
Curriculum Development in Nursing Education.

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A curriculum is a planned educational experience which an institution may specially organize for learners, aimed at bringing forth a desired outcome. For medical practitioners such as nurses to be able to meet the demands of the global health care standards, an educational program of high quality is imperative. This therefore calls for evidence-based leadership that is able to maintain and improve the current basic curriculum. To facilitate proper midwifery or nursing practice, we need to put into consideration the need to revise the current curriculum and the methodologies of training and empowerment.

Curriculum development is totally different from curriculum revision. According to Flaubert (2021), curriculum revision means, to make adjustments and modifications and necessary changes. This is done to the already existing curriculum, with the major purposes of giving a new direction. A new strategy for assessment, course contents and objectives can be a consideration while doing a curriculum revision exercise. Also, Flaubert (2021) asserts that, this exercise can have different approaches. Complete deleting or adding new syllabus is an approach that can help the concerned faculty to come up with a better shaped curriculum.

According to Koukourikos (2021), development of a new curriculum will always have a preliminary guideline and a procedure. This process demands a very strict legal guideline and proper standard documentation for its success. This task demands a proper plan. Additionally crucial documents such as end user survey play an important part in executing minor and major curriculum development revision. For major revision tasks rationale documentation should be highly considered (Koukourikos et al.,2021).

Specializations available in our modern-day campuses should be carefully revisited to give a room for more units that should be taken by the nursing students (Flaubert et al.,2021). However, the introduction of new curricula will be highly pushed by several factors such as infrastructure, technology and the availability of members of staff that are non-academic. Flaubert (2021) asserts that, considering that ultramodern laboratories and well-equipped and libraries are available it is justified to have a new curriculum on the way.

According to McTague (2021), there has been major scientific advancements that have led to a curriculum development wakeup call. Traditional concepts have become outdated and a readjustment to the modern needs is basically inevitable. McTague (2021), explains that, a change from the old nursing theory to the new clinical practices is on the rise and should be significantly considered. This is because the basic undergraduate level of education, will greatly determine the direction in which the nursing profession has taken and will be used as a bench mark by future generations (Flauber,2017).

Historical factors leading to development of nursing curriculum

Florence Nightgale was so committed to make significant developments and changes in nursing practice, she pointed out the need for consistent and a more formal nursing empowerment. This led to opening of a first science-based school in London majorly for nursing education. In such ancient times, there were limited nursing programs where one could learn basic nursing skills. Also, According to Wells-Beede (2020), at these ancient times, involvement of science had been greatly neglected. Nursing training duration was latter gradually changed from one to three years. Nursing had been greatly perceived as a calling instead of a respected professional practice (Wells-Beed et al.,2022).

In latter times after the Civil War American Medical Association (AMA) started bringing significant changes to this field. According to Wells-Beede (2022), AMA pushed for medical facilities to start and consider having a functional nursing program. This was a program that was more integrated than the previous ones that were in existence by then. This was to educate and train professionals to increase the number of nurses that was there. AMA made a recommendation that nursing and religion should be incorporated together.

By 1921 nursing licensure was implemented in most of the states that were existing. Nursing had been accepted as a profession. There was a growth in health care and significant changes had occurred which prompted nursing to adapt. Nurses had now to meet a set standard. North Carolina was the first state to put in place a licensure test for its students in 1923. In the following decades medical knowledge spread all around (Wells-Beede ,2020).

In 1950s, the American Nursing Association (ANA) gave a recommendation that programs for nursing should take four years of study, training and capacity building. Only basic skills would take two years of study at a certified low-level college. This was a major upgrade in the nursing practice. It helped the world to come out of a major health ignorance (Wells-Beede 2020).

According to Flauber (2017), in the 21st Century for one to acquire a nursing license the learner must be a nursing level diploma or a degree graduate. Mostly, only the accredited institutions have been offering these courses as clinical experience has been considered a mandatory requirement in the curriculum. A degree is as a symbol of advancement of this profession as recommended by ANA.

How past, present and future events frame nursing curriculum.

According to Wells-Beede (2022), E-Learning: The emergence of COVID-19 pandemic led to closure of many institutions due to public gathering restrictions by the government. This sparked a necessary transition especially in the nursing field which involves creation of a special remote learning program for all nursing students. E-Learning has been highly recommended by the Faculty of Higher Education for nursing students as opposed to the face-to-face learning program that involving experimental engagement. From Flauber (2017), we learn that even though the pandemic is unpredictable, it doesn't mean that this potential career field should be ruled out. Online zoom meetings for students at the comfort of their homes have saved the situation.

