



Should Nursing School Curriculum Be Standardized?

Perhaps it's time for a Flexner Study.

BY GENEVIÈVE M. CLAVREUL RN, PHD

IN MY OPINION, THE NURSING PROFESSION is at a very critical juncture that in many ways mirrors a similar challenge faced by doctors at the turn of the 20th century. Over the past several years, various schools of thought have struggled to define nursing for the next century, and to address the need to redesign the pro-

fession. The topic is often covered in nursing magazines, and in January 2006, the California Institute for Nursing and Health Care (CINHC) received a grant from the Betty Moore Foundation to explore the potential redesign of nursing school curriculum.

The time may be ripe for in-depth,

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objective research such as the Flexner Study, which gave rise to our modern day, standardized curriculum for medical schools and licensure for physicians. The commissioning of such a study for nursing could be used to weave all the disparate ideas into one approach that could then be replicated at schools nationwide and into the structure of the nursing profession as well.

I think that if nursing is to overcome the many challenges faced by today's nursing student, educator and professional, we may need to put aside the various agencies and organizational agendas, and call for the funding of an objective Flexner-like nursing study. Intrigued? Please read on.

FIRST, A LITTLE BACKGROUND on the original Flexner Study. There was a time in the history (prior to 1910) of American medical education that nearly anyone who wanted to be a doctor could accomplish their goal by applying to an obliging medical school and, in some cases, literally purchasing a diploma. In the early 1900s, high school principal Abraham Flexner wrote a report on the status of colleges in the United States and was later chosen by the Carnegie Foundation to do a study on the status of medical schools. His report is credited, for good and bad, with the state of modern day physician education in this country.

In many ways, the Flexner report paved the way for a medical education system that is very much standardized throughout our country. His report is credited for developing a comprehensive roadmap for curriculum, state licensure, public health, scientific research and public hospitals. Though controversial in some corners, his work allows medical schools to produce a continuous stream of generally well-qualified physicians, and a system that is often the envy of the world.

What good might come of such a study? Two things come to mind: 1) a first of its kind, top-to-bottom evaluation of the state of our nation's nursing educational system and structure; and 2) a plan to standardize nursing education so that we can optimize what nursing schools can offer.

There are those that would see both of these suggestions as a bit heretical since many feel that nursing education needs to be somehow tailored to fit each community or state's specific core values. However, medical schools throughout our nation use a standardized curriculum and this has not seemed to prohibit them from educating their students in the concept of community standards of care.

Therefore, my proposition is rather simple, and if allowed to be fully explored and, yes, fully funded, nursing could realize its cutting edge potential. My objectives for this plan would be the following:

Team of Experts

- **Commission a small team of experts**, comprised of at least one of each of the following RN disciplines (diploma, Associate and Bachelor-prepared), at least one person from nursing education and another from management, and also include at least one sociologist, and one education and management expert. This team would work with a facilitator who not only has staff nurse experience, but as a nursing educator and manager, and who is savvy enough to navigate the political arena.

The team would compile data on all the approved nursing schools, assess nursing statistics and data, interview various key stakeholders and so forth, to develop a comprehensive picture of the status of nursing programs today and where they need to be in the future to meet our nation's needs. At present, many states have invested hundreds of thousands of dollars to develop local "state of nursing" roundtables, groups, institutes, etc., but there seems to be little, if any, focus on a national approach, which I believe is critical if we wish to claim success in the long run over our staffing pipeline.

- **Designate appropriate funding** for the commission. We must pay the commissioners for their work; this should not be a volunteer or loaned position. My rationale for this is simple: if the commission was comprised solely of volunteers they would have to either self-fund all their work expenses or find someone to support them financially, such as their employer or organization. The first would almost surely limit participation to a small handful of experts who are financially secure enough to not earn a living while focusing their efforts on the commission and its work. The latter would ultimately, no matter how well intentioned, give implied power to their employer or organization, allowing for the question as to what influence this may play in their decision making.
- **Set a "sunshine date" for the commission** and stick to it. All too often commissions are formed with a "sunshine date" of one, two or three years; however, when that sunshine date approaches, no one seems willing to end the work, instead finding myriad excuses to perpetuate it. For the Flexner-like study to have any effect at all, there needs



to be a termination point for the study so work towards implementation can begin.

- A comprehensive report must be given and a commitment to action must be taken to implement the recommendations of the commission—no planning the plan.

Benefits of Standardization

A nationwide, standardized nursing curriculum at both the Associate and Bachelor levels would allow nursing students to move almost effortlessly between schools if the need arises, and in turn, allow nursing schools to fill vacant seats, where appropriate. Far too often, a student drops out and that seat remains vacant for the remainder of the semester or year. A standardized educational curriculum also provides for an easier transfer of faculty from campus to campus, university to university.

It is my hope that the commission would be charged with helping to develop a flexible nursing career ladder, and to designate which nursing degree preparation is appropriate for entry-level, intensive care, and advanced practice. By developing a sound career ladder, I believe more nurses would pursue additional nursing educational degrees, thus expanding their knowledge and skills, which in turn would benefit the patients.

At present, many totalitarian methods are used to force nurses to pursue additional education; I don't think this model is as effective as it could be. Consider the military, where, as a rule, everyone starts at more or less the same rank. There is a well-defined understanding that everyone will move up the career ladder. When was the last time you met an enlisted person who was a private for his or her entire military career?

For far too long, nursing has remained a stepchild in the world of healthcare. Yet when you ask nearly any hospital administrator, physician or citizen-at-large, they quickly acknowledge the importance of the nursing role. Many baby steps have been taken to ameliorate the problem and, in some cases, strides have been made. For example, a recent report projects that California is on track to solve our current nursing shortage by 2010 if we continue on the path we are on now. This is welcome news, until the next nursing shortage rears its ugly head, and I have no doubt it will, since this is the third nursing shortage in my lifetime alone. This is one time we can take a lesson from the medical school playbook and set in motion a Flexner-like study to make the modernization of nursing education a reality. **WN**



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