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WESTERN UNIVERSITY

Modernizing Nursing Education for Student Success

by

Deborah Hartlen

AN ORGANIZATIONAL IMPROVEMENT PLAN

SUBMITTED TO THE SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF DOCTOR OF EDUCATION

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MODERNIZING NURSING EDUCATION

Abstract

Nursing education has evolved over time to meet the changing demands of an increasingly complex healthcare system. To enable teaching faculty to facilitate students' capacity in applying critical thinking and application of nursing concepts—skills required of graduate nurses--this Organization Improvement Plan (OIP) identifies classroom teaching strategies as instrumental in students' acquiring these skills. Analysis of University and Program conditions identify challenges and strengths of both that are considered throughout this plan. Based in transformational leadership elements, this plan describes how a grassroots or informal leader can initiate change and move it forward with formal leaders' support. Application of Kotter's Eight-Step Change Process (1995) identifies necessary actions the informal change leader uses to raise awareness of the issue associated with conventional classroom teaching methods and follow through required to bring the plan to institutionalization. This Process also acknowledges the relationship between informal and formal leadership to advance improvements. The Harkness Model for Teaching (Trustees of Phillip Exeter Academy, 2019) is presented as a tangible way that active learning can be supported in the classroom setting. Although the long-term goal is to provide students with skills to enable them to be practice-ready on graduation, this plan focuses on providing teaching faculty with the motivation to modernize their classroom teaching strategies.

Keywords: active learning, contemporary teaching strategies, nursing education.

Executive Summary

One of the challenges facing registered nurse (RN) educators is how to align the theoretical aspect of nursing education with practical applications in clinical settings. Teaching approaches are required that encourage the development of critical reasoning and thinking, skills to facilitate finding solutions to the multifaceted problems faced by patients, communities and the healthcare system itself (Ironside, 2004; Kumm & Fletcher, 2012; Tedesco-Schneck, 2017).

Although nursing education is multifaceted, consisting of classroom theory, lab and simulation, and clinical practice, this organizational improvement plan addresses the issue of what RN Educators can do in the classroom to facilitate development of competencies healthcare providers have identified are missing in graduate nurses. The goal for this plan is to optimize classroom teaching practices to enhance student capacity for analyzing health care problems for clients (Billings, Allen, Armstrong & Green, 2012; Hebenstreit, 2012). The role of leadership is explored relative to its impact on implementing changes in a bureaucratic environment.

A recent provincial government review of nursing education identified a number of concerns raised by external stakeholder, one of which was the costs associated with additional training nurse graduates required to facilitate their entry into the workforce. The review identified a need for educators to identify way to improve students' readiness for practice. This plan examines literature on contemporary classroom teaching strategies, and their connection to development of critical thinking and application of concepts in students.

Chapter 1 describes the organization and School of Nursing (SON) from multiple perspectives and presents an overview of the organizational structure and strategic priorities, mission and values. Transformational leadership elements provide ways of focusing theory instructors on a vision for change and suggest relational approaches that the change agent can

MODERNIZING NURSING EDUCATION

use to move this change plan forward (Avolio & Bass, 1995; Bass, 1985). The problem of practice is analyzed from a historical perspective, from its current state and in relation to best practices for classroom teaching (Fink, 2013). Drivers for this change plan are identified. An assessment of the SON's readiness for change is presented and discussed, identifying factors that negatively or positively influence the change process.

Chapter 2 provides an examination of the chosen leadership approach, discussing how it will facilitate leaders to move this change forward. Kotter's Eight Step Change Process (1995) is discussed as a framework to incrementally advance the plan. A gap analysis reveals areas of both strength and those needing development in relationship to implementation. Options for how to best respond to the identified need are presented, with the preferred approach identified. Leadership ethics and responsibilities are discussed from the perspective of various stakeholder accountabilities.

Chapter 3 outlines a change management plan and a communication strategy. Also, a monitoring and evaluation plan utilizing Bennett's Hierarchy of Evidence as a model for implementation is discussed, including indicators, targets and questions.

In conclusion, this plan informs the need for changes in pedagogy aligned with expectations of graduates of a pre-professional program. Nursing programs and a leadership team focused on improving student' readiness-to-practice competence will affect long-term change and hoped-for outcomes of students who can adapt quickly into the ever-changing healthcare system. This improvement ultimately benefits patients and the healthcare system in which they receive care.

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Table of Contents

Abstract* *i

Executive Summary* *ii

Acknowledgements* *iv

List of Figures* *x

List of Tables* *xi

Glossary of Terms* *xii

CHAPTER 1: INTRODUCTION AND PROBLEM* *1

Organizational Context*..... *2

University X History* *2

Mission and Values* *3

Funding* *3

University X School of Nursing Context* *4

Leadership Position and Lens* *6

Transformational Leadership*..... *7

Leadership Problem of Practice*..... *11

Framing the Problem of Practice*..... *12

Historical perspective*..... *12

Broader Context Shaping Nursing Education* *13

MODERNIZING NURSING EDUCATION

***Theoretical Frameworks* 18**

 Donabedian Quality Model.18

 Fink’s Taxonomy of Significant Learning20

***PESTL Factors* 24**

***Questions Emerging from the Problem of Practice*..... 26**

***Leadership-Focused Vision for Change* 27**

 Gaps Between Present and Future.....27

 Priorities for Change31

 Change Drivers: Collaborating with the Organization and Broader Community32

***Organizational Change Readiness*..... 32**

***Summary*..... 34**

***CHAPTER 2: PLANNING AND DEVELOPMENT* 35**

***Leadership Approaches to Change* 35**

 Institutional Leadership Practices and Principles.....36

 Individual leadership practices and principles37

***Framework for Leading the Change Process*..... 39**

 Types of Organizational Change.....39

 Framing the Problem of Practice.....40

 Specific Approach for Leading Change41

MODERNIZING NURSING EDUCATION

***Critical Organizational Analysis* 43**

Current Status.....44

Change Readiness Findings.....44

***Solution Alternatives* 51**

Option 1: Maintain the Status Quo52

Option 2: Close the Program54

Option 3: Develop an Implementation Strategy Aligned with Best Practice.....57

Preferred Option.....59

***Ethical Leadership: Myth or Reality?* 61**

Nursing Students61

Instructors63

School of Nursing Leadership Team64

The Organization65

Personal accountability66

***Summary*..... 66**

***CHAPTER 3: IMPLEMENTATION, EVALUATION, AND COMMUNICATION* 67**

***Change Implementation Plan*..... 68**

Organizational Analysis.....68

Plan for Managing Transition71

MODERNIZING NURSING EDUCATION

Understanding Stakeholder Reactions to Change	73
Selecting Personnel for Engagement.....	74
Required Resources and Supports	78
Potential Issues and Mitigating Factors.....	80
Building Momentum	81
<i>Change Process Monitoring and Evaluation</i>	82
Measurement tool: Bennett’s Hierarchy of Evidence.....	83
Tracking Change, Gauging Progress	87
Building Awareness.....	94
Relevant Audiences.....	98
<i>Conclusion: Next Steps and Future Considerations</i>	101
Leadership Lessons	101
Future Considerations	103
<i>References.....</i>	104
<i>List of Appendices.....</i>	118
<i>Appendix A Costs associated with post-secondary /nursing education.....</i>	119
<i>Appendix B.....</i>	121
<i>Outline of Undergraduate Nursing Program.....</i>	121
<i>Appendix C.....</i>	123

MODERNIZING NURSING EDUCATION

***Contemporary Teaching Resources* 123**

***Table C. Contemporary Teaching Resources* 123**

***Appendix D*..... 125**

***Appendix E* 127**

List of Figures

Figure 1. Transformational Leadership Applied to my Agency for Change 9

Figure 2. Donabedian’s Quality Model applied to Nursing Education 19

Figure 3. Taxonomy of Significant Learning 21

Figure 4. Alignment of Curry’s Change Institutionalization Framework and Kotter’s Eight Step Change Process 42

Figure 5. Bennett’s Hierarchy of Evidence applied to this OIP 83

Figure 6. Concept map for Communication Plan 93

List of Tables

Table 1. PESTL identification of macro system factors for this plan	24
Table 2. Draft Change Implementation Plan	71
Table 3. Key Stakeholders.....	75
Table 4. Monitoring and Evaluation Questions	89
Table 5. Communication Plan	95

Glossary of Terms

Activity-based learning: an instructional approach that engages the student to practice necessary competencies such as interviewing clients, or communities through role play, team teaching, or group work.

Case-based learning: an instructional approach that requires students to use their knowledge to examine real life scenarios or case studies with the guidance of the instructor, using guided inquiry to help them make meaning of differing situations.

Classroom: teaching and learning space where theory, concepts and content are taught.

Clinical: an area of practice setting for nursing students which may include community (home care or public health), hospital, or long-term care settings. Clinical components are usually embedded as part of nursing courses.

Clinical Instructor: an RN supervising student nurses in lab, simulation or clinical settings.

Critical thinking: the process of thoughtful reasoning, using information, knowledge and self-awareness to effectively communicate and solve problems (The Foundation for Critical Thinking, n.d.).

Contemporary teaching methods: utilizing learning activities such as case-, problem-, or activity-based scenarios to enable students to draw on their personal experiences, knowledge and insights, to make meaning of new cognitive, technical and practice setting experiences.

Faculty: may or may not be a nurse/RN but who has responsibility for teaching in the nursing degree program.

Harkness Model: a student-centered approach that facilitates active learning. Students are assigned in groups to discuss and work collaboratively.

MODERNIZING NURSING EDUCATION

Instructor: alternate term for RN Educator and/or faculty

Lab: setting in which students learn the task work of nursing such as taking vital signs, completing system assessments, assisting/providing personal care.

Modified curriculum: university-based education program consisting of two semesters of pre-requisites of arts and sciences courses, followed by six semesters of consolidated nursing courses. This program is completed in three calendar years.

OIP: acronym for Organizational Improvement Plan, the focus of which is finding workable solution to a problem of practice identified in the workplace.

Problem-based learning: an educational approach that develops and increases students' ability to apply their knowledge to analyze problems and find solutions.

Readiness-for-practice: a nebulous concept, with varying expectations depending on who is providing the definition: the student, the instructor or the nursing unit manager where a graduate nurse is employed (El Haddad, Moxham & Broadbent, 2017). For the purposes of this change plan, readiness-for-practice is defined as meeting the entry-level requirements for nursing practice as described by the Canadian Council of Registered Nurse Regulators (2012).

RN Educator: the term used by the World Health Organization to identify registered nurse faculty teaching in pre-professional nursing programs.

Simulation: practice situations in which students are placed in simulated clinical situations and expected to integrate theory and skills learned in classroom and lab.

Traditional nursing education program: university-based education program consisting of four calendar years, two semesters of classes and a 6 weeks clinical practicum after the winter term.

CHAPTER 1: INTRODUCTION AND PROBLEM

The education of future nurses has evolved to meet the changing requirements of the healthcare system in which they will work. Nursing leaders such as Florence Nightingale (1969) recognized that task focused work alone was inadequate to meet the increasingly complex work nurses were required to perform. Education consisting of theory and practical components now make up student nurses' pre-professional education (Baker, Guest, Jorgenson, Crosby & Boyd, 2012). Recognizing the need for understanding the "why" of the activities comprising nursing care resulted in nursing education being integrated into university programs from hospital training beginning in the early 1900s. Currently a Bachelor of Science in Nursing is the minimum entry-to-practice level for most Canadian provinces (except Quebec) (Canadian Nurses Association, 2019) and the United States.

One of the challenges facing registered nurse (RN) educators is how to align the theoretical aspect of nursing education with the practical applications in clinical settings. Teaching approaches are required that encourage the development of critical reasoning and thinking, skills to facilitate finding solutions to the multifaceted problems faced by patients, communities and the healthcare system itself (Ironside, 2004; Kumm & Fletcher, 2012; Tedesco-Schneck, 2017).

Although nursing education is multifaceted, consisting of classroom theory, lab and simulation, and clinical practice, this organizational improvement plan addresses only the issue of what RN Educators can do to facilitate the skills healthcare providers have identified are missing in graduate nurses. The goal for this plan is to optimize classroom teaching practices to enhance student capacity for analyzing health care problems for clients (Billings, Allen, Armstrong & Green, 2012; Hebenstreit, 2012).

This chapter presents an overview of University X and its School of Nursing (SON) in which this organization improvement plan is situated. A leadership approach is discussed that will be used to propel the plan forward, identifying a leadership-focused vision for change. The context of nursing education will be presented in relation to this School of Nursing and national and global directions. Questions arising from the problem of practice are offered and an analysis of organizational readiness-for-change will be described.

Organizational Context

Each university has its own culture and historical perspective that shape development over time. Additionally, funding sources, mission and values, and location—whether urban or rural—influence the manner in which a university grows and changes.

University X History

Established two hundred years ago, University X is a “research-intensive university” in Canada consisting of 13 Faculties, offering courses in 180 programs (University X, 2013). In addition to general undergraduate programs, specialized programs in faculties such as Health, Medicine and Engineering are offered, as well as programs at the masters and doctoral level of study. The student population is diverse, numbering over 18,000, consisting of provincial, national and international students (University X, n.d.). The organizational website declares a student to faculty ratio of 17 to 1; however, a review of the academic calendar reveals a ratio of one professor to 495 students for some undergraduate courses, while for the nursing program the proportion approximates one professor to 100 students.

Provincially, University X offers a wide range of education in a variety of areas, such as health, engineering, medicine and dentistry, in addition to programs in the arts and sciences. Challenges arise related to funding for multiple Postsecondary organizations offering similar

programs, balanced with accessibility across the province for students to higher education.

University X is located within an urban region, with satellite programs in rural areas, one of which is a nursing program, enabling provision of nursing education to students for whom access to urban universities presents challenges (n.d.). Programs and policies promote and support diversity of both students and faculty.

University X Structure

Like most universities in Canada, the governance structure in place is a bicameral one, consisting of a Board of Directors and Senate (University X, n.d.), which provides for arms-length decision-making between the organization's business operations and the academic components (Austin & Jones, 2016, p. 13; Jones, Shanahan & Goyan, 2001). The senior executive roles consist of the President, a Provost /Vice President (VP) academics, a Provost of Student Affairs, and several assistant or associate VPs. Deans for the 13 faculties are supported by directors for each department or school. Requests for changes to academic programs such as revisions to curricula are brought to Senate through a structured approval process.

Mission and Values

The organization's vision as a leader in innovation and research to serve the local and global community (University X, 2013). Its three-fold mission statement communicates to stakeholders its key priorities for development: (1) teaching and learning excellence, (2) encouraging research that is world-leading and (3) creating an environment that facilitates connection to community (University X, 2013).

Funding

University X (2018) is reliant on two primary sources for its revenues: provincial government grants and tuition. Other sources such as endowments and individual contributions

compose additional, less consistent, revenues sources (University X, 2018). Appendix A provides cost comparisons nationally and provincially for nursing education programs. Revenues to post-secondary education generally have increased over the years. However, tuition has also risen, with nursing program tuition being higher than average. In contrast to other Schools of Nursing in the province, University X has experienced higher costs associated with providing nursing education due to higher student enrollment than programs in other universities which increases the required number of clinical instructors and other support staff, resulting in higher operational costs.

Through reviewing the financial figures related to costs, it is apparent that University X needs to find ways to reduce its costs for this program. One way, addressed in the provincial review, is to reduce the number of clinical hours provided for students. The new modified program does this. However, the way in which theory is taught in the classroom becomes more important to assisting students in acquiring critical thinking and analysis skills due to reduced clinical hours--resulting in a need to optimize classroom teaching.

University X School of Nursing Context

The SON, in conjunction with other provincial registered nurse preprofessional programs, recently underwent a program review that resulted in recommendations to modify the programs in several ways. The review was initiated to ensure all programs meet the requirements of the current and future healthcare system, share resources, align programs with contemporary teaching and learning strategies, ultimately to reduce costs. University X School of Nursing responded by modifying its curriculum to consolidate the nursing courses (Author A, 2016). The new “modified program” reduced the number of clinical hours overall and reduces the program from integrated with Arts and Sciences over four years to a program completed in three calendar

years, consolidating the nursing component in the final two years. Appendix B provides information on the restructuring of the program, and the revised course foci. Although the provincial review was an external process, development of the framework for the modified curriculum was initiated within the School of Nursing and followed usual approval processes.

Like most university teaching environments, the culture within the School of Nursing at University X is one in which RN educators work in isolation, being assigned individual responsibility for development of courses: teaching strategies, materials, and documents; assignments and marking strategies; and organizing/presenting content (Author, A, 2015). These courses may have an associated component of lab, simulation or clinical with application of the theory classroom component.

As the undergraduate program transitions from traditional delivery to consolidated nursing courses, both programs are operational, placing strain and demand on those who are assigned the teaching components. Faculty who have traditionally been assigned to teach theory classes only are also now assigned to lab, simulation and /or clinical practice, in addition to theory courses. The majority (approximately 75%) of educators in this program are on contract, which places an additional burden and stress on them, due to changes in the curriculum and reduced preparation time (Canadian Association of Schools of Nursing, [CASN], 2017). The lack of job security and the nature of the hiring processes negatively impact the culture of the School, due to employment insecurity some faculty experience. Formal leadership roles within the Department are primarily assigned to tenured faculty.

During this transition in program delivery, Department leadership changes have occurred. Compounding changes to the curriculum with changes in the leadership team, the Department is in a state of controlled uncertainty. One example of this was a decision after the program began

to place students (as part of the semester 3 clinical integration course) in community service areas like food banks. With no arrangements having been made with service areas, and no list of available providers, the faculty involved with the course were trying to identify potential sites to place the students and reacting to demands from the leadership team to “make it happen”.

Leadership Position and Lens

Leadership may be viewed as both an art and a science, whereby individuals use their inherent talents and the capabilities attained through learning to effect positive changes for the betterment of individuals, communities and the world; in addition, they have the courage to use the tools available to facilitate improvements (Bangari & Prasad, 2012). This role is not limited to those who have formal leader positions; rather these are inherent characteristics that may be held by an individual (Avolio & Bass, 1995; Bass, 1985; Curry, 1992). The art of leadership places importance on relational qualities such as kindness, caring, and compassion that enable the individual to motivate others to achieve goals. The science of leadership requires an ability to analyze context and envision an improved state, and then develop a process by which to achieve the improved state.

There are various leadership theories that may have been suitable for this improvement plan such as Transformational Leadership, Servant Leadership and Distributive Leadership. Servant leadership as a relationship-based theory, focuses on the leader’s capacity to place others first, and build up and develop others (Greenleaf Center for Servant Leadership, 2016). However, my agency for this plan is that of an informal leader, and in the context of a hierarchical bureaucracy, implementation of a change process may be blocked due to the subservient aspect of this theoretical perspective, when used by an informal leader.

Distributive leadership is a perspective of leadership that recognizes and engages others' areas of expertise and is appropriate in an organization of highly educated professionals who demonstrate accountability for their actions (Harris, 2014). Collaboration and teamwork are elements of a distributive leadership approach (Harris, 2014), and in a setting such as this School of Nursing where individual instructors have traditionally worked in silos, mentoring and learning to work together towards a vision for the program need to occur before a distributive approach would be appropriate. Perhaps once this plan is implemented and contemporary classroom approaches are the standard to which teaching is held, a distributive leadership approach could facilitate advancing everyone's capacity to higher levels of achievement.

The elements of transformational leadership can be utilized by everyone who has leadership responsibilities, both formal leaders and informal leaders. In assessing my personal capabilities related to the art and science of leadership, my approach aligns with the characteristics associated with transformational leadership, as I use my influence to build relationships with others on whom I rely to achieve goals or implement change (Bass, 1985). Although Transformational leadership theory originated in the 1970s, it has evolved to meet the demands of the 21st century, while maintaining its four core elements of individualized consideration, inspirational motivation, idealized influence and intellectual stimulation (Riggio, 2019).

