Why We Are Here: The Purpose of the Clinical Faculty Academy
and the Importance of Curricular Design in Nursing Education

<table>
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<th>Purpose</th>
<th>This session provides an overview of the Clinical Faculty Academy and its purpose. It also addresses the importance of understanding curricular design and implementation from a clinical education perspective. This presentation helps the clinical faculty member better understand his/her roles and responsibilities in the instructional process.</th>
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<td>Time</td>
<td>75 Minutes</td>
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| Outline | **Objectives**

- **The Clinical Faculty Academy**
  - Began in 2003
  - Built on strong academic-practice relationships spanning decades

- **How People Learn—A Philosophy**
  - And each school has one!
  - It is believed that educating requires consistency, coherence, and planning
  - Philosophies vary from school to school
  - Your philosophy of learning?
  - Larger issues that influence a philosophy
  - What about a mission? How does this fit?

- **Levels of Education**
  - Licensed Practical/Vocational Nurse (LPN)
  - Registered Nurse (ADN, BSN)

- **Mission and Philosophy ➔ Curriculum**
  - How do we get there?
    - “I don’t know what the word ‘curriculum’ means.”
  - Issues that influence curriculum design and development
    - “Do I have to design my own curriculum?”

- **Learning a New Language: Words to Know**
  - Curriculum Frameworks
  - Student Learning Outcomes
  - Program Outcomes
  - Concepts
  - Competencies
  - Professional Standards

- **Approval by State Board of Nursing**
**Regional and Nursing Accreditation**
Regional Accreditation Associations
National League for Nursing Accrediting
Commission (formerly NLNAC, now ACEN)
Commission on Collegiate Nursing Education (CCNE)
State Board of Nursing

**Summary**

**Materials Needed**
- PowerPoint Slides 2-1 through 2-18
Opening
PPT 2-1
Introduce yourself and your role in the institution. Share with the participants the importance of understanding the context in which they will provide clinical instruction. In this case, it will be the ‘curricular’ context, and this knowledge will guide them in designing and implementing clinical teaching, evaluation, and with pre and post-clinical conference time.

Objectives
PPT 2-2
Review the objectives briefly and indicate that these will be covered in more depth as we progress through the presentation.

The Clinical Faculty Academy
PPT 2-3
Share background information about your academy. Mention any collaboration between schools, hospitals and other partners. Note the goals you hope to accomplish through the academy. Emphasize the importance of their role as clinical faculty. Thank them for participating in the academy and educating tomorrow’s nurses.

How People Learn—a philosophy
PPT 2-4
Share that curriculum development does not occur within a vacuum but is responsive to factors in a particular era; i.e., in the 70’s, the major emphasis was the influence of nursing theorists such as Martha Rogers, Dorothea Orem, Sr. Callista Roy . . . add examples from your own era. Then talk about broad external factors: societal patterns which provide the setting for the environment in which nurses practice. Includes global violence, technological explosion,
demographic trends, globalization of the economy, and environmental challenges. Ask participants for examples of these and share some of your own to assist them in thinking in a more broad perspective about curriculum. Then discuss issues in higher education and nursing education. Issues specifically related to nursing education which influence curriculum development include: workforce trends; lack of interest in the role of nurse educator which then impacts the number of students that programs can accept. Use stats that are current to timeframe of presentation. Also discuss the current health care delivery model, i.e., how care is delivered. Give examples of team and primary nursing and ask participants to share what occurs in their clinical settings and how this might influence curriculum development. The increased emphasis on management of budget and costs as well as knowledge of health care economics and health care policy are now included in contemporary curricula. Also state that the emphasis on competencies across disciplines is increasing which influences curriculum development. Use examples of your program’s curricular changes (if there have been any in the recent past) and how they were based on the needs of the community of interest, including its practice partners.

**Philosophical Foundations (continued)**

**PPT 2-5**

Review the definitions of mission and philosophy and use Billings & Halstead’s definition of mission: “unique purpose and reason for the existence of the institution.” Mission remains constant over time. Philosophy reflects the beliefs of the faculty. Both mission and philosophy guide development of content. Review the examples of mission/philosophy in the participant notebook, highlighting differences and similarities. Share your own examples of each.
**Levels of Education**

PPT 2-6

Talk about the importance of understanding the various levels of education and review the broad differences in relation to number of years in the program; prerequisite coursework; and types of courses found in each program, i.e., leadership/capstone/immersion in most BSN programs. Add your own teaching experiences in these types of programs. Also note that students may choose a particular program based on many factors, i.e., finances, role in family, long-term personal goals.

