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JUNE 1973

THE NEW BASIC CURRICULUM OF
THE FACULTY OF NURSING
UNIVERSITY OF TORONTO:

AN OVERVIEW

THE RESEARCH THREAD

INDEPENDENCE AND LEADERSHIP COMPONENT

Volume 5, No. 1



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LETTER TO NURSING PAPERS

To the Editor:

It has been my pleasure to be a participant at the Western Region Conference of C.A.U.S.N. in Banff. It is doubly rewarding — (a) because of the recognition given to the Medical Services Branch, Department of National Health and Welfare, as having a part to play in the education of future generations of nurses, (b) because of the recognition by the service agency itself of a responsibility toward the education of nurses, not only for their own relatively limited employment needs, but for all of Canada, and developing countries where Canadian nurses serve.

The presentations directed toward "Nursing In The Health Care Services Today and Tomorrow — Conflicts and Compatibilities" were down to earth enough to identify with, practical enough to provoke constructive thinking, and idealistic enough to lift one's thoughts a little higher.

The five themes selected for greater depth of thought — accountability, risk vs. trust, isolationism, evaluation, sociopolitical skills — and role playing situations were very provocative. However, it was disappointing for me that there were not many more imaginative projects developed in the group work as a result. It was as if we had been given all the pieces of a jigsaw puzzle but failed to put the picture together. I wonder if nurses as a professional group suffer from a psychological poverty syndrome, battered group syndrome?, mental constipation? There's that disease orientation coming up again.

Perhaps we should start with a health assessment of the profession to determine what disease of our collective minds prevents us from utilizing our creative potential to make it what it could be — a powerful force demanding a larger share of the nation's resources to help create a better system for health care. The climate is right for women,

for the nursing profession, and for ideas to solve the health care delivery dilemma. Come on!

This letter was not intended to be a sermon, but you can see that the conference started at least one participant chewing on that food for thought.

Catherine W. Keith,
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Staff Development,
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Health and Welfare Canada
Ottawa,
March 1973


The Editor notes:

Nursing Papers hopes to publish some of the proceedings of the Banff Conference in a future issue.



Hommage de:

**la directrice et du personnel enseignant
de l'Ecole des sciences infirmières
de l'Université Laval
Québec**



INTRODUCTION

The Faculty of Nursing, University of Toronto, welcomes the opportunity of sharing with the readers of this issue of *Nursing Papers* some of the curriculum changes recently effected in the basic baccalaureate program.

Nearly eight years ago a review of the teaching of nursing in this course was begun with revision in mind; very shortly, the inescapable conclusion was reached that tinkering with one or two subjects would only compound the existing difficulties. A new approach was needed and resulted in a new program. Now, in 1973, one class has completed the revised program and a second is nearing graduation.

Although the time chosen for the revision was fortuitous, it came at a juncture when nursing education in Ontario was under close scrutiny. *Proposals for the Future Pattern of Nursing Education in Ontario* had been published by the Ontario Department of Health in 1965. While this plan was primarily concerned with diploma education, there were implications for university schools directly related to expansion. There were, as well, other indirect implications related to curriculum change, foremost among which was the establishment of educational objectives which would clearly differentiate between the two levels of preparation.

The same year, on campus, a Presidential Advisory Committee on Undergraduate Instruction in the Faculty of Arts and Science was constituted. The recommendations of this Committee laid the foundation for a new program tantamount to a quiet revolution in Arts and Science. This intense examination of the curriculum of a major division, coinciding as it did with the desire for greater involvement on the part of students, gave an entirely new dimension and excitement to the process of teaching and learning.

No new approach to the curriculum could be considered without an acute awareness of those most closely involved, the students. A student comes to the program with a unique background of knowledge and experience, coupled in many instances with a spirit of adventure and a desire to give service. This individuality and concern for others on the part of the student forms a base for the course of study. It makes it possible to encourage students to use themselves significantly in order to grow. This assumption was valid only if it was accepted that the first-year student comes with a quite different base of knowledge and experience than did an incoming student a few years earlier. The great acceleration of social change with its accompanying implications for the individual in a post-industrial

society called for new approaches in health care. Graduates of the future would need different competencies than did their predecessors.

