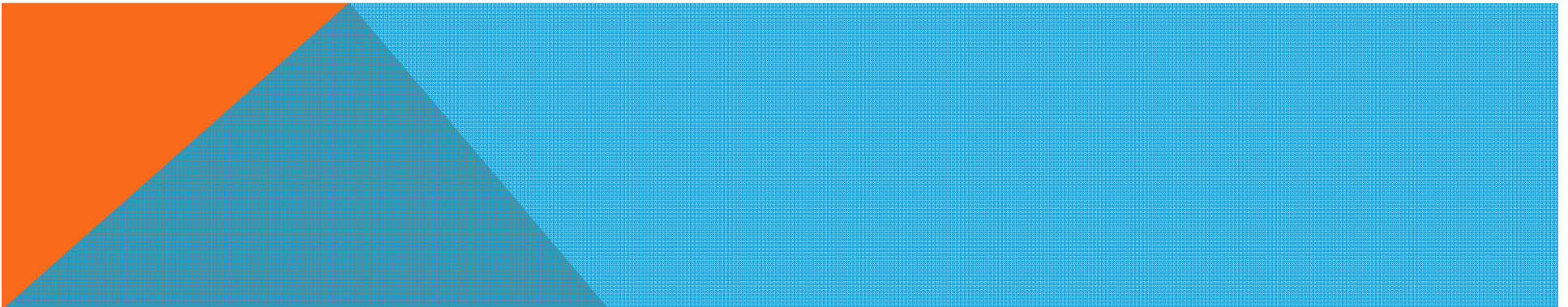


INNOVATIONS IN CURRICULUM DESIGN

GRACE MA VALDERRAMA
DEAN SCHOOL OF HEALTH SCIENCES MAPUA INSTITUTE OF TECHNOLOGY

OBJECTIVES

- Review important points in the CMO # 14 series 2009
- Discuss implemented innovations that address safe and quality nursing practice
- Provide strategies for change towards improving the implementation of the curriculum m



BACKGROUND: PROFESSIONAL LITERATURE

- Increasing number of attempts to develop educational programmes that will look at futuristic changes in the health care system.
- No description of a total curriculum construction geared at preparing nursing professionals that will meet the challenges of the transforming health care system and be able to fulfil the new roles.

BACKGROUND

19th century first schools of nursing established in London were connected to London hospitals, emphasizing “actual doing” over “knowledge” with an anti-academic bias

Social change has led to developments in nursing curriculum that include social science subjects in addition to medical education, and a new view of nurses in the role of health teachers has developed knowledge', with an anti-

academic bias

(Jolley 1987).

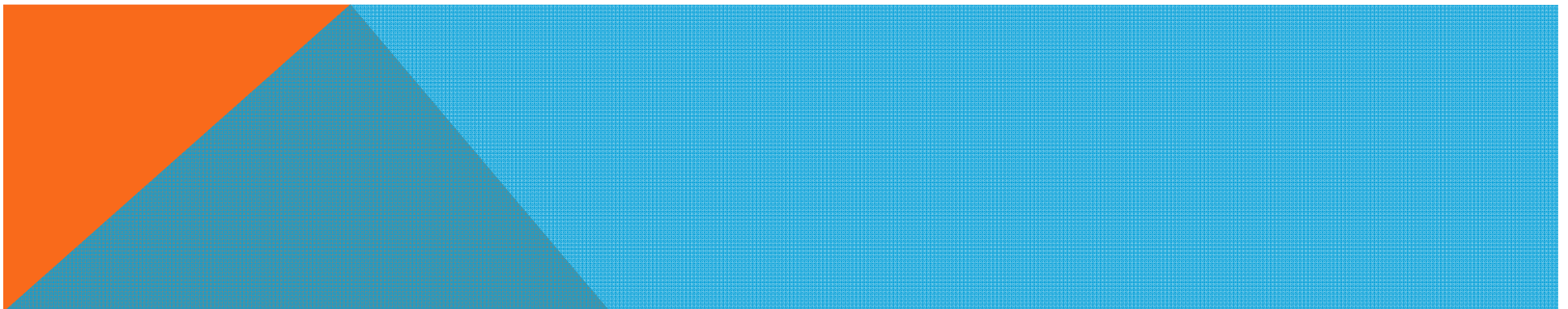
INNOVATION : DEFINITION

Using knowledge to create ways and services that are perceived as new in order to transform systems

Deconstructing long held assumptions and values

Outcome of innovation: excellence in nursing practice;

