Learning takes place: a need to examine our nursing curriculum

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Introduction

The term “curriculum” means different things to different people (Connelly & Clandinin, 1988 p. 4). It has a range of definitions, from being a plan for learning (Taba, 1962), an overall content and specific instructions to ascertain a student’s qualification for graduation, or a programme of studies (Good, 1959, Bevis 1989) to being a set of guided learning experiences and intended learning outcomes (Tanner & Tanner, 1975). As stated by Connelly & Clandinin (1988), the different perspectives arise from people’s emphasis on different aspects of the process. Following Dewey (1938), “curriculum” in this paper refers to experience that captures the students’ temporal dimension with their past, present and future. It is important to recognize that students all come to us with their unique experiences in their past, and how that past is going to influence their present learning and shape their future understanding underpins our ways of teaching. This translates into a connectedness between teacher and students. Hence, while learning takes place through active engagement of the students, it also refers to knowing the students through relationship development. While this is not an easy task with the class sizes continuing to expand in the tertiary setting, the milieu becomes more and more important in terms of the student’s perception of support and opportunities for the sharing of their views. As part of the student support system, at our school of nursing, we employed the notion of the student academic advisor. This role might not be new to many educators, but in this case, it involved what have been done with this role is the attachment of the regular meetings between a group of students and their corresponding academic advisor to discuss their work in terms of personal and professional development through a contractual learning approach to a compulsory subject that is graded on a pass or fail basis. The areas of learning were intended to promote the all-round development of an individual student as envisioned by the university in its strategic statement. They are global outlook, critical and creative thinking, social and national responsibility, cultural appreciation, life-long learning, biliteracy and trilingualism and entrepreneurship and leadership. Multiple opportunities are available for students to participate in their learning environment through their involvement in programme committee meetings, programme leader meetings and student-head consultative meetings. Faculty members also availed themselves for student consultation sessions and informal meetings after class. It is the interaction between students and teachers and among students (Bevis, 1989), about what actually occurs so that learning has taken place rather than the plans, the content and the evaluation strategies per se.

Dewey further asserted as cited by Connelly and Clandinin (1998) “Thinking is inquiry, inquiry is life, and life is education.” (p. 10). As educators, while it is our ultimate and
ongoing endeavour to facilitate this process development in our students, we also need a template to gauge student learning not only as a process but also as a product. So in trying to establish a relationship with the students, if it is merely an input-based education focusing on the educational process, accepting the result will be difficult since it is the expectations of the stakeholders, be they employers or licensing bodies, that graduates should have achieved certain learning outcomes as the competencies required for their respective professions. This is certainly true for our nurse graduates. Hence a clear understanding of the expectations of the teachers as a given set of learning outcomes for the students is crucial.

Carvey & Gregory (2003) assert that “Even faculty who value student learning and work hard to improve their teaching seldom make the connection between what they do in the classroom and the continuous improvement philosophy of outcomes assessment” (p. 216). Outcome-based education and performance assessment are intricately related in that assessment methods should fit with students’ learning activities. Loacker (1993) added that assessment activities are integrated with learning to enable students’ own monitoring of and learning from their assessment experience. Clear learning outcomes, assessment feedback and student self-assessment are the underpinnings of outcome-based education. A shared mission between student and teacher, both striving to reach a common goal, facilitates the active learning of students. Teachers need to be highly engaged in helping students to gauge their progress and work together towards overcoming barriers to students’ achievement.