Telehealth visits have emerged in the plight of COVID 19 whereby, integration of technology to offer home nursing services has been the new development in this field. This has called for special training to home care nurses including how to follow a homecare schedule, and also teaching many clients how to order medical products online during their visits. This is something that wasn't there in their curriculum (Flauber,2017).

Nurse staffing and Education and training: COVID 19 has prompted nursing programs to embark on special curriculum advancement to teach nurses on personal protection and how to handle Personal Protective Equipment's (PPE). All this is aimed at protecting them from the Pandemic while offering services. Massive Immunization campaign has been done by nurses that required a special training to execute. This was not according to their custom before (Koukourikos et al.,2021).

Patients' safety has also been an issue on the concern. Nurses play a key role in ensuring the safety of the patient while attending to them. This has led to formulation of new curriculum to specially equip them with skills to handle patients liable to a deadly disease delicately and safely while also keeping themselves safe.

QSEN Competency: According to Flaubert (2021), Health care employers are currently emphasizing on Quality and Safety Education for Nurses (QSEN) competency. This is a project founded by Robert Wood in 2005 to improve the quality of nursing education. It guides and equips nurses with relevant skills on how to deliver quality affordable nursing care. It is also an initiative that fosters best practices in quality and high standards of safety, addressing future challenges for nursing students and how to overcome them. This has been of a significant development in nursing curriculum.

According Koukourikos (2021), there are six major focus area-competencies in QSEN. This includes patient centered care, evidence-based practice, teamwork, safety, quality improvement and informatics. Most organizations require annual re-competency check. This helps them to keep in touch with the new guideline changes and interventions within the nursing practice. This has led to constant upgrade of the nursing curriculum each and every day (Koukourikos et al.,2021).

Migrants and refugees have led to a new dawn of medical attention. Due to the unique nature of their poor living conditions, World Health Organization (WHO) is calling for a special care workforce from nurses to attend to their critical situations. They have to specially train nurses on how to offer treatments in camps with critically ill patients and offering hope to a people who are in turmoil (Koukourikos et al.,2021). The need to handle a large population has led to reforms in the kind of training they receive. The Affordable Health Care Act has led to emergence of new regulations that have a great impact on nurses. From 2019, the Act helped nurses treat patients independently without the aid of any other physician. This therefore has pushed for a major curriculum development to fully equip such nurses with maximum efficiency due to an increase in demand for such primary care providers from the society. This Act has also changed the interprofessional learning curriculum into competence-based curriculum to fully equip to nurses to be effective in the changing world (McTague & Smith,2022).

Different types of nursing curricula that prepare entry level nurses

The three approaches of block, concept-based, or competency-based curricular organization are typically used as described below

Block curriculum: The most conventional curriculum is a block one, where subjects are taught in accordance with a patient's age, medical condition, or speciality (Fegran et al., 2022). However, it also refers to all of the information (theoretical) being taught in the classroom for several weeks before nursing students spend several weeks at various

facilities for their clinical experiences. The content is categorized by medical condition, speciality, or developmental age. This may be required due to the limitations of the hospitals or clinics that are available, but it is frequently just a matter of custom. Some U.S. states currently do not recognize transcripts from nations whose nursing education uses a block curricular framework, in keeping with the study on nursing education by Benner and colleagues that stressed the integration of nursing theory and clinical experience. According to Fegran (2022), when nurses from these nations relocate to the United States, they may be required to retake some nursing courses in order to satisfy American standards for combining theory and clinical experience.

Concept based Curriculum: According to McTague & Smith (2022), the key nursing ideas must be incorporated into the curriculum at the planning stage, according to the IA concept-based curriculum-design paradigm. The curriculum is created using ideas like discomfort, inflammation, elimination, human development, addiction, etc. The emphasis of the courses shifts to these ideas. The concepts are illustrated in learning experiences by showing students how they are applied to various situations and populations. The topic of pain, for instance, might be woven throughout a number of courses, where students learn about the pathophysiology of pain, its basic origins and features, potential aggravating circumstances, and methods for diagnosing, treating, and relieving pain. Each fundamental idea might also be used as a thread to connect different courses in this kind of curriculum.

Competency based Curriculum: A competency-based curriculum design paradigm sets measurable, observable goals for learners to accomplish in order to be considered competent. Pupils who are switching from a behavioral learning theory approach to a more intellectual and constructivist theoretical perspective on learning may find this type of curriculum structure intimidating, although it does allow students to advance at different rates. Flauber (2017) states that here are some quantifiable competencies included in every nursing curriculum, but they are not always the foundation of the program. For its prototype nursing and midwifery curriculum, the World Health Organization (WHO) has opted for a competency-based approach.

