

Curriculum Innovation:

Adaptation of a UK Nursing Curriculum for International 'In Country' Delivery

by *Professor Godfrey Mazhindu PhD MSc DipN(Lond) PGCEA RGN RNMH - Dean of Faculty of Health and Applied Social Sciences, Liverpool John Moores University, UK*

This paper discusses the proposition of introducing a UK model of the diploma and undergraduate nursing education curriculum adapted and contextualised for 'in country' delivery internationally, drawing upon the experience of one UK university and its partnerships established in different countries, including Malaysia. To this end the authors draws on his experiences and the experiences of other close colleagues within the team and who are actively involved in the development of partnership working in this context as reported in a number of conference papers presented and seminars and workshops facilitated on this theme both within the UK and in other countries (see for example, Congdon, Deane, Browne and Mazhindu 2007). In particular the author seeks to share positive experiences, highlights some of the key challenges encountered and addressed, summarises some outcomes associated with innovations undertaken in this area, and provides an insight into some of the lessons learnt from the process over time.

Context

The World Health Organisation's (WHO) objective (2007), as set out in its Constitution, is the attainment by all peoples of the highest possible level of health, defined as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Countries worldwide subscribe to and adopt the principles born out of the WHO's mission, strategy and objectives, and the Malaysian Government's Vision 20/20 being in case in point as an example of approaches that are being developed and adopted by many other countries.

There are a wide and diverse range of professional health practitioners (including nurses, doctors, allied health professionals, environmental health officers, trainers, support workers and managers, etc) who play leading and significant roles towards the achievement of the WHO objectives, underpinned by appropriate types and levels of education and training that is necessary to enable them to fulfil their respective roles.

Grant (2009) reiterated the global shortage of healthcare workers that has existed for many years, and highlighted that there are currently some 57 countries

worldwide, most of them in Africa and Asia, which face severe health workforce crises. In this regard, Grant (2009) goes on to point out that the WHO estimates a global health work force shortfall of some 4,250,000 that are required to fill the gap, and acknowledges that there are many reasons for this situation, both simple and complex, including a lack of investment and in training for all cadres and trainers, and health worker migration.

Some countries such as Malaysia have responded to these challenges by investing hugely in their health care workforce development by encouraging and actively promoting

the development of collaborative arrangements between Malaysian education and health institutions with international partners. Many of the partnerships are focussed on 'in country' provision as an integral feature of 'globalised' up skilling of professional education, training and research that is required to address the workforce needs of the local 'in country' health economy, a move that is also consistent with the twelve item provisions of the Kampala Declaration (2008).

Historically nurses have been, and continue to be, the largest group healthcare professional group providing care to patients, clients and services users. In the following paragraphs this paper discusses dynamic developments in the education and training of nurses within the international 'in country' provision context drawing upon the experiences on one UK university. Ideas presented may provide insights that may be shared by others involved (or aspire to be involved) in such developments elsewhere in the healthcare education and training sector both from the UK and elsewhere internationally.

Approaches to Nursing Education: a Comparative View of Practices

Unlike in the UK, the education and training approaches in some countries continue to be largely based on what in the UK context would be described as 'traditional' pre-Project 2000 'medical model' located within in a hierarchical health service, characterised by a

didactic input based as opposed to an output based mode of instruction, an assessment led approach that is centred on the final licensing examination as opposed to a continuous assessment process, and without a focus on lifelong learning or evidence based or reflective practice. Learning and teaching input are often structured in Theory and Practice study blocks (in some cases unrelated in terms of content and experience) and not structured on a fully integrated Theory-Practice basis.

Clinical Instructors are deployed to support students during their clinical practice placements in contrast to the UK system of Mentorship supported by complementary roles such as Practice Educators and Facilitators.

Clinical Instructors are deployed to support students during their clinical practice placements in contrast to the UK system of Mentorship supported by complementary roles such as Practice Educators and Facilitators. Course intakes tend to be predominantly homogenous being largely made up of single female school leavers with many being recruited from rural areas. There are also differences in cultural experiences and in legal and regulatory frameworks to be considered. However, the role of Professional Regulatory and Licensing Bodies appears to be similar in many respects with some noticeable differences in the way in which respective roles operate in practice.

Adaptation of the UK Nursing Curriculum to the Local Context Internationally

Experience suggests that adaptation of the UK diploma and undergraduate nursing curriculum often occurs between long established UK Higher Education Institutions (HEIs) and partner colleges 'in country' abroad some of whom have either limited or no experience in nursing education particularly in relation to degree level provision (but also in some instances diploma level provision

as well). However there are also examples of such collaborations being developed with some long established partner institutions with commensurate experience and recognised track records in this field.

