

CONCEPT-BASED CURRICULUM: AN INTERPRETIVE STUDY OF EFFICACY AND
PEDAGOGICAL USABILITY

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DEDICATION

For my mother, Irene May Horton, thank you for all your support, encouragement, and love. When I was in elementary school, I told you I wanted to go to school forever.

You have been with me through each milestone and degree as I pursued my love of education. I could not have done this without you.

You have been the “Wind Beneath My Wings.”

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ABSTRACT

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This hermeneutic phenomenological study explored the lived experiences of nurse educators practicing within a concept-based curriculum (CBC). Given the significant change in the framework of the nursing content and the pedagogical model changes of a concept-based curriculum, nurse educator experiences have provided insight to the efficacy and pedagogical usability of this type of curriculum.

Using an inductive process, a set of themes emerged that represented the participants' meaning about working in a concept-based curriculum. The shared experiences of the nurse educators uncovered the overall essence of their world. This new truth uncovered four themes. The themes included 1) a need for change, which highlighted administration/faculty motivation for a radical shift in program teaching; 2) life during transition, which described the process faculty underwent as they worked to make program changes; 3) the teaching experiences, which focused on the faculty experience after the transition and 4) usefulness and efficacy, which addressed the faculties appraisal of the CBC.

This research revealed that the faculty perception regarding the students' ability to make clinical judgments was strengthened by the use of a CBC and conceptual

teaching practices. They attributed this skill improvement to the introduction to clinical judgement earlier in the curriculum and frequency of practice throughout the curriculum as a factor.

Findings suggest that the transition of the adoption of the curriculum is difficult at best. After proper training and time to practice, the faculty found the curriculum to be efficacious and the pedagogical model useful in preparing students for entry-level practice. The study elicited possible actions by nurse educational leaders that will make the transitioning into concept-based curricula less arduous. Findings from this study can provided guidance for future adoption of concept-based curricula.

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CHAPTER I
INTRODUCTION
Focus of Inquiry

Collective forces have produced an atmosphere for the transformation of nursing education. Technological advancements and the evolution of the health care systems have had considerable influence on the role of the professional nurse (Institute of Medicine, 2011). Along with these changes, the vast quantity of new knowledge and skills that nurses need to understand and apply to practice has become overwhelming and a challenge for the nurse educator. These issues directly influence undergraduate nursing education. One of the major challenges is the volume of information students must learn as they prepare for entry-level practice. This knowledge is essential for new nurses to safely and effectively function as they begin their nursing practice. Successful student preparation demands that nursing curricula be updated to meet the transforming healthcare science and technology (Institute of Medicine, 2010). Furthermore, nurses need to integrate nursing knowledge and science with practice, as well as use skilled clinical reasoning in patient care (Benner et al., 2010).

The importance of preparing students to practice safely and effectively within today's healthcare environment is recognized by national initiatives for healthcare and nursing reform as set forth by the Institute of Medicine, and Healthy People 2020 (Institute of Medicine, 2011; U.S. Department of Health and Human Services, 2010). The American Nurses Association, the National Council of State Boards of Nursing, the American Association of Colleges of Nursing, the National League for Nursing, and other

professional nursing organizations are setting new standards and priorities for nursing education. Federal legislation continues to impact nursing practice and education including the Health Insurance Portability and Accountability Act and federal agencies that administer federal regulation such as the Centers for Medicare and Medicaid Services and Occupational Safety and Health Administration. These agency policies affect nursing education and practice by providing research, training, and funding directed at improving the healthcare environment to protect both the client and practitioner.

Nursing programs throughout the country are evaluating the efficacy of their programs to ensure that they adequately prepare today's nursing students (Giddens & Morton, 2010; Schreier, Peery, & McLean, 2009). Some educational leaders find that traditional curricula are not designed to effectively prepare today's students for the profession. Many schools are moving to the model of concept-based learning as an answer to providing students with a broader perspective of their role and the development of a deeper understanding of content.

Concept-based learning is a teaching model that organizes curricular content by concepts, using exemplars to focus on specifics about the concept. The model provides opportunities for concept application in different situations with associated diseases and conditions. (Trakalo, 2015). This approach uses a concept as the lens that allows for higher-level thinking as students look for patterns and connections across concepts. Learning on a conceptual level encourages the development of clinical judgment (Giddens et. al., 2008) and facilitates student application of knowledge in clinical areas

(Nielsen, 2016). Conceptual-level understanding allows linking of new knowledge to current understanding permitting deep learning to occur (Hardin & Richardson, 2012).

The nurse educator today is responsible for imparting content, as well as facilitating the development of the student's ability to apply these concepts to formulate clinical judgments. While concept-based curricula promote concept application, these curricula also require significant changes in planning and implementing nursing education. More information is needed regarding faculty experiences of developing and using concept-based curricula to evaluate efficacy and usability.

Statement of Purpose

The purpose of this hermeneutic phenomenological study was to explore experiences of nurse educators teaching in programs with a concept-based curriculum (CBC). It aimed to uncover the pedagogical usability and efficacy of concept-based of curricula through the shared experiences of these educators. The goal was to describe the essence of the experience, from the perspective of the nurse educators who have had this shared experience to elicit the usefulness and effectiveness of this type of program of study. Nurse educators were able to share their experiences, identifying what they felt worked and did not work for them. This process should help bring us to a truth for discussion that may lead to discourse improvement.

The following research questions were examined.

1. What are the experiences of the nurse educators using concept-based curricula as the foundation for undergraduate nursing programs?
2. How do nurse educators using CBCs view its efficacy and pedagogical usability?

3. What contexts or situations affect the experience of using concept-based curricula as the foundation for undergraduate nursing programs?

Rationale for the Study

The need for curriculum reform continues to be a prominent topic in the current nursing literature. Undergraduate educational leaders are moving away from the traditional curriculum toward a CBC. In 2014, Sportsman reported on a national survey that found that 52% of programs either had adopted a CBC or were considering such a change.

As many undergraduate nursing leaders are turning to a CBC, a complicating factor is that faculty may not be prepared to teach in this new paradigm. Novice faculty entering the field of nursing education often have graduate degrees that are clinically focused and begin their careers in academia with little formal preparation for teaching (Anderson & Treadway, 2009). Many new educators find the transition from a clinical focus to a teaching role to be difficult and discouraging (Anderson & Treadway, 2009). They have expressed a feeling of being unprepared for the new role (Schoening, 2013). In their 2015 literature review, Grassley and Lambe found that there is little evidence of adequate mentoring and formal orientation to the academic setting. Even experienced faculty must learn new teaching strategies and may be resistant to the time required to develop a new curriculum and modify their teaching methods. The use of a lecture format is no longer an accepted teaching method, instead nurse educators are learning to the use of pedagogies that require active involvement of students in the learning process (Billings & Halstead, 2009). Many nurse educators do not feel comfortable with the use of active learning strategies (Simpson & Richards, 2015). This sense of

inadequate preparation makes it more difficult to succeed in effectively using concept-based curricula.

Researcher's Relationship to the Topic

The author's interest in the topic developed through her interactions with nurse educators, from across the nation, during presentations on CBC. During those years of interaction with faculty, the author listened to many stories often filled with angst and concern over the changes taking place in their world. These nurse educators were in the process of adopting a CBC, thinking about adopting, being forced to adopt, or were now teaching within that curriculum model. Listening to the stories made clear that these educators were very concerned about the efficacy and pedagogical usability of this curriculum. As a nurse educator who works extensively with students and educators preparing for the professional nursing practice, the author was committed to discovering the best practices for the delivery of knowledge.

Study Assumptions

In this study, a CBC was defined as however the participants define it. There was an expectation that while each curriculum will have unique characteristics, they will generally be similar. An assumption of this study was that with this curriculum adoption, there might also be a change in the pedagogical approach. This learner centered approach may affect the individual course lessons and teaching methods for the nurse educators.

Philosophical Underpinnings

Hermeneutic interpretive phenomenology as described by Ricoeur (1976) provided the philosophical underpinnings to guide the study of pedagogical usability and efficacy of concept-based curricula. The emphasis of hermeneutic inquiry is on what human's experience instead of what they know (Solomon, 1987). Lived experience is critical to extracting essential meanings of the phenomenon under study. Indicating that phenomenological description is not enough to understand human experiences, Ricoeur (1976) added interpretive hermeneutics. The goals of hermeneutic research are to enter the world of the person and interpret the meaning they give to the experience (Dreyfus, 1994). Ricoeur (1984) explained that through our stories we express our preunderstanding of the world. Two key phenomenological assumptions in this study are that perceptions present us with evidence of the world as it is lived, and that human existence is significant. The only way we understand people is to understand them as they are in the context of their world (Richards & Morse, 2007).

Ricoeur's constructs of interpretation were used in this study. They include distanciation, appropriation, explanation, and understanding (Geanellos, 2000). Ricoeur's theory of interpretation recognizes that the nature of the interpretation will have multiple levels, is always changing, and is never complete. Distanciation allowed researcher to approach the text without concern for the intent of the interviewee (Geanellos, 2000). The intention of the researcher was on appropriation of the text's meaning and not the specific interviewee's meanings (Geanellos, 2000). The evolution of interpretation and understanding took place over multiple encounters with the text allowing for the opportunity of insight of both self and the text (Geanellos, 2000). Ricoeur

describes the movement back and forth between naive and depth interpretation as the method for interpretation of the text (Geanellos, 2000). This model served as the method of textual analysis to enable rigorous outcomes for this study. Ricoeur's theory of interpretation drove the search for the essence of the experience, from the perspective of the nurse educators who have had this shared experience to elicit the usefulness and effectiveness of the CBC.

Hermeneutic phenomenology provides nurse educators with an approach of inquiry that aligns itself with nursing and educational beliefs and practices which makes it possible to discuss the essential meanings of the phenomena. The goal of this research was to uncover a rich description of what nurse educators experience while utilizing a CBC regarding the usability and efficacy of the teaching learning process. The narratives were scrutinized for content themes and for what the narratives imply in order to develop a critical understanding of the experience. The analysis will follow Ricoeur's analysis steps of naive reading, structural analysis, and critical interpretation (Ricoeur, 1976). The hermeneutic circle was used to validate the interpretations of teaching in a new curriculum design.

The approach allowed the researcher to gain a deep understanding of the experiences of faculty transitioning into a CBC and to suggest process or program enhancements or changes. Themes were generated from the texts that gave a clear picture of what the participants experienced. The hermeneutic interpretations of the narratives told us more than the abstracted themes implied. The researcher has discussed these themes in relation to the problems and needs of nurse educators adopting a new curriculum. This approach attempted to come near to the lived

experiences of the educators teaching within a CBC to elicit rich and descriptive data of their experiences to interpret the pedagogical usability and efficacy of this type of curriculum. This process helped bring us to a truth for discussion that may lead to discourse improvement.

Summary

Concept-based curricula and learning are being adopted across the country by schools of nursing that prepare students for entry-level practice. Given the significant change in the framework of an undergraduate nursing content and the pedagogical model changes of a CBC nurse educator experiences should be a fruitful place to examine the efficacy and pedagogical usability of a CBC. Currently, there is limited evidence of efficacy and pedagogical usability of a CBC. This research provides insights of efficacy and usability from the perceptions of nurse educators who have adopted a CBC. Findings from this study are expected to guide future adoption of concept-based curricula. Answering these questions provide a body of knowledge to educational leaders in nursing education in the support of faculty transitioning into concept-based curricula.