Transformational Leadership

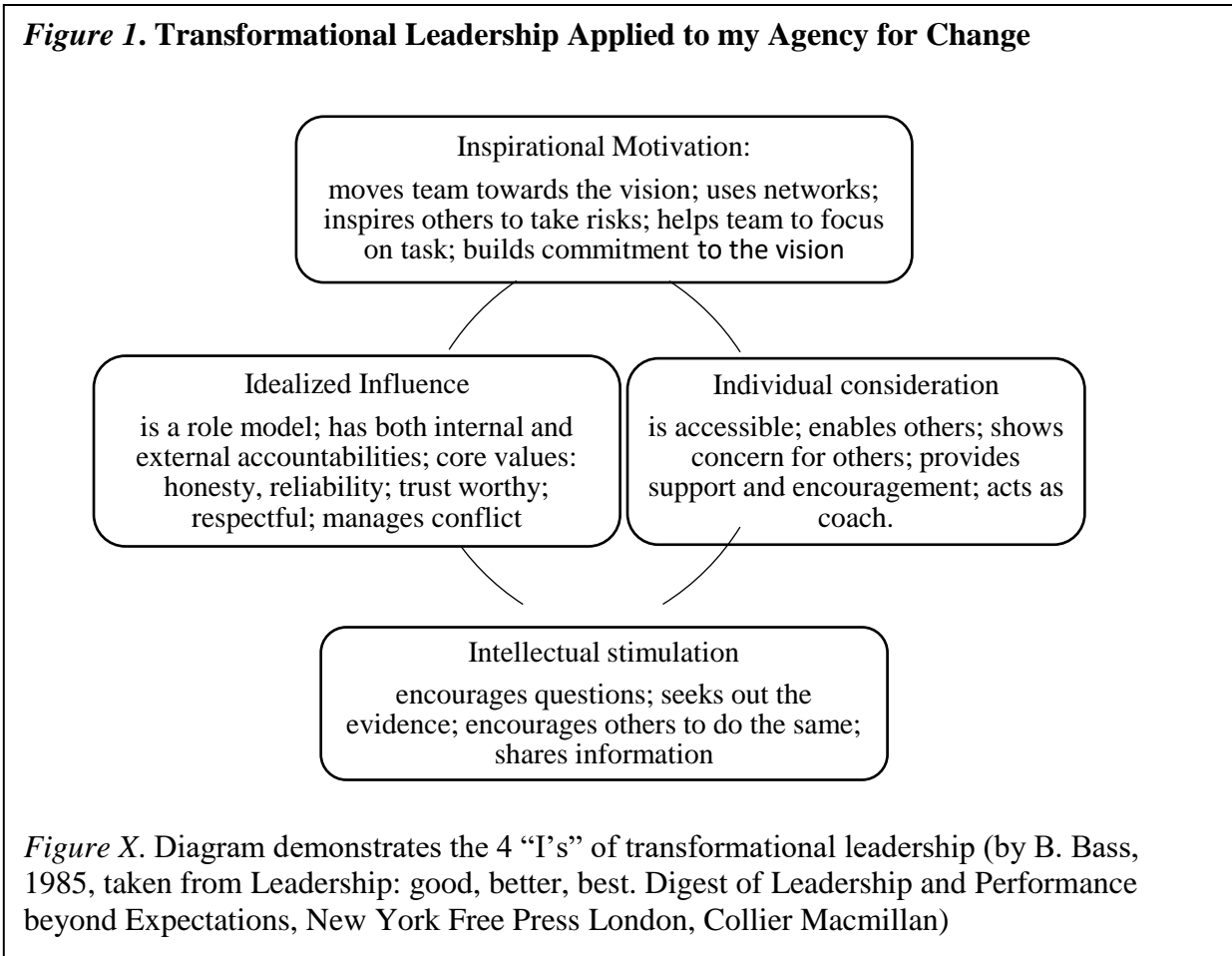
Transformational leadership is a leadership approach and theoretical framework that facilitates significant changes in organizations during times when satisfaction with the status quo is no longer adequate to enable the organization to move forward (Avolio & Bass, 1995; Bass, 1985; Riggio, 2019). A transformational leader can clearly identify a vision for change, and

through his/her influence motivates others to see the vision and work towards it. The four “I’s” of transformation leadership include:

- Idealized influence: the charisma of the leader,
- Inspirational motivation: the leader’s ability to focus his/her team on a goal,
- Intellectual stimulation: a leader’s provision of adequate support and encouragement for others to understand what is expected of them, and
- Individualized consideration: relationships the leader builds with others within the department (Avolio & Bass, 1995; Bass, 1985; Riggio, 2019).

These four “I’s”, with the necessary support from the leadership team for this OIP, are appropriate for a grassroots leader such as myself to incrementally facilitate transition of classroom teaching methods. My leadership agency in this change capacity lies with role modeling professional behaviours and capabilities in the classroom, simulation lab and clinical settings. I also have opportunities to influence colleagues through participation in Department planning meetings and sharing ideas with them. Volunteering for strategic planning involvement at the Faculty and organizational levels enables me to develop alliances and become a member of a broader team. These activities potentially expand my area of influence. Figure 1 provides a visualization of my potential for agency in moving change forward.

Leaders in nursing education need to support both students--to attain their requirements for graduation--and faculty--to facilitate an education that aligns with best practices--to enable students to achieve their goal of becoming a competent, compassionate nurse (Registered Nurses of Ontario [RNAO], 2016).



Both formal and informal leaders have a role in facilitating the institutionalization of changes in integrating innovation in the classroom (Fischer, 2017). Because of their positional power, formal leaders have the authority to direct people to consider change by focusing on a vision and providing rewards for those who are early adopters. For the informal leader like myself, using charisma and influence to build alliances and encourage colleagues enables movement towards achieving the organization’s change vision. The characteristics related to transformational leadership are an appropriate approach for leaders, both informal and formal, in leading this improvement plan, as there needs to be a clear vision for this program, and the changes that need to occur (Avolio & Bass, 1995; Bass, 1985; Delgado & Mitchell, 2016).

As one of the 75% contract teaching professors within the Department, my accountabilities are to the University and Department to action the program goals and objectives through the courses I am assigned to teach, and to the students who rely on me as a member of their faculty. Currently, I teach nursing students, primarily at the entry-level courses. I specifically requested to teach at this level as I enjoy teaching the core values and competencies of professionalism, caring, compassion, patient safety, and “people centeredness”—all which need to be instilled at the very beginning of the program.

As a new faculty member, my approach to teaching has been learned by observation of and consultation with colleagues, and through examination of journal articles regarding best practices to enhance student learning. Building on these strategies, and using a grassroots leadership approach, I have led small changes in the implementation of the modified curriculum. One example was the initiation of semester planning meetings to ensure there was no duplication of content across or among courses, and that content flowed from one course / semester to another. These strategies align with the concepts underpinning transformational leadership, specifically idealized influence in which a leader shapes the direction for others through example (Avolio & Bass, 1995; Bass, 1985).

Using the competencies of transformational leadership, a grassroots leader can effect change within his/her department by means of a structured approach such as Kotter’s (1995) eight-step framework. The steps include:

- establishing a sense of urgency,
- creating a guiding coalition,
- developing a vision and strategy,
- communicating the change vision,

- empowering broad-based action,
- generating short-term wins,
- consolidating change and producing more change, and
- anchoring new approaches in the culture (p. 23).

When using this framework, it is important to follow the steps in sequence and to ensure completion of one step before advancing to the next (Kotter, 1995). If this is not followed, the process easily is derailed, and any ground obtained may be lost (Kotter, 1995). Although some may perceive Kotter to be too dogmatic, for formal leaders who are more transactional than transformational, having a framework that aligns with a transformational perspective may be invaluable in moving forward with this organizational improvement plan.

Leadership Problem of Practice

Every faculty member is a leader within the Department, in that each has responsibility for his/her classroom and what occurs within it. In examining the “issue” that RN educators are not optimizing classroom teaching time, i.e. using contemporary instructional strategies, there is an underlying assumption that simply changing how theoretical concepts are taught will correct the perception that nursing students are not properly educated to be “practice ready”. I wonder whether it has ever been the situation that new graduates are completely prepared for what they will be faced with as professional healthcare providers. Yet the responsibility remains that a university degree in nursing should do as much as possible to prepare graduates to be “practice ready nurses” for a complex healthcare environment.

There is a difference between existing teaching approaches being used e.g. didactic, lecture, and use of contemporary strategies in the way students are engaged in their own

learning. The provincial review identified “education better aligned with modern practice setting” but did not identify specific strategies related to the classroom by which this could occur (Author B, 2015). The problem of practice (PoP) for this organizational improvement plan (OIP) is how do nursing educators transition from using traditional didactic teaching methods to using contemporary teaching and learning strategies in the classroom?

Framing the Problem of Practice

In examining the issue of how RN instructors can optimize student learning, a discussion of various factors and perspectives can help inform identifying a solution to the problem. In this section a review of past practice in both nursing education and formal post-secondary education in addition to current recommendations to improve student competence are discussed.

Historical perspective

During times of hospital-based training, fledgling nurses provided free labor for a hospital, and students were trained to function in alignment with that specific organization’s values (Gregory, Raymond-Seniuk, Patrick & Stephen, 2015). The transition to university-based education provides a broad theoretical based foundation, encouraging nurses to examine situations with different lenses and to establish their unique body of research-based knowledge and practice (Gregory, Raymond-Seniuk, Patrick & Stephen, 2015). This shift in thinking about the best approach to nurses’ education and the evolving complex healthcare environment has created gaps in new graduates’ ability to transition successfully to practice, often requiring support and additional education from the employer (Canadian Council of Registered Nurse Regulators (CCRNR), 2012).

Traditional teaching methods are didactic, lecture format, in which the instructor is the expert from whom the students learn (Roettger, Roettger & Walugembe, 2007). Contrary to this

authoritarian approach, contemporary teaching strategies enable students to build on their personal knowledge, integrating new knowledge to make meaning for their future world (Barkley, 2010; Barkley, Major & Cross, 2014; Bean, 2011; Brown, Roediger & McDaniel, 2014). Furthermore, development of professional competency requires teaching methods that facilitate students' independence and initiative to acquire the necessary cognitive and practical skills to be practice-ready on graduation (Yakoleva & Yakolev, 2014).

Broader Context Shaping Nursing Education

Nationally, there is a call for change in nursing education in response to the ever-changing healthcare system. The response from key professional associations is widespread. The Canadian Association of Schools of Nursing coordinates professional / program accreditation processes, which include standards demonstrating evidence of contemporary teaching strategies (CASN, n.d). The Canadian Council of Registered Nurse Regulators (CCRNRR) identifies contemporary teaching approaches as enabling students to grasp application of entry level competencies. The Registered Nurses Association of Ontario, which was federally funded to develop best practice guidelines, published "Practice Education" in 2016, identifying contemporary teaching strategies as a requirement to improve Canadian student nurses' adaptation to the workforce. Internationally, The National League for Nursing (NLN) (2018) as the "voice of nursing education", states its mission as achieving a change in teaching approaches to ones that enable students' learning of the complexities of nursing practice. The World Health Organization (2016) coordinated the development of Nurse Educator Core Competencies, one of which specifies "sound contemporary educational models" under the domain of Curriculum and Implementation (p.12). Collectively these statements indicate a need for transition within nursing

education from what has been traditional practice to one in which students are provided education that prepares them comprehensively for the expectation of the healthcare workplace.

Like concerns across the country, healthcare organizations in one Canadian province identified a perceived gap between what is required of new graduates and their level of functioning, with the approach to nursing education being identified as a key contributor to this gap (Author B, 2015). This gap triggered a provincial government review / report of nursing education resulting in recommendations, one of which was to bring nursing education strategies in line with contemporary approaches to facilitate education to provide competencies to meet the demands of the workplace. The emphasis in the report was on clinical transitions but did not directly address the aspect of classroom teaching. Besides expectations of graduates being able to more readily integrate into the healthcare workplace, there was an expectation of cost reduction to provide nursing education across the province (Author B, 2015).

In response to these recommendations, the School of Nursing within University X began discussions with faculty to examine the changes that would be required to enable the School to meet the complex demands of current healthcare workplaces for nurse graduates. This process resulted in a change in the undergraduate program from a traditional model of integrated nursing courses with arts and sciences courses over four calendar years, to a modified curriculum consisting of consolidated nursing courses that are completed over two calendar years following completion of prerequisite arts and science courses (Author A, 2015). These recommendations align with the University strategic priority for academic excellence. Training and educational resources are available through the Centre for Teaching and Learning to support this priority and transition (University X, n. d.).

Current State. Nursing education, like most traditional university programs, has a long history of lecture-based instruction (Brown, et al. 2009). However, classroom teaching that includes contemporary teaching approaches has been linked to improved critical thinking and reasoning skills, skills that nurses require to be able to assist patients and clients to work through health issues and develop individualized solutions in a highly complex context such as the healthcare system (Fink, 2013; Kanter, 2014; RNAO, 2016; World Health Organization (WHO), 2016). Contemporary instruction includes case-, problem-, and activity-based learning that engage the student in discussion of issues, and practical application of desired skills. In my workplace as noted, faculty members have traditionally functioned independently, developing didactic content delivery for large classes (145-185) of students. The modified curriculum has fewer students enrolled per semester; however, the “smaller” numbers of approximately 100 students still present challenges in contemporary classroom teaching, such as conducting small group work (McMurtrie, 2019).

This problem of practice examines the process by which theory classes can be transitioned from traditional lecture to use of contemporary classroom teaching strategies. The general consensus among educators is that using contemporary methods such as case- problem- or activity-based learning approaches in the classroom will enable students to more quickly acquire skills such as critical thinking and analysis for use in lab, simulation and ultimately clinical settings (Brown, Kirkpatrick, Greer, Matthias & Swanson, 2009).

The traditional approach to teaching in a higher education setting has been lecture or didactic format (Bean, 2011; Fink, 2013; Poikela, Ruokama & Teras, 2015). With this approach, the teacher is an expert, and the students are vessels to be filled with knowledge (Bolden, Oestreich & Kenney, 2017; Fink, 2013). This format is teacher focused, and students become

passive recipients of material provided. However, does this approach ensure students understand and can apply the knowledge in situations that require assessment, analysis and identification of the best approach for varying healthcare challenges? Nursing students' first exposure to foundational concepts occurs in the classroom, therefore this teaching-learning environment provides an opportunity to advance their professional development of required competencies, both cognitive and skill development, on which to build in lab, simulation and clinical practice settings. Student focused teaching approaches engage the learners and instructors together in examining and grappling with situations that students may experience in a work setting (Barkley, 2010; Barkley, Major & Cross, 2014; Bean, 2011; Berg & Seeber, 2016; Brown, Roediger & McDaniel, 2014; Fink, 2013).

Globally, higher education has become an area of focus for governments and policy makers. Specifically, there are statements acknowledging the importance of revising higher education teaching strategies to meet the demands of the 21st century (Government of Canada, 2016). Although this OIP does not permit a thorough discussion of the recommendations from various global organizations or governments, Appendix C provides a list of on-line sources supporting innovation in teaching at the university level. Examples include:

- Teaching Excellence Framework, a UK Initiative examining the impact of factors such as economics, student mobility and diversity on higher education.
- The Right Question Institute, an organization focused on enabling students to learn how to ask questions, a component of fostering critical thinking.
- Educating Nurses with Pat Benner, a website focused on providing education modules for nurse educators to use with students

- The Robert Wood Johnson Foundation, an organization dedicated solely to improving the healthcare system
- National League for Nurses and Carnegie Foundation for the Advancement of Teaching, a collaborative study examining the issues faced by nurse educators.

Much has been written describing various aspects of student nurses' education, but most is related to lab, simulation and practice settings (CASN, 2015; NLN, 2018; RNAO, 2016; WHO, 2016), with minimal discussion of classroom teaching strategies. In one nursing research study that focused on classroom teaching about providing care to clients with diabetes, students were divided into two groups, one where lecture was used, and one in which an activity-based approach was used (Khodaveisi, Qaderian, Oshvandi, Soltanian, Vardanjani & Khalili, 2016). The results of the study showed that despite no differences in knowledge levels between the two groups prior to exposure to education sessions, students who were exposed to team-based approaches experienced more learning than their counterparts in the lecture-based group as evidenced by higher scores on post-testing and skill performance assessment. This study demonstrates that inclusion of contemporary teaching strategies has potential to improve students' understanding and application of core nursing concepts.

There are several factors that create challenges when asking faculty to consider different teaching strategies in their classroom: students' perceptions of teaching and their evaluation of their teachers (Chan, 2016); large class sizes (McMurtrie, 2019); job insecurity related to contract appointments (Catano, et al. 2010). These are just a few variables that influence educators' willingness to integrate different teaching approaches. In addition to individual motivation to innovate in the classroom, it is Departmental leadership' encouragement and support that strongly influences changes in teaching. Informal leaders / classroom colleagues can

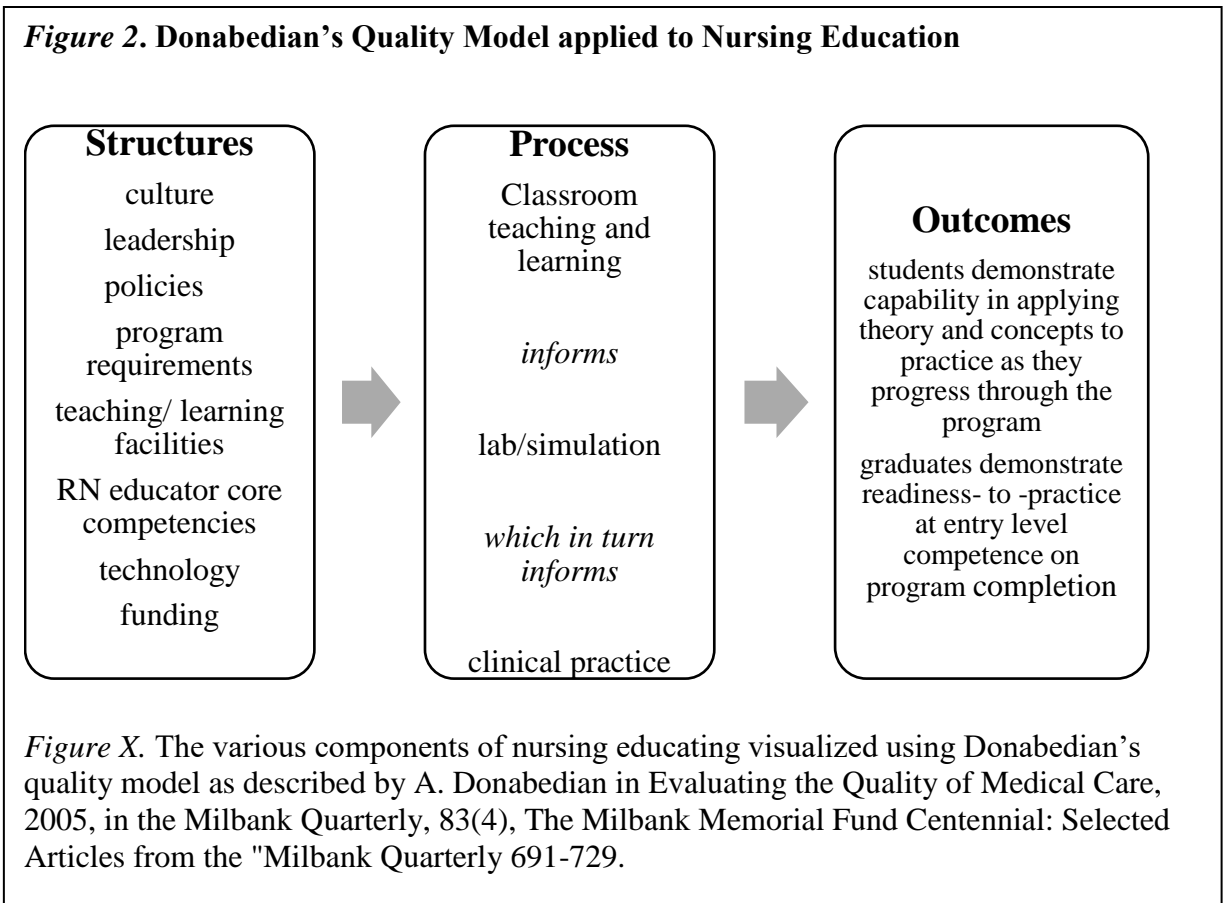
support these efforts—or dismiss them, thus creating challenging circumstances within a department.

