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# Creating a Transformative Curriculum Based on Ignatian Pedagogy

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**Presenter Information**

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# **Creating a Transformative Curriculum**

## **Based on Ignatian Pedagogy**

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## **Creating a Transformative Nursing Curriculum Based on Ignatian Pedagogy**

### **Introduction**

The changing and complex demands of healthcare call for a transformation in nursing education and structure of the profession. In the final decades of the twentieth Century the United States fell far behind other developed, industrialized countries in the quality of health care outcomes. While America's health care costs are higher by far than those of other nations, U.S. health outcomes are not only worse, but substantial outcome disparities can be consistently demonstrated between groups of disadvantaged people when compared to advantaged people. In recognition of these great disparities and the evolving structure of healthcare and roles of healthcare providers, the 2010 Institute of Medicine (IOM) Report on The Future of Nursing notes that "the ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of health care in the 21st century . . . Current nursing education fails to make viable connections between the sciences, real world demands, and nursing knowledge, clinical judgment and practice (IOM, 2010)." This expert interdisciplinary panel calls for the transformation of nursing education to one that is rigorous, highly competent and inclusive of all the aspects of our increasingly intricate healthcare system, including but not limited to focus on chronic care and management, evolving science and technology, health research, critical thinking and leadership.

In 2012, Seattle University (SU) College of Nursing (CoN) responded to this call by developing a revised philosophy of nursing education in conjunction with a comprehensive curriculum transformation. SU CoN faculty participated in a three-day retreat with local and national leaders in the Jesuit education and nursing pedagogy communities. The goals were to examine

critically our institution's Ignatian vision, values and mission and the overlaps with the nursing profession. This was followed by a critical review of the existing SU CoN curricular structure. At that point a creative curricular transformation was envisioned that would encompass our Ignatian and nursing values, address the rigorous and complex demands of our healthcare system, and meet the needs of our students. Participating faculty were divided among three groups: Philosophy, Curriculum Essentials, and Curriculum Architecture. The aims were not only to bridge the gap between outdated educational principles and new demands through pedagogical changes and radical curriculum revision, but to update the CoN philosophy and to articulate the distinctive Jesuit character of the School. Previously implicit Ignatian values in the curriculum were changed from a status of a shared, but largely unspoken, foundational understandings to taking pride of place in the foreground of the new CoN philosophy. This philosophy would not only serve as the foundation and underpinnings of the curriculum essentials and architecture, but the Ignatian philosophy would live and breathe into the curriculum of the present and well as the future.

### **SU CON Nursing Philosophy**

As a Jesuit institution, Seattle University is dedicated educating the whole person and to the development of leaders for a more just and humane world. SU's CoN education builds upon this Jesuit foundation with Ignatian values woven throughout its curriculum. With commitments to academic and teaching excellence, research and scholarship, social justice, service and global engagement, SU's CoN provides an education that transcends the classroom and compels students to act as thoughtful critically thinking agents in the world. It provides a curriculum that is alive and engaging, calling students to address the most pressing issues in the world,

particularly among the vulnerable and marginalized in our society. This is a holistic education that both aligns with our Jesuit roots and honors the values of the nursing profession.

Infused throughout the CoN philosophy and thus threaded into its curriculum is the commitment to education of the whole person “intellectually, morally, emotionally, spiritually, and physically so that each authentic being may operate from a position of balance and freedom of full expression of the self in service to society for the greater good ” (Kolvenbach, 2000). As a College of Nursing, we examine who we are, how we know, and our ethics and values both individually and collectively. Inspired by Jesuit principles and as one arm of the greater University, the College of Nursing strives to educate the whole person with the aim of empowering nursing leaders for a more just and humane world. We engage our students in the world through academic exploration of just and unjust systems, opportunities for interaction and accompaniment with the vulnerable, underserved, and marginalized in our society, and guided reflection to examine the uneasiness and unrest that is cultivated within the heart and mind of our students. It is out of these experiences and the intentional debriefing and reintegration that follow that action towards justice is born (SU CON Philosophy Statement, 2012).