Since obsolescence of any set body of teaching would be almost immediate, a new approach must provide for flexibility, encourage thought, and be arranged by principles. The student must be assured of an educational base which would provide the knowledge and skills necessary to the understanding and management of the changing health-illness needs of the individual, family, and community. In addition, students would need opportunities to develop a variety of skills which would foster flexibility and independent learning as well as furthering independent analysis of concepts, theories, and principles.

The Committee considering curriculum change was cognizant of the foregoing events and considerations. Based on these factors and on explorations of curriculum changes in other settings, a series of statements, reports, and recommendations were presented to the entire staff for discussion. These formed the working documents from which the curriculum was developed. In spite of the general desire for more meaningful involvement in matters related to their learning, the students did not accept the invitation to join the Committee for nearly a year, after which time they became, and continue to be, active participants in curriculum planning.

The articles which follow are all related to the new curriculum. Jean Wilson provides an overview of the four years, while the contributions of Barbara Johnson and Nora Parker discuss specific key components reflecting the change in emphasis in the new program.

Kathleen King
Dean and Professor, Faculty of Nursing
University of Toronto

AN OVERVIEW OF THE NEW BASIC CURRICULUM

M. JEAN WILSON
Professor, Faculty of Nursing
University of Toronto

"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)

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Professeur demandé pour juillet 1973.

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THE RESEARCH THREAD

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WE live in a time of rapidly expanding knowledge and technology, a fact which has great implications for health professions such as nursing. Now more than ever nurses need to work at keeping abreast of developments which affect their practice. Because of such fundamental considerations as these, the decision was made to include an emphasis on research in the nursing course being discussed in this issue of this journal. The inclusion of research was conceived as fulfilling a twofold purpose directly related to the nurse's need to grow as her profession grows.

First, since more and more research is being done in nursing today, it follows that research reports are forming an increasingly large proportion of nursing literature. In order for nurses to use this literature intelligently as a basis for practice, they must be able to evaluate the research methodology involved. The findings of a study are only as sound as the methods used to obtain them. Thus the inclusion of research in a basic nursing program helps to prepare intelligent, critical consumers of nursing literature.

Second, it is hoped that the research emphasis will help students develop a more objective frame of mind toward their own nursing practice. As they learn to examine critically the problems that have been investigated and reported by researchers, it is hoped they will also learn to examine critically the problems they encounter in their own practice — to look at a problem thoughtfully, examining all its aspects, trying to discover possible reasons for its existence and possible means of alleviating it, unhampered by the yoke of traditional practices, protectiveness, or defensiveness.

This, then, is the twofold purpose behind the inclusion of research in the basic program. What form does the research emphasis take?

In the first year of the course, the students are simply exposed to nursing research. They learn that this is one way nurses have tried to answer the questions that occur in their practice. As the students

study certain topics in their nursing course, they become familiar with the nursing studies that are relevant to those topics.* The main emphasis is on the findings of the research, not on the methods, and the students learn to recognize how these findings relate to what they are learning. No special teacher becomes identified with research. Rather, there is a natural integration of research content into the other teaching by the regular nursing instructors.

Beginning in the second year, research becomes more of a separate unit, but for practical reasons rather than reasons of conviction. The students continue to become familiar with research studies that contribute to nursing knowledge, but the emphasis is broader than mere findings of the studies. They learn to recognize the kinds of nursing studies that have been done and can be done; they start to become familiar with research language; they learn about some of the ways that information can be gathered in a controlled, objective way. But although the second-year students are beginning to pay attention to research methods, they do so in a fairly uncritical way. The aim is to help them read selected nursing studies in order to be able to recognize and understand some of the methodology involved, not to evaluate these methods critically in the context of any particular study.

