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# Shaping the Future of Nursing Education in Ireland

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*Abstract*

This paper presents core principles of curriculum design. These principles were used as categories following analysis of submissions made to the Nursing Education Forum in Ireland between 1999/2000. This forum was established following a Commission on Nursing, set up to examine the future of nursing in Ireland. The transition from curriculum design to curriculum development is considered and a summary of curriculum activities is outlined. The paper concludes by presenting questions to focus further discussion.

**Introduction & Background**

Nursing in Ireland is currently witnessing significant educational reform through the process of affiliation with institutes of higher education. Reform is manifest in changing accreditation arrangements, changing organizational structures, together with the changing shape and content of nursing curricula. Nursing curriculum development and the products it produces, dictate the direction and scope of nursing practice by shaping the knowledge, skills and attitudes of its nursing neophytes[1]. Contemporary nurse education therefore is challenged to design curricula that will address present and future health care needs of society. Nursing rarely, if ever, occurs in a vacuum but rather in a social, political cultural and economic milieu. These factors therefore serve to influence and shape nurse education as it attempts to integrate with systems of higher education. Each of these factors has a range of implications for curriculum design.

Curriculum development in Ireland has moved from supporting basic levels of structured training towards an approach, which seems to favour educationally led programmes and experiences. The introduction of the registration/diploma programme in nursing in 1995 was seen as an attempt to foster a more broadly educated, more analytical and self-confident profession, while retaining the core value of caring for patients[2]. However, a number of concerns were expressed to the Commission on Nursing and in the Simons et al[3] evaluation report. The Nursing Education Forum, set up in February 1999, as recommended by the Commission on

Nursing, invited submissions from the public regarding their vision for nurse education in Ireland.

This paper will summarise submissions made to the Nursing Education Forum, which addressed curriculum issues. Links between curriculum activities and curriculum principles will be suggested. The use of principles to guide curriculum design serves to provide a common focus for curriculum development without being too prescriptive. In this respect the approach has the potential to accommodate local need and interpretation. The approach supports the notion of the curriculum as a dynamic event. It provides the capacity to change and grow without the necessity to rebuild entire curriculum structures[4]. The paper aims therefore, to provide a focus for debate on the use of a principled approach to curriculum design. The reader is invited to explore the implications of these principles for local curriculum development.

**Submissions to the Nursing Education Forum**

The 61 submissions received by the Nursing Education Forum were analysed for references made to curriculum models and design. Content analysis was carried out, by highlighting words and statements relating to curriculum. A number of themes emerged from the various submissions including core principles incorporating these themes, which were perceived to be of particular importance in the design of a new nursing curriculum

These core principles incorporate flexibility, eclecticism, commonality, equivalence and transferability, progression, utility and relevance and evidence base. The

submissions will be summarised using these core principles and supported where relevant by references to current literature on curriculum.

*Flexibility*

Flexibility in the submissions referred to autonomy to design curricula in a manner that is responsive to local need. According to Pahor[5] flexibility provides sufficient latitude to ensure that the curriculum is based on present and future needs of the student. The criterion of practicality[6] is very much related to flexibility. According to Short[6] the concept of practicality rests on the assumption that individuals hold different values and beliefs and must be allowed the freedom, as curriculum developers to apply guidelines according to their own curriculum values and beliefs. A number of different models of professional education and curriculum were proposed in submissions made to the Nursing Education Forum. These included the spiral model[7] the fourfold curriculum model[8] and the post-technocratic model of professional education[9]. Regardless of the curriculum model chosen An Bord Alltranais[10] (the Irish Nursing Board) suggest that it be dynamic and flexible enough to allow for changes in nursing practice and health care delivery.

Flexibility to shape student-learning experiences through the use of various teaching/learning strategies is a recurring theme in the literature on nurse education[11,12]. The model proposed by McDonald[12] resulted from the belief that change in the teaching/learning environment was needed to promote creativity and critical thinking amongst students.