CHAPTER II

REVIEW OF LITERATURE

Overview

The purpose of this hermeneutic phenomenological study was to examine nursing faculty experiences teaching in a CBC regarding the usability and efficacy of the CBC and learning strategies. Schools of nursing are adopting a CBC for undergraduate programs across the nation. It is not clear if this new sequence and design of instruction is effective or useful. Nursing literature provides an argument for the need of a new curricular approach to address content saturation in undergraduate nursing curricula. A conceptual approach in which the curriculum is organized around concepts rather than content is offered as a solution for this challenge.

The literature was searched for relevant publications regarding concept-based curricula in undergraduate nursing education in North America. The search included evidence from the past 10 years, 2007 – 2017. The sampling parameters included empirical studies, descriptive reports, and theoretical literature related to this specific type of curricular design in nursing.

A computerized database search was performed using Cumulative Index to Nursing and Allied Health Literature (CINAHL) and the Educational Resources Information Center (ERIC) databases identifying published primary source articles. After using the “concept-based” as a keyword for all text, the search yielded 761 documents within the timeline of 2007-2017. The terms *concept-based*, *concept based* (without hyphen), *curriculum*, *concept-based learning*, *education*, and *nursing* were added to the

search parameters, which reduced the group of documents to 631. The search was then narrowed to journal articles only, which reduced the search to 490. From these articles, 108 were identified as related to the use of concept-based teaching and learning. The 108 articles were reviewed for relevance to this study and only articles from peer viewed journals were accepted in the compilation. The final group of articles meeting the inclusion criteria totaled 25 peer reviewed articles with various evidence of the usefulness and effectiveness of a CBC in undergraduate nursing education. Four themes emerged from this review of this literature: 1) need for curricular change, 2) program adoption of concept-based curricula, 3) theoretical underpinnings, and 4) evidence of curriculum effectiveness.

A Need for Curricular Change

Nursing literature provides arguments for the need for undergraduate nursing education to change. The literature suggests that the management of curricular content is one of the key challenges of health professions education. As early as 1998 the authors of *The Essentials of Baccalaureate Education of Professional Nursing Practice* asked if it was even possible to adequately educate entry level nurses in four years, with the rapidly changing healthcare system (American Association of Colleges of Nursing, 1998). A call for change came from the Institute of Medicine (IOM) in 2003. Nursing's entry into practice issues was addressed and an invitation was offered to reform all levels of nursing education specifically undergraduate nursing education (IOM, 2003). The IOM (2003) reported an "overly crowded curricula" (p. 38) as one of many challenges of education reform. In the same year, the National League (NLN) for Nursing, published a position statement calling for the reform of nursing education. The

NLN recommended a new vision for nursing education, moving away from the importance of content and the use of outdated teaching practices (National League for Nursing, 2003). The purpose for the curriculum reform was to develop curricula that are responsive to changes in the health care delivery system, are research based, and apply pedagogical innovation (Ironside, 2004; NLN, 2003).

Giddens and Bradley (2007) published an article introducing the rationale for changing from traditional to a CBC. The contributing factors for needing change in the curriculum design were to address issues related to content saturation in the nursing undergraduate curriculum. To alleviate these concerns, they proposed a conceptual approach for curriculum development and teaching (Giddens & Bradley, 2007). This article set the stage for the movement of nursing curriculum to concept-based pedagogy. They introduced a CBC, which provided a case for adoption of this curriculum model (Giddens & Brady, 2007). A conceptual approach for curriculum development and teaching in nursing education was discussed as an answer to the undergraduate conundrum of content overload and a missed opportunity to develop clinical judgment skills in today's nursing student. The literature addresses the need for change in academia and suggests that a paradigm shift toward concept-based curricula may be the solution.

Program Adoption of Concept-Based Curricula

Following the groundbreaking work by Giddens and Bradley (2007), nursing programs gradually began adopting concept-based curricula. As nursing programs moved forward, they published accounts of their nursing program's experience in developing and implementing the new model. Consequently, literature focuses on the

curricular change processes of individual programs, rather than conduct of broader range studies. Most publications focused on the didactic education; nonetheless, there was one article on the use of concept-based pedagogy in clinical education (Nielsen, Noone, Voss, & Mathews, 2013).

Two types of accounts appeared in literature. Some reports were simply a description of the curricular transition while others described how the adoption took place in different settings. Most articles were descriptive in nature, reporting how conceptual pedagogy was used in programs or courses (Giddens et al., 2008; Nelson-Brantley & Laverentz, 2014; Kantor, 2010; Schreier, Peery, & McLean, 2009).

Nelson-Brantley and Laverentz (2014) reported on an active learning activity designed by themselves, within a CBC. Ninety-seven students in an undergraduate Leadership course were divided into 10 groups and asked to collaborate and using markers and paper to create a poster that represented their thoughts. Visual representations of common themes emerged during the presentation. Students then participated in a class discussion. The authors stated that learning had occurred. No measurement of efficacy was reported.

Kantor (2010) reported on the transition from a traditional curriculum to a concept-based approach in an undergraduate BSN program in British Columbia. Kantor used one example of a student-centered approach to learning to describe her journey through the implementation of this activity with one cohort of students, in one course. This concept-based learning activity was used in both the didactic and clinical settings to foster a greater understanding of client health challenges and enhanced critical-thinking skills. In the didactic setting, the author reported that she worked more collaboratively

with her students. In clinical, students began to develop meaning to the concepts taught in the classroom. The number of students participating in this new active learning activity was not reported. Students worked in their practice groups (there were 5 groups) and presented their work as the final activity. Kantor shared that the learning by the students was evident by the quality of the students' presentation and written work. Kantor indicated that she recognizes the benefit of using a concept-based approach to learning because she assessed her students' development of a greater understanding of client health challenges and improvement in their critical thinking skills.

In 2009, Schreier, Peery, and McLean reported on the educational paradigm shift from a traditional pedagogy to a concept-based, student-learning approach. A conceptual model and a clinical experience model are described in the publication. The curriculum changes took place in an accelerated baccalaureate and direct-entry master's nursing program. The undergraduate portion of this curriculum was 12 months in length. The clinical courses used a model that included a clinical instructor as well as a preceptor working with the student. The findings of this approach were very positive. The first cohort of students in this new curriculum had a NCLEX pass rate of 95%. The authors concluded that the combination of active learning activities within a CBC and the use of the unique clinical model enhanced critical thinking.

Giddens et al. (2008) described the transition of an undergraduate nursing curriculum that adopted a conceptual approach to learning. Describing the curricular redesign process "as an overwhelming undertaking" (Giddens et al., 2008, p. 204), the curriculum revision took 18 months to achieve final approval. Giddens et al. reported that the implementation phase was just as challenging because of the importance of the

project and complexity of the changes to all involved. Concentrated management was needed to ensure delivery and maintenance of the design. Continuous training of new faculty and evaluation of the effectiveness of this new curriculum had to be done. The new curriculum included a new clinical design required acceptance not only of the adjunct clinical faculty but also the clinical partners. Nursing services at the clinical site were challenged with the development of an adequate pool of qualified preceptors (Giddens et al., 2008).

In 2016, Patterson described the experiences of faculty making a major curriculum transition to a concept-based model. Following curriculum implementation, faculty struggled with when concepts were being taught within the new curriculum. To alleviate this problem, a conceptual grid was created and used to assess the curriculum. Using this new assessment tool provided the faculty with a way to identify and correct issues that impeded student learning including the proper sequencing of concepts (Patterson et al., 2016).

Choice of concepts to use as the foundation for concept-based curricula is a critical step in curriculum development. Giddens, Wright, and Gray (2012) reported on the process they used for the validation of the selection of concepts, competencies, and exemplars. They described a benchmark approach used to validate and finalize concept selection for a statewide nursing consortium. The consortium is a university-community college partnership designed to provide students with an opportunity to earn a pre-licensure baccalaureate nursing degree from the university at the community college site. The statewide curriculum is a CBC. A committee was formed and a series of meetings over several months were held, during which the concepts were debated. To

resolve this stalemate, a benchmark approach was adopted. The process included a request for the list of concepts being used by 10 schools and consortiums that were known to have a CBC. All responded. The sample included seven Bachelor of Science in Nursing (BSN) and three Associate Degree in Nursing (ADN) schools. Data were entered into a database in multiple ways for comparison analysis. After combining the like concepts, a total of 104 concepts were reported. A list of 54 concepts was present on at least 50% of the curricula lists and became the benchmark concepts. A document was created for the finding of the analysis to be used by the committee. The list was used by the committee to refine the concept list and make the final decisions. The final list from the committee included 54 concepts, 47 of which matched the benchmark list, representing 87% consistency. Giddens et al. concluded that concept identification and consensus is challenging. The benchmark approach provided an objective methodology for the decision-making process (Giddens, Wright, & Gray, 2012).

This literature provides primarily descriptions of curricular change processes of individual programs, with anecdotal findings. There was not an abundance of quantifiable finding. What these descriptions illuminated was the challenging process of this transition for faculty. There were issues related to communication, the change process in general and the time consumption of the process especially with multiple levels of understanding of concept-based curricula by faculty. There was anecdotal evidence of a change in student behavior from memorizing facts, to learning the content and developing critical thinking skills in the application of this knowledge.

Theoretical Underpinnings

Theories are formulated to understand phenomena and to extend knowledge within a specific boundary of assumptions. Theoretical frameworks are often used when changes in process are implemented and used as criteria to measure outcomes of the change related to the specific theory (Abend, 2013). Six publications presented the use of a model, or theory, related to the transition and adoption of a CBC (Standley & Dougherty, 2010; Brady et al., 2008; Popoola, 2012; Brandon & All, 2010; Hardin & Richardson, 2012; Nielsen, Noone, Voss, & Mathews, 2013).

Brady et al. (2008) described how their school of nursing embarked on the task of the adoption of a new curriculum. They implemented Kanter's seven skills for effective change model to provide a framework for undertaking successful change. The seven skills included:

1. Tuning into the environment
2. Challenging the prevailing organizational wisdom
3. Communicating a compelling aspiration
4. Building coalitions
5. Transferring ownership to a working team
6. Learning to persevere
7. Making everyone a hero

Brady et al. described the challenges and how the model provided support as the team worked through the trials. A major lesson learned was that this process of change was not a onetime occurrence and that curriculum change was a continuous journey that the faculty must plan for and embrace. They reported that the model was useful in understanding and facilitating the change process.

In 2010, Brandon and All presented a summary and analysis of constructivism. They discussed application of its principles to curriculum development in nursing education. Authors provided practical suggestions for nurse educators based on the major focus of constructivism, which asserts learning is an active process in which the learner constructs new ideas based on what they already know and the new knowledge they have acquired. A challenge to applying constructivist philosophy was identified as transferring who has control of learning from the educator to the student. This shift allows the students to become active participants rather than passive learners. This teaching method focused the learner on making connections and links between concepts and improving critical thinking skills. Applying constructivist theory provides a foundation for concept-based learning (Brandon & All, 2010).

In 2012, Dr. Popoola explained Popoola holistic praxis model as a framework for CBC. This model incorporates the use of an eclectic approach to choose theories identifying priority nursing concepts in a curriculum. Concepts are integrated into the curriculum to produce the essential knowledge and skills needed for entry-level nurses. This approach to nursing curriculum development is used by the faculty and taught to the students learning within the curriculum. Popoola explained that it is important for students to learn how and why the concepts are chosen and what theories are driving the choices. This framework also integrates major influences of student learning and quality indicators for assessment of the student as well as the program. In this CBC, the concepts are integrated throughout the curriculum and are interconnected. An overview of the conceptual framework is given with definitions of key terminology and a sample list of nursing concepts for curriculum development. Concepts are introduced to the

learners in beginning courses at a fundamental level and then developed in future courses in a more complex way. These concepts are also be integrated into the specialty clinical areas. This student-centered model emphasizes the need for integration of concepts and by the understanding of the models and theories used in conjunction with pattern recognition. The resulting outcome is a competent critical thinker (Popoola, 2012).

