



**The North Carolina
Experience**

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CONCEPT BASED NURSING CURRICULUM



CONNECTING *Life to Learning*

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

- History
- 58 community colleges in the state
- 1996 changed from quarter to semester system
- Two types of programs offered- integrated and non-integrated
- No consistency across programs

NC SYSTEM

- No transfer ability from one type to the other
- Curriculum based on medical model
- Curriculum content not concept driven- much duplication of concepts and students weren't able to make connections because content was taught in isolation

CURRICULUM IMPROVEMENT PROJECT (CIP)

- Started informally about three years before official CIP
- Informal work started at program director level but no progress made due to hidden agendas
- CIP officially started in May 2006 and lasted two years
- Application made to NCCCS
- Wake Tech volunteered to lead CIP
- One full-time nursing faculty assumed role of CIP Coordinator

CIP

- **Steering Committee Created November 2006**
- **Each AD Nursing Program selected a CIP Representative**
- **Survey sent to all AD Nursing Program CIP Representatives (50) to determine direction of new curriculum and professional development needs. There were 30/50 surveys returned.**

- **Concept based curriculum topic identified most frequently.**
- **At the same time, NC was undergoing major changes from the BON in regard to nursing education. Based on the IOM recommendations, including mandatory national accreditation.**
- **New AD nursing competencies developed by NLN.**

- Representation from BON, NCCCS, and NLNAC (now ACEN) was an integral part of planning for the new curriculum. These representatives took an active part in curriculum development.

GOALS OF CIP

- Implementation of one AD Nursing Curriculum
- Standards that meet all accreditation agencies and reflect best practice in nursing
- Seamless articulation for students moving among the NCCC system
- Faculty professional development
- Increase in student retention/graduation
- Better prepared graduate for nursing workforce

COLLABORATION ACROSS STATE

- Regional meetings with clinical partners to determine what they expected in a graduate
- CIP reps were divided into work groups: simulation, concept writing team, professional development, research, technology, and a “how did they do that” focus group (national flagship AD Nursing Programs and how did they get that distinction)

- **Simulation-** plans and cost analysis, recommendations for purchases, sharing of resources, simulation fair for vendors to showcase their products
- **Concept writing team-** assessment to recommend concept categories
- **Professional Development**
- **Technology-** efforts in web based instruction, online and hybrid instruction, recommendations of proper software, devices, and streaming video

- **Program Writing Outcomes-** developed philosophy, curriculum outcomes, and level goals.
- **Research-** lit review on most common diseases. Looked at Healthy People 2010, NLN core competencies, IOM report, BON practice competencies.

CONCEPTS AND EXEMPLARS

- Concepts were chosen based on most recurrent themes from CDC, ED visits, The Joint Commission, IOM, National Institute of Mental Health, leading causes of death in NC, and NCLEX-RN test plan, etc.

WORK GROUPS

- Monthly meetings- CIP calendar

IMPLEMENTATION

- Curriculum approved by the NCCCS- all college presidents had a vote
- NCBON
- NLNAC agreed it would meet their accreditation standards
- Gentlemen's agreement that concepts were "set in stone" and bolded exemplars must be taught in the designated course. NUR 111 had to be first course taught and NUR 213 had to be the last course taught (capstone)

- Curricula, except for mandates could be flexible to meet local health issues common to the community
- All concepts are taught across the life span
- Curriculum meant to be contextual not lecture based
- Concepts were to be taught in modules (introduced, further developed, assimilated)
- Most schools started in fall 2009, but schools could delay until fall 2010.

OUTCOMES

- **NCLEX-RN-** initial drop in NCLEX scores. Attributed to learning curve of both faculty and students
- **Attrition-** big increase in attrition with the first cohorts but that has leveled off.
- **MCC** was selected as a Center of Excellence and developed teaching and learning activities that were placed on the VLC for faculty to use with the new curriculum.
- **Curriculum Evaluation-** Regional meetings done in fall 2013 to discuss process and updating of terminology. No formal evaluation has been done.