



From

# IGGY'S DESK

To Yours

The Latest in Nursing Education from Donna D. Ignatavicius, MS, RN, ANEF

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## Table of Contents

Welcome Back to Iggy's Desk .....	1
Innovation and Transformation in Nursing Education, Part 2 .....	1
NCLEX Tips and Updates .....	2
Seeking Grants for Funding Support in Nursing Education, Part 1 .....	3
Clinical Tips and Quips .....	3
Tech Tips and Tools .....	4
New Faculty Development Opportunities .....	5
Resources for Nurse Educators .....	5
Upcoming National Conferences .....	6

### WELCOME BACK TO IGGY'S DESK

I hope you had an opportunity to read the inaugural issue of our newsletter in January. If not, you can find it under "Back Issues" on our newly redesigned website ([www.diassociates.com](http://www.diassociates.com)). Each issue will provide information to help you in your daily practice as an educator. Feel free to copy this newsletter for your faculty or colleagues. *However, it may not be used for publication or presentation without my permission.*

On the last page you'll find a short survey about our newsletter. Please fill it out and send it back to me by fax at 505-867-4270. Thanks in advance for your interest and feedback.



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### INNOVATION AND TRANSFORMATION IN NURSING EDUCATION, PART 2

#### Focusing on Nursing in Nursing Programs: The Concept-Based Curriculum

Donna D. Ignatavicius, MS, RN, ANEF

In the last issue of *Iggy's Desk* (see [www.diassociates.com/backissues.html](http://www.diassociates.com/backissues.html)), a review of some of the major external factors influencing change in nursing curricula today were described. This follow-up article will address the need to better improve our focus on nursing practice rather than disease care.

As mentioned in Part 1, content saturation is common in pre-licensure nursing curricula at all educational levels. Students are exposed to massive amounts of information and are expected to use it appropriately in clinical practice. Advance practice educators sometimes forget that they are preparing beginning, safe nurse generalists. The result is that students memorize and compartmentalize content (superficial learning), but cannot remember it and

## NCLEX TIPS AND UPDATES

### Program Strategies for Improving Your Graduates' NCLEX First-Time Pass Rates

State Boards of Nursing and accrediting bodies consider the first-time NCLEX pass rate as the primary indicator of program success. Although we may not agree that the NCLEX is the best way to assess graduate competence, for now, we have to meet this standard. Here are some approaches you need to consider to help improve test scores and promote student success:

*Revisit admission criteria, which typically include:*

- Successful completion of pre-requisites
- GPA of *at least* 2.5 in science courses; science courses may only be repeated once
- Meeting the cut scores (composite and/or content area) for standardized nursing entrance tests

*Review and analyze faculty-written tests for:*

- NCLEX style using application and analysis level items
- Evidence of validity and reliability
- Currency and relevance

*Consider using commercial standardized tests, especially NCLEX predictor tests.*

*Have an external, national curriculum expert review and analyze your current curriculum because:*

- Faculty have ownership in the curriculum
- National experts have knowledge of trends and current research that can help shape a revised curriculum

*Invest in additional professional development for faculty and administration because:*

- Current evidence-based innovations are changing the face of nursing education
- New faculty are clinicians, not educators
- "Seasoned" faculty sometimes stick with traditional educational methods and may need an update

may not know how to use it.

### Decreasing the Amount of Curricular Content

Candela, et al. (2006) described a method for reducing content to make the curriculum more *learner-centered* rather than *teacher-controlled*. She and her colleagues divided the content into four categories:

- Category 1 = Nuts-to-know content (not needed)
- Category 2 = Specialty content (taught only once)
- Category 3 = Foundational general content
- Category 4 = Mastery content across the curriculum

This process helped all instructors realize that not all content was equally important and much of it was unnecessary to prepare a safe novice graduate.

