A Paradigm Shift in Nursing Education: A NEW MODEL

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ChANGES IN HEALTH CARE DELIVERY, driven by information technology and demands for evidence-based practice, have fueled the need to provide increased content in nursing programs. A myriad of issues face nurse educators as we confront inclusion challenges in an already content-laden curriculum. Current literature attests to nursing content saturation (Ervin, Bickes, & Schim, 2006; Giddens & Brady, 2007; Ironside & Valiga, 2006; National League for Nursing [NLN], 2005; Randell, Tate, & Lougheed, 2007). But whether content should be included or discarded has become increasingly unclear as all content becomes viewed as necessary (Giddens & Brady; NLN).

Giddens and Brady cite a number of factors contributing to content saturation: “content repetition, teacher-centered pedagogy, academics-practice gap, changes in health care delivery, and the information age” (p. 66).

Responding to these and other factors, educators are rethinking historically teacher-centered curricular designs and are embracing new ideologies that have a stronger focus on student-centered learning. This paradigm shift is reflected in the NLN position statement “Transforming Nursing Education” (2005), which calls for curricula substantiated in evidence as well as best pedagogical practice.

As traditional viewpoints about how we should educate the next generation of nurses are challenged, we have the opportunity to build the foundation for best practice instruction (NLN, 2005). This article offers a nursing education model demonstrating this paradigm shift in teaching via three key concepts: the learner, the instructor, and outside learning modalities.

Revising the Traditional Curriculum The nursing curriculum has traditionally focused on behavioral outcomes, following the content-weighted Tyler model created in 1949 (NLN, 2003).

In response to calls for health care reform in the 1990s, the shift in focus to a community-based model increased course content. The curriculum was expanded to include health promotion and wellness across all settings (Ervin et al., 2006). Content continues to swell as subjects related to genetics, bioterrorism, mass casualty response, cultural competency, health policy, and leadership are incorporated to provide competencies viewed by educators as curriculum requirements (NLN, 2005; Tanner, 2007).

Curriculum content must be critically evaluated, allowing inclusion of current competencies and mandates while concurrently promoting the sifting of unneeded material. Curriculum needs must expand beyond linear thinking and include content that is adaptable to the changing health care environment.

Traditionally, a teacher-centered philosophy steered the delivery of educational content. The transference of knowledge has typically included memorization, repetition, and recitation of information (Candela, Dalley, & Benzel-Linley, 2006). The NLN position statement “Innovation in Nursing Education: A Call to Reform” (2003) calls for schools of nursing to “challenge their long-held traditions by designing evidence-based curricula that are flexible, responsive to students’ needs, collaborative, and integrate current technology.”

A push for innovative pedagogy now floods the literature (Candela et al., 2006; Diekelmann, Ironside, & Gunn, 2005; Ironside, 2004; Ironside & Valiga, 2006; NLN, 2003, 2005; Randell et al., 2007), reflecting a shift away from the “Sage on the Stage” to “Guide on the Side” perspective. The emergence of learning-centered (Candela et al.) and concept-based curricula (Giddens & Brady, 2007) encourages student-centered learning and the development of critical thinking skills. As students become seekers of knowledge, the focus is no longer on content coverage. Rather, teaching provides a plethora of knowledge to be perused and applied toward analytical thinking.

Ironside (2001) stated that “the use of alternative pedagogies begins by challenging the self-evident assumptions of conventional approaches to nursing education” (p. 74). She noted that when the focus is on content, the dissemination of information is disregarded and student-centered learning, through pedagog-
Nursing Education Model

Distance Education, Emerging Technologies, and Nontraditional Students As the nature of nursing education has changed, so has the construct of how we teach our students. Web-based classrooms have opened the door for innovative instruction. Commonly, the teacher assumes the role of facilitator as students engage in cooperative and cognitive learning through peer interaction via discussion boards (Myer, 2006).