**Outcome-based education and constructive alignment**

In an outcome-based curriculum design, the emphasis is on the programme outcomes that are expected of its graduates. At our university, it refers to the knowledge, skills and attitudes that we expect our students in certain professions to possess. It is common sense that one cannot deliver a programme effectively and select the most appropriate tools for the intended learning if the learning outcomes are not made explicit. Once we understand the intended learning outcomes of the programme, the subjects and teaching methods designed enable the learners to achieve the outcomes and the assessment methods help to demonstrate the achievement. Constructive alignment, a term coined by John Biggs (2003) refers to knowledge that is constructed through the active participation of the learner and an alignment of teaching strategies and assessment with the intended learning outcomes for student learning and development. This alignment could translate into every part of the curriculum, the student, the teacher, assessment methods, classroom climate and institutional rules and practices, to name but a few. Westbury & Steimer (1971) held that curriculum is a methodological inquiry of the subject matter elements of teacher, student, subject matter and the milieu. Tyler (1949) stated that “learning takes place through the active behaviour of the student: it is what he does that he learns, not what the teacher does” (p.63). The aforementioned teaching and learning paradigms underscore the continuous endeavour in the development of our nursing curriculum. Looking at the curriculum as a whole, it is surely not about content but students’ performance, their levels of learning and how well they have achieved the learning outcomes. The achievement of these learning outcomes is facilitated by a clear explanation of students’ expectations through the teacher’s design of corresponding teaching strategies and assessment methods. Learning and teaching activities are to promote the development of students’ higher order thinking skills of students. Learning takes place through their students’ active engagement. Such engagement can only entail what John Dewey (1938) refers to as an “educative experience” if it is accompanied by an appreciation
of temporal continuity. That is, in addition to encouraging students’ active participation, an effective curriculum must be designed to recognize students’ past experiences, which in turn will shape their understanding of the present and future as mentioned earlier. In order to excel in nursing, which is a practice profession, reflection on one’s nursing care of patients through reflective journaling helps the students to see how their past personal and professional experience shapes their present understanding of a patient’s situation, which in turn influences what comes after. It requires that students be responsible for their own learning. Though they might have limited experience and hence lack the richness necessary for a multifaceted interpretation of new situations even this limited experience has meaning.

Nursing curriculum

Nursing is a practice profession. The practical approach adopted by Schwab (1978) clearly differentiates the theoretical and the practical. While the theoretical addresses knowledge in general or holding constant in changing circumstances, the practical is “concrete and particular and treated as indefinitely susceptible to circumstance, and therefore highly liable to unexpected change” (p. 298). Additionally, to encourage students to be life-long learners, enabling them to become responsible for their own learning is important. Not only the content but also the alliance with the student is crucial to the student’s learning. Often students comment that the teacher only comes in and delivers the lecture materials without any attempt to engage the audience, the students. Hence the content while important is simply the raw material, taking a different role and position depending upon what the educator does with it. It is the vehicle upon which scholarly skills are developed. It is the teachers’ and students’ alliance throughout the educative process that make the difference. In helping the student to ultimately gain insights, see patterns and capitalize on their learning experience, the issues revolve around the learning activities selected/designed for the particular learning outcomes, and the nature of teacher-student transactions.

At our university, we were introduced to an outcome-based curriculum in 2005/06 within the framework of constructive alignment. This type of curriculum is best complemented with an emphasis on interaction between students and teachers and among students. If part of the curriculum is actually composed of the interactions and transactions that occur between teacher and students and among students, it follows that we need to know the criteria of student-teacher transactions and interactions as well as those that will guide students’ experience of learning (Bevis, 1989). The teacher’s alliance need not only be with content, but equally if not more importantly with the students. Using some of the criteria for the interactions and learning experience, for instance, we have the teacher’s enthusiasm, openness, and positive attitude, and reciprocally the engagement of students to develop their own meaningful ways of knowing and thinking, to raise issues and questions about the subject matter through the use of a variety of heuristics such as reflection, dialogue to support and defend formulated propositions and hypotheses through problem-based learning, and reflective journal writing. As mentioned previously, the learning outcomes of our programmes are guided by an expectation of competence, specific professional knowledge and students’ generic abilities upon graduation. To recognize the diverse experience of the students and the particular learning outcomes expected of them, multiple and diverse innovative assessments, such as the use of student portfolio work, artistic projects, reflective journals, problem-based learning and community services are incorporated in such a curriculum, in order to facilitate the development of students’ critical and creative thinking,
clinical decision-making process, personal and professional knowledge and active learning attitude. In nursing, these are the desired outcomes that the profession demands of its graduates. Hence, use of a variety of assessments is intended to be the criterion measuring students’ learning experience, in that students are required to use a variety of methods of inquiry so as to discover or uncover information and raise questions. What is sought for nursing education is also a learning of inquiry, reflection, independence, creativity and caring. Apart from highly structured prescribed outcomes and students’ experience, the quality of teacher-student interactions is an essential factor to be taken into account in a curriculum design. Intentionality is a key aspect. While it does refer to a purposeful design for student learning, it is different from pre-selected behaviours in that the ends in view can vary from something as concrete as students’ deductive learning about the meaning of wound infection as some signs and symptoms, to something as vague as creating a context for students to learn about interaction with hospital colleagues as a team. Klein (1969)’s propositions support the notion that teaching is goal-oriented, with the intention that learning takes place that involves interactions between human beings. Teacher-student interactions that are caring and egalitarian might increase the educative value and worth that is part of what nursing curriculum is about. This kind of interaction and relationship seeks the involvement of the student. A case in point is that when a student is questioned, it is not only the teacher who receives the response but also the student. Students are not disqualified for a wrong answer but rather the teacher uses the response to probe further for clarification and interpretation (Bevis, 1989). The teacher recognizes that students learn what is most meaningful to them and are able to sustain the learning only if they see the meanings in their practice. In a subject entitled “caring concepts”, students learnt the theories of caring: through the dissonance they encountered between theory and practice, they came to develop their own understanding of what caring means to them, recognizing that it is ever evolving as they moved from being a novice to an expert practitioner (Benner, 1984). They also learnt to engage in their own value clarifications. Dewey (1938) supported the position that a person learns by being able to relate some of their personal experience to the learning. Nodding (1984) described connected teaching as caring that teachers attempt to see from the student’s perspective. The smaller group during students’ clinical learning, at their problem-based learning sessions, tutorials and laboratory sessions, would serve as a supportive environment for this type of connected teaching.