Nielsen, Noone, Voss, and Mathews (2013) described a model for clinical education developed and implemented by the Oregon Consortium, which include five elements: case-based, concept-based, intervention skill-based, focused direct client care and integrative experiences. The use of the five different elements that are woven throughout the curriculum and utilized during certain phases of the curricular program. The concept-based element was included to deepen learning and promote pattern recognition. The primary role of the concept-based learning element is to help students learn new knowledge. This approach also allows students to use their time to practice critical thinking using their new knowledge at the clinical site. The goal is for students is to develop their skills in clinical judgment.

Standley and Dougherty (2010) made an argument for the need for a paradigm shift in nursing education. They urge nurse educators to methodically evaluate current curricula and move away from a teacher-centered philosophy that pushes an outdated content delivery process, and does not promote critical thinking. Emerging technologies have provided a vehicle for distance learning. Distance learning can provide an active learning environment and the opportunity for collaborative learning. According to Standley and Dougherty, another aspect of nursing education that has changed is the

students who come from diverse cultural backgrounds. Online classrooms allow these students to participate and share their experiences. These three aspects of nursing education are interactive and should be considered when creating a curriculum. A nursing model describing the relation between the learner, educator, and the outside learning modalities was presented. This model places the student as the focal point. The shift from content-laden traditional curricula to a CBC allows students to become active learners. Problem solving becomes the focus of learning outcomes. This model provides a guide for nurse leaders when implementing learning experiences to allow for a multifaceted view that includes the learner, the instructor, and technology that affect their relationships.

Hardin and Richardson (2012) presented a semiotic framework for teaching conceptually. Principles of semiotics are connected to a CBC that provides teaching methods that encourage conceptual learning. The authors explain to teach conceptually one needs to focus on how meaning is created. In this frame of reference, a student learns a basic concept and then the meaning is extended to a client's population, disease, or situation. Hardin and Richardson emphasized that concepts are learned through the integration of knowledge within a context. In designing a conceptual curriculum, they present three central tenets: addressing misconception, building understanding, and developing metacognition. They offer five teaching techniques that they view as effective for conceptual learning (Hardin & Richardson, 2012).

The theories and models found in this literature highlight the challenges of transitioning for one curriculum to another. The need for a structured approach to change can facilitate an evidence-based model for successful change. The implication

that concept-based learning is an answer to the current dilemma of content laden curricula and deficiency in clinical judgment skills were presented in the articles. The importance of placing the student in the center of the process and become active learners were key tenets of this body of evidence. Another central topic was the proposition of teaching concepts through the integration of knowledge and context. This process takes time and will commence at the beginning of the curriculum to allow for knowledge development and knowledge application to a new context that will strengthen the students' knowledgebase as well as critical thinking skills. The goals of nursing education; for student to learn salient nursing knowledge and develop clinical judgment skills were emphasized in this compilation of literature.

Evidence of Effectiveness of Concept-Based Curricula

While many concept-based curricula are just in the process of implementation, a few programs are beginning to evaluate program effectiveness. The literature provided descriptions of how schools of nursing are trying to provide evidence of the effectiveness of CBC. Measurements of effectiveness were as varied as the types of outcomes measured including retention, on time graduation, NCLEX-RN pass rates, standardized exit exam scores, and clinical judgment evaluations.

In 2014, Lewis published a report providing evidence to support the effectiveness of CBC in a prelicensure diploma nursing program. Data were collected for three cohorts ($n = 37$, $n = 45$ and $n = 44$) prior to the implementation of the curriculum change and three cohorts ($n = 37$, $n = 40$ and $n = 37$) following the curriculum change. This research focused on program retention and on-time graduation rates as evidence of improved program outcomes. Retention and on-time graduation rates did increase by 2.3% and

1.3%, respectively. Other program outcomes that were not predicted to change were improved. Program completion rate increased by 4%, employer satisfaction rate increased by 1.7% and NCLEX-RN pass rate increased by 1%. Overall, student satisfaction rate decreased by 9.6%. Lewis noted that the first cohort of CBC students were much less satisfied with the curriculum because they were concerned the program would not adequately prepare them for the NCLEX-RN. Consequently, the overall measure of satisfaction was lower. Using an independent *t*-test to analyze the data, results indicated that the only statistically significant change in the program outcomes was the program completion rate ($t = 2.9104$; $p = .4342$). The changes in retention rate ($t = 0.8682$), and the on-time graduation rate ($t = 0.2990$) were not significant.

In 2015, Duncan and Schulz compared baccalaureate program outcomes for a traditional curriculum to a CBC. There were 104 students in the traditional curriculum and 136 students in the CBC. The outcomes measured included NCLEX pass rates, graduation rates, and critical thinking assessment. The overall findings indicated little difference between the two curricula. Descriptive statistics were used to measure and compare program outcomes of each cohort. The NCLEX-RN pass rate for the traditional graduates was 98% compared to the concept-based cohort with a 95% pass rate. The graduation rate for the tradition group was 93% compared to the 94% for the concept-based group. The mean score of the critical thinking assessment was 79% compared to the 78% for the concept-based group. A limitation noted in the report was the lack of input from faculty to how much of the content approaches and teaching strategies from the tradition curriculum were retained and implemented in the concept-based student

confidence levels and faculty satisfaction were used as a measurement of effectiveness of a CBC.

Using a nonequivalent comparison group design, Tse et al. (2014) studied nursing students and faculty to evaluate the impact of the new curriculum. Investigators focused on faculty work life, teaching productivity, and quality of education and evaluated the impact of the new curriculum on students' confidence in performing nursing functions. The intervention group included students and faculty responses from two community colleges and one university. This group was compared to the students and faculty responses from two other community colleges and one university within the statewide consortium. Participants were surveyed at three points over the first two years of the new curriculum. A total of 422 student surveys were obtained from both groups over two years (intervention $n = 296$ and comparison $n = 126$). Interviews with faculty were conducted with two randomly selected subsamples for the intervention ($n = 7$) and comparison ($n = 5$) groups. An increase in confidence for the comparison group of students was greater than that of the intervention group over the first two years, but the comparison students reported significantly less confidence in their ability after two years. The intervention faculty and comparison faculty groups reported increased burnout and decreased collaboration and collegiality at the one-year follow-up assessment. Analyses comparing the faculty groups showed no meaningful differences in the measures over time (Tse et al., 2014).

In a mixed methods study, Lasater and Nielsen (2009) evaluated the effect of concept-based learning activities on the development of clinical judgment of baccalaureate nursing students exposed to a CBC. The treatment being exposure to

concept-based learning activities for the students is the treatment group ($n = 15$ students) and no concept-based learning activities to the control group ($n = 13$ students). The Lasater Clinical Judgment Rubric was used. Outcomes of the one-way analysis of variance ($F = 10.99$, $p < 0.01$) indicated concept-based learning activities are a clinical learning strategy that should be considered by faculty to deepen clinical thinking.

Giddens and Morton (2010) presented the findings of a program evaluation of a CBC after two years of delivery. Perceived strengths from both students and faculty include the conceptual approach, interactive learning activities, and clinical intensives. The faculty felt that content loads had be reduced. Four opportunities for curricular improvement included clarity and delivery of concept courses, improvement in community based clinical experiences, focus on concept in multiple clinical context and a better use of standardized exit exam. There was a 97.5% graduation rate with this cohort. NCLEX-RN pass rate after the two years of the new curriculum the pass rate rose for 83% to 89%. Preceptors commented on the positive differences seen in the graduates (Giddens & Morton, 2010).

Nielson (2016) published the findings of a multiple-case study research aimed at exploring and describing concept-based learning in the clinical setting. The researcher used four clinical groups for observation of behaviors while using concept-based learning activities in the clinical setting. Faculty and students were observed, and data collected which included behaviors such as explaining or answering questions, asking questions of students, and the modeling of thinking like a nurse. Student behaviors that indicated a connection of theory with practice, elements of the clinical judgment, pattern recognition, and salience were also observed for and tallied. Nielson reported that

concept-based learning activities shift the emphasis of the clinical experience to key concepts of care and deep student learning. The researchers concluded that concept-based learning is a promising method to support the connection of theory with practice and clinical judgment, through application experiences with clients.

Getha-Eby et al. (2015) conducted a mixed methods study investigating meaningful learning in nursing students. Archived student records were reviewed, and data was collected to compare to the student groups. The data were analyzed through multiple regression to compare two groups. An explanatory sequential design was used to test the quantitative hypotheses and answer qualitative questions. Investigators hypothesized that nursing students exposed to concept-based teaching integrated with active learning would exhibit (1) a significant increase in meaningful learning, and (2) a significantly greater gain in higher order thinking scores (HOT scores) when compared to traditional students. Quantitative data were extracted from archived records for three cohorts of students immediately prior to a curriculum change to a CBC and to three cohorts immediately following the change. Meaningful learning was operationalized as the students' HOT scores on a pretest and posttest. The pretest was the Assessment Technologies Institute's Critical Thinking Assessment Exam. The posttest was the Assessment Technologies Institute's Nursing Fundamentals Exam. The difference in content was considered acceptable by the investigator because the higher order thinking was the construct of interest not content. There was no significant difference in the pretest raw scores between the traditional group ($M = 68.96$) and concept-based group ($M = 69.54$). The same was true for the posttest scores. The traditional group mean score was 69.20 and the mean score for the concept-based group was 70.45. The pre

and posttest scores were standardized, and the difference was calculated to measure changes in higher order thinking. Both groups scored 0.00 ($t = .50$) indicating that there was no significant difference. Qualitative data were collected from 22 students, 11 being from each group. These students scored in the uppermost or lowermost quartile of the posttest. The qualitative data consisted of what students said to the investigator during a discussion of a nursing case study to identify thinking patterns. Relational statements and circular thinking were two patterns identified and the groups were identified with distinct differences. One group displayed more relational statements than the other. The other group displayed more circular thinking examples. When comparing these groups with their higher order thinking scores, the investigator found that the group with the greater number of relational scores were the same students who had a high higher order thinking score.

Overall, the effectiveness research provided evidence that while concept-based curricula were an effective curricular model for undergraduate nursing curricula, the evidence was slight, and some evidence remained mixed. In some instances, no changes between traditional students and concept-based students were noted. Although limited, the evidence supported the potential for CBC may promote critical thinking and clinical judgment in students and provided an environment where faculty used student-centered pedagogy.