This critical evaluation of methodology begins in the third year of the curriculum. In this year students learn more of the techniques of research design. For example, they learn about variables and what goes into their operational definition. They learn about certain sampling techniques and when each may appropriately be used. They discuss how bias may creep into a study and how this can be controlled. In addition, the third-year students take an introductory, one-term statistics course given by the department of epidemiology and biometrics in the School of Hygiene. The third-year research unit includes an assignment to design a nursing research study. This assignment is conceived mainly as a learning experience in which the student has the opportunity to apply her research skills to a nursing problem of her own choosing by designing an investigation related to some aspect of that problem. The investigation designed by the student is not meant to be implemented, so the students are free to design it with only the criterion of good research in mind, not considering whether they as students with limited time and resources could carry out the study. Also, care is taken to avoid giving students the impression that they are now well enough trained to be independent

* For example, Pamela E. Poole, "A Study of the Routine Taking of Temperature, Pulse and Respirations on Hospitalized Patients," Hospital Services Study Unit, Canada, Department of National Health and Welfare, December 1968.

researchers. The assignment is seen as a thorough test of a student's ability to evaluate research methods in the context of a particular study.

Thus the main thrust of the research emphasis in the first three years relates to the first aspect of the twofold purpose mentioned earlier. The instruction and the assignments discussed all have to do with developing students who can read and evaluate critically nursing research literature.

In the fourth year this same emphasis continues. Students in small discussion groups present critiques of research studies reported in the literature and lead their classmates in discussing the techniques used in the particular study, the strengths and weaknesses they discern and the study's relevance to various aspects of nursing. But in addition, the fourth-year students have classes and an assignment related to the second aspect of the twofold purpose for including research in the curriculum, the development of an objective attitude toward their own work. This assignment is to choose a problem they encounter in their nursing practice and to investigate it empirically instead of trying to solve the problem just by asking the advice of others or just by reading what others have to say about the problem, although both these activities may be a part of the investigation the students carry out. The students are expected to write their plan of investigation before carrying it out and to write a report of their investigation after completing it. They are expected to use methods that are as carefully controlled and as sound as possible within the limits of time and resources. But even so, this investigation is not conceived as a true research project; it is not, as students are tempted to think, an extension of the third-year assignment where a study was designed only but not carried out. The scope of this fourth-year investigation of necessity is too small and the limitations too great for it to be considered research. Rather, it is an exercise in applying some acquired investigative skills to a problem students encounter in their practice.

In the second term of the fourth year, research is one of four areas of concentration students may elect. The students who choose research have an opportunity to increase their depth of understanding of the research process by some practical extension of their first-term investigation. This may take the form of analysing the data from the investigation according to some new perspective, or of refining the data-collection method according to insights gained in the original investigation and gathering additional data by the refined method, or of designing (not carrying out) a new study based on implications of the original investigation and its findings.

In addition to extending their own first-term investigation in one of the above ways, the students in the research area of concentration will have the opportunity to learn about research being planned or carried out in some health-related area. Each student will study the questions and methods of an investigator currently working on some phase of a research project. Ideally the students will be able to study projects based close enough geographically to allow personal contact with the investigator. Possibly the student may even assist that investigator in some aspect of the project. It is hoped that this contact with current research will give the student an increased appreciation of the contribution of research to the advancement of knowledge.

The above is the form in which research is included in the basic nursing program. One class has been graduated from the curriculum being discussed. We are presently working with our second class of fourth-year students. With that much perspective, how do we judge the results of our efforts? What has been our actual experience with research in the basic program?

The first reaction to the research component that the planners of the curriculum had to face was doubt and anxiety from their colleagues. Some questioned whether research belonged in a baccalaureate-level curriculum.* Others accepted that premise but questioned the staff's competence to handle the research component. The third- and fourth-year teaching teams felt especially in need of help because these years contained special research assignments that required the involvement and guidance of all the staff teaching in those years. Various measures were taken to alleviate staff anxiety and increase their confidence in helping students with research concepts. Informal sessions with small groups of staff were held to explain the purposes of the research emphasis in the curriculum and to clarify how this differed from research in a higher-level curriculum. The fourth-year teaching team had a series of informal study-discussion sessions designed to increase their ability and confidence in reading research reports and generally to increase their familiarity with research methods. Members of the second- and third-year teaching teams were invited to attend the research classes taught students in these years. Also, the third-year teaching team, in a series of informal sessions, was given help in developing criteria for evaluating the research designs submitted by their students.