### Emphasizing Nursing Concepts

Perhaps a more crucial concern than the amount of content is how it is taught and learned by the students. Classrooms have traditionally been information-sharing experiences rather than thinking environments. Although some faculty members incorporate case studies, games, and/or group activities, these strategies are often added *after* the lecture if there's time to include them. Instead, educators need to highlight, clarify, summarize, and update the information in their books and other resources, using engaging learning activities. Then, we need to help them think about how to use what they have learned when making clinical decisions. In other words, we need to help them think like nurses!

To foster "nurse thinking," a new trend in nursing is concept-based curricula using a conceptual approach to teaching in a variety of contexts. While seemingly unique, a similar movement failed in baccalaureate education in the 1980s. Textbooks using this model were not revised and graduates of these programs often performed below the national average on the NCLEX. While one can argue that the NCLEX is perhaps not the best indicator of a graduate's competence, it remains a major outcome for state boards of nursing and accrediting organizations.

**“To foster ‘nurse thinking,’ a new trend...is concept-based curricula using a conceptual approach to teaching...”**

In the model’s revisited form today, however, major health problems are not excluded from the curriculum. Instead they are used as exemplars for various concepts essential for nursing practice. These concepts may include human physiologic, psychosocial, spiritual, and/or cultural needs. Or, they may be pathophysiologic principles such as inflammation, infection, and fluid and electrolyte imbalance. QSEN competencies may also be used as essential concepts. At least one U.S state has adopted a concept-based curriculum for their associate degree programs that will be implemented this year.

The intent of the concept-based movement will certainly allow educators to focus more on nursing practice and less on the myriad of diseases and illnesses that a nurse may or may not encounter during his or her career. Using this approach, students should be better able to connect one course to another and build on previously learned knowledge in various contexts.

At this time, little outcome data are available from programs that are using the concept-based model. However, this germinating trend is an exciting one and will likely be adopted by many nursing programs. ■

### References

Candela, L., Dalley, K. & Benzel-Lindley, J. (2006). A case for learning-centered curricula. *Journal of Nursing Education*, 45(2), 59-66.

## **SEEKING GRANTS FOR FUNDING SUPPORT IN NURSING EDUCATION**

### **Part 1: Where to Find Grant Sources\***

In today’s educational environment of shrinking dollars, frozen travel, and cutbacks, it seems that almost everyone could use more money. One

## **CLINICAL TIPS AND QUIPS**

### **Incorporating Evidence-Based Practice (EBP) into Pre-licensure Nursing Programs**

The clinical setting is ideal for integrating EBP with the guidance of the instructor. One way to do that is to have each student follow these steps:

- *Identify a clinical problem* that relates to his or her clinical experience for the week or rotation. For example, let’s say that the student gave subcutaneous heparin to a very thin older adult. The problem is related to the best location to give heparin to an older adult with minimal abdominal subcutaneous tissue.
- *Write the problem as a PICO* (patient population, intervention, comparison, and outcome of interest) *question*. So, the above clinical problem could be written as:

“In very thin older adults (*P*), what is the effect (*O*) of subcutaneous heparin when administered in the abdomen (*I*) compared (*C*) with heparin given in another location with more subcutaneous tissue?”

- *Search for the highest level of evidence available*. The students will need to know how to access large databases, how to assess the level of evidence, and how to read and interpret research articles on a basic level.
- *Review and appraise the evidence within the limits of his or her level of education*.
- *Determine the answer to the clinical question and make recommendations for change in nursing practice, if needed*. For example, some textbooks and agency procedures identify only the abdomen as the correct site for subcutaneous heparin.
- *Develop a plan for implementing the procedure change in the clinical setting*. Students often provide updated information to clinical staff who may not have had the time to research the problem.

## TECH TIPS AND TOOLS

### Exploring an Alternative to the Traditional Post-Conference\*

The primary purpose of clinical post-conference is to help students reflect on practice and synthesize learning. Due to the increasing difficulty in finding clinical space and decreased clinical hours, learning needs to be maximized.