If one can look at this connected teaching as the art of nursing, the more scientific approach is to interact with students through questions and issues identification in order to stimulate their thinking. In our problem-based learning seminar, we encouraged students to think of the assumptions underlying their questions and their views. It meant learning about who they were, who they had been and who they would become that would make them a better nurse. Each student brought with him/her unique experience that did not necessarily coincide with the activities intended by the teacher or was not what the teacher hoped it would be. Learning is tied to the student’s experience with the intent to influence the experience. It is learning about nursing as both a natural and human science. Paterson & Zderad (1988) spoke of the arts and humanities as impacting on nursing care. According to them, “Science aims at universals and the discovery of general laws; art reveals the uniqueness of the individual. Science may provide the nurse with the knowledge on which to base her decision, but it remains for the arts and humanities to direct the nurse toward examination of value underlying her practice” (p.87). While the more concrete nursing content and process could be more appropriately learnt from empiricist observations of the changed behaviour as learning, the less concrete content and process would benefit from further understanding from
the teacher-student interactions as their inner world of experience and not only as an outer world of observations (Watson, 1988). Learning about where the students are places the teacher as a co-learner. The teacher creates an alliance between students and him/herself in which the teachers can begin to help students to critique their work and learning progress after discovering their meanings from their learning experiences, what patterns they see emerging from their nursing care, and how they know, rather than only what they know. Involving learners in the dialogue and critique of their own learning and their transitional needs helps nurse educators to re-examine the knowledge, skills and attitudes required of graduates. In addition, through their involvement in the critique of their own work along with the teacher’s criticism, students not only develop insights into the experience itself, but also hone their own critical powers. Apart from this critical power, enculturation into the profession is controlled by those who have the utmost influence on the novice nurse through approval and reinforcement on both peer and authority levels. The profession must seek ways to integrate and include both clinicians and educators so that practice is brought into classroom discourse with an understanding that it is not only theory that shapes practice, but in a practice field, as Benner & Wrubel (1989) aptly put it that “…practice informs nursing education in a way that nursing education has always influenced practice” (p.5). At our school, we work closely with clinical colleagues as partners in an attempt to bring practice and theory together in a harmonious marriage.

