rapid assessment. Aspects that should be reviewed under each criterion are briefly expounded.

In addition to the aspects mentioned in Table 1, it is important to have regular reliable statistics on higher education as the lack thereof is a major obstacle in strategic reflection on higher education (Martin & Sauvageot, 2011).

2.1. Programme design

According to Fink (2003), a curriculum is designed down and implemented up. This implies that the highest regulatory authority should set the guiding instructions or regulations. Furthermore, the curriculum should be entrenched in a sound teaching and learning philosophy and learning theory (Goudreau et al., 2009) to guide the development of teaching and learning activities and the development of the student as a whole person. Pedagogical practices and mode of delivery should be noted (Salmi & Hopper, 2002). The Committee (2004) requires coherence, intellectual credibility and articulation in the programmes. The matter of articulation between programmes is supported by Kouptsov and Tatur (2001) who state that no education programme should lead to an educational dead-end.

2.2. Financial viability

When considering the financing aspects, the available revenues, government budget and additional resources should be noted. Tuition fees, student aid and unit costs should also be considered. Technology spending may escalate with the incorporation of e-learning and simulation (Salmi & Hopper, 2002). Criteria set by the WHO (2009) are that the budget allocation and control should meet programme, faculty, and student needs.

2.3. Outputs

Salmi and Hopper (2002) recommend that the throughput rate, overall employment rate of age cohort, research outputs of faculty and students, as well as community engagement should be evaluated.

2.4. Governance

According to the Council (2012), the institution should be managed effectively within the regulatory framework and have written policies with regard to (a) expected level of experience and quali-

Table 1
Aspects for accreditation in alphabetical order.

Aspects	Source							
	Kouptsov & Tatur (2001)	Salmi & Hopper (2002)	Di Nauta et al. (2004)	South Africa Higher Education Quality Committee (2004)	Stella (2005)	Bureau of the Committee of Ministers of Education of the African Union (2007)	WHO 2009b	British Accreditation Council (2012)
Programme or curriculum/design	✓	✓	✓	✓	✓	✓	✓	✓
Financial viability	✓	✓	✓	✓				✓
Outputs/results/research/consultancy/extension Graduate abilities/employability/programme	✓	✓	✓		✓	✓		
Governance/regulation/healthy practices/quality assurance	✓	✓	✓	✓	✓	✓		✓
Human resources	✓	✓	✓	✓			✓	✓
Infrastructure and learning resources	✓	✓	✓	✓	✓	✓	✓	✓
Student support and progression		✓	✓	✓	✓			✓
Teaching–learning and evaluation/assessment		✓	✓	✓	✓	✓	✓	✓

Download English Version:

<https://daneshyari.com/en/article/2685981>

Download Persian Version:

<https://daneshyari.com/article/2685981>

[Daneshyari.com](https://daneshyari.com)