When post-conference is taken from the conference room to the online asynchronous discussion (AD) forum, students have the opportunity to take their clinical learning to a higher level. In the AD, the instructor posts 1-2 critical thinking/reflective questions that focus on the student's clinical experience. Within 48-72 hours after clinical is complete, the student is required to 1) answer the instructor's questions and 2) provide written feedback to 1-2 peers. In this way, the online post-conference still accounts for one hour of clinical time.

If the answers and peer feedback are graded, develop a grading rubric that measures requirements such as:

- 250 words for the main reply and 100 words for a peer reply
- Reference for one journal article to support the answer to the instructor's question
- Respect for HIPAA mandates

Other issues that need to be considered when using the AD post-conference format include that it:

- Takes more time if the instructor grades it
- Must only be used with a secure electronic academic program (e.g., Blackboard, Desire2Learn, Evolve, eCollege)
- May still require onsite debriefing for certain situations, such as psychosocial issues or staff issues

\*Contribution by Tim Bristol, PhD, RN

method to secure more funding is through grants. However, the thought of writing grants may seem overwhelming; the biggest challenge is tapping into the right resources.

Two keys in successful grant funding are: 1) know where to look and 2) be prepared once you find an appropriate source. Many times the submission time frame for a grant, especially from a government source, is very short. Most successful writers have the basic grant details outlined before a specific source is located. Then they tweak the proposal to meet the grant maker's requirements and details.

Government and private sources of funding are available. The easiest method to search for grants is via the Internet. The web site [www.grants.gov](http://www.grants.gov) is a one-stop site for finding *federal funding*. New funding opportunities are posted every week as part of the American Recovery and Reinvestment Act (ARRA) on [www.hhs.gov/recovery](http://www.hhs.gov/recovery). The Health Resources and Services Administration of the U.S. Department of Health and Human Services awards large grants for nursing programs at least once a year (<http://bhpr.hrsa.gov/nursing/grantprograms.htm>).

**“Two keys in successful grant funding...know where to look and be prepared once you find an appropriate source.”**

*State and local governments* also have grant funding available. The Carl D. Perkins Vocational and Technical Education Act of 1998 allocated federal monies to states for distribution to school districts and community colleges. Be sure to check your state's official web site for how to apply for these funds if you have a PN or AD program in nursing. Research other state sources for grant funding, too.

*Private funding* sources can be harder to find, but usually have less competition for funding. The Council on Foundations ([www.cof.org](http://www.cof.org)) and Foundation Center (<http://foundationcenter.org>) are valuable resources for finding larger funding amounts. Some of their services are free and some require a fee. Other sources for funding are nursing organizations such as the National League of Nursing ([www.nln.org](http://www.nln.org)), national specialty associations, state hospital associations, and small foundations created

from non-profit businesses that are now for-profit status (e.g., Blue Cross).

In addition, don't forget to explore foundations associated with major retail industries, such as WalMart, large banks, and manufacturing companies (e.g., Intel). The Rural Assistance Center (<http://www.raconline.org/>) has information geared toward rural communities, but may still be beneficial for non-rural areas. Ask about funding from small local businesses. Though local businesses may not offer the large dollar amounts that larger foundations can, their submission process and turnaround times are usually quicker. In some areas, local hospitals and other health care organizations provide funds for faculty development, curricular consultation and development, or technology initiatives such as simulation and computer labs.

As you can see, many funding sources are available. Make sure you are ready when the opportunity presents itself. Part 2 of this article in the July issue of *Iggy's Desk* will tell you how to prepare for a grant opportunity. Guidelines for how to write a grant will also be described. ■

*\*Contribution by Rhonda Hutton, RN, MSN*

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## NEW FACULTY DEVELOPMENT OPPORTUNITIES

**D**I Associates, Inc. is now offering additional faculty development and/or consulting services in these areas:

- Concept-based curriculum development
- Online assessments or enhancements (e.g., NCLEX testing security)
- Online course development or enhancements
- Grant writing and implementation

Contact Donna today to schedule one of these new services at [info@diassociates.com](mailto:info@diassociates.com).