development of culture that supports risk-taking, creativity, and excellence



NURSING EDUCATION

Evolved using various theories

New roles for nurses to meet the needs of practice

Emphasis on EBR

Quality improvement approaches

Cultural competence

Informatics

Interdisciplinary education



CHANGE IN CURRICULUM

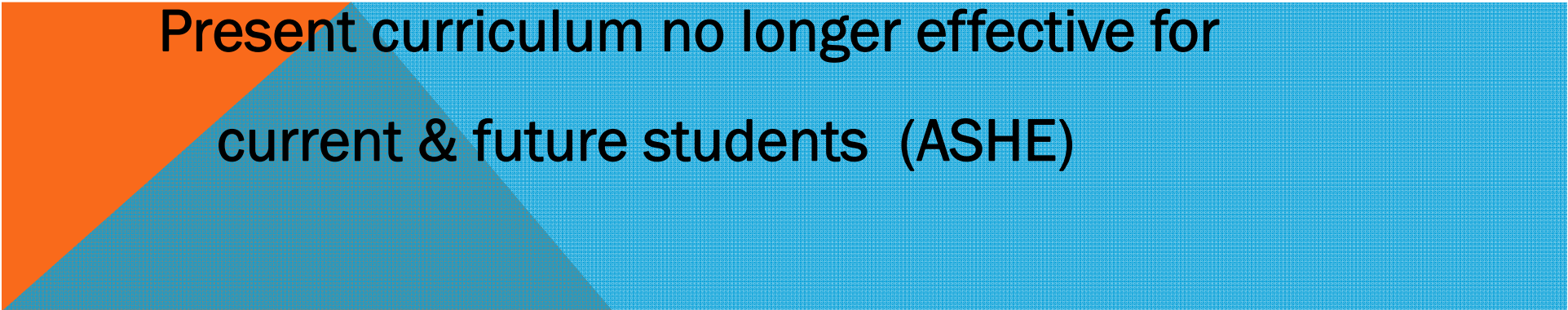
Community pressure

Policy

Accreditation changes

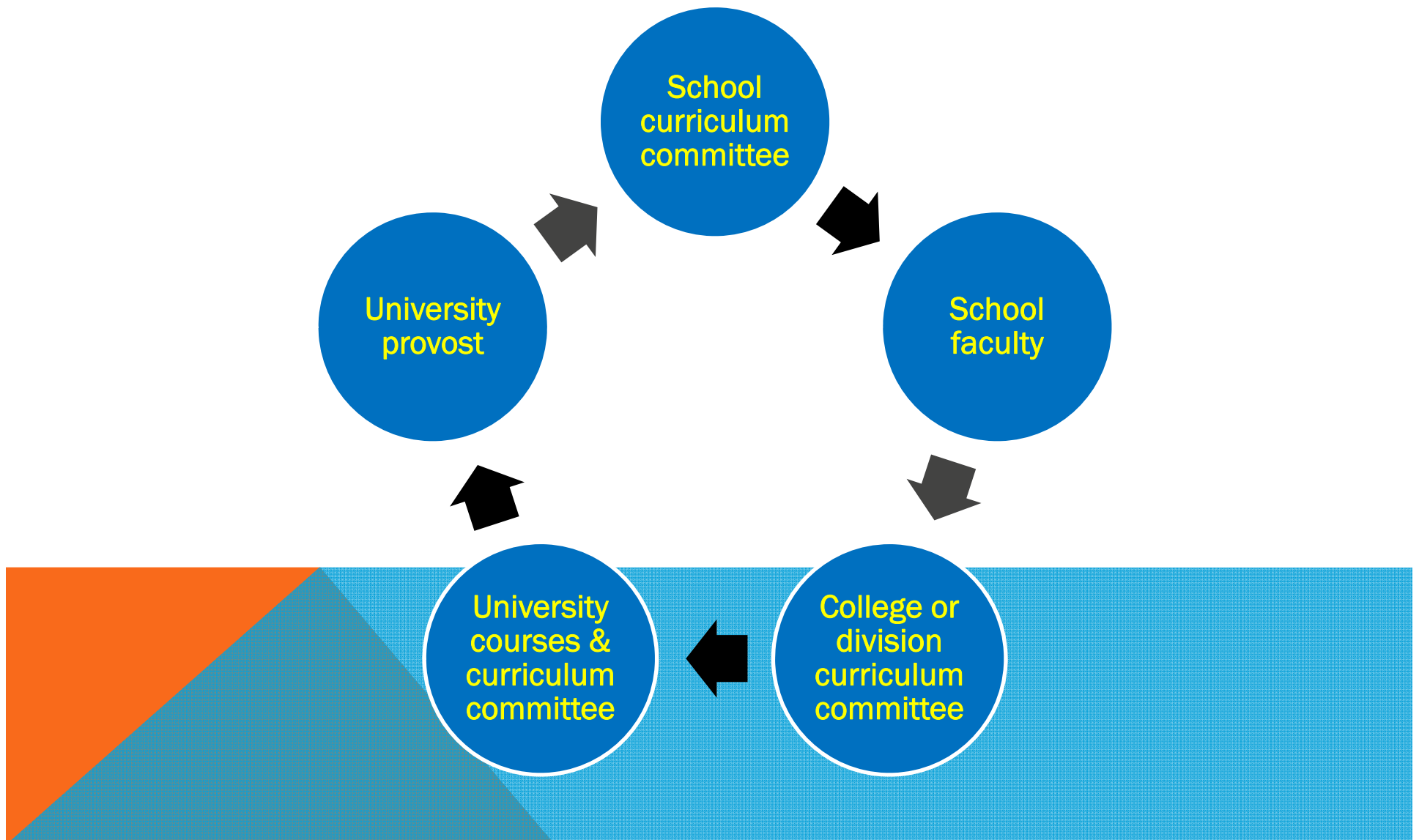
Programmatic funding

Personnel changes



Present curriculum no longer effective for
current & future students (ASHE)

EXAMPLE CURRICULUM APPROVAL PROCESS SEQUENCING



WHY INNOVATE?

- Students are changing (millennial babies)
- Many hold a degree in another field
- Faculty in schools are changing (liberation and boomers)
- Changes in education are compatible with the new trends in health

Care: = fast and unpredictable demands that challenge the professionals in health promotion and disease prevention

= call for flexible and critical thinking, an ability to face

ambiguity and complex systems; capability of going through different roles during one's life career

Risk taking is essential for innovation (comfort zone to change)

WHY INNOVATE?

Literature

- Complexities of health care delivery (AACN, 2008; Bellack, 2008; Coonan, 2008; Greiner & Kneble, 2003)
- Innovation “dynamic systematic process that envisions new approaches to nursing education”
- 1. use of dedicated education units for clinical education
- 2. pedagogical approaches (narrative pedagogy & deliberate discussion)
- 3. high fidelity simulation as an adjunct or replacement for clinical experiences
- 4. 4. partnering with clinical agencies to form a consortium for sharing resources for the delivery of nursing education-

NEED FOR CHANGE

Nursing at the crossroads of major societal changes in health care reform

Educational accountability

Population becoming more diverse

Baby boomers are aging

Country recovering from recession

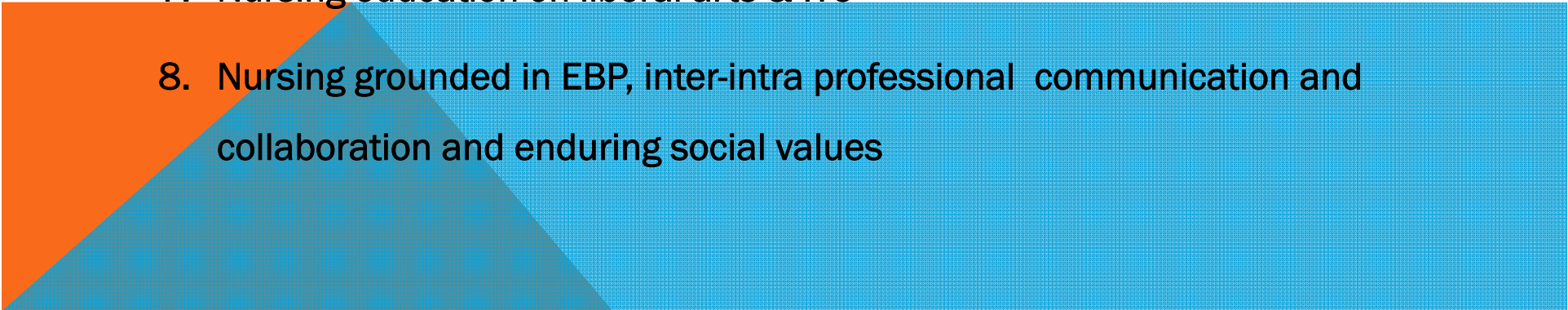
Curriculum to be updated on a regular basis

Advances in education technology

Educational research identifying more effective T-L strategies

ESSENTIALS; FOUNDATION FOR BSN CURRICULUM DEVELOPMENT

Reflect changes in :

1. Health care with emphasis on quality & safety
 2. Patient technology
 3. Patient centered care
 4. Population health
 5. Health care regulation
 6. Globalization
 7. Nursing education on liberal arts & ITC
 8. Nursing grounded in EBP, inter-intra professional communication and collaboration and enduring social values
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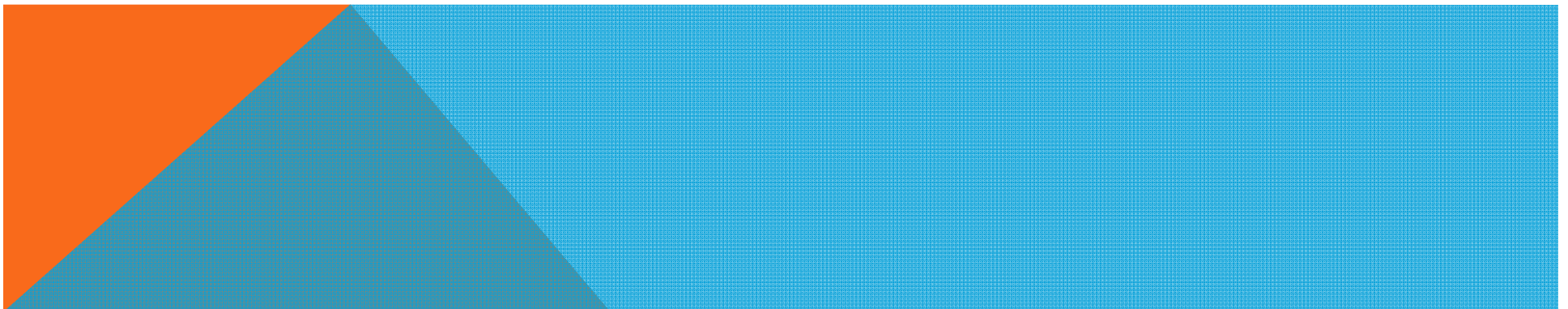
COMPLEXITY OF NURSING EDUCATION