Theoretical Frameworks

Bolman and Deal (2017) recognize that having theoretical frameworks identified at the beginning of a change process as critical to maintain focus and understand individual reactions to change. For this plan, three frameworks or models will be discussed: Donabedian's Quality Framework, as it often used to frame quality improvement within healthcare; Fink's Taxonomy of Significant learning (2013) that provides a theoretical underpinning for the modified nursing curriculum (Author A, 2015), and the Harkness Model that puts structure and processes in place to support an active learning environment. I will discuss the relationship between the frameworks and how each contributes to the change plan.

Donabedian Quality Model.

Within healthcare a common model used to determine quality of programs is the Donabedian Model consisting of three aspects: structure (input), process (throughput) and outcomes (output) (Donabedian, 2005; Rodkey & Itani, 2009). Figure 2 provides a visual of the relationship between these components.



In this basic systems model, Donabedian proposes that the outcomes of any quality program are dependent on the quality of the structures that support or block it, plus the processes that impact or effect changes (2005). When we can clearly state what the goal of a program needs to be--students who are “practice-ready” --we can examine the processes and structures required to achieve this goal. Because nursing is situated in the healthcare environment, this model is helpful in locating the function of classroom teaching within nurse education. This change plan can be viewed as a program quality improvement plan because the specified outcomes provide a vision of what the desired change should be and identifies where (processes or structures) improvements can be made.

When we examine the model and apply it to nursing education, we see the relationship between the three components of structures, processes and outcomes, with students' initial exposure to nursing concepts occurring in the classroom. As previously discussed, there has been a problem identified that students are not well prepared to enter the workforce (Author B, 2015), and therefore it appears from looking at "processes", that opportunity for improvement in this area exists within the classroom. Also, some components of structures: culture, leadership, teaching and learning facilities, for example, may support and enable students to be better prepared for practice in alignment with expectations of the ever-changing healthcare system. Nursing is a profession requiring skills that are technical, attitudinal, and cognitive. Preparation for these competencies requires practical experience prior to exposure to working with clients (Pierce & Ruille, 2016). Contemporary teaching approaches provide in-class opportunities for students to grapple with real life situations and work through practical solutions.

Fink's Taxonomy of Significant Learning

Fink (2013) provides a theoretical underpinning for recent revisions to the School of Nursing's modified curriculum, supporting a transition from lecture to contemporary activity-based teaching and learning (Author A, 2015). She proposes that students complete preparatory materials prior to attendance at class, during which meaningful activities help to bring the theory to practice. This expectation seems to make common sense, but for students coming into the program from high school, there appears to be a disconnect between their expectations and those of the program as comments in course reviews note the amount of reading required being "too much".

Fink’s model, depicted in Figure 3, shows the circular nature of the learning process illustrating the relationships between acquiring foundational knowledge, reflecting on and applying that foundation--leading to acquisition of cognitive and technical mastery.

Figure 3. Taxonomy of Significant Learning

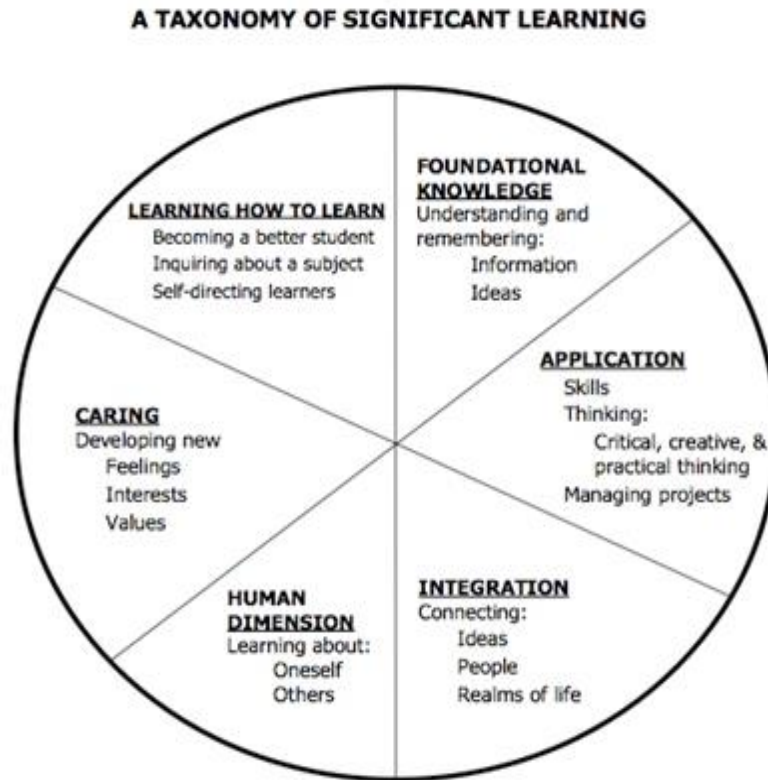


Figure X. Depicts the circular nature of Taxonomy of Significant Learning, showing the dimensions of caring and the human dimension. By L. D. Fink (2013), in *Creating significant learning experiences. An integrated approach to designing college courses.* San Francisco, CA: Jossey-Bass, A Wiley Brand.

Understanding how Fink’s Taxonomy of Significant Learning shapes the School of Nursing’s model for the modified curriculum will facilitate integration of the changes in teaching strategies for the program and for the instructors. Fink’s focus on dimensions such as caring and

integration align well with core qualities required for nurses that affect one's ability to build capacity in developing critical thinking and analysis skills—foundational for nursing students.

The Harkness Model

The last theoretical framework to consider is The Harkness Model. This was developed in the 1930s through an offer of financial support by Edward Harkness to the Phillips Exeter School in New Hampshire, USA to develop an innovative teaching approach and implement in all classes (Fradale, 2018; Shapiro, 2001; Trustees of Phillip Exeter, 2019). Through establishing a structured classroom, novel at that time, students engage in discovery, discussion and debate as ways of participating in their own learning (Shapiro, 2001; Trustees of Phillip Exeter, 2019). The structures consist of a “Harkness Table” that provides seating for approximately 12 students, who remain in a consistent group throughout a semester. The instructor provides guiding questions for class readings, which form the basis of class discussion. Tools to monitor student participation in discussion are utilized by the group.

Within nursing education for lab, simulation and clinical practice, students are assigned to groups that are consistent throughout a semester. Today this is known as cohort education. Conceptually, maintaining the lab groups consistently across courses in a semester provides a sense of small classes within the larger cohort, facilitates development of support and relationships within each group, and builds teaching and learning teams within each student group. This model provides the necessary structure to implement an active learning environment within the School of Nursing. Although dated, the symbolism of the traditional lecture hall transforming into a Harkness classroom underpins the transitions expected of instructors and students to contemporary activities--and indicates a new way of doing things.

Benefits of contemporary teaching strategies

Contemporary or innovative classroom teaching and learning strategies include engaging instructional practices such as case-, problem- and activity-based approaches in addition to team or co-teaching methods (Barkley, 2010; Barkley, Major & Cross, 2014; Bean, 2010; Billings, Allen, Armstrong & Green, 2012; Brown, Roediger & McDaniel, 2014; CASN, 2015; Chan, 2016; DuRocher, 2018; Falk-Kessler, MacRae & Dyer, 2016; Fink, 2013; Ironside, 2004; Kantar, 2014; Khodaveisi et al. 2016; Kumm & Fletcher, 2012; Mollman & Candela, 2018; Mrunalini, Vellanki & Chandekar, 2015; Pierce & Reuille, 2018; Tedesco-Schneck, 2017). These instructional activities are associated with improved critical thinking abilities for students (Canadian Association of Schools of Nursing, [CASN] 2015; WHO, 2016).

Team teaching, as a contemporary classroom strategy, can also be an effective approach to facilitating student capacity in working with others (Chang, Sy & Choi, 2012; Fink, 2013; Hertel, 2011; Khodaveisi, et al. 2016). Class teams can be seen from different perspectives: faculty teaching in teams, or assignment of student teaching and learning teams. Benefits of a faculty team approach to class activities include improved learning for students, better use of resources, collaborative course development, more opportunity for safe risk taking, among others. Therefore, using a team approach provides the optimum context for a program to become excellent (Hertel, 2011; Truijen, Slegers, Meelissen & Nieuwenhuis, 2013)

Nursing students need to learn critical thinking skills to successfully transition from formal education settings to the healthcare community as a safe and competent practitioner (Kantar, 2013; Mollman & Candela, 2018). To increase students' competence (readiness) to practice, nurse educators need to incorporate teaching approaches that will provide opportunities for the students to enhance their capabilities in critical thinking and reasoning in practice

situations (in addition to all the nursing specializations)—through contemporary instructional strategies (Fink, 2013; Murinali, Vellanki & Chandekar, 2015; Pierce & Reuille, 2018).

PESTL Factors

There are multiple factors that may influence the institutionalization of this OIP. The PESTL (Political, Economic, Social, Technological, Legal factors) frame facilitates identification of both internal (micro level) and external (macro level) influences for this organization improvement plan (Professional Academy, 2018). Table 1 details the frame and influencing factors.

Table 1. PESTL identification of macro system factors for this plan

Frame	Influencing Factor
Political	Recommendation by government and external stakeholders Power relationships across or among three parties (government, university, healthcare organizations) Support from Senate and the governing Board Alignment with university strategic priorities Support or lack of support from formal department leaders Support/lack of support from faculty union
Economic	Cost of professional development (PD) for faculty regarding best practices in classroom teaching methods Costs related to possible external consultation Reduced government and/or organizational funding

	Department under pressure to bring program costs in alignment with available funds
Social	Support from healthcare organizations that have requested the changes Tenure/non-tenured faculty mix Preferences for teaching styles by faculty
Technological	Capacity of Center for Teaching & Learning to provide required PD, Capacity of Information Technology Department to provide needed tech support Potential for new pedagogical methodologies Student knowledge of and comfort with technologies
Legal	Need to align with external agencies such as CASN, CRNNS, CCRNR to maintain program accreditation Perceived challenges to academic freedom

In examining the information presented through this analysis, government is identified as the most significant driver of changes to this School of Nursing undergraduate program. The reliance of the organization on government funding provides impetus for ensuring changes occur that align with expectations of both government and healthcare organizations. The most significant change to occur as a result of an expectation for inclusion of innovation in the classroom will be at the micro, or individual level (Kezar, 2014). Faculty within the School of Nursing will become the implementation team for these micro issues.

Questions Emerging from the Problem of Practice

As I delve deeper into the literature regarding the methods in which RN educators provide instruction, several questions arise for reflection.

- What is the evidence to support changes in curriculum delivery? Is it expert opinion or has there been research studies comparing the standard approach (lecture) to a contemporary approach (activity-based learning)?
- Do we have adequate information on outcomes related to student performance in the practice setting to demand changes from RN educators?
- How do potential differences in pre-professional education and in healthcare systems impact the development of educator competencies?
- Who decides what is the best way to learn? And is there a “best way”? Does the course professor hold this right, claiming academic freedom, or do the professional organizations and healthcare agencies make these decisions?
- How can the current pedagogical skills of the instructors be assessed?
- How is RN educator competence evaluated? Is the American system, which is driving the requirements for practice (National League for Nursing) the standard for all globally? Does every RN educator require 2 years of recent clinical every five years to be competent? (WHO) How is that coordinated if healthcare organizations and universities are separate entities?
- What constitutes quality teaching in the eyes of the students in our university?
- How effectively does the current leadership serve to foster quality teaching?
- What impact does multiple changes in formal leadership roles have on transitions that require leadership support?

- What amount and type of professional development do the educators require to understand the potential benefits of changing their approaches?
- Will changing classroom teaching strategies have an effect on pass rates for National Council Licensure Exams (NCLEX), graduation statistics and attrition rates?

Overall, teaching future nurses is an important, but complex venture. The use of instructional methods is but one of the many factors influencing their education.

Leadership-Focused Vision for Change

Transformational leadership elements provide ways of focusing theory instructors on a vision for change and suggest relational approaches that the change agent can use to move this change plan forward (Avolio & Bass, 1995; Bass, 1985). Evidence supports classroom practice changes from lecture format to an activity-based teaching and learning; however, this transition requires a planned and leadership-supported approach to effectively institutionalize the changes. Some of the challenges include creating a safe environment to support educators implementing the changes and stabilizing the leadership personnel to provide the support and encouragement required for successful transitions.

Gaps Between Present and Future

Generally, and currently, at this University there is a gap between current teaching approaches used (didactic, lecture) and use of contemporary instructional strategies in the SON. Identifying one component of the organization's mission declaration as "to foster an environment of teaching and learning excellence, built on innovation, collaboration and respect" (University X, 2013), this organizational improvement plan focuses on how to address key issues raised by stakeholders of the organization's nursing program: how to better prepare students to function in the healthcare system.

One gap in nursing education at University X lies in the approach used in the classroom, where theoretical components of nursing are presented. Given the expectation that students can apply the theory to practice, what is the optimum strategy for this preparation? Lecture is the classroom style currently at the university level for reasons discussed previously. Yet the provincial reform recommended contemporary strategies to be implemented, with a focus on lab and simulation rather than theory classes.

One of the initial activities related to the PoP that I will need is to bring into discussion is why RN educators need to integrate contemporary teaching approaches in planning their classes. Several Canadian nursing organizations identify contemporary teaching strategies as necessary tools to facilitate student learning in preparation for the complex healthcare workforce i.e., The Council of Registered Nurses Regulators [CCRNRR], the Canadian Nurse Association [CNA], the Canadian Association for Schools of Nursing [CASN], and the Registered Nurses Association of Ontario [RNAO].

Although faculty members are encouraged to integrate teaching innovations and modalities of nursing education (Author B, 2015), the effectiveness of these strategies for nursing is a relatively new area of research with respect to the effect classroom teaching has on new graduate performance in the practice setting (Murray, Laurent & Gontraz, 2015; Sportsman & Pleasant, 2017). However, research in the broad field of higher education indicate that this approach (active learning) facilitates improvements in students 'capacity to engage with the information and apply it to various situations (Lynch, 2016; Roberts, 2019). SAGE Journals has a complete journal series "Active Learning in Higher Education" (2019) that provides multiple research articles expounding the benefits for student learning related to the use of contemporary classroom teaching strategies. One assumption that can be derived from this focus in the

literature is that the benefits described in other areas of higher education would also apply to nursing education. By linking the potential benefits for faculty to the organizational vision, and to research on the benefits, the change agent is transformational, using “intellectual stimulation” to encourage others to take risks which may increase their influence with their colleagues to explore the potential benefits associated with innovative approaches (Fischer, 2017).

Conventional university class sizes for undergraduate courses are often 50 or more students, with some classes reaching enrollments of 400 or more students. This presents challenges to adopting contemporary teaching strategies. Small class size is optimum for an active learning environment. However, adaptations such as using the Harkness method as discussed previously to organize student teaching and learning teams may be useful to enable contemporary strategies.

Another gap issue for nursing education is that the disparity between tenured faculty and those employed on term contracts creates a discourse of privilege compared to job insecurity (Rajagopal, 2004). The unpredictability of employment for the precariously employed may impact one’s willingness or ability to try new teaching strategies—for a variety of reasons. One may be the cost / time factor for learning and planning for instructional change. There is never funding for development time and effort. For this plan to be successful, all teaching faculty need to be provided with the same exposure or opportunity to learn and be provided with development time to ensure successful integration.

There also needs to be congruence between students’ expectations and the rationale for using different classroom strategies than they may be accustomed. The goal for this Faculty is to provide learning opportunities whereby students can grapple with situations and problems that require them to apply and integrate the concepts being investigated. Lecture does not necessarily

enable this, but activity-based learning does, as it requires discussion, negotiation, sharing, analysis, and development of trusting relationships among students and between students and their teachers.

In addition to the gap in classroom practice, another gap lies in the culture of the School of Nursing, which is similar to many university departments in its emphasis on individual preparation of teaching materials and siloed course development. Yet the nursing profession requires nurses to collaborate within an intra-and inter-professional environment, and work in teams, rather than solely functioning independently. Highly functioning teams and collaborative work requires trust and respect among colleagues (Center for Applied Research in Mental Health and Addictions, [CARMHA] 2018). Students need exposure to this collaborative approach to develop confidence in their communication abilities and to learn these skills during their education. The various teaching-learning situations in the Department need to be optimized to provide multiple opportunities to enable students to develop required skills.

A culture where faculty engage in thoughtful discussion and activities with students and colleagues establishes expectations for behaviours that are aligned with a psychologically safe workplace (CARMHA, 2019). In such an environment, students learn to take risks and explore alternative actions and responses--activities that enable them to more critically consider decisions when working with clients in clinical settings. Incivility in the university environment negatively affects student-faculty or faculty-faculty relationships and impacts learning (Clark & Springer, 2010). Either students or faculty may exhibit hostile behaviours, but both affect the student's willingness to place him/herself in situations that involve additional risk (Clark & Springer, 2010). For meaningful change to occur in the classroom, there needs to be

development and cultivation of team collaboration and support to create safe spaces for innovation and creative thinking (Fischer, 2017).

Priorities for Change

My vision for this university's nursing program is that faculty embrace changes contained in the provincial review, and advocated for by professional nursing associations, and revise their classroom approaches to include more contemporary teaching approaches to help nursing "come alive" for the students. And that Department leaders enable this endeavor through providing the necessary support, encouragement, and resources for the teaching faculty.

The priorities in this transition begin with identifying early adopters: those who see the value in incorporating activity into their teaching. For this group, education or training in finding and using activities that align with the theoretical and practical concepts being introduced may be helpful. The University Teaching and Learning Centre has experts in instructional techniques who can facilitate this. Development of a community of practice enables these front runners to share their experiences with other like-minded teachers. This approach provides support for innovation and for those willing to be the change leaders.

Ongoing communication with external stakeholders is needed to help faculty understand the purpose of the changes and to encourage their involvement and support of the changes. This environment of collaboration encourages problem solving and mutual support between the Department and its stakeholders.

Communication with students is critical to the success of the plan. Students who have become comfortable with a lecture approach, and who are focused on grades, may not be open to teaching strategies that require them to engage in the classroom with real life problems and issues: they may not recognize the significance for depth of their learning. An activity-based

approach to learning also requires students to attend classes and participate, something which may not have been required for courses in which lecture notes are made available on course learning sites. If students understand how this different teaching approach will make them better nurses, they may be less critical and more open to the change experience.

The potential for advancing contemporary teaching strategies within a group of faculty members will require support from the nursing executive team (Bass, 1985; Ely, 1990; Kotter, 1995). However, a teaching professor, using a transformational leadership approach, can articulate his/her vision for change using personal influence and motivation of others to consider changes through individualized consideration (Bass, 2000; Curry, 1992). In some ways, a bottom up approach may have greater potential to mobilize changes in this regard through role modeling and influence in the classroom.

Change Drivers: Collaborating with the Organization and Broader Community

The future state of embracing new ways of teaching will require support from the organization, primarily the Centre for Teaching and Learning as experts in teaching-learning are available to assist the Nursing Department in identifying strategies that align with the concepts to be taught. The broader community of external stakeholders--hospitals and other healthcare providers--will also need to be included in communication and support about the purpose of the changes to facilitate students' "practice readiness", thereby ensuring graduates can meet the expectations of these organizations.

Organizational Change Readiness

The National League for Nursing (2018) provides resources and tools to support and facilitate innovation in nursing education, grounded in the belief that everyone who has a role in enabling nursing students' learning wants to be student focused and continuously improve

opportunities for learning. One of the resources is a faculty toolkit entitled “Hallmarks of Excellence” (2018), in which characteristics of exemplary performance in multiple areas related to nursing education are identified. Using a “report card”, faculty can self-assess both their own practice and the environment in which they teach. One section is specifically focused on innovation in the classroom, and I have conducted an informal subjective assessment of the Department in relation to its readiness for change. See Appendix D for the specific questions asked in this report card. The results of this assessment identify that generally faculty are aware that there are different strategies that can be used in the classroom. However, the culture of innovation and risk-taking need attention. Leadership support also needs to become more evident through increased visibility and collaboration with teaching faculty.