In nursing, it is the interactions between a nurse and patient as human to human that facilitate a nurse’s understanding of patients through active listening, critical thinking, raising the right questions, and finding out cues, information and ideas to address a situation. It is ultimately a competent and caring nurse that all educators long to see as a graduate. Structuring learning episodes with clinical problem-based learning within the context of patient-centred care has been addressed and continued to see results in our nursing graduates in linking their classroom learning with that in the clinical setting. The use of simulators for student learning in a safe environment is intended to create more familiarity in learning among the junior students, since nursing situations in the clinical setting are highly complex. However, the focus on the routine-driven, task-oriented approach that remains prevalent in some clinical settings would inadvertently create a learning environment of lower-order thinking if the educator did not make a conscious effort to ask questions that would encourage student thinking of her/his action. As a case in point, a colleague asked students to determine the assumptions behind certain protocols of care. In response to a student’s question about the theory-practice gap, the colleague turned it into a learning moment by asking students in what way the care observed or given differed from “textbook” care, or, if the care of the patient were to be repeated tomorrow, what might change based on the student’s present understanding and knowledge. Benner (1984) referred to these kinds of questions that help students to build on their experience as the paradigm cases. Active learning can occur in many ways. In my own subject caring concepts, the colleague with whom I co-taught this class and I challenged ourselves to improve students’ aesthetic and meaningful learning through their learning outcomes by setting them a final project that involved formulating a personal meaning of caring from the practical experience mentioned previously based on their ethical, personal, aesthetic, and empirical knowledge of caring. The products created with their presentations of how they represented the meaning of caring made a powerful experience for both the teacher and the students. The students’ creativity and their acquired knowledge of caring were captured in their design of games, poetry, a role-play, a song and a T-shirt to name just a few.
Students are able to develop meaningful learning experience and to become responsible for their own learning through a clear understanding of the learning outcome and the assessment criteria. With a good understanding of the expected learning outcomes, students can fully participate in their own learning. However, like many colleagues, we tended not to spend adequate time explaining why we used a particular learning activity/materials or how they would be used to achieve the learning outcomes that would be demonstrated by student performance in the assessment design. Students should be made familiar with the learning outcomes and involved in discussions while their feedback should be solicited in terms of the usefulness of the learning outcomes in guiding their learning and whether they see the learning experience provided and the designs of the assessment as reflecting the intended learning outcomes (Harden et al., 1999). We do however focus on the general structure of the subject and the marking scheme with the weighting and the distribution of marks. A paradigm shift from faculty to translate this type of teaching from a concept on paper to its day-to-day operations is essential.

The evaluation of student learning provides an indicator that enables the teacher and the student to know where they are in relation to where they want to be. Nursing has a training component and hence some argue that this aspect can be evaluated through the behaviourist methods in determining the degree and extent to which pre-determined behaviours have been achieved. It is clear however, that as nursing today is being considered a human science and human care, educative learning in this instance is defined as a process that includes acquiring insights, seeing patterns, and finding meanings and significance, the wholeness of the situation. One’s worldview influences the type of paradigm, be it behaviourist or human science, to be adopted in teaching and learning. While nursing can continue to benefit from the behaviourist model for evaluating student learning, in particular the technical aspects, situations that lend themselves to rule-driven behaviour, it can also be complemented by the human care model when a student’s ability to deal with an anxious, preoperative person as a unique individual would beg to differ from the behaviourist model. Concomitantly, although the collaborative intent behind involving students in their own learning has merit, there is often a fear that some students might lack the maturity and insight needed for the ability to learn to critique their own work and progress while encountering equal difficulty in all other learning categories. In this situation, the teacher would have to be accountable to the academic system.

**Ongoing development**

As we strive to implement an outcome-based curriculum with an emphasis on student focus, learning activities can sometimes be pre-planned, sometimes spontaneous, capturing the learning moments, sometimes teacher-designed, and sometimes student-designed while the teacher still orchestrates the overall pattern of learning episodes. At present, we have numerous meetings and opportunities to listen to students and incorporate their input in our planning of clinical arrangements, subject contents and delivery. More students’ involvement e.g. in setting examination questions and learning activities, would be a way to develop students’ understanding of the materials and the kinds of learning involved in identifying areas to be assessed.

Nursing studies are not only about students’ acquisition of their professional knowledge but also the generic skills of thinking and relating which are also part and parcel of what is
expected in this profession as nurses deal with complex health care situations. Since transactions and interactions take place between and among faculty and students with the intent that learning occurs, there is a primary duty for nursing colleagues to develop the self in both in content knowledge and as expert learners. As Freire (1971) aptly put it, “Through dialogue, the teacher-of-the-students and students of the teacher cease to exist and a new term emerges: teacher-student with students-teachers” (p. 67).

Conclusion

In nursing an outcome-based education with an emphasis on student-teacher interactions through the teacher’s alliance not only with the course contents but also with students allows the students to learn about the humanistic aspect of nursing. The use of such a curriculum, which emphasizes on teacher-student interactions and the learning experience criteria, could serve as an example for our ongoing endeavour to fulfil our nursing mission in teaching and learning.
References


