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WELCOME TO IGGY'S DESK

This is a partial issue of what you can expect as we roll out this new learning tool for you and your colleagues. These introductory features will give you an idea of what we have in store for you in future issues. The focus of this publication will be on best practices for pre-licensure and RN-to-BSN nursing educators. We will provide supporting evidence for these practices as available.

Please let us know what you think of our inaugural effort by e-mailing us at [diassociates@earthlink.net](mailto:diassociates@earthlink.net). We are also interested in ideas for future issues, particularly those concerns that you face on a day-to-day basis. Feel free to copy this complimentary sample issue for your faculty and colleagues. *However, it may not be used for publication or presentations without our permission.* Thanks for your interest and feedback in advance.



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INNOVATION AND TRANSFORMATION IN  
NURSING EDUCATION

**Rethinking Nursing Curricula to Meet a  
Changing Health Care System**

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Several years ago, the National League for Nursing (NLN) published essential competencies for nurse educator practice. Competency IV focuses on faculty participation in curriculum design and evaluation of program outcomes. In particular, the competency states that faculty should “ensure that the curriculum reflects...current nursing and health care trends, and community and societal needs...to prepare graduates for practice in a complex, multicultural health care environment” ([www.nln.org](http://www.nln.org)).

Other documents published by both NLN and the American Association of Colleges of Nursing (AACN) call for new graduates to be prepared at the *generalist* level. *Advanced* nursing practice is reserved for graduate level education, the preparation of most nursing faculty. NLN has further called for nursing programs to be innovative in their design and delivery, recommending that older traditions and structures/models be replaced with more cur-

"Many programs have added content to their curricula without removing outdated or less useful information."

rent and meaningful ones.

Some pre-licensure programs have heeded this call to redesign their curricula, while others have been reluctant to give up old models, outdated theorists, and massive amounts of content. For

example, Maslow's hierarchy of needs continues to be taught and incorporated in nursing programs. A recent article by Harvath (2008b) posed the question, "What if Maslow was wrong?" We have assumed that this theorist's view of human needs over 50 years ago represents the needs of people today.

### State of Current Pre-licensure and RN-to-BSN Nursing Curricula

When examining the literature on the current state of nursing curricula, then, several themes seem to emerge:

- Many programs have added content to their curricula without removing outdated or less useful information (Diekelmann & Smythe, 2004; Ironside, 2004). Should we not question content that we have traditionally taught for 20 or 30 years?
- As knowledge has exploded, we tend to focus more on diseases ("medical model") than on nursing care, resulting in content saturation ([www.iom.edu](http://www.iom.edu); Giddens, 2007). Do *generalist* students need in-depth cellular pathophysiology when they often aren't able to perform basic assessments like differentiating crackles from wheezes?
- As a result of content saturation, students focus on memorizing content rather than understanding it and how it should be applied in specific clinical situations (Ironside, 2005).
- To "cover" all the content that faculty feel is needed, lecture is used more than any other teaching/learning strategy (Ironside, 2005; Tanner, 2006). Yet, students have varying learning preferences; lecture is best suited for the audi-

tory learner.

When you reflect on your program, do any of these themes seem familiar? If they do, then your curriculum and how it is delivered needs to be redesigned.

### Influence of National Health Care Initiatives

Several very important studies and initiatives can help direct us in our efforts to rethink curriculum, beginning with the Pew Commission report of the late 1990s, entitled: *Twenty-One Competencies for the 21<sup>st</sup> Century* ([www.futurehealth.ucsf.edu/pewcomm/competen.html](http://www.futurehealth.ucsf.edu/pewcomm/competen.html)). This document describes the minimum competencies that all health professions should have before entering practice.

A more recent document clarifying these expected competencies was published by the Institute of Medicine (IOM) in 2003 ([www.iom.edu](http://www.iom.edu)). The five competencies include:

- Provide *patient-centered care* (e.g., being culturally sensitive, promptly meeting patient needs).
- *Collaborate with interdisciplinary team* members to provide quality care.
- *Employ evidence-based practice* (e.g., based on research, national and regional clinical guidelines)
- *Participate in quality improvement* efforts to meet standards of care.
- *Use informatics* to help make the best possible clinical decisions.

