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Qualitative Study of Nursing Faculty Implementing a New Concept-Based Curriculum

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and that any and all revisions required by
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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

In 2009, the National League for Nurses (NLN) encouraged nursing programs to transition from traditional ways of teaching to concept-based curricula. Previous research revealed that nursing faculty exhibited a lack of expertise to maintain changes in new curricula. The purpose of this qualitative study was to address the Level 1 faculty members' difficulty in sustaining a new concept-based curriculum by understanding what strategies may assist faculty in facilitating students' learning through concept-based curriculum and which strategies may present barriers. The Level 1 faculty members were the first nurse educators to transition to and implement the new concept-based curriculum. These educators taught freshmen-level student nurses. Ausubel's assimilation theory was used as the conceptual framework for this study. Research questions addressed the experiences, perceptions, and strategies used that encouraged or created barriers during the transition of the Level 1 faculty to a concept-based curriculum. Data were collected using semistructured interviews from 11 Level 1 faculty members who were the first to implement the new curriculum. Open coding and thematic analysis were used to interpret interview data.. Results indicated 2 themes about barriers to transitioning, as well as resistance to and resentment toward change. Strategies to encourage transition were to collaboratively learn about approaches to change and use of evaluation tools. A collaborative professional development workshop project was developed based on findings. Results of this study and project could lead to positive social change in nursing faculty and nursing curriculum resulting in nurses' transitioning to and sustaining a new concept-based curriculum.

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Dedication

I dedicate this dissertation to my family who supported me throughout this academic journey. Special thanks go to my parents who provided love and understanding to my siblings and me. My parents struggled to provide a nurturing environment for us. I want to thank my siblings for being my role models throughout my life. Johnny, thank you for being a positive role model for me. Edgar, thank you for providing me with your understanding and wisdom. Dianne, thank you for being my big sister. Leroy, thank you for your support. I want to thank Jackie and Donna for their support. I want to thank my nephews, Michael and Lionel for their support. I thank my children, Edwin, John, and Kenneth for always giving me inspirations to become a better mother and human being. Last, I want to thank my husband, Hermes for being my rock and supporter through this journey. I am so grateful to have a wonderful and understanding husband who has inspired me to do my best during this experience.

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Table of Contents

List of Tables

List of Figures

Section 1: The Problem

Introduction

Educators are currently changing their methods of teaching to align with the current demanding changes in health care. One way in which nurse educators facilitate students' critical thinking skills and clinical judgment is to create a concept-based nursing curriculum. The faculty of a school of nursing, located in the southeastern part of the United States, implemented the new curriculum upon the recommendations of the National League of Nursing (NLN). These faculty members were the Level 1 nurse educators who taught the freshmen-level nursing students the basic concepts and fundamentals of nursing knowledge, skills, and practices. Such basic practices were changing beds and bathing patients. However, the problem is that nursing faculty were unprepared to implement and sustain this new style of teaching. The educators expressed their apprehension and concerns about conceptually teaching the students. However, the educators realized that the traditional ways of teaching had to change to meet the needs of the public and students (C. Myer, personal communication, January 17, 2012). In this study, I attempted to uncover strategies that would support faculty implementation and those strategies that may be barriers to support further faculty teaching and student success.

The Local Problem

A problem exists locally at a school of nursing located in the southeastern part of the United States where nursing faculty were attempting to transition to a new concept-based mode of teaching. In the spring of 2009, the dean and faculty desired a change in the curriculum to develop competent and safe nurses. To do this, the curriculum needed to transition from the traditional approach to a concept-based curriculum that is learner-

centered with a focus on meeting the students' needs.

In the fall of 2012, the Level 1 faculty were the first group of nurse educators who transitioned and implemented the revised curriculum. The Level 1 faculty members included demographics of African American, Hispanic, and White. These educators were faculty members who worked at the school of nursing ranging for 5 years to more than 30 years. The Level 1 faculty implemented the concept-based curriculum, including concept mapping as a new teaching strategy to foster students' ability to think critically. The Level 1 educators' responsibilities were to teach first-year students basic nursing knowledge and skills, based on evidence-based practices. Other responsibilities of Level 1 faculty included helping the students to enhance their self-efficacy, to improve their ability to comprehend information, and to become competent nurses.

The nursing faculty suggested some experiences that they encountered in moving to the new concept-based curriculum (C. Myer, personal communication, September 15, 2014). One experience was the lack of mutual encouragement to maintain the changes within the curriculum. A second faculty member was challenged with adopting innovative teaching styles for achieving learning outcomes.

Experiences of the nursing faculty, however, do not appear to be different from other teachers who have attempted to adopt concept-based curricula. Faison and Montague (2013) found that faculty at an associate degree of nursing (ADN) program discussed their concerns about their experiences including the critical importance of scheduling during the implementation of a new curriculum. Paulson (2011) indicated that some faculty members continued to teach content-laden lecture material and complained of increased workloads as obstacles. On the other hand, Johnson (2008) reported how one faculty member

discovered that creativity and revitalizing former teaching strategies were smooth transitioning processes when executing a new curriculum.

The 2013 faculty survey results, carried out after the new curriculum was implemented, showed that traditional instruction styles of teaching remained teacher-centered. Although all teachers implemented the revised curriculum and attended training sessions, many nursing faculty continued to believe that a gap still existed in creating student-centered learning environments in a concept-based curriculum (C. Myer, personal communication, September 15, 2014).

Evidence of the Problem From the Professional Literature

Hull, St. Romain, Alexander, Schaff, and Jones (2001) suggested that faculty may experience barriers that might affect their abilities to sustain a new curriculum. Hull et al. (2001) used the Lancaster's six *C*s of collaboration research that aided them in planning ways to develop a new curriculum in an ADN program. The researchers of the Lancaster's six *C*s created easy strategies to develop plans on how to implement the new curriculum as proposed by Hull et al. The Lancaster's six *C*s key terms were *commitment*, *compatibility*, *communication*, *contribution*, *consensus*, and *credit* as suggested by Hull et al. *Commitment* was a key term that was used by the authors, which allowed the faculty to commit to the change and improve students' learning outcomes.

The faculty may consider themselves threatened, as well as undergo a sense of no longer owning the material they presented for many years. Kramer (2005) found that faculty may not be committed to the curriculum change and may resent the change process. On the other hand, Carter, Fournier, Grover, Kiehl, and Sims (2005) claimed that faculty might become eager to transition to the new curriculum. The faculty may identify ways to

avoid barriers that might hinder the success of implementing the new curriculum as proposed by Carter et al. (2005).

Gray and MacRae (2012) found that faculty identified their workloads as being overwhelming and too busy to handle. Faculty who experienced these types of barriers may have found it difficult to participate in collaborative efforts with other members to sustain the new curriculum. Administrative teams must find ways to support their faculty by allowing them to share their concerns with each other. The administrators should find ways to improve educators' schedules and workloads to ensure the success of the new curriculum.

Historical Perspectives on the Problem

In 1990, the southeastern diploma nursing program merged with an urban community college and transitioned to a 2-year ADN program (Delgado Community College Charity School of Nursing [DCC CSN], 2017). The urban community college is a junior college that offers 2-year associate degree programs where students from different cultures and ethnicities seek to attain their academic goals (D. Lee, personal communication, February 27, 2014). The students earn credits to further their education at a 4-year university or learn technical skills to enter the workforce to enhance their careers.

The former nursing program was a traditional medical model curriculum that was a teacher-centered construct (DCC CSN, 2017). The new program is intended to be learner centered. Allen (2010) found that educators used traditional teaching styles that provided students with information about a topic through lecturing style format. The concern with the traditional style of teaching lacked student participation and engagement. At the same time, researchers suggested that educators needed to create learner-centered environments that challenged students to become responsible for their learning, thereby enabling active

learning (Smart, Witt, & Scott, 2012). Erickson and Lanning (2014) indicated that the educator must support a student-centered environment. The student-centered environment includes active learning and student participation while fostering a nurturing atmosphere that would assist the student in developing a deeper understanding of the concept. Blumberg and Pontigga (2011) claimed that educators are the facilitators of students acquiring new knowledge, and, therefore, should prepare students for practice by enhancing their critical thinking abilities. Without this support, students often fail to retain information about a topic or carry theory into practice.

Recommendation for Curriculum Change

Consultants of the National League for Nursing Accrediting Commission visited the school of nursing in 2009. The consultants recommended changing to a concept- based curriculum to promote the students' critical thinking ability, and faculty agreed (DCC CSN, 2017). The faculty wanted a curriculum change (C. Myer, personal communication, January 17, 2012). One goal of the curriculum change was to improve nursing care for patients living longer with chronic illnesses as described by Kantor (2010). Likewise, the American Association of Colleges of Nursing (AACN) discussed how nursing faculty are to develop professional nurses to render quality care to their patients that requires advanced critical thinking skills (AACN, 2012).

In the spring of 2011, the dean and faculty sought advisement from a consultant about a conceptual curriculum workshop. The purpose of the workshop was to provide information for faculty teaching strategies and techniques used in conceptual teaching. In addition, the consultant answered the faculty members' questions to clarify any misconceptions or concerns about implementing the new curriculum. Subsequently, the

faculty formed curriculum workgroups to revise the school's philosophy, program outcomes, and curriculum format.

The educators attended a professional development training workshop. The purpose of the workshop was to improve the teachers' understanding about concept-based curricula and developing techniques that would assist faculty in becoming concept- based educators.

Rationale

The dean and faculty desired to assess and evaluate the efficacy of the revised curriculum; thus, a faculty satisfaction survey was developed and distributed in the fall of 2013. Survey results from 2013 revealed issues in faculty transitioning to a new concept-based curriculum. One such issue was the lack of support for encouraging each other to maintain the process of change while implementing the new curriculum (C. Myer, personal communication, September 15, 2014). Others commented on their inability or unwillingness to change. Faculty members commented that there were inconsistencies in the implementation of the new curriculum. In addition, not all educators used the lesson plans created to meet the students' learning outcomes.

This noncompliance suggested that although all faculty were trained, there were factors that affected the actual implementation. Because the survey addressed only satisfaction, further research on the issues was needed to better understand how to support and sustain a major shift in teaching from traditional to concept based, specifically with regard to the strategies that would help faculty successfully move to concept based teaching and what strategies used previously may actually be barriers.

Definition of Terms

The specific terms used in the study are as follows:

Advanced organizer: A short phrase or question used to enhance the learners' ability to comprehend and recollect (Gurlitt, Dummel, Schuster, & Nuckles, 2012).

Auditability: The reader must be able to make the same assumptions as the researcher (Fain, 2013).

Concept-based curriculum: A program that uses ideas or thoughts to organize content of the subject matter (Giddens, Wright, & Gray, 2012).

Concept mapping: Allows students the ability to relate ideas and develop critical thinking skills as indicated by Sinatra-Wilhelm (2012).

Credibility: The accurate account of the participant's lived experiences in a phenomenological study as described by Fain (2013).

Critical thinking: Critical thinking is the student's ability to identify, clarify, and use reasoning to solve a problem (Vacek, 2009b).

Innovative teaching styles: The various teaching strategies used by educators to meet the students' learning needs (Neuman et al., 2009; Phillips & Vinten, 2010).

Learner-centered environment: The environment is created by the educator to foster the student's inquiry (Billings & Halstead, 2012).

Meaningful learning: The student understands what is being learned and relates it to add new knowledge (Kilic & Cakmak, 2013).

Self-efficacy: The student is self-motivated to achieve a goal (Bandura, 1986).

Student-centered learning environments: The environments are created by educators who are the facilitators of learning and foster environments where the students become active participants in their learning (Blumberg & Pontigga, 2011).

Traditional styles of teaching: Teaching styles such as lecture-type formats are used by

teachers to relay content that results in passive learning environments (Blumberg & Pontigga, 2011).

Significance of the Study

This study may be usefulness to other college faculty and administrators who transitioned to a concept-based curriculum. College administrators and faculty in the local college and other colleges might use these study results to address faculty issues and needed strategies when transitioning to a concept-based curricula. According to Paulson (2011), the NLN urged nurse educators to develop and adopt curriculums that create innovative styles of teaching and to foster student-centered learning environments.

Paulson claimed that educators are to examine their curriculum to determine whether it is current and relevant to meet the students' learning outcomes. However, how this occurs and what barriers may stand in the way of success still needs further study. The findings may also serve as the foundation for future studies of nursing faculty to create strategies to sustain new concept-based curricula. These findings may also enhance the faculty members' competency levels as concept-based educators at other ADN programs.

Research Questions

In this qualitative study, I intended to address issues and barriers experienced by Level 1 faculty members' while attempting to implement and sustain a new concept-based curriculum. Organizations such as the NLN encourage nurse educators to create curriculums that will foster students' abilities to develop into professional nurses with critical thinking skills. However, previous studies suggested that faculty might experience barriers while transitioning to a concept-based curriculum (Greer, Pokorny, Clay, Brown, & Steele, 2010). I designed the research questions for this study to explore faculty perceptions of transitioning

to a new concept-based curriculum, which strategies were used to positively assist faculty in this transition, and which strategies were perceived as barriers.

RQ1: What were the experiences of the Level 1 faculty who participated in the implementation of the new curriculum?

RQ2: What were the Level 1 faculty perceptions of traditional ways of teaching methods versus conceptual teaching methods?

RQ3: What strategies were used to encourage instructors to transition to concept-based teaching styles?

RQ4: What were the teaching strategies used to improve the students' learning needs?

Review of the Literature

I conducted a review of literature by exploring similar studies that focused on faculty transition to concept-based curricula. The review of literature begins with the conceptual framework that supported this study. In the following sections, I provide an overview of factors that influenced faculty transition to a concept-based curriculum by using Ausubel's assimilation theory. This includes how Ausubel's advanced organizer such as concept mapping I used to help educators to better meet their students' learning needs.

Conceptual Framework

Various frameworks were studied to determine the most suitable theory to support this study. I chose Ausubel's assimilation theory because it was the best fit to explore the Level 1 faculty experiences of transitioning to a concept-based curriculum. Ausubel and collaborators created an assimilation theory to explain meaningful learning processes for integrating old and new knowledge as proposed by Billings and Halstead (2012). Ausubel

claimed that learners' abilities to retain information depended on cognitive structure, which is a criterion for meaningful learning (Billing and Halstead, 2012).

Meaningful learning is similar to Ausubel's assimilation theory. Educators may use meaningful learning to introduce new concepts to learners based on prior knowledge of a topic. Meaningful learning may serve as the anchorage for new information with appropriate advance organizers or presentations of materials (Ausubel, 1963). Advanced organizers are tools used to organize a new concept to be learned.

Ausubel (1978) likened concept learning to meaningful learning. Concept learning is a three-phase process as described by Ausubel. The learners must assimilate new knowledge to existing knowledge to make meaningful connections out of the information. In the first phase of concept learning, some learners may learn lower order concepts before higher-order concepts in a hierarchical manner based on their understanding and the meaning of the information (Ausubel, 1978). In the second phase, the learners may learn concepts by using an easier way to analytically break down newly learned concepts (Ausubel, 1978). During the third phase, Ausubel described the process of integrative reconciliation as learners who combined different concepts by linking them with other concepts. In applying Ausubel's theory to this research, second and third phases of concept learning applied to the Level 1 faculty members' ability to use advanced organizers to discuss ways to adapt and implement the new concept-based curriculum.

