Moving Cemeteries
A Framework for Facilitating Curriculum Revision

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The process of revising a nursing curriculum can be accompanied by self-oriented faculty behaviors such as inflexibility, indifference, and territoriality. The authors, who served as members of a curriculum revision task force, suggest the need for planned, intentional, and goal-directed approaches when revising an academic program. Lancaster’s six components of research by committee are used as a framework to offer insights for enhancing

Trying to change a curriculum is like trying to move a cemetery. How do you disinter and disturb parts of a curriculum that are cherished and sacred as circumstances cry for change?1

Revising a nursing curriculum is a faculty-driven, outcome-directed process.2,3 Considered a challenging and sometimes agonizing undertaking, faculty often find themselves faced with many difficult questions and conflicting ideas. What should be retained or omitted from the existing curriculum? What steps should be followed in the curriculum revision process? What are the driving and restraining forces that challenge change? Will future graduates of the revised curriculum be successful in meeting the demands of society as well as the profession? What are the current forces affecting the nursing profession? These are a few of the many questions that surfaced frequently for a group of faculty of an associate degree nursing program.

Curriculum revision implies change not only for students, but for faculty. Where change is implied and anticipated, failure to acknowledge and channel the accompanying feelings of uncertainty can lead to displayed anger and fear among faculty.2,3 Additional barriers that may surface and hinder the curriculum revision process include insecurity and loss of identity.3 While these reactive behaviors are well documented in the literature, few, if any, curriculum experts offer strategies for reducing the tension and anxiety that accompany the give-and-take exchanges involved in program planning. With the ultimate goal of designing a program of study that is responsive to the needs of both students and society, efforts should be made to ensure that the revision process is intentional and outcome-directed.3 Specific group approaches are essential for overcoming counter-productive activities and for ensuring movement toward a win-win resolution. This requires well-thought-out, planned strategies for the exchange of useful ideas and the promotion of effective faculty decision making.3

Charged with the responsibility of proposing changes to the existing nursing curriculum, a twelve-member group met over a 2-week period during the summer recess. Upon completion of the work, the authors reflected on our experience with group process within the context of curriculum revision. The prevailing thought was that although we were pleased with the outcome of the task force’s work, we really did not have any concrete guidance from which to draw. Through a review of the literature we discovered Lancaster’s framework for collaborative research:

Commitment
Compatibility
Communication
Contribution
Consensus, and
Credit

By applying Lancaster’s six Cs of collaborative research to curriculum revision, faculty who are involved in such an undertaking may be more likely to be successful in reaching their goal.

The Six Cs of Curriculum Revision

Commitment

Commitment involves both physical as well as emotional investments of time, energy, and resources.4 The administration of the school of nursing demonstrated commitment to the change endeavor by actively soliciting both faculty and student input to begin the curriculum revision process. Before formation of the curriculum

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task force, students were surveyed for positive and negative aspects of the program as well as the relevance of required general education courses. In addition, planning sessions were scheduled for our 60-member faculty to meet, discuss, and make revisions to our current program philosophy and conceptual framework. During these sessions, faculty members were encouraged to share their ideas, concerns, and questions related to curriculum changes. Several sample curriculum plans evolved which served as frameworks for the task force. The next step was to consolidate all of the ideas into one proposed curriculum plan.

Commitment from our parent institution came in the form of allocation of funds for us to meet during the summer recess for 5 hours a day over an 8-day period. This provided undisturbed time for the group. Because there were no teaching or other job-related responsibilities that required our attention, the group was able to fully focus on the project.

Compatibility

Compatibility does not require alike-ness, but rather the ability to harmonize and function as a whole. Our committee was truly a diverse group, comprised of both novice and seasoned faculty, representing all areas of nursing expertise. During our initial meeting, we recognized the need to get in touch with our attitudes and biases about curriculum change. We engaged in open discussion during which we identified our basic beliefs about nursing education. We discovered much common ground in our views on nursing education. For example, we agreed that medical-surgical content needed to be integrated throughout the curriculum, that a strong focus on wellness was needed with the inclusion of many more community-based clinical experiences, and that the curriculum needed to become more “student-friendly” with the addition of part-time student options and evening and weekend schedules. Our eyes were also opened to some of the obstacles that could lie ahead, such as issues of territoriality and inflexibility. Certain faculty might feel threatened by change to their current course structure, and those who had been teaching for years in a course might not be willing to teach in a different clinical area. We had to continually remind ourselves that each of us was there to represent expertise in a particular nursing area and not our current courses. By focusing on our common ground we saw our curriculum as a whole rather than individual courses, which helped us to move ahead toward our goal.