In addition to these ongoing opportunities, Donna is providing a 3-part webinar series on **Student Success and Retention** this summer. See [www.nursetim.com](http://www.nursetim.com) for more information on these sessions and how to register!

## RESOURCES FOR NURSE EDUCATORS

- [www.diassociates.com](http://www.diassociates.com)

This redesigned site includes answers to frequently asked questions about curricular trends, learning strategies, and evaluation methods, as well as a selected bibliography and web links.

- [www.echo360.com](http://www.echo360.com)

This site describes the popular Echo360 automated class capture system for high-quality audio or audiovisual lectures. A small, affordable appliance is used to record classroom lectures for webcasts, podcasts, and Blackboard. Students can then access and review them at their convenience. Examples of nursing programs that have incorporated this technology are Tulsa Community College and Central Wyoming College.

- February, 2009 issue of *Journal of Nursing Education*

This issue's editorial calls for all faculty to become more digitally competent. The authors present realistic and relevant articles on effective ways that distance education and technology can be used in the curriculum.

- November/December, 2008 issue of *Nursing Education Perspectives*

This issue has several articles on accelerated BSN programs that educators in those programs will find very helpful. Curricular innovations and educational needs of students are described.

- Faucher, D. & Caves, S. (2009). Academic dishonesty: Innovative cheating techniques and the detection and prevention of them. *Teaching and Learning in Nursing*, 4(2), 37-41.

The authors present common student cheating methods used in the classroom, and selected evidence-based ways to prevent and detect them. Hi-tech cheating is also addressed.

## MARK YOUR CALENDAR

### Upcoming DI Associates National Conferences

**July 24-27, 2009\***  
(Pre-conferences 7/23)

**BOOT CAMP FOR NURSE EDUCATORS®**  
**CRYSTAL CITY GATEWAY MARRIOTT**  
**(WASHINGTON, DC AREA)**

**February 19-20, 2010\*\***  
(Pre-conferences 2/18)

**TRANSFORMING YOUR NURSING**  
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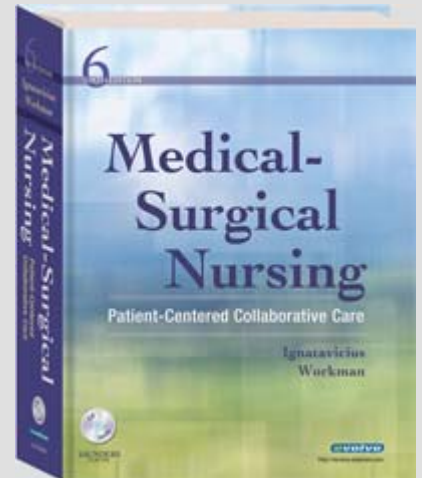
\*The brochure for this conferences can be found on [www.diassociates.com](http://www.diassociates.com).  
\*\*The February, 2010 brochure will be posted and mailed in early July, 2009.

For more information, contact us at [info@diassociates.com](mailto:info@diassociates.com).

### NEWEST EDITION OF "IGGY" REFLECTS NURSING EDUCATION TODAY!

The new 6<sup>th</sup> edition of *Medical-Surgical Nursing: Patient-Centered Collaborative Care* by Ignatavicius and Workman is available for your review and adoption. This student-friendly edition has been completely revised and includes these major highlights:

- Unique collaborative approach to patient care
- Increased emphasis on clinical decision-making
- Concise "need-to-know" content that is very readable
- Human Needs focus to help students connect fundamental concepts and practice application
- Special icons to indicate Joint Commission National Patient Safety Goals
- Complete teaching/learning package to help faculty best meet students' diverse learning preferences



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## **TWO-MINUTE SURVEY ABOUT *IGGY'S DESK***

*Please complete this brief survey to help us in developing future newsletter issues!*

1. What do you like best about this newsletter (this issue and/or the previous issue)?

2. What don't you like about this newsletter (this issue and/or the previous issue)?

3. What topics would you like to see in future issues of this newsletter?

*Thanks so much for completing this survey! Please fax it to Donna "Iggly" at 505-867-4270.*