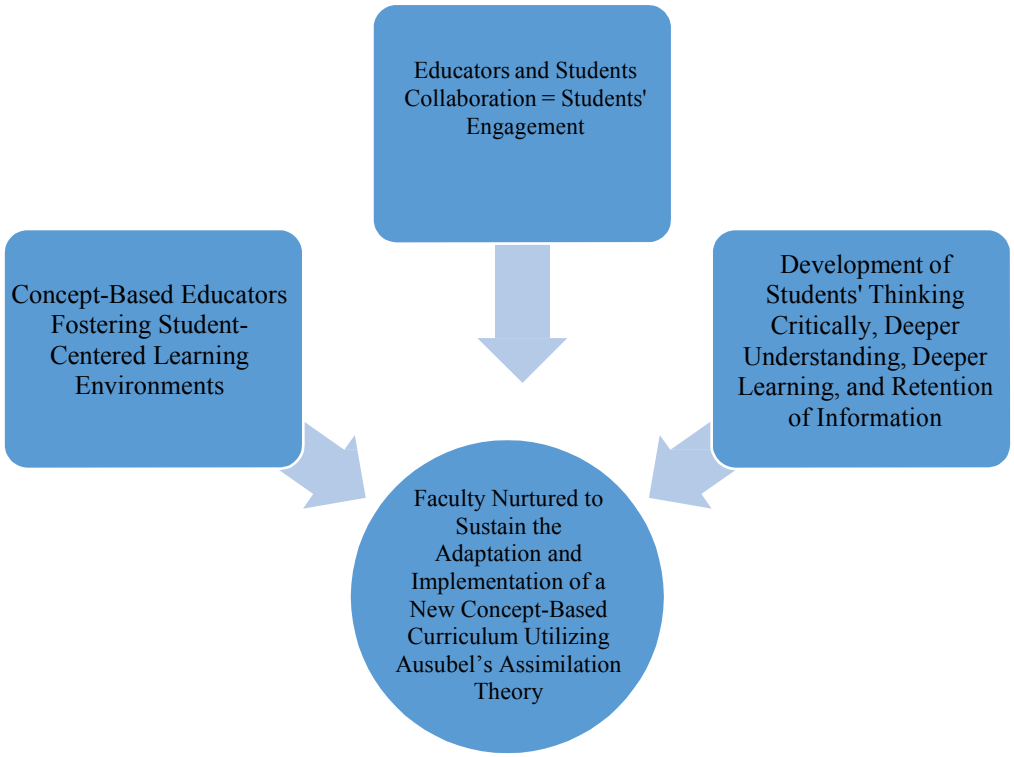

Figure 1. The faculty of an ADN program sustaining a new concept-based curriculum model.

I chose Ausubel's theory because it focuses on educators' abilities to create environments to help the learners build critical thinking and reasoning skills from academic experiences (Jackson, 2009). I used Figure 1 to show the elements of Ausubel's theory to influence educators to sustain and implement a new concept-based curriculum.

Figure 1 shows how the Level 1 faculty were encouraged to sustain the new concept-based curriculum by adopting and implementing the curriculum while using the assimilation theory to foster meaningful learning. The educators were the facilitators of students' learning. The educators encouraged the students to engage in student-centered learning environments collaboratively. The faculty created student-centered learning environments that allowed the students to become critical thinkers. The educators were able to link new knowledge to old knowledge of teaching content to enhance the students' deeper understanding, deeper learning capabilities, and retention of information. I used this

model to organize data collection and to analyze faculty interviews.

Meaningful Learning Theory and Advance Organizer

The meaningful learning theory affects educators' abilities to become aware of previous knowledge of subjects. Ausubel (1963) proposed that students are to learn meaningfully, and to use advanced organizers to foster the students' ability to combine new and old information. One example of an advanced organizer for this study is concept mapping. I used concept mapping to strengthen faculty cognitive learning abilities and retention of information. I used advanced organizers such as preparatory presentations to help the educators to focus on the content that the students needed to learn before going to class (Billings & Halstead, 2012).

Ausubel urged educators to become innovators in how students learn, as well as encourage students to become active learners (Billings & Halstead, 2012). This research is partially intended to learn more about how the educators implemented the new curriculum and created opportunities that motivated students to learn new experiences.

Assimilation Theory Related to the Study Approach

Assimilation theory related to this qualitative study approach through the process of exploring the Level 1 faculty members' perceptions of gap in practice to sustain a new concept-based curriculum. The assimilation theory allowed the faculty to identify their traditional ways of teaching and adopt innovative teaching styles, such as concept mapping. In this study, I used concept mapping as an advanced organizer to aid the level I faculty to foster their students' abilities to think critically and to become active learners.

Evidence has displayed the need for more educational research on the implementation of concept mapping in higher education settings (Buehl & Fives, 2011), particularly at

nursing programs where traditional methods of teaching nursing concepts must change to conceptual-based curriculums. Davis (2011) found an ADN program that implemented a conceptual-based model where students' academic success was based on the relationship of educators being the facilitators of learning.

Last, educators who implement new conceptual-based curricula must conduct studies that focus on the application of teaching strategies such as concept-mapping. The results of these studies were comparable to the results of the study I conducted. Furthermore, my study results may aid educators to improve their students' learning outcomes and foster the students' meaningful learning.

Review of the Broader Problem

In this section, I discussed the process of reaching saturation of the literature. I discussed an overview of topics such as curriculum designs and content that supported the study. Next, I review the models of skill acquisitions. Then, I discuss the change process and the barriers that affected faculty transitioning to a concept curriculum.

Process of Reaching Saturation of the Literature

I conducted the review of literature by exploring terms in databases such as CINAHL Plus. I discovered related research using other search engines, such as the Education Resources Information Center (ERIC), Education Research Complete, Nursing Research, ProQuest Central, and EBSCO databases. I used keywords and phrases, such as *faculty's experiences, barriers, conceptual teaching*, and *innovative teaching* to read abstracts related to this study. I collaborated with librarians from various higher learning institutions who provided suggestions on how to conduct the review of literature for this study. Last, I explored the resources that were crucial to support the study through the review of the

literature.

Need for Change in Nursing Education

Health care changes require a transition in nursing programs to more innovative approaches that meet the demands of patients who are living longer (NCSBN, 2009). Similarly, Phillips et al. (2013) suggested a call for nursing reform at all levels of degree nursing programs to challenge faculty to transition with the changing demands of health care. Dalley, Candela, and Benzel-Lindley (2008) suggested the NLN advised nurse educators to develop and adopt innovative teaching styles to meet the dynamic health care demands. The educators are to cultivate the students into nurses who are safe and efficient as asserted by Dalley et al. (2008). Phillips et al. (2013) were advocates of nurse educators to become visionaries of teaching and facilitating the students' abilities to develop a deeper understanding of concepts.

Curriculum Design: Traditional Curricula

Researchers have argued that in the traditional curricula, the learning environment was teacher centered and not student centered (Ukpokodu, 2010). The educators in the traditional curricula teach their students content-laden material. The educators focus on ensuring the students received the information they needed to know; thereby, the students became passive learners. Traditional curricula are usually based on the medical model, where the students were taught about specific diseases (Duncan & Schulz, 2015). Numerous nursing programs continued to use the teacher-centered approach (Candela, Dalley, & Benzel-Lindley, 2008). Students attained knowledge through repetition and memorization, which often does not translate into practice. Clynes (2009) suggested that teachers who direct all classroom activities believed it alleviated worries about students who missed valuable information.

In a teacher-centered environment, the educator may have taught the same topics for years and may not have changed their teaching strategies to keep up with new pedagogy or practice. The educator may have total control of the learning experience and may not foster the students' abilities to think critically about the topic being taught. The students may become stagnant throughout the learning process. This stagnation may affect the students' learning outcomes. In addition, the students who only experienced lecture are not encouraged by their teachers to engage in active learning.

Getha-Eby, Beery, O'Brien, and Xu (2015) claimed in a study that teacher-centered learning environments hindered student nurses' ability to render safe patient care as beginner nurses because they were inactive learners. In the traditional curricula, the educators may not encourage their students to realize their self-efficacy and value of becoming an active learner.

The traditional curriculum is often content saturated (Homard, 2013) and students find it difficult to retain the information because there was too much information to learn at once. The students may not have the time to reflect on what was taught in the classroom, which leads to a sense of feeling overwhelmed (Homard, 2013).

Nursing leaders and nursing organizations recognize the need for student nurses to be better prepared to provide safe and competent care to patients. While in nursing schools, students must be encouraged to develop partnerships with teachers and become eager to learn critical thinking skills and make sound clinical judgments. In traditional curricula, those types of partnerships may not be cultivated. Researchers discovered that students lacked the ability to comprehend and retain information taught to them by educators in the traditional curricula (Erickson & Lanning, 2014). For that reason, nursing organizations such as the Institute of Medicine (IOM) and NLN encouraged schools of nursing to transition to concept-based

curricula. Concept-based curricula allow educators to foster students' abilities to become deeper learners and proactive in their education.

Curriculum Design: Concept-Based Curricula

Concept-based curricula is described as curricula that use concepts for the development of its content (Giddens et al., 2012). Present-day curriculum designs are created to foster the students' abilities to think critically (Billings & Halstead, 2012) and to be prepared to function in the workplace. Concept-based curricula offer an array of benefits for both the students and educators. Students must be in active learning environments that foster their abilities to become better creative learners. Then, the students need to engage in learning activities that will improve their critical thinking.

Terhart, however, was a critic of constructivism and found no difference in how students learned in the traditional setting in comparison to those students who learned in the non-traditional setting (Liu & Matthews, 2005). In addition, they stated that nontraditional styles of teaching did not enhance the educators' delivery of teaching or encouraged students to become active learners (Liu & Matthews, 2005). However, other research has shown that students who learn in student-centered environments were more likely to become critical thinkers and avoid memorization of content (Cubukcu, 2012).

Student-Centered Learning Environments

Student-centered learning environments are developed so that educators can foster students to become better critical thinkers who retain the knowledge for a lifetime. Stanley and Dougherty (2010) discussed that a paradigm shift in nursing education includes the educators developing student-centered learning environments that may encourage students to become active learners. Faculty using these learning environments may foster collaborative

approaches to create innovative teaching styles to promote student engagement. A learning-centered environment allows students to become active participants in their learning process, as well as encourage collaboration between students and faculty (Davis, 2011). This active participation and collaboration will enhance their likelihood for academic success. Giddens and Morton (2010) suggested that a concept-based curriculum emphasis is creating learning environments that are conducive to improving students' academic achievements. Similarly, Wright (2011) claimed that the faculty must create learning climates that were nonthreatening to students. Furthermore, the faculty must foster the students' ability to understand concepts that may allow them to link new knowledge to old knowledge as proposed by Wright (2011). Last, faculty are encouraged to develop learning environments to develop the students into innovative thinkers and to attain high levels of academic success.

A student-centered learning environment may be created by an educator that allows the learner to become an active participant throughout their learning experiences (Cubukcu, 2012). Billings and Halstead (2012) claimed that faculty must take their time to create student-centered learning environments to allow the students to use previous knowledge. The students then are encouraged to reconstruct that previous knowledge into new models of understanding. This model is intended to foster students' engagement (Billings & Halstead, 2012).

Erickson and Lanning (2014) proposed that faculty should be encouraged to become concept-based educators by committing to work alongside their peers and students collaboratively. The goals of that collaborative approach are to aid the students to become critical thinkers and deeper learners (Erickson & Lanning, 2014). Bloom (2007) contended that when educators' lack the ability to foster student-centered learning environments many

students experienced tension. Furthermore, in the same study, some students failed to take the opportunity to learn and participate in classroom activities (Bloom, 2007). Cubukcu (2012) discovered that educators used student-centered learning environments to ensure that students had opportunities to become active learners. Cubukcu claimed that students need to be encouraged to develop partnerships with their teachers to meet their learning needs. Educators must at the same time acknowledge their level of competencies in nursing knowledge, skills, and practice to help the students to meet their goals.

Models of Skill Acquisition

Benner's model emphasizes the process of attaining expertise in a field (Dale et al., 2013). Benner (2001) adapted the Dreyfus Model of Skill Acquisition in creating her model to evaluate the progress of professional nurses learning a new subject or skill. There are five stages of level of experiences that may be applied to any health care professional role (Dale et al., 2013). The five stages are novice, advanced beginner, competent, proficient, and expert (Dale et al., 2013). Benner's model aided novice educators to improve their skill progression, strategies, nursing knowledge, and practice as proposed by Poindexter (2013). Winter and McGhie-Richmond (2005) claimed that novice nurses' transition to expert teachers is more likely to propel them to become lifelong learners with experiences. The evolution of the novice to expert educators required the assessment, evaluation, and analysis of their progression based on the Dreyfus's model of skill acquisition (Benner, 2004). Similarly, in another study, the skill progression of novice to expert educators in other fields such as dental education cultivated higher levels of proficiency of skills in that profession (Lyon, 2015). Specifically, "The use of these models allowed for the transparency of the educators' performances and skill progression throughout the curriculum" (Benner, 2004, p. 189).

Concept-Based Teaching

Concept-based teaching is the synergy between knowledge the students must know, and skills grounded on evidence-based facts, and understanding information conceptually, then performing the skills (Erickson & Lanning, 2014). Concept-based teaching allows educators to become creative thinkers and develop teaching strategies. One teaching strategy is concept mapping. Concept mapping has been used by educators to help students learns ways to organize, analyze, and improve their understanding of complex information (Cook, Dover, Dickson, & Colton, 2012). The educators' goals are to improve students' learning outcomes, critical thinking skills, and clinical judgment. Concept-based educators teach the students topics by using evidence-based practices and current nursing knowledge that will prepare the students to become competent professional nurses (Erickson & Lanning, 2014). Educators' emphasis on teaching in a concept-based curriculum is to teach the students to develop the ability to synthesize their thoughts. In addition, educators may encourage students to create new knowledge that will last a lifetime. Getha-Eby, Beery, Xu, and O'Brien (2014) found that not enough is known about concept-based teaching in nursing. However, educators who teach conceptually create student-centered learning environments that allow students to become engaged with their learning (Colley, 2012). The educators become catalysts who promote students' engagement by accepting the philosophy of the concept-based curriculum and understanding the students are to be proactive in their learning (Colley, 2012).

Concept mapping. Educators use concept mapping to help students to build new knowledge of a topic based on existing knowledge (Chiou, 2008; Astay & Karabacak, 2012). Likewise, Vacek (2009a) found that teachers used concept maps to foster students' ability to develop critical thinking skills. Educators use concept mapping as an innovative teaching

strategy that can promote students' critical thinking skills (Vacek, 2009a). Concept mapping is an illustration or graph used to reveal concepts of a specific subject matter and the connection between concepts that reside within a learner's long-term memory (Chiou, 2008). Educators may use concept mapping as an interactive visual educational tool in the clinical site and classroom to foster students' decision-making skills and critical thinking (Schmehl, 2014). Students learn new knowledge and linked it to former knowledge by using concept-mapping, thereby creating new concepts.

