The practice of specifying prerequisites for courses is common in higher education. For example, students typically cannot enroll in English 102 until after they have completed English 101, and Abnormal Psychology often cannot be taken until after completing Introduction to Psychology. The assumptions underlying this practice seem valid: students cannot understand higher level or more complex concepts until they have mastered an understanding of foundational concepts on which the higher order concepts are presumably built.

This practice is common in nursing education programs as well. Health Assessment cannot be taken until after the successful completion of Anatomy and Physiology, and Microbiology must be completed prior to enrolling in Care for Ill Adults. But we all know that a Microbiology course is not the same from school to school or even from teacher to teacher within the same university. Despite this realization, we continue to insist that students take such prerequisites, often specifying that the prerequisites must be completed within a specific time frame, have a laboratory component, and grant a minimum number of credits. However, what we do not seem to worry about is what the students have actually learned in the prerequisite courses and whether they have learned the concepts on which subsequent nursing courses will build.

There is no question that nursing practice needs a strong scientific base; however, as the authors of the Carnegie study of nursing education (Benner, Stephen, Leonard, & Day, 2010) asserted, “nursing school curricula are weak in the natural sciences, technology, social sciences, and humanities” (p. 31). Strong foundations are needed so that students know how to use knowledge in practice, but they must not merely end up with a collection of credits.

To help them learn, students now have many nontraditional resources available to them, such as massive open online courses (MOOCs) (http://en.wikipedia.org/wiki/Massive_open_online_course) and the Khan Academy (https://www.khanacademy.org/). The higher education landscape increasingly emphasizes learning (more so than teaching) and competency-based education (Kelchen, 2015). In addition, educators are challenged by the need to respond to the “chaos, change and disruption in higher education” (Bellack, 2015), the rising cost of higher education is questioned, and schools are being pressured to document learning outcomes and be held accountable for making a difference in who graduates become.

In light of these and other changes, it is time to rethink our reliance on specifying prerequisites in the ways we have done previously. Instead, it is time for nursing faculty to think about specifying the knowledge, skills, and values that students must have to enter our courses. If we were to clarify the key concepts from Microbiology or Sociology courses, for example, we would be clearer about the concepts on which our nursing courses are built, and students would be clearer about how their foundational learning is relevant to learning the practice of nursing.

Rethinking prerequisites might allow students to take the traditional route and complete academic credit-granting courses, but it might also allow them to enroll in a MOOC, engage in deliberate self-study activities, or even attend a conference on a subject, where they would be stimulated to learn more about it. This change in thinking emphasizes learning and places the responsibility for learning where it belongs—on the students themselves.

What strategies could faculty use instead of relying on prerequisite courses? Students could take a standardized test to demonstrate their knowledge of foundational concepts, provided faculty have assessed that test and determined that it focuses on the concepts they believe are core for the nursing courses they will teach. Or faculty in a given school might develop their own entry knowledge test, requiring students to pass it at a certain level of achievement before enrolling in a particular nursing course. Students could demonstrate their ability to perform skills through a laboratory-based experience, and they could provide evidence of their writing or presentation skills through submission of a scholarly paper or a videotaped presentation. In addition, students could present MOOC certificates or credits to document their learning.

Embracing this kind of flexibility provides the opportunity during their academic experience for students to take courses in which they are truly interested, pursue questions that nag at them, and engage in learning environments with a wide variety of expert educators. Students might just be more excited about learning, appreciate the interconnections among all the things they are learning, be more self-directed in seeking out learning...
experiences, and achieve what is required in today’s environment—integrated learning.

Would such an approach take time? Yes. Can Boards of Nursing or state requirements regarding specified prerequisite courses be challenged? Yes, if reasonable proposals are developed, pilot testing is implemented, and outcome data document the success or failure of such a novel approach. Could entry knowledge methods be a source of revenue for the nursing program? Yes, particularly if students are charged for tests or performance evaluations that are undertaken. Might it eliminate duplication of content, which often occurs because nursing faculty realize that students do not have the necessary knowledge base on which to build, despite the fact that students completed a prerequisite course? Yes. Might it challenge faculty to become crystal clear about how we need to help students integrate all the seemingly disparate pieces of information they are asked to learn? Yes. Perhaps the most important question, however, is whether nursing faculty have the courage to try such a radical approach. Only time will tell.

References
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