SU CON’s philosophy embraces the nursing profession as a vocation, and it compels our students to operate with a commitment to lifelong learning and interdisciplinary competence. We value and embrace diversity among our faculty, staff, students, and the communities whom we serve, including but not limited to geographic, ethnic, religious, political, socio-economic, and gender diversity. We believe that all human beings experience spiritual concerns and that spirituality encompasses taking a stance on what it means to be human and humane, and being true to what ultimately matters, or is experienced as sacred. We are a Jesuit Catholic University

and it is out of our Jesuit Catholic identity that we embrace all types of spiritual and faith journeys. We understand the power differentials that exist in healthcare and seek to develop culturally sensitive partnerships to develop sustainable and culturally relevant solutions. We understand the needs of the world are constantly evolving and seek to develop a curriculum attuned to and embracing this rapid evolution. Cutting-edge research in basic and applied sciences, emerging scientific discoveries, and advances in technology influence the nature of healthcare and nursing practice. Therefore in addition to building on background coursework in the humanities, we purposefully seek to build a strong foundation of knowledge that incorporates current scientific evidence into theory and practicum classes. By drawing upon multiple ways of knowing, students are provided with thinking tools that are crucial in a variety of healthcare situations and settings, and for multidisciplinary life-long learning (SU CON Philosophy statement, 2012).

We believe that at the heart of nursing education must be notions of what is good and ethics of care and responsibility that take into consideration the ever-evolving and dynamic human experience. We are committed to the creation of classroom, clinical, and community experiences that foster growth and renewal and we challenge our students, faculty and staff to think critically, develop sustainable partnerships, and work for justice while fostering compassion among unjust systems. We are committed to walking in solidarity with the vulnerable, underserved and marginalized and strive to understand and respond to global issues that impact the lives of all.

### **Seattle University Culture and Identity**

The Jesuit philosophy at SU is not just a window dressing; it is a lived guide to action embraced by administration at the highest levels. University leaders have profound understanding and

commitment to the Ignatian philosophy and mission. This understanding and commitment is thus upheld throughout the entire University and reflected in the faculty, staff and students who are uniquely suited to the mission.

Seattle University has longstanding structural features to help develop and support this commitment of students, faculty and staff to the Jesuit tradition. The University's hiring procedures for staff and faculty ask each applicant to speak to their understanding of the university mission and to describe how their previous work demonstrates ability to advance the university. Applicants are preferred who are inspired by the university focus on vulnerable populations and on educating leaders for a just and humane world. This emphasis on mission is quite uncommon in the academic world and the resultant gate-keeping function shapes the culture of the campus quite significantly. Further emphasis is placed on the Ignatian educational principles in staff and faculty orientation and in ongoing professional development activities. The Jesuit tradition of having many opportunities for reflection and deliberation is built into faculty and staff development at both the College and university level. Thus the faculty who collaborated to develop the curriculum had been oriented to Jesuit history and mission at their hiring. They had had past opportunities to participate in many Ignatian-inspired faculty development workshops and projects, faculty and staff reading groups, and annual Ignatian silent retreats. Furthermore there are many mission related faculty study groups and seminars on campus, as well as distinguished lectures open to all students, staff and faculty. Students have opportunities for mission-inspired community service learning projects and partnerships in courses as well as related community volunteer work and global outreach travel experiences.

