Objective

Examine methods for facilitating student learning using a conceptually based approach to teaching

Overview

- The Problem: Content Saturation
  - Themes from the literature
  - Causes and Contributing Factors

- The Solution:
  - Concept-based Curriculum
  - Conceptual Teaching & Learning
Health sciences education is experiencing content saturation; there is more content than can possibly be taught in any given curriculum.

AACN (1998) "...is it possible to "prepare beginning level professional nurses for the future in a four-year time frame" (p.19).

Tanner (1998) questioned if the expectations set forth in Essentials was a "blueprint for 21-year curriculum" p. 383

Diekelmann (2002) “....textbooks are thicker and course content more complex. Students complain of ‘too much content’ as they appear to have reached their limits with memorization.”

IOM (2003) specifically cites “overly crowded curricula” as one of many challenges in health education reform (p. 38).
Themes from the Literature

- NLN (2003) “…..reform efforts in nursing rarely change the substance of the curriculum itself but merely ‘switch, swap, and slide content around’….."
- Ironside (2004) “The dilemma nurse educators are increasingly facing is not what to include in a course, but what to leave out”

Themes from the Literature

- Faculty with expertise in nursing education should “take the lead in promoting innovation and moving away from a focus on content coverage” (NLN 2005)
- “Generalist education at the baccalaureate level is foundational to specialty practice” (AACN 2006)

Causes of Content Saturation

- Information Age
- Changes in Health Care Delivery
- Teacher-centered Pedagogy
- Academic-Practice gap
Shift in focus from inpatient / acute care to community / primary focused care.
Problem IS not in change in focus
Failure of nursing education to eliminate content.

Ongoing “love affair” with teacher centered learning (Makes us look and feel really smart!)
Teacher is responsible to ensure all content is delivered (passive learning experience).
“If I don’t cover the content, students won’t learn it”

How to learn
How to think
Deep understanding of critical concepts and interrelationships
Access, evaluate, manage and use knowledge
Paradigm Shift

- Teacher-Focused ➔ Student-Focused
- Dispenser of Knowledge ➔ Facilitator of Learning
- "Sage on the Stage" ➔ "Guide on the Side"
- Position of Power ➔ Shared Base of Power
- Passive Learning ➔ Active Learning
- Content ➔ Concepts

Educators must become "designers" of education

Covering too much content tends to cover the concept!

Adapted from J. Giddens

What is a Concept?

- A concept is an organizing principle or a unifying classification of information.
Can we really learn conceptually?

Focusing on big ideas – students anchor to specifics…contextual learning.
Fostering deep learning, and deep understanding through connections and reflection.

Promoting Conceptual Learning Means…….

Barriers to conceptual teaching

- Selecting concepts
- Selecting exemplars
- Instructional strategies
  - Multimodal versus unimodal
  - Stop your love affair with power point
    - < 25% of classroom
Benefits of Concept-Based Instruction

- Emphasis on recognition of concepts across populations and multiple situations
- Emphasis on interrelationships of concepts
- Fosters conceptual learning*
- Stimulates critical thinking
- Meets needs of diverse learners

Challenges of Conceptual Approach

- It is different
- Faculty lack understanding
- Faculty resistance to change
- Requires different level of coordination
- Lack of literature detailing steps
- What about NCLEX?

How did we change...?
What did we do...?

- Identify and Define Concept Categories
- Identify Exemplars
  - Choose these carefully
- Develop Concepts
  - Learning Strategies
  - Prescriptive clinical, laboratory and classroom experiences
- DON’T rigidly approach the concepts!
Concept: Oxygenation and possible exemplars

- Pneumonia
- COPD
- Anemia
- Pulmonary Edema
- Pneumothorax
- Oxygenation

Example: Definition and Exemplars for a Concept

- Concept: Intracranial Regulation
- Definition: Mechanisms that impact intracranial processing and function
- Exemplars:
  - Traumatic Brain Injury
  - Stroke
  - Seizures

Curricular Threads
Get into a group of 4-5 and sort according to concepts
Define your concept
What were your exemplars?
Compare and contrast

Strategies to promote multimodal learning
- Collaborative research
- Case studies
- Central question
- Concept map
- Tree of impact
- Discovery labs
- Simulation
- Socratic questioning
- Problem recognition (video simulation)

Other Teaching Strategies:
- Games
- Jigsaw
- Role Play
- Virtual Experiential Learning
- Grand Rounds
- Concept Analysis
- Case Writing
Final Thoughts on Conceptual Learning

- A focus on concepts in itself does not guarantee conceptual learning.
- Faculty must adopt active–interactive learning strategies using a constructivist approach to enhance conceptual learning.
- Ideally, concepts are woven through courses and incorporated into client related critical thinking scenarios and clinical learning.

So...what was our strategy....