Every health profession was represented on the IOM task force that developed these competencies. As a result, each health care discipline is exploring how academic programs can best prepare students to meet these outcomes.

The Quality and Safety

"As a result of content saturation, students focus on memorizing content rather than understanding it...."

## NCLEX TIPS AND UPDATES

### Best Practices for Helping Students Prepare for Success on the NCLEX\*

Here are a few tips that you can use to help students best prepare for the NCLEX exams:

- Begin in the first nursing course with application and analysis questions on your faculty-made tests; use all application and analysis level items in later courses.
- Provide opportunities during or at the end of every class for students to practice NCLEX-style questions; ask students to explain their reasoning for the answers they chose and discuss rationales for the correct answers.
- Suggest that students look up information when they miss a test item.
- Assign additional NCLEX practice questions from a review book or online resource each semester; students need practice answering 3000-4000 questions before taking the national licensure exam.
- Don't assign too many practice questions at one time to prevent the student from feeling overwhelmed.
- Don't forget to include practice with alternate item formats, such as completion (often drug dosage calculation items), "all that apply" multiple-choice questions, and click and drag items.
- Refer students to [www.ncsbn.org](http://www.ncsbn.org) for examples of alternate item format items; remind them to also download and print the *candidate* version of the detailed NCLEX test plan (2007 NCLEX-RN® or 2008 NCLEX-PN® Detailed Test Plan).
- Remind them to use the NCLEX detailed test plans to help direct studying.
- Recommend or require an NCLEX review course, either face-to-face or online, depending on the student's preference.

\*Contribution by Deanne Blach, MSN, RN

Education for Nurses (QSEN) ([www.qsen.org](http://www.qsen.org)) project was developed as a comprehensive resource for faculty and nurses to help improve patient safety and care using the IOM competencies. In their first phase, the project team crafted definitions for each of the competencies for nursing practice. They added a 6<sup>th</sup> competency to emphasize patient and staff safety. The knowledge, skills, and attitudes (KSAs) for each competency are listed on their web site and in the May-June, 2007 issue of *Nursing Outlook*. AACN recently integrated them into their *Essentials of Baccalaureate Education for Professional Nursing Practice (2008)* ([www.aacn.nche.edu](http://www.aacn.nche.edu)). The second phase of the QSEN work is a pilot project with 15 nursing programs to develop ways to incorporate the competencies into nursing curricula.

The work of IOM and QSEN parallels that of The Joint Commission (TJC) ([www.jointcommission.org](http://www.jointcommission.org)) and the Institute for Healthcare Improvement (IHI) ([www.ihl.org](http://www.ihl.org)). Since 2000, TJC has added and revised their National Patient Safety Goals to create a culture of safety in health care and to emphasize the importance of the staff, patient, and family as safety partners. The IHI has successfully completed several large campaigns to save patient lives and prevent patient harm through the use of 12 national initiatives. Examples include the formation of Rapid Response Teams, evidence-based interventions to decrease surgical site infections, and best practices to reduce MRSA infections.

### Implications of National Initiatives on Nursing Curricula

What do all of these initiatives mean for you as you develop or transform your curriculum? Can we agree on what is needed for generalist nursing practice in today's health care system? In a recent editorial, Harvath (2008a) observes that nursing faculty often debate over trivial issues. She further states:

I long for faculty meetings...where we purposely tip some sacred cows; a meeting where we have the audacity to question some long-held belief in how something should be done, make explicit some of our taken-for-granted assumptions, and engage in a true exchange of ideas.... (p. 535)

One example of a long-standing debate in nursing

## CLINICAL TIPS AND QUIPS

### How to Help Students Learn Delegation and Supervision Skills

**T**ry these ideas to help students learn delegation and supervision skills in your curriculum:

- Introduce the concept of delegation and supervision in the basic nursing course when discussing the various roles of the nurse; build on this knowledge throughout each course.
- Discuss patient situations (what ifs) in the clinical lab while students learn basic psychomotor skills (e.g., When could you safely delegate this activity to a patient care assistant? Under what circumstances would you not delegate this activity?)
- Provide the opportunity for students to practice delegating to and supervising UAP as part of clinical simulation scenarios throughout the program.
- Provide clinical experiences for students to actually practice delegation and supervision. For example:
  - Assign 2 students to care for a group of 4 or 5 residents in skilled care; one student plays the “nurse” and the other functions as the “nursing assistant” to provide care as a team. Reverse these roles the next clinical day.
  - Use the method above but have the student (“nurse”) work with a nursing assistant employee to provide the care.
  - Implement similar experiences in medical-surgical clinical settings.
  - Provide an opportunity for beginning and more advanced students to work together in caring for a group of patients. The advanced student is assigned 3-4 patients and the beginning student has responsibility for one of them.

