CURRICULUM CONCEPTUAL FRAMEWORK AND PHILOSOPHY

University of Alberta, Faculty of Nursing Undergraduate Programs

INTRODUCTION

The Faculty of Nursing (FoN) at the University of Alberta (U of A) respectfully acknowledges that we are located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples including the Cree, Blackfoot, Metis, Nakota Sioux, Iroquois, Dene, Ojibway/Saulteaux/Anishinaabe, Inuit and many others whose histories, languages and cultures continue to influence our vibrant community.

The Faculty of Nursing is a research intensive, learning-centred Faculty that develops nursing leaders for tomorrow. Based on a rich 100-year history; the BScN programs foster excellence in nursing education by offering innovative programming that promotes health and quality of life by creating vibrant and supportive environments; advancing health science; and developing nurse leaders; all for the public good. The BScN collaborative is named because in addition to being offered at the University of Alberta campus in Edmonton, all four years are also taught at Red Deer Polytechnic, Keyano College (Fort McMurray) and Northwestern Polytechnic (Grande Prairie). The After Degree is offered to those individuals with a previous degree and is completed within two years. The Honors program is offered to UA Collaborative program students after their second year and to the After-Degree students. The Bilingual program is offered in collaboration with Campus St. Jean.

The BScN programs are guided by the Faculty of Nursing (UofA) Mission, Vision, and Strategic Plan (2018-2023), the Canadian Association of Schools of Nursing (CASN) National Nursing Education Framework: Baccalaureate Essential Components, and the College of Registered Nurses of Alberta (CRNA) Entry-Level Competencies for the Practice of Registered Nurses. The philosophical underpinnings of the BScN programs include Pragmatism, Social Constructionism, Humanism, Constructivism and Critical Social Theory. The FoN also incorporates Indigenous ways of knowing. These philosophies underpin two foundational conceptual frameworks: The Fundamentals of Care Framework (Kitson et al., 2013; Kitson, 2018) and the Fundamentals of Learning Framework, founded in Relational Inquiry and Pedagogy (Doane & Varcoe, 2015).

DEFINITIONS

Health

Health is more than the absence of disease. Positive health requires balance in the dimensions of health: physical, spiritual, cognitive, emotional and social (Huber et al., 2016; Lipworth et al., 2011). All age groups across the life span have the ability to be adaptable to change, and their health is subjectively defined by individuals and may be defined within their views of function and a satisfying life (Van Druten et al., 2022).

Nursing

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (International Council of Nurses [ICN], n.d.).

HUMANS AS BIO-PSYCHO-SOCIAL-SPIRITUAL BEINGS

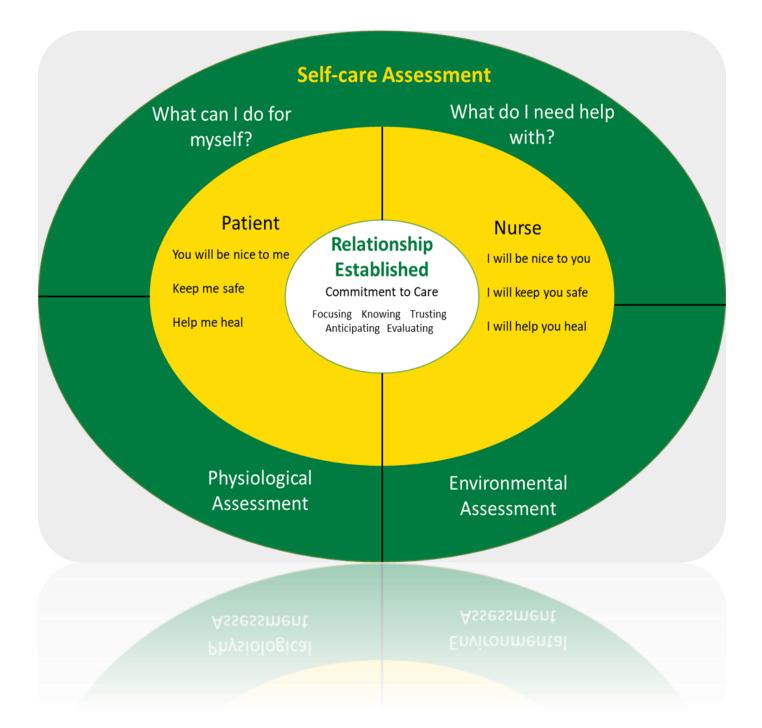
Foundations of nursing practice start with the human person. Both the registered nurse/nursing student and the patient/client are complex individuals and this complexity impacts the process and outcomes of nursing care. Having a holistic view of the person means that we recognize that all dimensions interact with and influence the other.