The staff were not the only ones anxious about research. The students, especially the first class to come through the new curricu-

* *For a discussion of this question, see K. King, "Research in a Basic Baccalaureate Program", The Canadian Nurse, May 1972, pp. 21-23.*

lum, also experienced a great deal of anxiety with respect to this aspect of the curriculum. The anxiety was greatest among the first class as they approached their fourth year and learned about the research activities that would be a part of that year. A great deal of time was spent clarifying the exact nature and purpose of the fourth-year research assignments to these students. This clarification itself seemed to alleviate some anxiety, for the research assignments had been misconstrued as much larger and more complex than was intended. In addition, some specific measures were taken to help succeeding classes feel less threatened by the research components of the course. Three such changes were: more emphasis on the introduction of appropriate research studies during the first three years, longer periods for discussion of research methods, and an extension of the statistics course to be offered as an elective.

Although the first class in the fourth year remained somewhat anxious about their research assignments throughout the year, they did some good critiques of nursing studies and conducted interesting investigations of nursing problems. Examples of the problems investigated by this first group of students are: factors influencing postpartum rest in hospital, the effectiveness of selected methods of relieving thirst in patients on restricted fluids, handwashing practices of nurses, and the preoperative preparation of patients for cardiac surgery. It can be said without exaggeration that a few of the students even became excited about the investigations they had done and the things they had learned. However, none of this first class elected research as an area of concentration in their second term.

We are presently working with the second class to enter the fourth year. There seems to be a much more positive attitude toward research among this group of students. Consequently, much less time has to be spent allaying fears and more time can be spent helping the students appreciate how research can make an exciting contribution to better nursing practice. At the time of this writing, students are engaged in collecting data for their investigations. These investigations reflect a wide variety of interests of the students (for example, the post-operative nursing needs of patients on Stryker frames, factors affecting patients' sleep, the learning needs of patients with rheumatoid arthritis, and the problems of parents in toilet training handicapped children). The majority of students seem to be approaching their investigations with sincere, sometimes enthusiastic, interest in the outcome. Six of the students have elected research as their area of concentration for the second term.

The research component of the curriculum, as all components, will be constantly evaluated. Our experience with it is still limited and thus our perspective is short. Further refinements will no doubt be made. We hope the refinements will serve to make the research component more and more closely related to the other components of the nursing curriculum, to the end that research itself will be seen to be a natural, integral rather than isolated part of nursing.

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**Dr. E. Jean M. Hill, Dean and Professor
Queen's University School of Nursing/Kingston,
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INDEPENDENCE AND LEADERSHIP COMPONENT

NORA PARKER

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*It wasn't long before Jonathan Gull was off by himself
again, far out at sea, hungry, happy, learning.(1)*

THE objectives of the Faculty of Nursing are based on a philosophy that explicitly states that the Faculty has a responsibility to create an environment which fosters the student's development and growth toward leadership roles. The term "leadership" is not meant to refer to any specific job function but to the "ability to influence others through direction, guidance or example so that the delivery of health care is improved or a high quality is maintained."*

Although the preparation of a self-directing professional was the major factor influencing the form in which the fourth year of the revised curriculum was developed, faculty involved were also aware of the expressed feeling on the part of graduates of the school that less close supervision, particularly in the final year, would be helpful in making the transition to a practising professional(2). As A. J. Finch has pointed out in a more recent article, one of the current social trends which has significantly affected nursing education is the fact that the professional nurse practitioner is being required to have greater skills in independent decision-making and action(3). Others have also noted that nursing graduates frequently have serious transitional problems when they first begin work(4). At the time, it was agreed that in order to develop the capability for taking responsibility, decision-making, and independent action, more opportunities for independent experience needed to be built into the curriculum.