Collaboration with other disciplines

Complex health care system

**Requirements of regulatory and
accreditation agencies**

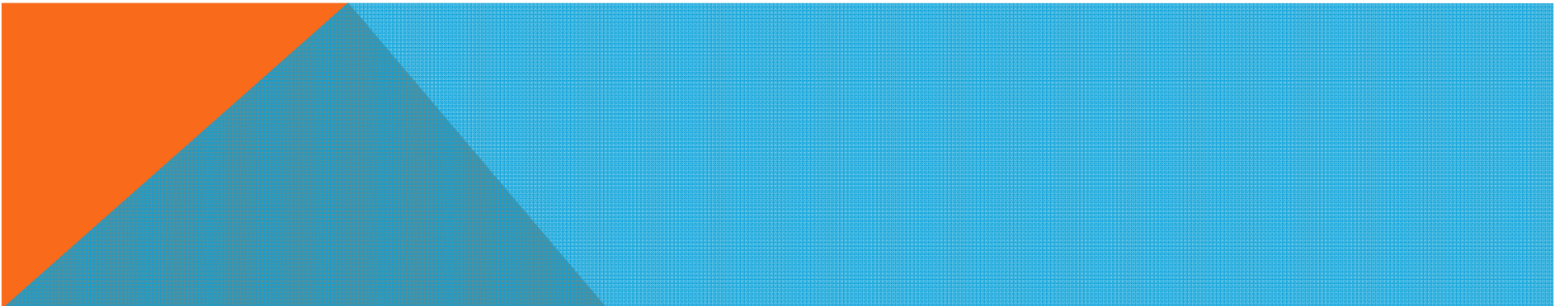
Explosion in the use of technology



CURRICULUM

Means many things to people

**Planned learning experience that
educational institution provide for
its learners**

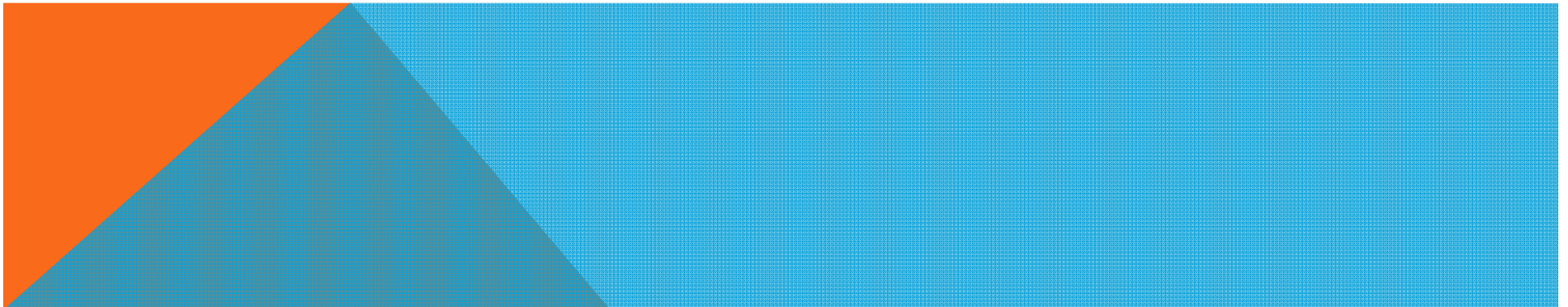
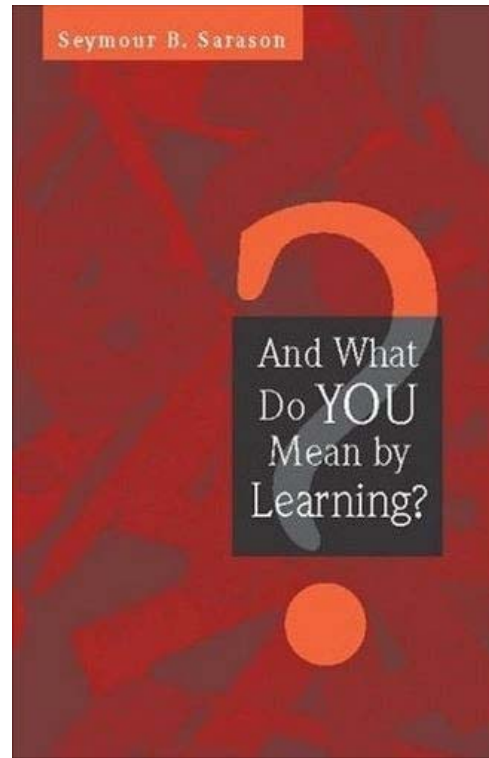
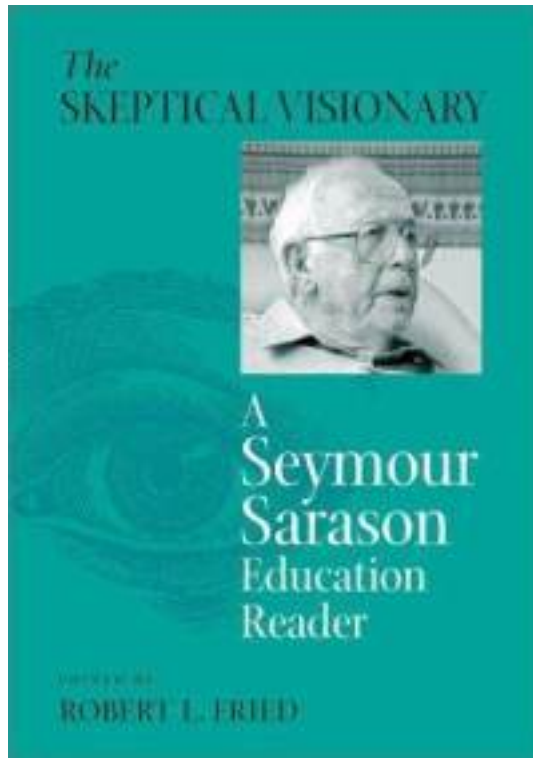




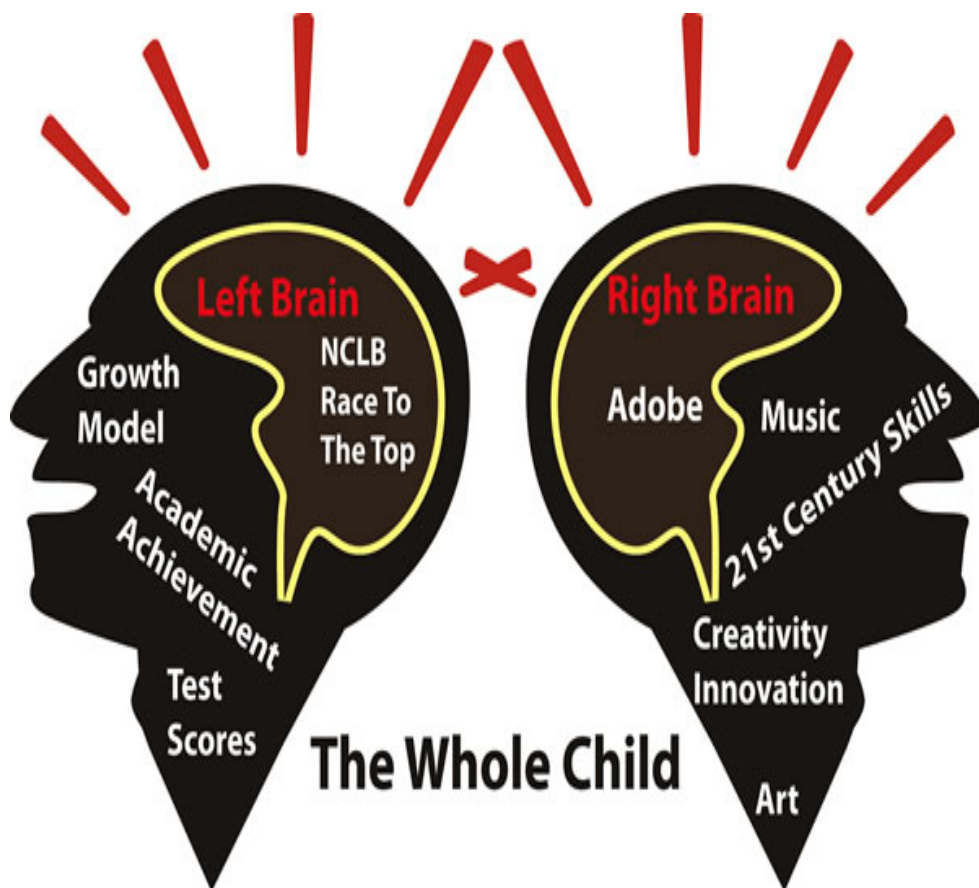
Toffler(1970), an innovative educational system should emphasise the diversification of data and the learning of behavioural skills, such as how to learn and relearn, how to relate and how to make choices

Sarason (1993)

Refers to a variety of changes in education in parallel with current management transformations



FORESTER



Forester 1991 Prominent among these changes is a shift of focus from a curriculum-driven model to a model that focuses on: learners and the creation of a climate for life-long learning; the cancellation of traditional student evaluation tools; and the integration of areas of learning through projects and themes

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CMO #14 SERIES 2009

“POLICIES AND STANDARDS FOR BACHELOR OF SCIENCE IN NURSING (BSN) PROGRAM”

Within the context of the Philippine society, nursing education with *caring* as its

foundation, subscribes to the following core values which are vital components in the

development of a professional nurse and are emphasized in the BSN program:

1.1 Love of God

1.2 Caring as the core of nursing

a. Compassion

b. Competence

c. Confidence

d. Conscience

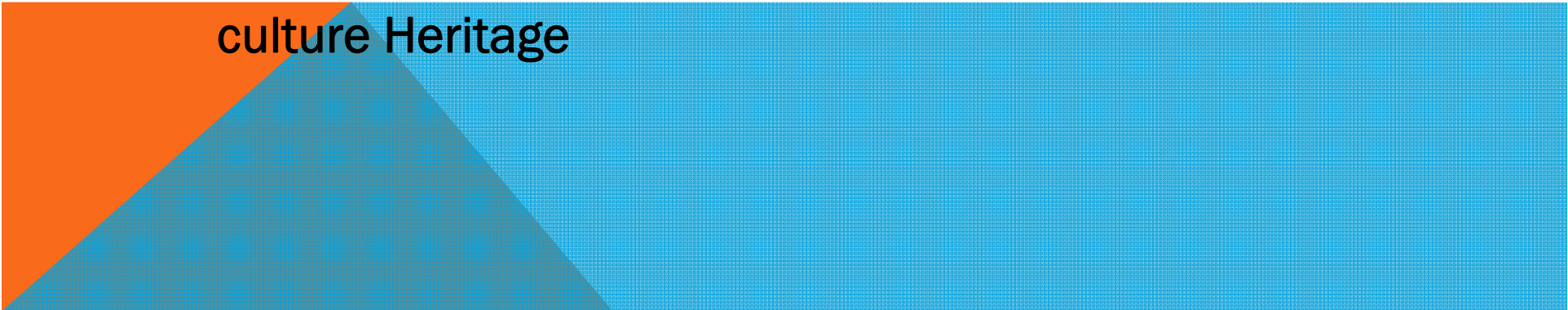
e. Commitment (commitment to a culture of excellence, discipline,

Integrity and professionalism

Love of people

- A. Respect for the dignity of each *person regardless of creed, color, Gender and political affiliation.*

1.4 love of country

- A. Patriotism (civic duty, social responsibility and good governance)
 - B. Preservation and enrichment of the environment and culture Heritage
- 

**KEY AREAS OF
RESPONSIBILITY FOR WHICH THE NURSE SHOULD DEMONSTRATE
COMPETENCE:**

1. Safe and quality nursing care
 2. Management of resources and environment
 3. Health education
 4. Legal responsibility
 5. Ethico-moral responsibility
 6. Personal and professional development
 7. Quality improvement
 8. Research
 9. Record Management
 10. Communication
 11. Collaboration and teamwork
- 

Key Areas of Responsibility	Core Competency	Indicators
A. Safe and Quality Nursing Care	Core Competency 1: Demonstrates knowledge base on the health /illness status of individual / groups	<ul style="list-style-type: none"> • Identifies the health needs of the clients (individuals, families, population groups and/or communities) • Explains the health status of the clients/ groups
	Core Competency 2. Provides sound decision making in the care of individuals / families/groups considering their beliefs and values	<ul style="list-style-type: none"> • Identifies clients' wellness potential and/or health problem • Gathers data related to the health condition • Analyzes the data gathered • Selects appropriate action to support/enhance wellness response; manage the health problem • Monitors the progress of the action taken
	Core Competency 3: Promotes safety and comfort and privacy of clients	<ul style="list-style-type: none"> • Performs age-specific safety measures in all aspects of client care • Performs age-specific comfort measures in all aspects of client care • Performs age-specific measures to ensure privacy in all aspects of client care
	Core Competency 4: Sets priorities in nursing care based on clients' needs	<ul style="list-style-type: none"> • Identifies the priority needs of clients • Analyzes the needs of clients • Determines appropriate nursing care to address priority needs/problems
	Core Competency 5: Ensures continuity of care	<ul style="list-style-type: none"> • Refers identified problem to appropriate individuals / agencies • Establishes means of providing continuous client care

Core Competency 6: Administers medications and other health therapeutics	<ul style="list-style-type: none">• Conforms to the 10 golden rules in medication administration and health therapeutics
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4

Core Competency 7: Utilizes the nursing process as framework for nursing	<ul style="list-style-type: none">• Obtains informed consent• Completes appropriate assessment forms• Performs appropriate assessment techniques• Obtains comprehensive client information• Maintains privacy and confidentiality• Identifies health needs
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7.1 Performs
comprehensive and
systematic nursing
assessment

	<p>Core Competency 7: Utilizes the nursing process as framework for nursing</p> <p>7.1 Performs comprehensive and systematic nursing assessment</p>	<ul style="list-style-type: none"> • Obtains informed consent • Completes appropriate assessment forms • Performs appropriate assessment techniques • Obtains comprehensive client information • Maintains privacy and confidentiality • Identifies health needs
	<p>7.2 Formulates a plan of care in collaboration with clients and other members of the health team</p>	<ul style="list-style-type: none"> • Includes client and his family in care planning • Collaborates with other members of the health team • States expected outcomes of nursing intervention maximizing clients' competence • Develops comprehensive client care plan maximizing opportunities for prevention of problems and/or enhancing wellness response • Accomplishes client-centered discharge plan
	<p>7.3 Implements planned nursing care to achieve identified outcomes</p>	<ul style="list-style-type: none"> • Explains interventions to clients and family before carrying them out to achieve identified outcomes • Implements nursing intervention that is safe and comfortable • Acts to improve clients' health condition or human response • Performs nursing activities effectively and in a timely manner • Uses the participatory approach to enhance client partners' empowering potential for

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	<p>7.4 Evaluates progress toward expected outcomes</p>	<ul style="list-style-type: none"> • Monitors effectiveness of nursing interventions • Revises care plan based on expected outcomes

B. Manage -
ment of
Resources
and
Environment

Core Competency 1:
Organizes work load
to facilitate client care

- Identifies tasks or activities that need to be accomplished
- Plans the performance of tasks or activities based on priorities
- Verifies the competency of the staff prior to delegating tasks
- Determines tasks and procedures that can be safely assigned to other members of the team
- Finishes work assignment on time

	<p>Core Competency 2: Utilizes financial resources to support client care</p>	<ul style="list-style-type: none"> • Identifies the cost-effectiveness in the utilization of resources • Develops budget considering existing resources for nursing care
	<p>Core Competency 3: Establishes mechanism to ensure proper functioning of equipment</p>	<ul style="list-style-type: none"> • Plans for preventive maintenance program • Checks proper functioning of equipment considering the: <ul style="list-style-type: none"> - intended use - cost benefits - infection control - safety - waste creation and disposal storage • Refers malfunctioning equipment to appropriate unit
	<p>Core Competency 4: Maintains a safe environment</p>	<ul style="list-style-type: none"> • Complies with standards and safety codes prescribed by laws • Adheres to policies, procedures and protocols on prevention and control of infection • Observes protocols on pollution-control (water, air and noise) • Observes proper disposal of wastes • Defines steps to follow in case of fire, earthquake and other emergency situations.

C. Health Education	Core Competency 1: Assesses the learning needs of the client-partner/s	<ul style="list-style-type: none"> • Obtains learning information through interview, observation and validation • Analyzes relevant information • Completes assessment records appropriately • Identifies priority needs
	Core Competency 2: Develops health education plan based on assessed and anticipated needs	<ul style="list-style-type: none"> • Considers nature of learner in relation to: social, cultural, political, economic, educational and religious factors. • Involves the client, family, significant others and other resources in identifying learning needs on behavior change for wellness, healthy lifestyle or management of health problems • Formulates a comprehensive health education plan with the following components: objectives, content, time allotment, teaching-learning resources and evaluation parameters • Provides for feedback to finalize the plan
	Core Competency 3: Develops learning materials for health	<ul style="list-style-type: none"> • Develops information education materials appropriate to the level of the client • Applies health education principles in the

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	education	development of information education materials
	Core Competency 4: Implements the health education plan	<ul style="list-style-type: none"> • Provides for a conducive learning situation in terms of time and place • Considers client and family's preparedness • Utilizes appropriate strategies that maximize opportunities for behavior change for wellness/healthy life style • Provides reassuring presence through active listening, touch, facial expression and gestures • Monitors client and family's responses to health education
	Core Competency 5: Evaluates the outcome of health education	<ul style="list-style-type: none"> • Utilizes evaluation parameters • Documents outcome of care • Revises health education plan based on client response/outcome/s

<p>D. Legal Responsibility</p>	<p>Core Competency 1: Adheres to practices in accordance with the nursing law and other relevant legislation including contracts, informed consent.</p>	<ul style="list-style-type: none"> • Fulfills legal requirements in nursing practice • Holds current professional license • Acts in accordance with the terms of contract of employment and other rules and regulations • Complies with required continuing professional education • Confirms information given by the doctor for informed consent • Secures waiver of responsibility for refusal to undergo treatment or procedure • Checks the completeness of informed consent and other legal forms
	<p>Core Competency 2: Adheres to organizational policies and procedures, local and national</p>	<ul style="list-style-type: none"> • Articulates the vision, mission of the institution where one belongs • Acts in accordance with the established norms of conduct of the institution / organization/legal and regulatory requirements
	<p>Core Competency 3: Documents care rendered to clients</p>	<ul style="list-style-type: none"> • Utilizes appropriate client care records and reports. • Accomplishes accurate documentation in all matters concerning client care in accordance to the standards of nursing practice.