Summary

The adoption of concept-based curricula is a relatively new phenomenon in undergraduate nursing education. The nursing science is limited by the newness of this pedagogical transition. The literature suggests that shifting to a CBC will enable educators to focus on concepts rather than specific content in educational programs. As described in the reports of adoption, these changes are not easy ones to make for the nurse educator. The use of theoretical models and processes are useful to educators during the transition to a new way of approaching undergraduate education. Finally, there is selected evidence that this solution may be an effective endeavor. Unfortunately, there is insufficient evidence published that highlights the efficacy of the curriculum and the pedagogical usability from the perspective of the nurse educator engaged in this type of curriculum.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The purpose of this study was to explore experiences of nurse educators teaching in programs with a CBC. This study aimed to uncover the pedagogical usability and efficacy of concept-based of curricula through the shared experiences of these educators. The goal was to describe the essence of the experience, from the perspective of the nurse educators who have had this shared experience to elicit the usefulness and effectiveness of this type of program of study. Hermeneutic interpretive phenomenology as described by Ricoeur (1976) provided the research method to guide the study. Hermeneutic phenomenology provides nurse researchers with an approach of inquiry that aligns itself with nursing and educational beliefs and practices which makes it possible to discuss the essential meanings of the phenomena. The use of this approach attempted to come near to the lived experiences of the educators teaching within a CBC to elicit rich and descriptive data of their experiences to interpret the pedagogical usability and efficacy of this type of curriculum. This chapter presents information regarding study setting, participants, protection of human subjects, data collection processes, and analysis.

Setting

The research occurred in undergraduate Associate Degree schools of nursing in Texas. There were five Associate Degree in Nursing (ADN) programs who used a CBC included in the study. Educators from each program were interviewed. The interviews

were conducted in areas that were chosen by the participants and agreed upon by the researcher.

Participants

The purposive sample included nurse educators, teaching in undergraduate nursing programs described as a CBC, in the state of Texas. The sample was a criterion sample, which means that this group of participants was a sample of individuals who have experienced the phenomenon (Creswell, 2009). The Texas Concept-Based Curriculum Project, funded by the Texas Higher Education Coordinating Board was contacted to identify current schools of nursing adopting this standardized concept-based curriculum. Deans and directors of these nursing programs were contacted to identify potential faculty for study inclusion. Inclusion criteria consisted of nurse faculty teaching core courses in an undergraduate school of nursing in Texas that use a CBC. Exclusion criteria specified strictly clinical faculty who do not teach didactic courses.

Protection of Human Subjects

The Texas Woman's University's Institutional Review Board (IRB) approval was obtained prior to the proposed study (see Appendix A). All participants gave their consent to participate in this study. The consent form was sent to the participants as an e-mail attachment in the initial recruitment email. In the email, the participant was instructed to sign and return the consent form in the same manner. The consent detailed the study methodology and purpose. The document clearly indicated that the participation in the study was strictly voluntary. The participants were informed that they may choose to withdraw from the interview at any time for any reason. Risks and benefits to participation were delineated and every effort to minimize risk was taken. The

participants' primary risk was to the confidentiality. Confidentiality was protected by use of pseudonyms and by ensuring that findings do not allow the possibility of program or faculty identification. The report was reviewed by the dissertation committee to prevent a potential breach in confidentiality from the identifiable characteristics of the description of the phenomena. Interviews with the researcher were held at a private location chosen by the participant. Only the researcher, transcriptionist, and the dissertation committee members viewed all the interview forms and data. The transcriptionist created Microsoft word files from the interview recordings and signed a confidentiality form prior to transcription. Digital recordings were maintained on a jump drive and were kept secure in a locked file cabinet in the researcher's home.

Data Collection

Following IRB approval, 17 participants were recruited to participate in semi-structured interviews. These face to face in depth interviews were digitally recorded and then transcribed verbatim for analysis. The deans or directors from schools of nursing who described their program as using a CBC were identified. Via e-mail, the researcher communicated with the Dean or Director to obtain permission to contact the faculty for participation in this research study. After the dean or director granted permission, the researcher reached out to the faculty via email. A follow up email was sent to the faculty who did not respond to the original email after 10 days. This ensured that faculty who were willing to participate were not missed. At the conclusion of the interview, each participant in this study received a \$15.00 gift card.

Demographic data were obtained through a questionnaire (see Appendix B) that was sent to each participant via email to complete and return to the researcher.

Demographic data collected included: age, ethnicity, gender, education, experience, employment status, academic rank or title and principal course taught (see Appendix C).

Interviews were scheduled with the choice of the location being that of the participant. The researcher traveled to these schools. Most of the interviews took place in the office of the nurse educator on the campus of the school. Two interviews took place in coffee shops near the participants' home. A semi-structured interview guide (see Appendix C) was used to uncover the essence of the lived experience of teaching in a CBC, from the perspective of the nurse educators. There was a focus on their perceptions of the pedagogical usability and efficacy of this specific curriculum type. The goal was to understand the essence of the experience in order to make recommendations for change that will lead to educational improvements. This kind of interview sought to obtain the interpretation of the meaning of the lived experience of the use of CBC with a focus of the usefulness and effectiveness of the curriculum change. There was an interview guide that focused in on the perceived usability and efficacy of the curriculum with questions related to both themes. The questions were written to minimize personal judgment. There was only one interviewer and that interviewer posed the questions in the same order and used the same wording in each interview (Kvale & Brinkman, 2009).

Data Analysis

The concept of the hermeneutic circle was employed to analyze and validate research findings. Data analysis used Lindseth and Norberg's (2004) interpretive method that consists of three phases (a) naïve reading (b) structural analysis, and (c) comprehensive understanding. Following interview transcription, the naïve reading

consists of reading the text several times to ascertain it's meaning as a whole. The understanding gained during this phase was validated by the second phase of structural analysis. During structural analysis, themes and potentially subthemes were formulated. Themes formulated are condensed descriptions. The data were processed in an inductive process working back and forth between themes and the database until a comprehensive set of themes emerge that represent the participants' meanings (Creswell, 2009). The comprehensive understanding phase consists of summarizing themes and subthemes. With this new understanding, the text was once again read with the new naïve understanding giving attention to the themes and subthemes while remaining open-minded to new discoveries that enhance the understanding of the phenomenon. Finally, literature was consulted to revise and deepen understanding. Findings were expressed in everyday language that best describes and reveals the experience.

Scientific Rigor

In order to maintain rigor, the researcher used a detailed method of data collection including interview notes. Rigor was also attained using an adequate sample, identification of negative cases and interviewing until saturation of data was achieved (Meadows & Morse, 2001). To ensure validity, the research committee reviewed all steps.

Summary

The purpose of this study was to explore experiences of nurse educators teaching in programs with a CBC. The use of this approach was an attempt to come near to the lived experiences of the educators teaching within a CBC to elicit rich and

descriptive data of their experiences to interpret the pedagogical usability and efficacy of this type of curriculum. This process brought us to a truth for discussion that may lead to discourse improvement.

CHAPTER IV

ANALYSIS OF DATA

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of nurse educators practicing within a CBC, with a focus on the efficacy and pedagogical usability of this type of program. Hermeneutic studies are done to extract the essences of an experience in order to communicate the shared understanding (Lindseth & Norberg, 2004). The concept of the hermeneutic circle was employed to analyze and validate research findings. Data analysis used Lindseth and Norberg's (2004) interpretive method that consists of three phases (a) naïve reading, (b) structural analysis, and (c) comprehensive understanding. This chapter provides a description of the sample followed by the findings of the research.

Description of Sample

As shown in Table 1, the sample consisted of 17 nurse educators who were teaching in an ADN program that adopted a CBC. Sixteen of the 17 participants were female. Ages ranged from 31 to 67 years ($M = 54$, $SD = 9.13$). The overwhelming majority of participants were white. All participants had a minimum of a master's degree and had worked in academia from one to 35 years ($M = 10$, $SD = 9.79$). The educators in the study practiced in schools of nursing using a CBC for at least one year. One school had been using the curriculum for five years. Consequently, some faculty began teaching in programs that already used a CBC curriculum.

Table 1

Participant Demographic Characteristics

Demographic Queries	Findings	
	<i>n</i>	%
Gender		
Men	1	6
Women	16	94
Ethnicity		
Black	3	18
Hispanic	1	6
White	13	76
Highest Educational Credential Attained		
Master's	8	47
Master's in nursing education	6	35
Post grad cert in education	1	6
DNP	2	12

Findings

The goal of this study was to discover the essence of the lived experiences of faculty, teaching within a CBC, with a focus of the pedagogical usability and efficacy of the curriculum. This study focused on the perceptions of faculty who practiced within a CBC. The findings regarding the transition period was gathered. These nurse educators may or may not have been involved in the design, development, or implementation plans for the new type of curriculum.

Using an inductive process, working back and forth between themes and the database, a comprehensive set of themes emerged that represented the participants' meanings about working in a CBC. The themes included:

- A Need for Change: The Reasons – which described the impetus for programs to move to a CBC.

- Transitioning to a CBC: A Process - which portrayed what it was like to move from a traditional curriculum to a concept-based one.
- The Teaching Experience: After the Transition – which describes the experience of teaching in this type of curriculum after the transition had taken place.
- Outcomes: Does it Work? – which identified the ways in which the participants measured usefulness and efficacy and the reasons why the participants believed the CBC to be efficacious and useful.

A Need for Change: The Reasons

The reason for a shift to a CBC, as explained by the nursing educators, was attributable to the dissatisfaction of the program outcomes by the program leaders. The nursing leaders of the program believed that the curriculum was one of the issues for the unsatisfactory program outcomes. Most programs shifted to a CBC because they felt that the unsatisfactory outcomes of their program were due to the curriculum they were using. Two chief reasons given for a curriculum shift were unacceptably low National Council of Licensure Examination (NCLEX) pass rates and community partner's expression of a dissatisfaction with the school's graduate performances. Another reason for switching was the high student attrition rates of some schools. Some participants also expressed a belief that the current curriculum was not preparing students adequately, although this tended to be more of a felt sense about the programs rather than an evidenced based one. Others indicated they did not know why the adoption took place. Participants shared that the deans and directors of the program often made the decision for the change. There was one school who had a longstanding CBC. Another

program opened with the founding curriculum being CBC; therefore, all the faculty teaching in this program had always used the CBC of that program.

Unacceptable NCLEX pass rates was mentioned most often for the shift to a CBC. A common picture presented is explained by a faculty member below:

...right before the time that we switched from the block curriculum to the concept base our [NCLEX] pass rates have dropped somewhat to where we were kind of like wavering around the low 80's, which was kind of a scary place to be, and then we switched over to the concept based we were in the low 90's...

Faculty sometimes recognized that a change was needed after one cohort had a poor pass rate.

I think we were at a point we had to do something, we had a group that did not have a successful pass rate and I think there was something that had to be done.

Community partners' dissatisfaction with school graduate performance in practice was another reason to adopt a new curriculum. Some participants shared that the local hospital nursing administrators were complaining that the students coming from the nursing program were not adequately prepared for practice. Some faculty felt that the hospital administrators had an unrealistic expectation for new graduates as one faculty member explains

...I know toward the end, seems like the hospitals were complaining that the students were coming out unprepared because they wanted them to be perfect when they hire them, this unrealistic. Our board scores I think, even back then they were still good, but they were slowly going down and we saw a downward trend.

Having high attrition rates was another reason for a switch to CBC.

I think [concept-based curricula] helps with retention because they're not giving all of this... Otherwise they [students] were just so overloaded [with content] there was no way they could learn it. They were just not able to function as well.

Transitioning to a CBC: A Process

While change was perceived as being needed, not all faculty were supportive of the change or felt comfortable during the transition. The life of faculty during the transition from a traditional curriculum to a CBC was described with words and phrases such as:

- Hard
- Horrible
- Rough
- Being scared to death
- Terrifying
- Overwhelming
- Traumatic
- Baptism by fire
- Chaotic
- It was just crazy

One factor playing a role in faculty acceptance of the shift to a CBC was their degree of involvement in the decision to move to a CBC. Most faculty indicated that they were not included in the decision-making process as one faculty member shared, "Okay, I don't really remember us making a decision to do that, it was made above us."