Part of learning to embrace others as they are, requires understanding that those with whom we must relate (including peers, faculty, patients/clients) are experiencing and understanding health at the intersection of sex, gender, age, race, culture, education and multiple other influences. These unique individuals are then required to navigate and make decisions about their health and life within a structure/system that is oppressive (Crenshaw, 1991). Learning and nursing alongside others with a lens of Intersectionality benefits student, nurse and patient/client as each can gain a more holistic understanding of the barriers and facilitators to relationships (student:faculty, student:patient, nurse:patient) and ultimately health.

FUNDAMENTALS OF CARE FRAMEWORK

The Fundamentals of Care Framework was created to clearly frame and drive transformation in healthcare. The Fundamentals of Care Framework provides a focus on basic care fundamentals, relationships and person-centered practices, even amidst growing complexity and contextual challenges. This framework is a pragmatic organizer for students who are learning to become nurses, in addition to a blueprint for wider innovative healthcare transformation (Kitson et al., 2013; Kitson, 2018). Below, two graphics summarize the elements of the Fundamentals of Care Framework in nursing.

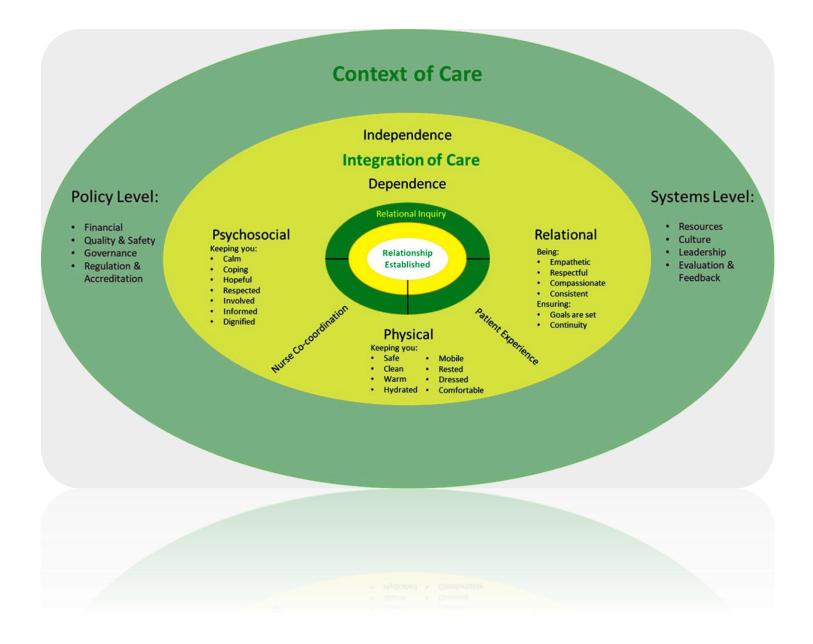
Fundamentals of Care Framework Part A



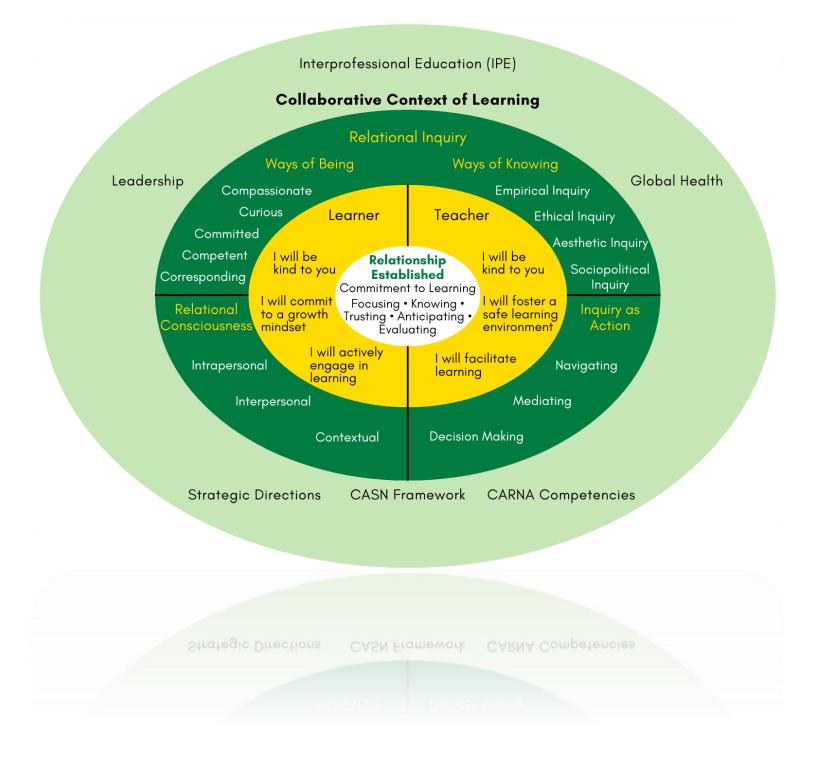
Foundations of nursing practice start with the human person. Both the registered nurse/nursing student and the patient/client are complex individuals and this complexity impacts the process and outcomes of nursing care. Having a holistic view of the person means that we recognize that all dimensions interact with and influence the other.

Part of learning to embrace others as they are, requires understanding that those with whom we must relate (including peers, faculty, patients/clients) are experiencing and understanding health at the intersection of sex, gender, age, race, culture, education and multiple other influences. These unique individuals are then required to navigate and make decisions about their health and life within a structure/system that is oppressive (Crenshaw, 1991). Learning and nursing alongside others with a lens of Intersectionality benefits student, nurse and patient/client as each can gain a more holistic understanding of the barriers and facilitators to relationships (student:faculty, student:patient, nurse:patient) and ultimately health.