E. Ethico-moral Responsibility	Core Competency 1: Respects the rights of individual / groups	<ul style="list-style-type: none"> • Renders nursing care consistent with the client's bill of rights: (i.e. confidentiality of information, privacy, etc.)
	Core Competency 2: Accepts responsibility	<ul style="list-style-type: none"> • Meets nursing accountability requirements as embodied in the job description

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	and accountability for own decision and actions	<ul style="list-style-type: none"> • Justifies basis for nursing actions and judgment • Projects a positive image of the profession
	Core Competency 3: Adheres to the national and international code of ethics for nurses	<ul style="list-style-type: none"> • Adheres to the Code of Ethics for Nurses and abides by its provision • Reports unethical and immoral incidents to proper authorities

F. Personal and Professional Development	Core Competency 1: Identifies own learning needs	<ul style="list-style-type: none"> • Identifies one's strengths, weaknesses/ limitations • Determines personal and professional goals and aspirations
	Core Competency 2: Pursues continuing education	<ul style="list-style-type: none"> • Participates in formal and non-formal education • Applies learned information for the improvement of care
	Core Competency 3: Gets involved in professional organizations and civic activities	<ul style="list-style-type: none"> • Participates actively in professional, social, civic, and religious activities • Maintains membership to professional organizations • Support activities related to nursing and health issues
	Core Competency 4: Projects a professional image of the nurse	<ul style="list-style-type: none"> • Demonstrates good manners and right conduct at all times • Dresses appropriately • Demonstrates congruence of words and action • Behaves appropriately at all times
	Core Competency 5: Possesses positive attitude towards change and criticism	<ul style="list-style-type: none"> • Listens to suggestions and recommendations • Tries new strategies or approaches • Adapts to changes willingly
	Core Competency 6: Performs function according to professional standards	<ul style="list-style-type: none"> • Assesses own performance against standards of practice • Sets attainable objectives to enhance nursing knowledge and skills • Explains current nursing practices, when situations call for it

G. Quality Improvement	Core Competency 1: Gathers data for quality improvement	<ul style="list-style-type: none"> • Identifies appropriate quality improvement methodologies for the clinical problems • Detects variation in specific parameters i.e vital signs of the client from day to day • Reports significant changes in clients' condition/environment to improve stay in the hospital
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		<ul style="list-style-type: none"> • Solicits feedback from client and significant others regarding care rendered
	Core Competency 2: Participates in nursing audits and rounds	<ul style="list-style-type: none"> • Shares with the team relevant information regarding clients' condition and significant changes in clients' environment • Encourages the client to verbalize relevant changes in his/her condition • Performs daily check of clients' records / condition • Documents and records all nursing care and actions implemented

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	Core Competency 3: Identifies and reports variances	<ul style="list-style-type: none">• Reports to appropriate person/s significant variances/changes/occurrences immediately• Documents and reports observed variances regarding client care
	Core Competency 4: Recommends solutions to identified problems	<ul style="list-style-type: none">• Gives an objective and accurate report on what was observed rather than an interpretation of the event• Provides appropriate suggestions on corrective and preventive measures• Communicates solutions with appropriate groups

H. Research	Core Competency 1: Gather data using different methodologies	<ul style="list-style-type: none"> • Specifies researchable problems regarding client care and community health • Identifies appropriate methods of research for a particular client / community problem • Combines quantitative and qualitative nursing design through simple explanation on the phenomena observed
	Core Competency 2: Analyzes and interprets data gathered	<ul style="list-style-type: none"> • Analyzes data gathered using appropriate statistical tool • Interprets data gathered based on significant findings
	Core Competency 3: Recommends actions for implementation	<ul style="list-style-type: none"> • Recommends practical solutions appropriate to the problem based on the interpretation of significant findings
	Core Competency 4: Disseminates results of research findings	<ul style="list-style-type: none"> • Shares/presents results of findings to colleagues / clients/ family and to others • Endeavors to publish research • Submits research findings to own agencies and others as appropriate
	Core Competency 5: Applies research findings in nursing practice	<ul style="list-style-type: none"> • Utilizes findings in research in the provision of nursing care to individuals / groups / communities • Makes use of evidence-based nursing to enhance nursing practice

I. Records Management	Core Competency 1: Maintains accurate and updated documentation of client care	<ul style="list-style-type: none">• Completes updated documentation of client care• Applies principles of record management• Monitors and improves accuracy, completeness and reliability of relevant data• Makes record readily accessible to facilitate client care
	Core Competency 2: Records outcome of client care	<ul style="list-style-type: none">• Utilizes a records system ex. Kardex or Hospital Information System (HIS)• Uses data in their decision and policy making activities
	Core Competency 3: Observes legal imperatives in record keeping	<ul style="list-style-type: none">• Maintains integrity, safety, access and security of records• Documents/monitors proper record storage, retention and disposal• Observes confidentiality and privacy of the clients' records• Maintains an organized system of filing and keeping clients' records in a designated area• Follows protocol in releasing records and other information

J. Communication	Core Competency 1: Establishes rapport with client, significant others and members of the health team	<ul style="list-style-type: none"> • Creates trust and confidence • Spends time with the client/significant others and members of the health team to facilitate interaction • Listens actively to client's concerns/significant others and members of the health team
	Core Competency 2: Identifies verbal and non-verbal cues	<ul style="list-style-type: none"> • Interprets and validates client's body language and facial expressions
	Core Competency 3: Utilizes formal and informal channels	<ul style="list-style-type: none"> • Makes use of available visual aids • Utilizes effective channels of communication relevant to client care management
	Core Competency 4: Responds to needs of individuals, family, group and community	<ul style="list-style-type: none"> • Provides reassurance through therapeutic touch, warmth and comforting words of encouragement • Provides therapeutic bio-behavioral interventions to meet the needs of clients
	Core Competency 5: Uses appropriate information technology to facilitate communication	<ul style="list-style-type: none"> • Utilizes telephone, mobile phone, electronic media • Utilizes informatics to support the delivery of healthcare

K. Collaboration and Teamwork	Core Competency 1: Establishes collaborative relationship with colleagues and other members of the health team	<ul style="list-style-type: none">• Contributes to decision making regarding clients' needs and concerns• Participates actively in client care management including audit• Recommends appropriate intervention to improve client care• Respect the role of other members of the health team• Maintains good interpersonal relationship with clients , colleagues and other members of the health team
	Core Competency 2: Collaborates plan of care with other members of the health	<ul style="list-style-type: none">• Refers clients to allied health team partners• Acts as liaison / advocate of the client• Prepares accurate documentation for efficient communication of services

TRENDS IN EDUCATION

A. Trends in education is competency development: emphasis in Nursing Education is perceived to be preparing students for their nursing boards but the public wants optimal competency specially in the specialized areas Misconception is that competencies are task based proficiencies. But competencies are higher level of skills that represent the ability to demonstrate mastery over care management and that provide a foundation for decision making skills under a variety of clinical situations across all care settings

1. Multiple educational levels for entry level nursing practice
2. Basic competency demonstration by all entry level graduates level
 - ❑ outcome = competency
 - ❑ diversity = innovation (process of delivering competency)

B. Nursing Education within institutions of higher learning

C. Increase amount of clinical practice in nursing education programs

THE BASIS FOR CURRICULUM CHANGE IN NURSING EDUCATION

Education in nursing is a complex subject,
since it represents a mixture of theory
that evolved in a variety of disciplines to
be used and applied in health care
settings

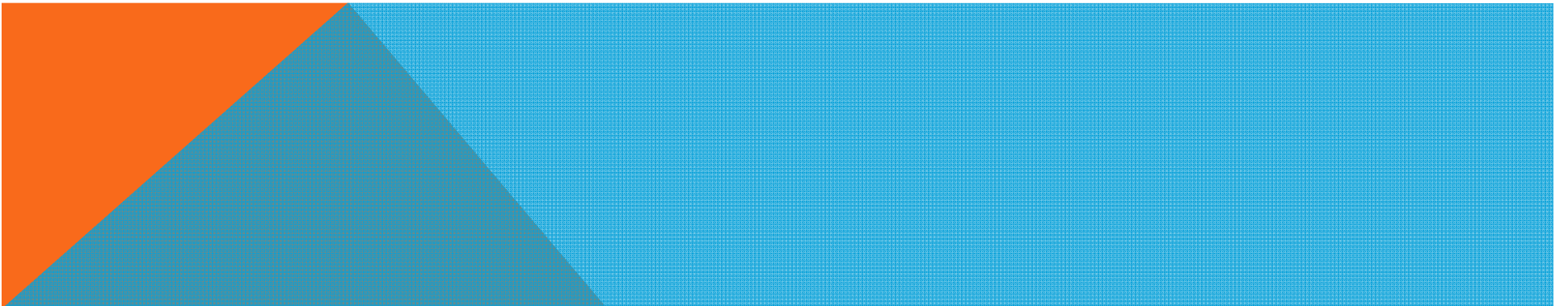
(Cork 1987).