Frequently, the decision was made by the program director or other upper level administrators at an institution. A faculty member disclosed that, "The decision to adopt the CBC was made by the administration and dean who left without telling anyone." In these instances, faculty was left uninformed. There was an exception to this decision-making process. In one program, faculty was involved in completing a self-study to examine program needs. A new hire to the program explained, "I think that they [the faculty] did a self-study and part of that of that self-study was that they had to revise their curriculum." From the analysis of the self-study, the faculty decided to adopt a CBC with the goal of consolidation and integration of curriculum content.

The nurse educators participating in the study shared that not being a part of the decision-making process made it more difficult to transition to a new curriculum. For the school where the change occurred without faculty knowledge, this faculty group did not receive information regarding the new curriculum until adoption decision was finalized. The faculty of one program described a very short time frame for transition. This situation occurred through a change in administration and a breakdown in communication between staff and incoming leadership. "They change the curriculum, but the dean didn't tell us, she left and then the new dean came in, she didn't know the curriculum was changed until she went to a meeting." This situation generated negative response by the faculty in this program. One faculty member indicated, "We only had 15 days to implement the new curriculum." Another nurse educator group was informed of the new curriculum just weeks before the semester started. They shared that they were instructed to use the new CBC that semester leaving little time for planning and preparation.

Faculty shared that there was a significant lack of knowledge of what a CBC was and how to teach conceptually. The move to CBC adoption came with major adjustments to content distribution within the curriculum and a recreation of courses. Faculty felt like they were losing their autonomy and control over their work. Many programs adopted a curriculum that no longer had specialty courses or pharmacology courses. One faculty described the major differences in the distribution of content of the CBC as extreme.

...it was an extreme change because no longer did you have a pharmacology course. No longer did you have a pediatric course. No longer did you have a maternal child course, and everybody thinks in terms of those areas, not how they interrelate. So, the transition for that was not good.

The changes in content distribution often came with a simultaneous change in textbooks being used. Some program adopted a no textbook model that was described as a difficult shift for some faculty. One participant expressed her preference to print textbooks. "Well, we do electronic and they [the students] have the option of purchasing if they like hard copies in hand which I'm old school and I like my copies but they do have a series of books that are within the [standardized] concept based curriculum that are electronic."

As the transition was undertaken, two areas of importance were (a) resistance to the change and (b) the presence of facilitating factors that enabled the transition to occur. Resistance spoke to unwillingness of faculty to change their education methods. While sympathetic, remaining faculty were surprised by the resistance of their fellow

educators. Facilitating factors included timing of the change and training about how to teach in a competency-based curriculum.

Resistance to the change. Shifting to a CBC was quite disruptive to faculty and the activities associated with teaching more traditional curricula. Resistance was attributed to several factors with older age and length of time in teaching careers being associated with greater resistance. As one nursing faculty member expressed, “If you look at nursing faculty across the board, that’s an aging population. “...it’s really hard for people to change, especially, if they’ve been teaching 20 years and they were teaching the same way.” Reconceptualizing how curricula should be structured and changing the way nursing content had been traditionally taught for several years was an unattractive option for some faculty. Some faculty was surprised by the degree of resistance regarding transitioning to a new curriculum. As one veteran faculty member shared

...I was very taken aback with that [the resistance], even though I teach change theory and you know, all that stuff. I guess I just thought nursing and educators in particular were much more open to change and I found that out. [I was] So disappointed in my fellow workers...

Some faculty found the curriculum adoption so unacceptable that they chose to leave the program either by retiring or by resigning. This decision to leave created a faculty shortage at that program which added to the stressful work environment. Replacement of experienced educators was not easy. Many applicants were unwilling to teach in a curriculum that was not familiar to them. Often, the only candidates interested in being hired were new nurse educators with little or no experience.

Some participants discussed the fact that there was inadequate or no training. Some faculty did have learning opportunities that were provided by the program. All faculty said that they sought learning opportunities and information on their own. In addition, participants shared how they spent a substantial amount of their personal hours researching and learning as much as they could about CBC. Faculty felt that workload increased as described below encumbering much personal time.

... I'm single and my children are grown. I don't know how anyone with the family could do this job. I really do not because the hours I spend here, the hours spent at the hospital and then all the work that I do at home, I do it because I have the time to do it...So yes, it's a tremendous drain on you to try and come up [learning activities].

Facilitating factors during transition. Despite the resistance found in programs who were required to make a shift to a CBC, there were factors that positively facilitated the change. For one program, the timing of the change was perceived as a positive factor because of the implementation of a CBC standardized curriculum. Some of the faculty described the timing of the change as “perfect” because the state had just initiated a pilot study of a standardized CBC during the time they were considering the transition. Faculty who had participated in a program self-study and included in the decision to adopt a CBC held this perception. Participants went on to explain that the consortium had already created the CBC therefore the faculty did not have to create their own. Adopting this state-wide standardized CBC enabled them to be part of the consortium that provided not only the curriculum but also ancillary tools, faculty training

and contact with faculty who were practicing at other schools of nursing in the process of transitioning to a CBC.

Many participants shared that the program leadership often provided training and opportunities to learn about CBC, which helped them understand and implement the new curriculum. The faculty described the learning opportunities as both virtual (videos and live-online) and in person presentations/workshops with experts. They shared that they used training videos from multiple resources including Google. These learning opportunities did not always meet the needs of the participants. Faculty wanted the opportunity to observe or participate in an actual implementation rather than just hear about doing it. One transitioning faculty explained

...we had people come and talk to us, I just couldn't put it together until I did it. I kept thinking I want to go watch someone do this. I want to sit in on a class, I want to learn from someone. I went to a workshop, but a workshop is not the same. They just talked about it and they talked about how we don't use books anymore.

Several participants mentioned financial factors that were important during transition. Even though these faculty had little control or influence over the financial preparation for a change in the curriculum, they did share how some of the funds were used. Frequently grant funding was available to support faculty training and schools sometimes provided funding for training during the transition. Often, faculty were aware that when funding was available and perceived that these funds positively impacted transition to the new curriculum. One participant succinctly stated the one positive element that provided needed training and new equipment and made the transition

easier expressing. “Dollars make a difference. We used funding to enhance technology to do more conceptual learning such as flipped classrooms.”

A supportive factor for some participants was that their program was in a consortium that had a curriculum created with an adoption program that included learning opportunities for faculty. Being in the consortium also allowed for networking with other faculty, which was described as an opportunity to learn about teaching in this type of curriculum from peers. Many faculty expressed the same thought as this participant. “So, looking at the consortium and what other people have taught has been very helpful as we start our new program.”

The transition period as described by the participants took approximately two years. They explained that they began the new curriculum with one new cohort each time they admitted students. This process took that cohort two years while moving the previous cohorts through the old curriculum simultaneously. During the transition, the faculty often taught in both curricula. “We started with level one. We did a teach-out.”

Overall, the faculty shared that as they practiced within this new curriculum the adoption became easier as they moved past the learning curve and practiced teaching conceptually.

I feel more comfortable with the old way of teaching because I taught most of the content I knew well. Every semester I feel better about what I teach. I just taught some content last week and this week and I felt better about it because this is my third time teaching that content.

Faculty discussed the need for time to build confidence during the transition. The participants shared the need to have experience working in the new curriculum was an important factor.

“I think initially I wasn’t too sure about it [CBC], it seemed odd, but the more that I have kind of worked with and [was] done like looking into it, I like the way that things [are] built. So, I feel really good about it after kind of getting into it.”

Participants shared that adjustment and comfort with the curriculum took several semesters. “The first two semesters were rough for me.” They go on to report that with practice, teaching with this curriculum was easier as they continued to practice. “I kind of felt like I was behind coming in the first few semesters then now I know how to utilize it more appropriately so.” Faculty also mentioned the adoption of the new curriculum did cause tension between faculty members. “At first there was a little bit of tension but actually it has..., it easily evolved, and I wouldn’t change the people I work with.”

Shifting to a new curriculum did not mean that faculty universally adopted modified teaching practices that were appropriate to a CBC. Participants described how some of their colleagues continued to teach the way they always taught rather than adopt new practices for the new curriculum. “Some faculty went off on their own direction, others stayed strictly with the concept, and I tried to do that because that’s what I was told to do.” When some faculty felt that CBC was not how they wanted to teach, they continued their previous ways of teaching, which caused discord among instructors. “Then, other people said this is not the way it should be. I’m going to go out and do this, and so it was a mess for a couple of semesters.”

Over time the instructors began to steadily use concept-based teaching techniques as one educator explains, “At first some of the instructors were still thinking in the traditional and they were trying to take all their materials and things from their traditional and fit it in and now I don’t see that as much.”

Not every participant was a part of the transition process of the adopting program. Some faculty were hired after the CBC was in place in most programs. One school had been using a CBC for five years and had faculty who were hired after the transition. One school had always used CBC in their program; therefore, no faculty went through a transition. For all these faculty, CBC was the only type of curriculum they had practiced within. One faculty member expressed, “Concept-based curriculum is the only thing I ever taught.” Another faculty member explained, "...I've only worked in concept-based curriculum. Now, I went through a block curriculum when I went to nursing school, but I've only taught in concept based.” Even though these faculty were not present during the program’s transition to CBC, they went through their own transition to practice within this curriculum. Many of these participants were also new to the role of teaching in academia. The only experience to other curricula was during their own educational experiences as students. They described a similar learning curve to teaching in what the curriculum was and how to teach conceptually, just as the faculty who went through the program transition did.

When I came in they [the nursing program] had just graduated the last group of students that were in the old curriculum...Well, I’m always trying to figure out a way to better understand it [CBC] or make it better, because I think that it was a big learning curve for everybody like especially when I first came here.

The overall experience of the nurse educators during the transition to a CBC was described as difficult at best. Faculty involvement in the decision-making and planning processes of the transition made the transition an easier one. The preparation in terms of training the educators was significantly important.

The Teaching Experience: After the Transition

Faculty reported that as they gathered more experience teaching in a CBC, they recognized the positive aspects of this curriculum and continued to adjust and become more proficient.

So, I think the concept based has a tendency to be the building blocks, whereas when you have a certain curriculum that just has this one diagnoses or one body system then it doesn't have a tendency to be able to interrelate and you don't necessarily build on knowledge that you already have.

The curriculum moved more efficiently as another faculty member attested. "So, I would say you cut out a lot of extra baggage that you just retaught, retaught, retaught, and the things that you feel that need to be really reinforced or done in the interactive activities."

Each program described their program as being a CBC. Often, the programs were using a standardized CBC created by the state consortium. Each program curriculum had their unique differences. Not all programs adopted conceptual teaching as they moved to a CBC. While the content was reorganized into concept categories, the conceptual teaching methods were not adopted. They continued their previous teaching practices. Lecture in didactic courses continue to be the method of choice. Some programs did transition to conceptual teaching. The learning tools also changed and often when a program adopted a CBC, other changes were made concurrently,

especially when a program moved to conceptual teaching. Faculty were expected to use tools they were not familiar with such as concept maps, concept analysis, eBooks, and concept-based textbooks. This new way of teaching required training for the faculty, therefore this change in teaching was supported often with educational training in the activities of going to conferences or having expert consultations as the school. Funding was always a factor in how much training could be supported by the program or school.

Faculty experienced a new perspective of teaching which included presenting content in different categories with new taxonomy. They shared that moving from a medical model to a concept framework was challenging especially without having the traditional specialty courses like pediatrics, maternity, mental health, and pharmacology, but this new model seemed to fit more with the responsibilities of being a nurse. Faculty shared that even though threading content throughout the curriculum was daunting, communication was the key.