*Eclecticism*

Eclecticism, as described in the submissions, refers to the bringing together of knowledge from diverse sources to inform the study of nursing. According to Pendleton[13] eclecticism is concerned with selecting and adapting the best elements from a number of sources to inform curriculum design. Submissions related to this theme include the suggestion of a variety of teaching/learning strategies based on theories of teaching and learning to be used in content delivery. In deciding on teaching/learning strategies the need to take cognisance of theories of adult learning was emphasised. The World Health Organisation[14] also emphasised the need for learning experiences to be based on theories of adult learning. The implications of a theory of adult learning[15] are that curriculum design should accommodate the adult's readiness to learn in terms of their real life concerns and the curriculum should address problem areas rather than specific subjects. The Green Paper on Adult Education in Ireland[16] concurs with Knowles[15] that adults learn best in a problem solving needs-based way drawing their learning from a variety of sources and disciplines.

*Commonality*

This theme recognises that certain components of all pre-registration programmes are common and that the uniqueness of individual divisions of the register arises from the application of nursing practice in specific contexts and with specific client groups. Most submissions recommended that while adhering to a national structure the process of curriculum development should be reflective of the particular needs of the population served. In reviewing curriculum developments in pre-registration nursing education Tyrell[17] found a tendency towards the adoption of a generalist

model. However problems encountered in New Zealand and Australia include the dominance of the general nursing component of the programme to the exclusion of theory and/or clinical practice in other branches of nursing. The retention of mental health and mental handicap as distinct entities in the programmes was documented in a number of submissions.

A further emerging view from the submissions was that of an agreed common national curriculum in terms of content, organisation and delivery to ensure consistency within the programme throughout the country. An Bord Altranais[18,19] recommended a common core programme for pre-registration nurse education and training. A common core programme of eighteen months was suggested on the basis of providing a preparatory foundation for nurses to deliver care across a broader spectrum of need, in both hospital and community settings. However, the Report of the Commission on Nursing[2] considered it necessary to retain distinct pre-registration education programmes for general, mental handicap and psychiatric nursing.

Concern was expressed in Australia in the early 1990's regarding a common core approach to nursing curricula, much of which centred around the fear of nursing becoming 'diluted' by other disciplines or even becoming lost[17]. From a UK perspective there were mixed opinions among teachers and students regarding the common foundation programme of Project 2000[20]. Some teachers believed that the common foundation programme did not present a true picture of commonality of the different divisions of the register. Students suggested that the common foundation programme, although good in principle, should be reduced from eighteen months to

twelve months. The Royal College of Nursing[21] proposed the development of a new generic one-year foundation programme that would equip students with a foundation for moving into a variety of healthcare professions.

The importance of coherence in the curriculum is emphasised in the literature[22]. There is a suggestion that the process of curriculum planning involve lecturers and clinical practitioners from each of the complementary professions and contributory disciplines in the shared preparation of programmes, referring to this as inter-professional and inter-disciplinary planning[22]. This viewpoint is reiterated by Mohr & Naylor[23] who call for efficiency, relevancy and utility in nurse education for the 21st century.

Interdisciplinary learning and shared learning have been used interchangeably in the literature to describe an education, which draws from the knowledge and processes of multiple disciplines. Expected outcomes from using shared learning in programmes include the willingness of participants to contribute towards an enhanced understanding of each other's roles and perceptions[24,25]. One of the benefits of shared learning is building an ethos of cooperation between disciplines[26]. However the aspect of timing the shared learning experiences needs to be explored to gain maximum benefit from the learning. Connor and Rees's[26] findings suggest that where certain areas of knowledge and skills were core they lent themselves to being shared at an early stage in the programme.

*Equivalence and Transferability*

This refers to the need to ensure parity in relation to curricular content and experiences across pre-registration programmes in an attempt to support the notion of transfer between programmes thereby enhancing a range of clinical pathways. The application of a modular structure in curriculum design featured in a number of submissions. The use of modularisation is well documented in the literature[27,28,29,30,31].