Innovative curriculum and teaching strategies for implementing the curriculum According to Flauber (2017), the selection of the strategy to use is a major goal as it helps students to better relate with information in a greater depth. This also gives them the ability to relate a new information or experiences to ideas that are on existence. Teaching strategies such as Concept mapping, nurse education, Jigsaw classroom, role playing, debates and problem-based learning are some of the best concepts that can be considered.

Case study and Problem based Learning (P B L): Case study is a method that involves stories that may be real involving very complex clinical situations, that one character or more in the case study must negotiate. According to

McTague & Smith (2022), this methodology bridges the gap between practice and theory, between the lecture room and the work place. Its major purpose to nursing students is to help them apply basic scientific skills such as critical thinking and problem solving in real life cases. Its best suitable to teaching topics like clinical disease, culture competence among others. On the other hand, problem-based learning, is a method that uses patient scenarios that will stimulate students to get meaningful information and apply it. The act of asking questions, has been presented by educators to students, and demand learners to search and get holistic answers. PBL has been used widely in nursing sessions to improve critical thinking skills as it promotes a self-directed study (McTague & Smith 2022).

High Fidelity Simulation and debating: Is the science and art of creation of realistic scenarios that try to mimic a patient in a certain environment and nurse care is dramatized according to the classroom knowledge. According to McTague & Smith (2022), this method helps nurses to develop some clinical competencies, it promotes teamwork and enhances care competency. It has also been proven to improve critical thinking among nurses in different scenarios and working environments. McTague & Smith (2022), further asserts that, debating on the other hand presents clinical arguments that are focused problems on finding clinical solutions to clinical problems. According to Koukourikos (2021), it allows learners to be active in learning process and promotes critical thinking on new and emerging issues as presented to them by their tutors. The act of analyzing data by debaters helps to get a solution into the hypothesis. The final feedback presented helps in learning of the intended topic (McTague & Smith 2022).

Jigsaw classroom and concept mapping: According to Wells-Beede (2020), Jigsaw classroom is a strategy that was developed by Elliot Aronson. It entails formation of small home groups to solve a particular task. In this method one member is allocated from the said home groups who gather data and give it to his or her home group. Wells-Beede (2020), further asserts that this method has been helpful as it minimizes racial wrangles, motivates students and creates joyful learning moments among nursing students. The nursing class instructor only needs to properly manage the process and give a brief summary session at the end of the study. Concept mapping on the other hand is a teaching methodology that enables learners to create visual map connections. It allows conceptualization of new ideas to their already existing knowledge. According to Wells-Beede (2022), this methodology allows learners to package the logical ideas in a manner that they can be used for future to solve clinical problems. According to this concept, missing nonexistent knowledge is made complete.

One may face significant challenges in the course of this process: According to Xu (2016), inadequate resources can be a great set back. The traditional process is a demanding process that need both human and monetary resource. When

these two are inadequate there is a high possibility of failure. Such a tedious process will demand involvement of men who are going to be active to be active throughout the process. When one fails everything fails. Money is needed to facilitate the running of the campaign. Inadequacy of funds can setback the process (Xu 2016).

Rigid government policies. Most of the policies put in place to govern education system have been highly guarded by state laws. For such laws to be amended a very long process takes place. Sometimes this is discouraging (Wells-Beed et al.,2022). This is because government procedures are time to materialize. Unless one is in the government, bringing a change in the government-controlled affair such as a curriculum change is hard. It has to go through the parliament first before approval.

Cooperation with the community. Not every of the nursing community will agree to cooperate with you. Even most of the society members can't see anything beneficial in such a move. Sometimes having a cooperative community to support you will be the greatest test for your project. Most of the people are also not leaned and so they can't see importance of such an exercise (Wells-Beed et al.,2022).

Conclusion

Many nurses who work in nursing education have previously worked as clinical instructors or preceptors for nursing students. They seek for possibilities to do more in the area of nursing education because they've found a love and skill for teaching. The management of a nursing school hires additional nursing faculty members based on their clinical experience or existing degrees. Some nurses decide to work in nursing practice because they wish to pass on their knowledge or because they have the necessary credentials. In the majority of these situations, the potential faculty member lacks academic training or experience in curriculum development, which is the foundation of the nursing education system. When nominated to the curriculum committee or asked to participate in some area of the curriculum-evaluation process, a rookie nurse educator could feel completely bewildered or overpowered. There is a rising need for nurses to be properly empowered and given the up-to-date information to help them offer good quality services. Competition across the world on who can offer the best services has increased. It is the high time to develop, change and advance the nursing curriculum despite the challenges that may arise.

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