BASIS FOR CURRICULUM CHANGE

Dynamics in society and workplace

Work in collaboration with the health service and
community

Stakeholders involved in changes



INNOVATIONS IN NURSING CURRICULUM: CMO # 14

- Design curricula that are flexible responsive to student's needs, collaborative , context relevant ; evidence based
- Shifting the emphasis from content to student learning (OBE)
- Informatics
- Shifting emphasis on the linear, traditional approach to Conceptual approach

OUTCOME BASED EDUCATION

Intermediate
competencies

Terminal competencies

Proceeds from the premise that that education some things are essential to be learned

Aim is social reconstruction

Lead to critical learners who view education as more than acquisition of KSAV

Given hypothetical and actual patient care situations :

The student will be able to:

Apply the nursing process (APIE) across life span (2400 RLE hours)

PNLE requirements: 3-3-3; circulating & sterile nurse

Demonstrate competencies in all the key areas of responsibility such as safe and quality nursing care, communication, collaboration and teamwork, health education, legal responsibility, ethico-moral responsibility, personal and professional development, quality improvement, research, management of resources and environment, and record management

CHANGES (INNOVATIONS)

- From a teacher-centred to a student-centred approach,
- From content-based to process-based curricula.

Rationale: Such changes are aimed at the development of **independence** and **critical thinking** of students, and deal with the **complex and ambiguous aspects of future health care systems** .

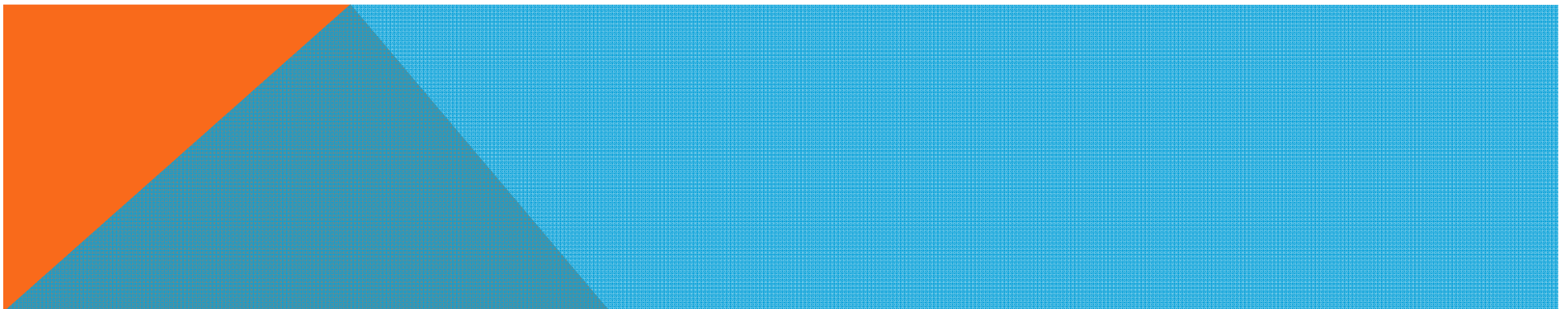
The new trends in health care needs, as well as changes in educational philosophy, call for curriculum reform in terms of both content and process

(Oermann 1994, Walton 1996). (Booth 1995, Hegge 1995, Larson 1995).

STRATEGIES (KAREN PARDUE, ELAINE TAGLIARENI, TERRY VALIGA, 2005)

- Change culture of education away from sameness and search for the right way to teach toward models that embrace flexibility , focus on thinking, and acknowledge people learn in diverse ways
- Teach students only those that can not be learned
- Competitive model to a cooperative model (students work together to learn)
- Credit hours and time allotment as measures of learning the number of credit hours does not ensure competence and understanding
- Develop science of nursing education through EBR

- ❑ Technology not only in education but in ordinary methods of communication
- ❑ Social networking



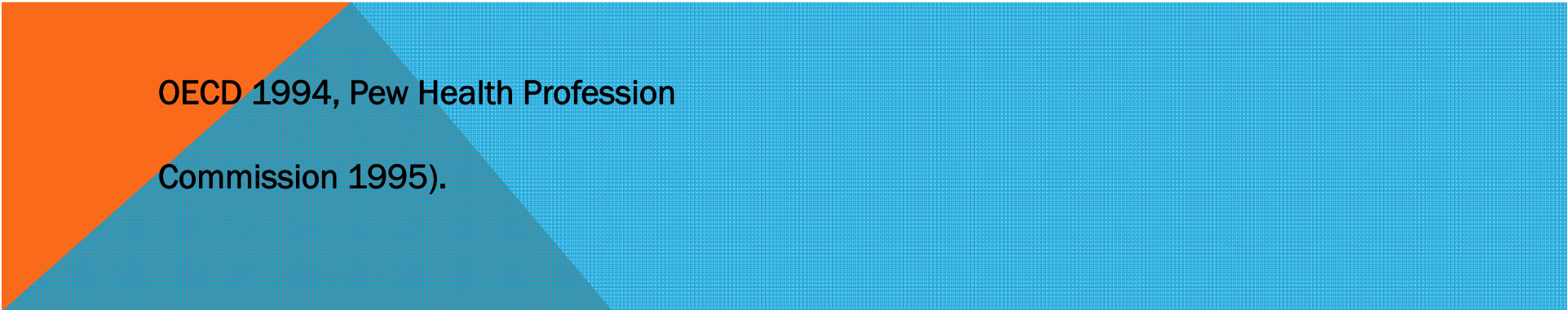
Before 1960: nurses seen as totally dependent on the physician's decisions (Larson 1995), and the nursing profession has been composed of the tasks of nurturing and caring for the physical well-being of the patients.

Late 1980s and the 1990s : there has been a growing involvement of nurses in case management and community health promotion projects. These developing roles presented new demands in terms of knowledge domains and overall qualifications such as coordination, management and budgeting.

Today:

- ❑ The nurse role: combination of patient advocate and manager or coordinator, with the needed skills of collaboration, cooperation and conflict resolution.
- ❑ New nursing roles have developed with the current and expected changes in the health care system (e.G. Nugent & Lambert 1994, Boermann 1994,
- ❑ The health care system in the western world is one of the most complex systems known to contemporary society (Booth 1995, Hegge 1995, Spitzer 1998).

- ❑ Behaving like a complex structure, the health care system is adapting by counterbalancing the current system of care with new values, institutions, patterns of practice and policies
- ❑ The main health care trends are reflected in a growing dependence of the system on the resources of a primary care team; emphasis is being given to ambulatory care in community and home settings



OECD 1994, Pew Health Profession
Commission 1995).

□ system is moving away from treatment and care in the direction of increased education, prevention and management; and there is focusing on populations while a commitment to the individual is still being maintained

(management of community health, cost effective care, health promotion and information management are some of the many required competencies of health practitioners)

□ (see Larson 1995).ECD 1994, Pew Health Profession Commission 1995).

Required restructuring in nursing education is compatible with innovative mechanisms in academe (e.g. outcome-based education, competency based demonstration and portfolio)

Hegge 1995).

