

THE B.Sc. (N) CURRICULUM AT MCGILL

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Curriculum study is a continuous and probably inexhaustible process, with revision occurring as new ideas emerge. Five years ago there was a major change in the curriculum of the basic programme as part of a new overall approach to education in Quebec. Since that time on-going assessment has resulted in further adaptations and refinement, but the basic propositions and theory have remained constant. This paper will describe the general framework within which the curriculum is developed, indicate the theory underlying its structure, and discuss the most salient features which are an integral part of the teaching learning process.

The faculty holds a firm conviction that a curriculum needs to be relevant and accountable to critical sectors of society in which the school is situated. The university, the profession and the wider community thus play major roles in determining the structure of the curriculum. The university influences it through a belief in a liberal education which prepares the individual with the potential for leadership. Conjointly with the school itself, and within the guidelines stipulated by the government, the university sets standards and criteria for admission of students. Within the professional context it supports an approach to learning which involves questioning, experimenting and searching for knowledge — an approach with a far broader scope than is immediately relevant to the practice of the profession. A broad approach is imperative if graduates are to respond to and influence the health of people in a society which is continually changing and which continually challenges men's ability to adapt to their environment.

To meet the health needs emerging in today's complex society a decentralized and restructured health care system is required. Equally important is the need for a redefinition and realignment of the roles of professionals within the system. The nursing graduate of the university is expected to have the skill and knowledge to actively explore the development of new health roles and to assume broader responsibility in the delivery of health care. These basic premises serve as guidelines as the faculty develops a specific curriculum framework which reflects and articulates the school's philosophy of nursing and learning.

We believe that nursing is a process which is theoretically grounded in practice. The major thrust of the curriculum has as its focus the student and her experiences with patients as well as her relationships with teachers, peers and related health team members. Consequently, the student learns how to use the processes of science in her exploration of a patient situation and in the development of a nursing response. She learns through experiences with individuals, families and groups of patients in a variety of settings in the community. While it is important with whom and where the student learns, we also feel it is critical to attend to how she studies and grows herself.

Using scientific inquiry and knowledge from the biological and social sciences, the student involves herself in assessing the health status of individuals and families and examining their health behaviour and its determinants. Implicit in this approach is the notion that the plan of care evolves from data gathered in the patient situation, and that its effectiveness is evaluated in terms of the patient's response to it. To perform in this manner the student needs to acquire observation and interactional skills as well as a personal awareness and understanding of her own values, motivations and behaviour.

Surrounding the student-patient dyad there are many complementary and supportive resource people who promote and enhance learning. Experiences with peers, teachers, nurses and other health personnel help the student learn how to utilize, relate to and collaborate with others in a mutually beneficial way.

Throughout the three years selected courses from other disciplines are sequenced so as to be relevant and related to the dimension of nursing being learned at any point in the curriculum. Within the nursing courses the student's experiences with patients and significant others are ordered to vary the nature and extent to which they interact and are interdependent. Basically this means varying the nature of the patient population. When number of individuals, age, and phase of illness are altered it follows that the student's experiences, setting and involvement with other health team members also change. The guidance implicit in the ordering of these variables assists the student in her efforts to build a body of nursing knowledge. This, then, is the context within which the teaching-learning process progresses.

FIRST YEAR

In the first year many of the essential components of learning to nurse are introduced; this means that the student has contact and experiences with patients almost as soon as she begins her studies. The teacher chooses individual patients and settings to allow the

student to attend to the patient but also to herself and others in the setting. To facilitate the use of the patient as a data source the student is helped to develop her observation and interaction skills within a nursing framework.

Initially the student views this approach with skepticism, preferring to be given "bits" of content. But gradually, in conferences, the student learns how to share her observations and feelings with peers and to ask questions of the content of the discussion. The teacher assists the student to determine the relevance of her observations and interpret them in terms of health behaviour and needs. At the same time she also helps the student to become aware of her own values and attitudes and to begin examining how they influence her own perceptions.

As the student progresses in her ability to collect data, relate to patients and value the approach to learning, the teacher chooses patients whose health problems have a more distinct medical focus. Through her experiences with these patients, the student continues to develop those skills to which she already has had exposure and adds those that promote rest, comfort, healing, and relief of pain. At this phase of her learning she is helped to examine her data in relation to the biological and social sciences so as to make a beginning health assessment. From her expanding data base the student is helped to determine what is relevant and unique to the individual as a basis for the planning of his nursing care and to attend to his responses as a means of evaluating its effectiveness. Concomitantly the teacher helps the students group their data to arrive at some ideas regarding the commonalities of patients' physiological and psychological responses and the relationship to the pattern of medical management. Simultaneously, her peers and teachers are helping each student examine what she as an individual brings to the nursing situation.

Throughout the first year the student is in a milieu which encourages her to observe and interact with other members of the health team. Initially the student observes their behaviour and learns how to approach them to acquire information. The teacher supports the student in these endeavours but helps her alter her behaviour so that she learns how to share patient information and offer suggestions for patient care. Emphasis is placed on developing a relationship with the nurses more than with other members of the team.