Nurse educators may use concept maps in a classroom setting to foster the students' abilities to engage in activities that will promote active learning. In a classroom setting, educators may use concept mapping to allow the students to collaboratively work on classroom assignments and form debates and discussions. In the clinical settings, the educator may assign the student nurses patients who have specific disease processes that relate to concepts taught in the classrooms.

Connecting prior knowledge to new information. Mills (2016) claimed that students who could connect past information to new information developed conceptual understanding of a concept. Mills further implied that students' conceptual understanding was the result of their ability to transfer knowledge throughout the curriculum. This was believed to foster their problem-solving abilities and contributed to the students' development of critical thinking and clinical judgment.

The Change Process

Current changes in nursing curricula require faculty to implement curriculum that allow educators to become facilitators of student nurses' learning rather than the holder of knowledge. Changes in the workforce and nursing needs has affected the needed curricula

change (Lunenburg, 2010). Another important focus of the change process is communication. Communication is the key to any change process. The dean generally serves as leader of this change process; in essence, the change agent who guides the faculty throughout the change process (Lunenburg, 2010). This is important as Schriner et al. (2010) proposed that the faculty might resist change when the leader is not clear on the desired goals of the change process. When this role is clear faculty are more likely to comply with the change process and viewed this as an opportunity to enhance the students' learning outcomes and program's outcomes. Likewise, the dean communicates to the faculty the goals for reorganizing the curriculum. The dean should ensure the faculty that each stage of the change process of revising the curriculum would remain transparent.

Administrators who used Lewin's change theory ensured the transparency of the reorganization of their learning institution (Schriner et al., 2010). Schriner et al. (2010) explained that Lewin's change theory described the change process in three stages, the unfreezing stage, movement stage, and refreezing stage. Schriner et al. suggested that the leader must develop ways to keep faculty engaged in the change process. The faculty may become the driving force that encourages other stakeholders who may resist the change. The supportive faculty could focus on getting other faculty members to understand the benefits of the change process. The leader must also reemphasize the focus of transition to those members who are resistant to change (Schriner et al., 2010).

Equally important, the evaluation phase of the change process is ongoing and is a part of the refreezing stage (Schriner et al., 2010). In addition, the evaluation phase occurs in time. During the evaluation phase, faculty may identify areas of the change process across the curriculum that is effective or not. Schriner et al. (2010) claimed that stakeholders, who are faculty, would be given the opportunities during the 20, evaluation phase to recommend modifications to improve the change process. Last, the faculty would know if the students' learning outcomes were met during this phase.

Barriers Affecting Faculty Transitioning to a Concept Curriculum

Colley (2012) asserted that the faculty conformed to the changes in their curriculum in spite of experiences described as being difficult at times. Colley claimed the study findings revealed the participants discussed their perceptions of barriers that affected their ability to implement changes within their learning institution. Faculty shared that they did not believe prepared to conceptually teach and student resisted unfamiliar approaches to learn conceptually (Colley, 2012).

One hindrance that may pose a challenge to threaten the success of a revised curriculum is faculty members' resistance to change. Similarly, Brady et al. (2008) claimed that faculty may have experienced reluctance, such as feelings of anxiety and letting go of their old ways of teaching. The faculty's unwillingness to change may potentially jeopardize their ability to embrace innovative teaching styles (Brady et al., 2008).

Brackin (2012) named various types of stumbling blocks with the most fundamental of them simply being the faculty opposition to changes in the curriculum. Greer et al. (2010), in a separate survey, found that teachers also revealed barriers that interfered with their abilities to teach students. The faculty believed that a lack of guidance at the administrative level was one such barrier (Greer et al., 2010). Others mentioned that they were not allowed to use teaching methods that nurtured student- learning environments (Greer et al., 2010). The faculty implied the barriers caused their resistance to change.

To avoid resistance to change, the educators must collaborate and utilize strategies to ensure the sustainability of the change throughout the transition process. Faculty may use meetings as a collaborative approach to discuss their differences in thoughts, beliefs, and views about teaching. Chiang, Chapman, and Elder (2011) suggested that faculty use the collaborative approach as a positive driving force for curriculum change. Melnyk and Davidson (2009) suggested that educators must develop better learning environments to challenge each other to become creative thinkers and innovators of this adjustment.

Critical Analysis of the Body of the Literature

The review of the literature presented a broad view of why a change was important in the way curriculum is taught by educators in nursing education. This change then led to a comparison of tradition and concept-based curriculum and why the change to concept-based

curriculum may enhance student learning. Being knowledgeable about both curricula helped to then identify the differences in a true student-centered and a teacher-centered learning environment. Benners' novice-to-expert skill acquisition model further helped to further focus in on concept-based learning. The broad description of concept-based curriculum was further narrowed to review the literature on actually teaching in a concept-based form. One specific strategy in the literature on concept-based teaching is that of concept mapping. Another important strategy was that of connecting prior knowledge to new information. Attention was then turned to how the process of change from tradition to concept based teaching occurs. Finally, the literature review focused on barriers that may affect this change.

Although the literature strongly recommended concept-based curriculum and teaching, it also discussed how barriers often exist that prevent full implementation and sustainability to the change. Unfortunately, there continues to exist a lack of understanding of why these barriers continue to be an impediment. The voices of actual participants in the change need to be heard.

Implications

Based on findings of this study, I may design a workshop to help the educators transition to expert concept-based nurse educators. I will use the workshop to aid the educators to meet the students' learning outcomes. The findings may result in social change as the workshop may serve as a format for other nursing institutions who wish to transition from tradition to concept based teaching, with the ultimate effect of nurses who are prepared to provide high quality care for their patients. Future studies to explore faculty perceptions of curricular change at schools of nursing and other ADN programs would enhance the results of this study.

Summary

In Section 1, I discussed the dynamic changes in health care in the United States that urged schools of nursing to transition to concept-based curricula. Indeed, these changes allow the faculty to meet the demands of change in health care, as well as meet their students' learning needs. In the review of the literature, Ausubel's assimilation theory was selected and described as the conceptual framework to support this project. Concept- based curriculum and teaching was supported in the literature as essential for helping students develop into practitioners who are critical thinkers. In Section 2, I will describe the research methods, recruitment strategy, protection of information, data collection, analysis, and dissemination of the results. Finally, I discuss my role as researcher while conducting the study.

Section 2: The Methodology

Introduction

My purpose in this qualitative study was to address the Level 1 faculty members' difficulty in sustaining a new concept-based curriculum by understanding what strategies may assist faculty in facilitating students' learning through concept-based curriculum and which strategies may present barriers. I conducted this study to identify faculty experiences, perceptions, and strategies that affected their abilities to sustain the new concept-based curriculum. Schools of nursing that successfully transitioned from traditional ways of teaching urged their nurse educators to create ways to sustain the innovative curriculum (Erickson & Lanning, 2014). Nurse educators must strive to become productive innovative educators who may aid their students to reach their maximum learning capacity.

I used the following research questions to explore the participants' experiences, perceptions and strategies while implementing the new curriculum:

1. What were the experiences of the Level 1 faculty who participated in the implementation of the new curriculum?
2. What were the Level 1 faculty perceptions of traditional ways of teaching methods versus conceptual teaching methods?
3. What strategies were used to encourage instructors to transition to concept-based teaching styles?
4. What were the teaching strategies used to improve the students' learning needs?

Research Design and Approach

I chose a qualitative approach (Patton, 2015) as the methodology for this research. I

chose this qualitative approach because it allowed me to investigate the Level 1 faculty's lived experiences that affected the implementation of the new curriculum (Turner, 2010). Patton (2015) explained that the use of a generic qualitative inquiry includes interviews with participants without an explicit theoretical framework. I used a semistructured open-ended interview format for the qualitative design to address faculty experiences, perceptions, and strategies of sustaining the new curriculum. In a study, Turner (2010) explained that standardized open-ended interviews allow participants to describe their experiences in detail. Yilmaz (2013) asserted that researchers use qualitative methods to explore and understand the participants' feelings or perceptions of a situation or phenomena.

Other qualitative designs, such as ethnography or grounded theory, would not be appropriate to address the problem, purpose, and research questions. According to Polit and Beck (2012), ethnographic researchers conduct fieldwork to understand the culture of the participants. Similarly, Fain (2013) shared that ethnographic researchers use fieldwork as an approach and may reside with the study participants to better understand the culture. Creswell (2012) explained grounded theory researchers use a systemic qualitative method to develop other theories to explain the information obtained from the study participants.

Quantitative methods would not allow me to explore the participants' experiences of transitioning to a new concept-based curriculum. According to Creswell (2012), correlational research and quasi-experimental research are examples of quantitative methods. Creswell suggested correlational researchers apply scores or statistics to illustrate the relationships between variables in a study. Quasi-experimental research was not suitable for this study because the participants in quasi-experimental studies would be assigned to experimental groups or control groups (Creswell, 2012). The participants in this study would not be in an

experimental group or a control group. Fain (2013) suggested that quantitative research designs are focused on the relationships among variables from a study as well as the outcomes, measurements, and testing of the study. The present study does not address numerical data or variables in this way to answer the research questions.

Participants

The participants gave consent before the start of the data collection. I used audio-recorded one-on-one interviews to obtain faculty's responses to the interview questions based on practices suggested by Fain (2013). The participants had the opportunity to discontinue the study at any time. I kept the data in a safe and secure location to ensure participants' privacy. The participants had the opportunity to review the transcripts of the interviews and to provide me with feedback about any concerns.

Population and Setting

The population for this study was the Level 1 nursing faculty at a 2-year ADN program affiliated with a southeastern urban community college in the United States. Faculty included demographics of African-American, Hispanic and White. The study participants identified for this study were 11 Level 1 faculty. The Level 1 faculty adopted and implemented the new curriculum in the fall of 2012. The original group of Level 1 educators was invited to participate in the study. The participants were faculty members who had worked at the school of nursing ranging for 5 years to more than 30 years.

Sampling

I used purposeful sampling for this study project. Yilmaz (2013) suggested that a researcher use purposeful sampling to select and study a small group of participants to obtain in-depth and detailed information about a phenomena. Fain (2013) indicated that researchers

use purposeful sampling, such as convenience sampling, to gather information from participants who are accessible. The participants provided the researcher with enriched details of their experiences during the implementation of the new curriculum.

To participate in the study, the faculty met the following criteria: (a) a registered nurse with master's degree; (b) taught in an undergraduate nursing course with a clinical component within the previous 6 months; (c) employed part-time or full-time nursing faculty; (d) Level 1 faculty. Faculty were excluded from the study if they had taught in nursing education for 5 months or less.

Justification of the Number of Participants

I selected 11 Level 1 faculty members by using purposeful sampling. I purposefully selected the Level 1 faculty because they were the first educators that implemented the new concept-based curriculum in the local nursing program of study. The Level 1 faculty shared their experiences, perceptions, and strategies during the revision of the curriculum. The Level 1 faculty perceptions of experiences with the curriculum revision allowed the dean and administrators of the school of nursing to develop strategies that helped the other faculty to accept the curriculum change better. Although research indicates that large sample size is more representative of a population, purposeful sampling allowed me to focus on the 11 Level 1 educators to obtain information-rich perceptions and experiences for an in-depth study (Patton, 2015).

Recruitment Procedure

Prior to the beginning of this study project, I met with the dean of nursing to discuss the purpose of this study. During this face-to-face meeting with the dean, we discussed the study's timeline, participants' availability to contribute to the study, and the data collection

method. In addition, we considered the value of the study's data in the future. Finally, institutional review board (IRB) approvals were obtained from Walden University and the community college where the study was conducted. Upon IRB approvals, 11 Level 1 faculty members were individually invited to participate in the study by electronic communication. The study was described as noncoercive while identifying the risks and benefits of the research. The participants were given consents to read and a chance to ask questions which were thoroughly answered. The participants were informed of their rights to decline or voluntarily participate in the study.

Establishing a Researcher-Participant Relationship

I established a researcher-participant relationship with the participants by having conversations with them about the purpose of the study. I informed the participants that they did not have to feel obligated to volunteer for the study. I asked the participants to review the research questions, interview protocol, and informed consent form. I encouraged the participants to ask questions about the research process.

I told the participants that they could leave the study at any time. The participants were informed that I can meet with them when it was convenient for them.

Ethical Protection of Participants

I provided the participants with informed consent forms that explained the purpose of the study. I explained to the participants the use of the data in addition to risks and benefits of the study. I ensured the participants' confidentiality, and they signed informed consent forms as indicated as ethical practice by Creswell (2012). Lodico, Spaulding, and Voegtle (2010) explained that the researcher would protect the participant from harm. I interviewed each participant individually. I ensured the participants' names did not appear in any documents. I

protected their identities to ensure that they did not feel threatened or experience fear of losing their jobs. Additionally, I used a coding system to protect their identity during data analysis. Last, I guaranteed that the data obtained was stored and secured in a locked file cabinet. VandenBos (2010) proposed that researchers are to store data for at least 5 years.

Data Collection

I used one-on-one interviews of the Level 1 faculty as the method to answer the research questions. I used semistructure interviews as a standardized protocol. Creswell (2012), indicated a qualitative interview occurs when researchers ask one or more participants general, open-ended questions and record the answers. Creswell stated interviews allow researchers to collect enriched and detailed information about the participants' experiences. I employed an interview protocol tool to gather detailed information about the Level 1 faculty's perceptions and experiences while implementing the new curriculum. Creswell (2012) suggested that researchers must remain focused on the research questions and to write notes from time to time during the interviews which was also done.

I used recordings of the participants to enhance the collection tool. Lodico et al. (2010) stated that researchers used recordings to ensure the integrity of the interviews. I repeatedly listened to the recordings and transcribed the interviews. I used verbatim transcription as a system to keep the information accurate. Creswell (2012) indicated that verbatim transcription can be a tedious process for the researcher and may take hours to complete. However, it was also the most effective way to insure deep understanding of what was captured in the interview.

I used the following data collection procedure: (a) open-ended questions were developed from semi-structured interviews; (b) interview protocol was approved by Walden

University's IRB (c) study participants were contacted via emails and were interviewed once at locations that were comfortable for them (d) interviews were 60 to 90 minutes in length (e) participants names were coded and kept in a locked file cabinet in a secured office (f) participants were informed that recordings would be kept for a period of at least 5 years (g) participants were informed that all data and related information to data collection and analysis process would be kept in a locked file cabinet in a secured office.

Role of the Researcher and Ethical Considerations

I have been employed at the school of nursing over six years. In the fall of 2012, I was transferred to Level 1 where the student nurses are freshmen. During that time, I taught the freshmen level students alongside the Level 1 nurse educators. On Level 1, I taught basic nursing concepts, skills, practices, and the administration of medications. In the fall of 2013, I was transferred back to level 4 and currently I teach the senior level students concepts, advanced skills, and practices.

