Theme: Partnership Working

Title:

An Innovative approach to Curriculum Development, through Partnership working

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Introduction

Partnership approaches to care are essential to ensure the greatest possible outcomes for patients and services users, but are becoming increasingly important for service development and configuration. This paper sets out a model of partnership working that was successfully utilised for curriculum development for a pre-registration nursing programme. Following some background, that establishes the context for curriculum development, there are discussions about the process of curriculum development, the product (i.e. innovations in the curriculum borne out of this partnership approach) and a description of the student pathway on the programme.

Background and Context

Nurses are numerically the single largest group of healthcare professionals in the United Kingdom (UK) and are regulated by the Nursing Midwifery Council (NMC). The NMC have a statutory obligation to protect the public, which they undertake by: maintaining a register of nurses and midwives eligible to practice, setting standards for education, validating programmes leading to registration (and undertaking periodic reviews) of Approved Educational Institutions (AEIs) and ensuring that registrants are fit for practise.

Nurse education moved into Higher Education Institutions (HEIs) in the 1990's, which almost inevitably led to changes in the relationship between HEIs and environments that provide practice experiences. Some studies have suggested that this move may have augmented existing tensions about the balance between practice-based nurse training and nurse education (Gillett, 2010). In 2010, the NMC published new *Standards for pre-*

registration nurse education (NMC, 2010) to replace the previous *Standards of proficiency for pre-registration nursing education* (NMC, 2004). All AEIs that provide pre-registration nursing programmes in the UK are currently undergoing revalidation, or will have been recently validated to meet the 2010 *Standards.* A key feature of the *Standards* is the necessity to develop programmes in partnership with a range of stakeholders, including practice partners and service users to ensure that assessments are clear and transparent. The aim is for students, by the end of the programme to become safe, effective and autonomous practitioners capable of caring for service users of any client group in any environment. Furthermore, that programmes leading to registration must give equal weighting to assessments of theory and practice for the final award.

Process of Curriculum Development

The process of curriculum development at our AEI followed a model of partnership working at all levels, with full engagement of significant partners notably service users and practice colleagues. A Curriculum Steering Group (CSG), Chaired by the Associate Head of School, provided a strategic direction for the curriculum. This group included representation of senior personnel from; the Strategic Health Authority (SHA) for a commissioning perspective, the local acute Trust, the Partnership Trust (PT) which includes representatives from community, mental health and learning disability nursing; and service user representatives. A Curriculum Development Group (CDG), chaired by the Curriculum Development Lead (JS), undertook the operational work and oversaw the work of a number of sub-groups, which did the committee work of the CDG. The CDG included representation from the carers and service users group, practice staff from the acute Trust, the partnership Trust and the private, independent and voluntary sector and academic staff (Academic Leads for each field of practice, and staff with particular lead roles – e.g. school lead for Learning and Teaching). The sub-groups of the CDG, which completed the committee work, were as follows:

- Practice learning
- Learning, teaching and assessing
- One for each field of practice (adult, child, learning disability and mental health)
- Skills
- Enhancing learning through technology
- Research and evidence
- Inter-professional working
- Portfolio

- Admissions and marketing

These were essentially task-and-finish groups that reported back to the main CDG. The Practice Learning group was chaired by a Practice Learning Lead (PLL) (AC) from the local acute Trust, whereas all other groups were led by academic staff with equal representation from practice colleagues and service users. Having a PLL lead the Practice Learning sub-group, with meetings often held at the university, fostered a positive partnership which resulted in a number of innovative developments and features of the programme.

Product of Curriculum Development

The agreed aim of the Practice Learning Subgroup group was to:

- Establish an effective learning environment for all students undertaking the pre-registration nursing programme.

The Practice Learning Subgroup had representation from the acute Trust; the partnership Trust; the private, independent and voluntary sector, service users and academic colleagues. It was felt that this partnership approach needed to be recognised with the development of an agreed logo which has been included on all documents created by and in collaboration with the Practice Learning Subgroup. Key responsibilities of this group included the development of a Student Journey; a Practice Assessment Documentation (PAD); a Service- User Questionnaire; the development of a series of *Insight Visits* in year two of the Programme; an Ongoing Achievement Record (OAR) and Mentor Guide to the Curriculum. Developing these aspects of the curriculum required significant debate, negotiation and buy-in from all parties.

From a practice perspective, one of the challenges was to reduce peaks and troughs of student numbers in practice placements, whilst also facilitating opportunities for students to experience a range of practice experiences across all 52 weeks of the year. This was achieved by developing a Student Journey that met the needs of both the AEI and practice partners, specifically by establishing a mechanism whereby students will be given the opportunity to negotiate their own annual leave within year three of the programme. This incorporated maximum flexibility and enabled the opportunity for students to work in practice environments over Christmas and Easter holiday periods. Furthermore, this will enable a clearer progression towards some of the responsibilities which are held by qualified practitioners.

All practice outcomes for the programme are embedded in three *Professional Responsibility* modules (1-3; one for each year of the programme - see table below). There is a Practice Assessment Documentation (PAD) for each of these modules, which have been has been prepared to ensure a transparent process, with sufficient evidence of both the achievement of key skills and competencies and the ongoing maintenance of them. A key example of specific partnership working was the development of an Assessment Framework for Mentors, which was developed in partnership with the Learning, Teaching and Assessing sub-group of the CDG. There was a decision not to grade practice, but Mentors felt that they wanted a framework on which to base their judgements about students' competence. Therefore a literature search was undertaken and a framework based on the work of Benner (1984) and Bondy (1983) was developed. The aim of this is to improve inter-rater reliability between mentors by providing a structure against which an assessment can be made.