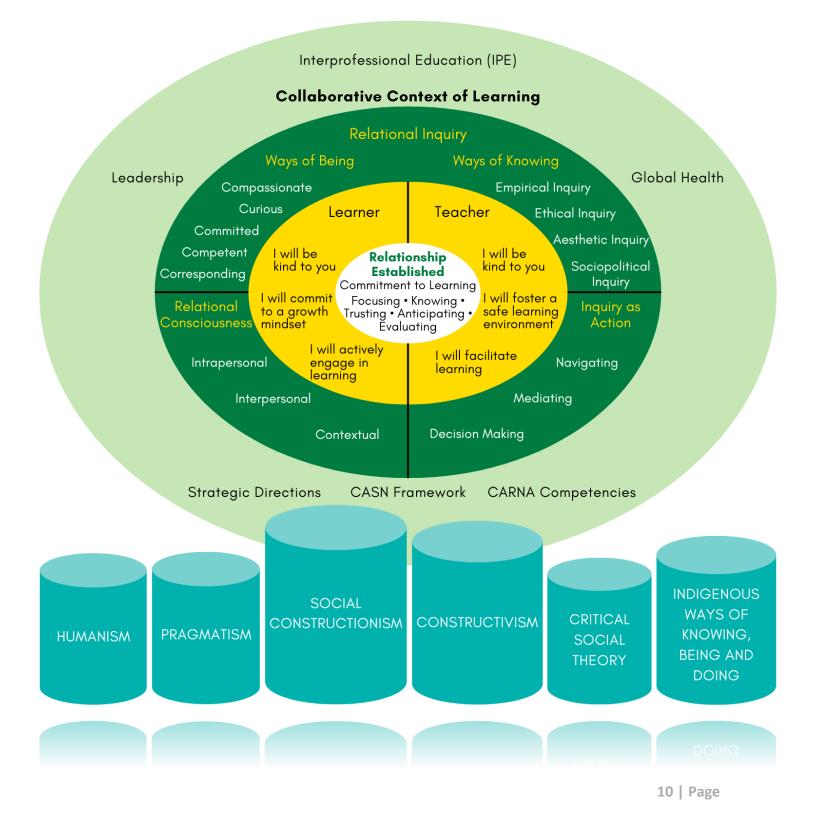
Fundamentals of Care Framework Part B



Relational Inquiry and Fundamentals of Care Conceptual Framework for Learning



Relational Inquiry and Fundamentals of Care Conceptual Framework for Learning



Mirrored to each other, these two frameworks are meant to ensure congruency between learning and practice environments, emphasizing the importance of each concept in all relationships and interactions. The wider educational context is a key environment where these frameworks overlap. Nursing research and knowledge from the foundation of learning and practice.

TEACHING AND LEARNING

Teaching and learning encompasses philosophical beliefs about teaching and learning; critical thinking/clinical reasoning and ways of knowing; the impact of context on learning; as well as concepts for nursing practice.

- Philosophically, the BScN Programs recognize that students are adult learners. In accordance with the underlying assumptions about adult learners, the BScN Program encourage engaged, contextually situated and active learning with the belief that new knowledge is constructed by building on an internal representation of existing knowledge through a personal interpretation of experience (Knowles, 1980). Ultimately, students are encouraged to engage meaningfully in socially and globally responsible ways of being and to become strong leaders in health care.
- Nursing students are encouraged to use reflection and research for self-development, as critical self-reflection can transform perceptions regarding what constitutes best evidence and practice. Critical self-reflection broadens nurses' horizons to help them accept diversity or differences that are proven to be effective to meet the client's needs, which is an essential skill in the modern health care environment, and one that is supported by the BScN Programs (Tseng & Hill, 2020).
- Conceptual learning is increasingly viewed as a major trend in nursing education. Concepts are used as unifying classifications or principles for framing learning to manage knowledge that is increasing exponentially. By gaining understanding of a core set of concepts, a student can recognize and understand similarities and recurring characteristics that can be applied in various nursing contexts (Giddens, 2017).

The Fundamentals of Learning Framework's 6 Philosophies and Theories

Humanism

Humanism is relational and nurses use observation skills and reflective abilities to understand how each individual's past experiences shape their reality. Nurses develop an authentic presence within the nurse-patient relationship to understand and engage each patient/client and their family while integrating scientific evidence and practical wisdom, all focused on the patient experience, healing and growth.

Pragmatism

As a philosophy influenced by John Dewey, we believe the focus on practical consequences or real effects are key components of meaning and truth. An idea or theory is true insofar as it works in a practical sense and enhances our ability to get things done on a day to day basis. Pragmatism also focuses on the importance of growth as a main aim of education and of society.

Social Constructionism

This theory stems from the desire to understand reality, knowing there are multiple realities based on those who create them. From a social constructionist lens, we take to be the truth about the world around us depends greatly on the social relationships of which we are a part.

Constructivism

This philosophy stems from an educational context where learning is an active and contextualized process of constructing knowledge. Knowledge is not just passively acquired but constructed based on personal experiences and prior learning.

Critical Social Theory

This metatheoretical framework emphasizes that all knowledge is value laden, historical and is filtered through social influences (Browne, 2000). This theory underscores the importance of understanding the meaning behind language, power and oppressive forces that need to be considered in nursing and nursing education.