As a Level 1 nurse educator, I developed professional relationships with those teachers who were part of an assigned team. There were four educators assigned to a team. There were four teams of teachers who were assigned to 28 to 32 students to each team. I taught concepts, such as perfusion, oxygenation, and tissue integrity. The other teams of educators taught the same concepts as well. The team met at least three times a week to discuss test items or classroom activities. I no longer work with the Level 1 nurse educators.

My role as a nurse educator on level 4 did not affect data collection because I worked on a different level at that time. I did not hold an authoritative or supervisory position at the school of nursing to be considered a threat to the participants or study. Although I had professional relationships with the Level 1 faculty who were study participants, I followed the

ethical standards of research, and I remained unbiased throughout the research process. I ensured transparency of the study by disclosing conflicts of interests that might have hindered the research process. I was a Level 1 nurse educator who implemented and adopted the curriculum change in the fall of 2012. Since that time, I discovered through a faculty survey that there were faculty members who remained teacher-centered. Additionally, these educators had trouble with transitioning to a student-centered learning environment. I realized I had to conduct a study that was accurate, valid and credible. I had to obtain the data with an unbiased and transparent approach. I obtained data to encourage the nurse educators to sustain the curriculum change. The curriculum change would improve the students' learning outcomes, in addition to meeting the needs of the changing health care system.

Data Analysis

I used the following data analysis: (a) NVivo 11 was used to categorize and develop themes of participants' responses (b) thematic analysis was used to interpret interview data that revealed the participants' experiences (c) member checking was used to allow study participants to confirm the findings and ensure the accuracy of the verbatim transcriptions.

I used NVivo 11 software to aid with the discovery of codes and themes. Next, I used codes from the NVivo 11 software by creating bar charts. I created the bar charts by clicking on the query tab, then text search query. Guest, MacQueen, and Namey (2012) recommended that researchers may use bar charts to facilitate their qualitative analysis of data by associating relative frequencies of participants' responses to inquiries. Afterward, I searched NVivo 11 to explore the various codes from the participants' one-on-one interviews. Last, I explored the raw data by reviewing the bar charts that displayed the various codes of each participants' responses. In each bar chart, the participants' responses to the interview questions were

represented as percentage coverages of the bar codes. The percentage coverages were on the Y-axis of the bar charts, while the codes were on the X axis of the bar charts. The codes were words that stemmed from the participants' responses and perspectives of their experiences while adapting and implementing the new concept-based curriculum.

I used thematic analysis to interpret interview data. Braun and Clarke (2006) defined thematic analysis as an essentialist or pragmatist approach to report experiences, meaning, and realities of individuals. I reviewed the data of the participants' interview responses after all were transcribed. Yin (2014) indicated that researchers examine similarities in interview data. The researcher may use the interviews to formulate common themes about the phenomena of the study (Creswell, 2012). I analyzed the participants' responses to the research questions. The Level 1 faculty were asked questions to address the experiences, perceptions, and strategies used during the transition to a new curriculum. To enhance the credibility of the data, I recognized codes and patterns of themes obtained from participants' responses to the research questions as described by Patton (2015).

I underlined key details that allowed me to focus on the research questions. I manually used different colors to identify the major categories and similarities among the participants' responses. I used a peer reviewer to compare coding. I organized data and documents as they were generated by labeling the information in a systematic approach in order of dates and months as described by Creswell (2012). Then, I used member checking to ensure the credibility of the interpretation of the participants' experiences (Merriam, 2009).

Description of Evidence of Quality and Procedures

I began the qualitative analysis process by repetitively reading the participants' responses to the research questions to gain a deep understanding of the data as suggested by

Polit and Beck (2012). Researchers may use the qualitative analysis process to identify categories and themes of the phenomena (Polit & Beck, 2012). I used thematic analysis' similarity and contrast principles to seek out the similarities and dissimilarities of the data as proposed by Polit and Beck (2012). I divided the data into segments of information that were categories and themes as described by Creswell (2012).

To establish credibility that is relevant to validity, I used credibility as a decision-making criterion to develop codes for applied thematic analysis (Guest et al., 2012). The thematic analysis revealed the accuracy in the participants' responses to the research questions as follows by (Guest et al., 2012):

- Read the text and proposed themes.
- Refine the themes into codes with well-develop definitions.
- Have two or more analysts read a sample of the text again and identify segments that reflect specific code definitions. (If you are the only persons coding the text, you can code one sample twice, e.g., with a week between codlings).
- Compare the way each analyst coded the text sample.
- If the results are the same, continue coding with periodic re-checks.
- If the results differ, identify why. Adjust the code definitions, the codes, or the analysts' use of the codes as necessary. Recode the text as necessary. Have the analysts code another sample of text and again compare the results. Repeat as necessary. (p. 70)

Credibility is a criterion for trustworthiness in qualitative research as suggested by

Shenton (2004). Prolonged engagement, persistent observation, triangulation, peer debriefing, negative case analysis, referential adequacy, and member-checking as techniques used to conduct qualitative research to achieve the criteria of credibility (Shenton, 2004). I used several techniques (e.g., negative case analysis and member checking) to ensure the credibility of the findings (Ortlipp, 2008).

Zinicola (2009) wrote that member checking might be used to ensure the validity of the study by allowing the participants to read the researcher's interpretation of the study. I allowed the participants to review the interview transcripts to ensure credibility and validity of the data, as suggested by Fain (2013). I used a peer reviewer to evaluate the codes and themes for corroboration with the participants' perceptions of the experiences that affected their transition process. I re-read verbatim transcripts from the interviews, and surveys to make sense of the different perceptions of the participants' experiences of the phenomena. I used comparative analysis to review the study participants' responses to assess their perceptions of the progression of the new curriculum. Guest et al. (2012) described that data were collected from the participants' responses, transcribed, and coded, including counting the number of times a code was applied to all transcripts.

Procedure for Dealing with Discrepant Cases

Yilmaz (2013) suggested that purposeful sampling enabled the researcher to gain in-depth and detailed information about the participants' experiences regarding a phenomenon. I employed validity strategies (e.g., member checking, rich thick descriptions, clarification of researcher's biases, presentation of discrepant information, and an external auditor) as proposed by Creswell (2009). I explored the transcript to focus on the participants' responses to the research questions multiple times to understand the reason for some faculty's gap in

practice of sustaining a curriculum. I used the interview protocol to ask the participants questions to solicit responses to answers the research questions. Before each interview session, the participants read the interview protocol that allowed them to become familiar with the questions. I used recordings to capture the participants' responses. During the recordings, I wrote notes on the interview protocols such as hand gestures and facial expressions. To increase the credibility of the study, I repeatedly reviewed the interview protocols and compared each one for similarities in the participants' responses. See Appendix C (Interview Protocol).

I employed member checking to ensure the accuracy of the participants' perceptions and experiences of the barriers that affected their abilities to sustain the new concept-based curriculum. The rich thick description was validated by the participants' responses about their lived experiences during the implementation phase of the new curriculum. Last, the external auditors were the committee members and the URR member. The external auditors provided me with detailed feedback that enhanced the credibility and integrity of the study.

Data Analysis Results

In this section, I discuss results of data analysis yielded from my exploration of the problem and research questions. I review the findings of the research questions around themes generated from faculty descriptions of their experiences implementing the new concept-based curriculum. I account for the saliency ofn the study findings, including ways discrepant cases were handled.

Coding Methods

Experiences of 11 Level 1 faculty members were recorded during one-on-one interviews. The participants voiced their experiences during the implementation of the new

curriculum. Data was transcribed. I read data several times so data could be analyzed and organized based on similar information, meanings, and patterns. I used two stages of coding to analyze the data (Miles, Huberman, & Saldana, 2014). During the first coding cycle, similar data chunks were identified, categorized, and labeled. I used invivo coding, phrases repeated by participants, to seek general patterns (Miles et al., 2014, p. 173). During the second coding cycle, data was grouped into meaningful smaller categories that were developed into pattern codes that identified emergent themes (Miles, et al., 2014).

Discussions of Findings by Research Questions

The major findings included themes regarding resistance to change, resentment about change, gatherings to collaboratively learn about approaches to change, and use of evaluation tools. (See table 1 research questions, themes, and codes of interviewed participants). Last, 11 participants discussed experiences they faced during that time and mentioned that a concept-based expert would help them to better transition to a new curriculum.

Table 1

Research Questions, Themes, and Codes of Interviewed Participants

Research questions	Themes	Codes	Faculty descriptions
What were the experiences of the Level 1 faculty who participated in the implementation of the new curriculum?	Resistance to change	Traditional was easier Pros and cons of concepts Medical model of nursing Lack of knowledge Willingness to change Change is difficult Change the process of teaching Still doing the old curriculum	"I think first of all change is difficult, so when the new curriculum came along, I felt like it was not organized, it was something new. And then, I found out that some people were still doing the traditional curriculum (Participant 4).
What were the Level 1 faculty perceptions of traditional ways of teaching methods versus conceptual teaching methods?	Resentment about change	Students' resistance to active learning Traditional ways of teaching Too old to change	"To be truthful the students resisted the new curriculum for the longest time. They had the impression that we wanted them to get up and educate us, instead of us educate them" them. So, a lot of the students really were resistant to this new change as much as we were" (Participant 2).
What were the strategies used to encourage instructors to transition to concept-based teaching styles?	Gatherings to collaboratively learn about approaches to change	Concept meetings Continuing education workshops Mentor relationship Collaboration Faculty resistance to change Students' resistance to change Meeting students' needs	"We attended concept meetings and discussed how the concepts and exemplars would be taught on each level. I found that during some of those meetings, the more seasoned or experienced educators found it hard to let go of the content they taught for years, I believe some nurse educators on Level 1 probably accepted the fact that we needed to change with the times to meet the students' needs to learn information that would help them to think critically" (Participant 8).
What were the teaching strategies used to improve the students' learning needs?	Use of evaluation tools	NCLEX pass rates	"First of all, I used NCLEX style questions in presentations and I solicited input from the students during the presentations" (Participant 1). "I would go back for review to see how much the students had learned from my classes. I would use an evaluation tool to assess how much information they learned and what they needed to know" (Participant 2).

Table 2

Codes, Responses, and Percentages Derived from Participants' Answers

Codes	Responses	Percentage frequency
Collaboration	20%	16.3%
Faculty resistance to change	20%	16.3%
Students' resistance to active learning	20%	16.3%
Students' resistance to change	20%	16.3%
NCLEX pass rates	12%	9.8%
Socratic teaching	11%	8.9%
Medical model of nursing	7%	5.7%
Change is difficult	6%	4.9%
Critical thinkers	3%	2.4%
Change the process of teaching	2%	1.62%
Willingness to change	2%	1.62%

Note. Codes were derived from the participants' answers to Questions 1 through 4. The numbers in the second column are the percentage frequency that indicates the number of times the participants mentioned these codes in their responses.

Themes

The results of this study suggest perceptions and attitudes to making the change to concept-based education, including improving students' learning outcomes. The four themes were as follows:

a) Resistance to change

b) Resentment about change

c) Gatherings to collaboratively learn about approaches to change

d) Use of evaluation tools

Theme 1:

Resistance to change may have interfered with the experiences of the Level 1 faculty who participated in the implementation of the new curriculum. The Level 1 faculty described experiences while implementing the new curriculum. There was one universal theme in the interview data-change. Eight out of 11 participants agreed that change was necessary to sustain the implementation of the new concept-based curriculum. The ranges of responses are presented in the following quotes from the participants of this study:

Participant 2 shared:

> Ok, some of the barriers I experienced *was* learning the meaning of concepts. I wanted to know how these concepts were different from the medical model of nursing, and what were the advantages and disadvantages. I think it was a lack of knowledge and really more of a willingness to change and to adapt to something new.

Participant 6 shared the following:

> Well, I feel, first of all faculty did not have enough time to implement the new curriculum was a big factor. We did not have the time allotted to implement the new curriculum. We just had a certain amount of time, a short period of time to

> get everything rolling out. A lot of us didn't understand the conceptual model. Nobody really knew what they were doing. We really didn't have a lot of guidance from the higher levels of administration and it was left up to faculty to implement the new curriculum.

Theme 2:

Resentment about change. Participants revealed that seasoned faculty felt pressured to learn a new way of teaching the students. Participants indicated that those educators resigned because of lot of resentment and wanting to teach traditionally. Eight out of 11 participants stated that some faculty remained teacher-centered with less focus on developing learning environments that were student-centered.

Participant 2 stated:

> So, a lot of the students really were resistant to this new change as much as we were. I mean there were just a lot of adjustments to make and a lot of resentment.

Participant 4 shared the following:

> Some of the older faculty relied on their traditional teaching methods. It took them a while to move to interactive student-centered learning.

Participant 6 mentioned:

> I think the instructors had a lot of barriers to go through. The seasoned instructors were so use to the old curriculum and they had difficulty transitioning to a student learning environment. I find that teacher- centered learning is still happening now.

Themes 3:

Gatherings to collaboratively learn about approaches to change. Eleven out 11 participants revealed that strategies such as concept meetings and continuing education workshops were used to make a difference in ways the educators implemented the new curriculum and taught students. Participant 2 and 3 shared comments that expert

concept-based guest speakers taught faculty members ways to transition to the concept model. Other participants mentioned the following:

Participant 4 mentioned:

I think the concept meetings or professional workshops… they are very effective in helping us to transition to the new concept curriculum. But the problem I'm seeing is most people are still resistant to transitioning to the new concept curriculum.

Participant 7 shared the following:

Well, the strategies used were that the dean offered a good bit of workshops, conceptual workshops on how do you change a person's mind set and thinking? Then, we also attended a lot of concept meetings, whereas we went over different concepts, looked at exemplars, and we went from there.

Theme 4: Use of evaluation tools. Eleven out 11 participants indicated that evaluations of students' learning needs and learning outcomes were assessed to gauge the success of the Level 1 faculty use of conceptual teaching strategies. The following comments captured 11 participants' perceptions and experiences when evaluation tools were used to meet the students' learning needs.

Participant 2 revealed:

You know what? I would go back for review to see how much the students had learned from my classes. But you know what really helps in the end? Evaluation tools. I use the tools to see how much information they were obtaining about the things that they needed to know. Evaluation has to do with feedback and then I would check the outcomes.

Participant 11 stated:

I always used case studies to aid the students in analyzing and implementing

concepts. I believe in facilitating the students' ability to think critically. I sometimes use games to aid the students and learning content for longer periods of time, and not learn and dump information.

Discrepant Cases

I reviewed the collected data for inconsistencies of the phenomena that was studied as indicated by Mays and Pope (2000). The inconsistencies may hinder the development of a theory, assumption, or proposition as suggested by Creswell (2012). I accounted for all salient data in the findings by placing all collected data into categories, codes, and themes. I reviewed the recordings. I further analyzed the data using NVivo 11. Participants answered questions freely. On some occasions, I redirected them by asking probing questions, especially when their answers were not relevant to the questions. I discovered while interviewing some of the participants that they became emotional and compassionate about the subject at hand. I discovered they interjected their personal feelings into the answers.