Capturing the *voice* of service-users within an assessment of practice was felt to be important, so a Service User Questionnaire was developed, in partnership with Service Users. This facilitates direct input of service users' perceptions of students' inter-personal skills to be taken into account by Mentors when assessing students. For each practice experience there are a series of five questions (e.g.: *The student introduced her/himself in a professional and pleasant manner*), with a four-point Likert scale (*Strongly Agree* to *Strongly Disagree*) and a visual scale of faces (smiling to very sad). The visual scale was developed to ensure that this could be used for all client groups. Mentors will approach service-users (or carers) to obtain their feedback, which allows a students assessment to be directly influenced by the opinions of those they are caring for as the results from the questionnaire relate directly to outcomes within the PAD.

The EU (European Union) give specific guidance that adult nurses must be able to care for a full range of clients within any healthcare setting, and the NMC indicate in the *Standards* that all nurses should be able to perform this (NMC, 2010). Therefore a series of two-week *Insight Visits* in year two of the Programme are planned, which will ensure that all students gain valuable experience of clients from all other Fields of Practice and Midwifery. A "sandwich" approach has been utilised ensuring that students spend a day of preparation working with both academic and practice members of staff; this will provide them with a level of underpinning theory and allow them to discuss expectations during this two week period. Students will then gain practical experience in both acute and community settings, this will include working with practitioners, exercises to support learning for this client group such as simulation and interactive workshops. These experiences will be completed by an episode of formal reflection about their experiences

to enable students to understand the implications and experiences of other client groups when working in their chosen field of practice.

Mentors wanted there to be a clear process of ensuring that there was good ongoing communication between one mentor and the next and that there could be effective contribution to assessment from other members of the team. Therefore an Ongoing Achievement Record was developed to facilitate this process, which received commendation during the approval event for the transparent nature and clear direction

A Skills Log has been developed that incorporates the Essential Skills Clusters, alongside a number of key skills which practitioners felt essential to students on each Field of Practice and demonstrates ongoing development of core skills. The achievement of these skills will be assessed within the PAD and students will be expected to demonstrate that they have been able to continue to practice and maintain them over the entire programme. The final document created was a Guide to the Curriculum which has been developed as a partnership and will provide information and guidance to both academic and practice staff, thus ensuring a collaborative approach to the preparation of staff from both the university and practice.

Whilst the majority of the sub groups have existed as task-and-finish groups; the Practice Learning Subgroup will continue to meet to ensure that this component of the programme is evaluated and updated to meet with service changes. This partnership has led to a curriculum which will ensure students are able to develop into autonomous practitioners in a safe and supportive environment and the approach to partnership working was commended by the reviewers at the validation event.

Pathway

The pathway, therefore, refers to both the output and students' pathways through the programme. In consultation with commissioners, who were part of the CSG, three pathways through the programme were developed:

1. Three-year, full time with single NMC registration in one field of practice
2. Four-year decelerated, with single NMC registration in one field of practice
3. Four-year, with dual NMC registration in two fields of practice.

Agreement, commitment and enthusiasm for these pathways were obtained during the curriculum development process, since all stakeholders were involved at all stages and

levels. Commissioners from the SHA were supportive of these developments, and certainly practice partners were very committed to the dual registration version of the programme. Indeed, the possibility of a dual registration award was viewed very enthusiastically by practice partners, where a number of possible future work environments were identified. The conventional route (three-year full time) is well established but neither of the other options is currently available for pre-registration nursing programmes at our AEI.

The structure of the programme adopts a blended approach with all students accessing all modules:

Year 1		Year 2		Year 3
Professional Responsibility 1		Professional Responsibility 2		Professional Responsibility 3
Skills and Evidence for Professional Practice (30)		Analysing Evidence for Healthcare (30)		Working in Partnership with Service Users and Carers (30)
Foundations of Nursing Practice (30)		Complex Care Needs (30)		Dissertation (60)
Promotion of Health and Well Being (30)		Responding to Altered Health Needs (30)		
Holistic Nursing Interventions (30)		Student "Choice" Module (30)		Transition to Professional Practice (30)

Note: Figures in parenthesis give the number of academic credits at each level. All practice outcomes are embedded into the three Professional Responsibility modules.

Conclusion

Partnership working was a key feature of the development of this curriculum and was commended by the NMC at the validation event.

Contribution to knowledge development;

> ➤ Effective partnership working can open up opportunities which might otherwise be missed.

> ➤ When mentors feel they "own" the practice assessment process they engage effectively with the development of resources, despite time constraints.

> ➢ Service Users are able to make effective judgements and contribute to assessment when they have been fully involved in the process.

References

Benner, P. (1984) From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Addison Wesley, London.

Bondy, K. N. (1983) Criterion-referenced definitions for rating scales in clinical evaluation. Journal of Nursing Education 22(9) 376 - 382.

Department of Health (2006). Modernising nursing careers; Setting the direction.

Gillett K, (2010) From 'part of' to partnership: the changing relationship between nurse education and the National Health Service. Nursing Inquiry 2010 17(3):197-207

Nursing and Midwifery Council (2004) Standards of Proficiency for pre-registration nursing education. NMC, London

Nursing and Midwifery Council (2010) Standards for Pre-registration Education. NMC, London