The need to ensure equity in relation to curriculum content and experiences across pre-registration programmes is important to support the notion of ease of transfer between these programmes either within one academic institution or between institutions. The notion of equivalence and transferability is in keeping with articles 126 and 127 of the Treaty on European Union. This document makes reference to the following issues: encouraging mobility of teachers and students, promoting cooperation between educational establishments, encouraging the development of youth exchanges, and developing exchanges of information and experience[32]. In 1995 the Pew Health Professions Commission encouraged healthcare professionals to develop partnerships to streamline regulatory structures and processes for the purpose of acknowledging links, overlaps and conflicts between different divisions[33].

*Progression*

This principle refers to progression along pathways within the pre-registration programme itself and progression following completion of the pre-registration degree programme. This concept was considered by a number of submissions but one submission, in particular, highlighted the danger of considering changes in pre-registration education in isolation from post-registration programmes. Pahor[5] refers

to progression as the principle of 'continuation' where knowledge from previous study is deepened and broadened. The emphasis on lifelong learning by a number of reports[14,16,21,30,34,35] suggest that programmes developed for adult learners should be part of an overall framework.

### *Utility and Relevance*

Utility refers to the principle that knowledge facilitated should be useful in informing the practice of the discipline being studied. Relevance ensures that professional studies are related to a discipline The European Strategy document[14] states that the content of the curriculum must be relevant to the health care priorities and to the epidemiological, demographic and socio-cultural context of the individual Member States.

Eraut et al[36] believe that relevance has two meanings for the student. The authors mention relevance for practice and relevance to other components of the programme. Many of the submissions refer to the avoidance of 'front-loading' of the curriculum. This view reflects the current structure of the registration/ diploma in nursing programme where the biological and social sciences dominate the content of the first year of the programme. This imposes conformity on the shape of the curriculum making it impossible for schools of nursing to implement their own curriculum[37]. According to Simons et al[3] the intensity and amount of theory at the beginning of the programme constitutes front-loading. It is suggested[36] that front-loading knowledge of the biological and social sciences into the first year of the programme is a 'wasteful strategy', which causes unnecessary repetition. In addition first year

students do not have sufficient experience to understand how scientific knowledge links to practice and especially to clients' needs.

According to Trnobranski[38] the amount of time allocated to a specific subject may be a crude indicator of the relative status of this subject and it's significance in a particular programme. In addition the extent to which subjects are insulated from each other may indicate two different types of curricula. These curricula are described as (i) a collection type in which the subjects are well insulated from each other and (ii) an integrated type in which the subjects do not have distinct boundaries but have an 'open relationship' to each other[38]. The former curriculum type may lead to a fragmentation of curriculum content and a lack of application to nursing.

The call to integrate theory with practice is reiterated throughout the submissions. The majority of submissions observed that the current exposure of students to clinical learning is too late. The need for earlier clinical experience, more varied supernumerary working patterns and opportunities for learning in community contexts was suggested. Early exposure to practical skills ensures that students can enter placements with credibility feeling ready for participation[36] Some submissions warn that a continuous twelve-month clinical placement without any theoretical input will serve to widen the theory-practice gap. To minimise this gap it is suggested that the primary focus of rostered service should be clinical experience as opposed to service requirements.

*Evidence Base*

This principle reflects the view that all aspects of the programme: development, delivery, and evaluation need to be grounded in evidence. The term 'judicious' has also been used to describe this concept[6]. According to Short[6] the curriculum model needs to promote an open, unbiased search for educationally and clinically sound content, involving all relevant bodies of expertise. Submissions suggest that the degree programme will foster a cadre of critical thinkers who can access and interpret the findings of relevant research for health issues. It is proposed that the curriculum content will comprise a 'substantial research module'. In the application of research theory to practice it is hoped that future nursing practice will be evidence based. A number of reports[14,21,22] suggest that a degree programme should encourage excellence in information seeking and handling and should identify structures for developing and maintaining a research-based approach to teaching.