Evidence of data Quality

I used member checking to ensure the accuracy of the raw data. During the data analysis phase, I encouraged the participants to review the results to ensure the accuracy of the transcribed data and findings. The participants provided me with remarks about the raw data and offered comments, such as corrections of spelling, in the transcripts. The participants agreed with my interpretation from the interview data. Merriam (2009) claimed that researchers use member checking and it is the most common strategy used to ensure internal validity and credibility. Pertaining to validity, I ensured all information was collected using the same procedures.

I used reflective journaling as a system to keep track of the data and to evaluate my ability to ensure that I remained unbiased and transparent throughout this process. I used this method as a type of quality evidence to allow me to reflect on my thoughts and feelings

throughout the data collection and data analysis processes. Lodico et al. (2010) suggested reflective journaling allows the researcher to consider their own beliefs, ideas, and morals to remain unbiased. While I interviewed the participants, I wrote notes on the interview protocol to ensure that I captured the participants' gestures and facial expressions.

Workshop Project

The spring of 2014 faculty satisfaction survey results revealed that 83.70% of the faculty remained involved in the development and revision of the new curriculum. In contrast, the 2013 faculty satisfaction survey results showed that 73.90% of the faculty remained involved in the revision of the new curriculum. Based on these results, there was an increase of 9.8% of the faculty who participated in the development and revision of the new curriculum. Other study results suggest the designs of professional development workshops may enhance the faculty nursing knowledge and practices to meet the school of nursing's expected level of achievement.

Summary

The collected data revealed Level 1 faculty members' experiences, perceptions, and strategies encouraged and used during the transition to a new curriculum. In Section 3 of this study, I will discuss the goals of the proposed project and how this project may create solutions to the problem. Furthermore, I will discuss simulation-based mastery learning (SBML) that might guide the development of the workshop. I plan to explain the use of simulations technology in nursing and the benefits of these active learning resources. Last, the impact of the project is to contribute to the social change in the nursing education field by the development of a professional development workshop. The professional development workshop will be used to help educators' transition to expert concept-based teachers that may help learners to become professional nurses that critically think and use decision-making skills.

Section 3: The Project

Introduction

In Section 3, I discuss the description and goals of the project, as well as the rationale. I presented a review of the literature to support the project genre, which is a professional development workshop that will be initially conducted in the course of 3 days. Next, I discuss the implementation strategies of the project genre, the project, and implications for social change.

Professional Development Workshop

Description

The project will be a collaborative professional development workshop created to address the data found in this study. The findings of this study revealed the nurse educators' individual experiences while transitioning to a new concept-based curriculum. Participants revealed that seasoned faculty were pressured to learn a new way of teaching students. Participants indicated that those educators resigned because of a lot of resentment and wanting to teach traditionally. The findings of the study appear to warrant a professional development workshop that could foster changes in the faculty perceptions and attitudes to enhance their ability to teach conceptually. The initial 3 days of the professional development workshop will involve the educators identifying innovative strategies to improve their teaching and practices. The workshop will be conducted again in 6-months, then once per year.

Goals

During the workshop, I plan to disseminate the findings of the study to the dean, administrators, and nursing faculty. The outcome goals of the professional development workshop are (a) faculty will demonstrate use of appropriate concept-based approaches to continue sustaining the new concept-based curriculum; (b) faculty will demonstrate the use of new teaching strategies to improve students' learning outcomes; and (c) faculty will design

more effective student-centered learning environments to encourage active learning. Erickson and Lanning (2014) proposed that nurse faculty are to develop into expert concept-based teachers that promote student-centered learning environments.

Rationale

I will use the workshop to discuss strategies identified in the research and literature review to become better concept-based educators (Donley & Flaherty 2008) found that institutional leaders promoting professional development workshops allowed nurse educators to identify their levels of competencies. The workshop genre will involve using content-based strategies to aid the educators to meet their students' learning outcome goals in their own classrooms, in addition to the development of their students into being better professional nurses.

During the presentations, the participants will be involved in role playing and divided into small groups for discussions at the workshop, thereby modeling effective strategies that faculty can use in their own classrooms. I plan to address approaches the teachers might use to enhance their levels of competencies, allowing them to actively engage in the strategies in the group. I will use the workshop to facilitate the educators' discussions of strategies to sustain the implementation of the new concept-based curriculum.

Review of the Literature

The literature review addresses professional development and its effects on this study. First, I will discuss how professional development involves the facilitation of learning opportunities found in any educational situation. Professional development may allow educators to create learning opportunities for learners to engage and collaborate to formulate strategies to improve their knowledge, skills, and practice. Next, I will present simulation-based mastery learning (SBML) as the framework that will guide the development of this workshop. Then, I will introduce simulation as a teaching strategy the educators may use to

foster students' ability to provide prudent patient care. I discuss self-directed learning and lifelong learning. Last, I will discuss the nine essentials of baccalaureate education for professional nursing practice.

Saturation of the Literature

Saturation in the literature review was reached by using the Education Resources Information Center (ERIC), CINAHL Plus, EBSCOhost, and other databases to support the review of literature for this genre. I will use Boolean search to seek terms such as *self-directed learning, lifelong learning, educational frameworks, professional development, professional workshops, workshops, nursing education, and nursing practice. I used phrases and keywords such as novice nurse educators, expert nurse educators, program evaluations, professional development, andragogy,* and *educators*.

Background

The Level 1 participants attend professional workshops to remain relevant with current nursing knowledge and practices to meet the school of nursing's expected level of achievement. The school of nursing's expected level of achievement criteria was that 85% of the faculty agreed that best practices were reflected in the educators' innovation and interprofessional collaboration (C. Myer, personal communication, September 15, 2014). However, the fall of 2013 faculty satisfaction survey results revealed that 77.1% of the faculty fell below the expected criteria. Hence, the survey results warranted that the Level 1 faculty consider attending workshops to improve their levels of competencies to enhance students' critical thinking and decision-making skills.

Professional Development

Professional development, that is well developed, allows nurse educators to engage in learning activities to enhance learning while modeling what they will do in the classroom. The learning activities enhance the nurses' knowledge, skills, and levels of competencies in any

clinical or learning environment (DeSilets & Dickerson, 2010). Curran (2014) asserted that in many states, professionals are mandated to maintain high levels of competencies in their fields by attending continuing education programs. Professionals such as nurse educators and nurses are held responsible to attend workshops to enhance their levels of skills in their fields.

Daley (2001) found adult educators and nurses shared that learning new information about a concept and incorporating that new knowledge into practice enhanced their competency levels. The study findings indicated that as a result of this learning, the professionals were able to meet their students and patients' needs.

Shehu (2009) found that Botswana physical education (PE) teachers were not offered chances to be present at the professional development programs. Shehu claimed leading education authorities of the primary schools and higher learning institutions viewed the PE teachers' positions as being less valuable. The other educators who taught subjects such as math or English were valued more as explained by Shehu. The PE teachers were denied opportunities to learn new knowledge about their field and remained stagnated according to Shehu. As a result, they were unable to share information about their experiences with the students. In other words, the PE teachers verbalized their feelings of being excluded from the other professionals. Likewise, (Nabhani & Bahous 2010) discovered in a study conducted in Lebanon that educators who taught in private schools and higher learning institutions were more likely to attend professional development workshops than those who taught in public schools. The educators who taught in public schools were not expected to attend the workshops as described by Nabhani and Bahous. One reason was the resources and funding were not as readily available in the public schools as were in the private schools. Therefore, educators in private schools had opportunities to learn the new trends of teaching practices and methods.

Dickerson (2014) claimed professional development made professionals such as nurse educators accountable to remain current with the evolving trends and practices in nursing.

Similarly, educators who attended workshops found themselves in meaningful debates that promoted learning and implemented practical trends in their particular fields as asserted by Rogers (2010).

In a qualitative study conducted in Finland, the researcher explored the experiences of Finnish educators who did not attend professional development workshops and those who participated in the workshops (Maaranen, 2009). The study results revealed differences in the educators' experiences. The results showed the teachers who attended the professional development workshops suggested enhanced interactive skills with other colleagues and experienced an increase in self-confidence as proposed by Maaranen (2009). The educators who did not attend the workshops indicated they worked alone and experienced job satisfaction by developing their teaching styles as described by Maaranen. The researcher discovered there were differences in the educators' perceptions of their teaching experiences. The study results revealed that continuing education through workshops was required to ensure that the educators shared their experiences and supported professionalism (Maaranen, 2009).

Likewise, (Shriner, Schlee, Hamil, & Libler 2009) asserted study results revealed educators were empowered by attending professional development workshops by being active participants. The educators indicated that the workshops fostered changes in their perceptions, attitudes and teaching knowledge because of hands-on learning activities. Caffarella (2002) suggested some purposes for education programs such as development workshops were to aid institutes in their adjustment to change and attain their anticipated results.

In another study, Polly and Hannafin (2011) discovered educators who developed strategies to foster learning-centered environments in K-12 mathematics classes. The teachers used a professional development project that engaged their students in active learning approaches that met their needs. The study findings revealed that the project allowed the educators to enhance the students' abilities to become better critical thinkers and problem

solvers.

Simulation-Based Mastery Learning

Simulation-based mastery learning (SBML) as the framework will guide the development of this workshop. SBML is a problematic form of competency-based education where the learners are involved in standardized deliberate practice on a simulator with individualized feedback until the learners can meet or surpass a minimum passing criterion on an assessment Vermylen et al. (2019).

Barsuk et al. (2012) shared that SBML is the deliberate practice that allows learners the opportunity to develop their skills and provide feedback from the trainers. Mastery learning involves the learners meet the minimum requirement on a simulation assessment before executing a procedure or skill on an actual patient Barsuk et al. (2012). Similarly, SBML allows the learners to provide patients with safe care, safe environment, and improve procedural skills Barsuk et al. (2010).

Simulations Technology-Based Active Learning Resources

Educators are to use simulations which are technology-based active learning resources that must be incorporated into concept-based curricula. Simulation is a method used by educators to mimic reality of clinical environments created to demonstrate techniques to promote reasoning skills (Durham & Alden, 2008). According to (Mastrian, McGonigle, Bixler & Mahan 2011) nurse graduates of the 21st century will be required to be skillful users of technology to ensure the safety and enhance quality in patient care. Nurse educators are challenged to use technology-based active learning resources such as simulations to support nursing students' readiness for practicing in the clinical areas. Educators are to change their methods of teaching that reflect innovative teaching styles aligned with the current demanding changes in health care (Brown, Kirkpatrick, Greer, Matthias, & Swanson (2009).

The use of simulation has become a crucial component in nursing (Mastrian et al.,

2011). Student nurses may benefit from simulation practice by increasing their sense of self-direction and being prepared to provide efficient patient care. The use of simulation increased the learner's comprehension, nursing knowledge, and clinical judgment (Mastrian et al., 2011).

Self-Directed Learning and Lifelong Learning

Timmins (2008) claimed several studies offered that nurse educators functioned as facilitators who espoused for student-centered environments to nurture their students into becoming self-directed learners. However, Timmins found that literature recommended for the students to become self-directed learners. The educators must aid the students to identify their learning needs and set learning objectives to address those needs. The teachers need to develop goals and select the learning activity to accomplish those goals. Then, the educators are required to evaluate the goals. Educators might develop learning outcomes, including descriptions of those learning outcomes to foster self-directed learners. Knowles suggested that educators are to function as facilitators of learning accompanied with guidelines, as well as instructions for their students to develop into self-directed learners (Cummings, 2011; Timmins, 2008). Likewise, self-directed learners experienced a transformation that enhanced their responsibility to develop into lifelong learners that allowed them to explore different styles of learning (Lunyk-Child et al., 2001). Manganello, Falsetti, Spalazzi, and Leo (2013) described lifelong learners as people who were self-motivated, whereas the learning process was deliberate. The learners must be persistent and inspired to learn to attain their goals Khiat (2015). Last, in a study conducted in the United Kingdom, (Bhoyrub, Hurley, Neilson, Ramsay, & Smith 2010) proposed that changes in the health care system required nursing professionals to be self-directed and lifelong learners in efforts to improve their nursing knowledge and skills.

Quality and Safety Education for Nurses

Quality and Safety Education for Nurses (QSEN) and the essentials of baccalaureate

education for professional nursing practice will be used for this workshop to assess the students' competencies in learning innovative teaching strategies such as simulation. QSEN is a national initiative that recognizes the competencies and knowledge, skills and attitudes (KSAs) of nurses and constantly ensure the improvement of quality and safety of patient care Cronenwett et al. (2007).

The Essentials is a document that is used by baccalaureate nursing programs to help build nursing education to meet the criteria of the IOM's recommendations AACN (2008). The recommendations of the IOM are to focus nursing care on the improvement of patient safety, enhance critical thinking, and foster professionalism to meet changes in health care (AACN, 2008). There are nine Essentials that are expected outcomes of baccalaureate nursing programs AACN (2008):

Essential I. Liberal education for baccalaureate generalist nursing practice Essential II. Basic organizational and systems leadership for quality care and patient safety

Essential III. Scholarship for evidence-based practice

Essential IV. Information management and application of patient care technology

Essential V. Health care policy, finance, and regulatory environments

Essential VI. Interprofessional communication and collaboration for improving patient health outcomes

Essential VII. Clinical prevention and population health

Essential VIII. Professional and professional values Essential IX. Baccalaureate generalist nursing practice

While the nine Essentials is a document that is used to build programs for baccalaureate education for professional nursing, several of the nine Essentials may be applicable to ADN programs. For example, Essential IX indicates the baccalaureate graduate nurse may be prepared to care for patients and family members across a continuum of health care

environments AACN (2008). Essentials IX may be applied to an ADN program similar to the one in this study. The Essentials document allows educators to create and emerge learning opportunities such as simulations with clinical experiences to help build the learners' critical thinking and decision-making skills.

Responsibilities for Nursing Educators to Stay Current

Nurse educators are responsible for ensuring that their nursing knowledge, teaching, and practice are current to meet the needs of their students. Kalb (2008) wrote that scholars of nursing were to follow the core competencies and task statements of nurse educators that were published by the NLN in 2005. According to (McNeil, Parker, Nadeau, Pelayo, & Cook 2012), organizations such as the Quality and Safety Education for Nurses (QSEN), the IOM, and the NLN emphasized the importance of schools of nursing teaching the QSEN initiative. The QSEN initiative are competencies levels that educators may prepare student nurses with the knowledge, skills, and attitudes (KSAs) as described by McNeil et al. The KSAs are essential to unceasingly improve the safety and quality of the health care systems as claimed by McNeil et al. Last, professional nursing organizations such as the Joint Commission for Accreditation of health care organizations require that nurses are held accountable to maintain the standards of care as explained by Redman et al. (1999). The standards will allow the nurses to continue to strive for clinical excellence as proposed by Redman et al. The core competencies and standards of care are similar. The nursing professionals in the clinical or educational settings are expected to provide the public with the highest standards of nursing care and knowledge. The professionals' nursing care and education must safeguard the public from any harm or danger.