SECOND YEAR

During the first part of the second year the student continues to work mainly with individual patients, but involvement with other

members of the family begins to be more vital. The focus for this part of the programme is on the development of nursing knowledge as it pertains to the individual with a long-term illness. While the student is helped to develop and expand the skills she has previously used, additional skills needed to make a more comprehensive physical and mental health assessment are now included. As a result the student is able to amass considerably more data.

Through actively sharing experiences in group conferences the student is helped to examine her data in terms of behavioural change in the patient, becomes aware of the impact of illness on the individual and his family, and begins to understand the various ways this is managed. As she critically analyzes her assessment, she is helped to appreciate the complexity of the patient situation and to identify relevant and influential factors operating therein. She is encouraged to look at a number of patients to identify similarities and differences in patients' perception, responses and nursing interventions.

The plans of care which the student develops and implements are examined for comprehensiveness, relevance and effectiveness. With help from her classmates she considers alternatives in analysis and action, and experiments with strategies they have found beneficial. In these experiences the student is learning to use her interpersonal skills in a therapeutic way. Conferences must therefore be designed to help the student explore her own feelings and reactions, to help her become more aware of her own behaviour and her impact on the nurse-patient relationship.

At this point in the curriculum the focus becomes much more family- and group-oriented. Towards the end of the second year experiences are chosen with families who are in different phases of the child-bearing cycle and with families whose integrity is being threatened by the illness of a young child. The student adds to her core of nursing skills those pertinent to assessing the newborn and the growth and development of the child. Her knowledge of individual growth and development, and of phases of family development support the grounding of the information the student is gathering at this time. Through these experiences the student is helped to identify behavioural changes during the critical phases of establishing and maintaining the family unit. She is helped to expand her knowledge relative to the impact illness has on individuals and to acquire an appreciation of the part play has in the total development of the child. Moreover, through the exploration of health practices the student is helped to become aware of the influential role the family's values and beliefs have upon their behaviour.

In conferences the assessments, plans of care and outcomes are critically examined to determine their comprehensiveness, relevance and usefulness in meeting individual and family needs. Considerable time is also devoted to helping the students examine and explore their own feelings and responses because the very nature of the experience challenges many of their values and attitudes. This awareness of self in relation to others has been developed throughout the year by means of more frequent and discriminating utilization of the students' peers and other health team members. Consequently, their reliance on the teacher as a discussant, initiator and facilitator has been decreasing while their reliance on other members of the health team has been increasing. This process leads to the students becoming much more active participants in the total team.

THIRD YEAR

The third year of the programme involves the student in experiences which support an intensive study of health and illness behaviour of families and groups of patients. For the first part of the year the student functions as a primary worker within the context of the family in both home and community clinic settings. To maximize the learning opportunities and acquire a complete and comprehensive assessment of family dynamics, perceptions and health status, emphasis is placed on the refinement and extension of those skills which are an integral part of the functioning of a primary care worker.

In discussions with other nursing personnel, members of the health team and peers, the student generates from her data some general ideas regarding family health behaviour and health problems. Through her explorations, the student becomes cognizant of the intimate relationship between the individual, family and community; by means of an epidemiological approach, the teacher helps the students order their data to identify variables which are associated and which may be mutually influential in terms of health and illness behaviour. At the same time the teacher helps the student learn why, when and from whom additional assessments of the same nursing situation are needed.

As she pursues these activities the student becomes more active with extended family members, social workers and agencies which provide social and welfare services in the community. This involvement requires that the student assume a more collaborative role in the health team. However, it also exposes her to many ideas and behaviours which may conflict with her own expectations, desires and values. Through discussions the student is helped to deal with her

own feelings and abilities and to adapt to or accept situations realistically.

The final part of the programme involves the student in experiences which support her learning how to participate as a member of the nursing team in delivering care to a group of patients. As a quasi-staff member the student refines those skills necessary to assess the health and illness behaviour of the specific group of patients with whom she is working and to specifically develop interpersonal skills as they apply to group behaviour. In nursing conferences the student learns how to lead discussions, initiate plans of care and share her own ideas regarding patient care. At the same time the student is helped to differentiate between individual patient and group needs with a view to determining nursing care priorities. This sociological approach helps the student examine her data so as to reveal some generalizations regarding patient needs and behaviour. Different patterns of nursing care which exist in various settings are studied with the aim of identifying their critical determinants as well as assessing the outcomes relative to patient care.

As the student finds herself preparing for graduation she is motivated to explore its meaning to herself as a person and as a member of a profession. The development of nursing as a profession is examined within a societal and historical perspective. This exploration reveals to the student some of the issues which have been critical in determining the profession's continued development and the role it plays in influencing the delivery of health care. Accordingly the student is involved in trying to evolve for herself an expectation of professional nursing behaviour which she can articulate.

On completion of the three years it is our contention that the graduate has formulated a comprehensive understanding of health behaviour as it is significant to man and society. She has acquired those skills which allow her to use herself and her knowledge in making a comprehensive health assessment and to effectively provide nursing care. Equally important, the graduate has scientifically built a body of nursing knowledge and has acquired those learning skills which will allow her to continue to add to that base. Furthermore, she has developed a commitment to total health care of the individual, family and community and has the ability to identify, utilize and negotiate for those skills and knowledge which complement and supplement her own.