The main elements in the curriculum which provide these opportunities and prepare the student to function in a leadership role were incorporated into the fourth year; however, all of the learnings acquired in the previous years contribute, as do a sequence of exper-

** Definition of leadership developed by the fourth-year teaching team.*

iences which provide gradually increasing independence.* These begin with a number of opportunities to function independently in the first year. As one example, small groups of students are responsible for planning and presenting material related to growth and development. In preparation for these presentations, students not only study and plan independently but also investigate community resources related to their particular project. The visits are also independently planned and executed, although faculty act in an advisory capacity if called on.

In second year, there are a number of ways in which the student is enabled to function in an independent manner in the learning experiences provided in the clinical areas. The psychiatric experience will be used to illustrate. Although each experience is preceded and followed by a clinical conference, the instructor has to remain out of the immediate one-to-one situation while the student has to use herself and then analyze what in the relationship with the patient has or has not been effective. In addition, prior to a class on aftercare, each student, on her own, contacts a community agency which would be appropriate to her patient, one which could provide a service needed by the patient. Although in second year students are not required to make a home visit, this is encouraged if it is appropriate to the patient. The student develops her own objectives for the visit, and has to clear with members of an interdisciplinary team, that is, the doctor, nurse, and social worker involved with the patient. The student is not told whether she can or can't go, but she does have to discuss the objectives of the visit with the team and then write a follow-up report in direct relation to whether the objectives were or were not achieved. Such visits are encouraged in any clinical situation, if appropriate.

As a natural progression from her earlier experiences in which the focus of her concern has been mainly the individual patient, the student in her third year moves on to work more directly with the total family. This development in turn brings with it a shift in the base of her operations from hospital to the home and to the community. It also provides the occasion for an extension of the independent experiences which were included in the first two years. Essentially, the experience consists of work by each student with one family during the academic year. Using a patient she has met and cared for in hospital as her point of entry into the family, each student provides nursing care to all its members for a period of up to six months. This whole experience, including the initial selection of

** Thanks are due to members of the first-, second-, and third-year teams who were consulted in preparing this section of the manuscript.*

the family, is carried through by the student with the help of a staff adviser. Guidance is provided through regular contacts with the student but the student is not accompanied on visits to the family.

The culmination of this sequence of independent learning experiences is reached in the fourth year. Within a structure provided by the expectations for fourth year (described by Jean Wilson in her paper in this series) and over-all objectives planned by the fourth-year teaching team, each student sets up her own objectives and plans learning experiences which will enable her to achieve them.

To fully describe the manner in which the fourth year was designed to provide opportunities for independence and initiative, it is probably best to begin with reference to the selection of a health problem by the student(5). This must be selected to meet certain criteria set up by the fourth-year team but as long as these criteria are met, the student can plan her year around any health problem which particularly concerns and interests her. The fourth year thus is only minimally based on the locus of patients (6), but rather the location for the student's practice is selected in consultation with an adviser after the student has selected and defined her health problem. One restriction with respect to location is that half the year's practice must be carried out in an institution and half in the community. The process of selecting a health problem begins in third year when representatives of the fourth-year team and fourth-year class meet with the third-year students to describe and interpret the fourth-year program.

After selection and definition of her health problem, the student plans her objectives for the coming term and the particular learning experiences which will enable her to attain these goals. Initial interpretation of the student's plans to the particular agency selected for the student's practice is made by a faculty member; the student follows up by contacting the agency and discussing her objectives with the appropriate personnel. The amount of direct supervision given by faculty varies somewhat with the agency and with the individual student, but faculty function mainly in consultative roles and act as resource persons.

As Jean Wilson has indicated in her overview of the Basic Course, development in each of the five core threads of the curriculum continues through the fourth year for all students, but in each area the student is given much freedom of choice and is the decision-maker with regard to planning the experience. In her paper in this publication, Barbara Johnson has described how this applies in the case of the research thread. As another illustration, in the teaching component, the requirement is that each student conduct two classes, one

of which will be clinical. The student decides when and whom she will teach, and how she will conduct the classes. She also selects a faculty member to evaluate these teaching sessions and submits her teaching plans to this person who is available for consultation.

