

AN OVERVIEW OF THE NEW BASIC CURRICULUM

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"We live in a world of change." How often speakers use the words and how easy it is to listen approvingly but without full awareness of the dramatic fact they express(1).

WHILE the nursing curriculum of the University of Toronto had always been, and continues to be, under constant review, a thoroughgoing change in the Basic Course was introduced in 1968. This change was generated by a number of pressures from without and within the School.* From without, there was increasing reference to the values of interdisciplinary teaching and to the values of health science divisions within universities. There was emphasis on the need to delineate more clearly the roles of diploma and baccalaureate graduates, and the preparation of each. The demands on the use of available clinical facilities in the city were increasing as schools of nursing expanded their enrolment.

From within the School the pressures included finding sufficient clinical locations for students of the first three years. These requests were particularly heavy for one period of the year, May, June, July, for specific areas, for large numbers of students. This required not only special arrangements by nursing service departments but also the employment by the School of many part-time members of staff, available and prepared to teach in those specific clinical areas for the three months only. Our staff had concerns about the proportion of part-time to full-time members, about the length of the teaching

* In June, 1972, the School of Nursing was designated a Faculty of the University; since review of the curriculum was undertaken and the revised course introduced prior to that date, this paper speaks in terms of the School.

year, which left no opportunity to work in the clinical field as practitioners, to do research or writing, or to make adequate preparation for the ensuing year's teaching. Other administrative factors included the pressure to increase the number of admissions to the Basic Course(2), and the recognition that an expanded clinical field would become available when Sunnybrook was designated a University Hospital. There was the anticipation also of the commencement of a Master's Program in Nursing, when the question would arise of how our undergraduate preparation would relate to this graduate program. And most important, there was the expressed desire to look more closely at the relation of theory and practice in the baccalaureate program. Student criticisms and evaluations of nursing and other courses had been of benefit to us for many years. Further assistance was received from Dr. Nora Parker's studies of the graduates. In the first of these, covering 1946-1966(3), responses had indicated a desire for an easier transition from student status to practising graduate. It was evident that gainful summer employment was increasingly difficult for students to obtain by reason of the length of our year, and we noted the trend to seek nursing experience in the time available. These factors and others mentioned by Dean King in her Introduction were an indication that the time had arrived again for a careful analysis of the Basic Curriculum.

PLANNING FOR CHANGE

At a meeting of the Basic Curriculum Committee in January 1966, Dr. Helen Carpenter, who was then the Director of the School, requested that "in making plans for major revision in the curriculum, educational objectives should be coordinated with administrative possibilities." The planning for change, under the leadership of Mrs. Carol Brehaut, was a time-consuming process involving much hard work, frustration, conviction, and patience on the part of many staff members. Although there were limiting realities to face, there was also the opportunity, the responsibility, to "think big." It was agreed that the existing statement of the School's philosophy, purpose, and objectives could be used as a base for purposeful change: it expressed the School's responsibility for developing, extending, and transmitting nursing knowledge, and for creating an environment which would foster students' development and encourage growth toward leadership roles.

From this starting-point, a functional framework gradually evolved which was of great assistance to the Committee in its deliberations on how to translate the philosophy of the School into a course of studies. It consisted of ten aspects of the teaching of nursing,

linking students, courses, and objectives. The ten components of the framework were formulated as:

- (1) the expectations of a graduate of the Basic Course
- (2) a core concept of nursing.
- (3) core threads
- (4) expectations of a student
- (5) basic assumptions regarding the teaching of nursing
- (6) team planning and team teaching
- (7) interdisciplinary teaching
- (8) curriculum other than nursing
- (9) the nursing subjects
- (10) the relationship of theory to practice.

These underlie the teaching of the students throughout the four years of the curriculum.

THE NEW CURRICULUM

The curriculum evolved provides a basic professional preparation which includes qualifications for nursing in both the hospital and the public health fields, and for teaching, administration, and research in nursing. The arrangement covers a four-year period during which nursing theory and practice are integrated; study in the humanities and sciences is associated with nursing throughout the course. There is a central core of teaching in nursing concerned with the well-being of the individual, family, and community. The student has an opportunity to apply this core material in selected areas, in the care of adults and children within facilities for the delivery of medical and nursing services. This experience is provided concurrently during the academic year as well as in stated concentrated periods.