...we have a curriculum meeting, at the beginning of a semester and the end of the semester... I think that's where our curriculum meetings have really grown and helped on the, in a concept based. You're all looking at what the previous level or what's been going and what are you doing in this level...[In the previous curriculum] ...we did have meetings in blocked, but it was, if you taught Pedi., you were the only one worried about Pedi. If you taught OB, you were the only one worried about OB. There was no real collaboration of faculty, you didn't because you were just in tune in that one little block.

This new model influenced the way faculty worked together. The idea that the faculty now had to collaborate with other faculty and teach content that they may not be

experts in were areas of stress. Faculty talked about feeling resentful having to go back and learn about content areas that they were now responsible for teaching. Some faculty struggled with having to collaborate in the teaching of content. They said they never had the experience of team teaching. This experience was also described as opportunities to learn from each other. Faculty discussed the need for an increase in faculty and curriculum meetings with the adoption of a CBC.

If you're used to teaching basically in a block curriculum, you're either doing adults and only focuses adults, or you're doing children and that's your only focus or you're doing pregnant moms and that's your only focus. A concept based, then you're looking at an exemplar and you got to do that across the lifespan. It's, so you as a faculty member... have to learn a lot more as for it.

Pharmacology and pathophysiology were two particularly critical courses as this faculty member shared, "I guess the pharmacology and pathophysiology were the two things that you'll hear people complain about. But if you teach it properly, it's integrated throughout the curriculum."

Faculty expressed feeling of inadequacy as they accepted the challenge of teaching in a CBC because of a lack of knowledge regarding these new teaching methods. Despite their advanced educational preparation and almost half of participants having had education courses, they still felt unprepared and ineffective in a CBC.

Several participants discussed the stress and dismay of having to create new lessons for courses they had previously taught for years. They shared that creating new lesson plans was extremely time consuming and often done on their personal time.

I don't know how anyone with the family could do this job. I really do not because the hours I spend here, the hours spent at the hospital, and then all the work that I do at home, I do it because I have the time to do it. That might be a reason that a lot of the faculty are older now. Because literally people with children, I think they just either they don't have that time to put in. So yes, it's a tremendous drain on you...

The role of the faculty in terms of being a facilitator of learning rather than a content presenter was another learning challenge. The relationship with students needed to change and the need to teach students how to learn became apparent. The participants shared that viewing students as adult learners who were responsible for their own learning was something new. The focus of the student and their learning was now the center of the activities for the faculty in this new curriculum.

As well as relationship adjustments with their colleagues, these curricula and teaching technique changes did affect the relationships the faculty had with their students. Faculty discussed having to address that students were not happy with this pedagogical method of making the student responsible for their learning.

The students are used to the old way, so, we get all that in evaluations. "I don't want to teach myself; I want the instructors to teach me." I try to do the concept based as much as I can, but I cannot really say that one is better than the other.

Faculty discussed the students' apparent lack of personal responsibility for learning and was at a loss on how to address the problem. Faculty experienced receiving poor student evaluations and looked for ways to overcome the student perceptions. On a positive note, the faculty did share that often after the student

graduated, they did return and reported back that they were grateful for the type of education they received.

I think if there's benefit for us at this school, it's that we're all trying to be consistent, I guess more consistent than we were before. It's kind of like following a clinical pathway versus how people would go out on their own a lot in the past. They have to stick to this curriculum. So, I think that's a good thing. The bad parts I see are the board scores, the test scores, student satisfaction and like I said, there are other factors in that.

CBC changed how faculty interacted with each other on an individual level as well as a collegiate one. The CBC required that faculty team-teach and share their clinical expertise in courses outside their assigned courses. The new curriculum encouraged the faculty to collaborate. Some faculty described feeling like they were being judged by their peers as not being a good teacher or not knowing nursing content. The need for time to develop trust with each other was pointed out.

We support each other and collaboration with the other instructors. It's sometimes good and sometimes not good because one of our problems is, we're not consistent with a lot of things without taking away anybody's autonomy because that's big deal but from semester to semester to me is pretty disjointed because we agree in faculty meeting. We collaborate, we agree this is what we're going to do, and then everybody goes, not everybody but a lot of people go out and do their own thing and they don't do what they agreed on. It upsets the students and then it upsets the director and then we go back, and we agree, okay, we're going to do it and then it's a cycle.

Communication between faculty was described as difficult and as being full of tension during transition but as the experience progressed and the faculty now had experience in teaching within this curriculum, faculty shared that this increase in communication was helpful.

We have faculty that worked on level two that worked with us in level one. Level four work with level one. Therefore, there's more communication and collaboration between the instructors from different levels. That's different. Well, I would do my thing and meet with my level and that's it until we go faculty meeting, but not here. With this integrated, I have to meet with those other instructors from other levels and I think it works best in the ...

Another change was in the new faculty hired as a result of faculty leaving. Participants perceived being a mentor as more work and a time-consuming role. Some participants found working with new faculty, especially if they were new to education, was that the new nurse educator would be more willing to try new ideas.

Assessments also had to change because the content of each course changed. The necessity for new course exams and having to create new exams was another area that caused much stress among faculty. They shared that they struggle to create what they see as good exams. They said that it often took several semesters to measure the reliability and validity of these exams. They also shared that the standardized exams they had previously used could not measure the students learning because of the distribution of the content throughout the curriculum. This created a situation where they could no longer compare their students, cohort against national norms. Some schools

did find vendors that provided customized exams created from the learning objectives of their course, and some purchased standardized CBC leveled exams.

When talking about the changes in the curriculum specific to content three issues were most prevalent. The first issue was the understanding of teaching concepts from basic to complex throughout the curriculum rather than teaching an entire disease, condition, or syndrome in one sitting. Faculty talked about usually teaching the content that they were clinical experts in the previous curriculum. They would present the information to the student from their perspective and experience.

But for me it's turned around to be so much more informative, just myself, how I've grown like, oh my gosh, I should have been covering that before. You're, in the block curriculum you're just very narrowly focused, in a concept, it's the broad whole picture focusing. You know, we always talked about holistic nursing but you're not teaching holistic nursing if you're just focusing on one disease with one age group.

Outcomes: Does it Work?

The essence of the lived experience was that the curriculum did provide a useful method for teaching and learning in an undergraduate ADN nursing program. Despite the transitional difficulties, the experiences of these nurse educators teaching in CBC provided a general understanding that this education model was pedagogically useful as they became increasingly more proficient in practice.

One faculty member focused on the integration' "With this concept based everything [is] being integrated..., then they're [students are] better prepared, and we do

a whole lot more critical thinking with that.” Other faculty focused on the usefulness of learning tools that were now available.

I think that it’s very useful, for one thing, students learn in different ways and so, if you have activities that are fun that it helps a student to remember some of the things that they need to know, there are still going to have to do self-study, to me I think there’s no way around that.

The faculty shared examples of direct observation of students in clinical as evidence of the development of this skill. The idea of teaching about clinical judgment at the beginning of the curriculum was new to most of the participants.

I think because we’re exposing them to so much earlier on that they get better about making those clinical judgments about the critical thing. Because they’re more familiar with the content. They’re exposed to so much more so, when they actually get into like a clinical setting you don’t have to be like, oh! Well, we haven’t taught you this but eventually you’re going to learn about this.

Using active learning techniques were often teaching modalities new to the nurse educator. Having to adjust to a conceptual learning model caused the faculty to have to develop or adopt new active learning methods to be used in the classroom, laboratory and clinical. This pedagogical change was a major change for most of the participants.

I think that they’re benefiting from the curriculum, part of traditional education, the part that I see its lacking it’s more of the critical thinking. So, I think that if we can assist them in becoming critical thinkers that that is a lot of the issue right now with being able to pass the NCLEX, with being able to proficient nursing. So, I

think that it assists them in their critical thinking skills, whereas with the traditional curriculum that did not.

Along with the acquisition of nursing knowledge, clinical judgement has been an imperative portion of the educational formula for the creation of safe entry-level nurses.

...I do feel that it is preparing our students so much better for critical thinking in the hospital setting. Having been a director of a hospital before, the biggest thing with new grads, they were the biggest thing, is that lack, of what do if things aren't like what the textbooks said.

The faculty shared multiple ways they facilitated the development of the skill. In previous curricula, the introduction to clinical judgement was begun towards the end of the curriculum. Faculty reported that within a CBC the students were expected to perform and think at a higher cognitive level earlier in the curriculum. The CBC set the stage for faculty to help student understand that application of content.

I do and I think, especially the way the NCLEX is going, I think the concept-based curriculum will significantly [increase the student's ability to make clinical judgments], I'm curious to see the data after the individuals that are from a concept-based curriculum versus a block curriculum. I want to compare the NCLEX results because in my mind, the way it's set up, that the Concept Based Curriculum should have higher pass rates and have a better transition than the Block Curriculum.

Faculty also discussed the usefulness of the curriculum as it provides multiple ways for students to learn content.

When you look at the ways that information has been presented to us in the past, we didn't have videos or we didn't, pretty much lecture, clinical, those were the things, well, you can actually do a lot of brainstorming, you can do group activities. So, I think that the concept base curriculum is very amenable to different ways that students can learn to make it fun and make it memorable.

Faculty training served as a critical factor ensuring success of the CBC. There was discussion regarding the participants, inability to teach effectively in the new curriculum due to a lack of training on conceptual learning. There was a small group that expressed concern of the teaching methods being inadequate due to a lack of proper faculty training. Faculty talked about the reason for the reduction of their NCLEX pass rate after the first year of implementing the new curriculum. They indicated that the drop was due to the faculty to teach effectively because they were not adequately trained to teach conceptually. "...the pass rates here when they've switched over and got in the consortium, the pass rates took a nosedive. I think [the reason is] that people here were not properly trained in concept based..."

Faculty addressed the effect of the CBC on the learning outcomes. They looked at the changes in the content presentation and the conceptual learning techniques by using measurements of success they have been using when assessing success in previous curricula. One nursing educator with many years of experience shared the following:

...useful to me is, is it being able to get across to the students the information. To me that means it's useful, it also means it's effective. So, it kind of goes hand in hand with effectiveness...useful and effective have to go hand in hand for me if it

doesn't help the student understand something then it is not only not useful but not effective...

Others explained that CBC was useful and effective because the content was limited and the skill of application of knowledge to new information or situations was encouraged. This is how one participant put it:

I think it helps with retention because they're not giving all of this. It's not overload of information which has happened with block curriculum. They're not given every possible disease process, but they're given the concept in the hopes if they understand the concept like gas perfusion or any of the other ones, acid-base it's going to apply to those other disease processes that could be there. Otherwise, they were just so overloaded there was no way they could learn it. They were just not able to function as well.

The participants most often used NCLEX pass rates as a measurement of effectiveness. Often the faculty would report that the pass rates did increase with the use of CBC. One program indicated that there was a steady climb of scores of several years.

NCLEX has improved significantly. So, there was a slight drop in the first year but that's right after that the change, you know, because they've changed NCLEX right after the moment we incorporated the curriculum. For the last five years that I've been here, it's been 88,97,90,92.

Some faculty shared that the new curriculum increased their scores significantly as soon as the instituted the new curriculum.

...right before the time that we switched from the block curriculum to the concept base our pass rates have dropped somewhat to where we were kind of like

wavering around the low 80's, which was kind of a scary place to be, and then we switched over to the concept based we were in the low 90's...