Factors that negatively impact the potential for introducing innovation into classroom include the turnover in formal leaders. Former leaders in key positions of director and associate director of undergraduate programming were instrumental in the redesign of the program, including the expectation of innovative teaching to facilitate learning of core concepts. However, current leaders appear to be comfortable with a more traditional approach as workload assignments have drifted towards maintaining siloed courses. Individual faculty have expressed interest in potential changes, but the workload of teaching out the traditional program while implementing the modified curriculum presents significant challenges to providing and finding the time and opportunities for learning about alternate classroom methods.

In addition to the toolkit, the Hallmarks of Excellence identifies indicators that can be used to determine areas of strength and areas that may present challenges to change initiatives. Indicators related to the OIP examine:

- Environment: does it empower students, and faculty to take risks related to the change plan?
- Leadership: are leaders respected internally and externally?
- Usage: what is the quantity of usage of active teaching strategies in the classroom?
- Faculty: is there a breadth of expertise in areas of clinical practice, education and research?
- Performance: has student performance in standardized National Council Licensure Exams-RN(NCLEX-RN) exams changed?

Based on my subjective assessment of these areas, introducing the possibility of contemporary teaching strategies may be met with more challenges than anticipated. However, knowing there are some faculty members who are interested in developing their personal and professional capacity to improve teaching, there is potential to move forward.

Summary

Nursing faculty are challenged to provide exemplary teaching and learning opportunities to facilitate a smooth transition for their students to professional practice. Evidence supports classroom practice changes from lecture format to an activity-based teaching and learning; however, this transition requires a planned and leadership supported approach to effectively institutionalize the changes. Some of the challenges include creating a safe environment to support educators implementing the changes and stabilizing the leadership personnel to provide the support and encouragement required for successful transitions. In the next chapter a leadership framework for understanding change is presented in the context of this nursing program. Analysis of appropriate information and data are provided to determine the best path forward.

CHAPTER 2: PLANNING AND DEVELOPMENT

Having identified and presented an overview of optimal theoretical and practical leadership perspectives from which to move this plan forward, Chapter 2 reviews these frameworks to demonstrate complex systems of nursing education and discusses how each model contributes to the goal of resolution of the identified problem. An analysis of the organization, some possible solutions to the problem and ethical considerations are examined.

Leadership Approaches to Change

Donabedian (2005) Quality Model, presented in Chapter 1, identifies leadership and organizational culture as fundamental structural factors in achieving success in any change process. Leadership influences the culture of a department through the leader's ability to focus and motivate a group to achieve a common goal and the best possible result. This systems model helps situate the component of classroom teaching as a process function influencing nursing students' ability to critically analyze problems and apply concepts to clinical situations and ultimately their readiness for practice.

Using a transformational leadership approach enables the leader, whether she is in a formal position or not, to work with her colleagues to make changes. McGregor Burns (1978, as cited in Bailey & Axelrod, 2001), and subsequently Bernard Bass (1985) discussed leadership from two perspectives: (1) transactional leadership, an approach used by managers who reward or punish their subordinates in exchange for subordinates' work; and (2) transformational leadership which is a relationship-based approach to facilitating organizational goal attainment. As noted in Chapter 1, a transformational leader uses four core capabilities to influence others' desire to enact change: idealized influence, inspirational motivation, individualized consideration and intellectual stimulation. As a leader who is not in a formal leadership role, I see the

components of transformational leadership to be congruent with leading a team of professionals tasked to revise how nursing education is delivered, because of the relational aspects of the approach. Working with colleagues to explore alternative approaches and becoming a role model in testing these differences, enables an informal leader to effect changes.

Transactional leaders, by comparison, concern themselves less with building relationships, but are focused on compliance of team members to ensure order is maintained (Bass, 1985). In a hierarchical bureaucracy such as universities, this approach by department leaders may have at one time been satisfactory to maintain status quo, but during times of changes such as are occurring at University X School of Nursing with curriculum revisions, this approach will not create the environment in which sustainable change will occur.

Institutional Leadership Practices and Principles

In Chapter One I described Organization X as traditional in structure and function, which is consistent with an existing transactional approach to leadership within the School of Nursing. However, with academic freedom, each individual teacher is a leader within her course and classroom, thereby providing opportunity to do things differently. Some RN educators will resist change, preferring the comfort and ease of doing things in familiar ways. Others may be early adopters, utilizing the strategies proposed by the new curriculum plan. And others will watch with curiosity to determine whether the benefits are worth the risk.

The current leadership team and its style within Organization X School of Nursing (SON) is relatively invisible, as has been the practice over the years. Tenured faculty members submit their expression of interest for the positions of Director and Associate Director for undergraduate and graduate programs and are appointed by Department administrators for a term of five years. Within this School of Nursing, Department meetings occur quarterly, leaving gaps during which

formal contact with the leadership team is minimal, relying on informal interactions as a source of information.

University culture enables a laissez-faire leadership style, due to the individual siloed work environment that exists in most university departments. A problem with this leadership style when trying to enact changes is that there is an open loop communication system in place rather than a closed loop system (Hargestam, Lindkvist, Brulin, Jacobsson & Hultin, 2013). Although discussion is encouraged at formal meetings, not all faculty—those in sessional positions---are invited to participate, resulting in sporadic communication throughout the Department. Compounding the lack of visible and active leadership is the fact that 75% of faculty members who are teaching in the revised undergraduate curriculum are non-tenured, resulting in a situation of controlled uncertainty.

The redesigned nursing undergraduate program comprises the equivalent of 15 credit hours per semester, consisting of nursing theory classes, and a clinical integration course. Appendix A provides information about how the program unfolds through the year. The intent of this approach is to facilitate application of classroom theoretical components into lab and simulated or practice clinical situations. To enable this process, faculty members teaching the various courses need to communicate, coordinate and collaborate to ensure transitions between course content with reinforcement of nursing concepts across all courses, terms, years, both theoretical and practical, rather than duplication of content.

Individual leadership practices and principles

As a non-tenured instructor, my role within the department, like many other teaching professors within a university system, is to teach. With the redesign of the program curriculum, we are expected to teach to the revised course objectives which are similar to the traditional

program. Because of this minimal change, there is less incentive by instructors to change their classroom approach from lecture to more active contemporary instruction. In the capacity of a grassroots change leader in my classroom, I use a transformational approach, looking for ways to improve the quality of student nurses' education.

As the instructor assigned to a clinical integration course, I can create an opportunity for team building through scheduling regular semester faculty meetings. These meetings provide a safe respectful environment in which to discuss teaching strategies and exchange ideas to optimize classroom activities. Using these meetings is one form of transformational leadership--that of idealized influence. I use the method of asking questions: "I wonder if we looked at this using a different technique", "I wonder if we tried using a case study", as I have found this approach is not threatening to others and opens discussion to considering new possibilities. Using this strategy in working with my colleagues aligns with transformational leadership in focusing on a vision for the future of the program and our graduates. It also builds the urgency for changes, step one of Kotter's eight step model for change.

Leadership and Instruction. The work of bringing colleagues into discussion about how we teach is important, but so is the work of facilitating student understanding of the rationale for different classroom approaches. Students may or may not have been exposed to contemporary teaching strategies in previous courses. The introduction of an active teaching and learning approach in the classroom may result in students having different reactions to the changes in teaching. Some may welcome the hands-on approach and see the benefits to their learning. Others may want the comfort of the familiar: teachers to lecture and provide notes and test outlines with specific content to be memorized. The majority may stay silent and take a "wait and see" approach.

Ensuring students understand how their preparatory work in the theoretical courses facilitates their comprehension and application in practice settings is the responsibility of not only program administrators, but also those teaching each class. Implementing an orientation day and explaining or demonstrating the results of a different instructional approach may enable this understanding. All teachers need to discuss their approach in the classroom at the beginning of each course to reaffirm the importance of what they are doing. As adult learners, students may exercise their right to not attend classes, which may create conflict for students and instructors.

Framework for Leading the Change Process

Because the transition required for this change plan is significant and transformational, transformational leadership theory provides the elements needed to support and encourage colleagues to change their classroom teaching approaches. Although anyone can be transformational in their leadership style, she needs to be aware of one's agency and capacity in enacting change and use the theory elements to engage others, especially those who have formal power and authority. Kotter's Eight Step Change Process is selected because it provides a clear progression of what needs to happen to move change forward. the Steps assist in identifying what needs to be communicated and what communication strategies are needed, and it aligns with transformational leadership theory.

Types of Organizational Change

The first step in analyzing this change plan is to assess the type of change that is occurring within this School of Nursing. There are two situations, one of which is reactive--the program redesign--and one that is proactive, i.e. this improvement plan. Because the government review mandated that all university nursing programs revise their curricula to include optimization of course content across universities, the response by this university to consolidate

its courses was reactive in response to external stakeholders. Recommendations from the review were identified in the final provincial report, but no plan for follow-up meetings or discussions was specified. The plan to modernize classroom teaching is proactive, recognizing that this approach will enhance student learning and ultimately ensure they are ready to enter the workforce (i.e., are practice ready).

Framing the Problem of Practice

Bolman and Deal (2017) suggest examining a situation needing change from multiple perspectives (frames) to provide a broad view and avoid making assumptions based on one perspective. Their four-frame model includes (1) structural frame, which considers rules, economics, decision making and relationships; (2) human resources frame that considers workers' relationships with the organization as important to the activities of the organization, and that a good fit between the two is beneficial to both; (3) political frame, which deliberates allocation of resources, based on coalitions that evolve within organizations; and (4) symbolic frame that contemplates the significance of events, rituals, values and culture on organizational image and status. I apply these frames to the problem of practice which this organizational improvement plan addresses: that RN educators are not optimizing classroom teaching to enable students' readiness for practice.

Structural Frame. There are several governing bodies that have guidelines for practice that enable the School of Nursing to build an argument to change classroom teaching strategies as previously described in Chapter 1. However, the challenge for leadership is to find a balance between academic freedom that gives faculty the right to decide how to conduct their class, with what the research indicates would be a better approach for students' learning.

Human Resource Frame. Given the isolated, independent function of faculty in the past, leadership will need to focus on building teams within the School of Nursing and encourage collaboration among faculty members. Both tenured and non-tenured faculty need to be encouraged to participate in training and professional development in supporting the team to integrate active learning strategies. Innovative ideas are not restricted to tenured personnel.

Political Frame. The initial revisions to the nursing curricula occurred as a result of a political review. However, the potential for modernizing classroom teaching may be enabled through the coalitions within the Faculty group itself. As these teams or groups emerge, the potential for sharing of limited resources such as teaching assistants may evolve as faculty find creative ways to support each other in their work.

Symbolic Frame. The most obvious routine or ritual related to classroom teaching is the physical placement of students in relation to the instructor. Using the Harkness Method, classrooms with movable seating and tables would be assigned to nursing courses (Fradale, 2018; Shapiro, 2001; Trustees of Phillip Exeter Academy, 2019). Students would be assigned to fixed teaching and learning groups each semester. Classroom seating would be established to accommodate the teaching and learning groups. The instructor would no longer be front and center of the classroom, but would take a supportive, facilitative role, moving among groups.

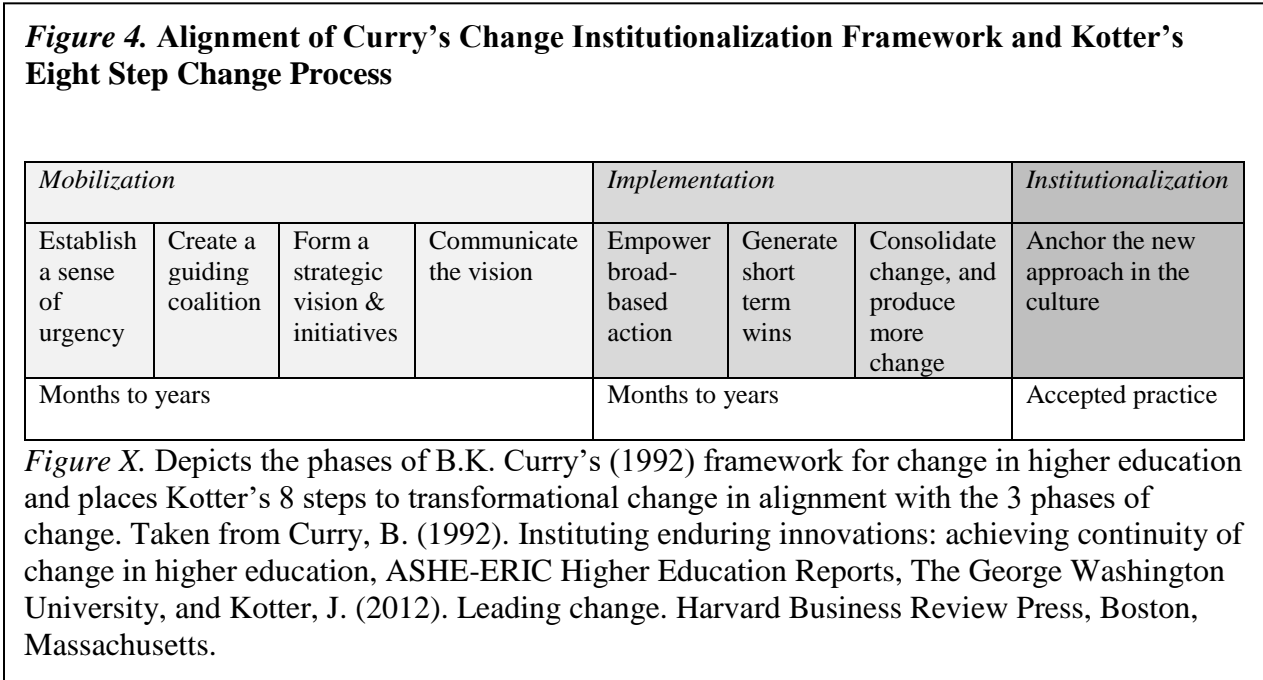
These frames help one understand the complexity of this change issue. Many stakeholders are involved in modifying nursing education at this institution.

Specific Approach for Leading Change

In the midst of program resign, introducing a second change initiative may result in teaching faculty resisting additional changes due to the increased demands on their time and resources. Curry's Change Institutionalization Framework (1992) describes three broad steps /

phases that must occur if planned changes are to be sustained within an organization: mobilization, during which the organization prepares for change; implementation, whereby the change is introduced to the organization; and finally, institutionalization, at which point the organization has assimilated change and it is now the “way we do things”. These three phases provide a broad but simplified view of the change process.

Due to my junior status and lack of authority, I need to take a grass roots approach to leading change initiatives. Kotter’s Eight Step Change Process (2012) provides specific areas of focus for each of Curry’s three phases. Figure 4 depicts the alignment of the two frameworks for this change plan.



In the mobilization phase, information on the benefits of the change is shared with instructors and leaders to create a sense of urgency and introduces faculty through discussions and suggestions that new strategies are useful for students’ learning, and for the reputation of the

program. Cultural changes that will need to occur are identified and discussed at meetings and other opportunities for dialogue during the activities of this first phase. The need to build relationships within the School of Nursing and with other departments such as the Center for Teaching and Learning (CTL) and the IT department is recognized as their assistance will be required during the next phase of implementation. Support from a leader champion is required, as this individual will need to “build the coalition” to guide the change process. The vision for change is developed and shared throughout the School of Nursing. Finally, faculty willing to be early adopters of the changes are identified and used as volunteers to help communicate different instructional strategies being used.

In the Implementation phase, the change leader relies on alliances and coalitions built with other departments to ensure the structures needed for success (enable actions) are available. He/she coordinates with CTL, Information Technology (IT) Department and Facilities to ensure various components identified in the change plan are accessible.

The institutionalization phase occurs when innovative teaching strategies are integrated into all classes within the Department, and everyone recognizes the approach as “the way things are done around here”. These changes may take months or years, depending on many factors in the organization and its stakeholders.

Critical Organizational Analysis

The strategic priorities for organizational development discussed previously consist of five areas: (1) infrastructure and support; (2) building partnerships and reputation to ensure support in attaining its goals, (3) excellence in teaching and learning, (4) research and (5) service—these last three key components being related to the university’s mission (University X, 2013). To support and facilitate excellence in teaching and learning--the focus of this OIP--an

examination of the change readiness assessment in Chapter 1, and its comparison with the broader organizational priorities that require modification are identified for this change plan (University X, n.d.).

Current Status

Within the context of excellence in teaching and learning the School of Nursing recently underwent a modification related to content delivery for the undergraduate nursing program, as previously discussed. The change altered the program from a traditional model of integration with arts and sciences courses over four calendar years, to one of consolidated nursing courses completed over three calendar years (Author, 2015). In addition to these changes, the concept document for the modified program specifies the use of contemporary teaching and learning strategies such as case-, problem-, and activity- based approaches and team teaching as best practice (Author A, 2015; Fink, 2013). These new activities align with the University expectations for academic excellence in teaching and learning and are supported with resources provided through the Centre for Teaching and Learning (University X, n. d.).

As a professional bureaucracy, University X's hierarchical structure provides clear reporting lines for decision making both vertically and horizontally, enabling individuals and departments to work independently, but within a defined structure (Bolman & Deal, 2017). The challenge for this type of organization is its slowness to change. As a result, any demand to change programs, systems or behaviour, whether internal or external, usually meets resistance (Bolman & Deal, 2017). Rights accorded to academics through academic freedom may impede a positive response to pressures to change classroom teaching and learning strategies (Canadian Association of University Teachers [CAUT], 2011).

Change Readiness Findings

The National League for Nursing assessment identified areas for improvement which support the advancement of this plan. Components applicable to classroom teaching strategies include:

- Evaluation of the innovative teaching by faculty and students on student learning, student satisfaction and other student related outcomes
- Assessment of Faculty knowledge and skills to identify, plan, implement and evaluate curricular innovations
- Level of administrative (leadership) support for those willing to be innovative in the classroom
- Faculty commitment to challenging traditional teaching approaches
- Problem solving related to barriers to innovation
- Presence of a culture that supports risk-taking.

Areas from the gap analysis and organizational analysis which are positive indicators that this change will be enabled include the following:

- Concept document for the undergraduate nursing program that identifies activity-based teaching strategies as expectations for faculty (Author A, 2016, p.20)
- Faculty can recognize innovative teaching practice
- Availability of expertise (resources) within the University to support classroom innovation
- Organization X is resource rich with regards to technology, teaching and learning resources, and recently a new building for health education. Classrooms in this new space support both contemporary and conventional teaching approaches.

Areas for Improvement. Implementing system improvements, or changes, can be challenging within organizations. Many factors influence the success of the improvement, including individuals' openness to change, the context within which the change is proposed, leadership styles and actions, and the process by which the change is introduced and moved forward (Brown & McCormack, 2016). This section discusses these including group culture, autonomy of faculty, and socialization.

Within the SON the culture of the group tasked with teaching in the undergraduate program is one of individualism, whereby instructors have established their own ways of developing and delivering course materials with little or no consultation with each other across semesters. Although instructors may have consulted with one another when teaching in the traditional program, with the changing context of a consolidated program, there is a greater need to work collaboratively to ensure smooth flow of concepts across and between the courses and semesters. This team approach is necessary to create a scaffolding of knowledge and its application for the students. This will require a culture shift from siloed work to one of collaboration and consultation.

In this university setting, additional components which impact the response to a request to implement changes include the autonomy faculty have in their work, individual roles and responsibilities, agency associated with position, privilege and job security associated with type of employment (Levin & Hernandez, 2014). Within this School of Nursing, there appears to be differing rules applied to tenured and non-tenured faculty as alluded to previously. Tenured faculty have lighter teaching loads than their counterparts, and do not face the same scrutiny of their teaching as the non-tenured faculty. Leadership awareness and a willingness to explore

options to attempt to equalize workloads will contribute to a supportive culture for all instructors, regardless of status.

The way in which individuals are socialized within a post-secondary / higher education setting affects their willingness and openness to adopting innovative changes to their teaching practice (Thanh, 2016). Hiring of term instructors, often with little time between hiring and the start of the first course, further aggravates the isolation some teachers feel within the SON and has implications for curriculum actions in the program. Stabilizing the teaching professoriate could provide an environment in which new and seasoned instructors can work together, facilitating mentoring of junior instructors and improving socialization. The use of the term “lecturer” or “lecture” in the language used to describe teaching positions can be interpreted to indicate the classroom method students and faculty will use, and therefore different descriptions are necessary to clearly communicate expectations for teaching and learning modalities. Contemporary instruction requires a “facilitator” in the classroom, rather than a “lecturer”.