The following section attempts to illustrate how the ten components of the functional framework underlie the courses of study. It is not exhaustive in treatment; rather, it is hoped that some description of the components together with some examples of application will give the reader an insight into the functioning of the curriculum.

(1) *The expectations of a graduate of the Basic Course.* The first of the ten formulations defines the objectives for the curriculum in terms of areas of competence which are to be expected of graduates of this program of the School. A graduate is expected to show a capacity for leadership in assessing nursing needs and in planning, providing, and evaluating care to patients, families, and the community. It is important to note that our definition of leader-

ship is "the ability to influence others through direction, guidance, or example, such that the delivery of health care is improved or a high quality is maintained." Collaboration with others on the health team to plan and deliver such health care is expected, together with the assumption of a leadership role on the team, when appropriate. Teaching in a school of nursing, and administration are two fields in which graduates may be expected to take on responsibilities. The graduate should understand basic principles of research methodology sufficiently to evaluate nursing studies and to function as a research assistant. She or he would assume responsibility for continuing personal and professional development and take positive steps to meet his or her responsibility to the profession. It is expected, also, that the graduate would have an educational base adequate for further development as a practitioner, teacher, administrator, consultant, or researcher following further education and/or experience.

(2) *A core concept of nursing* and (3) *Core threads*. Basic to the curriculum is a central core of teaching in nursing which extends throughout the four years and is concerned with the well-being of the individual, family, and community. This core was defined as "that body of nursing knowledge and skills which can be applied in any nursing situation." It was anticipated that this approach would break down the tendency to departmentalize subject matter; would eliminate some repetition of teaching; and would favour a problem-solving and more holistic approach. Not only would there be discussions in the classroom related to the common elements, but also there would be opportunity to test these in the various clinical settings and to share resultant experiences with classmates from other areas.

The nursing core comprises five components, which we have labelled "threads." These threads are:

- (a) assessing, planning, giving, and evaluating nursing care
- (b) teaching
- (c) group dynamics
- (d) professional development
- (e) research.

Looking at the first thread in the light of the definition of core, it will be recognized that there are fundamentals in assessing and planning for care which relate to the well-being of individuals, families, or communities, irrespective of diagnosis or location. The same may be said for each of the other four threads. In our teaching, the degree of emphasis on these five threads varies during the year and from year to year.

If core curriculum is not clear in theory it is difficult to develop it in practice. As well as attempting to clarify the nursing knowledge and concepts which constitute core, we found it necessary to analyze the levels of experience required in each of the years in order to prepare objectives for the students' learning and evaluation.

(4) *The expectations of a student in the Basic Course.* The five core threads provided the framework for establishing what we expect of students in their four years at the School. Using the teaching thread as one example to follow through, the planned progression involves the first-year student understanding the principles of learning, accepting teaching as an integral part of nursing, recognizing an individual's need for health teaching with the necessary planning, giving, and evaluating of such teaching. There is opportunity also for the teaching of groups of peers within well-defined limits.

The second-year student becomes increasingly skilful in assessing the need for health teaching in the individual, and in the planning, giving, and evaluating of such teaching; she gains, as well, increasing skill and independence in the teaching of groups of peers.

In the third year, the emphasis is on health teaching for families and groups of patients, and study of curriculum development is introduced.

The fourth-year students continue with this latter aspect, and participate in the teaching of students in the practice field; they also carry out the teaching of their patients as an integral part of nursing care.

(5) *Basic assumptions regarding the teaching of nursing.* These were formulated as a statement of nursing principles for the guidance of staff and students. Since the attitudes defined were considered to be applicable to all areas of the teaching and practice of nursing, it was felt that their concentration in a twelve-point guide form would be of assistance in obviating much repetition in teaching, while underlining their importance as fundamentals. Among them may be cited:

The total patient (physical, emotional, and social aspects) is always considered and the patient is always seen as part of his family, environment, and community (although at various times the focus may be on one of these).

The nurse's primary concern is caring for a person who is unable to meet his own basic needs.

The nurse's capacity to understand others is affected by her understanding of herself and the realization that all behaviour is meaningful.

The patient has a right to participate in planning and carrying out his own care.

