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Enhancing "Conceptual Teaching/Learning" in a Concept-Based Curriculum^{1,2,3}

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ABSTRACT

Conceptual teaching is essential to conceptual learning. To safeguard the authenticity and enhance a multischool concept-based curriculum, a concept analysis diagram was created for each curriculum concept. This tool provides a succinct "conceptual approach" to understanding the correlation and interrelatedness among concepts and between patients. It fosters "conceptual thinking" rather than rote memory or use of the medical model. The concept analysis diagram transposes theory to practice and concepts to patient care.

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Introduction

In the *Future of Nursing* (2010, p. 191), the Institute of Medicine recommended that "New approaches must be developed for evaluating curricula and presenting fundamental concepts that can be applied in many different situations rather than requiring students to memorize different lists of facts and information for each situation." In Texas, a Perkins Leadership Grant project in 2011–2012 provided beginning direction for a concept-based curriculum that was seen

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as a way to help nursing programs handle content saturation and provide a method for content management. Eight community colleges and four universities were involved in the initial planning to create a concept-based curriculum that would be available for any Texas college to adopt who so desired. In this curriculum, students would focus on deep learning about concepts and apply what they learned to specific priority exemplars. Because concepts could be applied in a variety of clinical settings, this would help with limited availability of clinical sites and prepare graduates for a greater variety of positions. Deeper understanding of the concepts would help promote development of clinical judgment skills necessary for graduate nurses to function in the health care system (Giddens, 2013). The Perkins leadership grant participants served as the advisory committee for the Texas Concept-Based Curriculum project (2012-2015), which further developed and implemented the curriculum. While Giddens and Brady (2007) noted that clear definitions of concepts were needed for universal understanding and consistent use of concepts among faculty as a critical component for curriculum success, the advisory committee felt that a more detailed concept analysis was needed. A template for the syllabus and concept analysis included a concept analysis diagram (CAD) for each concept that was soon seen as a major strength of the curriculum. While concepts provide the organizational framework and structure for the curriculum, CADs allow faculty and students to operationalize the curriculum. CADs were developed for each of the 43 health care and professional nursing concepts in the curriculum. Initially implemented at six community colleges in the fall of 2013, the curriculum is currently being offered at 17 colleges and sustained by the Texas Nursing Concept-Based Curriculum Consortium.

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² Conflicts of interest: None.

³ Previous Presentations:Webinar for F A Davis "Lessons Learned from Implementing a CBC), October 8, 2015 [Alabama]Poster Presentation at "Nuts & Bolts' for Nurse Educators", Minneapolis, Minnesota, August 6-9, 2015Presentation at Elsevier's Third Annual Concept-Based Curriculum Symposium, "Lessons Learned from Implementation of a State-wide CBC", Kansas City, Missouri, June 5, 2015Presentation for Texas League for Nursing, at "Teaching Nursing Using Technology", Round Rock, Texas April 23, 2015.

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Review of Literature

Concept-Based Curricula

In response to calls for a paradigm shift in nursing education from the National League for Nursing (2003) and Benner, Sutphen, Leonard, and Day (2010), and as a solution for the problem of content saturation, Giddens and Brady (2007) proposed adoption of a concept-based nursing education curriculum. They believed that major changes in nursing education were needed to prepare nurses for contemporary practice and meet current and future needs of the health care delivery system. Basing their proposed curriculum on the works of Erikson, Giddens and Brady (2007) believed that conceptual teaching and learning complement the constructivist paradigm by promoting deep understanding through connections students make to past learning, their application of concepts in various contexts, and their understanding of interrelated concepts. McGrath (2015) saw concept-based curricula as the answer to fragmentation, content saturation, and repetition. Stanley and Dougherty (2010) proposed departure from content-laden behaviorist curricula that encouraged linear thinking.

Teaching conceptually starts with deep learning of general concepts, which are then applied in different contexts through specific exemplars (Giddens, 2013). By gaining a deeper understanding of key nursing concepts, a student can recognize and understand similarities and recurring characteristics, which can be applied more effectively than memorized facts (Giddens & Brady, 2007; Hardin & Richardson, 2012).