Examining the situation by which program re-design occurred within the SON, it seems that the issue for the provincial Department of Higher Education was one of costs related to financing three registered nurse programs. The need to decrease costs often leads to examining “everything” to identify areas where expenses can be reduced. For this SON, one outcome was reduced number of clinical hours for students’ practicums, from 1200 to 900 approximately. This reduction brought clinical practice hours below the level of “1000 or more hours” recommended by the Council of Ontario Universities (2013). Costs savings achieved through this decision are derived through two mechanisms: (1) faculty can be assigned 1:24 preceptor/ students pairs rather than 1 faculty:8 students in a clinical group and (2) a reduction of clinical instructor hours paid to contract staff. Although these ratio changes are beneficial from a budget perspective, the

reduction in clinical hours puts pressure on the other aspects of education, i.e. lab and classroom, to be more innovative and effective in preparing students for clinical practice.

For local healthcare organizations their dissatisfaction with the “unpreparedness” of new nurses to begin work within the healthcare system is a common concern (Phillips, Kenny, Esterman & Smith, 2014; Woods, West, Mills, Park, Southern & Usher, 2015). The representatives from the provincial schools of nursing were expected to react in a way that solved everyone’s problems, without anyone clearly defining what was a reasonable level of performance for new nurses. As of 2015, new graduate competence is determined quantitatively through completion of National Council Licensure Exams-RN (NCLEX-RN) with established benchmarks to indicate achievement of required knowledge. Results from the first three years of assessment of readiness-for-practice using this method have been published by the Canadian Council of Registered Nurse Regulators (CCRNRR) in 2018. The report provides provincial and international performance comparisons. The province achieved 76, 78 and 79 per cent over each of the three years. Compared to other provinces’ performance, there has not been significant improvement in test scores, and on several sections, scores are below the national average (CCRNRR, 2018).

As identified previously, a large percentage of instructors teaching in the undergraduate nursing program are hired semester to semester, or into term positions, resulting in many instructors with variable levels of experience and education providing instruction to students. Members of the development team for the modified curriculum were not part of the teaching team, resulting in a lack of communication between the two groups regarding expectations of classroom strategies. Because of this, leadership requires that expectations are communicated,

and professional development opportunities are provided to all, regardless of their capacity within the program.

There are multiple clients of the program: the students, the faculty, the organization and the community. Traditional teaching methods are faculty focused, while the intent of a revised curriculum would move the educational approach to one that is student focused. University X has set as one of its five strategic priorities to increase teaching and learning excellence, while the community at large expects graduate nurses to have necessary competencies to provide safe care. These multiple demands create pressure on those tasked with delivery of the program.

The problem of how to best facilitate learning for students is not necessarily one related only to power differentials, bureaucratic operations, systems or gender, but is also related to determining the environment in which system improvements can be successfully implemented both in the present and in the future. An understanding of the effect of organizational culture on all these perspectives offers the best lens to analyze the conditions for success due to the strengths of the cultural lens in developing understanding of how individuals are connected to each other, to the organization and to the broader community (Manning, 2013).

It is through developing connections and relationships where trust and respect exist that a psychologically safe culture is built (Brown & McCormack, 2016). These conditions must be established and maintained within a faculty group to create the space in which innovation in teaching and learning is embraced (Brown & McCormack, 2016; James & Connolly, 2009; Thanh, 2016). Classroom teaching is planned in isolation and is under the control of the course professor. For this change plan to move forward, faculty will be expected to work together to align and coordinate their classes for optimum learning experiences for the students.

Time, as a resource to enable implementation, needs to be acknowledged and provided for curriculum and instruction (re)development. Requirements include the time to learn why there is a need for this specific change; time to identify where changes can be integrated into the classroom; time to coordinate the plans into courses, time to learn new instructional strategies, and time to reflect on the successes and monitor / evaluate where there could be improvement. For the School of Nursing in Organization X, RN educators are expressing their concerns with the ever-increasing demands on their time to simply continue their known approaches. Given that one expectation of the reorganization was to reduce costs, time may not be allocated fully to facilitate the identified requirements that embed new practices. Creative ways to find/allocate time is needed.

Strengths on which to Build. This SON has many strengths on which to build for this change initiative. These include the conceptual framework developed for the modified curriculum, instructors who want to increase their professional capacity in contemporary pedagogy, and the organizational resources available to the SON for implementation and on-going support. These will be discussed.

The revised curriculum planning document provides both a framework based on Fink's Taxonomy of Significant Learning (2013), and specific expectations regarding teaching approaches that align with contemporary active learning methods (Author A, 2016). Fink's framework is grounded in experiential learning and embraces contemporary strategies.

The framework also provides direction for the redesign of the curriculum, which, although outside the scope of this improvement plan, needs to be revisited so that it emphasizes foundational nursing concepts. If the program were to be reconstructed around nursing concepts, use of contemporary strategies makes sense in the classroom environment, as case studies or

healthcare problems can be analyzed from a concept perspective. Content heavy courses support conventional teaching methods and a reliance on memorizing materials (Phillips, Kenny, Esterman & Smith, 2014; Woods et al. 2015).

Some faculty recognize the need to be innovative in their teaching, but due to time constraints and pressures related to trying to teach content heavy courses, are reluctant to modify their classroom approaches. However, this group of Faculty could be recognized as early adopters of innovative teaching as this plan is implemented and they introduce active instruction into classes.

University X has dedicated experts in the Teaching and Learning Centre available to support and facilitate contemporary teaching and learning strategies. Through working with them to coordinate professional development sessions, the School of Nursing can enable and support its faculty to alter their class approaches.

Having analyzed the School of Nursing circumstances, it is apparent that using a change framework such as Curry's Change Institutionalization Framework will maintain perspective that changes in hierarchical, bureaucratic organizations such as University X will take time. A change path model such as Kotter's Eight Step Change Process, will enable forward movement with this improvement plan through maintaining focus on completing milestones along the path to institutionalization. Through focusing on each step of the process, forward movement towards the goal of establishing contemporary teaching strategies within the School of Nursing will become usual practice.

Solution Alternatives

In analyzing any problem, it is sometimes easy to identify what appears to be the obvious solution; however, in these situations considering possible alternate approaches to the issue may

be helpful in solidifying a solution that best meets the desired outcomes. For this organizational improvement plan three options for how to proceed are discussed, based on the information gathered about the organization, the department, the expectations of external stakeholders, and requirements of professional bodies who define competencies for new RN graduates. All these groups are referred to as “external stakeholders” for discussion. Based on an informal analysis of these alternate solutions, an argument for the optimal solution is presented.

Three options to address the concern of external stakeholders that graduates of the School of Nursing are not “practice ready” include:

- maintain the status quo
- close the program
- develop an implementation strategy aligned with best practice.

Questions by which each option are examined include:

- What is the impact of the option on the desired outcomes for the program?
- Does the option align with the organization’s strategic priorities?
- Is there evidence to support the option?
- What are the costs associated with the option?
- How easy will implementation of the option be?
- How feasible is the option?
- Is there support for the option: RN educators, leadership team and students?
- What resources are required to advance the option?

Option 1: Maintain the Status Quo

Maintaining the status quo is always an option when contemplating the necessity for program changes. An analysis using the previous questions facilitates understanding of selecting this approach.

Impact. Option one maintains the status quo of RN educators continuing to lecture in the classroom. This option continues a faculty focused approach and is also consistent with approaches students have been exposed to in prior undergraduate courses.

Alignment with Organization’s Strategic Priorities. The organization’s strategic priority of teaching excellence is not aligned with maintaining the status quo, rather it advances improvements in classroom approaches. A recent strategic planning process for the SON identifies one of the activities under educational excellence as “enriching teaching and learning practices”, which indicates maintaining the status quo will no longer be acceptable.

Evidence. The evidence for maintaining this approach is minimal, although it is a common teaching approach in undergraduate programs due to large class sizes, classrooms with fixed seating, and a lack of desire to change by teaching faculty (McMurtrie, 2019). With lecture, the focus is on the teacher as expert, the students as recipients of information and an expectation of memorizing and regurgitation of content. However, a consistent concern raised by healthcare organizations that students are not prepared, combined with a usual conventional classroom didactic approach to teaching implies that there is a need to change teaching strategies to effect changes in student readiness-to-practice capacity.

Cost. The impact on financial costs required to maintain the program will continue to increase, e.g., salary increases, infrastructure (labs, equipment/material, etc.). Non-financial costs related to the reputation of the school may be high due to lack of response to the external review by stakeholders, resulting in no change in readiness of students to integrate quickly into a clinical

setting. Employers will continue to be pressured to provide additional training for new graduates to meet the demands of healthcare settings. Both short and long-term political costs (implications) of this are significant for the University / SON.

Ease of Implementation. Implementation is relatively easy in the short term to maintain as no change is required; however, the changing demands on program graduates will continue as the healthcare system evolves, resulting eventually in pressure to adjust and make significant changes to the Program.

Feasibility. Initially it would be easy for the SON to maintain the status quo; however, as costs increase, and more work is required of fewer faculty, the pressure on faculty could result in increased sick time, less attention to details of assignments and providing feedback to students, resulting in a highly stressed work group and inefficient work / wellness environment.

Support for this option. Students, faculty and administrators may initially support this option as there is no change required of individuals. However, as costs related to operating this option continue to rise, there may be pressure from the organization to bring the program in alignment with costs and its strategic priorities.

Resources available. The people required to maintain the program includes teaching faculty and support staff such as teaching assistants, contract instructors, plus the administration. Technological resources to maintain labs/clinical work areas remain approximately the same. Time remains static due to familiarity with content and teaching strategies.

Option 2: Close the Program

A decision / solution to close the program has significant repercussions for all stakeholders. These are described here.

Impact. The impact for students to close the only school of nursing in an urban area has significant financial impact for many students. Those who require financial assistance to relocate from the urban area to other institutions may be unable to afford residence as well as the cost of tuition and books. The impact for married students would be a lack of or reduced opportunities to pursue nursing education due to competing demands of family and school.

An economic impact would be the increase in unemployment of those currently teaching in the program. Since their work is profession-specific, these individuals could expect to relocate, either to another part of the province or to another part of the country or to return to a practice setting. The wider effects of the nursing program closing include reduction in expertise within the province and healthcare community. Research dollars brought to the university through projects based at the SON would be reduced or eliminated. Local healthcare organizations would lose the regular influx of practicum students and future nurses who enable the workforce to maintain a connection to local learning environments and new teaching materials and techniques related to current nursing practices.

Alignment with Organization's Strategic Priorities. There is no alignment with the university strategic priorities.

Evidence. Although the provincial review anticipated collaboration among RN education programs across the province, there was no evidence of a desire to close one or any of the existing programs, as all operate at full capacity, thus maintaining a revenue stream, rather than being a financial drain.

Cost. Specific change outcomes would be recovery of nursing space such as classrooms, labs, etc., financial gains to Organization X achieved through reduction of faculty salaries and the administrative positions required to support the program. The funds made available through

elimination of the program may result in additional budget allocation for other programs or services / activities. Financial resources would be needed to do “damage control” if there was a significant backlash as a result of this decision. For displaced educators, financial assistance with relocation to other positions / locations within the organization or assistance with relocation to other parts of the province, nationally or globally may need to be negotiated with the organization. Given an anticipated negative reaction by stakeholders to this choice, the financial and political impact alone may make this option less appropriate than others under consideration.

Ease of Implementation. This option would require a phasing out of the existing program, resulting in year by year reduction in faculty and staff as students graduate, until the final year four is completed.

Feasibility. This option would not be without consequences. The current demand for nursing personnel does not keep pace with the changing demographics of nursing (CNA, 2017) - an aging workforce and fewer graduates--and this combination would be significantly impacted by a closure of one of the schools of nursing within the province. Provincial healthcare costs for patients will escalate due to many not seeking preventive care or waiting for care too long and thus requiring long term and/or more expensive care.

Support for this option. The benefits of this option include elimination of the relatively high costs for the university associated with offering a pre-professional program requiring multiple components such as classroom, lab and simulation, and clinical practicum and instructors. However, this benefit does overcome community opposition that would be anticipated in the event this option was selected.

Resources available. The resources required to close the program would be different from those needed to maintain the status quo. In this situation a coordinated communication

strategy would be imperative to ensure the rationale for the decision was provided to all stakeholders.

Option 3: Develop an Implementation Strategy Aligned with Best Practice

A third option would be to develop and implement a plan that revises classroom approaches to align with best practice for nursing education and facilitate student nurses' capacity for critical thinking and reasoning abilities, key competencies for practicing nurses.

Impact. This option involves accepting, advancing, and allocating instructional resources to a more student-centered classroom—one which increases graduates “readiness to practice” competencies.

Alignment with Organization’s Strategic Priorities. This option aligns with the University’s Strategic Priority of fostering an environment of excellence in teaching and learning (n.d.)

Evidence. There is a growing body of knowledge related to impact of active learning and teaching approaches on students’ ability to think critically and develop solutions to problems (Barkley, 2010; Barkley, Major & Cross, 2014; Bean, 2011; Berg & Seeber, 2016; Billings, Allen, Armstrong & Green, 2012; Bolden, Oestreich, Kenny & Yuhnke, 2017; Brown, Roediger & McDaniel, 2014; Chan, 2016; DuRocher, 2018; Falk-Kessler, MacRae & Dyer, 2016; Fink, 2013; Fischer, 2017; Fradale, 2018; Kumm & Fletcher, 2012; Lynch, 2016; Mollman & Candela, 2018; Murray, Laurent & Gontarz, 2015; National League for Nursing, 2018; Pierce & Reuille, 2018; Roberts, 2019; WHO, 2016). Research shows improved critical thinking and reasoning in students exposed to activity-oriented teaching and learning (Chan, 2016; Du Rocher, 2018; Falk-Kessler, MacRae & Dyer, 2016; Ironside, 2004; Kantar, 2014; Khodaveisi et. al., 2016; Mollman & Candela, 2018; Mrunalini, Vellanki & Chandekar, 2015; Murray, Laurent &

Gontarz, 2015; National League for Nursing, 2018b; Nosek, Scheckel, Waterbury, MacDonald & Wozney, 2017; Pierce & Reuille, 2018; Poikela, Ruokama & Teras, 2015; Sportsman & Pleasant, 2017; Tedesco-Schneck, 2017; WHO, 2016).

Cost. Financial requirements include funds allocated for professional development, such as an off-site retreat, including travel and meals for participants. Instructors will need “time” to plan and redesign assigned courses, resulting in fewer courses being assigned to each instructor. The financial impact of this requirement is a need to hire additional instructors to ensure all courses have faculty assigned. At a personal level, faculty may need to give up their usual style in the classroom and be willing to move from the “sage on the stage” to the “guide on the side”. Formal leaders will be expected to be available to faculty for individual consultation, and to be visible in the department.

Ease of Implementation. Because this option aligns with the University’s strategic priorities, and the recent SON strategic plan, the initial understanding that change is required will be met with intellectual comprehension. However, the challenge will be at the micro, or individual level, as instructors begin to rethink their teaching style and strategies and restructure their curriculum content and classes to integrate active learning. Using a method such as the Harkness method and securing classroom space that can be established to support this method will enable the change.

Feasibility. The challenges for this option are significant and include changing entrenched behaviours, values, motivations of some faculty--challenging attitudes and beliefs about entitlements assigned to both tenured and non-tenured teaching staff. Also challenging is creating and maintaining an environment that fosters collaboration and teamwork. To change

these, strong leadership is required of the program and university leaders, as well as of people like myself who are willing to take the first steps towards planned changes in the classroom.

Support for this option. There is increasing reference to active or contemporary teaching strategies in nursing organizations which have a responsibility to ensure graduate nurses achieve entry level competency, with contemporary strategies identified as best practice (CASN, 2015; CCRNR, 2012; NLN, 2018; WHO, 2016). Within the province, the provincial review recommended contemporary teaching strategies, and the modified curriculum was based on a framework grounded in active learning. Some faculty within the School of Nursing have expressed interest in increasing their capacity in facilitating student learning.

Resources available. To accomplish these changes in this solution, resources such as dedicated faculty time needs to be allocated to the development of policy statements that align with both the new direction for teaching in the Department and the organizational strategic priority of fostering an environment that facilitates teaching and learning excellence (University X, n.d.). Additional resources include Technological and fiscal /funding components, as well as human factors such as professional development time, development of a community of practice and relationships with the Centre for Teaching and Learning.

Preferred Option

The third option of bringing contemporary instruction into the classroom will provide the optimum learning circumstances for students and is the direction with which the SON needs to proceed. There are several reasons for my recommendation of this option. Unlike option 1--to maintain current practice of lecture in the classroom--or option 2--to close the program--the choice to integrate contemporary teaching strategies aligns with the organizational priorities, the

Department strategic plan, accreditation requirements (CASN, 2015), and entry level competencies (Author C, 2019).

Given the evidence to support contemporary teaching strategies as a way of developing or increasing students' capacity for analyzing client / patient issues and situations, it would be a dereliction of duty to continue teaching in a manner that does not optimize opportunities to create the best learning situations for students. With recent revisions to the nursing program, the resulting net decrease in clinical practice hours, and combined with a move to replace clinical hours with simulated experiences, students have fewer opportunities to apply learned concepts in clinical settings. Through integrating more learning-centered activities such as case studies, practice problems and other practical activities into the classroom there is increased exposure to application of core concepts of nursing education—and in a safe, supportive learning environment.

Ideally there will be a positive impact for students, resulting in improved adaptation to the clinical setting. In comparison, maintaining the status quo will be unlikely to result in changes such as these. The expression of “continuing to do the same thing and expecting different results” rings true for a decision to make no changes. Closing the program would also not provide any positive contribution to the need for nursing education to meet the demands of the healthcare system for competent safe care providers.

This last option is different from the other two because it is transformational in approach, providing opportunities for SON teaching staff to become leaders in educational scholarship and practice. Specifically, it helps transform the Program using inspirational motivation, individualized consideration, idealized influence and intellectual stimulation--the four components of transformational leadership.

There may be trade-offs and consequences of choosing this approach. Some possibilities include departure of senior faculty who do not want to change or do not agree with the changes, as well as loss of program history. There may be sabotage of the process through delays, lack of attendance at planning meetings, and reinvention of familiar classroom approaches, rather than creative discussions regarding alternate ways of teaching nursing skills and concepts.

Overall, whenever one is contemplating major changes to a program, it is always better to consider all the potential options for how to proceed. In doing so, we uncover and possibly strengthen reasons for the choices made. In examining the evidence supporting contemporary teaching strategies and the expectations of those who need nursing care or services, the option to proceed with revising course delivery is rationalized as the best decision and choice.

Ethical Leadership: Myth or Reality?

There is an assumption in leadership theorization that those in leadership roles will act in ethical ways (Liu, 2017). Miriam-Webster (2019) provides multiple definitions of the word “ethics” but for the purposes of this OIP the two that best apply are: “(1) a set of moral principles or values”, and (2) “the principles of conduct governing an individual or group”. These descriptions demonstrate alignment with the professional obligations of educators and students in this nursing program as described in the Canadian Nurses Association Code of Ethics (2017). Buller (2015) identifies types of situations in which ethics become part of decision-making processes: conflicts of interest, responses to public crises, and situations where there are conflicts related to traditional values in higher education.

Nursing Students

As budding professionals, students have a responsibility to participate actively and ethically in their own education and development. They are expected to learn and integrate the

qualities of a professional nurse as described in the Canadian Nurses Association Code of Ethics (2017):

- providing Safe, Compassionate, Competent and Ethical Care
- promoting Health and Well-Being
- promoting and Respecting Informed Decision-Making
- maintaining Privacy and Confidentiality
- honouring Dignity
- promoting Justice
- being Accountable.

In the classroom, their responsibility is to be accountable to their peers and their instructors. They demonstrate accountability through attendance and participation in planned activities and discussions and through behaviours that are respectful of others. Aligning these behaviours with the revised curriculum and recognizing the research that links an active learning environment to integration of core required nursing concepts, students have an ethical responsibility to be part of their professional development.