In the second term, three of the five threads have been further developed to provide four areas of concentration, namely, practice, administration, research, and teaching. The student selects one of these as an elective experience. These areas of concentration are consistent with the Faculty's goal of providing a system for educating individuals who are potential leaders in professional nursing service, nursing education, or who wish to assist with research to advance knowledge of nursing.

In planning for the final year it was felt that the culmination should be an experience in which the student would have a learning experience for a period quite free from contact with or supervision from faculty. For this reason, a period of four weeks free from commitments at the school was planned. The purpose of the experience, which takes place in March, is to give the student an opportunity to integrate and apply all or several aspects of the year's experience or to further study and practise one aspect of nursing. The student develops her objectives for the experience and, in consultation with her adviser, is responsible for selecting the clinical area and making arrangements for the experience. The particular area of practice may be in Toronto or elsewhere.*

Following this completely independent experience, the student returns to the Faculty of Nursing and is asked to demonstrate synthesis of the preceding year's learning through the production of a major paper followed by presentation and defence of the main ideas contained in the paper in a seminar. Throughout the year, the student is expected to evaluate her progress toward her objectives regularly and base future plans on these self-evaluations. Toward the end of the year she is asked to make a realistic appraisal of her interests, strengths and weaknesses, to relate these to the needs of the profession, and assess her potential contribution to nursing.

As with the introduction of the other phases of the revised curriculum, the implementation of the fourth year has not been free of difficulties. A few which appear to be peculiar to the degree of independent experience which is part of the fourth year are still not completely resolved.

* *As examples, some students last year selected practice in rural health units, one elected to have the experience in Montreal, another in Guatemala, and another at Stanford University Medical Center.*

One problem is somewhat similar to the transitional problems of the new graduate. Although faculty felt that the program provided a progressive degree of independent experience which would prepare the student for fourth year, some students floundered particularly in the first term, and expressed considerable anxiety at having to set their own goals, plan their own programs, and so on. This appeared to a lesser degree in the current fourth year and perhaps members of faculty were themselves less anxious. It is likely, too, that having opportunities to talk to students who had experienced the program helped the present fourth-year class. Still there are some students who feel that there could be even further changes in the preceding three years which would help their adjustment to fourth year. In addition, because of individual differences there is always the question of whether some students would not benefit more from a more structured program, and the further question of whether this should be provided for the few who do not learn as readily in a relatively unstructured situation.

Closely related to the question of the degree of structure and amount of supervision is the problem of how to evaluate students' performance while at the same time remaining somewhat in the background so that they do have opportunities for independent action. Contacts with students which are arranged when functioning as a resource person enable the faculty member to assess the individual student's knowledge and the application of this in providing nursing care. Students' written reports of their patient care are used, and there is also considerable reliance on students' ability to evaluate their own areas of strength and weakness. Development of this ability is an objective of each year, with added stress in the fourth year, but, as with learning in an unstructured situation, there are individual differences in the extent to which students are able to assess their own progress. Finally, some faculty members find that dialogue with agency personnel regarding the student's over-all performance is helpful. The staff believe that, in general, this approach to evaluation is sound but are aware that there are weaknesses which must be overcome.

Another problem is related to interpretation of the program to agencies. Although the majority, when asked for evaluative comments, responded favourably, a few felt that the program had not been adequately interpreted and that personnel were uncertain of the student's role in the agency or of their own responsibilities in relation to a student present without an instructor; they requested clearer definition and clarification of objectives and expectations of all in-

volved. Faculty also feel concerns about the degree to which a student should or should not be supervised.

Granted that these and similar problems are still not completely resolved, evaluation of the program on a short-term basis suggests that the efforts to build opportunities for independent action into the curriculum have been largely successful. The faculty feel confident that long-term validation will support the view that these changes will result in self-directing professionals capable of independent decision-making.

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