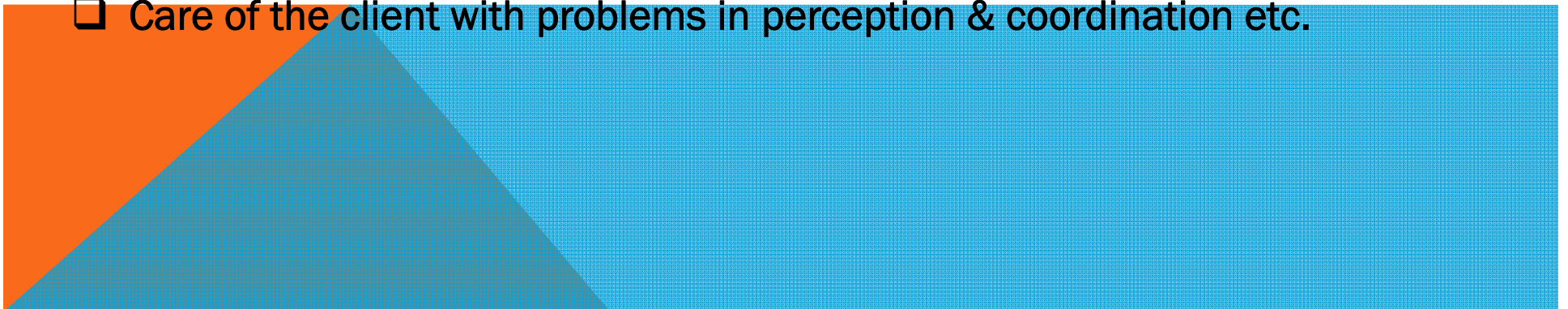
CHANGES IN THE CMO # 14 SERIES 2009

Nursing informatics

Theoretical foundations in nursing

Course titles to indicate the concepts veering away from the traditional linear medical model and approach to teaching

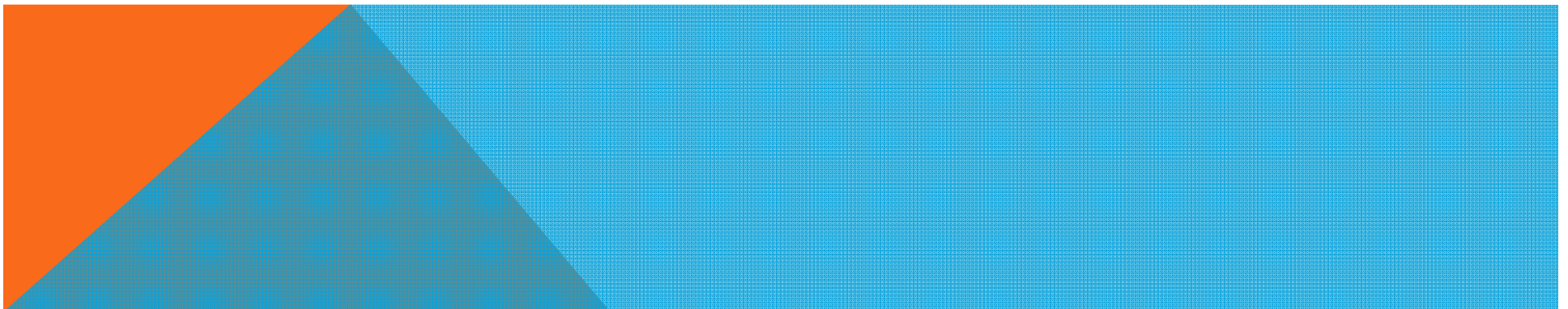
- Care of the client with problems in oxygenation, fluid & electrolytes, nutrition & metabolism
- Care of the client with maladaptive patterns of behavior
- Care of the client with problems in perception & coordination etc.



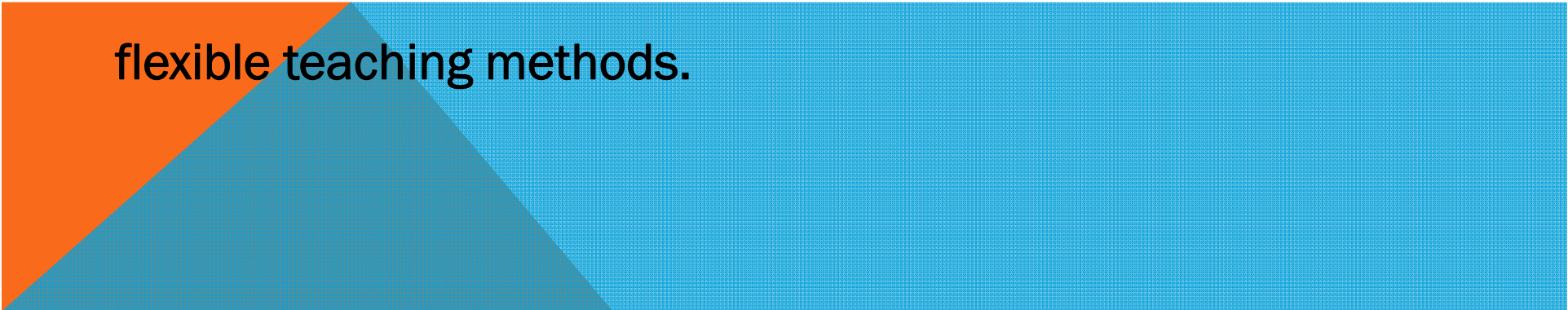
PRESENT CURRICULUM (CMO # 14 S=2009)

Curriculum as more innovative and more compatible with changing health care trends

Innovation in the evaluated curriculum is not an aim in itself, but rather a means for achieving the purpose of qualifying students for functioning in the new health care system



CHALLENGE TO EDUCATORS

- ❑ The discrepancy between the innovation in the content of the curriculum and the more traditional nature of the process of teaching , a basic dilemma inherent in the development of the curriculum.
 - ❑ On the one hand, provide the students with all the necessary KSAV for future roles, and on certain essential skills such as critical thinking, management and coordination through flexible teaching methods.
- 

Linear traditional sequential method still being used by many teachers in nursing

- Definition
- Pathophysiology
- Signs and symptoms
- Nursing management

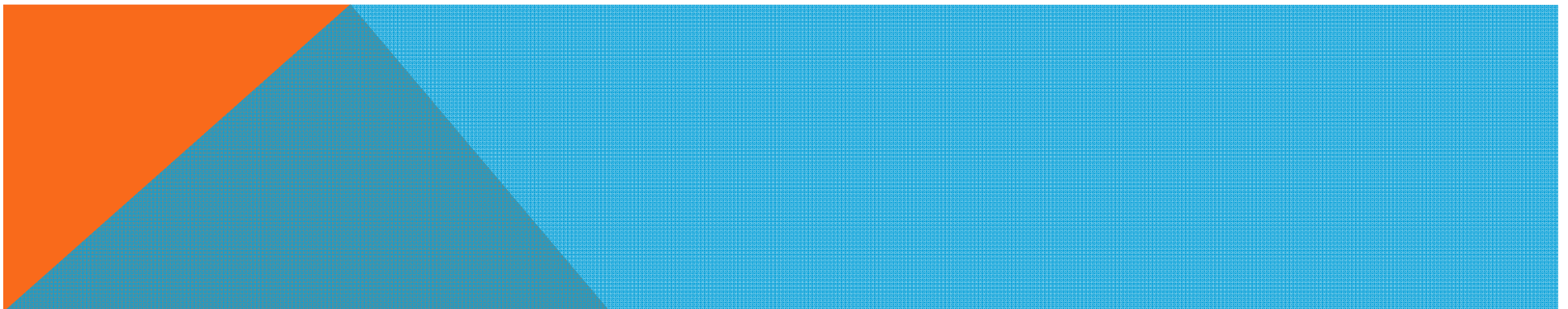


CURRICULUM 2009: SAFETY & QUALITY IN NURSING PRACTICE ?

Evaluation of the 2009 curriculum

Research is needed focused on the on an interim evaluation of the curriculum

1. assessments made by the graduates on the actual program of studies
2. assessment made by the students of the previous curriculum under which these graduates trained