Their expectations and experiences may be as passive learners--to listen to instructor lectures, review the PowerPoint slides and be provided with a list of possible questions for testing of the content. A clash of different expectations around what “learning” is and how it occurs results due to conflicting values between what students may have learned to be important –grades--rather than an emphasis on deeper learning achieved through participation and application of concepts and ideas related to their chosen profession. An ethical behavior requires

them to consider alternatives and respect leaders who provide them with learning opportunities that expand their capacity to analyze problems and patient care issues.

Despite an expectation of attendance, students may not acquiesce, and an ethical dilemma exists for an educator: to do nothing, discuss the issue with the student, or to recommend removal of the student from the program. The usual response is to do nothing. Why? Because a student can appeal the removal decision and the university will often reverse the decision, allowing this student to continue, perhaps because the organization wants the tuition, or they appear to be more concerned about the reputation of the organization as flexible and accommodating rather than adhering to rules and requirements.

To further compound the issue, students are encouraged to complete course evaluations—student evaluation of teaching (SETs). These evaluations are intended to provide anonymous formative feedback to improve future courses. Although questions are not focused on personal characteristics of instructors, students may use the “comments” section to share their opinions about these aspects of the instructor—positive or negative. Negative comments may be detrimental for an instructor, if inclusion of the SETs is part of an organization’s tenure, promotion and hiring processes (Cassidy, Faucher, & Jackson, 2017; Holdcroft, 2014; Hornstein, 2017). Administrators / universities require data, and electronically collecting student evaluation of teaching is an easy method of data collection (Crumbley & Reichelt, 2009; Uttl, White & Gonzalez, 2016).

Instructors

The RN educators / faculty in this School of Nursing are also bound by the same Code of Ethics (2017) as their students, which addresses how the teaching and learning environment supports the values espoused in the profession. The ethical aspects for these educators include

providing a safe learning environment in which students can make mistakes and learn through participation without judgment, treating each other with respect. Ethical dilemmas may occur as a result of power differentials between students and instructors, and between tenured and non-tenured faculty, and in perceptions and attitudes of administrators towards faculty members.

The challenge for instructors is similar to that of the students: conflicting expectations. The university dictates that students are adults and therefore can make decisions to attend class or not; the program requirements discuss the importance of class participation in students' professional formation. It is an instructor's responsibility to clarify specific expectations and rationale for expected class participation to students, establishing and maintaining the goal of learning the requisite knowledge, skills and attitudes required of a professional nurse.

School of Nursing Leadership Team

Another stakeholder group to consider in ethical discussion is the leadership team. A department leadership team is obligated to ensure that the nursing curriculum is structured to enable students to meet entry level competencies as described by professional associations: College of Registered Nurses of Nova Scotia; Canadian Association of Schools of Nursing and the Canadian Council of Registered Nurse Regulators. During the modifications of the undergraduate nursing curriculum at this University, leaders were responsible to ensure the modifications to the program were aligned with professional requirements and meet the expectations of the provincial nursing education review.

Implementation of the revised curriculum took the form of consolidating the nursing components, including restructuring the course work. It did not include revising methods by which classroom theory courses would be conducted. Changes in leadership team members have occurred as the revised curriculum is implemented. This change requires that those new to their

positions have a good understanding of the difference between the traditional and modified curricula. However, because participation in the preliminary discussions about curriculum changes was voluntary, new administrators may be less well informed. This has resulted in minimal leadership and resources (such as education and training in active learning approaches) from the leadership team. In taking this approach, the new leaders indicate their alignment with traditional values of academic freedom, which provides instructors the right to determine their teaching methodology, rather than providing direction and support for the strategies identified in the program concept document. The subsequent implementation of the revised program left no time for discussion, reflection or consideration of differences between traditional classroom teaching methods and recommended contemporary classroom approaches to nursing education.

The Organization

One ethical challenge for the organization is how to ensure the accuracy and reliability of data obtained through student evaluation of teaching (SETs), and to provide transparency regarding how data are used. It is common practice for University X, like many universities, to use the subjective opinions of students in tenure, promotion and hiring processes. In a recent ruling, an Ontario arbitrator ruled that student evaluation of teaching (SETs) “are not to be used to measure teaching effectiveness for promotion or tenure” (Farr, 2018). Further, the report identifies that the SETs have an appearance of authority, when in fact they are highly subjective opinions. The arbitrator’s findings identified serious human-rights concerns, including biases that may influence students’ ratings, making SETs “deeply discriminatory” against vulnerable faculty (Farr, 2018). Based on this ruling University X should remove the use of SETs from decisions related to its processes for hiring and promotion for faculty. The continued use of these for this

purpose may factor into an instructor's willingness to take risks in using active teaching strategies if their employment is dependent on how students view their approaches.

Having approved the revised curriculum, there is an ethical obligation to ensure that structures and supports are provided to facilitate instructor development for its implementation. This would include having the availability of experts such as those in the Centre for Teaching and Learning, providing a mechanism to ensure assigned classroom spaces align with a modern teaching approach, and making available financial support to enable transition from a tradition program delivery to a contemporary approach.

Personal accountability

Recognizing that I have no control over others' behaviour, my ethical accountability is to ensure that my assigned courses are taught in a way that meets course objectives and goals for the Program. Ethically, this means in the classroom I set clear expectations, define how I facilitate and assess student learning, and discuss the methods to be used with the rationale for my approach. Taking a transformational approach, I work with my colleagues, recognizing their strengths and encouraging discussion about how to facilitate and support an active learning environment.

Summary

Having a structure for this plan provides a mechanism to analyze issues raised by healthcare organizations and government related to readiness-for-practice of graduate nursing students. Uncovering challenges but also strengths and resources available to move this plan forward is accomplished only through an objective analysis of organizational and School of Nursing states. Application of suitable frameworks and models such as transformational leadership and Kotter's Eight Step Change Process brings to the forefront the importance of

relationships in coordinating implementation of this plan. Curry's Change Institutionalization Framework provides the broad view, reminding us that sustainable change takes time, often longer than anticipated. In Chapter 3 a plan for implementation and evaluation is delineated. A communication plan is also presented.

CHAPTER 3: IMPLEMENTATION, EVALUATION, AND COMMUNICATION

This organizational improvement plan focuses on transitioning faculty approaches to classroom teaching from a didactic lecture approach to a contemporary active learning approach.

It is anticipated that this change will facilitate students' capacity to apply critical analysis and reasoning skills in clinical situations. This ability has been linked to capacity to assist clients--communities, families and individuals--to uncover workable solutions to healthcare problems and thus greater "readiness to practice" competence (Yakovleva & Yakoley, 2014). Because the change plan is transformational for nursing education, the relational components of transformational leadership will enable both informal and formal leaders to build a teaching and learning team--a community of practice--who will implement this plan. In this chapter, a plan for implementing the change initiative is detailed, a monitoring and evaluation process is presented, and a communication plan is discussed. Future opportunities are explored.

Change Implementation Plan

For this OIP, as a result of curriculum changes, collaboration and teamwork are essential to ensuring smooth transitions and flow of concepts across the curriculum. Also, the importance of transparent communication, or the lack of it, and its' impact on instructors and students is significant to ensuring consistent messaging is sent and received by various stakeholders.

Organizational Analysis

An implementation strategy that aligns with best practices in nursing education to facilitate transition of classroom teaching methods is a complex process. The organizational analysis presented in Chapter 2 reveals both challenges and strengths within the organization and the SON that will affect implementation of this change plan. The goal for this plan includes transforming Faculty teaching approaches to better prepare student nurses entering the complexity of today's healthcare system. Building on evidence discussed previously, it appears that students will benefit from different classroom teaching and learning methods such as case-, problem-, and activity-based endeavors that facilitate their capacity in critical thinking, problem-

solving, and theoretical application (Barkley, 2010; Barkley, Major & Cross, 2014; Bean, 2011; Berg & Seeber, 2016; Brown, Roediger & McDaniel, 2014; Fink, 2013; Yakovleva & Yakolev, 2014).

Strengths of the Organization. The Centre for Teaching and Learning promotes active teaching as an optimum approach to be used by faculty. Utilizing the resources and expertise of the members of this department will enable the SON leadership to coordinate a faculty retreat, and ongoing professional development sessions for teaching Faculty. The organization has additional resources available to both the leadership team and faculty members, such as information technology expertise, contemporary classroom spaces with movable tables and chairs that support an active teaching environment. Self-identified faculty members who are interested in expanding their capacity in classroom teaching approaches provide the change agent with a group willing to be early adopters of active learning strategies. Leadership support for the plan creates the necessary workplace culture to enable faculty to integrate contemporary classroom strategies.

Challenges for this Plan. The organizational readiness-for-change assessment discussed in Chapter 2 identifies challenges for implementation of this plan related to culture and leadership support within the SON for the plan. However, because this initiative aligns with organizational strategic priorities for “excellence in teaching” (University X, 2013), there is a foundation on which to proceed. A second obstacle exists in rights associated with academic freedom, which support instructor authority to conduct classes in accordance with methods she prefers. As the number of faculty utilizing active learning methods in their classrooms increases, one assumption is that laggards will begin to integrate these strategies as well (Cawsey, et al. 2012).

Priorities for this Plan. The central priorities for this plan are two-fold: (1) to have theory instructors align their classroom teaching with contemporary strategies that have been shown to facilitate nursing competencies, and (2) to ensure new graduates are ready-for-practice on program completion. This second priority arises from the initial concerns raised by healthcare organizations that new graduates are not ready to enter the workforce and require additional training and support to safely practice. This adds operational costs to the healthcare system at a time when there are pressures to reduce costs—like those experienced by universities. One assumption underpinning this plan is that University X has an obligation to provide a level of education to meet the demands of a complex healthcare system--an expectation held by both care providers, patients and government for whom new graduates will be required to provide care.

Logic Model. The use of a logic model provides visual communication of the factors that inform this change plan. Appendix E depicts the various factors discussed in this section and their relationship within this plan. The Model first identifies the priorities for the plan and necessary alignments of this change plan with organization and SON (Department) strategic priorities. External requirements related to the plan are stated, such as meeting nursing program accreditation standards and professional practice requirements.

The central components of this Logic Model align with Donabedian's Quality Model, discussed in Chapter 1, but also provide details that are specific to this plan. The model is useful to guide the implementation plan which focuses on the "throughputs" of classroom teaching strategies because it provides a visual synopsis of the problem being addressed, and the components of the change plan by which the success of the plan can be monitored and evaluated.

The logic model is useful to the implementation process because it provides a summary of the factors that influence the desired outcomes, and the activities that need to occur to achieve

the goals of the project. Information presented in this logic model will inform monitoring and evaluation of the change process.

Plan for Managing Transition

To achieve these goals, several activities are incorporated into the change plan. It is anticipated that this plan will be implemented over two calendar years, as it will require significant personal change on the part of teaching faculty members. The modified curriculum operates year-round with only two months--December and August--available for vacation and planning for the next semester. Given these time restrictions, active learning strategies are expected to be incrementally integrated into faculty teaching. Table 2 provides an overview of how the activities are incorporated over time.

Table 2. Draft Change Implementation Plan

Activity	Rationale	By whom	When
Coordinate with Facilities Management to secure modern classroom spaces for theory courses	Stabilized assignment of teaching spaces enables SON staff to establish a space that facilitates active learning	SON Clerical staff assigned to this task	At time room bookings need to be finalized.
Establish furniture placement in classrooms consistent with Harkness Model of Teaching	Provides optimum teaching and learning environment;	Faculty with change leader	Two weeks prior to retreat

	Familiarizes and enables transition for faculty to active learning strategies		
Prepare materials such as draft Logic Model, Agenda, draft evaluation questions	Materials required for faculty retreat	Change leader	Circulate one week prior to retreat
Faculty retreat	Builds collaboration within teaching team Introduces Change Plan Link to Organization’s strategic priorities, SON strategic plan Provides overview of research on teaching impact on student learning Opportunity for instructors to develop active learning class materials collaboratively	Led by Staff: Center for Teaching & Learning (CTL); SON leadership team	Tuesday to Thursday, week 3, August, Year 1. 2 nd retreat: Tuesday to Thursday, week 2 December, Year 1

Faculty meetings	Provides opportunity to share successes with new methods, identify challenges and work through solutions; Provides opportunity for discussion and feedback on the plan	All theory instructors; formal leaders	Monthly, and more frequently as required
Faculty professional development	Ongoing opportunity to increase faculty capacity with new strategies	Facilitated by staff, CTL; all undergrad instructors	Monthly, for 6 months then every 2 months. Reassess need at end of Year 1 and after 2 years
Individual meetings with formal leaders	Opportunity for leader to provide individualized attention to instructors	Instructors, Undergraduate Associate Director	Monthly

Understanding Stakeholder Reactions to Change

Change is uncomfortable for most people, and individuals have different reactions. These include resistance to the change, either covertly or openly, embracing the change and enthusiastically engaging in the process, or taking a “wait and see” approach, to determine whether required investment of time and effort will have positive results (Cawsey, Deszca & Ingols, 2012). Generally, stakeholders’ reactions to change are influenced by previous

experiences with change processes, perceived impact on the individual and lifestyle commitments and personalities. In this plan there are obvious stakeholders--teaching instructors--who have more influence than others over whether the plan is implemented. Within this group, it is anticipated that all three reactions to this change will be observed.

Resistance to the change plan may present challenges for implementation, and arises from different needs, beliefs and understandings by those who do not want to support the change plan. Because of these variances of individual instructors, creating a sense of urgency related to the problem and the rationale for change will facilitate awareness for change in these instructors (Kotter, 1995). Emotional reactions to change can be anticipated, as fear of the unknown and anxiety associated with change are powerful drivers of resistance ((Hiatt & Creasey, 2012). Leaders' awareness of the spectrum of reactions to this change plan enable them to address individual concerns, providing reassurance and encouragement (Hiatt & Creasley, 2012).

Selecting Personnel for Engagement

Identifying key stakeholders to advance the process is crucial. Individuals within the SON have the capability to advance the plan or derail it. Table 3 identifies these stakeholders, their role and how the informal leader will facilitate changes to achieve a preferred future state within the classroom of contemporary teaching methods being used. Because each faculty member will have differing opinions on the efficacy of this OIP, it is important to state assumptions that are based on a forward-thinking, receptive audience. Otherwise, resistance to change becomes the norm, creating barriers to new ideas and a progressive change process. The assumptions for this OIP may initiate discussion of faculty-faculty, faculty-formal leaders, and /or students-faculty/formal leaders. Through dialogue, clarity of issues and concerns related to this plan can be brought forward and discussed.

Table 3. Key Stakeholders

Level of stakeholder	Role	Change Leader Activities
<u>Department level:</u>	<ul style="list-style-type: none"> ▪ Develop the vision for the 	
Director	<ul style="list-style-type: none"> change plan ▪ Create a guiding coalition for the change plan ▪ Support the process; participate as required ▪ Communicate the change plan to stakeholders ▪ Provide funding and time for staff development / faculty retreat 	<ul style="list-style-type: none"> ▪ Meet initially with Director and Associate Director, UG program to discuss the change ▪ Request time at quarterly Department Meetings of Full Faculty to discuss the change plan.
Associate Director	<ul style="list-style-type: none"> ▪ Support the process; 	
Undergraduate Program	<ul style="list-style-type: none"> ▪ Participate as required ▪ Allocate time for training into workload assignments of faculty members ▪ Empower instructors to integrate contemporary strategies into their classroom approaches 	<ul style="list-style-type: none"> ▪ Prepare planning documents as required ▪ Incorporate feedback into plan documents

- Teaching faculty, undergraduate program
- Participate in meetings and education/training sessions
 - Implement the process
 - Participate in surveys as required
 - Consolidate changes and produce more change

Alumni
Support the plan with students, administration, teaching faculty

Senior level/external to department

- Collaborate with the SON to develop the vision for nursing education
 - Provide support for change plan
 - Initiate contact to introduce change plan details / outcomes
 - Be available to discuss potential issues and solutions, as required.
 - Incorporate feedback into implementation documents
 - Facilitate discussion; gather feedback and
- Government representative, Higher Education, Department of Health
- Donors
- Healthcare agencies Partner with SON to provide feedback
- Professional agencies:
- CASN
 - Provincial RN body
 - CNA

	<ul style="list-style-type: none"> ▪ Ensures program facilitates students' acquisition of required new graduate competencies 	<ul style="list-style-type: none"> integrate into plan documents
<u>Beneficiaries of the change</u>		
-Students	<ul style="list-style-type: none"> • Participate and engage in class activities • Be accountable to peers and instructor • Be respectful of instructors' efforts • Provide constructive feedback on active teaching & learning strategies 	<ul style="list-style-type: none"> • Inform students of the "new" teaching and learning process and the rationale for the approach • Communicate change to appropriate community stakeholders • Monitor progress with stakeholders
-Parents, partners, children of current students	Support students in their learning	
-Healthcare agencies	Provide feedback regarding	
-Patients, families	student capabilities	

Table 3 uses the steps of Kotter's Eight Step Change process to enable transformational leadership capacity at all levels of the SON through the roles that each stakeholder has. The

Director and Associate Director, in response to the provincial government review of nursing education have the agency to create a sense of urgency and develop a vision for the nursing program, which was done by previous leaders, resulting in modifications to the curriculum.

However, the current leadership team need to further develop the vision to align classroom teaching with contemporary approaches, create the guiding coalition and communicate the plan to various stakeholders. Leadership shifts from the formal leaders to informal leaders as the plan unfolds. For example, an informal leader brings the improvement idea forward to the formal leaders and builds a case for implementation. The formal leaders advocate for the plan, providing for financial and operational needs for implementation, as well as liaise with senior organizational executive and government to garner support for the change plan. Once faculty begin to utilize contemporary strategies, they become the implementation team, and through the use of support and encouragement for each other--transformational leadership elements of individual consideration, and idealized influence--they generate short term wins and identify ways to expand their knowledge and skill in utilizing contemporary teaching strategies.

Required Resources and Supports

Resources such as time, funding, technology, personnel, and facilities are required to move this plan forward. SON leaders need to be committed and available to fully support teaching faculty through direct communication on a regular--daily/weekly--basis. This communication approach provides opportunity for the leadership to receive direct feedback on the progress of implementation of the change plan and enables Department leaders to be made aware of any potential problems that have occurred or are anticipated.

Time. Time is required for instructors to attend training sessions and is vital for reflection and revision after each class and term so instructors can continue to develop expertise in real time using new strategies. Time for dialogue with colleagues through established semester meetings and informal discussions is necessary to build collaborative relationships and establish trust among instructors. These actions contribute to the establishment of a community of practice which focuses on continued improvements in teaching capabilities of instructors. Time to explore available technology resources is important for instructors to utilize tools to enhance their classroom environment.

Technology. Organization X has a well-developed IT Department with skilled trainers whose job it is to assist faculty members expand their capabilities using available technology to enhance the classroom experience. These include use of videos such as case studies and problems for discussion and application of learned concepts; use of blogging and online discussions available through course sites; clicker systems to conduct in-time polls and quizzes; peer assessment tools; and online library and researching tools (University of British Columbia, n.d.).

Center Teaching & Learning staff. Experts in teaching and learning pedagogy are available through this unit to provide training, support and on-going education sessions for SON faculty. Instructors can make individual or group appointments for consultation and assessment of their current classroom strategies, and discussion of potential improvements. The SON, as a Department within the University, can request tailored education sessions, including conferences such as a faculty retreat, to support initiatives like this change plan.

Funding. Funding for activities such as a faculty retreat and ongoing education sessions will be required. Costs can be minimized through using University facilities for these events.

Hidden costs are associated with workload assignments as time for activities related to building instructor awareness, competence and confidence in active teaching and learning capabilities need to be factored into course assignments.

Facilities. Organization X teaching facilities consist of lecture halls that accommodate up to 500 students, and new spaces that are large open rooms containing movable tables and chairs. In supporting the School of Nursing change plan, administrators need to plan with facilities staff to ensure contemporary spaces are assigned to nursing theory courses to support contemporary instruction. The recent opening of a new building for health professions education provides preferred spaces for contemporary classroom teaching strategies. However, because University X is an older, traditional organization, many teaching and learning spaces are traditional lecture halls with fixed seating. These facilities pose challenges for the use of active learning approaches, but these are not insurmountable. Activities such as think-pair-share discussions, and peer assessment and discussion are possible in these environments (Barkley, 2010). Opportunities for role play and practice interviewing--skills required of nurses--can be explored in either setting.

