



Implementation of competency based curriculum in pre-service nursing education: Middle range theory

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ABSTRACT

Background: Competency Based Curriculum is acknowledged as the benchmark for transforming and up scaling the education and training of the health workforce for improved population and health outcomes. It was adopted in pre-service nursing education in Rwanda in 2007, when it switched from a content-driven curriculum to align education with the demands of the working environment. Although this approach is recommended in national health policies, there is no clear guide for its implementation at the nursing school level.

Aim: To develop a middle range theory that guides the practice of competency based curriculum in pre-service nursing education.

Method: The grounded theory of Corbin and Strauss was followed. After obtaining ethical approval, data was collected through individual interviews with the staff and focus group interviews with the students that were triangulated by observations and document analysis.

Results: Two main categories emerged: (a) Process of implementing Competency based curriculum which generated two sub-categories: (1) Implementation, (2) monitoring and evaluation; (b) outcome based education generated three subcategories: (1) health care system, (2) graduates, and (3) nursing education system.

Discussion: In this context, competency based curriculum entails the processes used to achieve learning outcomes. These processes student-centered implementation, and monitoring and evaluation that result in the accreditation of curriculum at the end of the cycle. The outcomes of these processes lead to the production of competent graduates qualified as agent of change, lifelong students and independent practitioners.

Conclusion: A middle range theory serves as a guide to implement competency based curriculum in pre-service nursing education.

1. Introduction

The (2013) recommends transforming and upscaling the education and training of the health workforce for improved population and health outcomes. Countries are reporting efforts to transform the education and training of nurses, the largest group of health workers. The [World Health Organization \(2009, 2013, 2015\)](#) specifically recommends the adoption of CBC, which is an educational approach recommended to educate competent health professional graduates for the 21st century with the intent of closing the gap between education and the workplace. According to [Harerimana and de Beer \(2013\)](#) CBC was first implemented in pre-service nursing and midwifery education in Rwanda in 2007.

2. Background

To achieve these aims, the [World Health Organisation. \(2009\)](#)

advocates the implementation of a curriculum for pre-service nursing education that is evidence and competency- based, promoting lifelong learning and positive health outcomes for the populations they serve. The shift from traditional education to CBC has been one of the most important trends in health professional education in the past decade ([Slavcev, Tjendra, & Cheung, 2013](#)). It aims to optimize the preparation of health professionals for the next generation of global health workers ([Calhoun, Spencer, & Buekens, 2011; Gruppen, Mangrulkar, & Kolars, 2012](#)). For successful implementation, CBC requires re-engineering the educational system by training and re-training educators, introducing new forms of assessment and different classroom organizations to facilitate and monitor assessment, providing additional time for school administration and management and setting up new learning resources ([Maodzwa-Taruvinga & Cross, 2012](#)) in higher education institutions.

However, despite various sustainable development initiatives at an increasing number of higher education institutions, most of these institutions are still following the traditional approach ([Anema & McCoy,](#)

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2010; Elton, 2003; Fullerton, Thompson, & Johnson, 2013; Lozano, Lukman, Lozano, Huisingh, & Lambrechts, 2013; Slavcev et al., 2013), posing many challenges for graduates trying to cope with a changing environment. This is not surprising according to Gwele (2005) because many educators had themselves been taught in this way. Kovačević and Akbarov (2016) find that the new approach is not frequently implemented and many prefer to still use the traditional teacher-centered approach. Consequently, Anema and McCoy (2010) mention that graduates are weak in critical thinking, problem solving, self-management, working in groups within an organization.

In developing countries, CBC that is being used is borrowed from developed countries and trying to adapt it to their context since 2005 (Muraraneza, Mtshali, & Mukamana, 2017). Frenk et al. (2010) argue that in this context educational reform is difficult to design and its implementation is slow. Nurse academics have little or no experience of working with CBC; many educators are not prepared for their teaching roles, few have postgraduate degrees and many have been exposed to a content-driven curriculum which has been medically framed, and primarily developed and delivered by medical personnel (Chapman, Lewis, Osborne, & Gray, 2013). This was also asserted by Kiguli et al. (2011) who state that curriculum reform in sub-Saharan African universities, from content or problem based learning to CBC, proceeds at a slow pace.

This motivated the researchers to develop a middle range theory grounded on what is practiced as CBC. Theorizing the curriculum involves making sense of the pertinent aspects of education, the subject, and related matter in order to clarify what should be defensible learning experiences for the students (Simpson & Jackson, 2003).

3. Aim

To develop a middle range theory that guides the implementation of CBC in pre-service nursing education in Rwanda.