Indigenous Ways of Knowing, Being and Doing

Affirming the validity, diversity, sophistication and beauty of Indigenous understandings, practices and modes of learning from the people, animals and plant nations; acknowledging the holistic viewpoints of Indigenous Peoples that consider the whole person (mind, body, spirit) and the connection to peoples, lands and living things (University of Alberta, 2023).

REFERENCES

Browne, A. J. (2000). The potential contributions of critical social theory to nursing science. *Canadian Journal of Nursing Research*, *32*(2), 35-55. https://cjnr.archive.mcgill.ca/article/view/1575

- College of Registered Nurses of Alberta. (2019). *Entry-to-practice competencies for the registered nurse's profession*. <u>https://www.nurses.ab.ca/media/5ndpyfar/entry-level-</u> <u>competencies-for-the-practice-of-registered-nurses-mar-2019.pdf</u>
- College of Registered Nurses of Alberta. (2021). *Scope of practice for registered nurses*. <u>https://www.nurses.ab.ca/media/ruwb0xql/scope-of-practice-for-registered-nurses-</u>mar-2021.pdf
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics and violence against women of color. *Stanford Law Review*, *43*(6), 1241-1299. https://doi.org/10.2307/1229039
- Doane, G. H., & Varcoe, C. (2015). *How to nurse: Relational inquiry with individuals and families in changing health and health care contexts*. Wolters Kluwer.

Giddens, J. F. (Ed.). (2017). *Concepts for nursing practice* (2nd ed.). Elsevier.

Huber, M., van Vliet, M., Giezenberg, M., Winkens, B., Heerkens, Y., Dagnelie, P. C., & Knottnerus, J. A. (2016). Towards a 'patient-centred' operationalisation of the new dynamic concept of health: A mixed methods study. *BMJ Open*, 6(1), e010091.
 https://doi.org/10.1136/bmjopen-2015-010091

International Council of Nurses. (n.d.). *Nursing Definitions*. <u>https://www.icn.ch/nursing-</u> <u>policy/nursing-</u> <u>definitions#:~:text=Definition%20of%20Nursing,%20ill%2C%20disabled%20and%20dyin</u> g%20people

- Kitson, A., Conroy, T., Kuluski, K., Locock, L., & Lyons, R. (2013). Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs (Report No. 2). University of Adelaide, School of Nursing. https://digital.library.adelaide.edu.au/dspace/bitstream/2440/75843/1/hdl 75843.pdf
- Kitson A. L. (2018). The Fundamentals of Care Framework as a Point-of-Care Nursing Theory. Nursing Research, 67(2), 99–107. <u>https://doi.org/10.1097/NNR.00000000000271</u>
- Knowles, M. S. (1980). *The modern practice of adult education: From pedagogy to andragogy*. Cambridge, The Adult Education Company.
- Lipworth, W. L., Hooker, C., & Carter, S. M. (2011). Balance, balancing, and health. *Qualitative Health Research*, *21*(5), 714–725. <u>https://doi.org/10.1177/1049732311399781</u>
- Tseng, H., & Hill, L. (2020). The impact of high-fidelity simulation on nursing students' flexible and reflective thinking in higher education. *Higher Learning Research Communications*, 10, 52-56. <u>https://doi.org/10.18870/hlrc.v10i2.1196</u>
- University of Alberta. (2023). Braiding past, present and future: University of Alberta Indigenous strategic plan. <u>https://www.ualberta.ca/media-library/indigenous-</u> excellence/indigenous-strategic-plan/indigenous-strategic-plan.pdf
- Van Druten, V. P., Bartels, E. A., Van de Mheen, D., de Vries, E., Kerckhofs, A. P. M., & Nahar-van Venrooij, L. M. W. (2022). Concepts of health in different contexts: A scoping review.
 BMC Health Services Research, 22(1), 389. <u>https://doi.org/10.1186/s12913-022-07702-2</u>



UPDATED ON JUNE 21, 2023

Document formatting and graphics completed by Una Mehrotra