- Phase I: Curriculum Development
- Phase II: Implementation
- Phase III: Vigilant Oversight and Evaluation
- Phase IV: Sustainability

Timeline

2008  2009  2010  2011

Roll Out ➔ FALL, 2012
PHASE I: Curriculum Development

- Appreciative Inquiries
- Research
- Education
- Meetings with practice partners
- Content Expert Speakers
- Curriculum Retreats/Forums
- Established concepts and exemplars
- Meetings, Meetings, Meetings!

PHASE II: Implementation

- Meetings…meetings….meetings…..
- Good intentions – faculty challenging each other – faculty challenged
- Clinical evaluation
- MPE
- Alignment with practice partners
- Meetings…meetings….meetings…..

Meetings Such!

Program of Study

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<th>First Semester</th>
<th>Second Semester</th>
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<tr>
<td>NR 215: Foundations of Nursing Practice</td>
<td>NR 225: Professional Nursing Practice I + Clinical</td>
<td>NR 320: Professional Nursing Practice with Adults II</td>
<td>NR 430: Healthcare Policy &amp; Global Health Experiences</td>
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<td>NR 260: Evidence-Based Nursing Practice with Adults I</td>
<td>NR 350: Clinical Experience: Professional Nursing Practice with Adults II</td>
<td>NR 440: Professional Nursing Practice for Persons with Complex Psychiatric Needs</td>
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<td>NR 245: Holistic Nursing Practice + Clinical</td>
<td>NR 275: Pharmacology and Therapeutics for Professional Nursing Practice</td>
<td>NR 345: Professional Nursing Practice for Child-Bearing &amp; Child-Rearing Families</td>
<td>NR 450: Professional Nursing Practice with Adults III</td>
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Foundations of Professional Nursing Practice

- Concepts
  - Ethical Concepts
  - Legal Concepts
  - Relationship-Based Care

Ethical Concepts

- Exemplar:
  - Principle-Based Ethics
    “Immortal Life of Henrietta Lacks”

Immortal Life of Henrietta Lacks
Legal Concepts

- Exemplars:
  - Intentional Torts
  - Malpractice
  - Ohio Nurse Practice Act
    - Classroom Activity
    - Self-directed
    - WebQuest:
      - Ohio Nurse Practice Act and What You Need to Know

Ohio Nurse Practice Act
What You Need to Know

Nursing Theorist Game Show

- Nightingale’s Goal of Nursing
- Roy’s Goal of Nursing
- Orem’s Goal of Nursing
- Leininger’s Goal of Nursing
- Watson’s Goal of Nursing
- Benner & Wrubel’s Goal of Nursing
Nursing Theory
Game Show

Name That Nursing Theorist Goal
of Nursing!!!

ROY

Identify types of demands placed on patient, assess adaptation to demands, and help patient adapt.

OREM

Care for and help patient attain total self care.
WATSON

Promote health, restore patient to health, and prevent illness

Relationship-Based Care

- Exemplar:
  - Caring and Healing Environment
  - Classroom Activity
  - Group Project: Developing Cultural competence

Intentional Design

Classroom

Clinical ↔ Lab
CONCURRENT COURSES-PLAN ASSIGNMENTS AND ACTIVITIES FOR CONCEPTUAL CONGRUENCE.

1. FOUNDATIONS
2. HOLISTIC NURSING PRACTICE
3. ASSESSMENT
4. PATHOPHYSIOLOGY

E.G. SKIN ASSESSMENT PAPER, GERIATRICS ASSIGNMENT

LONG-TERM CARE “RULES” DIFFER FROM ACUTE CARE
AVAILABLE FUNCTIONAL EQUIPMENT AT CLINICAL SITES
EDUCATING STAFF
COORDINATING TECHNOLOGY
VISIT CONCURRENT COURSES

COMMUNICATE, COMMUNICATE, COMMUNICATE....
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<th>FUNDAMENTALS</th>
<th>PROFESSIONAL NURSING PRACTICE I</th>
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<th>PROFESSIONAL NURSING PRACTICE III</th>
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<td>Oxygenation</td>
<td>Respiratory Assessment,</td>
<td>COPD, TB</td>
<td>SIDS, Asthma, PE</td>
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PHASE III: Vigilant Oversight & Evaluation

- Meetings....meetings...meetings....
- Root Cause Analysis – NOT a stagnant curriculum
- CQI Days – systematic plan of evaluation
- Critical appraisals
- Faculty evaluations
- Honest discussions
- Re-work
- Evaluate outcomes
- Transparency
- HARD WORK!!!!

PHASE IV: Sustainability

- Curriculum is in constant review
- Faculty is in practice
- Innovative clinical models
- Academic – practice partnerships
- Knowledge worker orientation
- Continued faculty education, evaluation and clinical alignment

KEEP CALM AND GO CONCEPTUAL