Project Description

The title of the workshop is, "Supporting Collaborative Professional Development Communities: The Use of Simulation to Enhance Student-Centered Learning". Initially, the

workshop will be 3 days and 7 hours and 30 minutes in length. Thereafter, the workshop will be presented again in six-months with follow-up data and information in regards of the progression of the educators' use of simulation in the classroom and clinical settings. Then, the workshop will be conducted once a year. The workshop will be used to support the nursing faculty members' ability to create student-centered learning environments. I will discuss ideas on the approaches to continue improving their skills to become better conceptual facilitators of learning.

One week before the workshop, I will give the faculty a pre-assignment with information on the use of the simulation tool. I will use the pre-assignment to aid the teachers in using the simulation tool to enhance the learners' reasoning skills. The assignment may help the educators to foster learning environments that will be intended to facilitate the learners into being active and self-directed during the workshop.

Project Implementation

The implementation of this project is contingent upon factors, such as the needed resources, existing supports, potential barriers and solutions to the barriers. I desire to explore the resources that requires to ensure the success of this project, including the support of the dean, administrators, and faculty. Lastly, I will discuss the potential barriers that hindered the success of the project and solutions.

Potential Resources and Existing Supports

The program format for this project is a professional development workshop. Caffarella (2002) indicated that a workshop was a face-to-face group activity that focused on the elaboration of the skills and competencies of the learner. I plan to meet with the dean and program development coordinator to discuss potential dates and times. Also, the dean and I may consider a location within the school of nursing to conduct the 3-day professional workshop.

I will remind the dean and program development coordinator about the number of audience participants who might attend the program. I want to ensure that there will be adequate space and seating arrangements. The chairs and tables will be available for use in the assigned room. I will position chairs around the tables to foster the participants' engagement in the learning activities as described by (Caffarella, 2002). There are expected to be well over 30 audience members who may attend each workshop.

The faculty, dean, and administrators will not be charged a fee to attend the workshops. The faculty and administrators at the school of nursing will be notified by e- mail one week before the workshop. I will notify the audience participants that this workshop is not mandatory, but their attendance will be greatly appreciated. One week before the workshop, I will post flyers as reminders throughout the school of nursing for the faculty and administrators to attend. I will indicate on the flyers that the attendees are to bring their paper and pencils. I will request to the dean and program development coordinator that the audience members receive a certificate at the end of the workshops to place in their portfolios. Last, parking is already available in the school of nursing's parking garage. I have not received any educational funds or grants for the workshops.

I will conduct the workshops on the days and times that may be selected by the dean and program development coordinator. Once the days and hours are approved by the dean and program coordinator, I will send this information by an invitational e-mail Titled to the faculty and administrators. (See Appendix A for the professional development invitational e-mail.) Next, I plan to gain permission from the dean to use the school of nursing's paper supply to develop an attendance role. Also, I will make copies of the assignment that I plan to give to the educators on day one of the workshop. I intend to use electronics to present the information by PowerPoint slides to the audience. I will provide the audience with refreshments during the workshops. Finally, I will arrange to safeguard that special services will be considered, such as

ensuring the elevators may be in use or slip and fall signs will be visible. Caffarella (2002) suggested that programs planners were to make sure that safety nets were in place and that plans were ready to be activated in case of emergencies.

Potential Barriers

Problems might occur during a workshop as asserted by Caffarella (2002), such as the presenter of the program becoming ill or experiencing equipment failure. In the case of potential barriers arising, I anticipate asking two of my colleagues to provide me with assistance to monitor the program should any problems occur. For example, I envision needing assistance to ensure that there will be enough copies of the assignment, program's agenda, and outline. I may require help to hand out evaluations to the audience members towards the end of the last workshop. Last, I expect that there are no scheduling conflicts with the faculty's time schedules. In preparation, I propose to meet with the dean and program development coordinator in a prompt manner to review potential rescheduling dates for the workshops. I am preparing to notify the faculty members and administrators of any cancellations of the workshops by e-mail.

Timetable for Future Implementation

The professional development workshop is expected to be implemented once a year as part of the school of nursing's professional development program. I will use the program as a support system to aid the nursing faculty in sustaining the new concept- based curriculum. For the first workshop this year, I will invite the nursing faculty and administrators to attend the workshop. The workshop will occur on three separate days and dates. The workshop is to be 7 hours and 30 minutes in length. (Appendix A for the timetable and agenda.) There will be a 1-week time interval between each workshop day. On the last day of the workshop, the audience members will complete a summative evaluation.

Roles and Responsibilities

The educators will participate in the active learning activities to learn how to create student-learning environments. The participants must be willing to share insights on their experiences and constructive feedback about using simulation as a tool to foster the students' reasoning skills. The participants must be willing to provide feedback on the successes or failures of their ability to promote active learning environments. The participants will be provided summative evaluations of the workshops so that changes can be made as needed.

Nurse Educators' Learning Needs Assessment

DeSilets (2007) suggested that stakeholders, such as program coordinators and developers used the needs assessment to make decisions as to how to address competencies that the learners may have. The stakeholders use the needs assessment to aid them in changing their practice and improve nursing knowledge as ascribed by DeSilets. Suskie (2009) claimed that the facilitator of learning might employ the needs assessment to identify what the student must learn. The dean and I will use the needs assessment to create strategies to evaluate the educators' competence in teaching and practice as they progress from novice to expert concept-based educators. Suskie found that program coordinators used evaluation methods as assessment findings to make a judgment regarding students achieving the learning goals or not.

Project Evaluation Plan

I will develop a summative evaluation tool to help me to assess the nurse educators' level of competencies to become better concept-based educators. Teachers used evaluations to ascertain if the students achieved their academic goals as proposed by Suskie (2009). The purposes of the evaluation are to assess the effectiveness of the workshop and to aid the program developer to make changes. Last, I will use the summative evaluation tool to improve ways to aid the nurse educators to become better concept-based educators and creators of student-centered learning environments.

Summative Evaluation

Program evaluators use project evaluations to assess if a group or institution have changed their practices or behaviors as suggested by Spaulding (2008). I plan to use the summative evaluation to allow the participants to provide me with feedback on ways to improve the workshops. Suskie (2009) recommended that evaluators collect summative evaluations to obtain feedback from participants at the completion of a program. I will use a summative evaluation to continue to assess the participants' abilities to meet their learning outcomes. I plan to use the evaluation forms to find ways to enhance the delivery of content of the workshop every year. (Appendix A for the summative tools.)

Justification for Using a Summative Evaluation Tool

I will use the summative evaluation tool to gauge the nurse educators' changes in their practices or behaviors, including their abilities to meet the students' learning outcomes. I plan to meet with the dean and professional development coordinator two months before the workshop to discuss ways to create other strategies. I want to ensure that the project addresses the learners' needs, as well as align with the problem of this study. During the meeting, I will use a checklist for the workshop and present a follow-up plan to the dean. Last, I plan to conduct a six-month follow-up with the same summative tool to compare and contrast the accountability of the tools' results. I will share with the dean and faculty the results from the six-month follow-up at the next professional development workshop. The next workshop will be within one year. Caffarella (2002) proposed that the educators use evaluation tools to assess the accountability of the program, including whether the students' learning outcomes were met.

Overall Evaluation Goals

The nurse educators should strive to achieve the workshop assessment benchmarks and enhance their abilities to become better concept-based educators. Spaulding (2008) proposed that program evaluators created benchmarks to assess a group or institution's level of

achievement. Likewise, Price (2005) described assessment benchmarks as learning outcomes that students may display. Table 3 includes educators' workshop assessment benchmarks.

Table 3

Educators' Workshop Assessment Benchmark

Benchmark 1	95% of the faculty will have access to attend the workshops.
Benchmark 2	90% of the faculty attending have the basic knowledge about transitioning to a student-centered learning environment.
Benchmark 3	95% of faculty attending participate in the small group activities.
Benchmark 4	95% of faculty attending examine and reflect on their experiences while participating in the workshops.
Benchmark 5	95% of the faculty attending are able to demonstrate the design of a learner centered environment.
Benchmark 6	95% of the faculty attending are able to demonstrate at least one innovative teaching strategy to implement concept-based teaching.

Key Stakeholders

The key stakeholders of the project will be the dean, faculty in the school of nursing, and other faculty at the community college. The nursing administrators, student nurses, local hospital administrators and nursing staff, patients and their families, communities, and other surrounding parishes may be stakeholders as well. The dean will be the gatekeeper of the school of nursing. The nurse educators will hopefully become proactive within the learning institutions and other professional organizations, such as the NLN. The student nurses can be encouraged to become lifelong learners, as well as to be proactive within their communities. The patients and their families may be encouraged by the student nurses and educators to become proactive in their care, holistically. Last, the administrators of the school of nursing, community college, other health care institutions and local colleges can form collaborative team approaches. This collaborative team approaches may help to address health care and social issues on a local and state level.

Project Implications

The United States health care system is always changing, as well as demanding that nursing programs change to meet the needs of the public. The demands require that nurse educators' practice and knowledge remain current to develop competent nurses to care for the public. As people are living longer and many have chronic illnesses, there is a shortage of nurses in the United States Kalb (2008). These nurses can provide adequate care but may find it hard to meet the demands of the change in health care. Kalb (2008) found the National League for Nursing in 2005 announced that nursing faculty must aspire for excellence to meet the standards of practice. Nursing faculty are urged to become change agents, also, to improve their nurse educator roles as ascribed by Kalb.

Professional Development Workshop Implications and Potential Social Change

Professional development projects such as the proposed workshops are vital components of institutions preparing nurses for the current needs of society. The workshops are practical approaches to professional growth and development in the workplace. Moreover, the workshops are approaches that are efficient methods of networking. The educators may use the workshops to explore interesting ideas with professionals at other learning institutions on a local and national level.

I will conduct this study project at the school of nursing; it is the only concept- based curriculum nursing program within its community and the surrounding communities. The nursing faculty at the school of nursing will be the first group of educators who are concept-based educators within its community. The faculty will be charged with creating and developing student-centered learning environments that can foster the students' critical thinking skills. Therefore, this makes the program unique. I will use the workshop to share new knowledge, ideas, and strategies with the educators to help them sustain the new curriculum.

The dean, administrators, and nursing faculty are stakeholders who must commit to

continuing education through professional development workshops. The stakeholders might use these workshops as opportunities for the faculty to effectively transition from novice to expert concept-based educators, identify their level of competency, and to sustain the new curriculum. The social change associated with the proposed workshop is the enhancement of faculty knowledge to sustain the new curriculum based in concept- based education, thus enhancing student learning and practice. This in turn is expected to affect patient outcomes.

Local Community

The workshop is expected to help educators on a local level. The workshop should aid the nurse educators at the school of nursing to transition from novice to expert concept-based educators. The professional development workshop will serve as a support system for the nurse educators to assess and analyze their progression from novice to expert nurse educators. Additionally, the workshop may allow educators to evaluate their competency levels to ensure that they sustain and maintain higher levels of nursing knowledge and practice. Finally, educators at other local schools of nursing will be invited to attend the workshops to help them to assess their needs to change their teaching approaches and strategies. The workshops may influence other schools of nursing to create student-centered learning environments to foster their students' critical thinking skills in problem-solving.

Summary

In summary, the professional development workshop is important to foster changes in the faculty perceptions and attitudes to enhance their ability to teach conceptually. The nurse educators might seek further opportunities to participate in more workshops to continue to enhance their competency levels in teaching. Professional development workshops might aid nurse educators to continue to develop student nurses into safe and competent professional nurses.

In Section 4, I will discuss the project's strengths and limitations in addressing the

problem. I will discuss recommendations for ways to address the problem, scholarship, project development, leadership, and change. I will reflect on the importance of the work, implications, applications, and directions for future research.

Section 4: Reflections and Conclusions

In the final section of this study project, I will include discussions of my project's strengths addressing the problem. I will discuss the recommendations for remediation of limitations in addressing the problem, an exploration of scholarship, lessons learned about the development and evaluation of the project. I will address lessons learned about leadership and change and self as a scholar, and I will reflect on the importance of the work. Last, I will discuss the implications, applications, and directions for future research.

Project Strengths and Limitations

Strengths

I will identify three project strengths to address the problem of this study. One strength was my discovery of the faculty perceptions of their experiences while implementing the new curriculum. The second strength is the creation of a professional development workshop. Finally, another strength of the project is the utility of the professional development workshop to help the Level 1 educators to identify ways to better become concept-based nurse educators.

The overall strength of this study is the development of the workshop. The project study is the first of its kind to be introduced and implemented at the school of nursing. Thereby, this project may serve as a framework for future professional development workshops to aid faculty at the school of nursing, community college, and other local schools of nursing to model.

Limitations

I recognize four limitations of the project. The first limitation of the project is that the dean will need to aid me with keeping records of the participants' progression of their competency levels. The dean and I will discuss keeping information about the educators' competency levels and progression of using innovative teaching strategies confidential. Another limitation of the project may be that the educators will not be required to attend the

workshop. I plan to meet with the dean to create strategies to encourage the educators to attend the annual workshop. Last, the lack of CE credits might be another limitation of the project. The educators may not be offered the continuing education credit hours after the completion of the workshop. The State Boards of Nursing that governs nursing licenses in the southeastern part of the United States requires that full-time registered nurses have 5 continuing education credit hours. To decrease this limitation, I will approach the NLN to request permission to give continuing education credit for the workshop.

Recommendations for Alternative Approaches

One alternative approach could be to create an online survey that may indicate the educators' competency levels and progress of using innovative teaching strategies such as simulations. A survey would be less time consuming and enhance the researcher's time management to improve the professional development workshop based on the participants' feedback. Another alternative approach might be that every faculty member shares information by blogging their competency level and progression status and receive feedback from the researcher. These alternative approaches may encourage more educators to attend the workshop.

Scholarship, Project Development and Evaluation, Leadership and Change

I am discovering that scholarship is part of a process that requires me to challenge myself to become the best teacher possible. I believe that I have become a better scholar of learning and teaching, since the beginning of my academic journey. I am obtaining a wealth of knowledge about various educational theories that influenced my teaching methods and delivery. I am sharing with my colleagues the new information I am attaining. I am referring them to resources such as books and current articles that focus on ways to improve their knowledge, skills, and practices as educators. I am applying new knowledge about scholarship to practice both in the classrooms and clinical settings to foster the students' abilities to

become critical thinkers and safer health care providers. Hawranik (2008) found the scholarship of teaching focuses on the educators learning extensive knowledge about their fields of interests, in addition, to remain committed to being lifelong learners.

I am learning that project development requires a lot of time to focus on the purpose of the project and ways to complete the project. I am using a collaborative approach such as meeting with the dean of the school of nursing to ensure that I address all aspects of the project. I intend to communicate with the dean about plans of presenting to the nurse educators and administrators a professional development workshop. I believe that evaluations of this project would be necessary for the development of future workshops. I will use the evaluations to keep the educators informed on ways to remain current with nursing knowledge, skills, and practice.

