The Preferable Future of Nursing

Denise M. Korniewicz PhD., RN, FAAN
University of Maryland: Adjunct Professor,
School of Public Health
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Preferable Future of Nursing Curriculum
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Objectives

- Review the concepts used to develop current curricula.
- Explore concepts needed for the future health workforce.
- Investigate how nursing curricula could be re-developed.
- Demonstrate course changes based on future workforce needs.
Purpose

Transition nurse educators into redefining nursing curricula to meet the competencies of the future nurse workforce.
Background/rationale

Evolution of the healthcare delivery system nationally & internationally:

Cost of healthcare

Governmental structures

Access to care
Integration of health services: interprofessional care/global health care

IOM mandates, QSEN

AACN core competencies inter-professional care

NLN: Interprofessional education/simulation

T.I.G.E.R. initiative for technology informatics guiding education reform

International/global mandates
Background/rationale

Challenges associated with universal health
Public Health infrastructures

Impact of global health issues: TB, Ebola, HIV/AIDS

Population health: caring for families in communities
Focus on prevention

Complex patient acuity

Consumer driven
what's next?
Method/Description

Research Questions:

• What content, courses and teaching strategies have been used to develop nursing curriculum in the past 15 years?

• What content, courses and teaching strategies are needed to address the role of the nurse for the future?
A systematic narrative review of nursing curriculum manuscripts published between 2000-2015 was conducted.

A 3-step search strategy was utilized:

- Initial MEDLINE, CINAHL and EBSCO host databases was completed by analysis of the text words contained in the abstract, index terms and described in the article.

- A second search using identified keywords and expanded terms was then completed.

- Keywords included: nursing, curriculum, reform, revision, innovative models, competency, international, global future.
Results
Comprehensive Review of Literature

Flowchart

Keywords: Nursing, Curriculum, Reform, Revision, Innovative Models Competency, International

Initial MEDLINE, CINAL & EBSCO
N = 647

Expanded terms: Change, Nursing Role, Future, International, Global Curriculum
N = 61 (10%, 61/647)

Specific to USA
N = 41

Specific to International
N = 14
### Data-Based Verses Non-Data-Based Manuscripts

<table>
<thead>
<tr>
<th>Variable</th>
<th>United States (National)</th>
<th>International/Global</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td># Manuscripts met criteria</td>
<td>41</td>
<td>67 (41/61)</td>
</tr>
<tr>
<td># Manuscripts data-based/EVP</td>
<td>11</td>
<td>18 (11/61)</td>
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</tbody>
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Results

Four major categories emerged:

- Category I: Content related to national trends & professional practice
- Category II: Teaching methods using alternative pedagogies
- Category III: Development of new curriculum models
- Category IV: Role of the Professional Nurse
Category I: Content related to national trends & professional practice:

- IOM: collaboration, teamwork
- QSEN: quality, safety
- AACN Core competencies for interprofessional & international/global practice
- Simulation & clinical modeling
- Integration of technology: informatics, simulated patients.
Results

Category II: Teaching methods using alternative pedagogies:

- Active learning
- Inter-professional teaching models
- Virtual teaching & interaction models
- Teaching thinking
- Virtual clinical practicum
Results

Category III: Development of new curriculum models:

- Evidence based curriculum
- Concept based curriculum
- Competency based curriculum
- DIFE model: discovery, interpretation, facilitation and evaluation.
- COPA model: Competency Outcomes and Performance Assessment
Conclusions

- Data associated with nursing and change in content or courses remains scant.

- Majority 79% (48/61) of the manuscripts reviewed were descriptive without empirical data to evaluate the effectiveness of content, courses or changes in teaching methods.

- Faculty resistant to changing curriculum models based on structures (NCLEX, State regulations or University/college culture).

- Nursing not recognized at university level (global).
Recommendations

Basic principles that need to occur to drive curriculum changes:

- Nursing profession needs to have ONE entry into practice.
  - Nursing faculty need to STOP re-arranging “same old content.”
  - Nursing faculty need to begin to think “out of the box”.
  - Nursing faculty need to be engaged in the clinical practice setting and begin to develop curriculum that reflects the skills needed for future nurses.
  - Nursing faculty need to embrace colleagues from other professions: engineers, instructional designers, computer technology.
Recommendations

Re-envision Driving forces:
- Economy
  - National Health Policies
  - Reimbursement/Health insurance
  - Educated consumer
  - Technology
  - Social trends
  - Quality control
  - Interprofessional education
Recommendations

Future Nurse workforce:

- Less hospital care, more community and self care.
- Increased population based care.
- Increased dependency on “smart technology” & integrated health systems.
Recommendations

• Enriched communication systems: satellite, smart phone APPS, diagnostics.

• Improved economics: Better care for less money.

• Health policy and impact on the nurse as a patient advocate.

• Expanded tele-health with nurses managing patient loads.
Recommendations

New nursing curriculum should be developed with three major themes:

• Changes in patient treatments & technologies.

• Changes in role that faculty will have with students and classroom.

• Changes in student sophistication with information technologies and work-life experiences, certifications in other fields.
Envision: Future Nursing Curricula

Consumer controlled
Envision: Future Nursing Curricula

Integrated technologies
Envision: Future Nursing Curricula

Genetically customized & individualized treatment
Envision: Future Nursing Curricula

Use of robots for surgical techniques in-hospital and in community setting based clinics
Envision: Future Nursing Curricula
Robot Nursing

Robots: Japan’s Future Elderly Care Workers

Elderly care is no small issue in Japan. In fact, it may be perhaps one of the most important driving points in the future of Japanese robotics research.

Envision: Future Nursing Curricula

The digital nurse providing or directing care:
• Sensor watches: monitors BP
• Oto Cellscope to perform ear exams
• Multisense patch: evaluates vital signs.
• VScan pocket ultrasound: on-going imaging
• Dexcom mobile continuous monitoring: glucose
• AliveCor Mobile ECG: detects heart conditions
Envision: Future Nurse Educator

Educator remote & accessed teaching anywhere
Envision: Future Nurse Educator

Educator using 3-D to teaching basic physiology
Envision: Future Nurse Educator

Educator working with engineers, physicians, social scientists to develop courses together
Students: Content is accessed at a young age, thus all didactic nursing curriculum could be provided via **SMART PHONE, IPAD or 3-D imagery**. Students would be with faculty for integration of content only in clinical, simulated exercises, inter-professional teaching models.
Envision: Future Nursing Student

Students: Classroom can be accessed globally, students learn from expert faculty from around the world, local or regional faculty will provide the assimilation of knowledge.
Envision: Future Nursing Student

Students: communicate and connect to the best and brightest faculty member, practitioner and health delivery system.
Thank You
References


http://journals.plos.org/plosmedicine/article?id=info:doi/10.1371/journal.pmed.1000097