Communication

Communication is an important part of group work. Use of effective interpersonal skills and techniques for conflict resolution promote an open interactive environment necessary to spark and maintain creativity. During the initial meeting of the task force, the school’s curriculum committee chairperson delineated the goals and objectives of the project. One of the group members was asked by the chairperson to become the facilitator. Her primary role was to keep us on track and referee conflicts as they arose.

As the group began to identify itself, members assumed various roles, some of which enhanced as well as hindered group maturation. Functional roles were aimed at group building and task completion. A gatekeeper regulates communication and assures that each person has an opportunity to be heard. Initially the group facilitator assumed this role. She set up the agenda for each day and summarized the previous day’s accomplishments, in addition to keeping the group “on track.” On occasion, however, other group members assumed this role to refocus discussions. The harmonizer promotes group cohesion and diffuses tension. In instances where individuals felt threatened by change, other members of the group acted as harmonizers to minimize nonfunctional behaviors such as rejection and defensiveness.

Subgroups were formed to further facilitate communication within the group. We agreed that this would enhance the exchange of ideas and allow us to accomplish our goals in a timely manner. It proved to be an effective method for achieving various activities, such as writing course descriptions, electing clinical sites and placing clinical skills in the appropriate level. At certain times we reconvened as a large group to mesh our thoughts and fine-tune our proposals. Minutes of these sessions were recorded to document the curriculum revision process and to demonstrate how decisions evolved. Each member received a copy of the previous day’s minutes. In this way members were able to review what had been accomplished and prepare to move forward.

Contribution

Collaboration allows each individual to contribute unique expertise and experience to the project. Group members made a variety of contributions to move the curriculum revision process toward completion. At the initial meeting, each member was assigned a “housekeeping” responsibility such as recording minutes, securing and preparing meeting rooms, or acting as timekeeper. Meeting these responsibilities increased the efficiency of the group because time was limited.

The large size of our faculty allows members to practice team teaching. Because each faculty member teaches within a single clinical course, many have developed a high degree of clinical expertise in a particular area of practice. The presence of clinical experts within our group assured that essential content was not lost in the proposed curriculum.

The presence of both novice as well as seasoned faculty was essential to achieving our goal. Seasoned faculty members were able to offer past experience with curriculum revision and program evaluation. Their insights provided structure and guidance for the group. Novice faculty members, who had less allegiance to long-held traditions, helped to ensure that innovative changes were considered. Brainstorming sessions stimulated new ideas, energy, and enthusiasm from all group members for trying imaginative and newer methods of facilitating learning.

Consensus

Consensus is an ongoing process that involves communication, compro-
Lessons and Insights

Many of our task force members experienced a transformation of attitude toward curriculum planning. We quickly learned that there are no how-to books for revising a nursing curriculum. One strategy to facilitate the process is use of a framework, such as Lancaster’s six Cs of collaborative research. All components of this framework, which frequently overlap each other, are necessary to the success of the whole. Certainly both institutional and faculty commitment are essential starting points. The group members must work together compatibly to move beyond stumbling blocks and make progress. Free flow of ideas and information form the backbone of the revision process. To encourage openness, effective group communication techniques are essential. The committee should be balanced with members who are experienced in curriculum design as well as those who possess current clinical expertise. Recognition and respect for each person’s unique contribution enables the group to achieve its goal. Consensus should be reached at least on major points. Members should keep in mind that not everyone will agree on every point. In the end, credit is given according to the task assigned or it may be given to the entire group for the finished product.

Another valuable lesson gleaned from our experience was the realization that each school of nursing is unique and requires an individualized curriculum. While a thorough review of other associate degree curriculum plans was informative, it also forced us to look at the unique characteristics of our own program. What makes our school unique is its urban setting along with its large, diverse student body and faculty. These unique characteristics required separate, careful consideration when attempting to plan a workable curriculum.

Designing a major curriculum change is both time-consuming and labor-intensive. In addition to following a framework, we suggest that a committee such as ours would benefit from release time to complete the project over the course of an academic year, rather than attempt to fit curriculum planning into already full faculty schedules. In this way, committee members can devote the necessary time and attention required to finalize a curriculum revision proposal.

Changing a curriculum has been likened to moving a cemetery. However, curriculum revision can be made easier if a framework such as Lancaster’s six Cs of collaborative research is used to guide the experience.

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