### **Ignatian Pedagogy and Nursing Education**



Nursing education and Ignatian pedagogy beautifully overlap with their commitment to the formation of the mind, heart, and body of persons actively working and living in the world, their commitment to reflection and learning from experience, as well as their notions of compassion and justice. Our students actively participate and take ownership in their learning as they generate the key role in their own formation. They are mentored and coached in critical thinking, clinical reasoning, and judgment, utilizing the ethics of care and responsibility, honesty, beneficence, non-maleficence, empowerment of patients and families, and the Patients' Bill of Rights. In addition, our students are challenged to develop the competence and courage necessary to work towards social justice as they practice in solidarity with those who are poor, underserved, and marginalized in our global society. Our students are formed for a nursing practice focused on a high standard of professionalism, reflective learning, and the promotion of social justice. (SU CON Philosophy Statement, 2012)

Another area of significant congruence between Ignatian pedagogy and the nursing education is the need for deep approaches to learning. Fr. Adolfo Nicolás, the current Jesuit Superior General has decried the “globalization of superficiality;” (Nicolás 2010) that is, the loss of wisdom and even the loss of knowledge with the unrelenting onslaught of information available through digital means. The goal of a Jesuit education is to promote depth of thought and imagination and to provide a guide for evaluating what is important, valid, truthful and significant in one's life and in one's work.

The Ignatian approach to learning is not intended to “cover” any discipline's fund of knowledge with broad superficiality, but rather to proceed deeply and deliberately by means of exploring relevant concepts and cases. Students who are actively engaged in their own learning learn by thinking independently and in teams and by discovering knowledge for themselves. Thus, depth

of understanding occurs through intentional immersion, reflection, and discernment, and by drawing meaning both individually and communally. Once students have experience with deep approaches to learning, they begin to take ownership of their education and better understand how to gain further knowledge for themselves: a method they can continue to utilize in many other contexts. Successful teachers make themselves expendable. It is a powerful experience for students not only to achieve learning goals but to realize that they can set their own learning agenda and learn independent of a teacher. A deep approach to learning turns the agency back to the students and puts them in a position to see the whole, rather than only the parts. The student who learns through deep approaches to learning not only becomes embracing of change as healthy, natural, and expected, but also becomes a confident self-initiating life-long learner empowered to create new ideas.

The shared insights of Ignatian pedagogy and nursing led the Philosophy and Curriculum transformation groups to understand that as faculty, our thoughts and actions are not static, but rather relational, alive, and evolving, much like a dance (Mohrman, 2006). Science, and medical knowledge, and skills rapidly become obsolete (De Grip A, Van Loo J. (20. It has been said that much of today's health care provider curriculum will be obsolete soon, and today's teacher cannot evaluate students solely on their ability to memorize facts or to rehash decontextualized information. Healthcare workers of the twenty-first century will come from many diverse backgrounds, they will learn through diverse and varied methods, but they will all be expected to have the same entry to practice competencies (Ludedek, 2012). Therefore, we are committed to fostering continual growth and renewal in all areas of the human person and the nursing profession. We challenge our students, faculty and staff to work for justice while

fostering compassion among unjust systems. It is through research, scholarship, advocacy, self-expression and direct participation that we directly respond to and reconfigure the needs of world. The College of Nursing is well suited to educate leaders for a just and humane world.

### **Structure to Support Ignatian Philosophy and Pedagogy**

Following the work of the Philosophy Committee, the Curriculum Essentials and Curriculum Architecture Committees began the process of curriculum transformation. Our goal was to design an Ignatian-principled curriculum that prepares nursing students for the competencies needed to practice in the 21<sup>st</sup> century.

### **Congruence with Major External Reports**

Preparing nursing students with the essential competencies to care for an aging and increasingly diverse population in a rapidly changing, complex, and interdisciplinary environment compelled us to examine our BSN curriculum. The Architecture and Essentials Committees used several sources of input to shape the recommendations for the new BSN curriculum - including a review of our program objectives and curricula to ensure congruence with the AACN Essentials and other major external reports and literature relating curriculum reviews in baccalaureate education (AACN, 2011; AACN 2008; AACN, 2006; Benner, Sutphen, Leonard, & Day, 2010; Forbes & Hickey, 2009; IOM/RWJ, 2010; QSEN/RWJ, 2012). We also reviewed recommendations from practice consistent with these major reports calling for nursing education to prepare the nurses of tomorrow with increased clinical judgment (Miles-Curry & Samawi, 2011), inter-professional education, the use of technology for quality and safety, and an enhanced focus on community health (Mailloux, 2011). Additionally, we took in to consideration feedback from SU CON

faculty (a curriculum survey administered by Dr. Patricia Benner), feedback from students (senior exit surveys), feedback from students on the various curriculum transformation committees, Ignatian pedagogy principles (explored in-depth at the Ignatian pedagogy retreat), and Washington state and the national nursing workforce needs.