Leadership played a significant role in the design and development of this study project. I consider my chair and committee member leaders who provide me with the guidance I need to make it through this academic journey. I am learning that leadership involves allowing others such as colleagues at work and online to provide me with valuable feedback. Patterson and Krouse (2015) indicated educators are to become leaders to foster student learning environments to meet the evolving demands of higher learning institutions.

I realize that change occurs when an educator is willing to identify a problem within the work or learning environment. Secondly, I assume the role of a change agent. I understand that being a change agent could be challenging. I want to change the minds, behaviors, and habits of others to benefit the students and all stakeholders involved.

Analysis of Self as Scholar

I remember meeting Dr. Castro during a San Diego residency. Dr. Castro asked me what my topic of interest was and if I was passionate about my topic. Since that time, I have learned that being passionate about this project is the main factor that keeps the fire burning

within me. That fire allows me to contribute in some way to make positive changes within my community that benefit the public.

For many years, I was a bedside nurse that mentored other nurses and trained them to work efficiently in the workplace. In the spring of 2010, I realized that my career was shifting from being a bedside nurse to a nurse educator. I consider myself an educator who is passionate about teaching adult learners to become lifelong learners. I hope that adult learners recognize within themselves their self-worth and how they can contribute to their communities to make changes. I believe change affects people in positive ways. I believe this educational journey allows me to better realize my self-worth and purpose in life. Finally, being a scholar means that I have been a bedside nurse, a nurse educator, and now a lifelong learner.

Analysis of Self as Practitioner

Nursing is considered a calling for some people who provide care to the needy and sick. At a young age, maybe 14 years old, I received my calling to become a nurse. I wanted to stay relevant and current throughout my practice as a nurse. I realized that nursing allowed me to explore many avenues as a practitioner. I thought being a practitioner meant working at the bedside of the sick, as well as learn new procedures and protocols to share with my students. Quite the reverse, I discovered that working at the bedside would not ensure that I would be a better practitioner. But, what I learned was that being a practitioner meant I should provide emotional and spiritual care for everyone I encountered. In other words, this meant providing care both mentally, spiritually, and physically to my patients, their families, my students, and colleagues.

Analysis of Self as Project Developer

I am learning that being a project developer allows me to become a better planner of events to foster changes within the community. I am learning new skills such as creating timelines for events. I am attaining knowledge about developing projects. I am discovering that

developing this project involves collaborating with others to improve working conditions. I am providing opportunities for others to enhance their careers. Finally, I find that being a project developer requires research of other disciplines to address similar problems within those fields. I am creating strategies to tackle those problems.

Reflection on Importance of the Work

Health care organizations such as the NLN encouraged nursing faculty to transition to concept-based curricula to focus on creating student-centered learning environments. Literature shows health care organizations recommend that faculty implement concept-based curriculums to help student nurses to meet the demands of a changing health care system. The professional development workshop may provide the faculty at the school of nursing with better ways to become concept-based educators. The workshop can impart faculty with information on how to transition to expert concept- based nurse educators.

At the school of nursing, six expert nurse educators resigned because of the curriculum change. Those nurse educators expressed their concerns about their difficulty with transitioning to the new curriculum and creating student-centered learning environments. The nurse educators mentioned they were not ready to change their traditional ways of teaching. This workshop may be necessary to allow faculty to evaluate their competency levels and progression towards expert concept-based nurse educators. One benefit of this workshop is to encourage the nurse educators to continue to develop student nurses into safe and competent professional nurses. While planning to develop this project, I am learning that other local nursing programs do not offer professional workshops that focus on aiding nurse educators to foster student-centered learning environments and identify their competency levels.

As a current Level 1V nurse educator, I agree with the participants' perceptions and experiences of implementing the new curriculum. The participants indicated difficulty creating student-centered learning environments, a lack of support to encourage each other to maintain

curriculum changes, and challenges with adopting innovative teaching styles. During the interviews, the participants expressed they needed to find ways to better become concept-based educators and to meet their students' learning needs.

Nursing organizations such as the NLN recommended that nursing curricula prepare student nurses to meet the demands of a changing health care system as suggested by Brown et al. The workshop may allow the nurse educators to identify their competency levels and gauge their progression towards becoming expert concept-based educators. The workshop might aid the faculty in becoming confident and comfortable in their roles as expert concept-based educators who foster student-centered learning environments.

Implications, Applications, and Directions for Future Research

The impact of positive social changes may be a process that is continuous and permanent. Just as health care demands change, the same is true for nursing programs to change as encouraged by organizations such as the NLN. The process of change may be difficult; moreover, faculty may be resistant to change. Therefore, stakeholders (e.g., deans, faculty, administrators) should create professional development workshops to lead a positive social change to foster changes in faculty perceptions and attitudes to better become conceptual educators.

Implications

Implications for this project are that it may foster social changes that may affect other educators' perceptions and attitudes to better become concept-based educators on a local level. Other positive social changes are the educators may improve students' learning outcomes and prepare students to become competent professional nurses to meet the current demands of changes in health care.

Based on research and the study findings, a gap in practice of sustaining a new concept-based curriculum might be identified. This gap may affect educators' abilities to better become

concept-based educators. Colley (2012) revealed that many barriers affect educators' abilities to implement changes within their learning institution. Giddens et al. (2012) identified faculty behaviors that negatively influenced revised curriculum, such as resistance to change. Another barrier, identified by Greer et al. (2010), was that faculty believed there was a lack of guidance at the administrative level. Phillips et al. (2013) advocated for nurse educators to become visionaries of teaching.

Results of the present study may influence faculty to re-evaluate their competency levels regarding their abilities to teach conceptually. Benner's novice-to-expert skill acquisition and Dreyfus' model of skill acquisition were used to discuss the faculty's knowledge, skills, and practice to meet the needs of their communities. These models may influence me to create a professional development program to aid educators as they identify new ways to enhance the students' critical thinking and decision-making skills.

Purposeful sampling may limit the generalizability of the findings; however, duplication of this study to a larger setting could generate similar findings. Results from larger studies may contribute to the body of knowledge on sustaining changes in curricula. Moreover, the findings of future, larger studies may help educators develop professional nurses and better meet the evolving changes in health care.

Applications

The information gathered while developing this project might be applied to other fields of education to foster the educators' competency levels of knowledge, skills, and practice. This project may influence the nurse educators to evaluate their levels of competency and to become aware of ways to better become concept-based educators. I plan to use SBML to create professional development workshops that may help educators to foster students into professional nurses with safe practice skills (Merriam, Caffarella, & Baumgartner, 2007).

Directions for Future Research

I am confident the study findings can be applied to other disciplines and learning institutions. The study findings may help other programs to improve the process of creating learning environments. The learning environments might allow nursing educators to nurture learners into becoming nursing professionals to meet the demands of the workforce. I proposed that further research and reevaluations of this kind of study may be conducted at other schools of nursing. Researchers may use related qualitative studies to ensure that changes to curriculums are sustained to improve students' level of achievements.

Conclusion

The results may inform and include the development of a workshop to aid the faculty as they sustain a new, student-centered curriculum. The workshop may reflect Benner's novice-to-expert skill acquisition model, Dreyfus's model of skill acquisition, and SBML. I plan to use these models and theory to help faculty to identify ways to enhance their skills and competency levels. Faculty voiced their understanding of the importance of remaining current with their knowledge and skills to transition to expert concept-based educators who create student-centered learning environments. The participants discussed their experiences and perceptions that contributed to a gap in practice to sustain the curriculum. The participants suggested that more professional development workshops were necessary to sustain the new curriculum. Investment in the development of evidence-based workshops like the one that may be developed for this study can contribute to the field in nursing education and concept-based curricula. Educators who adapt to concept-based curricula may better meet the health care needs of an evolving society. The benefits of these educators adapting a concept-based curricula may contribute to the workforce by fostering and nurturing professional health care providers who are critical thinkers with innovative minds.

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Appendix A: The Project

Title of the Program: Supporting Collaborative Professional Development Communities Workshop: The Use of Simulation to Enhance Student-Centered Learning

Purpose: The purpose of the professional development workshop is to enhance student-centered concept-based learning through strategies focused on cardiac assessment, evidence-based care of the patient with an acute myocardial infarction (AMI), and patient education.

Goals: The goals are as follows:

- Faculty will demonstrate use of appropriate concept-based approaches to continue sustaining the new concept-based curriculum.
- Faculty will demonstrate the use of new teaching strategies to improve students' learning outcomes.
- Faculty will design more effective student-centered learning environments to encourage active learning.

Objectives: By the end of the professional development workshop all learners will be expected to do the following:

- Perform a focused cardiac assessment.
- Demonstrate evidence-based care for the patient with an acute myocardial infarction (AMI).
- Identify the signs and symptoms of an AMI.
- Provide patient education for care of the patient with an AMI.

Rationale: A woman in the United States will die from cardiovascular disease. Often the signs and symptoms of AMI are not recognized in women. Women are less likely to seek treatment immediately, although they may have complaints of

pressure or tightness of chest. An increased awareness of women and health care providers may decrease the mortality and morbidity rates in women.

Competencies addressed are:

Nine Essentials II, III, IV, VI, VIII, IX

NCLEX-RN includes safe and effective care environment; health promotion and maintenance; psychosocial integrity; and physiological integrity

QSEN comprises patient-centered care; safety; teamwork and collaboration; evidenced-based practice; and informatics

Skills Needed for Learners' Participation:

Vital signs assessment
Use of pulse oximeter
Basic electrocardiogram (ECG) interpretation
Cardiac assessment
Respiratory assessment
Auscultation skills
Oxygen administration
Morphine, oxygen, nitroglycerine, and aspirin (MONA) chest pain protocol
Administration of oral medications
Situation, background, assessment, and recommendation (SBAR)
Therapeutic communication

Target Audience: The target audience is the nurse educators at the school of nursing.

Acute Myocardial Infarction Simulation Learning Experience

The patient is a 70-year-old female who was brought to the emergency room with complaints of chest pains and a mild cough. She was admitted to a cardiac observation unit after reporting her chest discomfort decreased from a six to a two, on a 10-point pain scale. The initial 12-lead EKG and the first set of cardiac markers were not significant for an AMI. Presently, the patient appears anxious, along with shortness of breath and chest pains.

Allergies: Penicillin

Code status: Do Not Resuscitate

Previous History: Coronary artery disease, Type 2 diabetes, Anxiety

Previous Surgical History: None

Clinical Setting: The patient is in a supine position. IV inserted with 0.45% NS infusing at 75 ml/hr. ID band on right wrist. The patient is on 2 liters of oxygen per nasal cannula. The patient is placed on telemetry and pulse oximetry is use. The patient is wearing anti-embolism stockings. Incentive spirometer at bedside.

Health care provider's order:

Vital signs every 4 hours

Continuous telemetry and pulse oximetry

Diet: 1600 calorie 2 gm sodium restriction

Activity: Bedrest with bathroom privileges

Intake and output every 8 hours

Anti-embolism stockings

Notify health care provider for:

If HR less than 60/min or greater than 110/min

If RR less than 12/min or greater than 24/min

If SpO_2 less than 94%

If Systolic BP less than 90 mmHg or greater than 150 mmHg

If Diastolic BP less than 60 mmHg or greater than 90 mmHg

Medications:

IV fluids; 0.45% NS at 75 ml/hr

Aspirin 162 mg by mouth every 24 hours

Lisinopril 2.5 mg every 12 hours

Atenolol 5 mg IV over 5 minutes, wait 10 minutes then 2nd dose of 5 mg/5min

Atorvastatin calcium 20 mg every 24 hours

2L O_2 nasal cannula, titrate to maintain SpO_2 greater than 94%

Nitroglycerin 0.4 mg, sublingual, every 5 minutes x 3, as needed for chest pain

Morphine 2-4 mg IV, every 5 minutes, as needed for chest pain

Pre-briefing Report for Learners

Ms. Nina Lopez is a 70-year-old Hispanic female who was brought into the emergency room by EMS. She started having chest pains about 30 minutes before calling 911. When the EMS arrived, Ms. Lopez described her pain as a six on a scale of one to ten. After 3 doses of sublingual nitroglycerin, she still complained of chest pains. Upon arrival in the emergency room, she was given 325 mg of aspirin and 2 mg of morphine sulfate intravenously. Later, her pain score was a 2 out of 10. A 12-lead EKG revealed no significant changes. She is on 2 liters of oxygen via nasal cannula. Her SpO_2 is 90%. She has a history of coronary artery disease and Type 2 diabetes. Her cardiac markers were insignificant. The next set of labs will be drawn in two hours. She is not a coffee or tea drinker. She has no history of smoking. She is scheduled for a stress test in the morning. She appears to be extremely anxious and nervous. She has two adult children, and she lives alone.

Acute Myocardial Infarction Simulation Learning Experience Scenario Timeline

	Expected Learners' Actions	**Educators' Cues**
1 to 5 minutes	**Introduce self** **Wash or clean hands upon entering** **patient's room** **Identifies patient with 2 patient identifiers** **Assess the patient's environment and address safety issues:** call light in reach, safe usage of oxygen devices, side rails up or down **Begin head to toe patient assessment** **Vital signs reveal:** HR, 90, BP 112/84, RR 20, and SpO_2 92% **Assess patient's pain score** **Engage patient with therapeutic communication**	Patient appears upset while in bed. She has a mild cough and diaphoretic. She is alert and responsive. Patient is anxious and concern about length of hospital stay and if her children will check on her home. Patient indicates pain score is 2 out of 10. "Why haven't I taken my medications yet?" "I take my medications early in the morning."

Acute Myocardial Infarction Simulation Learning Experience Scenario Timeline

	Expected Learners' Actions	**Educators' Cues**
6 to 10 minutes	**Administer oral medications using rights of medication administration** **Engage in therapeutic communication with patient** **Assess patient's pain level on a scale of 1 to 10**	"I think these are the wrong medications that you are giving me." What are the names of these pills?" "Will they help my chest pains?" "The pain is a 10/10."
11 to 15 minutes	**Use morphine, oxygen, nitrogen, and aspirin (MONA)** **Call for assistance and use situation, background, assessment and recommendation tool (SBAR)** **Reassess patient's complaints and pain score** **Provide patient with education** **Engage in therapeutic communication with patient**	"My chest hurts really bad." "Please help me?" "Somebody, please call my daughter." "What is happening to me?" "I'm scared."

Timeline and Agenda: Supporting Collaborative Professional Development Communities: The Use of Simulation to Enhance Student-Centered Learning Annual Timeline

2017	2018	2019	2020	Day 1	08:00 A.M. 09: 00 A.M.: Meet and Greet 09:00 A.M. 10:00 A.M.: Opening and Introduction of the Presentation 10:00 A.M. 10: 15 A.M. Break 10:15 Noon: Discussion of the Rationales and Competencies of the Nine Essentials Presentation Noon 1 P.M.: Break for Lunch 1:00 P.M. 3:00 P.M.: Participation of small group sessions and simulation learning experiences 3:00 P.M. 3:30 P.M.: Closing session

2017	2018	2019	2020	Day 2	08:00 A.M. 10:00 A.M.: Facilitation of continuation of group sessions 10:00 A.M. 10:15 A.M. Break 10:15 A.M. Noon: Small groups' simulation learning experiences and discussions Noon 1:00 P.M. Break for Lunch 1:00 P.M. 3:00 P.M.: Groups' discuss pre-briefing report for learners and scenario timeline activities during this session 3:00 3:30 P.M.: Closing session

Note. Initially, the workshop will be 3 days. Thereafter, the workshop will be presented again in six- months. Then, the workshop will be conducted once a year.