4. Method

The study follows the grounded theory approach developed by Corbin and Strauss (2008, 1990) and symbolic interactionist paradigm. The aim of grounded theory is to take qualitative studies beyond just being descriptive to explanatory theoretical frameworks (Charmaz, 2006), using a rigorous inductive approach to generate theory from their real world context. From a symbolic interaction, we believe that believes that (1) human acts toward things based on the meanings that the things have for them, (2) this meaning is delivered from the interaction the humans have with the fellow humans, (3) and that meaning can be handled and modified through an interpretive process (Blumer, 1968 cited in Polit & Beck, 2012) to develop a middle range theory of implementing CBC in Rwandan context.

Ethical clearance was obtained from the Ethics Committee of the University (HSS/1295/014D) and research clearance (MINEDUC/0436/2/2015) was given by the Ministry of Education in Rwanda. Permission was obtained prior to data collection by the School of Nursing and Midwifery, College of Medicine and Health Sciences, University of Rwanda.

The data was collected through in depth individual interviews for the staff, focus group interviews with the students, document analysis, and observations. The total population was 65 staff and 514 students. For interviews, the participation was voluntary and informed consent forms were signed before. They were having right to withdraw any time they wish. To ensure their anonymity, the recorded information was not linked with the name while the researcher was transcribing the interviews. No names were identifiable in final report. Rich informants were chosen by being fulltime employed, having experiences of 3 years and above as a faculty members and the role they play; either administrator, manager and leader or educator. The final year students who were able to express freely in English were chosen for focus group interviews.

Scheduling place and time of interviews were based on participants' choices. The 17 staff including educators, administrators, and academic leaders and managers; 12 students for focus group interviews. The documents include a macro-curriculum, Vision 2020, higher education policy, health sector policies, law establishing the University of Rwanda, the law determining the profession of nursing and the school vision and mission. For interviews, the researcher was using an interview guide and probing questions. The questions that were asked are: (4) How do you engage yourself in the implementation of CBC? (5) How do you view the outcomes of an existing implementation of CBC? From these main questions, the researcher was asking further probing questions based on the information provided by the participants. The data collected in the study was used for the purpose of the study aimed to inform various stakeholders of CBE implementation in nursing discipline.

Constant comparison analysis and let's data talk itself approaches were used in the analysis process through open coding, axial coding and selective coding. This analysis consists of examining and interpreting data to extract meaning, understanding and develop empirical knowledge as defined by Corbin et al. (2008). The open coding was performed through a microanalysis that consists of breaking collected data in order to consider all possible meanings (Corbin et al., 2008). Consequently, the salient concepts arise from the data during analytical process, instead of deductively delivered beforehand (Wolfswinkel, Furtmueller, & Wilderom, 2013). The concepts ranged from lower level to higher level. Higher level concepts known as categories or themes which are more abstract tell us what a group of lower level concepts are indicating in order to develop a middle range theory on the implementation of CBC. This process was facilitated by Nvivo to transcribe and analyze qualitative data from this study.

After creating concepts and categories from data in open coding phase, the researcher continued to group together categories and sub-category in axial coding phase. Then, the researcher developed a category by specific condition, context and actions or interactions, by which it was managed (Goulding, 2002). The researcher further refined a list of categories by carefully trying to merge or delete some of them after making possible connections. Categories were linked depending on their properties and dimensions. Some categories were named in words and phrased from the informants, while others was renamed by the researcher's academic and professional knowledge and readings. These concepts are referred as 'literature driven concepts' by Strauss and Corbin (1990). The researcher continued to code new data, reexamined and compared it until the 'saturation' was reached. Building upon open and axial coding, selective coding was performed through relating the core category which is CBC to other categories, validate those relationships and refinement and end up developing a middle range theory.

The quality, the authenticity and truthfulness of the findings obtained in qualitative data was established by credibility, transferability, dependability and confirmability (Schmidt & Brown, 2012). To ensure credibility, triangulation was used through combining in depth interviews, focus group discussion, observation and analysis of documents to clarify and validate the meaning of behaviors. Dependability was ensured through quality data checks, peer review of coding and consultation of qualitative researchers. The confirmability was emphasised by taking different field notes, recording and transcribing interviews for verification. The transferability was ensured through clarifying in more details the research participants, methodology, interpretation of results to allow future researchers to determine the application of this the theory in other contexts. Open coding, axial coding and selective coding were used to generate a useful middle range theory conceptualizing CBC in pre-service nursing education.

5. Findings

The table 1 below indicate extracts from the participants and

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