### **Content Saturation**

An important consideration when determining the essential content to include in nursing education is the phenomenon of content saturation. Growing evidence suggests this experience is not specific to SU CON but is a national issue resulting from content-laden curricula (Giddens & Brady, 2007; IOM, 2003). The rapid expansion of knowledge and technology in healthcare has led to an increased expectation in nursing education (through additional AACN Essentials) to fully prepare nurses for practice resulting in an increased workload for students and faculty. However these changes make it difficult to determine what is essential knowledge, what new knowledge to include, what traditional nursing practice to retain, and what is safe to let go. There is an interest in protecting specialty-specific content that may no longer be relevant to generalist nursing practice. This fervent attempt to preserve content results in frequent rearrangement of the curriculum in an attempt to make the content saturation manageable, but doesn't decrease workload.

The initial goal of the Essentials Committee was to identify which concepts are essential to nursing education. The second goal was to determine how to integrate student knowledge acquisition with situated knowledge use in practice. We understand the need to emphasize deep learning on essential content by utilizing multiple pedagogical frameworks and modes of thinking to solve clinical problems. Saturating students with content, without contextualizing

that content in practice or without reflective evaluation of the salience of the content, unquestionably inhibits deep learning (Benner, 2012). Many students have difficulty developing the skills needed to adapt to nursing care in a rapidly changing healthcare environment when the concepts are not situated in clinical contexts. Situated learning through concept-based curriculum is one way to foster the development of the clinical reasoning competencies needed for practice (Lasater & Nielson, 2009). Multiple programs are addressing the issue of content saturation by creating curricula and teaching approaches that focus on concepts across the life-span, across the wellness-illness continuum, and across multiple environments. We based our method for curriculum transformation on a concept-based approach.

### **Guiding Principles of the Essentials Committee Work**

The guiding principles we adopted in assessing the elements essential to our BSN curricula and how these should be integrated are as follows:

- Nursing care is provided across the lifespan.
- Nursing care is situated within the dynamic stages of health and illness within the community, acute and chronic health care settings.
- Learning includes the five steps of the Ignatian Pedagogical Paradigm: context, experience, reflection, action and evaluation.
- Nursing education includes situated learning with the patient/family/community and resident.
- Teaching and learning is a conversant process inclusive of the life experiences of the learner

- Patient safety is a guiding principle of nursing care and includes both intentional and unintentional injury prevention and care.
- Diversity includes, but is not limited to: family, culture, sexual identity, religion, physical and mental ability and gender.
- Outcomes and competencies within the curriculum are aligned with the CON learning outcomes and the essential documents guiding the nursing profession.
- Teaching and learning is a shared responsibility between faculty and students; the faculty's role is that of facilitating learning
- Nursing education should be a culturally safe environment in which learning is promoted through meaningful dialogues, open participation, and recognition and facilitation of the students' goals
- The CON curriculum and pedagogical approaches are based on the facilitation of critical thinking and enhancement of the student along the spectrum of learning from simple to complex concepts and experiences, and finally developing a sense of salience that enables the student to recognize and understand whole clinical situations guiding their thinking, inquiry and interventions from that recognition of the whole situation.

In addition to the guiding principles stated above, the overarching frames of reference in which the essential concepts are situated are the three professional apprenticeships (Benner, 2011b).