programs is the use of the traditional term “patient” versus the newer term “client.” The argument has centered on the perceived meaning of these terms, where “patient” may imply a dependent, sick individual and “client” may indicate an individual, family, or community who is well or ill and can make decisions mutually with the health care professional. For years, “client” has been used in nursing programs, while most health care settings continued to use the traditional term. As a result, nursing students did not speak the same language as other health professionals, thus possibly impeding collaboration with the health care team and causing confusion for all involved.

Today the trend is returning to the use of “patient,” who may be an individual or group in any health care setting or community. “Resident” is the term for those in assisted-living, long-term care, and senior care agencies. “Client” may be used in the community or ambulatory treatment centers, especially those in the mental-behavioral health field. Nurses should use the same language and terminology as other health care professionals to facilitate communication and collaboration, one of the QSEN competencies.

"Evidence-based, interdisciplinary practice to keep patients safe...must be the emphasis of our nursing curricula."

It is clear to all of us that the work of the national health care organizations means that nursing programs must focus more directly on improving patient safety and quality of care. Evidence-based, interdisciplinary practice to keep patients safe in any health care setting, including the community, must be the emphasis of our nursing curricula.

To help meet this desired outcome, faculty need to help students learn the “need-to know” content that is necessary to provide safe care. We may need to question how much critical care content should be included in a pre-licensure program. Isn’t critical care a specialty built on medical-surgical nursing, a generalist field? How much maternal-child nursing does the student need to have? Will many students enter practice in maternal-child health care settings? Won’t most students care for older adults in most settings where they work? How much gerontology

and geriatric nursing is included in your curriculum?

I'll leave you pondering these questions until the next issue when we'll discuss further implications for nursing curricula. In addition to the web resources provided in this article, the references below will help direct you as you plan for continued curriculum revision and redesign to best meet the needs of nursing students for beginning practice as a safe generalist.

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## TECH TIPS AND TOOLS

### Engaging Your Students in Learning: Student Response Systems

**A**udience response systems (ARS) are commonly used in K-12 classrooms and college-level courses, and are referred to as *student response systems (SRS)* or *interactive response systems (IRS)*.

Medical education has led the way for SRS use in health professions programs. Recently, nursing programs have begun to explore SRS to help students learn. Each student has a hand-held response pad where he or she answers questions, responds to cases, or participates in games. One of the most commonly used systems in nursing programs is the i>clicker ([www.iclicker.com](http://www.iclicker.com)).

Advantages of the i>clicker SRS is its ease of use, modest cost, anonymity, increased student learning and opportunity for students and faculty to see the group's response.

Follow these tips when you use SRS in the classroom:

- Do not overuse the system; it is only one learning tool in your "instructional toolbox."
- Provide clear instructions to your students on how and when they should use the system.
- Allow plenty of time to set up and try out the system *before* class, just as you would with any educational tech tool.
- Do not ask too many questions during one class session.
- Present no more than 5 answer options per question.
- Keep questions fairly short; use NCLEX format when possible.
- Do not make your questions overly complex.
- Allow time for discussing the group's responses and clarify any questions.

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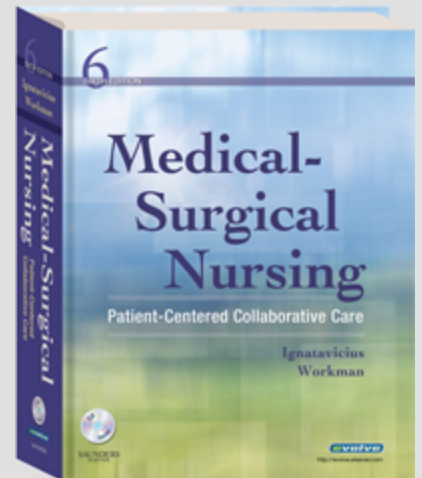
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