Potential Issues and Mitigating Factors

Potential issues during change may arise related to a variety of reasons. One is a lack of the necessary resources available or as a result of faculty members exerting their right to academic freedom in their classroom and resisting change. Most issues are due to a lack of communication or misunderstandings and conflicting expectations or perceived lack of support or lack of efficacy or lack of collaboration/encouragement or fear of failure or other reasons. Potential issues can be mitigated by maintaining open lines of communication, regular monitoring of change (discussed in the next section) and working through problems as they arise.

Departmental Leaders, through regular meetings with instructors, are able to identify instructors who may undermine the change plan and have a process to work with them to ensure the successful implementation of the plan. The skill and attitude of the change agent in working through any conflict and coming to positive resolution will minimize any negative impact to the plan.

Recognizing Limitations. It is important to acknowledge there are limitations which can impede the change progress. These include lack of funding, lack of leadership support, and lack of agency of the change leader.

Funding. Every change process requires financial investment whether to provide hours to work on the project and for course and class re-development, purchase of materials for instructors. Other budgeted items such as refreshments can be eliminated if money not allocated.

Lack of Formal Leadership Support. Department leaders have a critical role in encouraging and supporting changes towards new / different classroom teaching strategies (Cawsey, et al., 2012). However, personality clashes, “not my idea” attitude or bias on the part of an administrative leader can create dissonance in change situations.

Lack of Agency. An informal change leader needs to use power of persuasion and influence to facilitate changes in teaching methods. A healthy working relationship with and the respect of formal leaders is critical to institutionalize these changes.

Building Momentum

Building momentum occurs as instructors begin to utilize contemporary strategies in the classroom. towards the final goal for the School of Nursing which is to implement contemporary teaching strategies into a classroom environment. In order to achieve this goal one large “epiphany” will not happen. Kotter’s Eight Step Change Path Model reinforces this idea and

provides sequential process to build momentum incrementally. Early adopters of this program will need to share their experiences--both successes and failures--within the team framework. Continual monitoring and revision of course delivery will ensure the momentum continues to move forward to the ultimate change goal. Ultimately, successes will be measured or defined by student responses to the new classroom experience, by test results, and by feedback from the end users--the hospitals, doctors and nurses, and other health care providers--as to the readiness of Program graduates: competent practice-ready nurses. Setting short term goals for faculty such as identifying one contemporary strategy to confidently use in one class provides small, measurable, and achievable results on which to build momentum. Indicators of successful integration include observing an engaged class of students who eagerly work through clinical problems, applying their knowledge, and thinking critically about the issues.

In summary, this change plan is a complex undertaking involving many people, issues, and circumstances. Managing such a complex change require patience, persistence, and above all else—leadership and faculty willing to acknowledge it won't be easy and perhaps not every instructor will embrace the change. The next section presents a monitoring and evaluation plan to accompany the implementation plan.

Change Process Monitoring and Evaluation

In alignment with Bennett's (1975) Hierarchy of Evidence evaluation framework, the long-term desired outcomes of this instructional change plan can be noted as social: graduates recognized as practice-ready; economic: maximized use of classroom time; environmental: workplace culture supports innovation and risk taking in classroom teaching; and community: more satisfied health care providers and better care for patients and families. The intent of this plan is to make improvements in instructional strategies to achieve the goal of student readiness-

for-practice. Various tools such as checklists and surveys assist the change leader to monitor this plan’s progress (Cawsey, et al., 2012).

Measurement tool: Bennett’s Hierarchy of Evidence

Bennett’s Hierarchy of Evidence model provides an approach to program evaluation that includes seven categories of criteria that scaffolded one upon the other: (1) inputs, (2) activities, (3) people involvement, (4) reactions, (5) knowledge /attitudes /skills/ aspirations (KASA), (6) practice change, and (7) end results (Bennett, 1975) (see Figure 5). Because the model separates the elements into processes (inputs, activities, participation and reactions) and results [KASA] changes, practice changes and end results measured in this OIP as social, economic and environmental changes), evaluation can be tailored to the desired goals and outcomes (Radhakrishna & Bowen, 2010).

Furthermore, as one moves up the hierarchy, both the costs of evaluation—related to increased time, and skill required for data collection and analysis—and the quality of the evidence strengthens (Radhakrishna & Bowen, 2010). These features of the model allow evaluators and decision makers to identify the level of evaluation required to provide information on the worth and value of the change and whether to maintain or abandon the program. Simply having the required resources and knowing what activities and participants are required to proceed are insufficient to construct a monitoring and evaluation plan. Figure 5 shows the application of the model to this improvement plan.

Figure 5. Bennett’s Hierarchy of Evidence applied to this OIP	
Ultimate effect of the program, in areas of social, economic and environmental conditions:	End Results (SEEC)

<ul style="list-style-type: none"> ▪ Graduates of the program recognized as safe competent leaders in healthcare ▪ Patients and Families receive better care from graduating nurses ▪ Healthcare providers can trust nurse competence upon graduation; no additional training cost / time needed ▪ Community health care costs decrease long term 		
<p>Practices adopted as a result of participation in educational programs: this instructional change</p> <ul style="list-style-type: none"> ▪ All nursing theory instructors are using contemporary strategies in all theory classes ▪ Student performance in practice settings demonstrates comprehension of nursing foundational concepts and ability to critically analyze & solve clinical problems. 	Practice Change	
	KASA changes	Changes in knowledge, skills, attitudes, and aspirations
	Reactions	Reactions of participants to involvement in the change
	Participants	<ul style="list-style-type: none"> ▪ Faculty ▪ External/senior executive/funders

		<ul style="list-style-type: none"> ▪ Department leaders/instructors ▪ Beneficiaries: students/healthcare organizations/community ▪ staff: Teaching and Learning Center ▪ Room allocation staff ▪ Department Administrative staff ▪ IT department ▪ organizations/community
	<p>Activities</p>	<ul style="list-style-type: none"> ▪ Focus groups: <ul style="list-style-type: none"> -Organize explanatory materials for stakeholders about the plan -Develop evaluation questions -Reconvene for monitoring of implementation ▪ Faculty retreat <ul style="list-style-type: none"> -Develop budget ▪ Plan, coordinate and deliver ongoing professional development for instructors ▪ Coordinate facilities in alignment with Harkness Model whenever possible ▪ Ensure technologies available to support contemporary teaching approaches ▪ Surveys /questionnaires to monitor change plan progress

		<ul style="list-style-type: none"> ▪ Develop on-line repository of contemporary teaching strategies
<p>Inputs</p>	<ul style="list-style-type: none"> ▪ Information on Core competencies for RN educators (CRNNS; CRRNE; RNAO; WHO) ▪ Research linking teaching strategies with development of students’ critical thinking skills ▪ Leadership support both organizational and department ▪ Workplace culture that supports innovation and risk taking in the classroom ▪ Teaching Faculty ▪ Teaching & Learning Center staff ▪ Funding ▪ Time allocated for training and education ▪ Education and training sessions ▪ Technology/IT experts ▪ Teaching facilities to support active teaching & learning ▪ Administrative staff 	
<p>Figure X. Flow chart depicting the specific information related to this OIP. Based on “Up the Hierarchy” by C. Bennett, 1975, <i>Journal of Extension</i>, 13(2), 7-12.</p>		

As shown in the Hierarchy, some of the outcomes are long term--End results--and beyond the scope of this plan; however, the lower levels focused on the inputs, activities, participants and reactions can indicate the potential outcomes and / or opportunities for change. At the mid-levels, determining if there have been KASA changes and practice changes related to faculty teaching strategies indicate change as a result of this plan (Onkka, 2018). The next discussion is

related to tools--questions and surveys—and the quality of evidence available, that will provide meaningful data and useful information for decision making.

Tracking Change, Gauging Progress

The purpose of this monitoring plan is to track progress towards goal achievement: (1) usage of contemporary teaching strategies by instructors in nursing theory classes; and (2) ability of nursing students to apply critical thinking and analysis to clinical situations: student readiness-for-practice.

Monitoring Usage of Contemporary Teaching Strategies. Kennedy, Ball and McDairmid (1993) recommend the use of three tools to track changes in instructor teaching methodology: (1) multiple choice questionnaire; (2) observation guide, and (3) individual interviews. Although the study focused on evaluating changes in teaching approaches in a K-12 environment, these approaches to monitor progress for this change plan provides a systematic approach to data collection. To gain understanding of the current approaches being used in classroom teaching, faculty interviews are conducted during the mobilization phase to establish a baseline. Midway during the implementation phase, comparison information is collected through observation of classroom activities, prefaced by a brief interview, and followed by a discussion of the observations. Watching instructor actions and responses to students' ideas provides information on activities with which the instructor is comfortable and facilitates the post observation discussion and analysis of the instructor's perception of the class (Kennedy, Ball & McDairmid, 1993). At the end of the implementation phase, information on the process is collected through individual interviews to determine what change has occurred.

Student Readiness-for-Practice. In their study, Casey and Fink (2008) identified themes related to clinical problem solving, learning techniques, professional identity and trials and

tribulations of nursing practice as areas where RN educators have an opportunity to positively impact student learning. Indicators to measure students' readiness for practice can be found in the Casey-Fink Readiness for Practice survey tool (2008), which consists of three components in which students are asked to provide responses: (1) demographic information; (2) level of confidence managing multiple patient assignments and comfort level with performing specific nursing activities using a 4-point Likert scale and (3) open-ended questions related to students' reasons for choosing nursing as a career. This survey is made available for use by the researchers and would be completed by students in their final weeks of the program.

A second source to monitor effects of the change plan is cohort-to-cohort comparisons of student performance on National Council Licensure Exams-RN (NCLEX-RN) scores. Passing marks on NCLEX-RN tests are required before new graduates can use the title "RN" and are indicative of students' ability to apply knowledge to questions that require critical analysis of the information provided in the questions.

Developing Evaluation Questions. It is anticipated that both desired practice outcomes-- (1) all nursing theory instructors are using contemporary strategies in all theory classes and (2) student performance in practice settings demonstrates comprehension of nursing foundational concepts and ability to critically analyze & solve clinical problems--will occur incrementally over time. Monitoring questions will provide information on the progress of the change plan, while final evaluation question will provide information on the impact and sustainability of the plan (Markiewicz & Patrick, 2016). Evaluation questions need to focus on whether the OIP provided adequate changes related to instructors' classroom teaching strategies effect on nursing students' readiness-for-practice on which decisions can be made to continue with the

areas in questionnaire)	Practice change	contemporary teaching strategies	following faculty retreat; 60% usage at end of year 1; 100% at end of year 2	● Classroom Observation	
Effectiveness	(M&E)	Percentage of clinical	25% during	Survey	Guiding
How effective was the change plan in achieving its outcomes?	Attitude change	instructors reporting improvement; Percentage of healthcare managers reporting improvement	first clinical practicum 60% usage at end of year 1; 100% at end of year 2	questionnaire	coalition
		Comparison of student response with baseline responses	Monitor trends over time	Casey-Fink Readiness for Practice Survey	Semester 8 faculty
Efficiency	(M&E)	Comparison to budget	100% or lower	Monthly	Office
How efficient was the plan in the use of resources /inputs throughout implementation?	Inputs/ Resource allocation	developed for change plan	than assigned budget	expenses related to project	manager for SON
			Monthly review		
Impact	(E)	Percentage of	80% positive	Stakeholder	At the 2-
What is impact of change plan on long-term	Attitude change	healthcare managers/organization	reports	interviews	year end of the monitoring

desired outcome		s reporting graduates			and
of students’		are practice ready			evaluation
being practice					project
ready?					
Sustainability	(E)	Percentage of	80% positive	Survey	At the 2-
What benefits	SEE	healthcare managers	reports	questionnaire	year end of
potentially exist	outcomes	reporting graduates are			the
for sustainability	(social,	practice ready			monitoring
of program in	economic &				and
achieving its	environmental				evaluation
goal!	impact)				project

In Table 4 specific questions related to Bennett’s Hierarchy of Evidence are identified. The indicators that will assist determination of plan progress are also stated.

In summary, Bennett’s Hierarchy of Evidence Model provides a framework to identify target areas to monitor and evaluate this change plan. Monitoring and evaluation are complex processes requiring expertise, effort, and commitment. They are most effective when built into the planning stage of a change plan—as in this OIP.

Communication Plan

Communication is critical to the success of this change plan, as confusion and misinformation about any aspect can cause the plan to derail (Jamal & Bakar, 2017). There are many stakeholders, each with varying roles and accountabilities, making development of a communication strategy challenging and complex. There are specific goals for a communication plan for this change process which include:

- to provide the rationale for the change, and how it benefits the various stakeholders

- to provide consistency in the messaging
- to provide opportunity for sharing feedback
- to monitor progression of the change plan
- to build and sustain momentum and support for the plan
- to share reports (TeamGantt, 2018).

Stakeholder Concept Map

Utilizing a stakeholder mapping process enables visualization of groups who need to be involved in this communication plan, goals of the communication plan, and methods of communication to be used with each group (see Figure 6). The importance of effective communication at all stages of the implementation process facilitates support for the plan, participation, and resistance management (Hyatt & Creasey, 2012). The following map--shown in Figure 6--identifies clusters of stakeholders according to their role in relation to the improvement plan: funders and policy makers (external stakeholders), program managers, SON teaching and learning team (instructors), and beneficiaries of the change (students) (Markiewicz & Patrick, 2016).

Figure 6. Concept map for Communication Plan

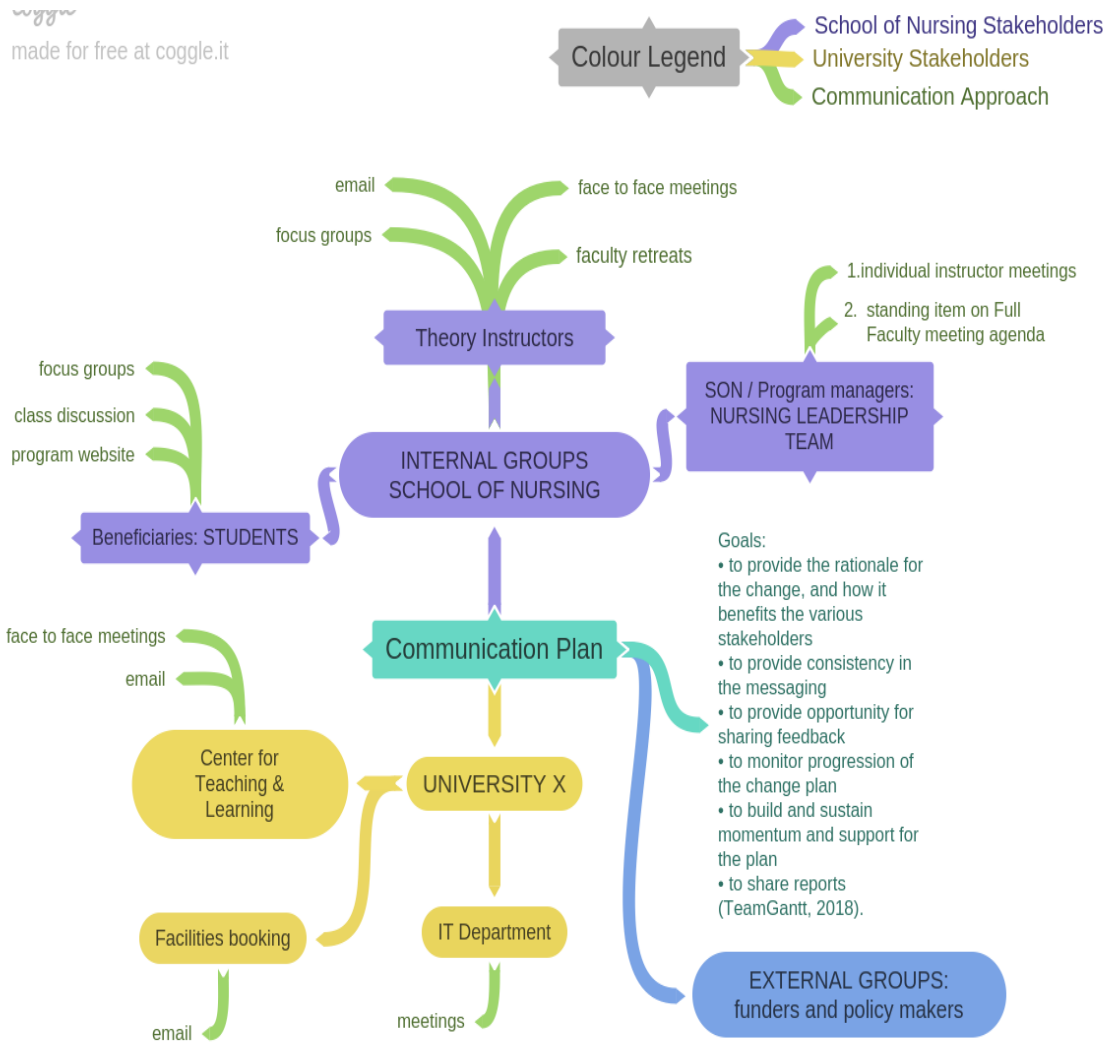


Figure X. Concept map identifies key stakeholder groups with the most influence and impact on implementation of this change plan. Two main groups are identified: those within the School of Nursing and those within the organization but outside the School. Methods of communication to be used with each group are also identified.

Communication flow for this change plan primarily lies within the School of Nursing.

However, once implementation is occurring, external stakeholders need to be made aware of the change and its progress. Formal lines of communication are used to provide information to

Senate and the Board of Directors, as well as professional nursing organizations. However, not only do I need to identify how communication will be facilitated, I also need to consider communication among these stakeholder groups because it is important that the messaging from group to group be consistent, otherwise miscommunication can cause distrust and a potential breakdown in the improvement plan (Cawsey, Deszca & Ingols, 2012).

Myself as the change agent/leader--someone not having formal authority or power--relies on influence with colleagues—other instructors—and building relationships with the SON leadership team through the elements of transformational leadership, as previously described. Because SON leaders are pivotal to the flow of communication, it is important for the change agent, as one of the instructor group, to have regular meetings with the leaders to maintain contact and share experiences as the change plan unfolds.

Building Awareness

Various communication approaches, both informal and formal, will be used to build awareness of the need for change within the School of Nursing. These include face-to-face meetings--either individual meetings, or semester team meetings--, email and newsletters. Informal face-to-face communication is most useful in discussion with colleagues and Department managers as this approach provides opportunities to observe non-verbal forms of communication such as posture and body language which may give subtle indications of how people are feeling. Email enables dissemination of consistent messaging to large numbers of people. A summary of the progress of the plan can be communicated widely outside the SON through existing university newsletters.

School of Nursing. Because this change plan is focused on classroom teaching approaches within this Department, the leadership team, the teaching faculty and the students are three

groups of stakeholders who are the most affected by this project. Awareness of the expectation for revisions in classroom strategies were included in the provincial review, initiating awareness of the need to do things differently.

University X. Having recently revised the Teaching and Learning Centre framework from one based on Bloom’s Taxonomy (1956) to one grounded in active teaching--Fink (2013), University X is able to provide much needed support and resources to the SON as leaders and undergraduate instructors become aware of alternate teaching strategies.