“Apprenticeship” is used here as a metaphor for teaching and learning that requires role modeling, situated coaching, and the development of perceptual grasp, and the skilled embodied

know-how of examination and perception in actual task related situations. Situated teaching, learning and coaching are integral to all three professional apprenticeships, as detailed below:

1. The Cognitive Apprenticeship: Teaching and learning related to theory, science and technology, required for thinking and acting like a nurse.
2. The Practice Apprenticeship: Learning to skillfully accomplish the assessments, situated thinking, and therapeutic interventions for attuned patient-response based practice.
3. Ethical Comportment and Formation: This apprenticeship emphasizes the student-agent's role in learning understand and embody the notions of good nursing embedded in the best of nursing practice.

These three apprenticeships are best taught as an integrated whole. Lessons and pedagogical strategies such as unfolding case studies, high fidelity simulation, and narrative accounts of first person experiential learning will be used to integrate all three essential professional nursing apprenticeships in the classroom, clinical skills and simulation lab, and clinical practice (Benner, 2011b).

### **Essential Concepts**

The overlap and interdisciplinary relationship between modern medical and nursing practice has grown more interdependent. Therefore, a list of the essential concepts to teach was identified in the situated science and practice of nursing and the biomedical sciences. As the curriculum and course development phases of the curriculum transformation process proceed, faculty will use the list to determine in which courses specific concepts will be taught deeply and in which

courses they will be reinforced. The list is not exhaustive, and other concepts will be learned in specific patient care situations. As active participants in the learning process, students will strive to add to their understanding of foundational concepts in pathophysiology, genomics, pharmacology, biochemistry, anatomy and physiology as they encounter them.

### **Goals of the Curriculum Architecture Committee Work**

Building on the work of the Essentials Committee, the Architecture Committee identified the following goals to shape the overall recommendations of structuring the new BSN curriculum:

- Integrate our two separate cohorts (Traditional and Transfer students)
- Increase flexibility to move about the curriculum for both students and faculty
- Provide flexibility for speed of completion of program
- Provide multiple entry and exit points for nursing student
- Introduce nursing concepts earlier in the program
- Increase capacity and room for growth while decreasing class size
- Decrease student and faculty workload

In the new curricular plan, we suggested integrating traditional (a typical 4-year undergraduate student) and transfer students in most nursing courses, enabling the strengths of each cohort's "lifeworld" experiences to inform and influence the other. Each cohort will continue to consist of 80-90 students, but will now be a combination of 40-45 traditional students and 40-45 transfer students.

To address the flexibility of the curriculum, we recommended offering students an accelerated track and a traditional track for completion of their BSN degree. In the traditional track, most of



the sectioned theory and clinical nursing courses are completed over 6 quarters, do not include attending any summer quarters, and have an expected spring graduation date. In the accelerated track, students would complete the nursing coursework over 6 quarters as well, but with the addition of a summer quarter, allowing for an early graduation date in winter.

Simultaneous to the CON curriculum transformation process, the university revised and implemented a new university core curriculum. This new core curriculum allows nursing foundational courses to be offered earlier in the curriculum during the freshman year of the freshman-start traditional cohort and as a 4-credit course during winter of the junior year for the transfer cohort. This recommendation will allow earlier exploration and understanding of the nursing role prior to beginning the major courses. Because of the new university core curriculum requirements, the transfer cohort will start in winter quarter rather than fall quarter, and complete the nursing program in 8 to 9 quarters. However, a winter graduation has the potential to make graduates more marketable for jobs, as they are not graduating in the traditional spring or summer dates with other local nursing schools and colleges.

Additional sectioning of the cohorts to decrease class size and be consistent with Seattle University's mission to provide a student-centered education that facilitates student engagement and reflection was proposed. Currently the traditional and transfer cohorts are comprised of 80-90 students each. We planned for cohorts to be sectioned in to 3 groups of 28-30 students. Aside from allowing more direct instructional interaction with students and a decreasing workload for faculty, it allows room for the potential growth of 8-10 students per section over time, while decreasing the work burden of faculty and students.

By increasing sections and offering the same courses each quarter, students who fail to progress have opportunities to repeat courses without having to wait until the following year.

