Abstract
In an effort to meet the changing landscape of the health care system and the explosion of nursing knowledge, the Institute of Medicine and the Robert Wood Johnston Foundation have summoned nursing academia to partner on curriculum development with an emphasis on the professional socialization of the new nurse. As health care continues to change, the education of nurses must also evolve to meet these changes. Curriculum transformation is needed at nearly every aspect of health care. This policy statement will explore these challenges and the transformation in nursing education required to meet them.

KEY WORDS: Concept-Based Teaching – Health Care Reform – Nursing Curriculum – Nursing Education – Transformation

In 2010, two significant reports surfaced calling for radical changes in nursing education. The Carnegie Foundation’s report Educating Nurses: A Call for Radical Transformation (Benner, Supten, Leonard, & Day, 2010) and the Institute of Medicine’s (IOM) Future of Nursing report (2011) cited the inadequate preparation of nurses for practice in today’s complex acute care environments (Allen, 2013). Recommendations in these reports challenge nurse educators to move away from traditional methods of teaching by embracing evidence-based curricula that are both flexible and responsive to students’ needs (Adams, 2014). Furthermore, these reports emphasize the need to reconsider who we are teaching, what we are teaching, and how we are teaching (Giddens, Wright, & Gray, 2012).

IMPACT OF HEALTH CARE REFORM ON NURSING EDUCATION
Nursing education is entering a period of unpredictability related to current market forces. The challenge for many nurse educators will be to seek new and innovative frameworks for their curricula to prepare nurses to meet evolving health care needs. This will obviously include principles of both quality and safety (Lewis, Stephens, & Ciak, 2016). Safety is not simply a slogan or awareness-of-the-month campaign; accordingly, the safety of patients should never be taken lightly. Safety principles and reducing errors are the driving forces behind health care reform. The education of our future nurses will be an integral part of this reform (Lewis et al., 2016).

INFLUENCE, POWER, AND THE ECONOMIC IMPACT
As the largest profession in health care, nurses have a strong voice in policy development and have the potential to advance patient care through innovation, leadership practice policy, research, and education. Changes to the nursing curriculum are necessary to teach students about policy and the legislative process. A change in nursing pedagogy (incorporating a more concept-based approach with continuous paradigm shifts, absence of certainty, and predictability to describe the economic turmoil surrounding health care, nursing practice, and nursing education of the early 2000s. Market-driven policies, the explosion of technology and knowledge, and changes in patient demographics were some of the forces responsible for creating the economic disorder witnessed during that time (Lindeman, 2000). These issues, along with societal shifts toward community health, global health, chronic disease management, and health promotion provided the stimulus for nursing educators to explore paradigm shifts for curricular transformation (Kantor, 2010). It has been nearly 30 years since the National League for Nursing (NLN) unveiled its appeal for educational reform known as the “Curriculum Revolution,” which focused on curricular redesign to facilitate student learning. Seven years after Lindeman’s article appeared, Tanner, in an editorial titled “The Curriculum Revolution Revisited,” called for an end to traditional practices in exchange for newer, innovative nursing pedagogies (Tanner, 2007). The call for transformation in nursing education is still timely. Innovation in nursing curricula is needed to prepare nurses to meet the challenges of a diverse population, to serve as clinical leaders, to deliver safe, high-quality patient care, and to function at the top of their nursing practice (Nielsen, Noone, Voss, & Mathews, 2013).
a focus on student-centered learning) could be used to promote stu-
dents’ understanding of patients’ health challenges (Kantor, 2010). The
dramatic changes in health care, an aging population, growing
diversity, and technological advances all require nurses to have more
knowledge, more education, and more skills (Bartels, 2005).

CONCEPT-BASED LEARNING

Both the IOM and the NLN have alerted nurse educators and nurse
leaders alike that there is a considerable gap between what is taught
and what is practiced at the bedside (Giddens & Morton, 2010). The
American Association of Colleges of Nursing identifies critical thinking
and clinical judgment as essential skills for practicing nurses, and
they are considered to be hallmarks of a professional nurse. How-
ever, research has indicated that the majority of graduate nurses
are not capable of meeting entry-level expectations for clinical judg-
ment (Mann, 2012). Nurse educators understand that there is a bet-
ter way to prepare students for the demanding nursing profession of
nursing; it is called the conceptual approach. The conceptual ap-
proach places less emphasis on simply teaching facts; instead, the
curriculum is built around global concepts important to individual pa-
patients and nursing practice (Trossman, 2015).

The concept-based curriculum is being considered and in many
cases is being implemented as a curricular model to alleviate content
saturation and to prepare nurse graduates who can function in a
complex and outcome-driven health care system (Patterson, Crager,
Farmer, Epps, & Schuessler, 2016). Until recently, nursing curriculum
was content-heavy, population-focused, and taught in separate boxes
(e.g., medical-surgical, pediatric courses), leaving little room for mean-
ingful learning (Trossman, 2015). Traditional nursing curricula have
historically relied on teacher-centered instruction. This type of focus,
whereby faculty is responsible to cover all content, only perpetuates
the attitude that if it is not covered, students cannot learn (McGrath,
2015). In contrast, the concept-based approach relieves educators
from attending to every miniscule detail of content information and
makes way for the synthesis and transferability of knowledge across
multiple contexts (Hardin & Richardson, 2012).

Concept-based teaching is a student-centered approach that
promotes critical thinking and facilitates a deeper understanding of
concepts instead of rote memorization (Patterson et al., 2016). For
example, students learn about the concept of oxygenation instead of
pneumonia. Students are encouraged to discover what they need
to know to gain an understanding of the concept of oxygenation.
Once students have an understanding of this concept, they may
readily apply that knowledge to the care of patients with various respi-
atory disorders (Patterson et al., 2016). Students will be exposed to
exemplars, representative examples of client situations or problems,
that are selectively chosen to best embody the abstraction as a way
of teaching each concept (Lewis, 2014). By developing and linking
these principles, the concept-based curriculum prepares students
in the competencies outlined by the Carnegie Foundation and the
IOM as essential to nursing practice (Allen, 2013).

Nurse educators are entrusted with the responsibility to expand,
enrich, and make flexible the mental constructs students are learning.
This process of learning, not the content learned, will be what pre-
pares students to become lifelong learners (Hardin & Richardson,
2012). Although many nursing programs are currently embrac-
ing a conceptual approach is not certain, nurse experts believe that
this way of teaching and learning is growing in popularity given its ne-
cessity and its value (Trossman, 2015). With any curriculum change,
there is the possibility for adverse effects on NCLEX-RN pass rates.
Although pass rates are an important program outcome, passing the
NCLEX is not all-encompassing as to what practicing nursing
actually entails.

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