(6) *Team planning and team teaching.* This approach to teaching is a radical departure from our previous practice when one member of staff had been responsible for planning most of the subject-matter content and for most of the classroom teaching in a given course. Now the emphasis is on cooperative planning and teaching of a given year. Each of the four years has a teaching team of designated faculty members with a chairman; the team is responsible for the planning of the courses and for the teaching. Each team member may be said to have expertise in a different area, and in the second and third year of the program they each consult closely with other staff of that area whose major responsibility is in the clinical field, but who are not members of the team. Both groups share in the teaching in the classroom and in the clinical areas in varying degrees. There is opportunity for each to affect what will be taught and how it is taught. The initial period of planning was expensive in time, and it was difficult for some staff to achieve a full measure of personal satisfaction. Experience and trust have reduced these difficulties.

(7) *Interdisciplinary teaching.* There has been a feeling among the faculty for some time that interdisciplinary teaching should be encouraged if the graduate is to function to the maximum of her skills and for the maximum benefit to the delivery of health care. Modest progress has been made in this area. We believe we have made some headway in a course labelled Nursing 203 on the meaning of illness to the individual, the family, and the community, which is given by a pathologist, a sociologist, and a psychiatrist. The opportunities to relate to health teams are increasing, and arrangements have been provided for some senior students to gain experience with students from other faculties in the health field, for example, in family practice clinics and some volunteer projects. Staff continues to explore possibilities within our milieu.

(8) *The curriculum other than Nursing.* Since we believe that nursing knowledge is a synthesis of principles and concepts from several disciplines which are blended and used in a unique way, the students register for specific subjects in other departments of the University. In the first year, these subjects are Biological Chemistry

and Human Nutrition, Medical Microbiology, Anatomy, Psychology, and Sociology. In the second year, science and humanities are represented by Physiology, Psychology, and Philosophy, and in the third year by Educational Psychology, Community Health and Epidemiology, Statistics, and electives. The inclusion of Statistics and Educational Psychology, and the opportunity to choose an elective from any field, together with freedom to add or not to add an additional elective, were curriculum changes in this area.

(9) *The Nursing subjects* and (10) *The relationship of theory to practice*. Nursing is the major subject. It increases in amount, depth, and breadth through the four years and includes periods of practical application, some concurrent with, some following, the academic year. It comprises a total of thirteen full courses; no electives are offered and each of the courses is a prerequisite for the subsequent year. Community nursing has not been designated as a separate subject. Rather, in line with our view of nursing as an integrated entity, a School committee has developed principles and concepts essential to the practice of public health nursing and has examined our Basic Curriculum in relation to these; staff members receive suggestions and assistance in the utilization of these principles and concepts.

In first year, Nursing 100 provides a basic foundation in nursing. Emphasis is placed on a study of growth and development and the health care of people of all ages, as a part of the thread of assessing, planning, giving, and evaluating nursing care. There is an introduction to the concept of the health-illness continuum, with emphasis on the health aspect. During the academic year there are assignments which take the students into the community — for example, a study of their own community, and a report on an elderly person they visit at home. There are, as well, selected experiences in the hospital setting, when students test their ability to assess needs of patients and to make and carry out a plan of nursing care. At the end of the academic year, there is a month of continuous practice (Nursing 102), which enables students to develop their nursing skill further, with the patient in hospital and considering the extension of his care into the home or another domiciliary setting.

The second year (Nursing 200 and 203) builds on the core content of the first year. It places emphasis on learning about people in stress and the factors which prevent the individual and the family from meeting their health needs. There is concurrent application of this learning weekly in clinical settings (Nursing 202). The students are assigned to patients in hospital, in adult and child medical-surgical

nursing services, in psychiatric, and in maternal and infant services; they also have contact with patients in their homes.

In third year (Nursing 300) emphasis is on the care of patients and families having more complex health problems. The student becomes better equipped to function as a member of the health team, participating in both nursing and health team decisions. The concurrent application (Nursing 302) takes place in the same four clinical areas mentioned; also, with increased emphasis, in the home setting and with the independent use of community resources. There is a month of continuous experience at the end of the year as well (Nursing 303). The student is thus assisted to make an integrated whole of the teaching and experiences of second and third year before commencing fourth year, where practice revolves about a selected health problem cutting across clinical boundaries.