2017	2018	2019	2020	Day 3	08:00 A.M. 10:00 A.M.: Facilitation of continuation of group sessions 10:00 A.M. 10:15 A.M. Break 10:15 A.M. Noon: Explore scenario timeline and scenario flow chart Noon 1:00 P.M. Break for Lunch 1:00 P.M. 3:00 P.M.: Groups analyzing experiences of their simulation experiences 3:00 3:30 P.M.: Wrap up session and completion of summative evaluations

Date: Time: Place:	Day 1 ➢ Meet and Greet, Registration ➢ Introduction and Presentation "Supporting Collaborative Professional Development Communities: The Use of Simulation to Enhance Student- Centered Learning" ➢ Break ➢ Continuation of Presentation and Review the Pre-assignment with Faculty: ➢ Lunch Break ➢ Small Group Activities: Audience members will write two competencies from Nine Essentials and Apply them to the Simulation Scenario ➢ Wrap Up Session Day 2 ➢ Revisit Presentation ➢ Group Activities: Small groups' Simulation Learning Experiences and Discussions ➢ Lunch Break ➢ Groups' Discuss Pre-briefing report for Learners ➢ Break ➢ Group Analyzing Scenario Timeline Activities ➢ Completion of Summative Evaluation ➢ Wrap Up Session

	Day 3 ➢ Revisit Presentation ➢ Group Activities and Discussions ➢ Break ➢ Groups' Reflection on Activities ➢ Lunch Break ➢ Continuation of Groups' Reflection on Activities ➢ Completion of Summative Evaluation ➢ Wrap Up Session

Activities of the Workshops:

- The events of the workshop include learning activities in small groups, as well as evaluation tools to provide the program developer with feedback. The dean, administrators and audience members are the stakeholders who participated in professional development programs such as this to ensure the nurse educators remain current with nursing knowledge and practice to develop proficient nursing professionals.
- The presenter will discuss "Supporting Collaborative Professional Development Workshop Communities: The Use of Simulation to Enhance Student-Centered Learning".
- The participants will be encouraged to bring the pre-assignment with them and to be able to participate in the pre-briefing activity. The pre-assignment will be sent as an attachment with the invitational e-mails.
- The audience members will be given summative evaluation tools on Day 1, Day 2, and Day 3 to complete and return to the presenter.

Day 1

- Presentation "Supporting Collaborative Professional Development Communities: The Use of Simulation to Enhance Student-Centered Learning"

- The presenter will discuss with the audience information about the use of the pre-assignment of the Simulation Scenario, Timeline and Flow Chart.
- Lunch Break
- The audience will break into small group for activities throughout the presentation.

➢ Activities are:

1. The audience members will review the pre-briefing assignment. Next, the audience members will write two competencies from the Nine Essentials and apply them to the Simulation Scenario.

   Discussion and Analyzing the Nine Essentials and the Learning Outcomes of the Application of the Nine Essentials to the Simulation Scenario

- Break
- Completion of Summative Evaluations
- Wrap Up Session

Day 2

- Revisit Presentation
- Small Groups' Simulation Learning Experiences and Discussions
- Lunch Break

- Groups' Discuss Pre-briefing Report for Learners and Scenario Timeline Activities During this Session
- Break
- Completion of Summative Evaluations
- Wrap Up Session

Day 3

- Revisit Presentation
- The audience will break into small groups for Simulation Learning Experiences and Discussions
- Lunch Break
- Groups' Discuss Pre-briefing Report for Learners
- Break
- Group Analyzing Scenario Timeline Activities
- Completion of Summative Evaluations
- Wrap Up Session

Appendix A1: Invitational E-mail for Supporting Collaborative Professional Development Communities: The Use of Simulation to Enhance Student-Centered Learning

Dear Dean, Administrators, and Nursing Faculty:

I would like to invite you to attend the "Supporting Collaborative Professional Development Communities: The Use of Simulation to Enhance Student-Centered Learning" workshop that I will be presenting at the school of nursing. The workshops will be free of charge. The purpose of the professional development workshop is to enhance student-centered concept-based learning through strategies focused cardiac assessment, evidence-based care of the patient with an acute myocardial infarction (AMI), and patient education.

The date and time will be announced by the dean and presenter of the workshop. Parking will be available in the school of nursing's parking garage. Refreshments will be provided for the participants, including lunch. The attendees are to bring their own paper and pencils. Also, attendees are encouraged to dress comfortably and bring jackets or sweaters.

Along with the invitational emails are attachments that the attendees will need to become familiar with the topic and its content. One attachment is a brief pre-assignment, as well as instructions on how to complete it. One goal of the pre-assignment is to allow the faculty to become familiar with innovative teaching strategies such as simulations. I will use the pre-assignment to aid the teachers in using the simulation tool to enhance the learners' critical thinking and decision-making skills. The assignment should foster a

learning environment that is intended to facilitate the learners into being active and self-directed during the workshop.

Although the participants' attendance is not mandatory, your participation is appreciated. One goal of the workshops is to serve as an educational tool that will aid the nursing faculty to foster student-centered learning environments so that students may develop into professional nurses that critically think.

Your participation is appreciated. Thank you for your consideration. If you would like to participate, please contact me at hwalto[redacted] or at [redacted].

Thank you,

Henrietta Walton-Nunez

Appendix A5: Evaluation Plan

Supporting Collaborative Professional Development Communities: The Use of Simulation to Enhance Student-Centered Learning

Prepared by: Henrietta Walton-Nunez

1. Introduction and Stakeholders Commitment

This section discusses the evaluation purpose and identifies the stakeholders' roles in the development of the workshop and its effectiveness to meet the participants' learning outcomes.

Evaluation Purpose

- The purpose of this evaluation is to determine the effectiveness of the professional development workshop and to assess if the participants' learning outcomes were met.
- The findings from the evaluation may be used to improve the teaching methods of the workshop.
- The overall goal of the evaluation plan for the workshop is to achieve the benchmarks and to enhance the faculty members' abilities to become better concept-based educators.

Stakeholders

- The dean of the school of nursing, administrators, participants, student nurses, hospital administrators, and the surrounding communities have interests in the outcomes of this evaluation.

- The stakeholders are interested in the effectiveness of the workshop and meeting the faculty learning needs. The stakeholders are concerned about the cost of the workshop and if the program develop
- Needs additional assistance with developing future workshops.
- The dean and administrators aided the program developer of the workshop to implement this plan. The stakeholders may serve as external reviewers and assist with data collection.

Members of the Planning Team

Stakeholders	Responsibility	Role/s in the Evaluation
Dean of the school of nursing	Assist program developer	Planning team External reviewer
Administrators of the school of nursing	Assist program developer	Planning team External reviewer
Two faculty members	Assist program developer	External reviewer Assist with data collection
Faculty members	Program participants Staff	Provide formative and summative feedback

2. Identify Program Elements to Monitor

The planning team decides what is worth being monitored during the workshop implementation. The planning team is to decide if the program is being implemented as planned, and how well the participants are engaging in discussions and active learning exercises.

3. Evaluation Designs and The Interactive Model of Program Planning

This section provides detailed information about the evaluation's designs used for this workshop. These evaluations designs were the formative and summative evaluations used to assess ways to make the workshop better, in addition to collect data to assess if the participants' learning outcomes were met. I used the Interactive Model of Program Planning to ensure the stakeholders were encouraged to remain involved throughout the planning process and development of the workshop. Also, the stakeholders' cultural differences, life experiences, opinions, and beliefs were important factors that influenced the success of the planning process. Researchers claimed that real persons plan real programs in complex organizations, which have traditions, political relationships, and needs and interests that profoundly influence the planning process (Caffarella, 2002).

4. Determined how the formative and summative evaluation were gathered.

Two faculty members assisted me with collecting the evaluations as the designated times.

5. Analyzed the evaluations and reporting of the plan.

During this phase, I summarized, interpreted and disseminated the findings. This process was used to improve the implementation of the workshop. I shared the findings with the stakeholders to create a plan of action to revise and improve the program for future workshops.

Summative Evaluation of Workshop Days 1-3

The following items seek to gather information about your perceptions of the workshop. Please read each item and use the scale below to show your level of agreement with this workshop.

1= Strongly Disagree 2= Disagree 3= Strongly Agree 4= Agree

The workshop aided me in identifying innovative teaching strategies……. 1 2 3 4

The presenter was knowledgeable about the content…… 1 2 3 4

The presenter provided enough time to participate with small group sessions…….. 1 2 3 4

I was encouraged to participate in the small groups…….. 1 2 3 4

I reflected on the activities of the workshop and became aware of ways to create student-centered learning environments…….. 1 2 3 4

Appendix B: Consent Form

The Level 1 faculty was the first nurse educators at the school of nursing who implemented the new curriculum in the fall of 2012. Inquiries of the Level 1 nurse educators will focus on their experiences and challenges during their transitioning to the new concept-based curriculum.

To participate in the study the faculty will meet the following criteria: 1) be a registered nurse with master's degree; 2) have taught in an undergraduate nursing course with a clinical component within the previous six months; 3) are employed part-time and full-time nursing faculty. Faculty will be excluded from the study if they have taught in nursing education for five months or less. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part. This study is being conducted by a researcher named Henrietta Walton-Nunez, who is a doctoral student at Walden University. You might already know the researcher as a Level 4 nurse educator, but this study is separate from that role.

Background Information:

The purpose of this qualitative study was to address the Level 1 faculty members' difficulty in sustaining a new concept-based curriculum by understanding what strategies may assist faculty in facilitating students' learning through concept-based curriculum and which strategies may present barriers.

Procedures:

If you agree to be in this study, you will be asked to:

- sign consent form via email. Duration: 5-10 minutes

- participate in a one-on-one interview and audio-taping with the researcher only once. Duration: 30-60 minutes
- share your professional workshop certificates related to concept-based teaching with the researcher
- participate in member checking the data by reviewing a brief summary of the transcribed verbatim interviews. Duration: 30 minutes
- Here are some sample questions:
- What were the Level 1 faculty perceptions of traditional ways of teaching methods versus conceptual teaching methods?
- What strategies were used to encourage instructors to transition to concept-based teaching styles?
- What were the teaching strategies used to improve students' learning needs?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether you choose to be in the study. No one at [redacted] will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as feeling some anxiety or stress. Being in this study would not pose risk to your safety or wellbeing.

- Benefits of the study are as follows: (a) the dean and administrators may use the nurse educators' experiences to improve conceptual teaching methods across the curriculum (b) to ensure that new strategies will be used to encourage the educators to continue transitioning, implementing and sustaining the concept-based teaching styles (c) to ensure that teaching strategies are used to improve the students' learning needs across the curriculum.

Payment:

There will be no payment to participate in the study.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by use of codes in place of names and discarding names when possible. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via [redacted] and/or henrietta.walton-nunez[redacted]. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is [redacted].

Walden University's approval number for this study is **05-06-16-0303428** and it expires on **IRB will enter expiration date.**

The researcher will give you a copy of this form to keep.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it and that you agree to participate, please indicate your consent by replying with the words "**I Consent."**

Appendix C: Interview Protocol Tool

College/University:

Interviewee's role:

Interviewee's background:

Interviewee's comments to question:

Research Questions Used with the Interview Protocol Tool

1. What were the experiences of the Level 1 faculty who participated in the implementation of the new curriculum.
2. What were the Level 1 faculty perceptions of traditional ways of teaching methods versus conceptual teaching methods.
3. What strategies were used to encourage instructors to transition to concept-based teaching styles.
4. What were the teaching strategies used to improve the students' learning needs.

Appendix D: Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

Name of Signer:

During the course of my activity in collecting data for this research: "Qualitative Study of Nursing Faculty Implementing a New Concept-Based Curriculum" I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.

6. I understand that violation of this agreement will have legal implications.

7. I will only access or use systems or devices I'm officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: **Date:**

Appendix E: Invitational E-mail for Study Participation

Qualitative Study of Nursing Faculty Implementing a New Concept-Based Curriculum

Dear Level 1 Nursing Faculty

I would like to invite you to participate in a qualitative study project that I am conducting. This study project is part of the requirement for my degree of Doctor of Education at Walden University.

The purpose of this qualitative study was to address the Level 1 faculty members' difficulty in sustaining a new concept-based curriculum by understanding what strategies may assist faculty in facilitating students' learning through concept-based curriculum and which strategies may present barriers. The following research questions will allow for the exploration of the faculty perceptions of their experiences transitioning to a new concept-based curriculum:

- What were the experiences of the Level 1 faculty who participated in the implementation of the new curriculum?
- What were the Level 1 faculty perceptions of traditional ways of teaching methods versus conceptual teaching methods?
- What strategies were used to encourage instructors to transition to concept-based teaching styles?
- What were the teaching strategies used to improve the students' learning needs?

If you decide to participate, you will be asked to participate in a one-on-one interview. I will ask the participants the study project questions. The interviews will be

audio-taped. I will use an interview protocol to ask the research questions and to write notes from time to time during the interview. The interviews will be 60 to 90 minutes in length. The interviews will be conducted at locations that are comfortable for the participants and not during working hours for the school of nursing. Individuals' participation will be voluntary.

I will store and secure the data in a locked file cabinet in my office at work. A coding system will be used to protect the participants' identity. I will provide the participants with summaries of the transcribed audio-taped interviews. It may take 30 minutes for the participants to review the summaries of the transcribed audio-taped interviews. This may take place at locations that are comfortable for the participants and not during working hours for the school of nursing. I will dispose the data within 1 year after the completion of the study. I will utilize the paper shredder at work to discard the data. I will ensure that all data have been thoroughly shredded prior to placing it inside the workplace's trash dumpster.

You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to. The benefit of the study is to help the nurse educators identify barriers that may have prevented them from transitioning to a concept-based curriculum and to sustain the curriculum change. The results of the study will be presented at three professional workshops, and the identities of the participants will not be revealed. Therefore, your name or other information will be coded. Participation is confidential.

Study participants will not be paid to partake in this study. Taking part in the study is your decision. The study is non-coercive. You will be given an informed consent to read, and any questions will be thoroughly answered. You have rights to decline from the study.

I will be happy to answer any questions you have about the study. You may contact me at [redacted] or at henrietta.walton-n[redacted].edu. or my faculty advisor, Dr. Mary Ramirez at mary.ran[redacted].edu if you have study related questions or problems. If you have any questions about your rights as a research participant, you may contact the IRB department at irb@waldenu.edu.

Thank you for your consideration. If you would like to participate, please contact me at henrietta.walton-n[redacted].edu or at [redacted]. I will call you within the next 24-48 hours to see whether you are willing to participate. With kind regards,

Henrietta Walton-Nunez
[redacted]
henrietta.walton-n[redacted].edu