Table 5. Communication Plan

<i>Communication mechanism</i>	<i>Sender</i>	<i>Recipient /participant</i>	<i>Purpose</i>
Focus groups, in-person and/or teleconference	Change agent	Groups by role in change plan (4): <ul style="list-style-type: none"> ▪ Theory instructors ▪ Students ▪ Faculty of Health members/ SON Leaders ▪ Healthcare organizations 	<ul style="list-style-type: none"> ▪ Introduce the change plan ▪ Review the Logic Model ▪ Present draft evaluation questions ▪ Collect feedback on change plan ▪ Attain support for change plan
Individual meeting	SON Leadership Team	Provincial Government Higher Education Representative,	<ul style="list-style-type: none"> ▪ Introduce the change plan ▪ Review the Logic Model ▪ Present draft evaluation questions

		Department Health Representative	<ul style="list-style-type: none"> ▪ Collect feedback on change plan ▪ Attain support for change plan
Individual meeting	SON Leadership Team	Professional Nursing Organizations	<ul style="list-style-type: none"> ▪ Introduce the change plan ▪ Review the Logic Model ▪ Present draft evaluation questions ▪ Collect feedback on change plan ▪ Attain support for change plan
Faculty retreat:	<ul style="list-style-type: none"> ▪ SON Leadership Team ▪ Teaching & Learning Center staff 	Theory Instructors	<ul style="list-style-type: none"> ▪ Discuss rationale for the change ▪ Review the change plan ▪ Provide information on active learning ▪ Experiential exposure to active learning ▪ Collect feedback through questionnaire
Individual meetings, monthly	SON leadership team	Theory Instructors	<ul style="list-style-type: none"> ▪ Discuss progress of change plan

			<ul style="list-style-type: none"> ▪ Provide individual support and guidance
Quarterly meeting of Full Faculty, standing agenda item	SON Leadership Team	All members SON Faculty	Discuss change plan progress
SON website	SON administrative staff as per Leadership team instructions	Potential Students Anyone	Provide information on teaching approaches used in undergraduate nursing program
Faculty Health website	Faculty Health	Open to anyone	Provide information on undergraduate nursing education
Email	Change agent SON leadership team	Instructors SON leaders	Send consistent information to all recipients Send surveys about the change plan
Electronic newsletters, monthly	SON Faculty Health University	Everyone associated within SON All associated within Faculty of Health All members of the University community	Broad distribution of the change plan and its progress
Final Report	SON Leadership Team	Provincial Government Higher Education	Present findings and recommendations based on

Representative,	outcome achievement of
Department Health	the change plan.
Representative	
Professional Nursing	
Organizations	

Identifying methods of communication and creating a table to show which ones are most appropriate for each group of stakeholders assists the change agent to track usage and ensures all strategies are used appropriately.

Relevant Audiences

The complexity of this change plan is reflected in the various stakeholders who need information on the plan. Many of these groups have an integral component in effective implementation.

School of Nursing Leadership Team. Preliminary discussions with the Associate Director Undergraduate Program and the Director for the School of Nursing need to be face-to-face meetings to raise urgency of the need for change, focusing on the positive impact for the SON, the students and the university and ultimately, the recipients of care (Cawsey, Deszca & Ingols, 2012). Because changes in the leadership team have occurred, the information from initial discussions I had with original leaders may not have been communicated. With new leaders in place, these conversations need to occur again. Any concerns or issues with the overall change plan need to be discussed and adaptations to the plan incorporated. Their approval needs to be gained and communicated to all faculty and staff.

After the preliminary meeting to discuss the plan and gain approval, regular meetings on a monthly basis enable me to keep open communication with these leaders. This is important as they will need to assume oversight of implementation through approvals of funds and time for the faculty retreat, for on-going professional development for instructors and regular support and communication to key stakeholders. Informal conversations facilitate respectful relationships, necessary to build trusting relationships within the SON. Formal approval for my time or recognition of this as volunteer time is required, as an informal leader, to continue to lead the process. This may become a concern if I am needed to carry a regular teaching assignment within the undergraduate program.

Faculty. Faculty participation in this change plan is necessary as this group intersects with students, and therefore the plan is dependent on their understanding and willingness to transition their classroom instructional approaches. Communication with this groups will take many forms as noted earlier: Informal face-to-face discussions, semester planning meetings, emails, regular staff meetings. If these discussions occur prior to the faculty retreat, there is opportunity to present ideas and discuss them.

The faculty retreat provides time for instructors to learn about different approaches and work collaboratively to reconstruct instructional planning. Because August is considered “off-time” for the University, the retreat is planned to take place in classroom space and can be configured to reflect the desired Harkness Model.

Students. Communication with students about activity-oriented instruction is accomplished through multiple forms. The SON website provides a means to describe how theory classes will be modified are conducted and the rationale for the approach. This is the initial point at which potential students learn about how active teaching will impact their learning

and their responsibilities. Once accepted into the program, the instructional approach is integrated into the orientation day to expose students to the benefits of using active teaching and learning. Instructors reinforce these strategies at the beginning of a course; the formation of classroom space also signals something “different” is occurring.

Center for Teaching and Learning. This Department is a significant resource for the change leader, the plan, and all faculty, both in building a case for the plan in the preliminary stages, and for providing education and training for instructors as they integrate active learning components into their classes. This Department does not require formal leaders’ approval or request for faculty to access the resources, and therefore the change leader can utilize the experts to build a sense of urgency for change. The expertise in this Department is instrumental to working with SON leaders to organize and coordinate the Faculty Retreat, providing hands-on demonstration and opportunity for instructors to experience an active learning environment.

Leadership Communication. Communication outside of the SON occurs through the leadership team, with the one exception of the Centre for Teaching and Learning. Having a formal champion, i.e. Department leaders for the plan facilitates space requirements to facilities management to ensure, whenever possible, spaces that accommodate active learning are assigned to nursing courses. Progress reports come from the formal leaders, although the reports may be prepared by the change agent. Communication up the chain of command, i.e. ultimately to Senate, occurs through a series of reports through Faculty of Health, and the Academic

External Stakeholders. Like communication flow with the larger organization, contact with healthcare organizations, Canadian Association of Schools of Nursing and professional bodies, communication lies with the formal leaders.

In summary, plan implementation, evaluation and communication strategies for this organizational change require much coordination and consideration.

Conclusion: Next Steps and Future Considerations

Nursing education has been evolving to meet the demands of the healthcare system since Florence Nightingale began her first School of Nursing. This organization improvement plan emerged as a result of concern—like many parts of the country—that nursing students are unprepared to enter the workforce, causing additional costs for healthcare organizations.

The question to be investigated became *what can instructors do to better prepare their students?* Current pre-professional nursing programs are primarily university-based programs, blending theory courses with lab, simulation and clinical practice. With pressures within the organization to reduce costs, and outside demands that students' preparation meet the requirements of a complex healthcare work environment, it became apparent that opportunities to modernize classroom teaching could facilitate closing the gap between university study and applied practice settings.

While the goals of this plan focus on changing instructor practices, I believe it will also create changes in student behaviours related to how they think, learn and apply necessary competencies such as critical analysis to clinical problems resulting in appropriate solutions. This would be an optimum long-term achievement, but beyond the constraints of this plan.

Leadership Lessons

The significance of having strong leadership support for a change endeavor such as this plan became apparent. In hierarchical organizations, building relationships to achieve new goals is necessary, but often not realized, due to siloed work environments, and isolation that exists as a result of it.

- Leaders have the capability to build teams.
- Leaders need to listen to all members of their team, and not jump to judgement.
- Authentic Leaders accept that they are not always right or have all the answers.
- Leaders need to focus on setting vision and goals for improvements for the organization rather than their own personal agenda.
- Leaders have a responsibility to communicate with their team.
- Leaders who see strengths in all members of their team can capitalize on these for the benefit of the organization (Bass & Steidlmeier, 1999).

In examining this plan from the perspective of my leadership lessons, I understand the significance of developing relationships and teams within the School of Nursing to move this plan forward. Stabilization of the formal leadership team composition will also facilitate support and focus for the plan. Building teams in an environment that has for decades emphasized the importance of individual success will require leaders who have the fortitude to relentlessly expect different approaches from their faculty members. Nurses work in teams, and the rationale for role modeling this behaviour in pre-professional education can be found in the work of nurses—an expectation for graduates.

Listening requires patience from the leader, and a willingness to hear messages that may not align with her personal beliefs or values. However, in taking time to listen to colleagues and faculty, different perspectives provide broad frames from which a problem or situation can be analyzed--another expectation of graduate nurses. Hearing others' views also identifies areas where the answers to questions are not apparent, and enable the team to find the best solutions, rather than rely on direction from the leader.

Communication is crucial for any leader to ensure consistency in messaging. Not only is consistency important, but inclusion of all faculty members in communications ensures that all members have been made aware of the process of a change initiative.

Future Considerations

As the next phase of nursing education unfolds, the approach provided in this plan has potential to solidify the transformation of nursing education, despite cost cutting measures across universities. The Harkness Model of Teaching applied to an active learning environment fosters team discussion between students--and students with faculty--and enables students to hold each other accountable through the processes built into the model. Because nursing education already contains an element of assigned groups for the lab and clinical component, Harkness provides a next step and eases transitions from lecture to contemporary teaching and learning environments in the classroom.

In looking to the future, another consideration that emerged for the literature was the need for nursing education to be concept focused rather than content laden. In such an environment, activity-based teaching is a natural alignment as a focus on concepts supports case- and problem-based learning in addition to activity-based application.

In conclusion, this plan informs the need for changes in pedagogy aligned with expectations of graduates of a pre-professional program. Nursing programs and a leadership team focused on improving student' readiness-to-practice competence will effect long-term change and hoped-for outcomes of students who can adapt quickly into the ever-changing healthcare system. This improvement ultimately benefits the patients and healthcare system in which they receive care.

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List of Appendices

- A. Costs Associated with Post-Secondary/Nursing Education
- B. Outline of Undergraduate Nursing Program
- C. Contemporary Teaching Resources
- D. Subjective Organizational Readiness Assessment
- E. Logic Model for this OIP

Appendix A

Costs associated with post-secondary /nursing education

Table A1. Revenue sources Canada, and specific province.

Reported in 000 \$\$	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018
Total revenues for post-secondary education (PSE) (Canada)	33,582,495	35,071,107 (increase)	35,898,986 (increase)	34,761,775 (decrease)	39,111,394 (increase)
Total revenues for PSE in [province]	1,218,369	1,231,207 (increase)	1,262,715 (increase)	1,261,751 (decrease)	1,383,041 (increase)
Total: provincial government grants as Revenue source (all [provincial] universities)	406,442	398,810 (decrease)	400,735 (increase, but still less than 2 years previous)	395,117 (decrease)	414,950 (increase)
Total [province specific] Tuition	349,946	364,752 (+14, 806)	381,488 (+16, 736)	395,067 (+13, 579)	413,786 (+18, 719)
University X: all revenues					417 165
-provincial grant					214, 740
-tuition				167,500	177, 700 (3% increase)

Data retrieved from Statistics Canada

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3710002601&pickMembers%5B0%5D=1.4&pickMembers%5B1%5D=2.1&pickMembers%5B2%5D=4.1>, and

Organization X financial statements 2017/2018 retrieved from Organization X's website.

Table A2. Average cost of nursing tuition

Nursing	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018
Average annual tuition Canada	5,140.00	5,308.00	5,401.00	5,507.00	5,634.00
Average annual tuition [province]	6,090.00	6,307.00	6,641.00	7,035.00	7,419.00

Data retrieved from Statistics Canada:

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3710000301>

Table A3. Projected costs of 2018/2019 nursing tuition comparison within [province]

[Provincial] RN Nursing programs	Fall semester	Winter semester	Summer semester	Number of semesters	Estimated Total cost of tuition & fees over length of program	Annual cost per / year based on traditional 4-year program
University X	5609.03	5208.03	5039.13	8	42, 529.44	10, 632.36
Comparison #1	4962.00 (annual: 9924 /2)	4962.00		8	39, 696.00	9, 924.00
Comparison #2	4495.83	4495.83		8	35, 966.64	8, 991.66

Data were calculated based on information available from each organization's website. The author acknowledges figures may not be exact, as these figures may change.

Appendix B

Outline of Undergraduate Nursing Program

Description: There are two intakes each year, one cohort begins nursing courses in September—students who have previous degrees or completion of pre-requisites--, and one group, usually students from high school, who complete the pre-requisites in their first fall and winter terms and begin nursing courses in May. The colors used in the table indicate how the two cohorts rotate through the semesters.

Table B1. Student rotation through modified nursing curriculum

	Fall	Winter	Summer
Year 1	Semester 1: Cohort A pre-requisites	Semester 2: pre-requisites	Semester 3: Cohort A 1 st term nursing courses
	Semester 3: Cohort B: 1 st term nursing courses	Semester 4: 2 nd term nursing courses	Semester 5 3 rd term nursing courses
Year 2	Semester 4: 2 nd term nursing courses	Semester 5 3 rd term nursing courses	Semester 6 4 th term nursing courses
	Semester 6 4 th term nursing courses	Semester 7: 5 th term nursing courses	Semester 8 13-week clinical practicum
	New cohort begins		New cohort begins
Year 3	Semester 7: 5 th term nursing courses	Semester 8 13-week clinical practicum	Graduate in May
	Graduate in October		Next cohort
	New cohort begins		

Table B2. Nursing courses by semester

Semester 3	Foundations 3-credit	Health & Healing I 3-credit	Community 6-credit	Clinical integration I 3-credit
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				Includes 40 hours clinical practice
Semester 4	Nursing Research 3-credit Online course	Health & Healing II 3-credit	Family Nursing 6-credit	Clinical Integration II 3-credit Includes 80 hours clinical practice
Semester 5	Nursing elective 3-credit	Episodic illness 6-credit		Clinical Integration III 6-credit Includes 160 hours clinical practice
Semester 6	Nursing elective 3-credit	Persistent illness 6-credit		Clinical integration IV 6-credit Includes 160 hours clinical practice
Semester 7	Professional Formation 3-credit			
Semester 8	Transition to Practice: 13 weeks clinical practice 15-credit			

Appendix C

Contemporary Teaching Resources

Table C. Contemporary Teaching Resources

Resource/ Statement	Web site or link
<i>General resources</i>	
Teaching Excellence Framework (UK)	Department for Business Innovation & Skills (2016). <i>Success as a knowledge economy: teaching excellence, social mobility and student choice</i> . Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/523396/bis-16-265-success-as-a-knowledge-economy.pdf
Government of Canada: <u>Social Sciences and Humanities Research Council</u> (2016)	<i>Leveraging Knowledge for 21st Century Teaching and Learning: Insights and opportunities for knowledge mobilization and future research</i> Available at http://www.sshrc-crsh.gc.ca/society-societe/community-communite/ifca-iac/01-learning_report-apprentissage_rapport-eng.aspx
The Right Question Institute	https://rightquestion.org/events/introduction-to-the-question-formulation-technique-a-high-impact-practice-for-student-inquiry/
SAGE Journals	https://journals.sagepub.com/home/ah

Indiana University Journal of the Scholarship of Teaching and Learning	https://scholarworks.iu.edu/journals/index.php/josotl/article/view/2154
<i>Specific to Nursing</i>	
Educatingnurses.com with Patricia Benner	https://www.educatingnurses.com
Robert Wood Johnson Foundation	A New dawn in Nurse Education https://www.rwjf.org/en/library/articles-and-news/2012/08/a-new-dawn-in-nurse-education.html
National League for Nurses	NLN and Carnegie Foundation for the Advancement of Teaching Launch National Survey http://www.nln.org/newsroom/news-releases/news-release/2006/10/17/nln-and-carnegie-foundation-for-the-advancement-of-teaching-launch-national-survey-231
Healio Journal of Nursing Education	https://www.healio.com/nursing/journals/jne/1992-1-31-1/%7B0b0e485e-a006-4a1b-88a1-eb6e6bd52131%7D/linking-theory-and-practice-in-teaching-basic-nursing-skills
Why Clinical Nurse Educators Adopt Innovative Teaching Strategies: A Pilot Study	https://journals.lww.com/neponline/Abstract/2010/07000/Why_Clinical_Nurse_Educators_Adopt_Innovative.7.aspx

Appendix D

Table D. Subjective Organizational Readiness Assessment

NLN Excellence Hallmarks: Innovation					
<i>Rating Key:</i>					
0 = <i>No implementation.</i> I see no evidence that this happens in our curriculum.					
1 = <i>Under discussion.</i> This practice is being discussed but hasn't been implemented yet.					
2 = <i>Marginal implementation.</i> There are isolated incidents of this being implemented.					
3 = <i>Partial implementation.</i> This is being implemented in several courses.					
4 = <i>Full implementation.</i> This has been fully implemented throughout the curriculum.					
VII. The design and implementation of the program is innovative and seeks to build on traditional approaches to nursing education.	0	1	2	3	4
1. Rationale for innovation is supported by evidence and/or guided by the literature.					x
2. Faculty and students systematically evaluate the impact of innovative teaching and curriculum approaches on student learning, student satisfaction, and other student-centered outcomes.		x			
3. Innovative aspects of the curriculum are evaluated.	x				
4. Faculty have the requisite knowledge and skills to identify, plan, implement, and evaluate curricular innovations.	x				
5. When barriers to innovation occur, the faculty are able to identify and implement strategies for success.	x				
6. Faculty, students, and alumni can identify the features of the program that are truly innovative.			x		

7. The faculty are committed to challenging traditional approaches to nursing education and implementing more innovative, evidence-based approaches.	x				
8. There is administrative support for faculty to be innovative in their approach to teaching and learning, as well as in their approach to the design, implementation, and evaluation of the curriculum.	x				
9. Resources and support for faculty development related to innovative curriculum are clearly evident.	x				
10. A culture of innovation (such as risk-taking, diverse thinking, and challenging long-held assumptions) is celebrated.	x				
Section of the “Hallmarks of Excellence” report card taken from the National League for Nursing (2018) retrieved from http://www.nln.org/professional-development-programs/teaching-resources/toolkits/curriculum-design					

Appendix E

Table E. Logic Model Summarizing Information for OIP					
Situation	<ul style="list-style-type: none"> ▪ Priority: respond to recommendations arising from government-initiated review of provincial nursing education: improve student readiness-to-practice. ▪ Priority: enable faculty in utilizing active teaching and learning classroom strategies ▪ Requirements: <ul style="list-style-type: none"> ○ Alignment with university strategic priorities ○ Alignment with department strategic plan ○ Congruent with CASN accreditation standards ○ Congruent with rights and entitlements described in union contracts 				
Inputs (Structures)	Throughputs (Processes)		Outcomes (Impact)		
	Activities	Participants	Short: at the end of training: beginning of following semester	Medium: within 2 years of implementation	Long: 2 years
Information on Core competencies for RN educators (CRNNS; CRRNE; RNAO; WHO) Research linking teaching strategies with development of	Focus groups: •Organize explanatory materials for stakeholders about the plan •Develop evaluation questions •Reconvene for monitoring of implementation Faculty retreat •Develop budget	-Faculty -External/senior executive/funders -Department leaders/instructors -Beneficiaries: students/healthcare organizations/community	All nursing theory instructors are using contemporary strategies in all theory classes	Student performance in simulation and lab demonstrates comprehension of nursing foundational concepts and ability to critically analyze simulated situations.	Graduates of the program recognized as safe competent leaders in healthcare

<p>students' critical thinking skills</p> <p>Leadership support both organizational and department</p> <p>Workplace culture that supports innovation and risk taking in the classroom</p> <p>Teaching Faculty</p> <p>Teaching & Learning Center staff</p> <p>Funding</p> <p>Time allocated for training and education</p>	<p>Plan, coordinate and deliver ongoing professional development for instructors</p> <p>Coordinate facilities in alignment with Harkness Model whenever possible</p> <p>Ensure technologies available to support contemporary teaching approaches</p> <p>Surveys /questionnaires to monitor change plan progress</p> <p>Develop on-line repository of contemporary teaching strategies</p>	<p>-all teaching faculty</p> <p>-staff: Teaching and Learning Center</p> <p>staff: Teaching and Learning Center</p> <p>-Room allocation staff</p> <p>-Department Administrative staff</p> <p>-IT department</p> <ul style="list-style-type: none"> • Teaching Faculty • Department leaders • Beneficiaries: students/healthcare organizations/community 		<p>External stakeholders report no concerns about new graduates' abilities</p> <p>Online repository of contemporary teaching activities is accessible by teaching faculty</p>	
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<p>Education and training sessions</p> <p>Technology/IT experts</p> <p>Teaching facilities to support active teaching & learning</p> <p>Administrative staff</p>					
<p>Assumptions</p> <ul style="list-style-type: none"> ▪ Contemporary teaching approaches facilitate students’ critical thinking and problem solving better than conventional teaching strategies ▪ All instructors will participate in education sessions and training ▪ All instructors will use contemporary teaching strategies in theory classes ▪ Formal leaders will support the plan ▪ Required resources such as time will be provided for education and learning ▪ Collaboration between instructors contributes to development and strengthening of workplace culture that supports innovation and risk taking in the classroom 			<p>External Factors</p> <ul style="list-style-type: none"> ▪ Provincial government review ▪ Professional organizations ▪ CASN: accreditation standard ▪ Donors perception of the change plan 		