In these contexts, adaptation of the UK nursing curriculum normally involves scoping and mapping of the local 'in country' curriculum against the UK curriculum whereby by gaps in content are identified and addressed. Deconstruction of integrated theory-practice modules is completed to ensure that theory and practice modules are articulated, UK academic credits are converted to equivalent local tariffs, and differences in learning, teaching and assessment strategies

are reconciled. Professional accreditation is secured under the auspices of the local 'in country' professional regulatory frameworks which govern the roles and operation of professional licensing bodies. In the Malaysian context this relates to accreditation approvals secured under the auspices of the Nursing Board Malaysia within the Ministry of Health, and by the Ministry of Higher Education and the Malaysian Quality Assurance Agency (MQA).

Successful partnerships are underpinned by well planned and effective staff development activities for academic and associated clinical staff, to ensure that they are well prepared and better able to teach, support and mentor students towards successful achievement of a UK university degree while studying in their home country. At the same time successful candidates will achieve professional recognition to practice in their country.

There are, of course, some key challenges to be addressed throughout the development and delivery process of nursing programmes under these arrangements, to ensure successful outcomes.

Some examples of key challenges to be addressed, and lessons learnt, are summarised below.

Some Key Challenges and Lessons Learnt

The partnership development process normally involves reciprocal due diligence checks between the

collaborating partners as an integral part of the risk management that is necessary to satisfy the requirements of the partners and of government departments and quality assurance bodies within the respective countries. The due diligence checking process also enables the partners to ascertain suitability and fit of mission, strategy, values and fiscal viability necessary to achieve long term sustainability on both sides.

Another key challenge to be addressed to ensure the successful development and successful delivery of programmes

It is important maintain an open mind and appreciate the fact that a one size fits all approach does not suffice since there are different approaches that may be adopted to achieve similar or better outcomes. In this regard there is much to be gained from sharing experiences and expertise, which may be achieved through a variety of means, including informal networking and structured seminars, workshops, conferences, and publications.

relates to the need for effective on-going monitoring and review of standards, quality assurance and enhancement, and full compliance with the relevant legal and regulatory frameworks. Successful implementation leads to the broadening horizons and insights, and provides opportunities for the achievement of both professional and personal growth for students and staff in the respective communities, through mutual sharing of experiences and learning

from cultural differences thereof.

To this end the benefits associated with cultural exposition, interaction and exchange within the global context, and positive influences that may be achieved towards the development of a society that is enriched by a mutual learning culture may be encouraged.

Other issues to consider include the inevitable prospect of coping with complex bureaucratic structures, rules and regulations that are necessary but may have the effect of slowing down of impeding innovation, restrictions

caused by insufficient number of suitable practice learning placements, and other associated resourcing challenges such as provision of comprehensive clinical simulation facilities and resources, the wider learning and teaching resources, information technology, achieving adequate staffing levels necessary to ensure optimum staff-student ratios, and the provision of appropriately structured and resourced administrative support systems.

Actions that may be taken to mitigate against a number of the scenarios summarised above include provision of on-site academic support, for example through a link tutor system, action planning, stakeholder engagement, and enhanced communication through a variety of approaches including use of technology.

It is important to maintain an open mind and appreciate the fact that a one size fits all approach does not suffice since there are different approaches that may be adopted to

achieve similar or better outcomes. In this regard there is much to be gained from sharing experiences and expertise, which may be achieved through a variety of means, including informal networking and structured seminars, workshops, conferences, and publications.

It should also be recognised that innovations of this kind often require long term strategic investment, in both direct and hidden costs, in which case erroneous assumptions about 'quick fix' answers should be cautioned against and discouraged.

Conclusion

It is hoped that this paper has shed some light into a perspective on the process and challenges associated with the modification of a UK nursing curriculum as designed, developed and delivered in a contextualised form to meet the education needs of practitioners within their home country.

It is also hoped that this perspective presented sheds insight into some of the lessons learnt as part of this process over time. ■

References

Congdon, S., Deane,

A., Browne, M
and Mazhindu, G

(2007) Introducing a Pre-registration Nurse Preparation Programme in Malaysia. Paper presented at Beyond the Borders: International Nursing Education in the 21st Century held at the

Racecourse, Brighton on 5th to 7th July 2007.

Grant, L (2009) Human Resource Development for Health: The Global Challenge. Paper presented at UK Council of Deans International Seminar held at Glasgow Caledonian University, Glasgow on 15th September 2009.

Kampala Declaration (2008)
Health Workers for All and

All for Health Workers.

The Kampala Declaration and Agenda for Global Action: First Global Forum on Human Resources for Health: 2-7 March 2008, Kampala, Uganda.

World Health Organisation

(2007) Working for Health: An Introduction to the World Health Organisation. ISBN 9247563135

Acknowledgements

The author acknowledges the input of the following colleagues who together with the author provided some ideas from which elements of this paper are derived: Shirley Congdon, Director of Academic Delivery, Ann Deane, Head of International Programmes and Mike Browne, Senior Lecturer in Adult Nursing, Liverpool John Moores University, UK.