The opportunity to facilitate the skill of clinical judgement often and early was viewed as an efficacious aspect of the curriculum. "We've had a 95% pass rate for just the previous [cohort], so, instituting concepts and assuring that they have the ability to apply them, meeting through computer-based testing, that actually helps."

End of course exams and student evaluations were used when measuring the faculty use and effectiveness of the curriculum model.

We use standardized concept-based curriculum exams that is a real biggie with us. We depend on standardized concept-based curriculum exams. I think it helps to lead the students to success and those end of semester custom exams they take, I rely on that a lot because I think that is a good predictor...

Graduate feedback was also mentioned as a measurement of success. When students currently enrolled in the CBC, encounter program graduates who went to school when a block curriculum was in place, they would talk about their respective programs. The current students shared positive reviews about the CBC. A faculty member offered her conversations with program graduates.

...it's funny to hear them talk about it because you can tell they feel like they [program graduates] wished they would have the concept based because it's so different from what ... they did in the block curriculum. So, I think it's positive when you see that response in the students. The students actually can tell the difference.

Faculty used the feedback from community partners as a measurement of efficacy. Faculty reported that the local medical centers that normally hired baccalaureate prepared students were hiring their associate degree students. One faculty shared, "Our feedback from local medical centers have a lot of our students and their big things, they only hire BSNs, but they hire our ADNs."

Summary

Nurse educators who participated in this hermeneutic phenomenological study shared their experiences, which uncovered the overall essence of the experience. Four themes were uncovered and described.

The need for program change described the impetus for programs to move to a CBC. The nurse educators shared that they did not take part in the decision to make the change.

The lived experiences of nurse educators transitioning into CBC curricula were arduous. This study confirmed that the transition to a CBC is a difficult process. Some faculty opted to retire or resign rather than participate in a major curriculum shift. Faculty who were included in the curriculum decision making and the planning processes made the transition an easier one. The preparation in terms of training the educators was significantly important.

The overall response faculty experiences working in CBC involved a major learning curve to become aware of what a CBC was and how to teach conceptually. Faculty adjusted to the new way of preparing students. This time also provided the faculty team to learn more about teaching conceptually and adjust the curriculum to be more effective. Faculty saw the positive aspects of this curriculum come to light. Faculty

found CBC to be pedagogically useful and efficacious after the transition period had passed.

Study participants reported that undergraduate students found the model difficult when beginning their nursing education. However, faculty perceived that students' ability to make clinical judgments was strengthened by this model because the skill was introduced early in the curriculum and opportunities to practice the skill were extensive. This research revealed that this model strengthened the faculty perception on the students' ability to make clinical judgments because the skill was introduced early in the curriculum and the opportunities to practice the skill were extensive.

NCLEX exam scores were strengthened and employers were more willing to hire program graduates. Faculty often worked together more collaboratively. The findings suggest that the transition of the adoption of the curriculum was difficult, but faculty found the curriculum to be efficacious and the pedagogical model useful in preparing students for entry-level practice.

CHAPTER V

SUMMARY OF STUDY

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of Associate Degree nurse educators practicing within a CBC, with a focus on the efficacy and pedagogical usability of this type of program. The goal was to discover the essence of the lived experiences of faculty, teaching within a CBC. Seventeen nurse educators from five Associate Degree programs in the state of Texas served as participants in the study. The purposive sample consisted of faculty teaching core courses in an ADN school of nursing in Texas that use a concept-based curriculum. Exclusion criteria specified strictly clinical faculty who do not teach didactic courses. Data were collected using a semi-structured interview schedule during face-to-face interviews. Following verbatim transcription, the concept of the hermeneutic circle was employed to analyze and validate the research findings. Lindseth and Norberg's (2004) interpretive method was employed. Naïve reading was used to ascertain the text's meaning, followed by a structural analysis in which themes and subthemes were formulated. Data were processed in an inductively working back and forth between themes and the database until a comprehensive set of themes emerged (Creswell, 2009). This chapter summarizes the study results and presents a discussion of the results in light of existing literature. Conclusions and implications are drawn, and recommendations are made for further research.

Summary

Seventeen nurse educators who were teaching in an ADN program using a CBC participated in this study. Participants were predominately white females ranging in age from 31 to 67 years. They all held a minimum of a Master's degree and had one to 35 years of teaching experience. Four themes emerging from the data were (a) a need for a change, the reasons, (b) transitioning to a CBC – the process, (c) the teaching experience – after the transition, and (d) outcomes – does it work?

A Need for a Change: The Reasons reflected the impetus for programs to make a curricular shift. Low NCLEX scores was a strong motivator for programs to make a shift. However, other pushes included a desire to streamline curricula due to information heavy content loads in the current curriculum, community responses that indicated graduates were insufficiently prepared, and student attrition rates.

Transitioning to a CBC: A Process portrayed the process of moving from a traditional curriculum to a concept-based one. The transition period was tumultuous with identified subthemes of resistance and facilitation. Several programs made the decision to change to a CBC without faculty input and often within a very short time frame, both of which accentuated the difficulty in moving to the new curriculum. Resistance was great on the part of some faculty, particularly those who were older or had been teaching for several years. Some faculty left nursing education, leaving a shortage or resisted transition by deciding they would simply continue to teach using current content and methods. Factors facilitating transition included the use of a standardized CBC curriculum offered by a consortium, the communication between nursing leadership and

faculty before and during transition, and the nature and degree of training provided to faculty.

The Teaching Experience: After the Transition describes the experience of teaching in this type of curriculum after the transition had taken place. Faculty were more positive about teaching in a CBC following transition although the degree to which they shifted to conceptual teaching varied among and within programs. The time for academic planning and implementation was still an issue, although some faculty felt an increase competency after transition. Faculty collaboration, initially tense, became more of a shared system as each level began to work together. There remained a sense on the part of some faculty that judgments regarding their teaching capabilities were being made. Because faculty exited the program before and during the transition to a CBC, new faculty were finding themselves now transitioning into conceptual teaching. When students arrived and were faced with a CBC, they were initially not happy with the additional responsibility they needed to shoulder for their learning. However, they too transitioned to embrace the responsibility. Exams continued to be an issue since several years were needed to build an adequate record of reliability and validity.

Outcomes: Does it Work? identified the ways in which the participants measured usefulness and efficacy and the reasons why the participants believed the CBC to be efficacious and useful. Faculty reported that content was streamlined and that there was an increase in use of active learning techniques. Students began to do increased critical thinking and NCLEX scores had improved. Student feedback about the program was positive at the end and after program completion. Community partners indicated they felt graduates were better prepared.

Discussion of the Findings

A review of the literature revealed 25 publications regarding the usefulness and effectiveness of a CBC in undergraduate nursing education. Because the adoption of a CBC is a relatively recent phenomenon in undergraduate nursing education, nursing research is limited. The analysis of this literature uncovered four themes: 1) need for curricular change, 2) program adoption of concept-based curricula, 3) theoretical underpinnings, and 4) evidence of curriculum effectiveness. The findings of this study do align with the current nursing science.

The key factors identified as promoting the need for a change in curricula in this study were similar to those offered by Giddens and Bradley (2007). Authors suggested contributing factors for needing change in the curriculum design were to address the issues related to content saturation in the nursing undergraduate curriculum. A conceptual approach for curriculum development and teaching in nursing education was discussed as an answer to the undergraduate conundrum of content overload and a missed opportunity to develop clinical judgment skills in today's nursing student. The authors addressed the need for change in academia and suggest that a paradigm shift toward concept-based curricula may be the solution (Giddens & Brady, 2007). In this study, the first theme that emerged was a need for change, which described the impetus for programs to move to a CBC. The nurse educators were aware of their programs' evidence of unsatisfactory program outcomes, like poor NCLEX pass rates. Poor outcomes served as the major reason for change. The faculty shared that the decision for change was not theirs to make. One program had done a self-study, the other schools' adoption decisions were made by the program leadership. Faculty may have

been aware of the purpose of using a CBC. Because the lived experiences did not include the decision process for adoption, this study provided little evidence that the impetus to change had anything to do with current trends and changes in nursing education as addressed in the current literature.

The second theme emerging from this study was the difficult process of transitioning to a CBC from a traditional one. The literature provided descriptions of curricular change processes of individual programs, with anecdotal findings. Giddens et al. (2008) described the transition of an undergraduate nursing curriculum that adopted a conceptual approach to learning. Like the participants in this study, the authors described the curricular redesign process “as an overwhelming undertaking” (Giddens et al., 2008, pp. 204). These descriptions illuminated the challenging process of this transition for faculty. There were issues related to communication, the change process in general and the time consumption of the process especially with multiple levels of understanding of CBC by faculty.

Giddens et al. (2008) further suggested that concentrated management was needed to ensure delivery and maintenance of the design. Continuous training of new faculty and evaluation of the effectiveness of this new curriculum had to be done (Giddens et al., 2008). These issues were the same ones found in this study. Theories and models found in this literature highlight the challenges of transitioning for one curriculum to another. Brady et al. (2008) described how their school of nursing embarked on the task of the adoption of a new curriculum. A major lesson learned was that this process of change was not a onetime occurrence and that curriculum change was a continuous journey that the faculty must plan for and embrace. This lesson was

also expressed by participants in this study as illustrated by their shared comments regarding the importance of on-going communication and curriculum review.

The third theme that emerged for this study was the evolution of faculty practice and comfort after the transition. Giddens et al. (2008) reported that training of new faculty and evaluation of the effectiveness of this new curriculum had to be done on an ongoing basis. In this study, faculty reported that as they gathered more experience teaching in a CBC, they recognized the positive aspects of this curriculum and continued to adjust and become more proficient. As faculty continued to adjust to the new curriculum after the initial transition period, they reported that the curriculum moved more efficiently than with the previous curriculum.

Standley and Dougherty (2010) discussed emerging technologies as an important component to their educational model. Their nursing model described the relation between the learner, educator, and the outside learning modalities. The participants in this study shared that the learning tools had changed which required on-going training. The faculty shared that during the transition workload was significantly increased because they had to create new lessons for courses. They shared that creating new lesson plans was extremely time consuming and often done on their personal time. After the initial creation of the new syllabi and lesson plans, the amount of time was reduced.

In 2010, a qualitative study by Brandon and All, one major outcome was identified as the difficulty of transferring who has control of learning from the educator to the student, a shift which allows students to become active participants rather than passive learners. The challenge of faculty being a facilitator rather than a content

presenter was also discussed by the participants in this study. CBC also changed how faculty interacted with each other on an individual level as well as a collegiate one. The CBC required that faculty team-teach and share their clinical expertise in courses outside their assigned courses. The new curriculum encouraged the faculty to collaborate.

The last theme emerging from this study was the outcomes of the CBC as perceived by the nurse educators. This theme illuminated the ways in which the participants measured usefulness and efficacy and the reasons why the participants believed the CBC to be efficacious and useful. These outcomes are similar to experiences reported in the literature. Kantor (2010) reported on the transition from a traditional curriculum to a concept-based approach in an undergraduate BSN program in British Columbia. Kantor indicated that she recognizes the benefit of using a concept-based approach to learning because she assessed her students' development of a greater understanding of client health challenges and improvement in their critical thinking skills. In 2009, Schreier, Peery, and McLean reported on the educational paradigm shift from a traditional pedagogy to a concept-based, student-learning approach. This shift enhanced critical thinking. The findings from this study indicated that this model strengthened students' critical thinking and the ability to make clinical judgments because the skill was introduced early in the curriculum and opportunities to practice the skill were extensive.