Emerging technologies are the cornerstone of the current teaching paradigm shift. Our consumer-driven, information-rich society has paved the way for distance learning whereby students are able to be active learners in a classroom-free environment, thus allowing for the accommodation of a variety of student learning styles. Students and educators both benefit from distance learning as it provides “self-pacing, higher order thinking skills, active involvement, and increased learner attention” (Myer, 2006, p. 48). Distance learning also incorporates cooperative, collaborative learning within the student’s environment so that learning becomes inclusive from the student’s perspective and integrates personal experiences. Instruction builds from this perception.

Today’s students are typically nontraditional. They come from diverse cultural backgrounds and bring with them into the online environment a plethora of rich and varied life experiences. These students need a curriculum that supports their working lifestyle and that provides another venue for accessing higher learning education. Learning must be directed toward a focus on skill attainment that reinforces critical thinking, problem solving, and the careful analysis of information. Our technology age is ever changing; the skills necessary to navigate this dynamic flow of information must be fluid and versatile (Myer, 2006).

Developing a New Nursing Education Model To bridge the chasm between academic preparation and nursing practice, nurse educators, as agents of change, must understand the changing health care environment and the needs of students. Current technology and the ability to bring learning to the student (Billings, 2000) offer a platform for providing alternative learning approaches to today’s student population.

Content in schools of nursing must reflect the dynamic changes of today’s health care system. It must be current, relevant, and based on evidence, and it must be examined critically, with the expectation that today’s students will be lifelong learners. Candela et al. (2006) incorporate a learner-centered curriculum in both clinical and classroom environments that identifies key components students need to know as they apply their knowledge to real-world scenarios.

Curricular content in nursing programs guides as well as reflects the school’s educational framework, transcending factors that influence our teaching and providing a common thread in curriculum development. Billings and Halstead (2009), like Knight (1982), note that philosophy reflects and is influenced by social, political, and community forces. These influences play a role in instruction; education must be aware of the interaction these components have on the learner, instructor, and influencing systems.

Green (2006) describes the relationship between the learner, educator, and the system as a means of providing improved outcomes for nursing practice in the clinical setting. Green’s Synergy Model of Nursing Education places the student as the focal point of learning, using competencies of both the student and the educator to guide learning outcomes.

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The nursing model introduced here reflects the needs of learners and supports educational outcomes that reflect the technological modalities used in instruction. (See Figure.) It looks at three key concepts: the learner, the instructor, and outside learning modalities. Learners are not just students but represent consumers of education. They come to this process with real-world experiences and preexisting ideas that are the foundation for their learning in and outside the classroom. They also
come to education with generational differences, both with peers and instructors (Mangold, 2007). As consumers of knowledge, they can no longer devote their time solely to studying in an educational setting. Rather, their working lifestyles predetermine their availability and direct their educational options.

The shift from content-laden curriculum to teaching key concepts allows students to focus on need-to-know, or essential content that will be applicable to nursing once these students have graduated. Therefore, the instructor’s role is to provide a curriculum that is dynamic and fluid and grounded in evidence-based practice, at both the level of clinical nursing practice and educational pedagogy. This allows for students to become active learners in the educational setting; both instructor and learner now share similar goals, as the learner becomes a seeker of knowledge and a lifelong learner. Critical thinking analysis and problem solving become the shared focus of both learner and instructor outcomes.

Influencing systems reflect the varied technological modalities affecting the learner, instructor, and educational environment, as well as community influences that shape educational outcomes. These include Internet access and online classrooms that bring education to the distance learner. High- and low-fidelity simulation adds realism to nursing instruction as students work with manikins that portray humanlike afflictions. Virtual interaction joins gaming with simulated scenarios, allowing students to experience situations via computer programs. And community influences promote multicultural and diversity awareness that can be explored through community partnerships and service-learning opportunities.

Nurse educators can no longer teach the way they were taught. The student as consumer views education as a commodity and a service that provide tools for future employment. Students want to be taught key concepts and the theoretical and practice knowledge of their discipline that can be directly applied to practice. With the understanding that nursing education must provide active learning experiences that promote critical thinking and analysis and problem-solving skills, this model provides an alternative guide for higher education that takes into account the learner, the instructor, and the systems that influence their relationships, providing congruence for educational outcomes.

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References