**Curriculum Frameworks**

PPT 2-7

Review Keating’s definition of curriculum (Curriculum Development and Evaluation in Nursing, 2015, pp. xi-xii). Billings & Halstead, Chapter 9 also provides a thorough overview of frameworks, outcomes, and competencies that can be used. Note that in CCNE-accredited BSN programs, a conceptual framework is no longer necessary; professional guidelines such as the AACN Baccalaureate Essentials are required which provide guidance to curriculum development. Frameworks may be developed using one specific theorist whose beliefs match those of the faculty or may be eclectic in nature with concepts from many theorists blended to form the basis for curriculum development. Share examples from your own experience and again, encourage participants to recall their frameworks.

**Student Learning Outcomes**

PPT 2-8

Review the definition of student learning outcomes/examples and ask participants to share examples from their own educational experience or if they are teaching, from that program. Explain the focus is now on the learner and attributes CHARACTERISTICS that they can demonstrate related to concepts such as critical thinking, communication, etc. Billings & Halstead provide additional information that can be useful in Chapter 9.
Program Outcomes
PPT 2-9
Review the definition of program outcomes. Use the CCNE definition, but ask participants to share others. Note that program outcomes based on this definition are in the form of trended, aggregate data that are measurable achievements of graduates. This concept may differ in the literature but CCNE’s definition can be used; this definition may be modified based on experience. The results of program outcome measurement, i.e., NCLEX results, graduation rates, alumni satisfaction, job placement rates, employer satisfaction are used to inform decisions about curricular revision and/or maintenance.

Concepts
PPT 2-10
Concept based curricula, or concept based learning, is a relatively new development in nursing education. Dr. Jean Giddens from the University of New Mexico began the conversation about concept based learning in 2006 when she argued that students and faculty are overloaded with content, and that a concept-based way of organizing was more effective and more humane for both students and faculty. Approximately 50% of the nursing programs in the country are currently using a concept based approach.

Competencies
PPT 2-11
Review the definition of competencies. Describe the process of leveling as a means to facilitate acquisition of skills, knowledge, and attitudes from more simple to more complex situations. If time allows, mention the use of Bloom’s taxonomy and the use of appropriate verbs to define expected competency attainment. Clinical courses reflect leveling of objectives; as adjunct clinical faculty, it will be critical to understand the context in which your course exists. This is discussed further in the next slide.
Putting Clinical Courses in Context

PPT 2-12

Ask the participants to recall their first clinical course in their nursing program: What were they expected to achieve? What courses had they had prior to this? How were they evaluated? What was the difference between their first nursing course and the last? How did they move from one course to another — did they notice differences in clinical objectives? How do prerequisite liberal arts and nursing support courses relate to the achievement of outcomes? If they are teaching currently, are they in different clinical courses? How do the objectives differ? Are they in different nursing programs? Explore the differences and similarities as the competency achievement is probably very similar across programs. Note that it is important to be cognizant of the fact that nursing students do have other course responsibilities and demands on their time.

Relationships: Outcomes, Course, and Clinical Objectives

PPT 2-13

This is a continuation of the discussion related to PPT 2-12. Further explore these relationships based on examples from the participants’ or your own experiences as well as the examples from the participant notebook.
Professional Standards
PPT 2-14 and 2-15
Review the AACN Baccalaureate Essentials from the perspective that these are required for CCNE accreditation and act as guidance for curricular development. Share examples from each of the categories, i.e., professional values and how one might use this in the curriculum. Also ask participants if they have encountered these terms in their own programs or in the clinical settings where they have students. While ANA scope and standards are not required, many programs do use these in developing their curricula. Review and give examples similarly to the AACN BSN Essentials.

State Board Approval
PPT 2-16
While accreditation is a voluntary action by the school and the institution of higher learning, State Board approval is required. Each Board of nursing has a written set of rules and regulations, and many of these rules and regulations pertain to schools of nursing.

Regional and Nursing Accreditation
PPT 2-17
Review the purposes of the regional and nursing accrediting bodies. This is to provide an understanding that nursing programs must be accountable in terms of outcomes to the institution within which they reside as well as to the nursing program. Assessment of student learning is becoming even more of an emphasis as a result of the Spelling Commission’s report — specifically related to accountability. Nursing education has historically been ahead of the curve in relation to assessment as this has been required by nursing accrediting bodies such as CCNE and ACEN.
Summary

PPT 2-18

Emphasize that clinical education is truly a collaborative effort: we in nursing education cannot offer the best in clinical education without the expertise of adjunct clinical faculty. It is important that clinical faculty feel connected to a lead or master teacher and utilize faculty as expert educators. Refer back to the shortage of educators, the impact on enrollments and the resulting shortage of nurses at the bedside — this project and their willingness to participate in the education of nursing students is essential to the preparation of the next generation of nurses! Ask for questions, noting that further discussion of their role will occur in later sessions.