Giddens et al. (2008) shared their experiences transitioning to a concept-based curriculum where concept-based courses provided the foundation and structure for delivery of nursing content and served as cornerstones for conceptual learning. Health and illness concepts were presented on the three continua of environmental settings, life span, and health, and professional nursing concepts at the individual nurse, patient, team unit, organization, and system levels. Exemplars helped bring the concepts to life for the students as they applied the concepts to clinical scenarios. Building context for learning through cases studies or simulations is critical as students explore concepts and exemplars (Bristol, 2013). Numerous authors cite the benefit of concept-based curricula and concept-based teaching and learning with development of skills in critical thinking and clinical judgment (Giddens & Brady, 2007; Giddens et al., 2008; McGrath, 2015; Stanley & Dougherty, 2010).

Few authors have documented effectiveness after implementation of a concept-based curriculum. Lewis (2014) noted that most program outcomes were neutral or minimally positive. Murray, Laurent, and Gontarz (2015) created a curriculum evaluation checklist to document outcomes of a concept-based nursing curriculum.

Concept-Based Learning

Conceptual teaching requires an active, learner-centered approach. Even the most carefully planned conceptually designed curriculum will not succeed unless faculty embrace conceptual learning (Giddens & Brady, 2007). Teaching approaches must allow students to develop deep understanding. In 1990, Heims and Boyd introduced clinical activities for students to learn about foundational concepts (Lasater & Nielsen, 2009). Nielsen (2009) discussed concept-based learning as an approach to help students develop practical knowledge and in-depth understanding of clinical phenomena. Beginning students require more explicit guidance in clinical, and concept-based learning activities provide such direction (Nielsen, 2009). Concept-based learning activities give students time to study concepts in depth, which promotes the development of clinical judgment (Lasater & Nielsen, 2009). For example, in the

first semester, students may assess the respiratory status of 10 patients and compare and contrast the findings, instead of providing direct patient care to one patient. Strategic implementation of these activities provides intentional, in-depth learning about a single concept rather than leaving learning experiences to chance (Lasater & Nielsen, 2009). Bristol (2014) discusses methods for flipping the classroom-providing students with activities at the knowledge and comprehension level that are to be done before class so that time in class can be spent on active learning experiences at the application and analysis levels. Flipping the classroom is a current trend in nursing education. While describing the transition to a concept-based curriculum, McGrath (2015) emphasized that even though concepts were clearly identified and outlined, it was important for the teaching staff to have a clear understanding of how concept-based learning approaches were to be integrated for teaching and learning. The goal of conceptual learning is to foster deep understanding of concepts and how they interrelate, build on prior knowledge, and make connections with similar exemplars so that students will be better able to transfer ideas to new situations (Giddens, Caputi, & Rodgers, 2015).

Concept Mapping

Several authors attribute Novak and Gowin from 1984 as the first to present concept mapping as a strategy to organize information schematically and identify relationships between ideas to promote critical thinking (Harrison & Gibbons, 2013; Irvine, 1995; Senita, 2008; Taylor & Littleton-Keamey, 2011). Harrison and Gibbons (2013) discuss several meta-analyses on use of concept mapping for learners across various educational settings and in different learning institutions. Concept maps allow students to make connections and identify interrelationships, which linear care plans based on the nursing process do not allow. Concept maps help to bridge the academia-practice gap and allow for development of clinical judgment (Senita, 2008). Concept mapping is a metacognitive tool, which plays an important role in students' development of meaningful learning and conceptual understanding (Harrison & Gibbons, 2013; Irvine, 1995; Taylor & Littleton-Keamey, 2011). Senita (2008) discussed how students demonstrate knowledge of complex concepts and apply them to patient situations through the use of concept maps. Hardin and Richardson (2012) believed that students increase their metacognitive abilities when describing their concept maps to classmates and are better able to transfer learning to different contexts. The majority of the literature refers to the student development of concept maps. Harrison and Gibbons (2013) discussed faculty use of concept maps as part of personal teaching strategies to explain complex concepts and create visual representation of important content.

Concept Analysis

Chinn and Jacobs (1987, p. 91) define *concept analysis* as "a deliberate, disciplined, and comprehensive activity that results in a definition for the concept and criteria that can be tested and challenged". This analysis included identification of various cases such as model, contrary, related, and borderline. Identification of antecedent variables, consequent variables, and intervening variables are important components. Goosen (1989) used this concept analysis as a teaching strategy for teaching pathophysiology. By systematically examining and ordering the evidence and integrating physical, psychosocial, developmental, and social data into planning and implementing nursing care, the student has a complete picture and framework to use in everyday practice. Giddens and Brady (2007) noted that concepts might be clarified by conducting a concept analysis. Using a concept analysis approach, critical attributes, model cases, and related cases contribute to clarity about concepts. In the first contemporary text

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