

Proposal for the action plan of an Outcome-based education (OBE) in 2007-08

Preamble: As Nursing is a practice profession, it is imperative that students' clinical experience and their classroom learning intertwined. At the school, we were privileged to the latest findings from the Carnegie National Nursing Education study for the advancement of teaching and the subsequent recommendations that were shared with us at the recent visit of our Departmental Academic Advisor from the United States. The Carnegie Foundation has actually undertaken studies on the preparation of professionals not only in the field of nursing but also in medicine, clergy, law and engineering. One particular recommendation from this nursing education study is intriguing and fits well in thinking about outcome-based education at our school. That is, learning to think like a nurse and to act as a nurse. The theory and practice dialectic is not new but the practice arena is getting to be ever more complex, and nursing education is challenged to keep pace with the changes driven by research and new technologies. Hence, there is more reason to believe that in order to strive towards our mission in the preparation of our graduates to be the preferred ones, we need to weave students' theoretical and clinical learning together. Given a student's expected clinical performance and competence, as learning outcomes, are the ultimate measurements of the success of one's nursing education, clinical colleagues have very important roles to play in the OBE system accordingly. We propose that we need to pay more attention to the integration of the learning outcomes for student's clinical and classroom learning, in particular, bringing into the classroom discourse student's clinical experience. This will render further support to students in providing them with a more rehearsed learning of patient care.

Action Plan: While we have been working closely with our clinical colleagues (both school-based clinical teachers and nursing staff in the various hospitals) to address the expected learning outcomes for students' particular field experience, we would like to further strengthen the interactions between the clinical and the classroom dyad through a better integration of the student learning outcomes. To capitalize on our existing strength in the development of this goal as part of our endeavor in the implementation of the outcome-based nursing curriculum, we turn to the following table to illustrate our ongoing efforts and proposed endeavors that could be further supported.

Actions	Involved colleagues	Expected outcomes
1. Revamp the existing clinical orientation workshops to address outcome-based learning and an orientation to the classroom contents associated with clinical teaching. It will be conducted in a series of sessions to accommodate the various needs of the clinical colleagues for their knowledge on OBE and their understanding of the design of the classroom contents in relation to clinical	1. School-based clinical instructors and clinical associates with other hospitals' colleagues *(2007-2008).	1. Enhancement of OBE-related knowledge and skills as well as facilitation of an integrated classroom-clinical practice. Attunement of clinical colleagues to the classroom contents with their student clinical assignment which will reinforce student learning that lasts.

<p>learning.</p> <p>2. Develop new contents for the clinical orientation workshops.</p> <p>3. Invite clinical specialists as consultants to work closely with the academic colleagues in the design of teaching contents associated with the clinical assignment, turning them into specific learning outcomes, and corresponding assessments and teaching strategies. The consultant will also participate in providing guest lectures and conducting the clinical and classroom peer reviews. Experience of the subject lecturers who participated would be asked to share their process and learning in seminars as organized by the school learning and teaching committee with other colleagues and students.</p>	<p>2. Colleagues who have attended the workshops on “connecting student learning outcomes to teaching assessment curriculum” at Alverno College in June. Other parties include programme leaders of the undergraduates, clinical coordinators, subject lecturers of selected courses and associate head of undergraduate studies.</p> <p>3. Selected clinical specialists either from the pool of our recent recruits of adjunct clinical associates or colleagues from Kowloon-West cluster of which the School will sign MOU for a deeper collaboration in the promotion of student clinical learning. The particular clinical consultant selection will contingent upon the specialization needed from the selected subjects. The possible subjects will be Childbearing and family nursing as well as Nursing Therapeutics 1.</p>	<p>2. Faculty development to approach classroom teaching with much reference to student’s subsequent experience in clinical practice within the context of outcome-based learning.</p> <p>3. Bringing clinical practice into the classroom discourse, e.g. with authentic case studies development that will enable students to rehearse their understanding of authentic patient care in classroom. Promoting a better comprehension of the theory and practice dialectic in the outcome-oriented nursing education for our students.</p>
<p>4. Invite an international expert with experience of outcome-base nursing education to provide colleagues with insights and ways to systematically evaluate our implementation. Conduct interviews and meetings with academic and</p>	<p>4. Aiming for all colleagues, but in particular programme leaders, associate heads, SLTC chair, clinical coordinator, school-based clinical instructors and clinical associates as well as subject lecturers.</p>	<p>4. Colleagues’ participation at various levels during the expert’s visits and their own experiential process would facilitate their better understanding of the meaning of outcome-based nursing education. This in turn may lead to the ownership of the paradigmatic change.</p>

<p>clinical colleagues to identify issues on implementation and to elicit colleagues' reflective feedback on their experience. Providing a framework for evaluation and a follow-up visit to evaluate the ongoing implementation process. Colleagues will be encouraged to document their experience as part of the qualitative evidence for the implementation of OBE.</p>		
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* Since the amount of time for the involvement of all hospital colleagues, who will assist with the supervision of our students require more than a year given the logistic and human resource implications, there will hence be specific targeted school-based clinical colleagues and a few other hospital colleagues for the planning of 2007-2008 implementation.


The aforementioned primarily focused on helping the change process, on improving OBE-related knowledge and skills, as well as on facilitating an integrated classroom-clinical practice.

Requested budget with justification:

1. Invited specialist visit – initial and follow-up

2. Invited visiting fellows/clinical specialists - clinical consultation package for selected specialization x4

3. Assistant for clerical support and drafting of reports



 Endorsed by
 Dean (HSS)