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Accelerating Curriculum Design: "A Love It, Don't Leave It" Approach to Creative Process and Idealized Design

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Purpose and Background

- The Institute of Medicine's (IOM) report (2010) on the "Future of Nursing" emphasized the need for nurses to lead health care change. One of the key messages in this report is a call to action for nursing schools to re-envision nursing education that focuses on a population-based perspective and emerging roles for nurses across the care continuum. With an evolving focus on primary and community-based care rather than acute care, and recognition of the importance of coordinating care and managing transitions across providers and settings of care, registered nurses now and in the future will need to be prepared with a breadth of knowledge, skills, and competencies. In response, the Jefferson College of Nursing (JCN) embarked on the ambitious task of designing a new 21st century baccalaureate nursing curriculum over a 13-month period.

- Nursing curriculum design varies widely and can span the course of two to five years. To reduce the lengthy process and ensure faculty commitment, JCN leadership selected a core team of nine faculty members to navigate the full faculty through the design of the curriculum. Each team member was assigned three teaching credits for curriculum development and design.

- Although a 13-month turnaround time for curriculum design is unprecedented, what is most unique about JCN's initiative is that it began with a charge of developing an **idealized** curriculum from a **blank slate**. To ensure that the curriculum reflected multiple perspectives, the team recruited six stakeholders including a nurse practice partner, health care consumer, community leader, alumnus, current student, and adjunct clinical faculty.

The team with cultural sensitivity expert Dr Deb Washington

Project Scope

- In April, 2014, the Jefferson College of Nursing embarked on creating a new curriculum framework, depicted in Figure 1, and corresponding new curriculum for baccalaureate nursing education based on the best evidence and responsive to national reports, standards, and competencies.

- Key assumptions driving the project included a **blank slate** for changing baccalaureate nursing education, a philosophy of team teaching, student, partner, and faculty engagement, articulation with the current MSN and DNP plans of study, and a fiscally responsible approach.

- This faculty-led initiative included the following resources:

1. Engaged a Distinguished Visiting Professor who spent time in-residence during the 2014-2015 academic year, as well as provided virtual and telephonic support. She was the core team's support system, provided an external perspective, as well as guidance and expertise.
2. Engaged additional external experts as needed.
3. Established a 15-member core team comprised of nine nursing faculty members, eight undergraduate and one graduate; one practice representative; one community representative; one current student; one alumni; one current clinical adjunct; and one recipient of care. A support staff was assigned to the core team.
4. Selected two Co-chairs.
5. Assigned core team members 3-credits in fall 2014 and 3-credits in spring 2015 for curriculum development.
6. Provided periodic open forums for all JCN faculty members, monthly updates to the JCN faculty, Curriculum Committee, Dean and Associate Dean.
7. Convened a four hour kick-off meeting for all JCN faculty members on Wednesday April 16, 2014.
8. Provided readings prior to April 16, 2014 on Blackboard Learn accessible for all faculty members.

Design/Description of Intervention

The experience of curricular design or change is challenging and many nurse faculty report frustration and dissatisfaction with the process and outcome. While causal factors likely vary from school to school, there are factors seen in many curricular projects. These factors include: lack of knowledge regarding curriculum development; lack of consensus regarding how to organize the curriculum development work (with too much focus on details and vested interests rather than a changing external environment and stakeholder needs); the amount of time curriculum development requires; and related to the prior items, concerns about approaching curriculum projects using existing faculty processes with the usual power struggles and frequently report incivility.

An evidence-based approach to curriculum design was introduced by the consulting visiting professor to mitigate the aforementioned commonly reported dissatisfiers. The recommended conceptual framework for curricular development includes three major approaches that promote a future orientation (**idealized design**); enhanced participation, decision making, and consensus building using a data driven, evidence-based approach (**quality improvement principles**); and, **project management principles** to ensure efficient and timely accomplishment of the overall work.

Idealized design may be defined as the process of interactive planning (Ackoff, Magidison, & Addison, 2006). There are three major steps to idealized design, namely (1) describing the current state in relation to evolving needs based on a current scan of the external environment and stakeholders; (2) envisioning the desired future state that would achieve priority goals; and (3) adjust the ideal design plan to accomplish as close to the ideal as possible by modifying the vision for system limitations or other realities that likely cannot be influenced. The overall goal of idealized design is to achieve the best, creative thinking for the future rather than first being constrained by current realities.

Quality improvement (QI) principles and techniques are widely used throughout the healthcare system. There are many models for QI in healthcare and other industries; yet, at their core, the majority of the principles are very similar. Important QI principles focus on customer needs, assessing and refining processes to achieve those needs using data and efficient methods, a commitment to participative strategies so that those closest to the work processes have strong voices in design and decision making, and plans for documenting improvements with a goal of continuously improving. While all of the latter are important in curriculum design projects, a change in typical faculty meeting communication and decision making activities can improve quality, efficiency, and participant satisfaction. Specifically, clarifying roles (leaders, members, facilitators, others), creating ground rules for meeting behaviors and responsibilities, articulating decision making processes, and active facilitation of precious meeting time must be enacted consistently.

Last, project management principles assure that there is a plan for sequencing and responsibilities assigned related to each phase of project activity necessary to achieve the project goals. Project management principles enhance meeting effectiveness with a shared understanding and ownership of the actions needed to move the project forward through the project lifecycle. Details related to the importance and value of project management will be provided in a subsequent section.

Table 1. Project Deliverables

- Curriculum framework
- Curricular themes
- Curricular outcomes for end-of program
- Student learning outcomes and level competencies
- Curriculum design, plan, and sequencing
- Competency learning progression maps
- Course syllabi
- Concept/content maps
- Implementation plan

Project Management Procedures

Project management procedures ensured that the team produced a high-quality product on time with key stakeholder engagement throughout the process.

At the outset of the project, the team developed a work plan that incorporated all milestones, project deliverables, meetings and tasks. Table 1 lists the deliverables that were produced throughout the project.

The first project deliverable was a list of meetings for the core team which identified dates and times for meetings through the 13-month curriculum design phase. Meetings were typically three hours in length with some lasting six to eight hours depending on the agenda.

The team established regular monthly meetings for the Co-chairs and the Dean to keep her abreast of progress, resources needed, and challenges encountered. The Dean was an important source of information on regulatory and accreditation considerations related to the new curriculum.

The Co-chairs met regularly with the Distinguished Visiting Professor to review progress and develop meeting agendas.

Because faculty engagement was a top priority, the work plan identified scheduled general faculty meetings, graduate faculty meetings, and undergraduate faculty meetings for the team to provide progress updates and obtain feedback.

Communication and coordination strategies were implemented to facilitate effective collaboration with the community advisors. While the community advisors were invited to attend all scheduled meetings, it became apparent early on that the team needed to identify specific meetings in which attendance was required as competing priorities prevented their participation in every meeting. During these meetings, two to three team members reviewed work products with the advisors to obtain focused feedback. The faculty present at the meetings brought the advisors' feedback to the team, discussed this feedback, and revisions were made as needed.

Because the timeline was aggressive and parallel tasks were required, the use of subcommittees to accomplish work outside of regular meetings was necessary to meet target deadlines.

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Curriculum Framework

PRACTICE EXCELLENCE

INNOVATION

Promoting Health and Quality of Life Along the Care Continuum

IP COLLABORATION

POPULATION HEALTH

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