



Teaching and Learning in a Concept-Based Curriculum: A Synopsis

Education in various spheres typically occurs in silos, with students learning in discrete parts without the opportunity to apply learning across different contexts. As our knowledge base grows exponentially, the amount of knowledge students need to acquire grows. In recent times, there have been calls for a reform of healthcare education. Notably, the National League for Nurses (2005) called for a complete shift away from an emphasis on content delivery in nursing education. In 2011, the Institute for Medicine identified content saturation as one of the banes of the healthcare education curriculum with numerous isolated content that was repeated throughout the curriculum. Probable causes for content saturation in the nursing curriculum include an increased amount of information due to technological advances, the advent of new models of healthcare, the idea that all content must be covered within the curriculum, and a gap between the need in practice and academia (Giddens & Brady, 2007).

In the 1950's, curriculum theorist Hilda Taba called for a redesign of the traditional curriculum to one centred on concepts to foster inductive reasoning and develop critical thinking skills amongst students. Although the idea of conceptual learning was not adopted immediately, in recent years advances in brain-based pedagogy provided clearer insights on how learning works, brought the link back to conceptual learning. A key aspect of learning is that students organize knowledge by making connections and integrating new knowledge with their prior knowledge (Ambrose, Bridges, DiPietro, Lovett & Norman, 2010). A concept, is defined as an organizing principle or a means of classifying information and it forms the basis on which new knowledge is built. Gaining an in-depth understanding of concepts within nursing education, will help students identify recurring similarities, differences and patterns between interrelated concepts. This knowledge can be readily applied in diverse clinical situations (Giddens, 2017).

To teach conceptually, Giddens, Caputi & Rodgers (2020) note that the following principles should be maintained: teach the concept to ensure in-depth understanding, use designated exemplars that best represent each concept preferably linked to a clinical or situational context, build on pre-existing knowledge, and use student-centred learning strategies to help students construct and co-construct knowledge. Examples of student-centered strategies that support conceptual learning include, simulation, traditional case study, unfolding case study, virtual communities, gaming, jig saw, debate, guided questions, concept assessment, risk factor assessment, pair and share discussions, compare and contrast, vignettes, audio-visual, storytelling, role play, concept analysis, concept maps, case writing and classroom response systems (pg. 94).

References

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