**Moving form Curriculum Design to Development**

Because nurses focus on people and on their health-related experiences, an approach to curriculum development, which achieves adequate content breadth and balance, is necessary[4]. Curriculum development is the process of translating curriculum policy statements into an educational programme. Curriculum development is a much broader concept than curriculum design and encompasses all the processes involved in the production and implementation of a curriculum, from the initial idea through to monitoring and review[39]. The principles, which underpin a curriculum, should be made explicit and the structures and frames for realising each principle must also be identified[22]. Structures for enabling a principle include material structures

(timetables, venues, clinical placements) and non-material structures (communication, decision-making, prioritisation). Frames (structures which shape attitudes) will determine the conditions for education and will reflect institutional climates or culture[22]. Due to differences in local need it will always be necessary to establish appropriate structures and frames for implementing principles.

There are numerous definitions of curriculum but all curriculum frameworks generally address the following: philosophy, learning outcomes, teaching/learning strategies, content, assessment, and evaluation. Philosophy explores values and beliefs. Bevis[4] suggests that each school of nursing has a different list of philosophical issues, depending on the priority of values for that school. Objectives and outcomes are often used interchangeably. Objectives usually refer to course objectives and are in effect end-product criteria. Outcomes however are usually specific to the student and refer to what the students are expected to achieve. Teaching /learning strategies describe methods of facilitating education. Strategies can vary, along a continuum, from dependent teacher-centred to independent student-centred. The strategies proposed however must reflect the philosophy. Content of a curriculum can be organised in many ways and will be influenced by whether or not a modular approach is adopted. Assessment methods will reflect the learning outcomes, teaching/learning strategies, and content of the curriculum. A balance between summative and formative assessments is usual. Evaluation of the curriculum will emanate from the selected curriculum development framework. According to Phillips et al[22] evaluation should reflect the relationship between curriculum

aspirations and the realisation of these aspirations. In addition the curriculum may contain performance indicators, which monitor the quality of a programme. According to Bevis[4]

> …the objectives, and the behaviours and content based on the future are like bits and pieces of brightly colored glass in a kaleidoscope.  They can be twisted and turned into many shapes and forms, all beautiful, all with symmetry, and all with a sense of unity and purpose.
>
> (pg.180)

The task for the curriculum development group is to develop, 'kaleidoscopically' course sequences, which respond to individual student, needs. Figure I illustrates the activities of a curriculum with suggested principles of curriculum design at the core of curriculum development.

**Conclusion and Points for Discussion**

This paper has summarised submissions made to the Nursing Education Forum and outlined the use of curriculum design principles in nurse education. Following a brief introduction and background to current curriculum development in Ireland a number core principles for curriculum design were discussed. Placing these principles at the core of the activities of curriculum development offers opportunities for each institution to design their own curriculum. The writer suggests that there is overlap between some of these principles. They are intended as a basis for discussion to establish the following:

*Is a principle-based approach to curriculum appropriate?*

*Will principles provide sufficient direction to curriculum development?*

*Are the principles described appropriate/acceptable?*

*If a principles approach is unacceptable what alternative should be employed?*

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**Table I          Principles of Curriculum Design**

| Principles | Curriculum Descriptors |
|---|---|
| Flexibility | Sufficient latitude to adapt model to local needs |
| Eclecticism | Employment of knowledge from diverse sources using a variety of teaching/learning strategies |
| Commonality | Certain components of all pre-registration programmes are common |
| Equivalence & Transferability | Parity of curriculum content across all pre-registration programmes to support the notion of transfer between these programmes |
| Progression | Progression along pathways within pre-registration programmes and progression following completion of degree programme |
| Utility & Relevance | Knowledge is useful and relevant in informing practice of discipline being studied |
| Evidence Base | Development, delivery and evaluation of programme grounded in evidence. |

**Figure I    Curriculum Activities**

Philosophy
Strategies

Learning Outcomes

Teaching/Learning

**Principles of Curriculum Design**

- Flexibility
- Eclecticism
- Commonality
- Equivalence & Transferability
- Progression
- Utility & Relevance
- Evidence Base

Content

Assessment

Evaluation