In a mixed methods study, Lasater and Nielsen (2009) evaluated the effect of concept-based learning activities on the development of clinical judgment of baccalaureate nursing students exposed to a CBC. Outcomes supported concept-based

learning activities as a clinical learning strategy that should be considered by faculty to deepen clinical thinking. Nielson (2016) published the findings of a multiple-case study research aimed at exploring and describing concept-based learning in the clinical setting. The researchers concluded that concept-based learning is a promising method to support the connection of theory with practice and clinical judgment, through application experiences with clients.

In this study, the essence of the lived experience was that the curriculum did provide a useful method for teaching and learning in an ADN nursing program. Despite the transitional difficulties, the experiences of these nurse educators teaching in CBC provided a general understanding that this educational model was pedagogically useful as they became increasingly more proficient in practice. The essence of the experience of these participants led to the understanding that CBC was useful and effective because the content was limited and the skill of application of knowledge to new information or situations was encouraged. Faculty reported that within a CBC the students were expected to perform and process information at a higher cognitive level earlier in the curriculum. The CBC set the stage for faculty to help student learn how to apply new knowledge. Faculty agreed that active learning teaching techniques were usefulness as they provided multiple ways to for students to learn and apply content.

These findings align with the Giddens and Morton (2010) study that reported that there were perceived strengths from both students and faculty includes the conceptual approach, interactive learning activities, and clinical intensives. The faculty felt that content loads had be reduced. Similar to this study, Giddens and Morton (2010) reported an increase in NCLEX-RN pass rates. Giddens and Morton (2010) also reported that

preceptors commented on the positive differences seen in the graduates (Giddens & Morton, 2010). Faculty from the current study reported that hospitals were now more willing to hire their programs' graduates. Lewis' (2014) study of CBC effectiveness in a prelicensure diploma nursing program found that student retention and on-time graduation rates did increase respectively as did employer satisfaction rate, and the NCLEX-RN passing rate. Overall, student satisfaction rate decreased. These findings are similar to the findings of this study, including the student satisfaction rate.

Tse et al. (2014) studied nursing students and faculty to evaluate the impact of the new curriculum. The intervention faculty and comparison faculty groups reported increased burnout and decreased collaboration and collegiality at the one-year follow-up assessment. However, by the end of two years, analyses comparing the faculty groups showed no meaningful differences in the measures over time (Tse et al., 2014). These findings differed from the findings from the current study, which indicated that after a CBC was adopted there was increased collaboration. In 2015, Duncan and Schulz's comparison of baccalaureate program outcomes for a traditional curriculum to a CBC indicated little difference between the two curricula for NCLEX-RN pass rates, graduation rates, and critical thinking assessment. The findings from this study differed in that students learning improved using a CBC versus a traditional model. Study participants reported that students' ability to make clinical judgments was strengthened by this model because the skill was introduced early in the curriculum and opportunities to practice the skill were extensive. The indications that were used to measure these differences included NCLEX exam scores and employer feedback. These scores were strengthened, and employers were more willing to hire program graduates. Faculty

found the curriculum to be efficacious and the pedagogical model useful in preparing students for entry-level practice.

The evidence from this study supported the potential for CBC to promote critical thinking and clinical judgment in students and provided an environment where faculty used student-centered pedagogy. In the literature, there was anecdotal evidence of a change in student behavior from memorizing facts, to learning the content and developing critical thinking skills in the application of this knowledge. Kantor (2010) reported that she recognizes the benefit of using a concept-based approach to learning because she assessed her students' development of a greater understanding of client health challenges and improvement in their critical thinking skills. Giddens, Wright, and Gray (2012) concluded that CBC provided an objective methodology for the decision-making process. (Giddens, Wright, & Gray, 2012). In 2009, Schreier, Peery, and McLean reported that the combination of active learning activities within a CBC and the use of the unique clinical model enhanced critical thinking. Nielsen, Noone, Voss, and Mathews (2013) described a model for clinical education that allowed students to use their time to practice critical thinking using their new knowledge at the clinical site. The goal is for students to develop their skills in clinical judgment. In a mixed methods study, Lasater and Nielsen (2009) indicated concept-based learning activities are a clinical learning strategy that should be considered by faculty to deepen clinical thinking. Nielson (2016) published the findings of a multiple-case study research aimed at exploring and describing concept-based learning in the clinical setting and concluded that concept-based learning is a promising method to support the connection of theory with practice and clinical judgment, through application experiences with clients.

Conclusions

Conclusions from this study include:

1. Concept based curricula can be successfully used to create safe entry level, associate degree nurses.
2. Adoption of concept-based curricula is usually accompanied by a tumultuous transition period during which both faculty and students adapt to new learning situations.
3. The overall success of the program is influenced by multiple factors. These factors include the use of a standardized CBC curriculum offered by a consortium, the communication between nursing leadership and faculty before and during transition, and the types and amounts of training provided to faculty.

Implications

The results from this study may add to body of knowledge to support the use of a CBC. This qualitative study has provided the perspective of nurse educators and the multitude of issues that can and do affect the adoption of a new curriculum.

1. Include faculty in the decision making of the educational revision process.
2. Proactively work to prevent faculty attrition during the process of adopting a CBC.
 - a. Use of a change management process model to facilitate communication between faculty and the leadership team that is frequent and transparent.

- b. Allow each nurse educator opportunities to discuss their position regarding CBC and their potential plans regarding their employment status.
 - c. Apprise the school employment team of the school regarding the change in curriculum.
3. Make financial provisions for the inclusion of faculty training and technology driven active learning tools in the program budget when adopting a CBC.
4. Include a plan for initial faculty training for conceptual teaching techniques during the curriculum adoption process with the understanding that this training will be ongoing as new faculty are on-boarded and changes to the curriculum are made.
5. Make time and practice opportunities for faculty available after the transition and before evaluation of the curriculum or faculty are made.
6. Provide student orientation instruction of the pedagogical usefulness and evidence of effectiveness of this curriculum and teaching method.

Recommendations for Further Studies

Based on the findings from this unique study the following further studies are recommended:

1. This study should be replicated on a larger scale using both BSN and ADN programs to identify pedagogical differences and the effects of those differences.

2. Studies focusing on the educational backgrounds of faculty and the differences in the adoption experiences should be explored.
3. Collaborative studies with academia and the healthcare facilities where entry level nurses enter the workforce should be done to study the efficacy of the curriculum to meet the needs of today's workforce.
4. Additional studies should examine strategies to facilitate faculty and student transition to a CBC.
5. Research on administrative strategies, process models, and procedures used to improve the transition process should be continued.

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APPENDIX A

Institutional Review Board Approval



Institutional Review Board
Office of Research
6700 Fannin, Houston, TX 77030
713-794-2480
irb-houston@twu.edu
<http://www.twu.edu/irb.html>

DATE: March 12, 2018
TO: Ms. Judy R. Hyland
Nursing - Houston
FROM: Institutional Review Board (IRB) - Houston

Re: *Approval for Concept-based Curriculum: An Interpretive Study of Efficacy and Pedagogical Usability (Protocol #: 19910)*

The above referenced study has been reviewed and approved by the Houston IRB (operating under FWA00000178) on 3/7/2018 using an expedited review procedure. This approval is valid for one year and expires on 3/7/2019. The IRB will send an email notification 45 days prior to the expiration date with instructions to extend or close the study. It is your responsibility to request an extension for the study if it is not yet complete, to close the protocol file when the study is complete, and to make certain that the study is not conducted beyond the expiration date.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp is enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. A copy of the signed consent forms must be submitted with the request to close the study file at the completion of the study.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Ainslie Nibert, Nursing - Houston
Dr. Elizabeth Anne Young, Nursing - Houston
Graduate School



Institutional Review Board
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DATE: March 19, 2019

TO: Ms. Judy R. Hyland
Nursing - Houston

FROM: Institutional Review Board (IRB) - Houston

Re: *Extension for Concept-based Curriculum: An Interpretive Study of Efficacy and Pedagogical Usability (Protocol #: 19910)*

The request for an extension of your IRB approval for the above referenced study has been reviewed by the TWU IRB (operating under FWA00000178) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. If subject recruitment is on-going, a copy of the approved consent form with the IRB approval stamp is enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. A copy of the signed consent forms must be submitted with the request to close the study file at the completion of the study.

This extension is valid one year from March 7, 2019. Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any unanticipated incidents. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Ainslie Nibert, Nursing - Houston
Dr. Elizabeth Anne Young, Nursing - Houston

APPENDIX B
Demographic Data Sheet

CONCEPT-BASED CURRICULUM: AN INTERPRETIVE STUDY OF EFFICACY AND
 PEDAGOGICAL USABILITY
 Demographic Survey

Participant Code:	
Demographic Queries	Participant Response
Current Age	Years: _____
Ethnicity	Hispanic or Latino: _____ American Indian or Alaska Native: _____ Asian: _____ Black or African American: _____ Native Hawaiian or Other Pacific Islander: _____ White: _____
Gender	Male: _____ Female: _____
Highest Educational Credential Attained	(Please indicate type of degree attained) BSN with 6 Masters credits: _____ Master's: _____ Doctoral: _____
Specialty Area(s)	Clinical: _____
Present Academic Rank or Title	Please name: _____
Years of Experience in Academia	Years: _____
Principal Course(s) Taught	Please name: _____ Please name: _____ Please name: _____ Please name: _____

APPENDIX C

Semi-structured Interview Guide

Interview Schedule: The efficacy and pedagogical usability of concept-based curriculum as perceived by nurse educators who teach in that curriculum.

Interview Guide:	Notes:
1. History of experience as an educator in an undergraduate nursing program	
If you had to describe how teaching nursing means to you what would you say? (Prompt: What words come to mind, what images?)	
What is your primary role as an educator?	
How do you feel when you teach students?	
2. History of experience teaching in a concept-based curriculum	
Please describe what happened during the transition from one type of curriculum to another.	
What do you think about the new curriculum?	
Describe how you feel about the concept-based curriculum?	
How has your role changed moving into this curriculum?	
Do you work differently with other faculty?	
Do you think you are collaborating more with faculty in other courses within the curriculum?	
Are you on more or less committees with this change?	
Has the number of work hours increased or decreased?	
3. Pedagogical Usability	
Tell me about the usefulness of this curriculum to you as the teacher?	
What was the purpose for the change in curriculum?	
How has that change made a difference to your role as teacher or your students as learners?	
Has your life as an educator become easier or harder?	
How do you think your students are benefiting from or being harmed by this new curriculum?	
4. Efficacy of the Curriculum	
How do you measure successfulness of any curriculum?	
How successful is the program in which you are currently teaching?	
Did you perceive a significant change in the successfulness between the two curricula? Explain.	

What aspects of the new curriculum were very successful?	
What aspects of the change fell short of your expectations?	
How did student performance improve or change?	
How did student performance improve or change?	
How was student clinical judgment skill building affected by the new curriculum?	
How did you measure this phenomenon?	
Was there a reduction of content presented to the students throughout the curriculum?	
What content was removed?	
Who made that decision?	
Did you see this as a positive or negative outcome?	
Did students seem to be affected by the change in the curriculum content?	
5. Contexts or Situations that affected the Experience	
What contexts and/or situations have affected the experience of using concept-based curricula?	
Were you involved in the decision to move to a concept-based curriculum? If not, how was the decision made and who made the decision? If you did, what was the process and who else was included?	
Did you participate in the creation of the new curriculum? What was your role? What did you contribute? How long did it take to create?	
Were there other program changes happening simultaneously while you were teaching in the new curriculum?	
Did you have personal situations that may have affected your experience?	