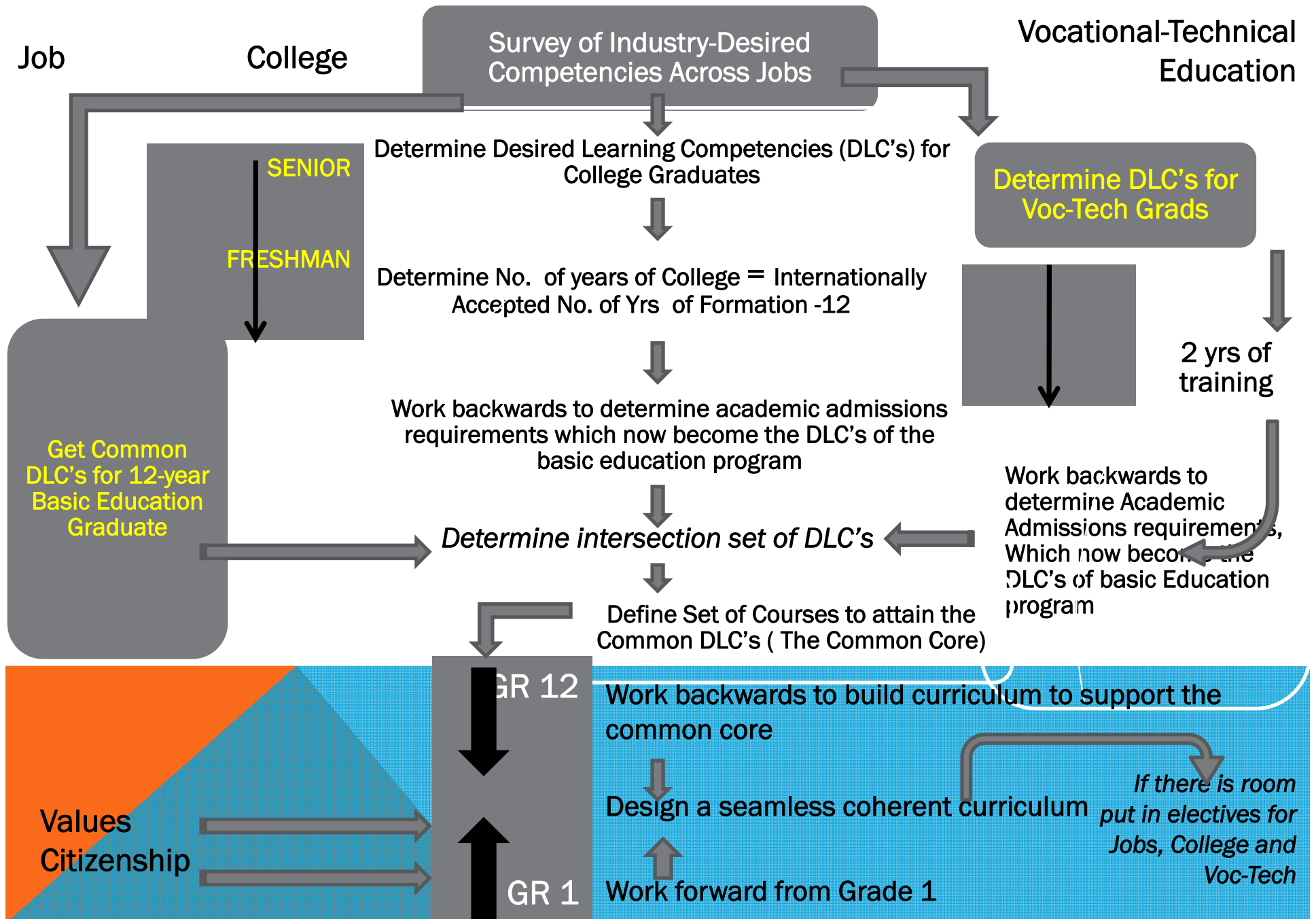


EXPECTED CHANGES BY 2013

**K+12 of the DEPARTMENT
OF EDUCATION**



Framework for the Design of the K+12 Curriculum



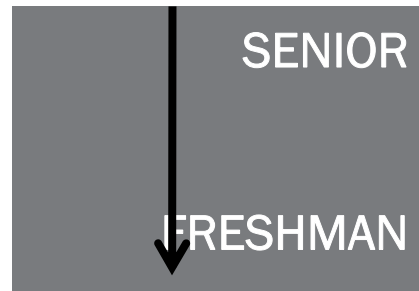
Only for those intending to go to College

Transition Curriculum

Survey of Industry Desired Competencies Across Jobs



Determine Desired Learning Competencies (DLC's) for College Graduates



Determine No. of years of College = Internationally Accepted No. of Yrs of Formation -12



Work backwards to determine academic admissions requirements which are now the DLC's of the basic education program



Determine the GAP and Design the Transition Curriculum to Bridge the GAP

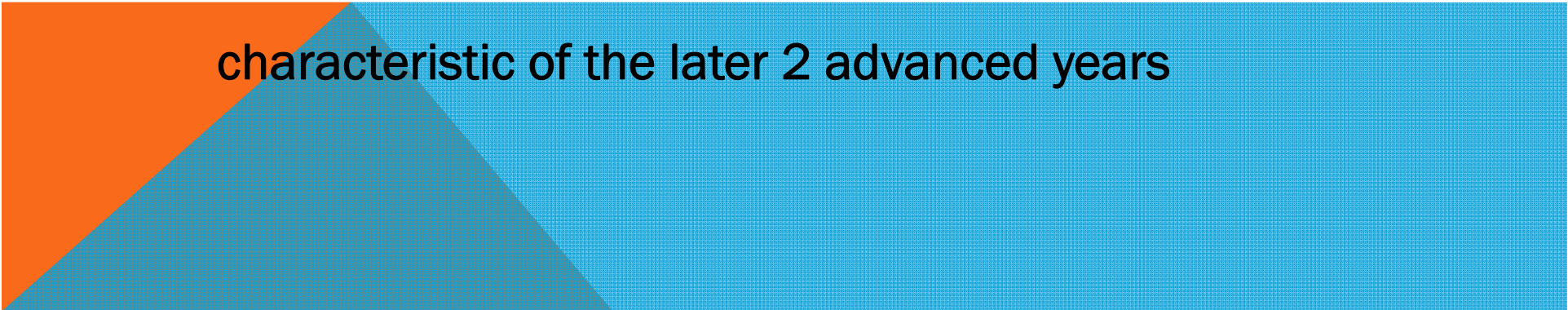
Determine Competencies of Graduates of Existing Curriculum



FUTURE OF NURSING EDUCATION

Preparing nurses for coping with a complex, uncertain and dynamic health care system cannot be achieved only through a highly structured and pre-planned curriculum.

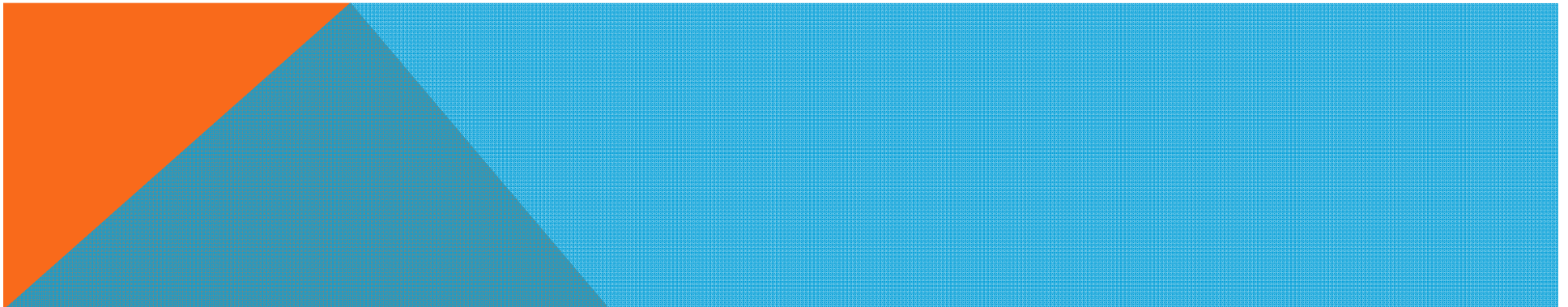
Thus, it is expected that more Flexible and integrative learning will be a strong characteristic of the later 2 advanced years



NURSE EDUCATORS

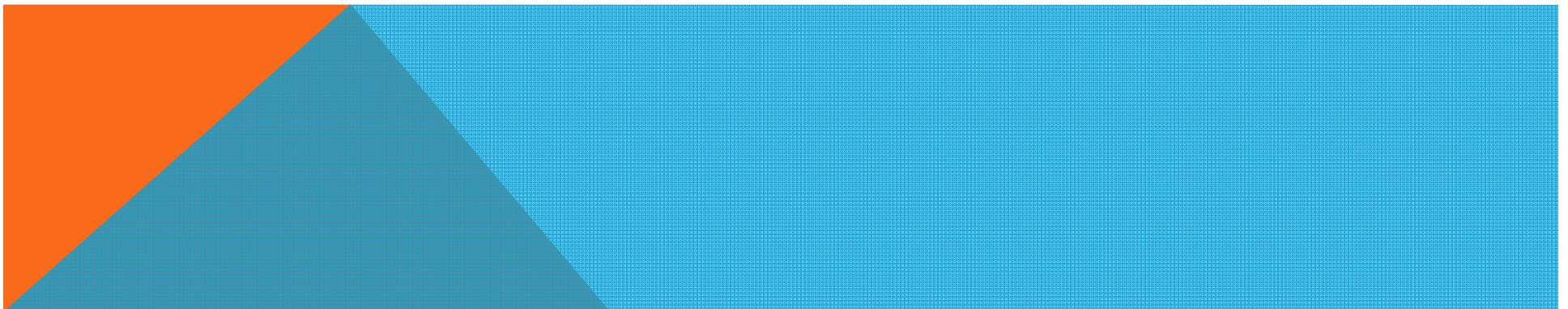
Prepared nursing faculty to
teach the new curriculum
implemented in 2009

?



**Deans prepared to mentor
nursing faculty on the
curriculum change**

?



KEY MESSAGES:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and information infrastructure

Maraming Salamat

