

Underestimated Challenges Adopting the Conceptual Approach

Over the past 5 years, interest in concept-based curriculum has surged among nurse educators. This interest is fueled by the potential to transform nursing education. However, many challenges exist, including changes in teaching practices, empowering learners, and assessing learning.

Although faculty have the best of intentions when a concept-based curriculum is developed and implemented, this process requires more than just designing a curriculum based on concepts. The full benefit of a concept-based curriculum occurs when faculty adopt conceptual teaching methods, where the roles and expectations of instructor and learner are different than in a traditional paradigm of teaching. Within the structure of a concept-based curriculum, conceptual teaching translates to conceptual learning and conceptual thinking. The term *conceptual approach* captures this comprehensive focus and is the preferred way to think about the process.

Too often, faculty begin designing a concept-based curriculum without having a clear or realistic understanding of the work involved to transform teaching and learning in this way. Designing a new curriculum can be exhausting work, so it is tempting to fall into comfortable patterns of teaching during curriculum implementation. However, if teaching practices do not change, faculty risk the failure to achieve the benefit of what the conceptual approach has to offer. Faculty also must commit to developing new teaching approaches for classroom and clinical education and embrace the learning experiences that engage students in purposeful ways.

Two key elements must occur for optimal conceptual teaching—(a) faculty need to purposely teach the concept and (b) faculty must develop integrative learning opportunities that require students to intentionally apply the concept in the context of patient care settings. It is surprising how often one or both of these key elements is neglected. Teaching the concept means that there must be a deliberate focus on the definition and the attributes, the patterns of recognition, and the role of the nurse associated with the concept. This provides the foundation on which students build as they apply concepts through clinical exemplars.

Concepts are not something to only be talked about and learned about in a classroom setting; rather, they are used as a basis for clinical education as well. A failure to translate the conceptual approach from the classroom into the clinical education setting and from the clinical setting to the classroom setting represents one of the greatest stumbling blocks to implementing the conceptual approach in nursing.

Faculty can close the academic-practice gap through the integration of classroom and clinical knowledge acquisition and the application of that knowledge (Benner, Sutphen, Leonard, & Day, 2010). In the classroom setting, faculty are accustomed to developing a lesson plan for each class session. Lesson plans typically have goals, learning outcomes, and specific teaching and learning strategies for that class session. Similar attention to the planning of learning experiences should be applied in the clinical learning environment, although one must be careful not to develop rigid linear approaches, as this can interfere

with integrative learning. Contemporary clinical education involves the development of focused-learning activities in the clinical area, with specific self-directed learning activities to achieve the desired learning related to that concept.

Concepts come alive in the clinical practice environment. When classroom and clinical learning become more closely integrated, classroom instruction becomes less linear and allows the rich narrative of clinical practice into classroom or seminar discussions. As one example, faculty could assign students to read *The Shift: One Nurse, Twelve Hours, Four Patients' Lives* (Brown, 2015) as a basis for ongoing classroom or clinical discussion. This book is an excellent narrative of the role of a nurse in an inpatient health care environment, providing an opportunity to witness the thinking process of a nurse when challenged with multiple complex situations. The majority of concepts typically included in a concept-based nursing curriculum are represented in the story. Although not specifically identified by name, concepts such as gas exchange, infection, fatigue, pain, anxiety, perfusion, communication, collaboration, teamwork, professionalism, leadership, clinical judgment, ethics, policy, quality, safety, and health care economics practically jump right out of the pages!

Empowering learners is another key element to effectively facilitate conceptual learning. Learners actively build cognitive connections by participating in the conceptual learning experiences; they are increasingly engaged when they are empowered in that learning process. Consider the power of a fitness device, such as a Fitbit™. One of the reasons

such devices have become so popular is because they empower the consumer with information and motivate individuals to improve their health. Imagine a device that could empower learners with information toward the achievement of learning milestones, with the provision of digital badges similar to those earned by reaching steps or distance milestones with a Fitbit. It would be interesting to see whether awarding digital concept badges for the completion of classroom assignments and clinical competencies would enhance learning engagement.

The expected outcome of the conceptual approach is the nurse graduate's ability to think conceptually; assessing conceptual learning and thinking represents yet another challenge. Imagine a device that could actually measure and track the expansion of cognitive connections within the brain, reflecting a deepened understanding of a concept. Perhaps in the future such a device will be developed; but until that future arrives, faculty docu-

ment student assignments completed, examination performance, clinical hours completed, number of patients cared for, and interventions completed. Checking off the completion of an assignment or a clinical activity is far different than tracking deepening understanding through the application of concepts. Unfortunately, a similar issue holds true in the health care setting. As described by Brown (2015), the documentation of nursing care has become a process of clicking on lists to confirm tasks and patient care activities that have been completed. The essence of nursing care and conceptual thinking process used by nurses is not so easily captured.

The advantages of the conceptual approach can be mitigated by significant challenges that are often underestimated by faculty and underappreciated by nursing school administrators. Having a clear awareness of these challenges represents an important initial step to success. However, the process for attaining real change

occurs over time. Nursing faculty must truly be committed to sustained effort and nursing administrators must truly be committed to substantial faculty support and development. How committed are you for such a change?

References

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