The fourth year is devoted entirely to the major subject, Nursing. Although the year's work is handled as a totality, for record purposes five nursing subjects are delineated (Nursing 400-404). The unifying means is a single health problem, selected by each student for intensive study. A suitable health problem for this purpose has been defined as a condition of disequilibrium in the physical or mental well-being of individuals and/or families; it involves the nursing care of these in at least two different phases of the problem, for example, acute and chronic. The health problem is a means of focusing the student's learning and experience throughout the fourth year. In the first term, there are minimum expectations for each student in each of the areas of clinical practice, teaching, research, and administration. This is followed in second term by a period of concentration in one of the four. Each student selects the area in which she wishes to concentrate; she is enabled to go into it in greater depth, acquiring more knowledge and experience in it. For example, the students who select clinical practice focus on some aspect of the process of nursing care. This might be, for instance, the development of an assessment tool to help in ascertaining facts to serve as a base for the planning of nursing care — one such project related to patients in the community with cardio-vascular problems. The thread of professional development receives considerable emphasis in the fourth year, with the expectation that the student will be able to understand and interpret current issues, and be aware of plans being considered to resolve them. The students have four consecutive days weekly available for independent experience throughout the year, until the month of March; this month is set aside for full-time independent experience. For this experience the student selects a setting (any place in the world) which will assist her to fulfill her stated

objectives. The student finalizes her year's work in the presentation and defence of a major paper relating theory and practice, and integrating all areas of study (Nursing 404).

It is expected that the previous three years have prepared the student for this challenging period of independent study. In it she is responsible for formulating her own objectives related to her selected health problem, and for indicating the clinical settings she would require in order to attain them. Opportunities are grasped to integrate, test, and further her knowledge and experience through teaching, discussion, consultation, research, and periods of concentrated and continuous practice in selected health settings. It is fair to state that the fourth year epitomizes our belief in change for a purpose — the preparation of a more self-directing professional.*

THE PRESENT CURRICULUM AND THE FUTURE

We have almost completed the second full cycle of the new curriculum; the class of 1973 will soon join the class of 1972 in the work world. There is much to be done, many questions to be answered, for example: Should there be electives in Nursing subjects? Should there be alternative routes open to the students for achieving the same goal — for instance, might some emphasize social sciences, while others emphasize physical sciences, as they progress toward the attainment of a Baccalaureate in Nursing? Is there too much emphasis on detailed objectives in a university program? In our particular clinical environment how can we further cut across the segmentation of clinical areas? Are current methods of evaluation in the clinical practice field satisfactory? How willing are we to help students experiment in the clinical setting? Are there other approaches to the preparation of personnel for interdisciplinary practice? With the large number of applicants, a ceiling on enrolment, limited criteria for admission standards, are we selecting the best candidates for this type of program? As we prepare more graduates capable of independent thinking and action, is the employment field ready for such professionals, and, indeed, are there sufficient opportunities and funds available? The demands made by society are great and situations alter continuously. Appreciating the changes that have taken place in the curriculum over the years, as we face our responsibilities for the preparation of personnel, we know this change we are describing will not be the last. Someone said, "He who will not apply new remedies must expect new evils." "We live in a world

* *For discussion of the independence and leadership component in the curriculum see the paper in this series by Nora Parker.*

of change" — no one will deny this, but we can take time to remind ourselves of continuity in the role of the university.

The *role* of the universities in the 1970's is — as it has always been — to try to disseminate freely what is known, and to encourage the study of what is at the frontier. The *value* of the university lies — as it has always lain — in the intellect, and the passions, of its community.(4)

References

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2. "Clinical Resources and Nursing Education: Metropolitan Toronto, Newmarket, and Richmond Hill." An Area Report of the Working Party established by the Ontario Hospital Services Commission and the College of Nurses of Ontario. [Toronto] January, 1969.
3. Parker, Nora I. *Survey of Graduates of the University of Toronto Baccalaureate Course in Nursing*. Toronto: School of Nursing, University of Toronto, 1968.
4. Parr, J. Gordon. "The Role and Value of Universities and University Education in the 1970's." Address of the Chairman, Committee on University Affairs, to the Ontario University Registrars' Association, Regional Dialogue for South East Central Ontario, November 16, 1972.

Professeur demandé pour juillet 1973.

Spécialisation: 1) Nursing Medico chirurgical
2) Nursing communautaire

Qualifications: Préférence sera accordée aux candidat(e)s qui détiennent un grade supérieur en nursing clinique et qui peuvent enseigner en français tout en ayant une connaissance suffisante de l'anglais.

Rang et salaire: A négocier selon les qualifications et l'expérience en Nursing.

Pour de plus amples renseignements écrire à:

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