Additionally, the ability to teach the same course each quarter potentially strengthens course quality, as pedagogical methods and faculty expertise in specific content areas is increased by providing the motivation and time necessary to develop courses.

Credit for most theory courses will be increased from 3 to 5 credits to better fit the university definition of a full-time workload and to better credit the heavy theory courses needed to provide students with a safe and basic understanding of nursing theoretical concepts. Additionally, the Architecture Committee recommends clinical hours count as a 1 credit to 3 hour ratio rather than 1 credit to 2 hour ratio to allow students to gain needed clinical hours without increasing cost.

### **Pathway to Implementation**

The next step in the curriculum transformation process involved a plan for implementation. The work of the Essentials and Architecture Committees went forward as recommendations to the Undergraduate Curriculum and Evaluation Committee (UCEC) for faculty vetting and refinement, with the goal of implementation of the new curriculum in fall of 2014.

### **Current Success**

The current success of the curriculum transformation is a result of the collective work of faculty workgroups. After adoption of an agreed upon philosophy statement and philosophical foundation by faculty, and on receiving the recommendations from the Essentials and Architecture Workgroups, the Undergraduate Curriculum Education Committee (UCEC) became integrally involved with the curriculum transformation process. Faculty questions and concerns

had to be addressed in order to obtain formal faculty approval. In an attempt to increase open discussion and transparency we took the following steps:

- In early fall (2012) UCEC organized numerous faculty focus groups to discuss recommendations from the Essentials and Architecture Workgroups while seeking faculty ideas/concerns/hopes & dreams.
- UCEC developed a draft of curriculum structure and sequence based on the Essentials and Architecture Committee proposals as well as faculty feedback and presented this draft to the Faculty Assembly.
- UCEC organized subsequent faculty workshops to refine the draft of curriculum structure and sequence. Keeping in focus the issue of content saturation, and the inability to add additional credits to the program, the goals of these workshops were to prioritize the content and courses that would move forward in the new curriculum. Prioritization of courses and content was a very difficult undertaking, as it required faculty to look closely at all courses to decide which courses were essential to our curriculum and which courses could be incorporated into existing courses. The workshops provided a setting where faculty could work through this process and reach a consensus. Consideration of and sensitivity to faculty feelings was paramount as courses were adjusted. Using our aims to guide the process was important in helping faculty to stay focused. One of the most important aims that guided this process was our commitment to 5 credit courses, which meant that we couldn't keep everything without increasing program credits.

- The final revision was proposed to Faculty Assembly in the spring of 2013 and received full support.
- The proposal will move forward for University approval in the fall of 2013, followed by approval by our external accrediting agencies.

## **New Curriculum Overview**

### **Credit Allocation of Courses and Workload**

As indicated earlier, one of our most important goals was to increase most of our nursing courses from 3 to 5 credits, which we were able to accomplish. Additionally we sectioned all theory courses paired with clinical courses to 4 sections; creating a much smaller class size. For each of the clinical courses, the paired theory course class size is reduced from 40-45 students (sometimes up to 80) to 24 students in each section. The smaller class size facilitates an active, student-centered approach to learning, consistent with Ignatian pedagogical principles (moving away from the traditional lecture style classroom). Each seminar theory section will include students from three different clinical settings; acute care, primary care, and community. Bringing together three unique clinical experiences to the discussion of concepts in the classroom will enhance learning situated in clinical context and encourages reflective discussion of individual experiences.

### **Course Design**

The traditional nursing classroom consists of delivering content-heavy material primarily in a lecture format. This method of delivery is most often a result of having large class sizes. In this traditional setting, the instructor is the sole source of information, and the student is a passive

receptacle. This method does not allow for robust use of many new modalities, nor does it to recognize that today's students come to the classroom with a different learning history.

Traditional lecturing misses the opportunity to teach students about how to work collaboratively and practice teamwork. Furthermore, we recognize that nurses are key members of healthcare teams and their effectiveness is related to their ability to work with their colleagues and other members of the healthcare teams, to problem solve flexibly. They must also develop the capacity to create answers for situations they have not previously encountered.

Our new curriculum creates and encourages an opportunity for faculty to incorporate a variety of pedagogical techniques and methods in the classroom while changing the emphasis from instructor-focused unilateral communication and learning to student-focused multilateral communication. This type of learning encourages active participation and is in line with goal of educating nurses who are maximally effective in the evolving healthcare environment of today and tomorrow.

### **Faculty Development Plans**

Recognizing that changing a curriculum is challenging, the UCEC has made an effort to foster an environment of respectful engagement of faculty to facilitate a deeper sense of curricular ownership. There are many opportunities for faculty to work together in designing our new curriculum. Several faculty course development workshops have been planned to provide opportunities for faculty to ensure that the essential concepts are introduced in appropriate courses and leveled across the curriculum. We are exploring opportunities to increase our partnerships with Community Health and Primary Care sites as a strategy of increasing our public health focus. Other planned activities include the idea of monthly pedagogy potluck

meals in which faculty can informally engage in collaborative sharing of the exciting new pedagogical methods they are currently using in their individual classrooms.

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### **Philosophy Summary Statement**

XXXX College of Nursing is dedicated to educating the whole person and forming leaders for a just and humane world. As a Jesuit institution, Ignatian pedagogy serves as the foundation from which we develop and implement our nursing curriculum. Through this tradition students learn critical thinking, clinical reasoning and judgment, and acquire fundamental skills necessary to address issues of health and wellbeing, particularly among the poor, vulnerable, underserved, and marginalized. We seek to provide nursing instruction that incorporates ethical, aesthetic, and personal ways of knowing—a holistic approach that is in line with the nursing profession and Jesuit teaching.

Our students actively engage in learning as they generate the key role in their own formation. They are mentored and coached in critical thinking, clinical reasoning, and judgment, utilizing the ethics of care and responsibility, honesty, beneficence, non-maleficence, empowerment of patients and families, and the Patients' Bill of Rights. In addition, our students are challenged to develop the competence and courage necessary to work towards social justice as they practice in solidarity with those who are poor, underserved, and marginalized. Our students are formed for a nursing practice focused on a high standard of professionalism, reflective learning, and the promotion of social justice.

The College of Nursing values social justice, academic and teaching excellence, research and scholarship, service to society, and global engagement. Our students demonstrate these values through their commitment to lifelong learning, developing and maintaining clinical competence; and engaging in research, scholarship, and clinical practice that speak to healthcare injustices throughout the world. Graduating from a program of study that is innovative, coherent, and sequenced for progressively more advanced learning, the XXXX Baccalaureate, Advanced Practice, and Doctor of Nursing Practice graduates are equipped to draw upon a variety of resources in providing interdisciplinary care to individuals, families, communities, and populations. Accordingly, our graduates emerge as nurse leaders in the profession, providing service to society, and safe quality nursing care across the globe.

Furthermore, we embrace and value diversity within our university, faculty, staff, students, and the communities we serve. We endorse and uphold the principles of cultural humility and sensitivity—lifelong processes that require us to engage in self-reflection, critique, and evaluation; to examine and rectify longstanding power differentials between clients and members of the healthcare team; and to work in partnership with the communities we serve to co-create mutually beneficial, non-paternalistic relationships. We believe that all human beings experience spiritual concerns and that spirituality encompasses taking a stance on what it means to be human and humane, and being true to what ultimately matters, or is experienced as sacred.

Moreover we believe in a progressive, forward thinking open stance on learning and curriculum that is in tune with the developed and developing world, as well as that of science and technology. Cutting-edge

research in basic and applied sciences, emerging scientific discoveries, and advances in technology influence the nature of healthcare and nursing practice. Therefore in addition to building on background coursework in the humanities, we purposefully seek to build a strong foundation of knowledge that incorporates current scientific evidence into theory and practicum classes. By drawing upon multiple ways of knowing, students are provided with thinking tools that are crucial in a variety of healthcare situations and settings, and for life-long learning.